

# Chief Social Work Officers in Local Authorities: Annual Reports 2014-15 A Summary

Produced by the Children and Families Analysis Team in the  
Scottish Government with the Office of the Chief Social Work Adviser



March 2016

# Table of Contents

Foreword by Alan Baird, Chief Social Work Adviser, Scottish Government	3
Introduction to the report	4
1. Local authority context	5
Population changes	5
Population with specific needs	5
Challenges for rural areas	5
2. Legislative and Strategic Environment	6
The Public Bodies (Joint Working) (Scotland) Act 2014: Health and Social Care Integration	6
The Children and Young People (Scotland) Act 2014	6
The Social Care (Self-directed Support) (Scotland) Act 2013	7
3. Partnership and Governance Structures	8
Partnership working	8
Health and Social Care Integration	8
Partnerships with Independent and Third Sector	9
Users, Carers and Community Engagement	9
The Chief Social Work Officer (CSWO) in the context of partnerships	10
Increasing need to share individual level information and data	11
4. Social Services Delivery Landscape	13
Joint Community Planning and Joint Strategic Commissioning	13
Improvement of referral and assessment processes	13
Development of Community Care Teams/ Local Area Teams	13
Intensive Family Support models	14
Care at home and impact of delayed discharge targets	14
Use of Technology Enabled Care	15
Innovation and working in different ways	16
Implementation of Self Directed Support (SDS)	16
5. Finance	20
Social Work Spend: data from the Local Financial Returns (LFR)	20
Financial planning reflective of demographic trends	22
Use of resources from Change Funds	23
Preventative spend	24
Impact of increasing demand and financial pressures on Social Work budgets	25

6. Service quality and performance	27
Performance Monitoring and Governance Structures	27
Taking action on inspection findings	27
Taking action on complaint findings	28
Dedicated improvement and quality teams and officers	28
Use of self-evaluation	29
Move to outcomes focused approach to quality and performance monitoring	29
7. Statutory Functions in Social Work	31
Improving approaches to Public Protection	31
Increased demand for Adult Protection	31
Partnerships in Criminal Justice Social Work	32
Mental Health Officer (MHO) functions	32
Fostering, Adoption and Permanency Planning	33
Child Protection Register and Looked After Children – Supervision Orders	35
8. Improvement Approaches	36
9. User and Carer Empowerment	38
10. Workforce planning and development	40
Concluding comments	42
References and Links	44
CSWO Annual Report Template 2014-15	45

## Foreword by Alan Baird, Chief Social Work Adviser, Scottish Government

As the reports from Chief Social Work Officers (CSWOs) in Scottish local authorities clearly demonstrate, 2014-2015 was a year of progress in making transformational change both structurally and in service delivery. This transformation is in line with the Public Service Reform agenda and the need to continually improve public services. It also sits against a backdrop of fiscal tightening and new legislative requirements for example, the integration of adult health and social care, implementation of self-directed support, strengthening approaches to children's wellbeing and reform of community justice.

Reading through the 2014-2015 reports identifies this year as being a year of preparation; reviewing and assessing demographic trends and future demands/needs; surveying and consulting with users, carers, stakeholders and the workforce and financial mapping and budgeting. This planning phase clearly provides a strong base from which to provide opportunities to align and prioritise services, streamline workstreams and cut out unnecessary duplication, with the potential to deliver efficiencies and improved outcomes for people in the longer term.

The year was also one of organisational change, with local authorities implementing new structures both at managerial and service levels, restructuring reporting and governance processes and reviewing commissioning strategies. New ways of joint working have been explored and are being tested out.

Again, in line with the overall Public Service Reform agenda, local authorities have taken the opportunity that the recent legislation has given to take key steps to align and join up their planning and management structures around community and individual need and demands.

A common theme in the reports for 2014-15, is the drive for preventative approaches - investing and redesigning local assets along with bringing together specialists within a community or local area multi professional teams to provide more effective support in the home or around a particular individual or family, providing intensive family support or community care packages focussed on individuals.

There has also been a focus on ensuring that individual service assessments and access processes are consistent so that the right services can be provided at the right time and that referrals processes are effective.

CSWOs have taken lead roles in the development of the new integrated structures, maintaining the profile of social workers and their valuable work in the new service delivery models. In many instances, CSWOs have been instrumental in decisions around governance structures to ensure that they still have a line of sight to social work staff to provide professional advice and support as well as maintaining professional development and performance monitoring functions.

In light of all this change, the reports demonstrate how CSWOs have been key to ensuring and maintaining the effective delivery of social work services, supporting the development of the workforce and ensuring effective monitoring of the delivery of statutory functions. I look forward to seeing the progress on all of this detailed in the reports for 2015/16.

## Introduction to the report

This report provides an overview of social work services in Scotland in 2014-2015, based on a reading of the local authority Chief Social Work Officer (CSWO) Annual Reports for that period. CSWOs produce annual reports primarily as a means of reporting to their councils on the delivery of social work services in their council and community planning area. The reports are publicly available documents and links to them can be found on council websites and on the social work services area of the Scottish Government website. The suggested template for these reports is provided for information in the Appendices to the report and this report reflects the structure and topic headings provided in the template.

This is the second such overview report. Its purpose is to provide a summary of the main areas covered in the CSWO reports in order to provide an overview of the landscape.

There are a number of key points which underpin the approach taken in production of the report:

- The exercise of reading the reports specifically excluded any element of evaluation or assessment. This report should not be read as judgements on performance but as an overview drawn from the statements contained in the reports.
- CSWO reports are reports on local delivery and performance and the inclusion or exclusion of particular subjects by CSWOs is at their individual discretion, as is the amount of detail or evidence offered to support particular statements. This report, therefore, takes into consideration the variances of content and emphasis of each CSWO report and presents its findings in terms of common themes.
- In producing the summary the authors have been careful to avoid analysis leading to comparisons of individual performance. The intention of the analysis is to draw together key themes that enable an overall representation of the 32 reports. In this context, it is important to understand that the individual nature of reports means that some themes may be regarded as common despite being referred to in a minority of cases. Where issues are highlighted in a majority of reports, it is made clear.
- The analysis can only draw on what the CSWOs chose to mention in their reports. This report is not, therefore, intended to be an in-depth analysis of the delivery of social services in Scotland. Any such analysis would require the inclusion of a broader range of information, for example Care Inspectorate and other scrutiny information, alongside the various national statistical collections which relate to social work and social care services.
- While every attempt has been made to extract key points and highlights from the reports, it has not been possible to be completely inclusive of the entirety of services mentioned in the reports

The report provides highlighted sections of text taken verbatim from the reports. These examples have been chosen to enable authorities and CSWOs to follow up any areas of interest with colleagues in other areas and thereby support the learning and improvement process. The examples chosen cover a fair representation of all the reports. Some examples have been included because they are typical of a particular approach referred to in the narrative, others because they are positive actions, initiatives or developments.

## 1. Local authority context

Each of the CSWO reports includes a brief narrative on the local authority (LA), its size, geography, rural/urban split, population size, demographics and deprivation/affluence statistics to provide the context for the provision of services.

This section summarises the significant contextual aspects of their work which CSWOs chose to highlight in their reports – indicating that these aspects were key drivers of developments. Further information and sources of demographic statistics can be found on Scottish Government Statistics pages: <http://www.gov.scot/Topics/Statistics>

### Population changes

In line with the trends for Scotland as a whole, 2014-15 CSWO reports identify an increase in the proportion of their population of older people (aged 65 and over) in their demographic analysis. Urban areas and particularly areas in the central belt are also identified as seeing an increase in the proportion of children and young people while this population is in decline in rural areas.

### Population with specific needs

CSWO reports also underline an increase in the proportion of the population with specific needs. Reports note that older people are living longer but are also needing more care for health issues and there is a trend of increasing numbers of older people with complex needs, both physical and mental health needs. In addition, more children are born and surviving with complex health needs and require support for the family as well as the child as they grow older.

Local authorities are also seeing the prevalence rates of drug and alcohol abuse particularly among the young person's population and the parent population as a predictor of increased service need and intervention.

### Challenges for rural areas

The challenges of increasing populations of people aged over 65 is described as more pronounced in rural areas and with the move to providing more care at home, the workforce in these areas spend more time travelling to people's homes which reduce the number of hours they can provide care. Some local authorities are seeing the use of mobile technology as a solution, reducing the need for regular visits.

The CSWO reports describe particular challenges around the recruitment and retention of the workforce both to fill local authority vacancies as well as service provider vacancies. This is particularly acute for local authorities that have large rural areas. '*Growing your own*' tends to work well for some areas, however, attracting new people into the area often remains problematic.

## 2. Legislative and Strategic Environment

The key areas of legislative change that were highlighted by CSWO reports are listed below, with links and references listed in the annex of this report. All of these were considered to have had significant implications for the delivery of social work services in 2014-15

New Legislation:

- [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)

Scottish Government Strategy and Policies:

- [20:20 Vision for Health and Social Care](#)
- [Re-shaping Care for Older People](#)
- [2013 Shared Vision for Independent Living](#)
- [Carers and Young Carers Strategy 2010-2015](#)
- [Joint Strategic Commissioning](#)
- [Public Service Reform \(The Scottish Approach to transformation of public services\)](#)

### [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014: Health and Social Care Integration](#)

CSWO reports detail how local authorities were preparing for implementation building on both new requirements and existing approaches to community planning, service mapping, population needs assessments, financial mapping and commissioning strategies. They also describe the structural changes occurring within local authorities and NHS Boards and how senior management changes were being undertaken as part of the move to the development of shadow Integrated Joint Boards (IJBs).

### [The Children and Young People \(Scotland\) Act 2014](#)

CSWO reports comment on the commencement of the corporate parenting, continuing care, aftercare and kinship care duties. There are examples of the development of corporate parenting training and planning for the extension of duties with the recruitment of foster carers and support services for kinship carers.



#### **Highlight 1: Example of investment in kinship carer support: Dundee**

*A Social Worker now has a specific role and remit for kinship care, which includes the provision of both of an assessment and support service for kinship carers providing placements for looked after children, and also a development role to strengthen the range and quality of supports and services available for kinship carers across the city. The capacity of this service is to be enhanced further with the recent creation of a support worker post. The Social Worker has established a Kinship Carer forum which brings a range of partners together and provides an opportunity for consultation with carers*



CSWO reports also comment on the commencement of children's service planning, named person and child's plan duties by highlighting the duties in the work they have been involved with around the joint commissioning of services and service planning.

### The Social Care (Self-directed Support) (Scotland) Act 2013

CSWOs reports comment on the commencement of the self-directed support (SDS) implementation duties. More detailed analysis of the implementation activity under this legislation is provided in the Social Service Delivery Landscape section of this report.

### Other Legislation/Directives

The CSWO reports also describe how they were anticipating the requirements of the Carers (Scotland) Bill and Community Justice (Scotland) Bill (both due to go through Parliament in 2016). They were also considering the implications of the EU Working directive on working hours for care at home workers. Local authorities were also striving to adhere to the Living Wage pledge for all of their workforce, as well as raising standards of practice and professionalism, supported by the work of the Scottish Social Services Council (SSSC). The UK Government Welfare Reform Act 2012 (the move to Universal Credit) was also flagged in the reports as having a strong potential for leading to increases in demand for services.



### 3. Partnership and Governance Structures

This section covers the governance and strategic partnership context and arrangements that CSWOs chose to focus on in their reports, including information about the developing integrated partnerships. CSWOs also commented on the partnership arrangements with the Third and Independent Sectors and with service users and carers.

#### Partnership working

The reports highlight the range of partnerships with an interest in social work services and CSWOs are clearly involved with many of these. Examples from the CSWO reports include:

- Integrated Joint Board (IJB)
- Public Protection Committees (includes Adult Protection and Child Protection Committees)
- Community Planning Partnerships (CPPs)
- Community Justice Authorities (CJAs)
- Multi Agency Public Protection Arrangement (MAPPA) Strategic Groups
- Integrated Children's services and early years partnerships
- Alcohol and Drugs Partnerships (ADPs)
- Improvement and Performance Groups

#### Health and Social Care Integration

Proposals for Integration Schemes were required to be submitted to Ministers for approval in February 2015. Once approved, shadow boards were established with the aim of becoming fully functional in 2016. In line with these changes, there is evidence from the 2014-15 CSWO reports of significant restructuring within local authorities, driven by the requirements of health and social care integration but also driven by the need to streamline and find efficiencies. A number of local authorities have also taken the opportunity to integrate their children's services and community justice services along with their adult services under the new Integrated Joint Board structure if they had not already done so previously. Reports highlight approaches being taken to maintain strong links across social work services in the context of closer partnership working, regardless of where they sit structurally.



#### Highlight 2: Example of new structures: Scottish Borders

*Of central importance for Social Work is to ensure that the creation of new structures does not create potential barriers with other important services and there will need to be clear linkages between Children, Adult, Substance misuse, Housing Services and Community Safety. The further development of the local Community Planning structures will be important to assist with these links. During the next 12 months there are plans for the creation of a Professional Development Team to be part of the Chief Social Work Officer's Service. This will ensure alignment to the new 'Vision and Strategy 2015 - 2020' and have a particular focus on professional leadership, learning and development. A comprehensive (learning & development) scoping exercise has been completed for Children & Families Services which will contribute to the work plan for the new Professional Development Team.*



## Partnerships with Independent and Third Sector

Reflecting the large amount of planning and reviewing work in preparation for the establishment of Integrated Joint Boards, the 2014-15 CSWO reports detail a high level of involvement and engagement with the Independent and Third sector, particularly as locality community service planning and joint workforce planning .



### **Highlight 3: Example joint planning: Dumfries and Galloway**

*In preparation for integration, Adult Services Locality Managers have been involved in developing locality plans in addition to promoting joint working with Health, the Third & Independent Sectors. Examples of this work include, the use of daily meetings to improve the flow of work, the benefits of close partnership working with GP practices and the development of community hub models which involve a number of partners to increase access to a range of services.*



## Users, Carers and Community Engagement

The CSWO reports also demonstrate a high level of consultation work with service users and other stakeholders. Further information about this area of work is included in Section 9 User and Carer Empowerment.

All local authorities have provisions within their performance and planning structures to obtain feedback and views from service users and practitioners or staff.



### **Highlight 4: Example of community and user engagement in planning structures: Renfrewshire**

*Stakeholders, including service users and carers, are represented on the Joint Planning & Performance Implementation Groups (JPPIGs), multi-agency groups with oversight of planning along care group lines. The service also has strong links to Renfrewshire Carers Centre and the Renfrewshire Access Panel. Links with community groups and the third sector are strengthened through the work of the Community Link Team, which administers Section 10 funding to allow community groups to develop and grow. Work to develop joint commissioning plans has service user engagement built in as a key component of the process. A Champions Board for Looked After Children provides an opportunity for all looked after children in Renfrewshire to meet with elected members and senior Council officers to express their views.*



CSWOs highlight the importance placed on engagement with users as part of the design and development of services.

“  
**Highlight 5: Example of engaging service users to identify ways of improving services: Highland**

*Care Experienced young people have been consulted about their experiences of living in foster care and those recruited as Development Assistants with the Council are helping the Fostering & Adoption service to produce information leaflets for children and young people to help them understand what foster care is like and to improve the experiences of young people who are in foster care. The Development Assistants are also participating in recruitment of carers, preparation groups and foster carers training sessions.*

”

They also highlight the importance of engagement with the Third Sector in the design and development of services.

“  
**Highlight 6: Example of engaging the third sector: East Renfrewshire**

*Recognising the important role the Third Sector is playing in delivery of care and support, the CHCP committed to redesign in partnership with the Third Sector, using a Public Social Partnership (PSP) approach. Use of the PSP approach has delivered a number of key benefits to date. These have included Better Outcomes for People: The overarching message from the PSP has been that the focus is on developing innovative services to meet the outcomes which defined and directed by the people using the services. People receiving services, along with those who care for them, have taken part in detailed planning meetings in which they set out their desired outcomes and were supported in understanding how their support arrangements could be improved to help them achieve these outcomes. They have been supported to interview for their own providers and take control of their supports.*

”

### The Chief Social Work Officer (CSWO) in the context of partnerships

Every local authority is required to appoint a Chief Social Work Officer (CSWO) under Sections 3 (1) & (2) of the Social Work (Scotland) Act 1968. The role of the CSWO is set out in guidance<sup>1</sup> from the Scottish Government. (NB A revised version of this guidance will be available in early 2016).

The 2014-15 CSWO reports describe how the role of the CSWO is changing in a number of ways and in particular in response to the restructuring and alignment being undertaken to deliver integration. In many cases the remit of individual who holds the CSWO role is broadening and in other cases the responsibility for CSWO is being delegated to staff at Heads of Service level rather than Director

---

<sup>1</sup> The Role of Chief Social Work Officer: Principles, Requirements and Guidance pursuant to Section 5(1) of the Social Work (Scotland) Act 1968 Social Work (Scotland) Act 1968  
<http://www.gov.scot/Publications/2010/01/27154047/1>

level. At the time of the 2014-15 CSWOs reports, most CSWOs reported to the Chief Executive, Chief Officers Group, local authority Corporate/ Strategic Management Team and sit on Integrated Joint Boards ( IJBs) as non-voting members. The new structures were yet to bed in fully in the reporting period and therefore, going forward, further information will be required to understand how effective these structures are in making best use of the CSWO in their role to support the effective delivery of social work services.

The reports demonstrate that all CSWOs have played integral roles in the planning and reviewing of management structures and workforce decisions at a strategic level throughout the past two years. However, a key challenge identified by CSWOs going forward, is to ensure that their line of sight with the social services workforce is maintained and that they are still fulfilling their role as professional adviser on behalf of local authority responsibilities for social work services , across a range of areas including, governance, risk assessment and quality assurance.

“ **Highlight 7: Example of CSWO role changing: Renfrewshire**

*During 2014/15, the CSWO continued to engage with senior managers and staff in relation to service developments, particularly in relation to professional leadership within the new governance structures. The CSWO continues to be the professional lead for social work staff within the Renfrewshire Health and Social Care Partnership and sits on the Integration Joint Board. He continues to have direct responsibility for Mental Health Officers and Guardianships. In addition, he continues to take a prominent role in a number of national groups.*

*As part of his role, the CSWO will sit on the newly-established Renfrewshire Health and Social Care Partnership Executive Governance Group. He will also chair twice-yearly meetings of senior social care managers as part of his professional leadership and governance role.*

”

### Increasing need to share individual level information and data

Another key theme identified in the 2014-15 CSWO reports is the rise in demand for improved data and information sharing systems. This is seen as a priority for integrated working and integrated practice teams in order to reduce the duplication of individual assessments and service use, as well as, enabling the sharing of care plans. This is being driven in children’s services by the legislation for Getting It Right For Every Child (GIRFEC) and the provision of Child Plans, Named Person and Lead Professional roles<sup>2</sup>.

---

<sup>2</sup> Children’s and Young People (Scotland) Act 2014



**Highlight 8: Example of a shared information system for Child's plans: North Ayrshire**

*Working towards a single plan for children, we have already established Ayrshare, a single reference point all key professionals working in teams around children to ensure exchange of significant information and establish a chronology that will inform risk assessment. Over the course of 2014/15 we have worked with our information support team in designing a single child's plan that will enable SHANARRI outcomes to be reported. Work is already under way to prepare for the statutory responsibilities relating to the Named Person role and how that fits with the continuum of support designed to ensure children's well-being.*



## 4. Social Services Delivery Landscape

CSWOs were asked to comment on the nature and make-up of local provision, how well the provision is working and whether there are any significant service or provider gaps and what is being done to address those. The section summarises the common themes that CSWOs chose to highlight as driving the planning and delivery of social services in 2014-15.

### Joint Community Planning and Joint Strategic Commissioning

As part of the move towards integrated health and social care structures, CSWO reports highlight the review work that they have been undertaking which include financial reviews of budgets and spend, alongside needs assessments and workforce planning. Many local authorities have also taken the opportunity to review their commissioning strategies to identify where efficiencies and savings can be made.

Community Planning Partnerships have had a lead in the development of Integrated Children's Service Plans while the requirements of the integration of adult services include a Strategic Plan to be developed by April 2016. During 2014-15 commissioned services for children have continued to be reviewed or developed in line with local and national drivers which include the implementation of self-directed support, the need to provide a range of short break experiences for children with disabilities, family support for families in crisis, supported accommodation for care leavers and young carers.

### Improvement of referral and assessment processes

The CSWO reports describe a renewed focus on reviewing eligibility and assessment processes. There is a recognition that these processes will have to be streamlined and amended to ensure that they continue to work effectively in the new context. CSWOs also see the value in ensuring that assessment processes are used to ensure that the right resources are provided to the right people and have an important role in supporting early intervention and mitigating the need for more expensive interventions or intensive services.



#### **Highlight 9: Example of effective processes: Fife**

*The Social Work Contact Centre continues to provide a robust initial assessment and screening process which follows principles of early and effective intervention within a GIRFEC approach of appropriate and staged intervention. 50% of referrals to the children and family service are appropriately redirected allowing scarce social work resources in area teams to focus on the most vulnerable.*



### Development of Community Care Teams/ Local Area Teams

In line with integration drivers<sup>3</sup> and joint community planning structures, the CSWO reports demonstrate a move to restructure local service teams (including home care teams, mental health

---

<sup>3</sup> Public Bodies (Joint Working) (Scotland) Act 2014

teams and alcohol and drugs teams) into joint multi-disciplinary delivery teams and for these teams to build on the local assets and opportunities that the local community provides. These teams also offer local service provision opportunities for people making use of Self Directed Support (SDS).

“ **Highlight 10: Example of consultation with users: West Dunbartonshire**

*'Link Up' is the partnership between West Dunbartonshire's Council for Voluntary Service (CVS) and the HSCP. It gives older people access to a range of community health, social care and third sector services through a single point of access, ensuring that local residents quickly and effectively make contact with and are referred to the services they need. Developed in response to feedback from older people and their carers, Link Up is delivered by a team of extensively trained volunteers who are regarded as trusted members of their communities,*

”

### Intensive Family Support models

In recognition of the preventative approach agenda<sup>4</sup>, the CSWO reports highlight a move to provide more support at family level in order to prevent children from entering care and preventing more long term problems. Teams working in this support area can comprise social workers, health visitors and local community care team professionals.

“ **Highlight 11: Example of investing in alternatives to care: Dumfries and Galloway**

*We have increased the intensive support service (ISS) placement availability for more challenging young people. Further assessments are being prioritised as these placements are increasingly used as 'placement of choice' over residential or agency placements utilising local supports with better outcomes at less cost.*

”

### Care at home and impact of delayed discharge targets

In response to Re-shaping Care for Older People, CSWO reports emphasise the significant investment in providing support and care to people in their own homes in order to prevent the use of residential care or hospital stays. The reports do, however, identify a key challenge to delivery of this kind as a result of difficulties in recruitment and retention of care at home staff which has limited the amount of provision in home that can be provided. CWSOs describe how this has meant that delayed discharge from hospital targets have not been met or are a challenge.

However, there is also evidence that some LAs have been investing in supported accommodation (converting the use of residential homes) to ensure patients are discharged from hospital on time and that assessments and adaptations in their home care package can be made while the patient stays in supported accommodation, ready for before the patient to return home.

---

<sup>4</sup> Public Service Reform (The Scottish Approach to transformation of public services): <http://www.gov.scot/Topics/Government/PublicServiceReform>



### **Highlight 12: Example of investment in home care: Perth and Kinross**

*We have improved the care we provide to older people with a focus on reducing the time they have to spend in hospital. A Rapid Response Team comprising Social Care staff and a Nurse Co-ordinator enables us to provide homecare and nursing advice on the same day it is requested, as an alternative to hospital care.*

*Health and Social Care staff will work with clusters of GP practices to identify older patients at greatest risk of being admitted to hospital, so that we can co-ordinate their care, anticipate their needs and try to maintain their treatment in a community setting.*



### **Use of Technology Enabled Care**

The CSWO reports illustrate how Technology- enabled care (Telecare) can be an opportunity to ensure care and support can be provided and accessed 24 hours a day, whilst at the same time reducing the pressure on more limited staffing resources. The use of and further development of telecare services is seen as an integral part of the planning and delivery of community care models.



### **Highlight 13: Example of investment in telecare: Perth and Kinross**

*For the second consecutive year there has been an increase of 20% in the uptake of Telecare equipment, evidencing the importance of its role in achieving community-based solutions for our citizens.*

*The Telecare Team provide telecare equipment and a 24 hour response service for vulnerable people throughout Perth and Kinross. The team is now co-located with the Out of Hours Social Work Team and the Rapid Response Service. This has improved joint working and support for vulnerable people in Perth and Kinross during crisis situations. Telecare is also an integral part of Housing with Additional Support which has been introduced to Perth and Kinross during 2014/15; and the Telecare Team now support everyone in Perth and Kinross living in amenity housing.*

*We are in the progress of upgrading the community alarm system from analogue to digital which will ensure the latest technology is available to people in Perth and Kinross. For example, people will be able to use their smart phones as Community Alarms. The new server will be able to 'speak' to other databases which will improve communication and reduce duplication.*

*Perth and Kinross was successful in securing Technology Enabled Care Funding from the Scottish Government. This funding will be used to maximise the benefits of the new digital server and, in particular, will allow us to carry out a telehealth pilot. This pilot will support bariatric patients in Perth and Kinross who are unable to attend weight management clinics.*





## Innovation and working in different ways

The CSWO reports include some interesting examples of innovative practice around both joint working and also multi-skilling staff in new practices to minimise the need for two people or multiple services to provide a service that potentially one person working across services could do:



### **Highlight 14: Example of multiskilling the workforce: Dumfries and Galloway**

*Significant progress has been made streamlining processes to enable people to get the services they require quickly, including the testing of mobile technology (tablets); joint allocation of work with NHS OT and social work; and joint work with Social Work and NHS colleagues to promote independence thereby reducing or negating the need for expensive care and support.*

*Putting You First (PTF) funding enabled OT and the Integrated Community Equipment Service (ICES) to expand and develop the driver-fitter role; enabling daily living equipment to be delivered to people and fitted by a driver-fitter rather than an OT or OT Assistant. This development is part of a wider integrated development of Community Equipment and Assistive Technology services. OT contributed to the development of and now the review of the Common Housing Register, Homes4D&G.*

*Work has already started with regard to the Policy Development funding agreed by the Council for 2015 - 2018 for the Handyvan and developing Dementia Friendly Design with OT as the lead service.*



Innovation and shared learning is also seen in the reports with testing out interventions from one service area and putting it into another, being creative in ensuring a choice and variety of options for those in need of care.



### **Highlight 15: Example of alternative care options for adults: Fife**

*The Community Living Service is an alternative way of caring for adults with additional support needs. Instead of living in care homes or providing home care, people are looked after in ordinary homes in a family environment.*



## Implementation of Self Directed Support (SDS)

At the time of writing the 2014-15 reports, a key focus was on the implementation of Self-directed Support training and awareness raising among practitioners and staff. Many of the CSWO reports, therefore, provide a lot of detail on their activity in this area.

“ **Highlight 16: Example of developing staff for SDS implementation: Renfrewshire**

*Our approach to self-directed support continues to gather momentum. As our staff have become more familiar with the approach and systems utilised our learning and education programme has adapted to reflect the changing needs of practitioners. The programme now focuses on working with staff to enhance and develop their partnership skills; working in a co-production model with service users and their families, guiding and enabling individuals to shape and develop themselves and their lives. This training has been offered in local venues to mixed agency groups, working in short bursts to maximise people's time. A mentoring and support model has also been utilised to support individuals on their learning journey*

”

“ **Highlight 17: Example of establishing SDS champions: East Dunbartonshire**

*In partnership with the Council, have various activities planned over the 2015-2018 period which include: further development of Personal Assistant and Employer training, establishing a SDS Champions Groups; a SDS Story Book told from the perspective of the service user; and the development of an interactive SDS computer game for children and young people.*

”

The CSWO reports also describe how investment was being made in the development of assessment tools, service maps and information about local services on websites with the intention that service users would be better informed about the possibilities and benefits of self-directed support.

“ **Highlight 18: Example of developing a website with information about available services: North Ayrshire**

*We have also created an opportunity for service user and carer empowerment, [for them] to be involved in the creation of services they need in the establishment of Carena, a web based information service launched in July 2013. It is an independent model to help people find the best health and social care services and community activities to meet their needs. It represents a first in Scotland, a user friendly site which showcases services and allows users to access information easily, in a single place. It represents true partnership between service users, carers, providers and the public sector. In March 2014, Carena received national recognition, securing a Gold Award for Service Innovation and Improvement at the COSLA Excellence Awards.*

*In two years since the launch of Carena there have been over 2 million hits on the site and more than 400 providers are now involved with service profiles available to the North Ayrshire public. The associated Care & Support North Ayrshire Facebook page has over 1,000 followers and during a recent marketing campaign was getting messages to over 30,000*

*people a week. Providers have reported an increase in referral as a result of both Carena and Facebook activity. Two-way communication through Carena and Facebook is increasing with engagement levels higher than comparable organisations.*

*New developments have included making care opinion, a project in its pilot phase funded by the Scottish Government to enable people to give feedback about their health and social care experiences, accessible from the home page and the introduction of an employability channel that enables local organisations to advertise job vacancies. The health channel will be developed further to reflect the new environment of integration and a community zone will enable local organisations and groups to post information and attract greater membership and involvement.*

*The Community Connector role is one that is now evolving with the implementation of the strategic direction of the NAHSCP to being inherently community based, providing a coherent service across North Ayrshire. A focus on GP Surgeries and Self-Directed Support is a fundamental responsibility. The key functions of the Community Connectors are building the knowledge base and the provision of information and support to patients, service users, carers, practitioners and the community.*

*We have found that personalisation and SDS has been used effectively and creatively for outcome focussed planning, enabling choice and control in supports. However, the use of it has presented challenges, not least of which has been managing expectations within limited resources. The resource allocation system used in adults and children with disabilities is currently under review and further work is required to ensure that where direct payments are utilised, spend relating to this is firmly associated with evidenced eligible needs.*

”

The CSWO reports also detail how SDS options have been piloted and rolled out in children’s services, particularly for children with disabilities. Significant support has been invested in working with families and children to ensure that they are able to receive the optimum level of care and support through the SDS approach.

“

**Highlight 19: Example of testing out new ways to implement SDS with different groups: East Renfrewshire**

*An initial test ‘Taking the first steps’ self-directed support programme for children, young people and families took place in East Renfrewshire during summer 2014. Families were offered a small budget to use in a way that was most useful to them and their son or daughter with additional support needs and were encouraged to consider how using the budget enables them to achieve the well being indicators. Families found that planning together with other families and their social workers was a good way to begin to think about what might be possible, to find out local information and even develop new friendships and connections*

*The second test built on the first test of providing flexible resource and planning by focusing on longer term planning underpinned by an agreed individual budget. A key outcome the*

*CHCP wanted to achieve from the pilot was to involve families in the development of a fair and transparent method for determining the Individual Budget. Families who had just approached the CHCP for support were invited to take part in the development work. Social workers and families worked along with an experienced planner talking about what made a good day and a bad day, what they would like to achieve and what would improve wellbeing for the child and the family as a whole. From this 'What Better Looks Like,' an assessment (CMAP) based on the wellbeing indicators was produced. In parallel with this, the CHCP looked at a model for determining individual budgets based on work in North Lanarkshire. This model is based on levels of need based around the wellbeing indicators. Families are now carrying out their support plans using their resource flexibly. Initial reports are that families feel more in control of their lives and are clear and focused on the outcomes they want to achieve for their children. This has been a key success for us in the last year. In 2015/16, we have identified 3 parent mentors who will support the training and help other families develop their plan for their child. This is a very positive example of co-production in action and the assistance of our local carers centre has been invaluable. With some small funding initiative, we are moving into a partnership arrangement with families and carers to further develop our planning model that we hope will improve long term outcomes for children with additional needs.*

”

The CSWO reports also, however, indicate that the ability to deliver effectively on SDS, amongst other key areas of improvement, is being hampered in some areas in regard to issues around recruitment and retention of care staff, which is particularly acute in rural areas and the Islands.

“

#### **Highlight 20: Example of recruitment challenges: Orkney Islands**

*A further challenge is that the needs of service users living in either their own home, supported accommodation or indeed residential care continue to rise significantly. People with particularly complex needs are being cared for by our social care staff supported by primary care colleagues. Whilst this meets the choice of the existing service users' living preferences the complexity is such that in the long term it will not be possible to safely maintain more people at this end of the care spectrum without increasing staff volumes and skill mix. Coupled with the additional staff required for the planned, extended or additional care facilities, there are worrying challenges in recruiting sufficient staff locally. As with 2013 - 14, we continued to have to use national social care staffing as we simply could not find enough care staff locally. This is an expensive and unsatisfactory short term solution and a concerted, multi service, collaborative approach is required to workforce planning for the medium to long term in care services in Orkney.*

”

## 5. Finance

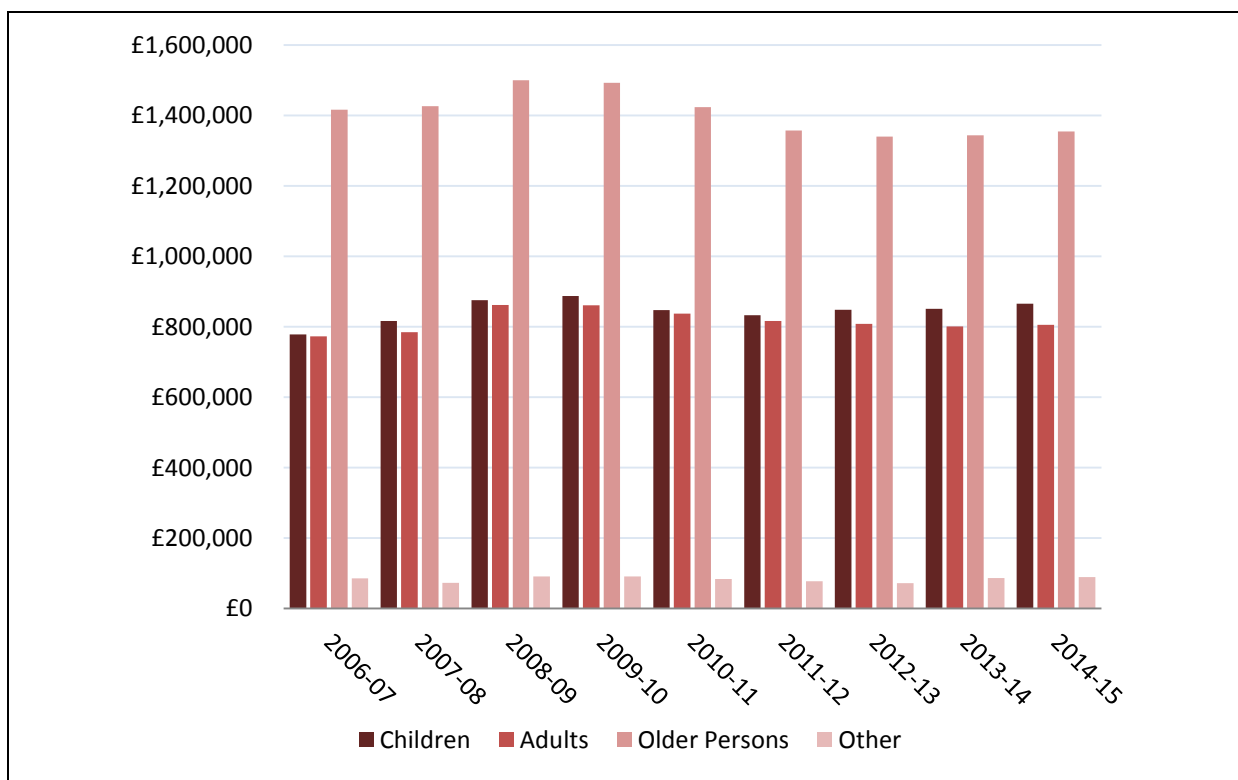
This section provides some high level information on the financial resources available to deliver social work and social care support and services. It also highlights the points which the CSWO reports make about financial pressures impacting on services and statutory services; how they are identifying the pressure areas and how are they being mitigated; areas where improvements are delivering efficiencies and more cost effective services.

### Social Work Spend: data from the Local Financial Returns (LFR)

Social work can fluctuate year on year reflecting the demand led nature of social services. LFR data indicates that spending on social work services across Scotland has remained fairly consistent over the 2006-2015 period at just over £3 billion per annum, despite fiscal pressures, although total spend is still lower than a peak in spending in 2009-10. Expenditure has continued to increase for the second year running. (NB the language used in this section reflects the categorisation used in the LFR.)

Older Persons is consistently the largest spend area, followed by Children and Families and then Adults with learning difficulties. Decreases in spend over the past three years are seen in Children's Panels and for the past two years decreases are seen in Adults with learning difficulties. Spend has increased over the past three years for Children and Families services and over the past two years for services for Adults with physical/sensory disabilities, Adults with mental health needs, Older Persons and Other.

**Figure 1: LFR Returns: Net Revenue Social Work Expenditure 2006-07 to 2014-15 by combined Client Group (£000, 2014/15 prices)**



**Table 1: LFR Returns: Net Revenue Social Work Expenditure 2006-07 to 2014-15 by Client Group (£000, 2014/15 prices)**

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Children's Panels	£3,559	£3,098	£3,078	£3,150	£2,415	£2,420	£2,317	£1,179	£872
Children & Families	£775,199	£813,460	£872,488	£884,144	£844,794	£830,449	£846,045	£849,609	£864,849
Adults with physical/sensory disabilities	£226,229	£219,543	£223,434	£216,877	£204,341	£196,003	£190,276	£197,061	£200,761
Adults with learning difficulties	£446,078	£460,939	£528,426	£537,529	£527,165	£519,451	£521,306	£509,099	£509,355
Adults with mental health needs	£100,291	£104,200	£110,391	£106,603	£105,975	£101,251	£97,194	£94,636	£95,770
Older Persons	£1,416,501	£1,426,495	£1,500,457	£1,493,333	£1,423,749	£1,357,852	£1,340,282	£1,343,685	£1,355,185
Other	£85,386	£72,509	£90,882	£90,726	£84,200	£77,812	£71,803	£86,708	£88,987
<b>Social Work Total</b>	<b>£3,053,243</b>	<b>£3,100,244</b>	<b>£3,329,155</b>	<b>£3,332,364</b>	<b>£3,192,638</b>	<b>£3,085,237</b>	<b>£3,069,224</b>	<b>£3,081,976</b>	<b>£3,115,779</b>

## Financial planning reflective of demographic trends

CSWOs highlight 2014-15 as a year of planning, preparation and implementation of significant structural and service delivery change. CSWOs describe their involvement in financial planning work in their reports and reflect on how they have played a key role in safeguarding and mitigating the impact of financial pressures on social services spend and on social work staff. CSWOs report that they have been under pressure to find efficiencies in spend in order to offset the increases in spend from areas that are under pressure from increased demand.



### Highlight 21: Example of financial challenges going forward: North Lanarkshire

*The council has taken many steps to mitigate the worst excesses of welfare reform and the combined approach adopted by the service and its partners generated £29.2m in income by maximising entitlement across North Lanarkshire. But as a result of changes implemented to date over 7,000 people have been affected by the under occupancy rule ('bedroom tax') and rent arrears have doubled, a position that is already being further impaired by the introduction of universal credit.*

*In the five year period to 2015/16, the social work service has shed 353 posts. Every effort has been taken to protect frontline services and cuts have not impacted on numbers of social workers or occupational therapists, for example. The sizeable staffing reduction relates largely to services that have been decommissioned (e.g. residential care for older people as more people are supported in their own homes) and management.*

*A wide range of approaches have been adopted to mitigate the impact of budget reductions, manage increasing demand and improve outcomes for our citizens, some of which feature in this report. They include peer support, online self-assessment and advice e.g. simple equipment, better joined-up approaches with universal services, reducing homelessness through intensive support and tenancy sustainment, creating dementia friendly communities, supported employment, reinventing sheltered housing, working with active community businesses, third sector organisations and so on. When combined with intensive support services to prevent or minimise admission to care settings, we have sustained lower numbers of children and young people, adults with disabilities and older people in their own homes than most other Scottish authorities. The challenge will be to maintain that performance in the financial and policy context described in this report.*

*A major component of our response to this is to ensure that the public, service users and carers have improved access to information and supports including those provided by agencies other than social work. Significant strides have been made in building community capacity for that purpose. This, alongside innovative web based developments including that of developing on-line screening and self assessment tools will significantly modernise and inform service direction in coming years and provide individuals with choices not available in previous models of service delivery. It is our intention that these initiatives will expand into many other areas of social work service activity to both achieve efficiencies and improved outcomes.*



Other financial planning work has had a specific focus on responding to assessments of need (which includes demographic analysis) and budget forecasts.



#### **Highlight 22: Example of financial planning: Fife**

*The Council is facing a challenging financial environment and there is likely to be a continuing and prolonged period of public sector austerity at least to 2018-19. There is a real terms reduction in resources for the Council and this impacts on social work service expenditure. At the same time the Council and the Social Work Service is facing increasing demand for services, rising customer expectations and cost increases.*

*The Council has a medium term financial planning model that includes demographic pressures and the estimated cost of these pressures are included in the budget model. The purpose of the budget model is to calculate an estimate of the cost of continuing the existing level of service provision and delivery to a derived number of service users. The budget model essentially combines a variety of factors to provide an estimate of financial requirements over a 10-year horizon. Demographic cost pressures are calculated through the process of analysis of the changes in demographics in population over time (for example, the average age of a subset of population may increase or decrease over time). Both distributions and trends of values within a demographic variable are of interest. Demographics can be viewed as the essential cost driver of a given subset of population. Population is deemed the most appropriate measure for projecting costs associated with Older Peoples Services.*



#### **Use of resources from Change Funds**

The 2014-15 CSWOs reports note that resources provided through Scottish Government Change Funds were used to explore new ways of working and develop innovative practice around multi-professional working and streamlining of services.





### **Highlight 23: Example use of change fund money: Dumfries and Galloway**

*Additional one-off funding for 2015/16 has been made available to the 10 voluntary day centres in the region through the Change Fund / Putting You First Programme. Some of this funding will support day centres to develop their skills around the Outcomes Star, however, the majority will be put towards an Innovation Fund to give day centres an opportunity to test different and new ways of working in the lead up to a more locality focus for day centres after the Integration of Health and Social Care.*



### **Preventative spend**

The opportunities highlighted by CSWOs provided by the integration of adult health and social care duties and local authority restructuring to integrate children's services, education and community justice include the means to jointly assess need, plan and deliver multi professional services. CSWOs have also commented that the integration planning processes have enabled the duplication of services to be identified and addressed.

There is evidence from the CSWO reports of increased investment in local service provision in order to prevent the need for more costly out of area placements, residential and long term care.

For children's services in particular, the reports show evidence of increasing early intervention for families at risk illustrated through the development of community family teams and strengthening the remit and roles of family support teams, which are demonstrating benefits.



### **Highlight 24: Example of reducing out of area placements: Midlothian**

*Using a strength based approach to child protection and focusing on early and effective intervention has resulted in a reduction in the number of children on the Child Protection Register. We have also seen a reduction in the number of children who are looked after at home. This is further evidence that demonstrates our commitment to working with families at an earlier stage thereby reducing the need for statutory intervention.*

*Our numbers of Looked After and Accommodated Children placed outwith Midlothian are gradually reducing reflecting our value base that a Midlothian child should remain in Midlothian. Early intervention and preventative work to continue to reduce the number of young people being accommodated has also been a priority. Residential Services have reconfigured part of their service to include earlier intervention to those young people who are at risk of being accommodated. This approach has prevented approximately 65 young people from being accommodated. This reduction has been supported by an increase in kinship care placements and the excellent work undertaken by our Family Placement Team to recruit foster carers. It also reflects a partnership with colleagues in schools that is leading to keeping children and young people in Midlothian. We have planned work to reduce our exclusions from school further and to increase the attainment levels of LAC & LAAC.*



There are also examples of services joining up to improve the outcomes of children



**Highlight 25: Example of joint service delivery: North Lanarkshire**

*The implementation of SNAP was to support early intervention and prevention, maintaining at risk children within mainstream school, through increasing their resilience and their ability to manage their own emotions whilst working with parents to further develop and improve parenting skills. To date we are already noting positive outcomes.*

*SNAP has shown early indications of very successful implementation and has provided a focus for much closer alignment of social work, Child and Adolescent Mental Health Service and Educational Psychology resource to provide improved outcomes. This has resulted in staff from North Ayrshire being invited to deliver a presentation at an international conference in Vienna to showcase the work being done. Furthermore, initial discussions have begun to explore North Ayrshire staff, along with colleagues from Holland, delivering SNAP training through a Western European hub.*



**Impact of increasing demand and financial pressures on Social Work budgets**

The 2014-15 reports, describe, for example, how efficiencies are being made in Children and Families by reducing the number of out of area placements for Looked After Children (LAC) however, savings are being offset by increased investment in the recruitment of local foster carers, increased support for kinship carers, investment in local area LAC residential care homes and increased support for families to prevent a child from being looked after away from home.



**Highlight 26: Example of making efficiencies and preventative spend: Fife**

*Analysis has been undertaken into the growth in numbers of Looked After Children and a strategy has been developed to manage the care costs for these children. This includes more staffing resource to provide effective home supervision and support to avoid the decline in these children's family circumstances to the point where a care placement is required. Work is also on-going to increase the number of Fife Council foster care places as this is more cost effective than purchasing care from external agencies.*



The impact of increasing demand for services is evidenced by examples of overspend on Older Persons budgets, however, there are still examples of efficiencies being made in this area. There are a number of local authorities investing in supported accommodation as a way to meet older people's needs if appropriate care at home is not available or not in place in time.



#### **Highlight 27: Example of efficiencies in older peoples care: Perth and Kinross**

*Over the last four years, 19 people who were previously long stay residents at Murray Royal Hospital have been supported to live in the community. Within one recent development, a number of the long stay patients at Murray Royal Hospital are no longer supervised under a Community Treatment Order and take their medication autonomously. The supported accommodation available for people with mental health needs is a result of on-going partnership working between PKC, NHS and the voluntary sector. It is tailored around a person's need to support their move from institutional care, and is adjusted according to where the person is on their recovery journey.*



#### **Highlight 28: Example of investment in home care: South Ayrshire**

*The in-house home care service moved to an reablement approach focussing on a smaller group of people and providing targeted services for people at higher levels of risk and need. Reablement is a time limited, focussed, multi-agency approach that encourages people to learn or re-learn the skills necessary for daily living. This approach contributed towards permanent savings of £406,000 during 2014/15 with a further £406,000 to be realised in 2015/16. While the introduction of reablement has helped to meet short term savings requirements through a reduction in the number of service users requiring care after a period of enablement, this short term saving cannot be anticipated in future years. The number of hours of care for those with complex needs is increasing whilst people are living independently at home for longer with multiple health conditions therefore further savings from care provision are unlikely.*



## 6. Service quality and performance

This section provides a very brief overview of the approaches CSWOs were taking in 2014-15 to ensuring consistent high quality service provision was maintained through a period of significant change.

In the template for the reports, CSWOs were encouraged to highlight achievements and weaker areas of delivery and what they were doing to understand and resolve these. It was for CSWOs to decide which areas of performance they covered.

### Performance Monitoring and Governance Structures

All CSWOs describe their performance and governing structures in their reports, highlighting the role that the CSWO plays in quality assuring the provision of social work services and professional oversight of social work staff.



#### Highlight 29: Example of performance management structure: South Lanarkshire

*Quality and performance reporting and management are intrinsic parts of the duties of the CSWO. The following points outline quality and performance reporting duty and requirements:*

- the annual Social Work Resource Plan and progress with the implementation of this is reported quarterly to the Social Work Resources Management Team (RMT), the Chief Executive and twice yearly to Social Work Resources Committee;*
- whilst the RMT meets every two weeks, a quarterly meeting is dedicated to performance management in line with the reporting timescales of the quarterly report. Examples of performance activity which are discussed includes findings from case file audit activity and self – evaluation, the top Social Work risks and financial performance;*
- the performance scorecard within the Resource Plan also has a number of measures which relate to the Council Plan and these are formally reported to the Council's Executive Committee twice a year. Any measures which have amber or red progress status is discussed at the Council's Scrutiny Forum. Where this is the case, a Head of Service from the Social Work Resources Management Team is required to attend the Scrutiny Forum to explain performance and potential improvement activity*



### Taking action on inspection findings

The reports make clear that most local authorities and CSWOs use Care Inspectorate Inspection findings as a prime means to assess and monitor quality and performance. During 2014-15 there was a specific focus on inspection findings as part of the planning and reviewing work in preparation of structural and service changes.

All CSWOs stated that they take on board inspection report recommendations, with a common theme, for example, being increased and improved use of chronologies in care planning, in line with recommendations from the Care Inspectorate. This approach has risen in priority and recognition

with the move to integrated assessment and planning, as it is recognised as a key tool for enabling the sharing of information with other partners and professionals.

“ **Highlight 30: Example of taking action on the back of inspection findings: Dumfries and Galloway**

*2014/15 has been a year of significant change for Children & Families. The findings of the integrated inspection of Children's Services presented significant challenge to the service and the partnership. A programme of improvement was implemented following the inspection and this has addressed a number of key areas including, training across children's services, the use of chronologies, and the development of an initial referral discussion process and a review of the business system for social work services.*

”

### Taking action on complaint findings

All local authorities have systems and processes in place to record and analyse complaint information. Therefore, all the CSWO reports include information as to their number and nature of complaints over the 2014-15 period. Many go on to describe improvement action they have taken as a result of complaints highlighting issues and concerns.

“ **Highlight 31: Example of taking action on the back of complaints findings: Shetland**

*In response to these complaints, a new appeals process for case conference decisions has been included in our Interagency Child Protection Procedures and administration processes have been improved. Quality assurance has been strengthened in relation to the preparation of social work reports and new protocols around some of the more challenging aspects of social work provide additional guidance to staff.*

”

### Dedicated improvement and quality teams and officers

Some CSWO reports detail specific roles that staff have to ensure quality service provision in their areas.

“ **Highlight 32: Example of dedicated quality assurance officer: Midlothian**

*Within adult services the role of quality assurance officer was created to monitor and review both in- house and commissioned services. This is in addition to the input of the lead officers for contracts and individual service reviews which continue to be led by social work staff. The QAO's works closely alongside the Care Inspectorate, sharing information to ensure people's outcomes are being met effectively. The creation of the Care Home Liaison Nurse role has enhanced capacity to both monitor and support appropriate care in all of the care homes locally. A Commissioning and Contracts group evaluates and monitors all contracts and oversees the commissioning of social care services across both adult and children's services.*

”

### Use of self-evaluation

All of the CSWO reports mentioned self-evaluation processes that they had in place for the full range of service areas. A number were also looking at improving and aligning their practices in light of a renewed focus on this area arising from the from the integration processes and planning requirements.

“

#### **Highlight 33: Example of self-evaluation embedded practice : Scottish Borders**

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

”

Going forward, CSWOs are aware that service quality and performance must continue to be closely monitored to ensure that service quality is not being affected as practitioners and service providers move through the change processes being driven by recent legislation and restructuring.

“

#### **Highlight 34: Example of improvement and quality functions changing: Dumfries and Galloway**

*Changes to the structure of the service will see specific functions of the Improvement and Quality team transferred to other parts of the service by the beginning of April 2015. This includes management information, performance reporting and business systems development. This creates the potential to develop the role of the improvement and quality function to encompass internal scrutiny and self-evaluation as well as practice development and improvement.*

”

### Move to outcomes focused approach to quality and performance monitoring

There are a number of local authorities exploring and developing new approaches to assessing the outcomes and their approach to assessing the quality of service provision.

“

#### **Highlight 35: Example of new quality approach: Highland**

*The Highland Quality Approach (HQA) underpins the design and delivery of safe, effective and person-centred services for Adult Social Care. The Approach has been developed and embedded to transform the way the design and delivery of safe, effective and person-centred services. Its stated commitment is to agreed values which are promoted across NHS Highland: teamwork, excellence, integrity and caring.*

*A key focus is to drive the improvements articulated through the strategic plans, including the Change and Improvement Plan, through each of the Improvement Groups. Improvements are then evidenced by way of the relevant performance indicators and recommendations are then made to the Adult Services Strategic Planning Group as to what change needs to be taken forward in order to realise improvements in outcomes.*

*Outcomes-focussed assessment and care planning form the basis of person-centred care and support in Adult Services. This requires a shift of emphasis in practice and change of approach as Social Workers and Adult Social Care staff have been assisted to progress from a 'care management', service gate-keeping approach based on using the 'Single Shared Assessment' to more personalised, innovative practice. There has been significant progress in this area with the development of a Personal Outcome Plan (POP) tool to support staff and to enable them to engage effectively with service users and carers in agreeing personal outcomes. The commissioning of Carers Support Plans sits alongside this process.*

*Feedback from staff would indicate that they welcome the opportunity to think and work more creatively with service users and carers using an assets-based approach and be better able to apply the knowledge and skills they acquired during their professional training.*

”

## 7. Statutory Functions in Social Work

There are a limited number of statutory functions placed on social workers. The purpose of this section is to provide an overview of information in the reports about the approaches being taken to deliver statutory functions required of social workers, to identify any delivery risks and plans to address these.

### Improving approaches to Public Protection

CSWOs are taking opportunities to align and join up around social worker statutory functions. An example of this is in the development of Public Protection structures that span both adult and children's services and responsibilities.

The CSWO reports explain how most local authorities are building on the structure of Multi Agency Public Protection Arrangements (MAPPA) and recognising the links between adult and child protection functions and responsibilities and bringing them together. There is also a particular focus on the transition for people between young person and adult services.

#### **Highlight 36: Example of co-locating adult and child protection teams: Midlothian Council**

*While structures in Public Protection have developed separately over time, the reality for most service users is that their needs often span more than one category, for example, many children or adults at risk of harm live in households where domestic violence is an issue. Whilst recognising important differences between the areas, as the public protection agenda has gathered momentum, partnership agendas reflected this common interest and showed significant overlaps. In view of this, East and Midlothian Critical Services Oversight Group (CSOG), comprising Chief Officers of all constituent partner agencies, agreed to streamline the committee structures and establish a single Public Protection Committee.*

*The Public Protection Team is now co-located in the Brunton Hall in Musselburgh and has strategic responsibility for Child and Adult Protection and Violence Against Women. MELDAP staff are now co-located with the Public Protection Team, and in May 2015 the police Public Protection Unit became co-located as well. Improvement Plans are currently being developed in each of these areas and are reported via the Performance and Quality sub group of the EMPPC.*



### Increased demand for Adult Protection

The CSWOs 2014-15 reports identified an increase in Adult Protection referrals. This was putting pressure on social workers and adult protection systems and processes.

#### **Highlight 37: Example of increased referrals: North Ayrshire**

*In line with East and South Ayrshire, North Ayrshire has seen a continuing significant increase in Adult Support and Protection Concerns (ASP) referrals during 2014/2015. The majority of*



*these relate to an increase in referrals from Police Scotland as a result of their new Vulnerable Person Database (VPD) and associated processes. In addition, 2014/2015 has continued to see a wider range of referrer agency/individuals making ASP referrals as a result of a comprehensive programme of ASP awareness-raising across North Ayrshire.*

*In 2013/14, 4% of all ASP referrals progressed to an ASP Case Conference and this increased to 5% in 2014/15. There was an 83% increase in case conferences held from the previous year from 24 to 44.*

”

“

#### **Highlight 38: Example of increased referrals: Perth and Kinross**

*Due to the increasing number of VPR reports, and the impact of sifting such reports on Community Care teams, we undertook a review of the process with our partners. As a result, a considerable amount of work was carried out with Police Scotland to establish a robust filtering process which ensured an appropriate response to each VPR. This led to the introduction of the “Tayside Hub” by Police Scotland and a significant drop in the numbers of VPRs being received, from 407 in the last quarter of 2014 to 194 in the second quarter of 2015. Police Scotland still account for 18% of all VPRs.*

”

### **Partnerships in Criminal Justice Social Work**

The CSWO reports explain how restructuring and integration planning has also led to opportunities for the integration and contribution of unpaid work services to be aligned with community planning and community teams, along with the opportunities to provide multi-professional care packages to young offenders.

“

#### **Highlight 39: Example of multiagency engagement: East Renfrewshire**

*In regard to Criminal Justice Social Work Services, strong partnerships across the Community Health and Care Partnership have enabled a clearer understanding with partners about the requirements and expectations inherent within Community Payback Orders. Links with the Alcohol and Drug Partnership, Child and Adult Protection Committees have enabled multi-agency partners to consider their role in offender intervention.*

”

### **Mental Health Officer (MHO) functions**

The CSWO reports demonstrate that along with increased referrals for Adult Protection, there has also been increases in Welfare Guardianships and intervention orders. CSWOs state that this has put pressure on the workload of Mental Health Officers (MHOs), particularly when some local authorities are having difficulties in fill vacancies in these posts. However, the CSWO reports also emphasise that there continues to be a focus on promoting the role of the MHO to social work

professionals as a valuable area of work in order to encourage people to undertake the training and fill the demand.



**Highlight 40: Example of increase in demand for MHO service: Inverclyde**

*This waiting list was reflective of the pressure on our MHO service and the fact that a number of MHOs within the Inverclyde area were not able to act in this capacity for a variety of reasons; sickness, changes of job role and inability to perform the role of MHO because of other work pressures. These matters are also subject to further investigation as part of the wider review of MHO services.*



**Highlight 41: Example of increase in demand for MHO service: Shetland Islands**

*Recognition of the important role and expertise of the mental health officer is seen in LAs recruiting MHOs to work specifically with hospital teams or within Justice teams.*

*Furthermore, it is proposed that one Mental Health Officer will transfer to the Community Mental Health Team. This will be a further step towards integration of social work and health services and will consolidate working relationships and communication, which should improve outcomes for service users.*



**Highlight 42: Example of increase in demand for MHO service: West Dunbartonshire**

*An area of particular demand relates to working with mentally disordered offenders. There has been an increase in the number of referrals from the courts in comparison to previous years, and these often complex cases require considerable MHO input. It is anticipated that the extension of Conditions of Excessive Security appeal provisions to include those individuals in medium secure hospital settings from autumn 2015 will result in greater numbers of patients being discharged into community settings. This will serve to further enhance the role of the MHO in respect of such cases and is likely to have a broader impact on local resources in terms of care planning and support provision.*



### Fostering, Adoption and Permanency Planning

With the commencement of new duties on permanence planning from the Children and Young People (Scotland) 2014 Act, the CSWO reports describe various activities around improving practice in this area of delivery.

“ **Highlight 43: Example of improving permanence processes for Looked After Children: Dundee**

*The aspiration is for all children to be secured in a long term or permanent care arrangement, be it at home, with kinship carers, in foster or residential care, or adopted, as soon as possible. To this end Dundee’s Permanence Review Group and Dundee City Council’s Legal Services engaged with the Permanence in Care Team (PACT) from the Centre for Excellence for Looked After Children in Scotland (CELSIS) to consider how processes could be improved for those children who are identified as requiring permanent substitute care, and whose care plans may be subject to elements of ‘drift’. The actions from this will be incorporated into an updated Permanence Action Plan for 2015/16.*

”

CSWO 2014-15 reports highlight a significant investment into the recruitment of foster carers in recognition of the preventative role that they play for children entering residential or secure care as well as the anticipated commencement of the duty for children remaining in care up to the age of 26.

“ **Highlight 44: Example of focus on the recruitment of foster carers: East Renfrewshire**

*Following the completion of the National Foster Care Review in 2013, the Scottish Government has begun to introduce amendments to the Adoption and Children (Scotland) Act 2007 and regulations, and these will be finalised during 2015. The amendments include: a limit on the number of unrelated children who can be placed with carers; standardising placement descriptors; introducing a learning and development framework for foster carers; creating a national foster carer database and setting a national minimum rate for fostering allowances and fees.*

*Alongside this, the implementation of the Children & Young People (Scotland) Act 2014 will introduce a number of significant changes for looked after children, including the right to remain with their foster carers beyond 18 years of age and to seek help and support up to the age of 26 years.*

*We have invested in the Family Placement Team to support the growth and development of the Fostering Service with the expectation of making longer term savings. In 2014-15, two additional posts (assessment social worker and senior social care officer) were created to support the recruitment of foster carers and meet the increasing demands of Kinship Care.*

”

## Child Protection Register and Looked After Children – Supervision Orders

Scottish Government Statistics show that the overall numbers of children being looked after and on the child protection register is decreasing, however, more children are being looked after away from home in community settings, in particular with foster carers and friends/relatives.<sup>5</sup>

The CSWO reports reveal that all local authorities are focusing on preventative approaches in their work to support Looked After Children (as evidenced in previous sections of this report) however, there are still a few children that require more intensive support and the CSWOs illustrate how services are in place to support these children.



### **Highlight 45: Example of co-locating services to support LAC: South Ayrshire**

*The Young People's Support and Transition Service works with our most vulnerable young people aged 14 to 25, offering a range of individual interventions and group work programmes to support them to remain in their own community and live positive independent lives when leaving care. Co-located within the service is a mental health nurse offering drop in support and direct assessment and interventions to young people as part of their care plan. In partnership with Children's First, a support worker is also co-located within the team, offering support to young people affected by substance misuse.*



The CSWO 2014-15 reports also focus on what they are doing to ensure that organisations and staff are aware of their Corporate Parenting responsibilities.

---

<sup>5</sup> <http://www.gov.scot/Topics/Statistics/Browse/Children/TrendLookedAfter>

## 8. Improvement Approaches

This section describes key developments in organisational approaches and processes aimed at improving outcomes for service users and carers highlighted in the reports.

The CSWO 2014-15 reports convey that more work has to be done going forward on improvement activities aimed at ensuring consistent and standardised frameworks/tools for assessing needs both at population and individual levels. This is important if effective joint working is to be achieved between health and social care professionals.

There are examples of significant work being done on improving commissioning strategies and processes (as discussed earlier in this report – Section 4 Social Services Delivery Landscape), however, there is a recognition that in order to effectively joint commission services, up to date data and information on needs, service landscapes, workforce and financial maps is required and needs to be improved.

There is also evidence in the CSWO reports of a move to improved use of financial information, with the focus on developing tools, systems and processes for financial mapping, planning and monitoring (as described earlier in this report).

The implementation of the Children and Young People (Scotland) Act 2014 has also driven a move to ensure effective data sharing and management information systems are in place.



### **Highlight 46: Example of investing in data systems: Eilean Siar**

*Data management is being improved through the CareFirst systems team adapting best practice examples from another authority to produce a system which will ease reporting and auditing of referrals and subsequent action. The file audits undertaken by Comhairle officers will be used as a starting point for further audits in partnership with NHS Western Isles and Police Scotland.*



Use of improvement methods in service delivery and planning is also evidenced by the use of innovative practice and tests in the SDS area and Change Fund work.

Self-evaluation and reviews of the change process and implementation health and social care are highlighted by a few local authorities and are being used to share learning and action plan on how best to support staff through the change processes.



### **Highlight 47: Example of learning from change process: Moray**

*Having reviewed the restructuring, the key learning points for the Service following this review are:*

- 1. A restructure of this complexity should have been managed through dedicated officer capacity – not as an ‘add on’ to the day job.*

*2. Communication, both in clarity and frequency, is key – within the service and with partners. It is also the responsibility of all involved.*

*3. Workload management is key to moving the service on and relieving stress for the workforce.*

*4. A restructure will expose pre-existing cultures, practices, systems and processes, which did not always work in favour of promoting best practice and best outcomes for our children and families.*

*Following on from this review we have introduced a new audit and supervision process throughout the Continuing Support and Intake and Assessment Teams, and are currently working on developing a workload management tool through CareFirst.*

”

## 9. User and Carer Empowerment

The purpose of this section is to show the progress being realised in empowering users, carers and communities at a service delivery and individual care planning level in an equal partnership of care.

The CSWO 2014-15 reports provide many examples of improving approaches in obtaining users views and assessing needs as part of the integration and restructuring planning. Children's services appear particularly strong in obtaining feedback and involving users in co-designing and improving services.

User and community engagement has also been a key strand of the development and preparation work for the integration of adult health and social care services.

“ **Highlight 48: Example of engagement with the community for development of integrated joint boards and services: North Ayrshire**

*Health and social care outcomes are inevitably set within the wider context of the Community Planning Partnerships and the commencement of the Community Empowerment (Scotland) Bill will establish this on a statutory footing. Service users and carers are firmly represented on the SIB (now IJB) and actively involved in developing and reviewing the strategic plan. A Public Partnership Forum, consisting of service users, patients and carers will be established as a formal sub-group of the IJB and work has already been commissioned to begin scoping how this will work to enable meaningful involvement and provide the strongest voice possible to those in receipt of services.*

”

There is also evidence of community engagement as part of the development of services to support the implementation of Self Directed Support.

“ **Highlight 49: Example of developing service mapping webtool: Fife**

*The Community Mapping project continues to be rolled out across Fife and is identifying people, places, organisations, groups and activities that are valued by local citizens. Currently, the information gathered is being uploaded to ALISS ([www.aliss.org](http://www.aliss.org)), a national search engine developed and maintained by the Health and Social Care Alliance in Glasgow. The information being gathered can be accessed by local citizens who are looking for community opportunities and can also help supported people requiring care and support to identify groups, organisations and activities which will help them to achieve their outcomes and continue to participate in their local community.*

”

“ **Highlight 50: Example of designing service directories: Inverclyde**

*To help fulfil our duties under Section 19 of the SDS Act (duty to provide information on the range of providers and the variety of services they offer) the SDS team have worked in*

*conjunction with CVS Inverclyde on the production of directories to ensure there is access to information about the range of opportunities available locally in the community and information about service providers.*

”

In particular, the CSWO reports detail a number of user consultations and innovative practice often tested out as part of developing and delivering services for the new duties from recent legislation.

“

**Highlight 51: Example of consultation and engagement with young people: Fife**

*The service has developed as part of the Corporate Parenting Board strategy a 2BHeard group to assist in ensuring that the voices and views of looked after young people are central to the development of future services for young people in Fife. The group is supported by two Corporate Parent Development Workers (the second worker commenced post in May 2015) who also undertakes specific pieces of consultation work and develops different ways to engage with children and young people. The group developed their ‘Wish List’ and a DVD film highlighting their views of being in care, more recently their engagement with the Board has prompted the introduction of a Looked After Children’s Pledge setting out Fife’s commitment to children and young people in care. The Pledge is contained within a new document called Listen Up, an involvement strategy which sets out the commitment by Fife’s Corporate Parent Board to ensuring that Children and Young People have a voice in the decisions which affect their lives can influence the services they receive. Our aim and purpose is to do this through a shared commitment to ensuring Children and Young People have a voice in; decision making about their lives, Planning, Commissioning, Designing and ultimately Service Delivery. We view this as an ambitious challenge but one that will support the earlier objectives of the Corporate Parent Board and new directorate of improving the life chances for all our children*

”



## 10. Workforce planning and development

This section provides an overview of workforce planning and development activity within authorities - including joint activity with key partners. In the template CSWOs were encouraged to focus on key achievements, leadership activity, activity linked to national and local priorities, the challenges around workforce learning and development and to highlight future priorities. This section summarises the key workforce activities that CSWOs chose to highlight in their reports.

As with many sections of the reports the key driver for work in this area has been the implementation of the integration of adult health and social care and related local authority restructuring. For workforce planning this has meant a strong focus for CSWOs on ensuring that the role and contribution of social workers in the new structures is recognised and valued.

CSWO reports make clear that there is a requirement for on-going training and learning on:

- Multi-professional and joint working, relationships and partnerships
- Understanding and seeing the opportunities of SDS approach
- Adapting to and learning new joint assessment and care planning approaches
- Taking an outcomes approach to assessment and reporting
- Understanding the implications of the new legislation around health and social area and children's wellbeing and justice

CSWOs are also increasingly looking at technology solutions to ensuring that all staff can access training and development opportunities.



### **Highlight 52: Example of using a learning platform: Scottish Borders**

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

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

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

*The People (Social Work) Department continue to support social care staff to undertake the HNC in Social Care as a career development opportunity, with staff accessing Student Awards Agency Scotland (SAAS) grants. Our Social Work Practice Teachers continue to provide placement opportunities for both first and final year students. Considerable attention and*

*investment of training time was paid to promoting the Social Care (Self-directed Support)(Scotland) Act 2013, especially as this Act promotes a whole system change approach to how social care is provided. A range of workshops were offered to confirm the many aspects of the new approach and to provide reassurance that the aspirations of the new Act sit well with the value base for frontline staff in health and social care and for managers. We have continued to work with Midlothian and Edinburgh City Council to offer specialist training such Effective Practice in Children’s Services, PDA Supervision in Health & Social Care and PDA in Practice Learning.*

”

Another key challenge for all local authorities, as highlighted in the CSWOs reports, is that of effective workforce planning and the need to ensure robust approaches to recruitment and retention of social work staff. There are a number of examples of some creative ways which local authorities are developing to address these challenges.

“

**Highlight 53: Example of recruitment and retention challenges: Aberdeen**

*One of the key challenges in attracting workers from other areas to move to Aberdeen is the limited supply of good quality, affordable accommodation. In order to mitigate this, the Health and Social Care Partnership commissioned research to determine the feasibility of establishing a Social Care Campus in the City. ...The campus model will provide a quality training package, unique to Aberdeen along with support and mentoring and accommodation option for people who may be interested in moving to the City to work in the sector, addressing issues of recruitment and retention.*

”

## Concluding comments

The CSWO reports provide evidence that 2014-15 was a year of preparation and change at a structural level driven primarily, but not exclusively, by the integration of adult health and social care. The reports highlight the challenges but also the opportunities that recent legislation is bringing to align and find efficiencies in a number of areas. The reports also demonstrate the roles which CSWOs are playing in delivering the changes in a way which recognises the key work of social workers, as well as, the breadth and scope of the work undertaken by social workers.

The CSWO reports describe how local authorities are adapting to the fiscal, demographic and legislative environment and the drive to improve outcomes for the people they serve through a wide range of actions, including :

- Joint Community Planning and Joint Strategic Commissioning
- Developing and investing in community care teams/ local area teams
- Focus on reducing out of area or expensive care placements
- Improving and adapting referral processes and service assessment processes
- Moving to intensive family and individual support models– focus on preventative spend
- Increasing focus on in home care
- Investing in technology enabled care
- Multiskilling the workforce
- Taking the opportunities that Self Directed Support offers
- Investing in data and information sharing processes and systems

However, the reports also provide a picture of a landscape where the impact on the ground of the structural and policy changes are yet to be realised and the 2015-16 CSWO reports are likely to reflect this wider impact as the establishment and implementation of shadow integrated joint boards has been undertaken and other legislative changes are also being implemented.

Many CSWOs described the main future challenge as being the extent to which local authorities can respond to increased demand for social work services within the restraints of fiscal tightening. Specific examples of future challenges chosen by CSWOs to highlight in their reports include:

- Recruitment and retention of care at home staff – pressures of increased demand
- Impact of Welfare Reform and introduction of Universal Credit
- Impact of the requirements of the new Carers Bill
- Impact of the EU Working hours directive and wage pledges - ‘Living Wage’

In producing their 2015-16 reports , CSWOs will no doubt be reflecting on the past year and considering:

- Any progress in regard to the challenges they outlined in the 2014-15 reports
- Any impact (positive and negative) which integration and other legislative changes and the related restructuring has had on quality of service provision and outcomes
- What has been done to strengthen risk management and quality assurance in the delivery of social work services and care
- Approaches taken to effectively manage change - engagement with staff , development of the workforce, greater involvement of people who needs support and their carers
- Financial monitoring – have changes reduced costs and delivered efficiencies?



#### **Highlight 54: Example of future challenges: Scottish Borders**

*Social Work Services continue to face significant challenges in the year ahead including increasing demand for services due to demographic change, managing financial constraints, maintaining service quality and supporting people with whom we work to keep safe and improve the quality of life and outcomes. An additional challenge is monitoring the embedding of the new organisation arrangements both in the Council and with the Integration of Health & Social Care. The Council's transformation programme has proved successful in managing Service redesign and change and in 2014/15 efficiencies were made. For example, a charging review has been undertaken with new charges implemented in April '14 which will need to be monitored. In the area of substance misuse new services have been jointly commissioned focused on improving outcomes and reducing duplication.*

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

*The number of young people in out of area placements remains quite high but work is continuing to refocus fostering services and develop a new complex needs service. The further development of the Children & Young People's Service will be placing a key focus on Inclusion which will, along with the GIRFEC implementation, bring greater focus on to the needs of vulnerable and /or excluded children and young people. A key priority is to keep children and young people in the local area. The recruitment of substitute carers for Looked After Children remains a key priority, there is a recruitment and communications strategy in place and officers are leading this to ensure that we continue to increase the number of carers recruited and supported within the service. From January to March 15 a further 4 carers were approved.*

*The impact of welfare reform on the broader population is being monitored locally. However, research shows that the long term effects on mental and physical ill health, homelessness and inequality are likely to place additional demands on public services. In Mental Health increased demands on Mental Health Officers is a challenge and there is significant work required to ensure the Council puts in place robust arrangements to manage the new arrangements for Community Justice.*

*Partnership working remains a key priority. Work will progress at pace over the coming year to progress the transitional plan for community justice and engage with local key stakeholders. In addition, a key focus will be on providing and implementing the strategic plan for health and social care integration and ensuring the Care Governance Arrangements for Social Work and Social Care Services.*



# Appendices

## References and Links

Overview of Legal Framework for Looked After Children and Corporate Parenting:

<http://www.gov.scot/Publications/2015/08/5260/20>

### **New Legislation and statutory functions:**

Public Bodies (Joint Working) (Scotland) Act 2014:

<http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration>

Children's and Young People (Scotland) Act 2014:

<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

<http://www.gov.scot/Topics/People/Young-People/legislation>

Social Care (Self-directed Support) (Scotland) Act 2013:

<http://www.legislation.gov.uk/asp/2013/1/contents/enacted>

<http://www.selfdirectedsupportscotland.org.uk/>

### **Scottish Government Strategy and Policies:**

20:20 Vision for Health and Social Care: <http://www.gov.scot/Topics/Health/Policy/2020-Vision>

Re-shaping Care for Older People: <http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare>

2013 Shared Vision for Independent Living: <http://www.gov.scot/Publications/2013/04/8699/1>

Carers and Young Carers Strategy 2010-2015: <http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/NationalStrategy>

Joint Strategic Commissioning: <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/JntStratComm>

Public Service Reform (The Scottish Approach to transformation of public services):

<http://www.gov.scot/Topics/Government/PublicServiceReform>

New legislation to be put through Parliament in 2015/16 and amendments:

Amendments to the Adoption and Children (Scotland) Act 2007 and regulations (2015):

<http://www.gov.scot/Publications/2011/03/10110037/0>

Community Empowerment (Scotland) Act 2015:

<http://www.legislation.gov.uk/asp/2015/6/contents/enacted>

Carers (Scotland) Bill: <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/86987.aspx>

Community Justice (Scotland) Bill:

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/88702.aspx>

**Annual Report by Local authority Chief Social Work Officer  
Suggested Template and related guidance for production of 2014-15 report**

**May 2015**

**PURPOSE**

1. The template and related guidance are intended to assist Chief Social Work Officers (CSWOs) in the production of their Annual Reports, so that the reports cover the key issues of interest to a range of relevant audiences in addition to the key audience of local Council Committees and Elected Members and, in the future, Health and Social Care Partnerships. Use of the template by all CSWOs will also help in sharing of information across services about social work good practice and improvement activities.

**BACKGROUND TO DEVELOPMENT OF THE TEMPLATE**

2. In compliance with their statutory functions under the Social Work (Scotland) Act 1968, all Local Authorities have CSWOs. For a number of years CSWOs have produced Annual Reports about social work services which are provided for relevant Committees and/or full Council. The majority of CSWO reports are therefore available on Council websites and are also available to the Care Inspectorate as part of the package of information which they may look at as part of their scrutiny and improvement role. *(Note - In the interest of making Annual Reports more accessible we agreed with CSWOs that, where possible, links to their published reports would also be added to the Chief Social Work Adviser's web pages.)*

3. Previously CSWO reports differed in structure and approach, making it hard for CSWOs themselves to use them for peer learning, sharing of good practice or comparison. In discussions with the Scottish Government Chief Social Work Adviser (CSWA) which took place during 2013, CSWOs highlighted that they would find it useful to be supported to develop a more consistent approach to production of their reports. It was also agreed that a more consistent approach would enable the CSWA to work with CSWOs to develop an overview summary of some of the key parts of the reports. This would be of value to CSWOs and would also support the CSWA in their activity to raise the profile and highlight the value and contribution of social work services.

4. The Office of the Chief Social Work Adviser (OCSWA) worked with CSWOs to develop a Template and associated guidance for the CSWO Annual Report, seeking advice and support from CSWOs, Social Work Scotland, SOLACE, COSLA, the Care Inspectorate, the Joint Improvement Team, the Scottish Social Services Council, IRISS and academic and analytical colleagues. Underpinning the template development discussions were three guiding principles:

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

## **CURRENT POSITION**

5. The Template was issued in April 2014 and used for the first time by CSWOs for their 2013-2014 Reports. The information in the reports was analysed and brought together in a report which provides an overview of the national picture on social work services in Scotland. A draft report was commented on by CSWOs and emailed to CSWOs in its final form on 9 April 2015.

6. CSWOs also provided feedback on their use of the template for their 2013-2014 Report - through an electronic survey and in dialogue with Scottish Government and Social Work Scotland. A positive response to using the report was evident but it was also recognised that there would be a need to revise the template and guidance to take account of the experience CSWOs had in completing it. The feedback has been taken on board and incorporated into the revised Template attached.

## **KEY POINTS ABOUT THE TEMPLATE AND GUIDANCE**

- This Template provides a suggested structure for the annual CSWO Reports. The Template is intended to support a more consistent approach to the reports produced by CSWOs.
- The preference is that CSWO Reports will cover a financial year rather than a calendar year or other time period.
- The overall purpose of the Template approach is to be able to present succinctly and clearly how social work services are being delivered, what is working well, what is not and why and how LAs, and partners, are planning for and delivering change. It is also designed to highlight innovative and good practice as well as areas of challenge for LAs.
- Use of the template should enable CSWOs to demonstrate the contribution of social work services to delivery of Single Outcome Agreements and, in the context of integration of adult health and social care services, to the national health and well-being outcomes. It will also help to demonstrate how social services are improving in line with the wider Public Service Reform agenda.
- The Template is designed to enable CSWOs to produce reports which draw together already existing information in a more consistent way and does not require new information to be produced. Links to more detailed reports on activity and

outcomes can, and should, be referred to and embedded in the report but the data itself need not be repeated.

- The Template is not intended to be restrictive. For local purposes CSWOs may wish to add to the Template by linking it to separate and more detailed reports which may be required for local planning or accountability purposes.
- The main change has been to bring together into the Performance Section, the previously separate Sections on *Planning For Change* and *Key Challenges*. This enables the narrative about Performance to broaden out to improvement agendas and also to identify specific challenges for certain areas as well as challenges that are common across service provision.
- The Template is intended to support the creation of an analytical report on the work of social work services, which reflects CSWOs evaluation of the delivery and performance of services and the improvement and change being delivered.

## NEXT STEPS

- **CSWOs are requested to use the template to structure their Annual Reports for 2014/15 and email their completed reports to the Chief Social Work Adviser, Scottish Government by 30 September 2015 or earlier if possible. Reports should be emailed to: [alan.baird@scotland.gsi.gov.uk](mailto:alan.baird@scotland.gsi.gov.uk)**
- If at 30 September the report has yet to be cleared by the relevant Council Committee, CSWOs are asked to send in a draft report stating that its content is awaiting formal Committee approval and indicating when that is expected to happen.

*Office of the Chief Social Work adviser, Scottish Government*

*May 2015*



**ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICER  
TEMPLATE AND GUIDANCE FOR PRODUCTION OF 2014-2015 REPORT**

**TEMPLATE**

**1. Local authority Overview**

**2. Partnership Structures/Governance Arrangements**

**3. Social Services Delivery Landscape**

**4. Finance**

**5. Service Quality and Performance**

**6. Statutory Functions**

**7. Improvement Approaches**

**8. User and Carer Empowerment**

**9. Workforce Planning and Development**

**10. Other Issues**

## GUIDANCE

The guidance provides a note of suggested 'Indicative Content' for each section of the Template.

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

To support the intention of production of a more consistent set of reports and the aspiration to create a summary overview of the CSWO reports it would be advantageous to ensure that any additional information provided in the Template is purposeful and limited.

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

### GUIDANCE ON COMPLETION OF EACH OF THE SECTIONS

#### 1. Local authority Overview

The purpose of this section is to provide a brief narrative on the authority, its size, geography, rural/urban split, population size, demographics, deprivation/affluence, significant challenges for the area in terms of employment, substance misuse, demographics etc.

Indicative Content:

- a brief narrative relating to the authority
- population
- demographics
- geography

#### 2. Partnership Structures/Governance Arrangements

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

Indicative Content:

- an overview of strategic partnership structures and governance arrangements - including health and social care partnerships, community planning partnerships and partnerships with the Voluntary and Third Sector. It would be helpful to highlight any developments around these partnerships and also to indicate any challenges and how they are being addressed
- where does the CSWO sit in the governance and accountability structure within the LA and other key partnerships, arrangements by which the CSWO discharges their functions in these structures

- CSWO involvement in financial/budgetary decisions that relate to the agreement of the overall social services budget.
- the political structure and context of the LA and how well that supports social work services, where social services sits in that structure, what are the strengths, how could these be built on and further developed, what are the challenges, how could these be progressed
- how are users, carers and communities engaged as individuals and collectively as partners in service development, planning, delivery and evaluation
- Strategic partnership working could be evidenced with specific examples if helpful

### **3. Social Services Delivery Landscape**

The purpose of this section is to provide an overview on how social services provision is supplied within the authority (what is the “market” of provision?). This should include a view around the nature and make-up of local provision, how well the provision is working and whether there are any significant service or provider gaps and what is being done to address those.

Indicative Content:

- what is the nature and size of local social service provision, explain how ‘market’ data is collected and shared with delivery partners - and provide a sense of how well that is working.
- any resultant issues for social services; e.g. service demand issues, workforce recruitment issues

### **4. Finance**

The purpose of this section is to provide an overview of the resources available to support social services including: a view on how much the financial pressures are impacting on services, including statutory services; identifying the pressure areas and how are they being mitigated; highlighting areas where improvements are delivering efficiencies and more cost effective services

Indicative Content:

- the wider financial environment that is impacting on social service expenditure
- the financial trends for social work expenditure – including future spending
- financial plan(s) to ensure delivery of statutory demands
- is the LA able to meet demand; if not where are the cuts in social services provision being made, where are savings being realised
- what are the main financial pressure areas, has there been a risk analysis of these areas and are there plans in place to address the financial pressures
- describe how the LA is shifting resources to early intervention and prevention
- provide links to more detailed reports and plans as appropriate

### **5. Service Quality and Performance**

The purpose of this section is to present an overview of social services quality and performance. It should cover achievements; weaker areas of delivery and what is being done to resolve these; challenges and pressures around delivery and sustainability (generic and service specific); key

risks to delivery from elsewhere and the activity being taken to mitigate those risks; and it should also describe progress with delivering key national policies and key developments around the continuous improvement agenda. It is for CSWOs to decide which areas of performance they cover in more detail but the overview needs to encompass a view across all service provision.

Indicative Content:

- how social work delivery is contributing to local and national outcomes, national change programmes and to the public sector reform agenda
- overall progress with the shift to – outcomes, early intervention, integration of health and social care services, personalisation of services, co-production and self-directed support, risk enablement, and community capacity building.
- the strategic direction for service delivery, plans to improve outcomes and services - stating the intended outcomes
- an overview on how services are performing, what is working well, what have been the key achievements in the past year, what needs to be improved, what is being done on improvement and future sustainability.
- improvement priorities for next 12-18 months
- delivery against priorities identified in the previous CSWO Annual Report
- areas of good practice, new and innovative services developed, service redesign
- how local commissioning is working and being taken forward – what works well, what doesn't, what are the challenges and how are these being tackled
- the main challenges and pressures that face social work services in the coming year and action planned to mitigate the identified challenges and risks . (*Risks on statutory services and public protection to be covered in Statutory Functions Section 6, financial pressures to be covered in Finance Section 4*)

## **6. Statutory Functions**

The purpose of this section is to provide an overview of the Authority's capacity/ability to meet its statutory demands, to identify any delivery risks and plans to address those, and to comment on the CSWOs capacity to discharge their functions.

Indicative Content :

- an overview on performance over the range of statutory issues including public protection and risk management
- are there things that constrain the CSWO's capacity to discharge their functions
- has planning and risk assessment identified any areas of significant concern – if so what are they and what plans are in place to address the issues
- how the CSWO is assuring the quality of social workers and of social work practice

## **7. Improvement Approaches**

The purpose of this section is to describe key developments in organisational approaches and processes aimed at improving outcomes for service users and carers

Indicative Content:

- the systems in place to monitor and review commissioned or delivered services and the outcomes they are delivering for individuals
- what has been done in the year around self-evaluation, other quality assurance activity
- new systems or improvements to systems that support evaluation and monitoring
- areas of strength, any weaknesses, what are the challenges around evaluation and monitoring and how are they being taken forward
- what has been learned from complaints which were received in the last year, how were these handled and how were complaints used to inform service improvement

## **8. User and Carer Empowerment**

The purpose of this section is to show the progress being realised in empowering users, carers and communities at a service delivery and individual care planning level in an equal partnership of care.

Indicative Content:

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

## **9. Workforce Planning and Development**

The purpose of this section is to provide a strategic overview of workforce planning and development activity within the authority - including joint activity with key partners. It would be beneficial to focus on key achievements, leadership activity, activity linked to national and local priorities, the challenges around workforce learning and development and to highlight future priorities.

Indicative Content:

- overview of workforce development, key achievements, challenges, future priorities
- how the CSWO is strengthening leadership at all levels, including Citizen Leadership, any themed or collaborative leadership activity – SDS, Health and Social Care Integration, any linkages with wider public sector leadership development agenda
- succession planning for the CSWO role
- collaborative approaches to workforce development, cross-sectoral workforce development strategies/activity, current or planned integrated/collaborative learning with other professions/key partners/the Third and Private Sector/health/others
- how the LA is supporting user/carers and PA learning and to what effect – how users and carers are involved in the development and delivery of learning
- progress with registration of workforce, practice and development support for social workers – including newly qualified social workers in their first year post qualification

- the use of technology and other innovative approaches to support learning
- recruitment issues – overview, highlight what works well, existing challenges and solutions to tackle these, areas of good practice
- workforce engagement/surveys - describe how feedback from the workforce is used
- key workforce planning activity – what works well and why, what could work better, what are the challenges, what improvements are planned and what are the priorities for the year ahead

## **10. Other Issues**

The purpose of this section is to allow scope for CSWOs to cover any other issues which are significant to them/their local authority and that are not covered elsewhere in the Template.