



Executive Committee
Education and Families Committee

7 November 2011
9 November 2011

Autistic Spectrum Disorder Policy for Children and Young People

CS-15-F

Report Presented by Director of Children's Services

Children's Services

1.0 Summary

- 1.1 This report presents a policy which gives detail of the definition of Autistic Spectrum Disorder and the support available from Children's Services for children and young people with Autistic Spectrum Disorder.

2.0 Decision Required

- 2.1 The Education and Families Committee should consider the attached Policy (Appendix 1) and agree whether it is appropriate and meets the needs of the children and young people in Shetland schools and complies with current national legislation.
- 2.2 That the Committees recommend that the Council approve the Autistic Spectrum Disorder Policy for Children and Young People.

3.0 Detail

- 3.1 The report provides:
- A definition of Autism Spectrum Disorder, as described by the National Autism Society.
 - Information on current national legislation, policy and guidance
 - Detail of the key principles of the policy.
 - Detail of the roles and responsibilities of Children's Services and Head Teachers in schools.
 - Detail of ways support can be provided within school – either in a local school, or in a local specialist setting, or in a highly specialist national setting.

- Information about support available for parents / carers / families in Shetland; from information sharing groups to Short Break Services.
- Key priorities for Shetland's Children's Services – listing ways to continue to develop and improve services for children and young people with Autism Spectrum Disorder.
- Contact information.
- Recommended websites for further information.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – This Policy relates to Section 2 of the Corporate Plan 2010 – 12, “Maintaining a Sustainable Society”. Ensuring that provision is made so that children and young people with Autistic Spectrum Disorder get the learning opportunities they need.
- 4.2 Community /Stakeholder Issues – the members of the Additional Support Needs Management Team have been consulted in the drawing up of the Policy.
- 4.3 Policy And/Or Delegated Authority – In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has delegated authority to make decisions on matters within its functional areas in accordance with the policies of the Council, and the relevant provisions in its approved revenue and capital budgets. The Executive Committee is responsible for advising the Council regarding the development of its strategic objectives, policies and priorities. However, under section 2.4.3 of the Scheme determination of new policy lies with the Council.
- 4.4 Risk Management - If no policy is in place there is a risk that a child may not receive the support required to meet their needs. In addition, it galvanises the responsibilities across services thereby reducing the risk of inefficiency and disparity in approach as well as minimising the risk that the Authority fails to meet its legislative requirements.
- 4.5 Equalities, Health And Human Rights - There are no implications under this heading.

Resources

- 4.6 Environmental – There are no implications under this heading.
- 4.7 Financial - There are no implications under this heading.
- 4.8 Legal - The Policy complies with all relevant legislation.
- 4.9 Human Resources - There are no implications under this heading.
- 4.10 Assets And Property - There are no implications under this heading.

5.0 Conclusions

- 5.1 The Autistic Spectrum Disorder Policy for Children and Young People outlines a framework to support children, young people and young adults with the disorder. It outlines the strategies and priorities to ensure that each child, young person and young adult with Autistic Spectrum Disorder reach their potential.
- 5.2 The policy clarifies the responsibilities of services within the authority to work collaboratively in order to ensure that the needs of children, young people and young adults with Autistic Spectrum Disorder, and their families, are met.
- 5.3 The policy clarifies the responsibilities in relation to legislation and government policy that concerns the rights and needs of children, young people and young adults with Autistic Spectrum Disorder.
- 5.4 In addition it sets out key priorities for Children's Services, and this will ensure that there is continual development in provision for children and young people with Autistic Spectrum Disorder.

For further information please contact:

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Report finalised: 28 October 2011

List of Appendices

Appendix 1 – Autistic Spectrum Disorder Policy for Children and Young People

Background documents:

- *The Standards in Scotland's Schools etc Act 2000*
- *The Education (Additional Support for Learning) (Scotland) Act 2009*
- *Disability Discrimination Act 1995 (DDA) (as amended by the Special Educational Needs and Disability Act 2001)*
- *Education (Disability Strategies and Pupils Educational Records) (Scotland) Act 2002*
- *Equality Act 2010*
- *Disability Discrimination (Public Authorities) (Statutory Duties) (Scotland) Regulations 2005*
- *The Disability Equality Duty (DED) 2006*
- *Getting it Right for Every Child (GIRFEC)*
- *A Curriculum for Excellence*
- *The Early Years Framework*

There are links to the above documents on the additional support needs site at www.shetland.gov.uk/education/AdditionalSupportNeeds.asp.

END

Shetland Islands Council



Children's Services

Autistic Spectrum Disorder Policy for Children and Young People

August 2011

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1.) Definitions of Autism Spectrum Disorder

The *National Autism Society* describes autism as “a lifelong developmental disability that affects the way a person communicates and relates to people around them. People with autism have difficulties with everyday social interaction.”

The Autism Toolbox, a resource on Autism for Scottish Schools, published by the Scottish Government in 2009, gives the following information:

Autism is commonly typified by what is known as the triad of impairments (Wing 1996). These are:

- social communication;
- social interaction; and
- social imagination and flexible thinking.

Asperger’s Syndrome is a form of autism. It is typified by:

- severe and sustained impairment in social interaction;
- restricted, repetitive patterns of behaviour, interests and activities; and
- significant impairment in social, occupational or other aspects of functioning.

Other linked conditions

There are other conditions that are considered by some to be part of the wider Autism Spectrum such as Rett’s Syndrome and Childhood Disintegrative Disorder.

Autism as a Context

It should also be noted that Autism Spectrum Disorder (ASD), more recently called Autism Spectrum Condition (ASC), overlaps with other conditions: most commonly this includes Epilepsy, Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive Compulsive Disorder (OCD). There may also be mental health difficulties such as anxieties, phobias and depression. Each of these conditions occur independently of autism, but many people with ASD also present with other conditions – thus autism can be a context for a range of difficulties. This adds to the complexity of meeting each person’s needs appropriately.

2.) National Legislation, Policy and Guidance

This policy is informed by the following, as listed in the Autism Toolkit published by the Scottish Government 2009.

- *The Standards in Scotland’s Schools etc Act 2000*
- *The Education (Additional Support for Learning) (Scotland) Act 2009*
- *Disability Discrimination Act 1995 (DDA) (as amended by the Special Educational Needs and Disability Act 2001)*

- *Education (Disability Strategies and Pupils Educational Records) (Scotland) Act 2002*
- *Equality Act 2010*
- *Disability Discrimination (Public Authorities) (Statutory Duties) (Scotland) Regulations 2005*
- *The Disability Equality Duty (DED) 2006*
- *Getting it Right for Every Child (GIRFEC)*
- *A Curriculum for Excellence*
- *The Early Years Framework*

There are links to these documents on the additional support needs site at www.shetland.gov.uk/education /AdditionalSupportNeeds.asp.

3.) Key Principles:

This Policy:

- Outlines a framework to support children, young people and young adults with ASD.
- Sets out the implementation and development of a continuum of provision.
- Outlines the strategies and priorities for each child, young person and young adult with ASD to reach their potential.
- Clarifies the responsibilities of services within the authority to work collaboratively in order to ensure that the needs of children, young people and young adults with ASD, and their families, are met.
- Clarifies the responsibilities in relation to legislation and government policy that concerns the rights and needs of children, young people and young adults with ASD .

4.) Roles and Responsibilities

Shetland Children's Services:

ASD Friendly Provision – the responsibility of all

All provision for children and young people, **both in and outwith nursery and school settings**, will seek to be ASD friendly by:

- Consulting and working with children, young people and their families when planning and making decisions.
- Helping to develop out of school activities that include provision for children and young people with ASD.
- Raising awareness of disability amongst their peers.
- Recognising the needs of children and young people with ASD in their physical environments.
- Recognising the needs of children and young people with ASD in their social environments and in settings with their peers.

- Ensuring access to the curriculum at a level appropriate to individual needs and strengths.
- Making use of strategies appropriate to individual needs and strengths.
- Using appropriate Information Communications Technology (ICT) and programs to support learning and development.

Line Managers and Head Teachers will:

- Ensure that all staff are aware of their responsibilities under legislation and local and government policies.
- Ensure that all staff who work with a child or young person with ASD are aware of their needs and strengths.
- Ensure that children and young people with ASD have a named member of staff with whom they can discuss any concerns.
- Make use of the Autism Toolbox and of its resources to inform practice.
- Consult with Outreach Support workers across Children's Services when appropriate.
- Within Children's Services, make use of the local ASD Pathway as outlined in our Managing Inclusion Guidelines policy, and refer and consult with Outreach staff in the Education Psychological Service as appropriate.
- Access continuing professional development opportunities concerned with ASD.
- Ensure successful transitions for pupils with ASD between stages of education, and for young people with ASD moving out of secondary education.
- Ensure efficient planning, evaluation and record keeping, within Getting It Right For Every Child (GIRFEC) planning, a Co-ordinated Support Plan (CSP) or Individualised Education Plan (IEP), if appropriate.
- Make use of the authority's ASD Friendly Schools evaluation document if appropriate.
- Be aware of this policy.
- Identify children and young people with ASD through their use of the ASD Pathway, working collaboratively with Health and Psychological Services.

The Children's Services will:

- Ensure that services and provision for children and young people with ASD in and outwith education are continually developed, and that they are accessible.
- Provide support, advice, information and guidance to children and young people with ASD.
- Provide support, advice, information and guidance to the families of children and young people with ASD.
- Develop integrated services, from within the authority and with the voluntary sector to work in partnership with families.
- Ensure that its staff have access to continuing professional development concerned with ASD.
- Promote awareness and understanding of ASD within the community.
- Encourage the development of ASD friendly practices in their schools.

- Identify processes that promote successful transitions for pupils with ASD between stages of education, and for young people with ASD moving out of secondary education.
- Identify and encourage the development of provision for young people and young adults with ASD moving out of secondary education.

5.) Support within school

In line with the Schools Service Managing Inclusion guidelines, all pupils with ASD have the opportunity to have their needs met within a local mainstream setting or, where appropriate, make use of specialist local or highly specialised national provision.

Support and intervention for children and young people with ASD follows the Stages of Intervention as laid out in the Managing Inclusion guidelines for all pupils with additional support needs. Outreach staff support school staff in meeting the needs of pupils with ASD.

Outreach staff aim to provide an enabling service that supports school staff in developing access to the curriculum and inclusion in school life that is appropriate and relevant to the individual needs of pupils with ASD.

Support may take the form of:

- consultation and advice;
- staff training;
- information-gathering to support ASD diagnostic pathway process;
- liaison with other agencies, and support for school staff to implement advice and recommendations;
- direct work with pupils for an identified need;
- supporting pupil self-awareness, gaining views and supporting pupil involvement; and
- support for parents and families.

For further details please see parents and carers and young people's leaflets about ASD and transition on the additional support needs site at www.shetland.gov.uk/education/AdditionalSupportNeeds.asp

Further information can be requested from the Education Support Officer for Additional Support Needs with the Children's Services at Hayfield House.

6.) Support for parents/carers/families in Shetland

There is provision and support offered to parents, carers and families from birth through to adulthood. Short breaks for children with additional support needs is offered through Children's Services. This includes day care, overnight stays and outreach support for children and young people with substantial additional support needs including those with ASD. The service aims to provide support

to children, young people and their families in a manner that most appropriately meets their needs. All support is offered on the basis of assessed need. (Contact information is given at the end.)

Support is also provided for parents/carers and their children through information-sharing coffee mornings, an Autism Spectrum Family Support Group, and a youth club. Further information can be found at the additional support needs link at:

www.shetland.gov.uk/education/AdditionalSupportNeeds.asp

7.) Key priorities for Shetland's Children's Services

- Use national and local statistics and data to inform future planning and provision for children, young people and young adults with ASD.
- Early identification, assessment and support of ASD using the authority's ASD Pathway.
- Continual Professional Development of their staff.
- To develop ASD friendly schools.
- To offer appropriate support to families of children and young people with ASD.
- Participation of all parents/carers and all children, young people and adults with ASD in planning and decision making.
- Co-ordinating multi-agency services through the ASD Pathway, GIRFEC processes and inter-agency groups.
- Making use of the services of local voluntary organisations.
- Increasing opportunities for activities outwith school for children and young people with ASD.
- Enhanced transitions between schools and out of secondary education for all pupils with a diagnosis of ASD.
- Appropriate authority provision and support offered to all young adults with ASD.
- Appropriate further education and job opportunities for young adults with ASD within the Shetland Isles.

8.) Contact information:

Short Breaks for Children (Education and Families Service)
Phone: 01595 745242/745246

Education Support Officer for Additional Support Needs
(Education and Families Service)
Phone: 01595 744024

Education Psychological Service (Children's Services)
Phone: 01595 745588

Bruce Family Centre
Phone 01595 745401

Learning Disabilities Nurse (NHS)
Phone: 01595 743000 ext 3330

Community Paediatric Nurse (NHS)
Phone: 01595 743000 ext 3362

Disability Shetland
Market House
Phone 01595 743900

Shetland Befriending Scheme
Phone: 01595 743907

Skills Development Scotland
Phone: 01595 695791

9.) Recommended Websites

www.autism.org.uk/signpost, a resource from the National Autistic Society designed to give parents and carers and people with ASD personalised information relevant to their situation

www.nas.org.uk, the National Autistic Society's website, giving details of their services and contact numbers

www.autism-in-scotland.org.uk Information relating to autism with a focus on Scotland



Executive Committee
Education and Families Committee

7 November 2011
9 November 2011

Policy on Attendance in School	
CS-14-F	
Report Presented by Director of Children's Services	Children's Services

1.0 Summary

- 1.1 This report outlines the proposed Policy on Attendance in School, along with its associated appendices. The Policy broadly reflects current practice within the authority.

2.0 Decision Required

- 2.1 The Education and Families Committee should consider the attached Policy (Appendix A) and agree whether it is appropriate and meets the needs Shetland Schools and complies with current national legislation.
- 2.2 That the Committees recommend that the Council adopt the Policy on Attendance in School.

3.0 Detail

- 3.1 The Policy and its appendices draw together a range of existing approaches and practices. These have been put in place at different times in response to changing national legislation and policy.
- 3.2 Current legislation covering attendance at school has been in place since the 1970s and Shetland schools have always had in place appropriate procedures to meet that legislation.
- 3.3 However, more recently, the Scottish Government has issued further guidelines in this area which have the force of national policy. Appendix 3 (Related Documentation) to the Policy lists the main national guidelines which apply in this area. These include 'Included, Engaged and Involved: Part 1' (Scottish Government, 2007) and 'Included, Engaged and Involved: Part 2' (A Positive Approach to

Managing School Exclusions) (Scottish Government, 2011). Through local policy circulars, practice within the authority has continuously been amended to ensure that schools and the central service are working in line with those guidelines.

- 3.4 Underlying all the legislation and policy mentioned above is the recognition that regular attendance at school is an important contributing factor in young people achieving their full educational potential. It is therefore an important part of the job of staff in schools and at central level to work with children and families to ensure that each child attends school regularly and punctually.
- 3.5 A major change to the service in Shetland which took place in 2009 and which has bearing on the Policy was the switch from one schools' Management Information System (MIS) to another. The MIS is the electronic database in which information about pupil absence and attendance is held. A major project was undertaken by the Schools Service in conjunction with the ICT Unit during 2008-09 in order to connect all schools and the central service to SEEMiS, which is the MIS used by the vast majority of Scottish authorities. This necessitated re-training a wide range of school-based and central staff in the new system. Although the basic principles are the same, SEEMiS records absence and attendance in a slightly different way to the previous MIS.
- 3.6 The abbreviations employed by SEEMiS to categorise the various kinds of absence and attendance are referred to throughout the Policy and its appendices; and a list of the abbreviations and their definitions is contained in Appendix 4 to the Policy.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – This Policy relates to Section 2 of the Corporate Plan 2010 – 12, “Maintaining a Sustainable Society”. As mentioned above, regular attendance at school is an important contributing factor in young people achieving their full educational potential. The Policy therefore will make an important contribution to achieving all of the Smarter Single Outcome Agreement aims listed within Section 2, as well the specific actions listed for schools and the central service.
- 4.2 Community /Stakeholder Issues – School staff and Parent Councils have been consulted in the drawing up of the Policy.
- 4.3 Policy And/Or Delegated Authority – In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has delegated authority to make decisions on matters within its functional areas in accordance with the policies of the Council, and the relevant provisions in its approved revenue and capital budgets. The Executive Committee is responsible for advising the Council regarding the development of its strategic objectives, policies and priorities. However under Section 2.4.3 of the Scheme, determination of new policy lies with the Council.

- 4.4 Risk Management - If no policy is in place there is a risk that absences from school will not be monitored adequately.
- 4.5 Equalities, Health And Human Rights - There are no implications under this heading.

Resources

- 4.6 Environmental – There are no implications under this heading.
- 4.7 Financial - There are no implications under this heading.
- 4.8 Legal - The Policy complies with all relevant legislation.
- 4.9 Human Resources - There are no implications under this heading.
- 4.10 Assets And Property - There are no implications under this heading.

5.0 Conclusions

- 5.1 The Policy on Attendance in School draws together existing policy and practice in this area in Shetland schools. In doing so, it sets out a clear framework within which education staff can help to ensure that young people attend school regularly and punctually. This will in turn help each young person to realise their full educational potential.

For further information please contact:
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Report finalised: 28 October 2011

List of Appendices

Appendix A – Policy on Attendance School, including the following Appendices:
Appendix 1 – Recording Attendance and Absence - Procedures for Schools
Appendix 2 – Guidance on Categorisation of Attendance and Absence
Appendix 3 – Related Documentation
Appendix 4 – SEEMiS Codes

Background documents:

Included, Engaged and Involved: Part 1 (Scottish Government, 2007)
Included, Engaged and Involved: Part 2 (A Positive Approach to Managing School Exclusions) (Scottish Government, 2011).

END

**Shetland
Islands
Council**



**Children's
Services**

Policy On Attendance in School

**August 2011
Date of Review September 2013**

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1. Principles

- 1.1 Shetland Islands Council is committed to working with parents, children and other stakeholders to ensure that, wherever possible, all children enrolled at its schools receive an education that maximises the opportunity for every child to achieve his/her full potential. An important aspect of this is that each child attends school on a regular basis. Staff in schools and at central level will therefore work with children and families to ensure that each child attends regularly and punctually.
- 1.2 The national guidelines in this area are encapsulated in the document 'Included, Engaged and Involved: Part 1' (Scottish Government, 2007). The present policy is based firmly on the approach taken within those guidelines.
- 1.3 A list of the national and local documentation relevant to this policy at the time of writing is attached as Appendix 3. This will be reviewed and updated as necessary along with the policy.
- 1.4 All children are likely to be absent from or late to school at some time in their school career. However persistent poor attendance and poor punctuality is disruptive to the individual and to the work of the class and may be an early warning of other difficulties. Where there are genuine reasons for absence, the authority will work with stakeholders to ensure that the child's education is provided by means other than school attendance.
- 1.5 Attendance at school should be clearly linked to schools' overall approaches to promoting positive behaviour and a climate for learning.
- 1.6 Although attendance at pre-school education is not compulsory, Shetland Islands Council recognises that the period of the early years of childhood is a key time in the development of children. As an authority, we aim to deliver high-quality learning experiences through our early years provision and see it as essential that children begin to build up resilience and independence through regular attendance.
- 1.7 From August 2011, Council nursery departments will record attendance and absence on SEEMiS, the authority's electronic Management Information System. Detailed guidance on how this process should be carried out is contained in Appendix 1 (Recording Attendance and Absence – Procedures for Schools).

2. Legal Framework

- 2.1 There are three aspects to the legal framework. These are detailed in the remainder of this section.

Parental Duty

- 2.2 This is covered under Sections 30 and 35 of the Education (Scotland) Act 1980. This covers the duties of parents in relation to children of school age, i.e. 5-16 years old.
- 2.3 Section 30 states that: "It shall be the duty of the parent of every child of school age to provide efficient education for him suitable to his age, ability and aptitude either by causing him to attend public school regularly or by other means". Most parents/carers seek to meet their duty by enrolling the child in a local-authority school.
- 2.4 Section 35 (1) states that: "Where a child of school age who has attended a public school on one or more occasions fails without reasonable excuse to attend regularly at the said school, then, unless the education authority have consented to the withdrawal of the child from the school (which consent shall not be unreasonably withheld), his parent shall be guilty of an offence against this section."

Responsibilities of the Local Authority

- 2.5 The local authority has a general duty to provide education. Section 1 of the Education (Scotland) Act 1980 states that "..... it shall be the duty of every education authority to secure that there is made for their area adequate and efficient provision of school education and further education."
- 2.6 The local authority has powers under the Education (Scotland) Act 1980 to deal formally with non-attendance where there are substantial concerns. It should however be stressed that Children's Services will always seek to work constructively with parents/carers before resorting to formal measures under the 1980 Act. Section 3 below sets out the approaches schools and central staff should take in handling concerns about non-attendance at the informal stage. The remainder of this section outlines the formal approach which will be followed if that is judged to be the best course of action.
- 2.7 Schools will be advised by central staff regarding the use or otherwise of formal measures. At all times, guidance and advice will be sought from Shetland Islands Council's Governance and Law Service.
- 2.8 For children of school age, the question of what number of absences constitutes poor attendance will vary from case to case according to professional judgement; and it is therefore not possible or helpful to provide a benchmark figure within this policy. As mentioned above, where poor attendance has been identified by the school, the authority will make every effort to engage children and families in voluntary measures to improve attendance. Where it is felt that these measures are failing or have failed, Section 36 of the 1980 Act gives powers to local authorities to take action where they consider that an offence has been committed under Section 35 (see paragraph 2.4 above).

- 2.9 The first step that will be taken is that the education authority will notify the parent that a meeting or hearing is required, and that an explanation for non-attendance must be provided to the authority. To allow the parent to prepare for the meeting, it will not be held within two days of the notification but not later than seven days after the notification.
- 2.10 If, at the meeting, the parent fails to satisfy the authority that there was a reasonable excuse for the pupil's non-attendance the authority may:
- Proceed to prosecution through the sheriff court, or
 - Report the circumstances to the procurator fiscal, or
 - Warn the parent and postpone the decision to report for a maximum of six weeks.
- 2.11 In the circumstance where the education authority decides to postpone the decision it may, if the pupil is of school age (5-16), make an attendance order. An attendance order requires the parent to ensure the child attends the school which he or she has been attending or another local school (a school attended by children residing in the same neighbourhood as the child).
- 2.12 Further detailed information and explanation regarding the operation of attendance orders may be found within 'Included, Engaged and Involved: Part 1' (section 9). This section also includes information on other compulsory compliance measures which may be used in particular circumstances.

Recording Attendance and Absence

- 2.13 Regulation 9 of the 1975 Regulations requires each school to keep and preserve a Register of Admission and Withdrawal and a Register of Attendance. The Children's Services Management Information System (SEEMiS) which is in use in all schools and centrally satisfies the legal obligations under Regulation 9 to have both a Register of Admission and Withdrawal and a Register of Attendance.
- 2.14 The Register of Attendance must contain the name of each pupil on the Register of Admission and Withdrawal who has been admitted to the school and not withdrawn. A record of any absence must be kept each morning and afternoon and whether the absence is authorised or unauthorised.
- 2.15 It is the information from this record that may become the evidence provided to the Court should legal action be taken against a parent for their child's non-attendance in school. It is also evidence provided to the Children's Reporter and may constitute grounds for compulsory measures of supervision. It is therefore very important that registers are completed accurately and timeously.
- 2.16 Appendix 1 outlines the procedures which must be followed by all schools and nurseries in order to ensure that attendance and absence is correctly recorded. Appendix 4 lists the various codes used within SEEMiS to categorise attendance and absence.

- 2.17 Schools should deal with the various types of absence in accordance with the guidelines provided in Appendix 2 (Guidance on Categorisation of Attendance and Absence). The information in Appendix 2 follows the national policy as laid out in 'Included, Engaged and Involved: Part 1: Attendance in Scottish Schools' (December 2007).

3. Handling Concerns about Absence

- 3.1 Schools in Shetland have high expectations of their pupils regarding regular attendance at school and this is borne out by the fact that the vast majority of young people in this authority do attend school on a very regular basis. This section sets out the approach to be taken in those cases where a pupil's absence from school is, in contrast, a cause for concern.
- 3.2 In most situations, the concern will be in relation to a pattern of absences; but a single absence may also be a warning sign. School staff should be alert to the fact that a pupil's attendance at school is a part of the wider picture of that young person's progress, health and wellbeing, and be ready to act appropriately.
- 3.3 It is helpful to set out the policy in this area under two headings: first, policy relating to children who are on the child protection register and/or who are Looked After and Accommodated; and, second, children who do not fall under either of those two headings.

Children who are on the Council's child protection register

- 3.4 The school must notify Social Work by telephone of the absence of any child who is on the Council's child protection register. It will be for the Duty or Case Social Worker to decide on the required subsequent course of action and to inform the school of that decision.

Children who are Looked After and Accommodated

- 3.5 In addressing issues of non-attendance at school, particular attention must be given to children who are looked after and/or accommodated with a condition of attendance at school.
- 3.6 Information should be shared with social work as appropriate in line with The Looked After Children (Scotland) Regulations 2009 (Regulation 3, Schedule 1 and Regulation 5, Schedule 2). The allocated social worker must be invited to all meetings to discuss concerns and possible support strategies to be implemented.
- 3.7 Where a Children's Hearing has made the decision that a child be looked after or looked after and accommodated and, despite supports being put in place, there continue to be concerns regarding the non-attendance or truancy of the child, the school should discuss the possibility of a request for a Review Hearing with the allocated social worker.

All other children

- 3.8 For children who are not on the child protection register or Looked After and Accommodated, any concerns regarding absence from school should be looked at within the context of the Getting It Right For Every Child (GIRFEC) model. Full guidance regarding the local approach to GIRFEC may be found in 'The Shetland Guide to GIRFEC' (see Appendix 3).

4. Absence occurring during the school day

- 4.1 When the absence of a pupil during the school day is noted, the parents of the pupil should be alerted. The recorded code on the MIS should also be changed from "present" (indicated by: –) to 'T': "pending investigation".

5. Taking a child out of school during the normal school day

- 5.1 Parents will be encouraged to make appointments, where possible, outwith the normal school day. Parents who have to take a child out of school for an appointment should, where possible, notify the school in advance. If a parent wishes the child to be released into the care of another adult or to be allowed to leave school unaccompanied, then the parent must notify the school that this is the case. The school must appropriately log all such notifications.
- 5.2 A record should be kept of all children who have to be taken out of school during the school day because they are unwell.

Recording Attendance and Absence – Procedures for Schools

1. All schools in Shetland Islands Council will use the council's school management information system (MIS) to record attendance and absence. At the time of writing, the system in use is SEEMIS. This MIS is employed by the majority of Scottish local authorities and is thus a cost-effective and future-proofed choice of software.

Recording in primary and secondary schools and departments

2. In all schools, a daily register will be taken and the MIS updated at least weekly.
3. Parents will be asked to phone the school by 9.30 am if the pupil is absent. Where possible, the parent should indicate how long the absence is expected to be.
4. If a parent has not called or left a note, the school will phone the parent by the first break to enquire why the pupil is absent. SEEMIS has an automatic calling system that can send a text message to a parent as the absence is noted. This may be used at the discretion of the school. This will help ensure that immediate action can be taken to find any children who are missing from school.
5. Where it is suspected that any child is missing from school, the Schools Service's Guidelines on Children Missing from Education (CME) should be followed.
6. Parents/Carers are responsible for providing schools with suitable emergency contact numbers and for ensuring that these numbers are kept up to date.
7. All attendance and absence information will be recorded using the codes set out in Appendix 4. The choice of absence code is the responsibility of the school management team. Advice on the choice of code may be sought from the school's Quality Improvement Officer. However there are several common situations that are worth clarifying here. These are as follows:
 - Where the school has opened but a pupil is unable to attend owing to extreme weather, the code 'Other Authorised Absence' should be used.
 - If a pupil is attending another teaching centre (e.g. college on a day-release course), it is the responsibility of that teaching centre to inform the base school if a pupil is absent. It should be noted, however, that the pupil remains the responsibility of the base school.
8. Where a pupil is absent, the letter 'T' ("to be confirmed") must be entered in the system, unless one of the absence verification codes has already been entered.

9. In both primary and secondary schools, a pupil who arrives after registration (usually five minutes after school opening) but before the declared mid-point of a morning or of an afternoon should be recorded as 'J' and so be given an attendance. A pupil arriving after the declared mid-point is to be recorded using the code letter 'K'.
10. In relation to paragraph 3.9, each school should identify its declared mid-point by reference to a morning or afternoon interval or the beginning or end of a teaching period which occurs around the middle of the opening.
11. If a pupil arrives late, they should be marked late regardless of the reason given for the latecoming. Pupils may be delayed by circumstances outwith their control (e.g. school transport not arriving on time) but this should not affect the straightforward matter of the recording of their latecoming.
12. Accurate recording of latecoming is important as it allows proper investigation of cases of persistent lateness. Persistent lateness may be a sign of other issues (see paragraph 1.3 of Section 1 of the Policy).

Recording in nursery departments

13. From session 2011-12, all Council nursery departments now record attendance and absence on SEEMIS. As attendance at nursery is not compulsory, however, the simplest possible approach should be taken to recording attendance and absence. The following codes only should therefore be used:
 - Should Not Attend (SNA)
 - Present
 - Absent (Other Authorised Absence)

It is also clearly not necessary to have in place the formal processes outlined above for checking unexplained absences. Nurseries should therefore simply continue with their existing practices in relation to monitoring attendance.

Guidance on Categorisation of Attendance and Absence

The following guidance on categorising attendance and absence is taken from 'Included, Engaged and Involved' Parts 1 and 2 (Scottish Government, 2007 and 2011). It should be read in conjunction with Appendix 4 (SEEMIS Codes).

Headteachers and other senior colleagues involved in decision-making in this area should also note that there are particular sections of the following guidelines where there is a clear directive to be followed. Where that is the case, the action indicated should normally be adhered to.

There may be cases, however, where colleagues feel that a different course of action is the appropriate one. In these cases, advice should be sought from the school's Quality Improvement Officer or other senior Children's Service Officer before making a final decision.

Definition of Attendance

Attendance is defined as participation in a programme of educational activities arranged by the school. In addition to actual attendance within the school premises, this encompasses a range of other activities within the category of attendance (marked present), such as:

- Work experience
- Educational visits
- Day and residential visits to outdoor centres
- College school study
- Interviews and visits relating to further and higher education
- Debates, sports, musical, and theatrical works arranged in conjunction with the school
- Activities connected to psychological services
- Off-site school medical examinations
- Study leave
- Receiving tuition via hospital or outreach teaching services

Authorised Absence

This category of authorised absence includes absences derived from reasons such as:

- Sickness
- Medical and dental treatment
- Bereavement
- Short-term exceptional domestic circumstances
- Religious observance
- Authorised parental holiday
- Meetings prior to and in court
- Attendance at or in connection with a Children's hearing or care review
- Weddings of immediate family

- Agreed debates, sports, musical or theatre productions not arranged by or in conjunction with the school (incl Up Helly Aa)
- Sanctioned extended absence in relation to children of travelling families

Extended Leave with Parental Consent

Where most unauthorised family holidays will be recorded as unauthorised absence (see below), extended leave with parent consent should not be considered the same as a family holiday. Extended Leave with Parental Consent should be recorded separately outside the figures for attendance and absence and include circumstances such as:

- Extended overseas educational trips not organised by the school
- Short-term parental placement abroad
- Family weddings or funerals or other events which may require children to travel (eg overseas) or participate in extended preparations for cultural reasons
- Leave in relation to children of travelling families

Exceptional Domestic Circumstances

Absences relating to short-term exceptional domestic circumstances can be both authorised and unauthorised absence

Authorised Exceptional Domestic Circumstances:

- The period immediately after an accident or illness
- A period of serious or critical illness of a close relative
- A domestic crisis, which causes serious disruption to the family home, causing temporary relocation

Unauthorised Exception Domestic Circumstances

- Where additional services have not been accessed and care responsibilities become long-term the absence should be categorised as unauthorised absence

Unauthorised Absence

- Unexplained absence
- Truancy (unauthorised absence from school for any period as a result of premeditated or spontaneous action on the part of pupil, parent or both)
- Most family holidays during term time (see below).

Family Holidays During Term Time

The majority of family holidays taken during term time should be categorised as unauthorised absence Code 'G'. However, it is acceptable under exceptional circumstances for schools to authorise a family holiday during term time. Such circumstances may include:

- A family holiday judged to be important to the well-being and cohesion of the family, following serious or terminal illness, bereavement or other traumatic events

- Parental difficulty obtaining leave (with local judgement applied in cases where evidence is provided by the employer that it cannot accommodate leave during school holidays without serious consequences).

A family holiday classified under the 'authorised absence' category should not include such reasons as

- The availability of cheap holidays
- The availability of desired accommodation
- Poor weather experienced during school holidays
- Holidays which overlap the beginning or end of term

Exclusion from school (a): recording absence during part-time attendance as part of phased re-admission

'Included, Engaged and Involved: Part 2' sets out guidance in relation to exclusion from school. In particular, it discusses the situation in which a learner may be attending school part-time as part of a short period of phased re-admission. The part-time attendance may include provision made for education outwith the school estate but monitored by the school (e.g. work placement, vocational college course) . In this case, there is a legal requirement to mark attendance as attendance and time absent as exclusion.

Exclusion from school (b): monitoring of attendance and absence during partnership provision

'Included, Engaged and Involved: Part 2' also sets out guidance in relation to the situation where a young person attends partnership provision as a way of preventing exclusion. In this case, good records of attendance and absence must be maintained by both the school and the partner body in line with normal practice. In addition, the school should be informed of any concerns or inappropriate behaviour.

The partnership provision discussed within 'Included, Engaged and Involved: Part 2' is that at a college. However the preceding guidance applies to any type of partnership provision.

Related Documentation

1. The main national guidelines in this area are 'Included, Engaged and Involved: Part 1' (Scottish Government, 2007.
<http://www.scotland.gov.uk/Publications/2007/12/05100056/0>). This is supplemented by 'Included, Engaged and Involved: Part 2 (A Positive Approach to Managing School Exclusions) (Scottish Government, 2011. <http://www.scotland.gov.uk/Resource/Doc/345984/0115162.pdf>).
2. The policy is in line with the approach outlined in 'Getting It Right For Every Child'. (Scottish Government, 2007.
<http://www.scotland.gov.uk/Publications/2007/01/22142141/0>). The local guidelines on GIRFEC are entitled 'The Shetland Guide to GIRFEC' (<http://www.shetland.gov.uk/socialwork-health/documents/GuidetoGIRFECv2.pdf>).
3. Where applicable, Headteachers will follow the Schools Service's Guidelines on Children Missing from Education (CME).
4. Headteachers will also follow the SEEMIS School to School (S2S) Transfer Procedures where these are applicable.

SEEMIS CODES

APPENDIX 4

SEEMIS CODE TO BE USED WHEN ENTERING ABSENCE	SEEMIS DESCRIPTION	CORRESPONDING SEEMIS LEGEND WHICH APPEARS ON REPORTS	GUIDANCE NOTES
LT2	Late (arrives after mid-opening)	K	Use the interval as the deciding point.
LAT	Late (arrives before mid-opening)	J	
SEL	Self Certified sickness	D	This would include any time where a pupil is off sick, with proof of illness such as a parental letter/phonecall.
ABS	Other Authorised Absence	A	e.g. family weddings, bereavements, religious observances, attendance at court, attendance at child care review, attendance at children's hearing, sporting and cultural events not arranged by the school or authority.
DCU	Exceptional domestic circumstances (unauthorised)	R	e.g. ongoing caring responsibility not approved.
DCA	Exceptional domestic circumstances (authorised)	Q	e.g. the period immediately after an accident or illness; a period of serious or critical illness of a close relative; a domestic crisis which causes serious disruption to the family home, causing temp relocation.
EXC	Exclusion	X	Include all pupils excluded from school on a temporary basis. Information should be consistent with that supplied in the exclusions data.
PHL	Authorised Parental Holiday	E	If judged to be important to the wellbeing and cohesion of the family following serious or terminal illness, bereavement or other traumatic events.
UPH	Parental Holiday	G	Authority policy is that no family holidays are authorised.
ABS	Other Authorised Absence	A	Public or private transport.
PER	Medical or Dental Appointment	P	
OAT	Other attendance out of school	O	This is recorded as attendance so should only be used when pupils are attending events such as sporting events organised by the school/LA. It may also be used for e.g. pupil on a day release to college or another school, pupils attending the Behaviour Support Base for long periods
FLD	Field Trip	V	As out of school activity above but class trips should be classed as FLD.
SEP	Sickness with educational provision	B	Include hospital stays with educational provision.
STY	Study Leave	S	For SQA exam diet only.
UNA	Truancy or Unexplained Absence	U	Truancy - include all absences for which no adequate explanation has been provided. TBC in attendance register will count as a truancy.
WRK	Work Experience	W	Include work experience or volunteering both arranged or agreed by the school.
EXL	Extended leave with parental consent	Z	e.g. extended trips overseas, short term parental placement abroad; family returning to country of origin to care for relative or for cultural reasons.
OUA	Other unauthorised absence	N	For reasons not covered by codes U or e.g. when a parent is refusing to send their child to school following a dispute with school or when they refuse to sign a behaviour agreement following an exclusion.
TBC	To be confirmed	T	This must always be updated as soon as possible.
SNA	Should Not Attend	H	e.g. Nursery AM or PM.
CLO	Closed (e.g. election)	C	e.g. snow, power failure, election.
VIS	School Visit	V	e.g. P7 Induction Days.
MED	Medically Certified	F	Use when a doctor's certificate has been received, e.g. during exam time.
SCH	In school but not in class	~	
MIS	Missing	M	e.g. Child Missing from Education - must refer to CME Guidelines before using this code.
HOL	Holiday	H	
INS	In-service	I	
---	Present	--	



Shetland Islands Council

Social Services Committee
Education and Families Committee

2nd November 2011
9th November 2011

Annual Report from Chief Social Work Officer	
CC-07-11-F	
Chief Social Work Officer	Community Care

1.0 Summary

- 1.1 This report introduces the fourth Annual Report to the Council by the Chief Social Work Officer.
- 1.2 It presents information regarding the role and responsibilities of the Council's Chief Social Work Officer.

2.0 Decision Required

- 2.1 This report is for information only and reflects the requirement set out in Guidance published by the Scottish Government in February 2009, which requires the Council to consider a report from the Chief Social Work Officer on an annual basis.
- 2.2 Members are asked to note the Annual Report.

3.0 Detail

- 3.1 The Council is required to appoint a Chief Social Work Officer, who holds a professional qualification. There are a number of specific functions which the Chief Social Work Officer is required to fulfil, as well as having an overview of the quality of the Social Work function across all Services. In the Council, the Social Work function supports Community Care, Children's Services and Criminal Justice Services, as well as services provided on the Council's behalf by the Voluntary Sector.
- 3.2 This is the fourth report that brings together the range of duties pertaining to the Social Work Function.

3.3 Key messages and challenges which face Social Work are set out in the report and are summarised below.

a) There are significant financial challenges facing the Council. Members will need to carefully assess and make judgements as to the level and quality of services to be provided to support vulnerable people in the community.

b) A significant culture change is required on behalf of Members, Staff, Partners and Individuals in terms of taking forward the principles and practice enshrined in “Shifting the Balance of Care of Older People”. the Scottish Government’s policy on health and community care.

c) A change in the use of Care Centres is required in order to support the shift from Residential to Community based care. Moving from the concept of being cared for on a permanent basis in a Care setting, to a more flexible use of short breaks and respite.

d) Children’s Services continue to work with young vulnerable parents, with limited parenting abilities and to assess and support them to keep young children safe. This is challenging work.

e) Substance misuse remains a commonality across all services and the demand for rehab opportunities is increasing.

f) The Out of Hours Service remains fragile and remuneration rates remain unresolved.

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities – The Social Work function contributes to the Councils’ Corporate priorities on the quality of life and reduction of social inequalities.

4.2 Community /Stakeholder Issues – None.

4.3 Policy And/Or Delegated Authority – The terms of this report concern Children and Families and Adult Services functions combined with the remit of the Education and Families Committee and the Social Services Committee respectively.

4.4 Risk Management – As this report is for noting, there are no specific risks. However, failure to provide Members with this information would impede their ability to provide strategic guidance to the Chief Social Work Officer.

4.4 Equalities, Health And Human Rights – None.

4.5 Environmental – This report has no environmental impact.

Resources

4.6 Financial – This report has no financial impact.

- 4.7 Legal –Legal Services provide advice to the Chief Social Work Officer to support her in her role, and ensure that the Council’s social work complaints handling is in accordance with the relevant legislation. However as this report is only for noting there are no specific legal resources implications.
- 4.8 Human Resources - this report has no direct Human Resources implications.
- 4.9 Assets And Property – there are no implications for the Council’s assets.

5.0 Conclusions

- 5.1 The Chief Social Work Officer Annual Report at Appendix 1 sets out the information about the role of the Council’s Chief Social Work Officer.
- 5.2 The Annual Report includes information on the Investigation of Complaints and summarises information on performance and scrutiny.
- 5.3 The role of the Chief Social Work Officer is a critical part of the Council’s Social Work and Social Care Service which aims to support and protect the most vulnerable people in the community.

For further information please contact:

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24 October 2011

Appendices

Appendix 1 The Chief Social Work Officer Annual Report



Shetland Islands Council

Annual

Chief Social Work Officer

Report

2010/2011

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ANNUAL REPORT FROM CHIEF SOCIAL WORK OFFICER

1. BACKGROUND

- 1.1 This is the fourth Annual Report from the Council's Chief Social Work Officer.
- 1.2 Section 3 of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government etc. (Scotland) Act 1994 sets a requirement for all Local Authorities to have a professionally qualified Chief Social Work Officer (CSWO). The particular qualifications are set down in regulations and is one of a number of officers, roles or duties with which Local Authorities are required to comply.
- 1.3 In February 2009, the Scottish Government published National Guidance on the appointment, responsibilities and reporting arrangements for Chief Social Work Officers. It requires that the CSWO must be a professionally qualified Social Worker, registered with the Scottish Social Services Council (SSSC), appointed at senior level, with the status and support necessary to undertake the role and with a direct line of accountability to the Council.
- 1.4 The guidance recommends that Local Authorities considers an annual report from the CSWO.
- 1.5 The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care Services. This applies both to services provided by the local authority or purchased by the Council.
- 1.6 The CSWO also has professional responsibility for some specific decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public. A scheme of delegation may be determined locally, but this must be to staff who hold a prescribed Social Work qualification. The CSWO remains accountable for any decisions made.
- 1.7 These duties include:
 - Certain decisions in relation to the placement and movement of children in secure accommodation.
 - Emergency movement of accommodated children in terms of Section 72 (1) of the Children (Scotland) Act 1995
 - Enforcement of Probation Orders, Community Service Orders and Supervised Attendance Orders.
 - Actions required under the Adults with Incapacity (Scotland) Act 2000.
 - Consultation on Anti-Social Behaviour Practice.
 - Agency Decision maker for Fostering and Adoption.
- 1.8 Changing Lives, the report of the 21st Century Review of Social Work, defines social work governance as:

“A framework through which social work services are accountable to the local authority and the general public for continuously improving the quality of their services, effectively managing risk and safeguarding high standards of care, through creating an environment in which excellence can flourish.”

- 1.9 The Scottish Government has embraced the Outcome approach – outcomes are, after all, what matters to individuals who use services. At every level of our intervention, the focus for Social Work and Social Care should be on outcomes i.e. “What difference did our intervention make to the person?”

The contribution of Social Work is outlined in the guidance document – The Role of the Registered Social Worker in Contributing to Better Outcomes for Scotland.

Throughout this report, examples of outcomes for service users will be highlighted.

2. STATUTORY/GUIDANCE - DUTIES AND DECISIONS

2.1 Secure Accommodation of Children.

In very limited circumstances, when children are considered to present a serious risk of harm, either to themselves or others, the CSWO may authorise their detention in secure accommodation. These decisions must be confirmed by a Children’s Hearing and kept under close review.

The CSWO was required to exercise this function in the reporting period.

2.2 Emergency Movement of Accommodated Children

Under Section 72(1) of the Children (Scotland) Act 1995, where a child is accommodated by the Local Authority and is required to reside in a specific place, in the case of urgent necessity the CSWO can authorise the child to be transferred to another place. This decision must be presented to a Children’s Hearing within 7 days.

The CSWO was required to exercise this function in the reporting period.

2.3 Adoption Applications

This legal process breaks the tie between a child and his/her birth family and recreates it with adoptive parents.

The role of Agency Decision maker for Adoption and Fostering was delegated to the Head of Children’s Services during this reporting period.

Approval of Adoptive Parents – 1 set of adoptive parents were approved.
Children Identified for Adoption – a small number of Adoption Placements occurred.

Increasingly Kinship Care is being used as a means of securing permanency for some children – one new placement was made with Kinship Carers, bringing the total of Kinship Care households to 10.

Research shows that kinship placements have better success rates for children than alternative family care placements and that means children are still being cared for within their families. There are less placement breakdowns in kinship care.

Account of Kinship Care from Adoption and Fostering Social Worker

X was still a teenager when her child was born. She did not get any support from the father or his extended family. X relied heavily upon her extended family. X agreed with her parent that the child would reside with them for a short period to allow her to take a trip.

Time passed and it was now 6 months since X had seen her child and when X returned to Shetland her child did not want to see her. I met with X and spoke through the feelings and emotions that the child would be experiencing with the loss of the child's mother for such a great period. This was the start of X's life becoming more chaotic and unpredictable. It was agreed that the child would remain in the care of their Grandparents. I completed a kinship assessment on the couple and approved them as kinship carers, allowing them access to limited financial support from the Local Authority. Grandmother regularly attends training groups we provide for all carers.

The child has been residing with them for 4 years and has a good understanding of the family dynamics and is achieving well within the school setting. The Grandparents have been very grateful of the support and financial assistance as it allowed the Grandmother to be home with the child full-time, giving the child the security and reassurance needed in the absence of the child's mother.

2.4 Adult with Incapacity

Under the Adults with Incapacity (AWI) (Scotland) Act 2000, there is provision for the Local Authority to make application to court for specific orders in relation to individuals who do not have the capacity to make certain decisions.

Welfare Guardianship Orders are predominantly used for older people or people with learning disabilities. Often they are used to provide care to which the adult cannot consent. Alternatively, Welfare Guardianship can be used to protect adults who place themselves at risk. The majority of Welfare Guardianship Orders are known as "private", whereby another adult, who has some interest in the person who is subject of the order, is appointed as Guardian. All such cases must be supervised by a qualified officer of the Local Authority.

In the event of no suitable person identified to be appointed, the CSWO will be named as Guardian.

At the end of March 2011 – there were a total of 7 Welfare Guardianship Orders in place – 2 of which have the CSWO as their Welfare Guardian.

The Mental Welfare Commission for Scotland (MWC) has a role in ensuring that the Local Authority acts, at all times, according to the principles of the AWI legislation.

The Principles are:

- **Benefit**
Would intervention benefit the adult? Or, can such benefit be reasonably achieved without intervention?
- **Minimum Intervention**
Is intervention the least restrictive option?
- **Adult's Wishes**
What are the adult's past and present wishes?
- **Consultation with Relevant Others**
In considering intervention, must consider the views of all relevant others,
- **Encourage**
Encourage the adult to exercise and develop skills wherever possible.

The Local Authority when considering issues of capacity has a responsibility to ensure that the person has independent representation. This role is provided by Advocacy Shetland, whose Advocates will attend Case Conferences where decisions regarding capacity are taken to ensure that the person's voice is heard.

Extract from Project Worker, Advocacy Shetland:

"I recently attended a Case Conference under the Adult Support and Protection (Scotland) Act 2007 where there were issues of capacity, on behalf of an elderly client who, being infirm, was unable to be present. Although my client was not in attendance I was able to advocate on their behalf and ensure that all decisions taken were consistent with their wishes and best interests. It was evident that my safeguarding role was taken seriously. During the course of the proceedings the Chairperson looked to me for acknowledgement that the decisions made did indeed reflect my clients concern and wellbeing."

2.5 Mental Health

Compulsory detention in hospital or compulsory treatment in the community takes place under the auspices of the Mental Health (Care and Treatment) (Scotland) Act 2003.

MHOs are experienced Social Workers who undergo additional Post Qualifying Training to gain their Mental Health Award, and undertake these duties either as part of or in addition to their substantive post.

The CSWO has a duty to ensure the appointment of Mental Health Officers (MHOs) who can carry out relevant duties as required by legislation.

Currently, there are 4 full time Social Workers and 2 part time staff who are qualified to act as MHOs, including one who is retained and based in Aberdeen.

This innovative arrangement was commented on positively by the MWC for Scotland. It ensures continuity of worker for the Service User and reduces the need for MHO's to travel from Shetland to attend Tribunals.

One post for the MHO who sits with the Community Mental Health Team is vacant, but has been recruited to.

MHOs have a statutory role in preparing applications, reports and care plans in relation to individuals who are, or may be subject to Compulsory Care and Treatment in hospital or the community. Servicing the Tribunal Arrangements, which have the power to authorise compulsory measures, are an integral part of the MHO's workload.

The table below summarises MHO activity for this reporting period:

Compulsory Treatment Orders	10
Emergency Detentions	2
Short Term Detentions	12
Assessments completed by MHO's – including assessments to extend and vary orders and Social Circumstances Report	22
Adults With Incapacity Reports	2
Mental Health Reviews	24
Mental Health Tribunals	10

MHO's also undertake an advisory role in Case Conferences when action is being considered under the AWI Act and also Adult Support and Protection (Scotland) Act 2007 where capacity issues require to be considered.

Case Study

An individual with a degenerative physical condition had been isolated in a remote area for some time. This person had mental health issues as a result of the physical condition. The person had also been detained in hospital on a Short Term Detention Certificate for a brief period, under the Mental Health (Care & Treatment) (Scotland) Act 2003 as a result of concerns about their mental state and personal safety.

The individual and a relative were advised on Power of Attorney (POA) and advised by the MHO that this would benefit and safeguard the individual's wishes and views about their future care. POA is the least restrictive legal measure under the Adults With Incapacity (Scotland) Act 2000 which ensures a person has someone to act in their best interest if they lose capacity in the future. A Power of Attorney is now in place. Additionally, an Advance Directive has been completed by the GP which will address any medical treatment in the future when the person lacks the capacity to make their views known about this.

The individual is now living a much fuller life in supported accommodation with daily support from Social Work. They have been supported in being enabled to make plans for their future care and medical intervention, through the recommended minimum legal means for the time when they can no longer make their views known effectively. Otherwise their relative may have needed to apply for a Guardianship Order, which is a more legalistic and costly process.

2.6 Emergency Out of Hours Service

The CSWO has a duty to ensure that Social Work Services are provided not just within the office hours but 24 hours per day, 365 days per year.

A rota of qualified staff provide an Emergency Out of Hours (OOHs) Social Work Service which covers:

- Child Protection – when the child or young person is at immediate risk
- Attending as an Appropriate Adult for children or young people – where there is no family member available. This is in keeping with the Detention of Children Protocol – where a child should not be detained unnecessarily by the Police.
- Older people and vulnerable adults who are at risk and in immediate danger
- Request for a Mental Health Officer

All Out of Hours Work is undertaken by Social Workers in addition to their contracted hours. This is a significant commitment, with the Out of Hours service required to cover 130.5 hours each week. Social Workers are required to respond to difficult and challenging situations working single-handed.

The Social Workers are supported by a rota of 5 Service Managers who are Social Work qualified.

It was highlighted in the previous reports, that the OOHs service was experiencing some operational tensions. These were in relation to the number of Social Workers being available for the rota reducing, due to issues such as long term sickness and other personal circumstances. The staffing of the OOHs service, was therefore, falling to a reducing number of workers, who were on the rota more frequently. This situation still stands and Members should be aware that this area of the service is fragile.

Despite ongoing dialogue with the Single Status Team and successive reports, this issue has not been resolved.

3. PROTECTION & RISK MANAGEMENT

- 3.1 The assessment and management of risk posed to individual children, adults at risk of harm and the wider community are part of the core functions of Social Work.

- 3.2 Risk Management for key service user groups in Shetland is located primarily in 3 services areas – Community Care for Adult Protection; Children’s Services for Child Protection and Criminal Justice for offenders.
- 3.3 Reflecting the importance of joint working, the following multi agency mechanisms have been established in Shetland.
- Shetland Child Protection Committee (CPC)
 - Shetland Adult Protection Committee (APC)
 - Multi Agency Public Protection Arrangements (MAPPA)

- 3.4 The CSWO is a member of the CPC and sits on the Quality Assurance Sub Committee.

The CSWO also sits as a member on the APC and for part of this reporting period was Chair for the Quality Assurance Sub Committee.

The CSWO sits on the Strategic Group for MAPPA, which covers the Northern Constabulary Area.

This allows the CSWO to have an overview of related risk management activity across agencies, as well as an influence on practice.

3.5 Child Protection

- 3.5.1 In signing off the Shetland Interagency Child Procedures, the Council has approved the policy which includes the statement “the highest priority will be given to the protection of children from abuse”.

- 3.5.2 It is important to recognise that while the protection of children remains the predominant activity of the Children and Families Social Work Team, all services across the Council have a part to play in safeguarding children.

- 3.5.3 This was reinforced when the Corporate Safeguarding Children Policy was approved by Services Committee and SIC (Min Ref SIC 147/10) and the message from the Scottish Government’s Review of Child Protection “It’s everyone’s job to ensure I’m alright” was clearly taken on board at corporate level.

This policy has now been disseminated across the Council and is on the Council website.

- 3.5.5 New National Guidance to help Social Workers, Police, Health professionals and others better protect Scotland’s most vulnerable children were launched in December 2010.

It follows a comprehensive review and consultation on the child protection procedures used throughout Scotland and replaces previous guidance dating back to 1998.

It covers new areas of practice such as keeping children safe online and child trafficking and is based on the principles of Getting It Right For Every Child, the Scottish Government’s approach to ensuring

children get earlier, effective and integrated support from all agencies to prevent problems escalating.

Key elements include:

- Detailed advice on how and when to share information on potential risks;
- Expanding the range of organisations and professionals responsible for child protection, including those dealing primarily with adults, while making clear that protecting children and young people from harm is everyone's responsibility;
- The creation of national timescales for child protection case conferences, making clear these should take place as soon as possible but no later than 21 days after the notification of a concern;
- Greater protection of unborn babies by ensuring that any child who needs a child protection plan pre-birth is also placed on the Child Protection Register, helping ensure information about that child is shared between local authority areas if the mother moves before the birth;
- Ending the need for professionals to identify a category of registration when placing a child on the Register to encourage greater recognition of all the needs and risks involved.

3.6 Adult Protection

3.6.1 The Adult Support and Protection (Scotland) Act 2007 was passed by the Scottish Parliament in Spring 2007, with Part 1 of the Act implemented on 29th October 2008.

This Act places a number of duties on the Local Authority which have been conveyed to Members in previous reports.

3.6.2 The Adult Protection Committee (APC) was established following the Act and is the main forum for the strategic management of Adult Protection in Shetland. A report was presented to Services Committee in June 2010, which sought approval for changes to the constitution to allow an independent chair to be appointed (Min Ref SC 54/10).

Members approved the changes and agreed to the appointment of Malcolm Bell as Independent Convenor for the APC.

3.6.3 The APC is required to produce a biennial report for the Scottish Government on its work. The first report was submitted in November 2010 and was the subject of a separate report presented to Members in February 2011 (Min Ref SC07/11)

Each Local Authority receives written feedback from the Scottish Government.

Feedback from Nicola Sturgeon to Shetland on the first Biennial Report

“You have identified several measures to help strengthen adult protection as a whole, and it is clear that you have a range of ideas to continue to develop adult protection activity in the Shetland Isles. I fully support these activities, and am keen to see their effect.

In addition to securing the commitment of partner agencies, raising the public’s awareness of adult protection is an important step in helping to promote better outcomes for adults at risk of harm. I would urge you to continue your work in this regard, and to ensure that its importance is recognised across all adult protection partners.

The joined-up approach taken to public protection more generally in Shetland Islands Council is positive. There are obvious links between many parts of the public protection system, and it is right that the adult protection is connected to that. The steps you are taking in co-locating services, sharing training and ensuring that relevant practitioners are aware of the various adult protection and public protection channels should lead to better outcomes for the people who come into contact with the system.”

3.6.4 The CSWO has delegated authority (Min Ref SC18/09) to appoint Council Officers. These are suitably qualified workers who are authorised by the Local Authority to perform certain duties under the Act. Currently, either Social Workers or Occupational Therapists can undertake this role on behalf of the Local Authority.

32 Council Officers have been appointed following completion of the relevant training. With Social Workers from all three services – Community Care, Children and Families and Criminal Justice - undertaking the training. This equips those workers who are not based in the Community Care team to respond to Adult Support and Protection situations on Out Of Hours.

3.6.5 Operationally, the responsibility for responding to Adult Protection referrals sits with the Community Care Social Work Team. All the Social Workers are trained as Council Officers and are able to carry out the full range of duties under the Act. As awareness training has been rolled out across agencies, the level of referrals is increasing and the protection of adults at risk of harm is featuring significantly in the workload of the team.

Management information on referrals are now being collated and presented to the Adult Protection Committee.

Referral rates remain consistently in the mid upper twenties over any three month period e.g. 1 January 2011 – 31 March 2011 shows 27 referrals, involving 21 individuals. Ages ranged from 20 years to 80 years and covered self harm, financial harm, emotional harm and neglect.

In order to investigate action under the AS&P Act, the individual must meet what is termed the 3 Point Test.

3 Point test for **Adults at Risk** are adults who:

- Are unable to safeguard their own wellbeing, property, rights or other interests;
- Are at risk of harm; and
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

Of the 27 referrals, 13 did not meet the 3 point test but required referrals to other agencies or support plans to be put in place.

The AS&P Act allows the Local Authority to apply for a Protection Plan through the Sheriff Court. In the reporting period, 2 Banning Orders were granted, both with Power of Arrest.

Case Study

“Older gentlemen who was the victim of emotional, physical and financial abuse. Through the use of the Adult Support and Protection (Scotland) Act 2007, legal measures were taken to prevent the abuser from continuing to harm the individual. A protection plan was put in place to support this individual and a Banning Order with Power of Arrest was granted, preventing the abuser from contacting the service user. Some time has now passed and the gentlemen again feels safe within his home environment. He is gaining confidence and the risks have been reduced.”

3.7 Public Protection

3.7.1 The management of dangerous offenders in the community is one of the highest priorities for Criminal Justice Social Work. This involves Social Work and Police working together, with Housing and Health playing a significant role in the detailed multi agency procedures which have been established.

3.7.2 The governance of Multi Agency Protection Arrangements (MAPPA) in relation to high risk offenders, initially encompassing registered Sex Offenders, is based on policing boundaries and held at Northern Constabulary by the Chief Constable and the MAPPA Northern Community Justice Authority (NCJA) Area Strategic Group.

The Chief Social Work Officer sits on the MAPPA Strategic Oversight Group. Increasingly it has become obvious that there is a need to bridge the gap between this high level group and the operational group in a way which is meaningful at a local level.

In consultation with the Executive Manager, Criminal Justice, it has been agreed to establish a local management group, whose membership includes:

- Chief Social Work Officer
- Director of Public Health
- Executive Manager, Housing
- Executive Manager, Children's Services
- Executive Manager, Criminal Justice

Shetland will continue to have a voice on the MAPPA Strategic Oversight Group through representation by the Highlands and Islands MAPPA Management Group.

3.7.3 At an operational level, within Shetland, MAPPA arrangements are implemented by the Criminal Justice Social Work Team and Shetland Area Command, reporting to the Northern Constabulary MAPPA Management Group.

Figures for this reporting period show:

Probation Order	14
Probation Order with Unpaid Work	16
Community Service Order	6
Supervised Attendance Order	1
Statutory Throughcare	4
Social Enquiry Reports	159
Number of Community Service Hours Issued	2140

Joint Criminal Justice/Children & Families Case Study – Account from the Social Worker

In March 2010 Shetland Islands Council provided a 3-day training course aimed towards working with children and young people who sexually harm. The training provided Social Workers with a new tool with which to assess risk, intervene effectively and support young people to move on from offending behaviour.

AIM2 (Assessment, Intervention, Moving On) is a holistic approach to working with young people who sexually offend. It is a programme of work which provides those working with young people who sexually harm the opportunity to assess and provide therapeutic support in order to reduce risk of further sexually abusive behaviour.

I have undertaken this programme with 4 different young people this year. The work is done either with two workers or one, depending on the assessed level of risk. I have worked twice with another worker, and twice on my own.

The programme includes a Risk Management process whereby multi-disciplinary meetings are convened monthly to monitor, review and plan each stage. Each young person has a Community Safety Plan, a School

Safety Plan and a Home Safety Plan in place, which are also reviewed monthly.

My experience of this programme so far has been mainly very positive. Young people are initially required to engage with the worker(s) to examine their own family and social backgrounds in order to begin to make sense of their world and what may have led them to offend. We then look at their level of sexual knowledge and experience, and start to unravel their understanding of boundaries and societal expectation. Their current sexual attitudes and interests are explored, along with understanding opportunities to abuse and ways to avoid these in the future. Some time is spent on understanding the consequences of sexually abusive behaviour, but also to social relationships, education, temper and family. Ability to be honest about behaviour is examined, and the young person also looks at identifying appropriate people in his/her life who can support them through the period of change. If the young person has experience any personal childhood trauma or abuse this is also explored. Finally, we look at issues of understanding behaviour, implementing strategies to deal with negative behaviours, managing sexual arousal and how to avoid offending in the future.

The work is too new to assess the long-term success in terms of risk reduction, however I would cautiously suggest that none of the young people I have worked with have further offended since starting the programme, and all appear to have benefitted at least in terms of self-confidence, self –awareness and understanding of societal expectation.

- 3.8 Shetland Islands Council took its first step towards an integrated protection service when the approval was given to the redesign of the Lead Officers for Adult Protection and Child Protection posts. The reconfigured model resulted in a single Lead Officer for both Adult Protection and Child Protection, supported by a small admin team.
- 3.9 Protection and the management of risk is about keeping all individuals safe.

Extract from Home Care Organiser:

“Our Delivery Contractors are brilliant in reporting back if they have concerns about someone, and I have to say they have saved the day on more than once occasion. I know they are not directly employed by us but it is all part of the Service we provide. We had an incident the other week where somebody had collapsed on the floor and the deliverer reported the locked door and we took it from there. The individual is now home after their hospital admission.”

4. REGULATION & INSPECTION

4.1 Regulated Social Care Workforce

- 4.1.1 The Scottish Social Services Council (SSSC) commenced registration of Social Services Workforce on 1st April 2003, following the implementation of the Regulation of Care (Scotland) Act 2001.

- 4.1.2 All registered services require staff to adhere to the SSSC Code of Practice. The code has been rolled out across all staff groups and is issued to all new Social Workers and Social Care Employees.
- 4.1.3 Section 52 of the Regulation of Care (Scotland) Act 2001 which came into effect on 1st September 2005 protects the title of Social Worker. It is an offence for anyone who – with intent to deceive, takes or uses the title Social Worker or purports in any way to being a Social Worker.
- 4.1.4 The role of the Registered Social Worker is seen as key in contributing to better outcomes for individuals, working alongside partner agencies to promote social welfare. However, particularly in promoting and protection the welfare and wellbeing of children, adults at risk of harm and communities it may be necessary to exercise statutory powers. Given the complexity and far reaching significance of those decisions, it is seen as vital that the accountability for the exercise of these functions rest with a Registered Social Worker.
- 4.1.5 Those areas for which Registered Social Workers must retain accountability are; Care and Protection; Children Looked After and Accommodated; Child Protection; Adult Protection; Criminal Justice and Mental Health.

4.2 Care Commission (Care Inspectorate)

- 4.2.1 Since the Regulation of Care (Scotland) Act 2001 came into effect, a range of services have been registered with the Care Commission and inspected against National Care Standards.

(From 1st April 2011, the Care Commission became part of the streamlined Inspection Regime – SCSWIS – Social Care and Social Work Improvement Service, now Care Inspectorate.)

Since 1st April 2008, a 6 point grading scale has been introduced:

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

- 4.2.2 The inspections are based on 4 quality themes, which cover: quality of care and support; environment; staffing; leadership and management.

Services are required to evidence their achievements in each area and to involve service users in assessing the services received.

Inspections are announced and unannounced.

- 4.2.3 The Inspection Reports received for the period 1st April 2010 – 31st March 2011 are summarised in Appendix A.

- 4.2.4 As can be seen from the Gradings in Appendix A, the results show a continuous improvement in the quality of services across both Community Care and Children's Services.

All services have maintained their previous grading or, as in the majority, have improved. 'Very Good (5)' appears consistently and there are a number of 'Excellent (6)'.

- 4.2.5 Within each grade, there are a number of quality statements against which each area is scored. The lowest score will be given as the final grade e.g. below for Leog, although Quality of Care and Support scored excellent on one statement, the final grade will be very good.

LEOG HOUSE

Quality of Care and Support – 5 – Very Good	
Statement 1	5 – Very Good
Statement 2	6 - Excellent

Any grading below 3 is not considered good enough and the Service will be asked to make improvements.

Only one grading of 3 is noted – which relates to the theme of Care and Support at Wastview Care Centre.

A number of recommendations have been made which include:

- All Care Plans to be reviewed with the Service User and/or their relatives every 6 months or sooner if requested.
- The Service and Management should explore ways of recording the issues surrounding the promotion of activity and interests and take appropriate action to monitor.

Of the 3 statements associated with this theme, 2 were graded adequate and 1 good, therefore the overall grade was 3.

The Executive Manager, with Line Management responsibility for Wastview, is working with Staff to implement the recommendations.

- 4.2.6 Some of the most significant improvements have occurred in Children's Services.

For example, Laburnum House Outreach – Quality of Management and Leadership has improved from a previous 3 to a 5 – Very Good.

Extract from Inspection Report.

There was now a deputy team leader in post. The manager stated that this greatly reduced the amount of time he had to spend on the general running and administration of the service. Previously there had been limitations with this aspect of the service, mainly because the manager had to leave his managerial duties to work "hands on" with service users. At the previous inspection he had been working "hands on" due to staff shortages. However, the service was more organised now. When asked the staff

stated they felt supported by the senior staff team, and enjoyed working within the support service, which had expanded.

During the visit the senior staff team were observed and noted to work together very well. Parents who were asked stated that the manager was easy to talk to and they had no concerns with how the service was run.

4.2.7 The theme of Quality of Management and Leadership in both the Adoption and Fostering Services have seen an improvement in Grading from 3 to 5.

Extract from Inspection Report:

“Discussions with the Manager and staff confirmed there were regular supervision sessions. They ensured that staff had support from management and could discuss new ideas for the service.

Individual members of the staff team had taken responsibility for developing a number of aspects of the service. These had included:

- developing a system for recording initial interest and ensuring this is followed up.*
- a recruitment drive and advertising campaign.*
- the development of questionnaires to obtain feedback from people using the service.*

The Manager and staff reported that ongoing training and reference to current best practice guidance was an important aspect of their work.”

4.5 Social Work Inspection Agency (SWIA)

4.5.1 Shetland was one of 10 Local Authorities who was subject to inspection under transitional arrangements, prior to the new scrutiny body being established in April 2011.

4.5.2 The final report was due to be published in June 2010 but was, in fact, delayed until June 2011.

4.5.3 The Inspection Team looked at 90 files across Children and Families, Criminal Justice and Community Care and interviewed staff in a number of focus groups, along with Service Users.

Extract from Final Report:

“Our file reading results on the assessment and management of risk were positive. Shetland performed well in having up-to-date risk assessments, good quality risk assessments and management plans in dealing with concerns regarding possible abuse.

We saw no significant risks in the areas of outcomes, assessments and care management, and risk management. Across Community Care, Children

and Families and Criminal Justice services, Shetland performed well in delivering good outcomes.”

The Inspectors made 3 recommendations for improvement across Social Work:

- 1) Social Work services should develop a clear framework for self evaluation and the processes to support this.
- 2) Social work services should review and re-affirm as necessary the agenda, work plan and leadership of the professional group.
- 3) Managers should continue their analysis of out of hours problems and develop clear proposals to resolve them, with clear timescales for implementation.

4.5.4 The recommendations were not unexpected and had been identified as areas of work to be taken forward.

Recommendation 1

Social Work Professional Team (SWPT) have commenced work on the self evaluation, using the guidance from SCSWIS – Guide to Supported Self Evaluation – Building Excellent Social Work Services.

It has been recognised that this should be driven through the SWPT, which is the main forum for consideration of social work and social care issues. The model of SCSWIS allocating a Link Inspector to work alongside Local Authority Social Work is a huge advantage and SWPT has met on one occasion with Shetland's Link Inspector and a further meeting has been arranged.

Recommendation 2

It has been recognised that SWPT should be the main forum for professionally qualified Social Work managers to come together to focus on Social Work issues.

The recent and ongoing restructuring has assisted this process as a means of ensuring that the Social Work function remains strong and cohesive.

The group is chaired by the CSWO and membership includes all Social Work qualified Executive Managers as well as the Directors of Children's Services and Community Care.

Redrafted Principles and Terms of Reference have been circulated.

Recommendation 3

The work on OOHS is linked to Single Status and the general review of on call arrangements across the Council, although there are specific Social Work issues to be resolved, as detailed earlier in the report.

4.5.5 The final report was published in June 2010.

4.5.6 As stated, this inspection was based on a transitional model, in place until April 2011, and the establishment of the new scrutiny bodies.

A single body for Social Care and Social Work Services was established by virtue of the Public Service Reform (Scotland) Act 2010. This body encompassed the work undertaken previously by SWIA, HMle and the Care Commission and was renamed Social Care and Social Work Improvement Scotland (SCSWIS).

(A recent communication advises that while this title remains established in law, it will now be known as the Care Inspectorate.)

The organisation aims to work to improve care, social work and child protection in a number of ways. By:

- Providing public assurance and protection of vulnerable individuals and act as a catalyst for improvement;
- Ensuring our scrutiny and improvement activity is informed by a systematic analysis of risk and targeted where it is needed most;
- Providing information on quality of care so that people who use and choose services and their carers and those responsible for commissioning services can make informed choices;
- Inspecting against the regulations associated with the new Public Services Reform (Scotland) Act 2010, the National Care Standards and other agreed national benchmarks;
- Organising our scrutinisation and improvement activity, including inspections, around risk; targeting poorly performing services;
- Making more use of unannounced inspections;
- Implement national centralised registration and complaints functions;
- Developing our workforce to be more skilled at identifying and analysing risk;
- Develop new validation processes for self evaluation; and
- Coordinating joint planning of scrutiny and improvement activity and multi-disciplinary inspections with HIS and other scrutiny bodies.

4.5.7 Ultimately, external scrutiny should become a more proportionate and targeted activity, with more emphasis on self evaluation and improvement activity.

4.5.8 Although outwith the reporting period, Members should be aware of the second external inspection of Child Protection services has taken place. A team of Inspectors were in Shetland for two weeks in October 2011 undertaking an Inspection of Child Protection in the islands. This scrutiny applies not just to the Local Authority but to other key partners: Police and Health, as well as the Voluntary Sector, and seeks to determine “How Well Do We Protect Our

Children?" The Inspection Team is due to return to give formal feedback from their visit on 8th November 2011.

5. Complaints

5.1 The CSWO is responsible for the management of the Council's Statutory Social Work Complaints Procedure.

5.2 The Social Work (Scotland) Act 1968, as amended by the National Health and Community Care Act 1990, requires Local Authorities to publish information on complaints received and action taken in relation to Services either provided or purchased by the Social Work Service.

This report is completed from records maintained within Shetland Islands Council Social Work Service.

5.3 All required actions on the part of the service that have been identified as a result of these complaints have been initiated.

5.4 Findings

During the period, 1st April 2010 to 31st March 2011, the Social Work Services received a total of 8 complaints.

SERVICE	NUMBER	UPHELD	INITIAL RESPONSE WITHIN 5 DAYS	FINAL REPLY WITHIN 28 DAYS
Children & Families	1 (2 parts)	a) upheld b) upheld	Yes	Yes
	1	No	Yes	Yes
2 individuals indicated in writing their intention to make a formal complaint, but this did not proceed.				
Total	2			
Community Care	1	No	Yes	Yes
	1 (5 parts)	a) upheld b) upheld c) upheld d) upheld e) upheld	Yes	Yes
	1 (5 parts)	a) not upheld b) not upheld c) not upheld d) not upheld e) not upheld	Yes	No
	1 (2 parts)	a) upheld b) upheld	Yes	Yes
	1 (6 parts)	a) not upheld b) not upheld c) partially upheld d) unable to comment	Yes	No

		e) unable to comment f) not upheld		
	1 (7 parts)	a) partially upheld b) upheld c) upheld d) not upheld e) upheld f) not upheld g) unable to comment	Yes	No
Total	6			

5.4.1 *Children & Families*

- 1 Complaint received from the parents of a young person who was in receipt of support services, who were not receiving rotas in advance of carer's visits, and who felt that communication with the Unit Manager was poor.

The complaint was fully upheld and the issues were addressed through Head of Service, Children and Families.

- 2 Complaint received from the parents of a child who felt that their concerns regarding the safety of their child was not being taken seriously by the Children and Families Service. This was not found to be the case and the complaint was not upheld.

5.4.2 *Community Care*

- 3 A relative of a service user complained that discussion had not taken place in relation to possible changes to the care package because the key worker was on holiday.

This was not upheld.

- 4 The family of a service user raised a number of issues relating to recording of information and decisions taken around specific care tasks.

4 out of 5 parts were upheld. The CSWO met with the Head of Community Care, Christine Ferguson, and the Service Manager with direct line management responsibility for the Care Centre and a number of processes were agreed to address the practice issues highlighted by the complaint.

The Care Inspectorate was advised of the outcomes of this complaint and an apology was given to the family.

- 5 This complaint was responded to by the Depute CSWO, as the CSWO had been involved in a line management capacity.

The complaint was in 5 parts and was made by a service user who felt that they had not received the help they requested. Unprofessional conduct was alleged on the part of the Social Worker.

The complaint was not upheld.

- 6 A complaint was made by the family when their relative, a permanent resident in a Care Centre, was admitted to hospital and they were not informed.

The complaint was upheld.

The CSWO met with the Head of Community Care and the Service Manager with responsibility for the Care Centre and a number of processes were agreed.

These included:

- The drafting of a protocol for Admission/Discharge to hospital;
- Additional training for key workers; and
- Protocol agreed for updating personal information on service user records.

An apology was given to the family.

- 7 A complaint was received from a service user, through their independent advocate relating to some decisions which had been taken in relation to their care.

The complaint was responded to by the Depute CSWO and was in 7 parts – two of which the Depute did not feel able to comment on.

1 part was partially upheld. This related to historical provision of a support package which was not seen to fully meet the service user's needs.

Because of the complexity of this complaint, the service user, through their advocate, was given a redacted copy of the Investigating Officer's report as a means of assisting them understand the reasons why certain decisions were taken.

- 8 A complaint was received from a service user regarding the quality of assessment of their needs; non adherence to agency procedures with regards to assessment and review and not receiving services appropriate to their needs.

The complaint was in 7 parts – 3 of which were upheld and 1 partially upheld.

The areas upheld related to quality of assessment and information sharing without consent.

An apology was given and a Social Worker was allocated to undertake a comprehensive assessment of need.

Training was also delivered to the Care Centre staff on the With You For You process.

5.5 Delays

There was a delay in providing a formal response in 3 of the complaints.

5.5.1 5 – This complaint was considered by the Depute CSWO and it is not clear why the final response was delayed.

7 – This complaint was extremely complex and covered significant historical information. The Depute CSWO sought advice from Legal Service regarding sharing the Investigating Officer's report, which then required it to be redacted, thus causing the final response to be delayed.

8 – This delay occurred due to staff who were key to the investigation being on annual leave and therefore unavailable to the Investigating Officer.

5.6 Complaints Review Committee

One complainant indicated that they wished to have their complaint referred to the Complaints Review Committee, then did not progress the request.

5.7 Complaints Received Between 1st April 2011 and 30th September 2011.

There have been 5 complaints received during this period. 3 relate to Children and Families and 2 relate to Community Care. These will be reported on in the Annual Chief Social Work Officer's Report for 2011/12.

5.8 Care Inspectorate

Individuals can also make a complaint direct to SCSWIS (Care Inspectorate). 2 complaints were made in the reporting period.

The CSWO took the decision, having considered the Investigating Officer Report, to advise the Care Commission of one complaint which highlighted to me poor practice issues.

5.9 From 1st April to 30th September 2011, 1 complaint has been received by the Care Commission.

6. WORKFORCE DEVELOPMENT

6.1 A competent and confident workforce is the corner stone of effective high quality services. The Council invests heavily in the support, training and professional development of its Social Work and Social Care Staff.

6.2 Scottish Social Services Council (SSSC) launched the framework for Continuous Learning in June 2009 .

Our commitment to Continuous Learning can be evidenced by the following.

6.2.1 Trainee Social Workers

Currently there is one trainee Social Worker post, as well as supported places which allows the service to “grow our own” Social Workers and develop professional staff.

The Trainee Social Worker is undertaking the ‘fast track’ route through Robert Gordon University.

A number of workers who are already in employment throughout Social Care have the opportunity to apply for training through Supported Placements. Two students have commenced studying the BA in Social Work and a further two have commenced the BA in Residential Child Care.

All the students are supported in their placements by a Practice Teacher who works with tutors from Robert Gordon University to deliver the distance learning training.

In order to properly support staff while undertaking their professional qualification it is recommended as good practice for us to have qualified Practice Teachers, one member of staff is currently undertaking this qualification.

6.2.2 Scottish Vocational Qualifications (SVQ)

SVQs provide the main opportunity for Social Care Staff to gain a qualification which is a requirement of the SSSC. The service operates a rolling programme and in partnership with Shetland College offer different levels of training.

In this reporting period the following SVQ qualifications have been gained:

54 at Level 2
40 at Level 3
7 at Level 4

SVQ Level 5 is also available, following an identified training need 7 members of staff have completed studying at this level and a further 2 are to undertake this year.

SVQ3 in Business Administration is a requirement for Administration Support Workers and 8 successfully completed this year, with another 6 people to commence later in 2011.

As part of CPD opportunity a further 3 staff successfully completed the SVQ4 in Business Administration.

This is a requirement of revised job descriptions under Single Status.

Alongside SVQs, there are 2 workers from Child Care who are currently studying for their Residential Child Social Work qualification. This means, not only will they be Social Work qualified but educated to degree level, which is in keeping with national proposals for workforce development.

There are 6 Child Care workers who completed a combination of SVQ/HNC qualification in Child Care.

Assessor qualifications allows experienced staff to assess the competencies of staff against criteria set by SQA. Two members of staff qualified this year and a further 7 are currently undertaking this qualification, which will allow them to assess SVQ Qualifications.

All Managers/Lead Practitioners and Practitioners in Day Care for Childrens Services now require to be registered with SSSC. As a result 22 Residential Workers required to gain an appropriate qualification and are currently undertaking the dual qualification HNC/SVQ3. This is being delivered in an innovative way, which support staff achieve, through workbased learning sets.

6.2.3 Return to Learning

For those who have been either away from work or out of learning, again in conjunctions with Shetland College, 45 places are on offer to assist with return to education.

The focus is on delivering numeracy and literacy skills and building confidence to allow individuals to go on to study at appropriate SVQ level.

6.2.4 Trainee Social Care Workers

In recognition of the increasing demand for the delivery of social care and the need to increase the staff base, an innovative approach in this Trainee Scheme has been successfully delivered for two years.

A one year traineeship is offered with a guarantee of full time employment at the end if performance targets are met.

The traineeships are open to all, irrespective of age or experience and the trainee is based in one of the Care Centres. In partnership with Shetland College, a structured programme of work based learning, college blocks and taster placements in different areas of Social Care is on offer.

In 2010 12 individuals were recruited to the scheme. Of those who started, 11 completed their studies. All are working within Social Care throughout Shetland.

12 Trainees have been recruited as a third intake to this scheme.

6.3 Joint training and development opportunities are promoted between Social Care and partner agencies such as Health, Police and the Voluntary Sector. These include:

- With You For You
- Palliative Care
- Dementia Awareness
- Adult Support and Protection
- Child Protection
- Solution Focused Therapy
- CALM Training
- Health & Safety

In addition some specialist training has been offered:

- Epilepsy
- Autism
- Sexual Health for Learning Disabilities
- Person Centred Planning
- Self Directed Support

7. COMMISSIONING & QUALITY ASSURANCE

7.1 The Commissioning Strategy for the Community Health and Care Partnership (CHCP) for the period 2009 – 2015 was considered at the February 2009 meeting of the Services Committee (Min Ref SC 04/09) and by Shetland NHS Board on 12 May 2009.

The Strategy is consistent with the National Guidance on the procurement of care and support published by COSLA and the Scottish Government's Joint Improvement Team in September 2010.

7.2 The Assessment Framework for renewal and/or retendering of contracts has been expanded in order to allow a much wider evaluation of the quality of services and includes:

- Have agreed outcomes been achieved?
- Has the service met its Care Commission inspections satisfactorily (or equivalent)?
- Are staff qualified to standard specified in contract?
- Any issues arising from content and outcome of complaints, professional feedback, contract monitoring visits?
- What is the feedback from Council reviews of individual care packages/support plans and from service user/carers surveys?
- What are the arrangements for professional supervision of staff working with a caseload?
- Are there issues that have been raised with the provider that have not been addressed?
- Is there a quality assurance system in place and is it accredited e.g. Charter Mark/Investors in People?
- Assessment of the providers contract compliance - including priority given to equalities, staff training and provision of monitoring information to required standards

- Has an Equalities Impact Assessment been undertaken?
- Has the provider worked in partnership and communicated as specified within the contract
- Quality of management - who is on the Board/Management Committee? e.g. Assessment of experience and quality

- 7.3 Reports are received on a 3 monthly basis from all organisations who provide a service on behalf of Social Care and these are received by the Grants Co-ordinator and Head of Service. These reports include data on financial activity as well as performance.
- 7.4 Reporting arrangements with the CSWO have been agreed whereby, on a 6 monthly basis, internal meetings with the Head of Service and the Monitoring Officer will consider performance reports for services purchased.
- 7.5 The CSWO was remitted with the task of developing a Quality Assurance Framework covering all aspects of the Social Work function. The Social Work Professional Team will become the main forum where QA information is presented and considered.

Two significant Quality Assurance processes are central to this.

- 7.5.1 Children's Services Social Work has started systematic appraisal to the use of management information and quality assurance to ensure children and young people receive the best possible services.

On a monthly basis information is collected on referrals/allocation intervention and disseminated at Children's Services Management Team. Any problems are highlighted with action taken immediately where necessary. Areas of good practice are also highlighted and shared with the team.

There is a rolling programme of file audits with a quarterly report to managers highlighting good practice and areas for improvement. The senior social worker receives individual file audit forms to address specific issues in each individual child's file. This information promotes good record keeping and good practice in general.

This model allows for an ongoing assessment of performance measured against outcomes for service users.

- 7.5.2 The With You For You Quality Assurance Framework has been approved by the WYFY Partnership.

The WYFY Quality Ethos is based on:

- Quality is everywhere,
- Quality is everyone's responsibility,
- Quality means to get it right first time and every time,
- Quality is not accepting errors; send it back,
- Everyone is a customer, and everyone expects quality.

It is the responsibility of supervisors, at all levels, to ensure that quality is maintained and the scrutiny of WYFY Assessments is an

integral part of supervision. The importance of supervision as the framework for quality assurance is reinforced by the approval of a redrafted supervision policy which was recently approved by SWPT.

The WYFY First Point of Contact Customer Relations Officer has a key role in collating service user's experience and will make contact 22 days after completion of the Understanding You to receive feedback.

Service Users comments on the WYFY Process of Assessment and Care Management

"I think WYFY is fantastic especially for older people so they don't have to keep repeating information. I don't know why it's not been done before."

"Received everything when it was due to be put in place."

"Very well pleased with the services we are receiving."

"I couldn't have wished for better care and am very grateful and thankful for everything I receive. My carers are very caring people."

"They are brilliant at Montfield especially with their re-ablement work. We didn't think grandma would get home again when she first went in. I'm full of praise for the staff and the service provision."

"Very impressed with my co-ordinator, things have started to move since she has been in charge of my case."

"My co-ordinator is a miracle worker, got the ball rolling. Things didn't happen until she took over the case. Now services are happening."

8. WIDER CHALLENGES

8.1 Community Care

8.1.1 The message from the Scottish Government through Personalisation, Intermediate Care, Reablement and Telecare agendas is that services must be delivered in a different way.

Many of the principles embodied in these agendas have been given operational reality through various work strands reported through Community Health and Care Partnership (CHCP) and to Elected Members.

As a result of the 'Reshaping Care for Older People' programme the Scottish Government conducted a Scotland wide consultation. The point made by older people most consistently was that they wanted to remain in their own homes for as long as possible.

They have called for a step change in philosophy as we seek to shift the balance of care from institutional care to community based provision.

Reablement is a key component in achieving this.

- 8.1.2 Reablement is an approach to working with service users providing support, encouragement and expertise to empower them to become as independent in their lives as possible. The key message of reablement is 'doing with' not 'doing for'.

Evidence from England, where reablement has been widely introduced, and more recently from Edinburgh, demonstrate that reablement can not only provide reduction in whole cost of life care, but more importantly can improve the quality of life of service users.

- 8.1.3 Key components of reablement are:

- Recognising not everyone can be 'rehabilitated' or become 'well' again, but that even those who are frail or have a long term condition still have physical and mental ability that they can be supported to maintain.
- An emphasis on the ability and strengths of the person with an aim to maintain or improve these levels for as long as possible.
- Recognising that support to keep as mentally and physically active as possible will help maintain health, wellbeing and quality of life.
- Providing a tailored service that works in partnership with the individual to maintain ability and which may need to decrease or increase dependent on health needs.
- Using technology such as telecare, telehealth and OT equipment to support someone to stay in their own home as long as possible.
- Providing a service in the individuals home or community environment where ever possible, rather than an institutional or hospital based setting.
- Recognising a 'least restrictive measures' approach to risk management is one that most supports the rights of the individual.

- 8.1.4 The challenge will be to encourage and support a 'culture change' which needs to be understood by the individual and their family, as well as by Health, Social Work and Social Care staff and the wider community.

- 8.1.5 This will mean that the assessment and management of risk will assume an added significance as individuals are supported to remain at home. Managers and Elected Members need to ensure that they do not become risk averse but support staff to allow individuals who may have been cared for in an institutional setting, to remain at home.

Reablement Case Study from Community Rehab Occupational Therapist.

An elderly person was admitted to hospital following a fall and was found to be very confused. They were discharged home with a care package following a period as an in-patient. They were only home a week before being readmitted to Montfield Support Services. After a three month period the Community Rehab OT began their work to assess potential to return to their own home.

Functional Assessments were completed at Montfield but also at the person's home with a family member present. We devised a graded programme where the family member would take the person home or to Tesco and increase the person's time back home and in previously familiar environments.

I produced word and picture checklists to enable the person to sequence preparing a cup of tea as this was important to them. Due to Rheumatoid arthritis they were unable to use a kettle. I sourced a small hot water boiler kettle and practiced the use of this.

I assessed for telecare and a bed sensor was fitted that would alert the family if they were out of bed for more than 20 minutes during the night. Door sensors were also fitted to alert the family if the person opened an exit door during the night. The telecare systems gave the family peace of mind to allow the person to be alone at night again.

The Care Team met to agree a graded transition home. The person went home during the day with transport for Freefield arranged, they would attend the luncheon club and then carers would visit at home to support their evening meal. This was slowly increased over 3 weeks and then full discharge was completed with follow up from OT.

There was then a case conference two weeks post discharge to evaluate how she was managing.

The family were a great asset to the re-ableing programme. The person remains at home 7 months later.

8.1.6 'Doing more of the same will not do', has never been more pertinent. This message is reinforced through the Reshaping Care for Older People initiative which is being supported by the Scottish Government through a £70 million Change Fund, available from April 2011.

Shetland's share of this is £328,000 and was only accessible on the submission of a local change fund plan.

An event was held in February 2011, where stakeholders from Social Work, Social Care, Health and the Voluntary Sector came together to share ideas for Reshaping Care in the Island.

A Change Fund Plan was submitted and accepted by the Scottish Government. This will allow the funds to be used to support local Policy aims for older people as set out in Shetland CHCP Agenda.

To:

- enable more older people to remain at home;
- increase levels of independence, self-care and self-managed care;
- reduce unplanned, emergency and inappropriate admissions to hospital;
- facilitate early discharge from hospital.

8.1.7 As a result of the work undertaken as part of the Review of Hospital Patients, the numbers of individuals delayed in hospital was reduced to zero. A significant component in maintaining this figure at zero has been the facilities offered through Montfield Support Services. This is due, not solely to the increase in bed capacity, but also the reablement work carried out by staff, thus enabling more service users to return home.

8.1.8 The number of individuals waiting for residential care has been reported to Members on a number of previous occasions and has been reported as high as 44.

The current waiting list for permanent residential care stands at 17. Of those 3 are resident in care centres throughout Shetland, awaiting their 1st choice. Of the 11 waiting in the community, 2 individuals have recently been offered a permanent place, but have declined, as they felt well supported in the community.

8.1.9 Perhaps the biggest challenge to Social Work is the proposal by the Scottish Government to integrate Health and Social Care.

While there is a recognition that joint working in the delivery of Social Care services to adults is key, the ADSW have produced a Parliamentary briefing which is entitled 'Don't Fracture Care'.

Within the paper, the message is clearly stated that 'Social Work in Scotland works'. ADSW is resistant to models of delivery being prescribed from a National basis, stating that this will not work and see local solutions and leadership as key to lasting and effective change.

8.1.10 It would seem that Shetland, through the CHCP Partnership Agreement have already embedded these concepts in current practice and are uniquely placed to take forward an integrated model without Social Work becoming fractured, based on the current partnership working model.

8.2 Children's Services

8.2.1 Issues around chaotic lifestyles, substance misuse, which is often exacerbated by an increasing number of young parents who have little or no parenting skills continue to be a significant challenge for

Children's Social Work. The increase in pre-birth Case Conferences previously reported continues.

8.2.2 In the reporting period 105 Child Protection referrals involving 121 children were received. Of those, 45 referrals were from health services.

At 31st March 2011, 6 children were on the Child Protection Register, 2 of whom were babies.

At 30th September 2011, 6 children were on the Child Protection, the eldest of whom was 2 years old, with 2 unborn babies included.

This represents a huge shift in the focus of Child Protection Register to the management of risks around very young babies.

8.2.3 In situations where Parenting Assessments are required to look at parenting behaviour and capacity to change, these have in the past been undertaken off island, however, a Social Worker in the Children and Families team has been trained by Aberlour Trust to undertake Comprehensive Parenting assessments. This is now being cascaded to other workers in the team. The strengths of such thorough assessments are that it ensures that young children's needs are met in a timeframe that causes least damage for the child; it also provides the evidence for court should needs be unable to be met in the birth family.

Account of Parenting Assessment from Children & Families Social Work

"A Referral was received regarding a pregnant young woman. The child's father was alleged to have committed crimes of a sexual nature towards family members who were children.

Several members of the child's father's immediate family have committed offences of a sexual nature mentioned in Schedule 1 of the Criminal Procedures (Scotland) Act 1995.

During pregnancy the child's mother was not prepared to accept that the child's father, her then partner, had committed sexual offences against children. She maintained the allegations were false.

Over a period of six months I worked under the guidance of the Scottish Child and Families Assessment Centre and completed a Comprehensive Parenting Assessment was undertaken. The areas assessed were as follows:

- 1) The quality of maternal motivation, and the impact on the child;*
- 2) The relationship between the parent and child, assessing patterns of attachment;*
- 3) The parent's capacity to identify, prioritise and meet the child's individual needs, e.g. physical, emotional, psychological and intellectual;*
- 4) The parent's capacity to appropriately anticipate, identify and respond to risk in relation to the child;*

- 5) *The parent's personal profile in relation to significant past/present experiences and the impact these may have on her parenting of the child;*
- 6) *The parent's self esteem and wellbeing and identify any specific supports/interventions which may support this;*
- 7) *To identify and explore other issues arising from the assessment.*

The parent met with the Social Worker on a weekly basis to work through a detailed assessment programme. For the most part this involved discussion. There were also a number of occasions when the Social Worker observed the parent engaging with the child to assess their relationship and to consider whether or not the parent was attuned to the child's needs, and if they could meet those needs. The use of video techniques was used to illustrate to the parent examples of positive interaction between her and the child.

The assessment identified that the parent had capacity to meet the child's physical needs to a high standard. This included the provision of food, drink, warmth, shelter, clean and appropriate clothing, adequate personal hygiene and physical safety.

The analysis demonstrated how the child was meeting all developmental milestones admirably, physical, emotional and cognitive.

The parent's own childhood experience has a bearing on her capacity to parent. The assessment helped make sense of the adverse experiences the parent encountered during her childhood and the impact this has had on her.

Given that the parent has experienced considerable childhood trauma, which has significantly impacted on her capacity to meet her own emotional needs, it will be a real challenge for her to meet the child's needs throughout his or her childhood life and beyond. Therapeutic support has been made available to the child's mother.

The parent's approach to formal support agencies and professionals changed over the course of the assessment. She engaged fully with health and social work services, and has been accepting of support, advice and guidance. She cooperated with the assessment process and at the same time met all the requirements of the Child Protection Plan in place in respect of the child.

The child is still in the care of the mother, and is continuing to thrive."

8.3 Criminal Justice

8.3.1 There are major changes facing the criminal justice system following the passing of the Criminal Justice and Licensing Bill. This introduces a new community sentence in the form of a Community Payback Order, which will replace Probation Orders, Community Service and Supervised Attendance Orders. The Orders are likely to commence on 1st February 2011, however, as the old sentences will continue to be used until this date there will be the possibility of a 3 year period where the old and new systems will coexist.

8.3.2 A Community Payback order provides the Court with a menu of nine options from which they can impose one or more requirements.

The requirements are:

- Unpaid work or other activity requirement;
- Offender Supervision requirement;
- Compensation requirement;
- Programme requirement;
- Mental Health Treatment requirement;
- Drug treatment requirement;
- Alcohol treatment requirement;
- Residence requirement;
- Conduct requirement.

8.3.3 The Criminal Justice Social Worker will continue to assess an offender's suitability for a community based disposal and will make recommendations to the Court on the most appropriate requirements to impose. This will ensure that offenders continue to receive a sentence that will challenge and assist them in changing their offending behaviour and enable some to make reparation to the community through unpaid work.

8.3.4 One of the main challenges to face Criminal Justice Social Work, not just in Shetland but throughout Scotland, will be the immediacy and speediness requirement of the unpaid work element of the Community Payback Order. There will now be two levels of unpaid work: Level 1 - 20 to 99 hours to be completed within 3 months and Level 2 – 100 to 300 hours to be completed within 6 months. Current unpaid work is completed within 12 months. The service is not optimistic that they will succeed in reducing the completion time within existing resources. The greatest challenge will be those outwith the control of the services such as offenders failing to attend, sickness and substance misuse issues.

8.3.5 Another significant change to practice is in the form of the Criminal Justice Social Work Report that will replace the Social Work Enquiry Report. The report will continue to assist the Sheriff with appropriate sentencing options but will have a greater emphasis on offence analysis and risk assessment. Shetland Islands Council Criminal Justice Service has always received very good feedback for the quality of reports from external inspections, so apart from having to get used to the new template, the refocusing of attention on analysis and risk will not be too different to current practice.

Examples of Criminal Justice Case Work

"Criminal Justice have developed strong working relationships with Adult Learning who assist us with Employability Groups, Literacy Assessments and Life Skills. We work closely with the restorative justice system scheme at Citizens Advice Bureau to improve offender awareness of the effects of their actions on victims and this can lead

to a meeting between offender and victim. This is a very sensitive area of work managed by restorative justice.”

8.4 Substance Misuse

8.4.1 Substance misuse, whether drugs or alcohol is a theme which is common to all 3 service areas – Criminal Justice, Children’s Services and Community Care. The securing of funding for a Substance Misuse Social Worker through Shetland Alcohol and Drugs Partnership (SADP) has had a significant impact on opportunities for specialist input.

In addition to working with individuals who have issues relating to substance misuse, the Social Worker has been engaged in joint working across all 3 service areas, including Child Protection.

8.4.2 A significant aspect of this post is the links with health services around detox and off island rehabilitation placements.

2010/11 saw 8 people in treatment; 4 are now known to be substance free; the other 4 having returned to Shetland and engaged with a variety of services.

Since the financial year of 2006/07, 24 people have attended Residential Treatment; 13 remain substance free. All research indicates this is a high success rate and also must be measured against the fact that the people that attended Rehab are generally amongst Shetland’s most chaotic substance users who have repeatedly failed in Community Treatment.

Substance Misuse Case Study

“An individual was referred by the Community Alcohol and Drugs Service Shetland (CADSS) for suitability to attend Residential Rehabilitation Treatment. The person was taking part in some very risky behaviours and had in the past voiced some suicidal thoughts. The Specialist Assessment was carried out by using the With You For You process and I liaised closely with CADSS, Criminal Justice Service, Community Mental Health and the relevant G.P.

It was clear that the person had repeatedly failed in Community Treatment and the substance misuse culture they had been immersed in would make it difficult for them to recover in Shetland. The person wished to relocate after completion of their treatment and as such was matched with a Rehab Unit that best met their needs.

The person remained in Rehab and for a period of months, successfully completed treatment and entered supported accommodation in the area that Rehab was situated in. During their Treatment they underwent further training and undertook some voluntary work in the community. Two trips home were funded to

allow them to maintain family contacts and to ensure continued family support.

The person has now successfully relocated, is attending College part time, is actively looking for work and has begun mentoring substance users who are using the Rehab Unit service the person used."

9 CONCLUSION

- 9.1 "At the heart of Social Work lies a commitment", this is the opening statement of the ADSW manifesto 2011 – 2015 and I choose to finish my report for the second year with reference to it.

"Do not fracture Social Work" is another ADSW statement that might equally apply in light of the recent political and management restructuring which sees Social Work matters sit in two Directorates and reporting to two committees. However, I would refute any suggestion of the fragmentation or dilution of the Social Work function and would hold the view that there is a huge commitment on the part of staff to ensure that Social Work remains strong and cohesive. Indeed restructuring can be seen as a huge opportunity to reinforce the Social Work function.

This is based on the work in recent weeks which has seen the redefining of the role of the Social Work Professional Team, chaired by the Chief Social Work Officer, attended by the two Directors with a clear plan for determining its business in terms of the Social Work function. This is matched by a recognition at operational level, that regular planned opportunities for coming together to debate and share ways of working across all of the services, needs to become a requirement.

The role of the Chief Social Work Officer will be key in guaranteeing that the Social Work function remains at the forefront of the Council's priorities.

Appendix A

Centre	Quality Of Life	Quality of Environment	Quality Of Staffing	Leadership & Management
Nordalea 2008/09	4	5	4	4
2009/10	4	5	4	4
2010/11	5	4	4	4
Day Care 2008/09	4	5	4	4
2009/10	5	5	4	4
2010/11	6	5	5	4

Fernlea 2008/09	5	4	4	4
2009/10	5	4	5	4
2010/11	5	N/A	5	4
Day Care 2008/09	3	4	4	4
2009/10	4	4	4	4
2010/11	5	5	N/A	N/A

Isleshavn 2008/09	4	4	4	4
2009/10	4	4	4	4
2010/11	4	N/A	4	4
Day Care 2008/09	5	4	4	4
2009/10	4	4	4	4
2010/11	4	N/A	4	4

North Haven 2008/09	4	4	4	4
2009/10	4	4	4	4
2010/11	5	5	4	4
Day Care 2008/09	4	4	4	3
2009/10	5	4	4	4
2010/11	5	5	5	4

Wastview 2008/09	4	4	4	4
2009/10	3	4	4	3
2010/11	3	N/A	4	4
Day Care 2010/11	5	5	N/A	N/A

Overtonlea 2008/09	4	4	4	3
2009/10	4	5	4	4

2010/11	4	5	4	4
Day Care 2010/11	5	5	N/A	N/A

Edward Thomason 2008/09	2	4	4	3
2009/10	4	4	4	4
2010/11	5	4	4	4

Taing House 2008/09	4	4	4	4
2009/10	4	4	4	4
2010/11	5	5	5	5

Centre	Quality Of Life	Quality of Environment	Quality Of Staffing	Leadership & Management
Viewforth House 2008/09	4	4	4	4
2009/10	4	4	4	4
2010/11	4	5	5	4
Day Care 2008/09	5	4	4	4
Day Care 2009/10	4	4	4	4
No Inspection report for the reporting period 2010/11				

Eric Gray Resource Centre 2008/09	5	5	4	4
2009/10	5	5	5	5
2010/11	6	N/A	5	N/A

Newcragielea 08/09	4	4	4	4
09/10	5	5	4	5
2010/11	5	N/A	5	5
Support Service 08/09	5	4	4	4
Support Service 09/10	5	5	4	5
No Inspection Report available for the reporting period 2010/11				

Mental Health Community Support Service	Quality of Care & Support	Quality Environment	Quality of Staffing	Leadership & Management
Annsbrae House 2009/10	6	N/A	5	6
2010/11	6	N/A	N/A	N/A

Children & Families	Quality of Care & Support	Quality Environment	Quality of Staffing	Leadership & Management
Leog House 2008/09	4	4	4	4
2009/10	5	5	5	5
2010/11	5	5	5	5

Laburnum House 2008/09	4	4	4	4
2009/10	4	5	5	3
2010/11	5	5	6	4
Day Care 2008/09	4	4	4	4
Day Care 2009/10	5	5	5	3
Day Care 2010/11	5	5	5	5

Adoption Service 2008/09	3		3	3
2009/10	4		4	3
2010/11	5		N/A	5

Fostering Service 2008/09	3		3	3
2009/10	4		4	3
2010/11	5		N/A	5