



Education and Families Committee
Social Services Committee

1 October 2014
1 October 2014

Annual Report from Chief Social Work Officer

Report No: CS-23-14-F2

Report Presented by Chief Social Work Officer

Children's Services

1.0 Summary

- 1.1 This report introduces the seventh Annual Report to Shetland Islands Council by the Chief Social Work Officer (CSWO).
- 1.2 It presents information that brings together the range of duties pertaining to the Council's Social Work's function over the reporting period 1 April 2013 to 31 March 2014.
- 1.3 This report is for information only and reflects the requirement set out in Guidance published by the Scottish Government in February 2009, which requires Shetland Islands Council to consider a report from the Chief Social Work Officer on an annual basis.
- 1.4 Attached to this Report at Appendix 3 is a copy of a suggested template and guidance from the Office of the Chief Social Work Adviser Scottish Government.

2.0 Decision Required

- 2.1 That the Education and Families Committee and the Social Services Committee: note the 7th Annual Report from the Chief Social Work Officer and note the format for future Chief Social Work Officer Annual Reports.

3.0 Detail

- 3.1 Shetland Islands 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 Shetland Islands 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 Key messages and challenges which face Social Work are set out in the report and are summarised below:

- a) Public Protection remains the key priority for Shetland Islands Council. Protecting vulnerable children young people and adults and managing high risk offenders continues to be demanding with evidence of increasing referrals.
- b) Members prioritised Care within the Medium Term Financial Plan, to ensure that Shetland Islands Council can continue to provide quality services to support vulnerable people in the community.
- c) The Scottish Government's initiative on the Integration of Health and Social Care remains a priority with services moving to work together and planning towards delivery in localities.
- d) The government initiatives on Early Intervention, Prevention and Self Directed Support are also demanding services to address new challenges.
- e) Issues in regard to Workforce Regulation, Development, Recruitment and Retention need to be addressed.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities - The Social Work function contributes to the Councils' Corporate priorities: We have improved the life chances for children young people and families at risk. We will support people to their full potential at all life stages from birth and early years through to working lives to old age.
- 4.2 Community /Stakeholder Issues – This report reflects the Social Work context in Shetland and discusses areas of service delivery that require consideration by other agencies.
- 4.3 Policy And/Or Delegated Authority - In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the terms of this report concern Children and Families and Adult Services functions combined within 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. Without the content of the report, Members would be unable to discharge their responsibilities.

4.5 Equalities, Health and Human Rights - Should a failure occur in providing this information to the Council, the Council may be at risk of overlooking aspects in this area.

4.6 Environmental - This report has no environmental impact.

Resources

4.7 Financial - This report has no financial impact. However, it does highlight the areas of risk to provide Members with necessary information on which to make informed decision making required when considering financial priorities.

Care Services within Shetland have been prioritised within the Medium Term Financial Plan, and additional funding is available to provide for contingencies if required.

4.8 Legal - Legal Services provide advice to the Chief Social Work Officer to support the role including support to 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.

4.9 Human Resources - There are Human Resources implications contained within the report at Appendix 1 including recruitment difficulties, the need to prioritise aspects of training and developmental issues required to support service delivery. The CSWO will work with Human Resources to address the HR issues raised in the report that will include recruitment, retention and training and development.

4.10 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 Shetland Islands 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 Shetland Islands Council's Social Work and Social Care Service which aims to support and protect the most vulnerable people in the community. See Appendix 2 for principles and requirements of the Chief Social Work Officer role.

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Report Finalised – 24 September 2014

Appendices

- Appendix 1 The Chief Social Work Officer Annual Report
- Appendix 2 The Role of the Chief Social Work Officer
- Appendix 3 Template from the Office of the Chief Social Work Officer Scottish Government

CHIEF SOCIAL WORK OFFICER

Annual Report 2013-2014



Shetland Islands Council
2013-2014

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1 Introduction

- 1.1 This is the seventh Annual Report from the Council's Chief Social Work Officer (CSWO). The current CSWO is Hughina Leslie, Executive Manager - Children & Families, with Martha Nicolson, Executive Manager - Children's Resources fulfilling the role of Depute CSWO.
- 1.2 The time frame of this report is from 1 April 2013 - 31 March 2014.
- 1.3 Practice examples will be included throughout this report to highlight topics being addressed.

2 Background

- 2.1 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. The particular qualifications applicable to this role are set down in regulations. The CSWO role is one of a number of officers, roles or duties that are required of each Local Authority.
- 2.2 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.
- 2.3 The guidance recommends that Local Authorities considers an annual report from the CSWO.
- 2.4 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.
- 2.5 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.
- 2.6 These duties include:
 - Certain decisions in relation to the placement and movement of children in secure accommodation.

- Emergency movement of children subject to a Compulsory Supervision Order as detailed in S.143 of the Children's Hearing (Scotland) Act 2011.
- 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.

2.7 Changing Lives, the report of the 21st Century Review of Social Work, defined 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."

3 Context

- 3.1 The Shetland Islands is situated 338km north of Aberdeen and 338km west of Norway. The main link to the Scottish mainland is via Aberdeen. Shetland consists of a group of 100 islands with 15 of those being inhabited.
- 3.2 Social Work services are delivered throughout the islands many of which are remote and very rural. The outer inhabited islands Fair Isle population of 68, Fetlar 61, Foula 38, and Skerries 74, have unique and specific challenges for service delivery. To access the most northerly island of Unst it takes four ferry journeys and 4 hours to complete the return journey from the main town of Lerwick. Some of those islands rely on air and sea services for provisions and experience many disruptions during winter months.
- 3.3 For specialist services, such as inpatient psychiatric services and residential school provision, Shetland uses mainland Scotland providers and this can also present a challenge to access. All travel can frequently be disrupted by adverse weather conditions such as fog and gale force winds.
- 3.4 Shetland's population is approximately 23,200, currently boosted by a transient workforce of approximately 2000 people engaged in the oil and gas industry productions.
- 3.5 The table below provides more information on the demographics:

Shetland in statistics 2013

Age Group	Males	Females	Total	%	Total population of Scotland
0-15	2,270	2,087	4,375	18.8%	1.7% higher
16-29	1,938	1,795	3,733	16.1%	2.2% lower
30-44	2,240	2,170	4,410	19.0%	3.5% lower
45-59	2,603	2,497	5,100	22.0%	0.5% higher
60-74	1,015	1,871	3,886	16.8%	0.1% higher
75+	706	1008	1,714	7.4%	0.6% lower
All ages	11,772	11,428	23,200	100.0%	100.0%

4 Structures/Governance Arrangements

- 4.1 The CSWO role currently sits with the Executive Manager Children and Families and reports to the Director of Children's Services.
- 4.2 Through Agenda Management processes the CSWO has access to all reports being presented to both Education and Families Committee and Social Services Committee.
- 4.3 On 2 July 2014 Shetland Islands Council adopted the Body Corporate Model for taking forward Health and Social Care Integration (Min Ref SIC 43/14). The Social Work Services included in the integration programme are Community Care, Adult Services and Criminal Justice. Children's Services are not included at this time and remain with the Council reporting to Education and Families Committee.
- 4.4 Health & Social Care Integration is being taken forward nationally with the introduction of new legislation. The Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent in April 2014.
- 4.5 Progress in Shetland has been achieved through the establishment of a Health and Social Care Integration Project Board in 2011, reporting to the SIC Social Services Committee and the Community Health Partnership (CHP) Committee.
- 4.6 The Board commissioned work through three main work streams:
- Governance - looking at joint committee arrangements
 - Management and the single management model
 - Developing integrated service delivery models in localities across Shetland
- 4.7 The first concurrent meeting of the Social Services Committee and the Community Health and Care Partnership Committee was held on 31 July 2014. The CSWO is one of the Council's members on the CHP Committee.
- 4.8 The Community Planning Partnership provides the overarching framework for partnership working in Shetland. Community Planning is about public, private and voluntary organisations working together, and with communities, to plan and deliver better services which make a real difference to people's lives.
- 4.9 Communities are at the heart of community planning and this engagement is vital so that public services can improve.
- 4.10 In Shetland, where organisations work together and speak to each other every day, community planning in front line services happens very naturally. The Partnership strengthens these good working relationships at a strategic level.
- 4.11 Examples of Community Planning in action would be:
- Extra care housing at Bruce Hall Terrace, Uyeasound, Unst
 - Bridges Project

- Poverty is bad-Lets fix it - young people's response to poverty and deprivation in Shetland.
- 4.12 The Partnership also brings together those involved in working towards the outcomes of the Shetland Community Plan to provide an effective link between strategic direction and coordinated planning.
- 4.13 The Shetland Partnership works together to deliver the Shetland Community Plan, which is a long term vision for Shetland. There are five strategic objectives to create communities that are: Wealthier and Fairer, Learning and Supportive, Healthy and Caring, Safe, Vibrant and Sustainable. These objectives provide the focus for the work of the Partnership groups. The Partnership works to promote the interests of Shetland with regional and national partners contributing to this in the development and adoption of Shetland's Single Outcome Agreement.
- 4.14 The remit of the Chief Officers' Group is to provide strategic leadership and scrutiny to the public protection work of their respective agencies and to inter-agency work. See Appendix C. Supporting effective inter-agency work is key to providing excellent Public Protection services in Shetland. (The Code of Practice for Adult Protection and the National Guidance for Child Protection in Scotland 2010 outline the responsibilities of Chief Officers which include maximising the involvement of services that are not directly under their control - Scottish Children's Reporter Administration, Crown Officer and Procurator Fiscal Services.)
- 4.15 The Chief Officers' Group identifies successes and areas for improvements and in doing so learn from experience, monitor trends and examine outcomes for children, young people and adult service users. The key areas overseen by the Chief Officers' Group are:
- Child Protection
 - Adult Protection
 - Offender Management (MAPPA)
- 4.16 The remit is consistent with the guidance given to Chief Officers in the 2010 National Guidance. Currently the CSWO does not sit on this group.

5	Social Services Delivery Landscape/Market
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- 5.1 Unemployment in Shetland stands at 0.2%.
- 5.2 Recruitment continues to be difficult in some areas of Social Work and Social Care. Recent attempts at recruiting, particularly for relief Social Care Workers in Adult Resources have not been successful. Cleaning and catering staff have also been difficult to recruit and it is believed that the gas and oil industry is paying increased rates for manual workers.
- 5.3 In an attempt to overcome some recruitment difficulties Shetland Islands Council developed a Trainee Social Worker scheme and this has been very successful.

- 5.4 The face of Service Delivery is changing which is necessary, as more of the same will not provide for the increase in need as a result of the changing demographics. However, there is the added challenge for Shetland in that the competition with the private sector is attracting many of the working age population and therefore impacting on the workforce.

6 Statutory Functions

- 6.0 The Statutory Functions will now be reported upon.

6.1 Secure Accommodation of Children

- 6.1.1 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.
- 6.1.2 During this Reporting Period, the CSWO has authorised two detentions. Both authorisations were to protect the young people from presenting further risk of significant harm.

6.2 Emergency Movement of Children

- 6.2.1 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.
- 6.2.2 The CSWO authorised a transfer of placement on one occasion.

6.3 Adoption Applications

- 6.3.1 This legal process breaks the tie between a child and his/her birth family and recreates it with adoptive parents. Adoption is often the best route to secure permanence for very young children.
- 6.3.2 The role of Agency Decision Maker for Adoption and Fostering sits with the CSWO. This role fulfils the final layer of scrutiny in a three-tier process of assessment of suitability to become adoptive parents.

6.4 Kinship Care

- 6.4.1 Increasingly, Kinship Care is being used as a means of securing permanency for some children, which means that children and young people can remain living with their extended family. Research shows that Kinship placements have better success rates for children than alternative family care placements. There are less placement breakdowns in Kinship Care. In Shetland there are currently 15 Kinship Care households.

6.5 Foster Care

- 6.5.1 Foster placements are always necessary and do provide children with alternative family care. Between April 2013 and March 2014 a flexible and responsive foster care service was delivered with 4,048 nights provided in Shetland for children and young people.
- 6.5.2 Foster Care is also used for short periods of time for some children and young people in order to keep them living at home. Long term Foster Care placements are also well used when circumstances require it. Foster Carers benefit from support not only from professionals but also by meeting and sharing experiences with other carers.

Practice Example

The Family Placement Team facilitated some carer support groups for foster carers which have allowed peer support and sharing of good practice and training ideas.

- Facilitated an Adoption Fun day for adoptive families in Shetland and had a successful morning at Islesburgh with 16 children.*
- Introduced a regular Newsletter to all carers in Shetland informing carers of forthcoming events, changes in legislation and good practice, and service development.*
- As part of the Early Years Collaborative, staff from the Team work collaboratively with NHS and other SIC departments in delivering attachment training to new parents.*

6.6 Permanence Orders

- 6.6.1 Permanence Orders are sought for some children and young people which means that the Council are their parents. This means that children and young people are no longer required to attend Children's Hearings on a regular basis. This experience can be very unsettling for young people who fear changes may be made to their living arrangements.

- 6.7 The activity in the areas discussed above are shown in the table for the Reporting Period:

Adopters approved	2
Foster Carers approved	4
Kinship Placements approved	2
Foster Care Reviews	6
Children Adopted	2
Children approved for adoption still not concluded	2

- 6.8 The Family Placement Team was inspected in June 2014. The Adoption service was graded as Very Good.

Practice Example

Comments from Inspection:

- *A robust assessment was undertaken of applicants to ensure their suitability to the task of parenting vulnerable children. The Adoption Panel provided quality assurance of the suitability of applicants and referred to the quality of written reports presented to the panel.*
- *Adopters spoke highly of the support, guidance and level of contact from the Family Placement Team. Those consulted were extremely positive about the process of assessment and were impressed by the sensitivity and skill shown by the workers.*
- *Introductions between adopters and the child were managed well with the supervising Social Workers accompanying the adopters to linking and planning meetings. Family Placement Workers liaised with Education and Health to ensure a full support package was available to adopters from the onset.*
- *Adopters were provided with training, some of which included; child development, life story, trauma, loss and resilience. Adopters stated the training gave them insight into the experiences of children who have suffered early childhood neglect and how to parent children who have suffered trauma.*
- *The Family Placement Team were skilled in placing children quickly into pre-adoptive placements when a decision had been made for permanency. This meant for several children in Shetland there had been minimum placement moves and the opportunity to make secure attachments in early life.*

6.9 Looked After Children

- 6.9.1 In this Reporting Period at the end of March 2014 there were 28 Looked After Children and Young People. The ages were across the spectrum from birth to 18 years of age.
- 6.9.2 The implementation of the Children and Young People's Act is making welcome changes for this vulnerable group by extending the age for residential care and providing support up until the age of 26 years.
- 6.9.3 The Looked After Strategy which includes the Corporate Parenting Strategy is being presented to Committee on 1st October 2014. This Strategy provides a framework for improving outcomes for Looked After Children and Young People and also to improve Corporate Parenting Responsibilities for the next five years. The Strategy's vision is that this group have the same outcomes to succeed as other children and young people.
- 6.9.4 The CSWO presented the Corporate Parenting Annual Report to Education and Families Committee on 18 August 2014. Appended to that report was an individual pen picture of each Looked After Child and Young Person that provided individual information on the achievements, outcomes and challenges for each one.
- 6.9.5 Short Breaks has provided overnight respite to 19 Looked After Children this year. In addition to this they have also provided day care, outreach and activity weekends to a further 14 children and young people.

Practice Example

In March 14 Short Breaks supported a young person to attend a conference held by HAGGEYE in Inverness. HAGGEYE is a Scottish organisation working with young people aged 12-30 years living with sight loss, in partnership with various organisations and service providers. HAGGEYE gives the young people the chance to be heard and talk about issues that they are faced with day to day in the community. HAGGEYE offers a lot of support and organises social functions, trips and outings, support groups, everyday living skills and educational support.

6.10 Mental Health Officer Duties and Responsibilities

- 6.10.1 Mental Health Officers (MHOs) are registered Social Workers who have been qualified at least 2 years and undertake intensive Post Qualifying Training to gain their Mental Health Award. The Local Authority has a duty to appoint a sufficient number of MHOs.
- 6.10.2 The CSWO has a duty to ensure the appointment, and ensure continued registration, of Mental Health Officers (MHOs) who can carry out relevant duties as required by legislation.
- 6.10.3 MHOs have extensive legal duties, which they carry out on behalf of the Local Authority in the undernoted legislation.
- 6.10.4 These duties are mainly contained in the:
- Mental Health [Care and Treatment] [Scotland] Act 2003
 - Adults with Incapacity [Scotland] Act 2000
- 6.10.5 The Mental Health [Care and Treatment] [Scotland] Act 2003 provides the statutory framework for the treatment and care of individuals who are diagnosed with a mental disorder, are at risk and require care, treatment or hospital admission on a compulsory basis. The Act provides safeguards to protect the rights of individuals with a mental disorder.
- 6.10.6 The Adult with Incapacity [Scotland] Act 2000 safeguards the rights of adults who lack capacity due to a mental disorder or the inability to communicate. People can apply to become Financial or Welfare Guardians for individuals who lack the capacity to make some or all decisions. The 2000 Act provides protection for individuals with impaired capacity who may be at risk of harm, require medical treatment for a physical condition or other intervention to manage their property or financial affairs.
- 6.10.7 Currently, there are 1.5 full-time equivalent Social Workers and 2 Senior Social Workers who are qualified to act as MHOs. There is also a MHO retained on a relief basis in Aberdeen who undertakes MHO duties when individuals are in hospital in Aberdeen. This reduces the need for staff to travel from Shetland to carry out MHO duties, including attending Tribunals.

- 6.10.8 A Social Worker in the Community Care Social Work Team has recently completed the Mental Health Award training and is anticipated she will receive her qualifications by late October 2014.
- 6.10.9 Due to difficulty in recruiting over a prolonged period a full-time Mental Health Officer/Social Worker post was expanded to accept Social Work applicants who wish to undertake their MHO training. The post was subsequently filled and it is planned that the applicant will start their training in 2015.
- 6.10.10 A review of Mental Health Services was commissioned within this Reporting Period and a detailed Action Plan was agreed. Steady progress has been made with the plan, however, the ability to recruit professional staff is challenging.
- 6.10.11 The table below summarises MHO activity for this Reporting Period:

MHO Contacts	55
Individuals subject to Compulsory Treatment Orders	9
Emergency Detentions	6
Short Term Detentions	9
Social Circumstances Reports	5
Other mental health Assessments	7
Assessment Order	1
Adults With Incapacity Reports	3
Mental Health Reviews	15
Mental Health Tribunals	10
Welfare Guardianship Reviews	11
Consultations under the Mental Health (Care and Treatment) Act 2003	4
Individuals subject to Welfare Guardianships	9
Individuals CSWO Guardianship	1

6.11 Dementia

- 6.11.1 In line with the national demographic picture, the number of people in Shetland living with dementia is expected to continue to increase.
- 6.11.2 As of August 2014, Shetland has 201 individuals registered as having a diagnosis of Dementia. Although the work to promote awareness and reduce stigma is continuing, there is still some concern that this may be an under diagnosis of the incidence.
- 6.11.3 Social Work staff continue to play a significant role in achieving a 'sustainable' and 'person centred' response to a challenging and often devastating condition. Carer support is a crucial component and carer initiatives continue to be an important component of the Dementia Support Pathways that are being developed.
- 6.11.4 The care of people with dementia is supported by the work of the Dementia Services Partnership (DSP), a joint working initiative comprising the Local

Authority (including specialist dementia staff and Social Workers), NHS Shetland and Alzheimer Scotland.

- 6.11.5 Other Alzheimer Scotland initiatives are well established and supported. These initiatives promote opportunities for people living with Dementia and their carers and include a Memory Lane Café delivered in Lerwick and now expanded to three rural areas North, South and West Mainland; Sons and Daughters' Group, a Reminiscence Group called "Does Du Mind", in collaboration with Shetland Museum and Archives; Sports Reminiscence Group; Carers Group and in collaboration with Shetland Arts, Knitting for Dementia Awareness.
- 6.11.6 The Art Group "When I Paint I Remember" has been shortlisted as one of 2 finalists from the 90 submissions made for the 2014 Alzheimer Scotland National Dementia Awards in the category of "Most Innovative Partnership". This group is a partnership between NHS Shetland, Alzheimer Scotland, the Shetland Museum and 2 local artists.
- 6.11.7 Alzheimer Scotland employed a Community Activity Organiser who works alongside the Dementia Adviser which has allowed the expansion of services into rural areas and the development of new initiatives such as Musical Memories and Tea Dances.
- 6.11.8 Work continues on developing sustainable alternatives to institutional care, including the 'dementia tenancy for life' units established last year. Shetland is also participating in a number of pilot projects aimed at evaluating the role of assistive technologies in remote and rural areas. One interesting example of such a project is the "Giraff", a remotely controlled telepresence device that is being trialled in partnership with the Western Isles.
- 6.11.9 For those few people where significant risks prevent them remaining in either a community setting or standard residential placement, planning is continuing to ensure the delivery of specialist provision. All Shetland's care homes will continue to support people with dementia as required.
- 6.11.10 Ensuring the safety and quality of Shetland's dementia services is a fundamental responsibility of service providers. To that end, a Dementia Deep Dive Assessment exercise was conducted in late 2013. This exercise identified areas for service improvement and development and the resulting Deep Dive Action Plan, together with developing local Dementia Strategy, are informing Shetland's vision and commitment to becoming a "Dementia Friendly Community".

Practice Example

A lady in her 90s was continually admitted to hospital over a period of 6 months with anxiety and breathlessness, supported at home by elderly relatives as her daughter lives south.

A phased return home was supported by the Community Occupational Therapist and Home Support Carers, with advice and support from the

Dementia Specialist Nurse. Daily visits home to spend time and gain confidence being on her own again were built up over a period of three weeks. Her first week home had Sleep-in Support from Home Support Services. Home Link support provided by Dementia on call Out of Hours to ensure safety and avoid readmission to hospital. She is supported to attend social activities within the community organised by Alzheimer Scotland and attends Day Care twice a week.

The lady spends 2 months away with her daughter at Christmas and joint working with another local authority ensure personal care support is provided whilst away from Shetland. On return home she has support for sleep in provision for the first two nights.

The lady has lived happily at home for the last two years with 4 daily visits from Home Support and Out of Hours on call to support her Home Link.

7 Performance

7.1 Protection and Risk Management

- 7.1.1 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.
- 7.1.2 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.
- 7.1.3 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)
- 7.1.4 The CSWO is a member of the CPC and sits on the Quality Assurance Sub Committee.
- 7.1.5 The CSWO also sits as a member on the APC and on the Quality Assurance Sub Committee.
- 7.1.6 The CSWO sits on the Strategic Group for MAPPA, which covers the Northern Constabulary Area.
- 7.1.7 This allows the CSWO to have an overview of related risk management activity across agencies, as well as an influence on practice.

7.2 Child Protection

7.2.1 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”.

7.2.2 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.

7.2.3 The following graphs provides more detail on Child Protection activity in this Reporting Period:

Child Protection	No of children
Initial Child protection Case Conferences	18
Review Child protection Case Conferences	10
Registrations	14
De-registrations	05
Pre-Birth Case Conferences	06
Within Procedural timescales	All

7.2.4 The past practice of recording categories of registration ceased and has been replaced by concerns being recorded by the chair after each meeting.

7.2.5 Figure 1 Reasons for Registration

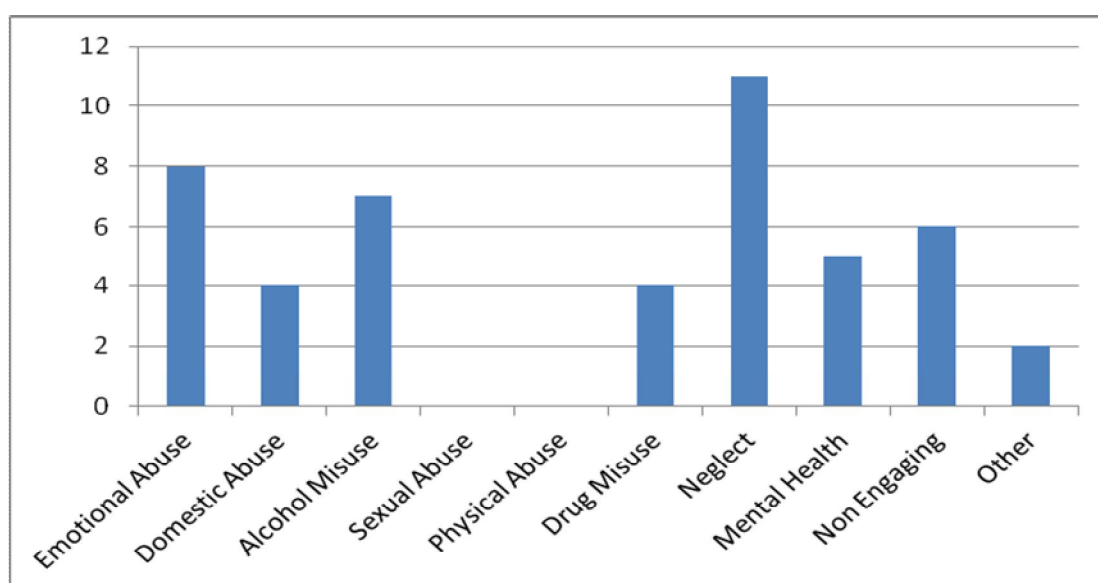


Figure 1 reflects the “concerns” as recorded by the chair after each conference. This is not exactly the same as “categories of registration” (which are no longer used) but is possibly a more accurate indicator of the conditions which result in registration.

Possibly the most striking features of this table is the absence of physical and sexual abuse. Neglect is the most frequent concern, and this parallels current national and international interest on its harmful consequences. Emotional

abuse can be seen as the second most frequent concern - neglect and emotional abuse are known to be closely related.

Alcohol and drug misuse, if combined, would equal the most frequent concern.

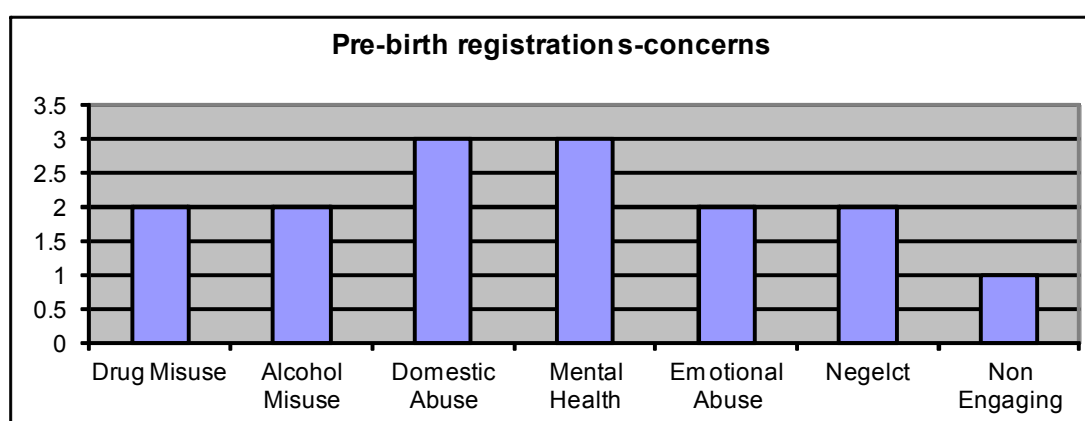
7.2.6 Pre-Birth Case Conference Information

Reporting year (April to March)	Number of Pre-birth Conferences held	Number of unborn babies registered
2004-2005	1	1
2005-2006	0	0
2006-2007	2	2
2007-2008	3	2
2008-2009	4	4
2009-2010	4	3
2010-2011	1	1
2011-2012	5	5
2012-2013	3	3
2013-2014	5	4

The statistics as recorded above shows that apart from the year 2010-2011, there has been a steady increase in pre-birth conferences. Increased knowledge and skill in Midwifery Services are picking up the more vulnerable mothers.

An ante-natal pre birth parenting course is offered to help better prepare the mothers before the baby arrives. This also allows a better understanding of which families/parents need to progress onto the Social Work pre birth assessment process.

7.2.7 Figure 2 Pre-birth Registrations



For pre-birth registrations there is a fairly even spread of concerns. It is unsurprising that known high risk parenting behaviour features prominently (domestic abuse, substance misuse, mental health issues).

Practice Example

Three Pre-birth Parenting Assessments have been completed in the Reporting Period by Children's Services Social Workers. These assessments are thorough and time consuming. It is a 12 week programme and often a section of the assessment takes more than one session to complete. It is necessary to undertake those in-depth assessments to identify the strengths and weaknesses in order to achieve the best outcome for the baby. Legislation places a duty on Social Work to assess family first and the assessment shows what work is required with the mother to allow that to happen.

If the assessment evidences that the mother lacks capacity to parent then the aim is to achieve permanence within a tight time scale of six months from being accommodated in whatever permanent placement has been identified to meet the best interests of the child.

The outcome of the above assessments completed are 1 adoption, 1 at home no longer involved with Social Work, 1 still being supported at home but doing well.

7.2.8 The data available on Child Protection referrals from 2003 to the present Reporting Period is included in the table below:

Date	No of names on register throughout the year	Referrals	No of children involved	No of joint interviews	No of initial conferences	No of review conferences
2002-2003	22	42	63	20	09	12
2003-2004	27	33	51	14	15	06
2004-2005	28	32	42	27	11	18
2005-2006	28	46	58	28	13	15
2006-2007	25	63	74	57	13	18
2007-2008	24	79	87	41	12	18
2008-2009	29	89	113	36	16	30
2009-2010	26	93	107	31	13	20
2010-2011	17	105	121	41	07	15
2011-2012	30	113	126	46	21	27
2012-2013	22	91	104	34	13	20
2013-2014	17	77	94	18	13	10

7.2.9 Child Protection Referrals

The following table show the number of child protection referrals received from 01.04.14 to 11 September 14. The total is 97 already exceeding the total number received in the last two years. The increase is quite significant and if continuing will result in the greatest number of referrals being received in Shetland since statistics began to be recorded

Month	Number of Referrals	Number of Children involved
April	16	28
May	11	20
June	17	24
July	24	36
August	18	30
Sept (up to 11 th)	13	22

7.3 Adult Support and Protection

- 7.3.1 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.
- 7.3.2 The Adult Protection Committee (APC) was established following the Act and is the main forum for the strategic management of Adult Protection in Shetland.
- 7.3.3 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). The second was presented to Social Services Committee in October 2012 (Min Ref SC36/12).
- 7.3.4 The third Biennial Report on Adult Support and Protection will be presented to Social Services Committee on 30 October 2014 and will provide an overview of the business activity.
- 7.3.5 The improvements noted in the Report are summarised as listed:
- Maintained interagency representation on all committees
 - Commitment from each agency
 - Commitment from the Director of Health and Social Care to attending Committee
 - Interagency group case review
 - Financial sector, carers and users contact
 - Training for third sector and service user groups
 - Inter-agency screening meeting
- 7.3.6 In order to instigate action under the AS&P Act, the individual must meet what is termed the 3 Point Test, namely:

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.

7.3.7 The table below shows the records held on referrals for Adult Support and Protection.

Date	Referrals	No of Confer-ences	Legal Order	No Of Established Plans	No who did not meet 3 point test	Police Investi-gations	Social Work Investi-gations
2013-2014	205	04	0	03	184	0	04
2012-2013	144	02	01	03	124	0	07
2011-2012	97	04		03	91	Joint Investigations 04	
01.11.10-31.03.12	141	10	03	07	96	Joint Investigations 16	
29.10.08-05.09.10	33	05	01	05		01	07
						Joint investigations 12	

Of the 205 referrals received in the Reporting Period, 124 people did not meet the 3 point test, 13 were referred to Community Mental Health Team, 1 to Criminal Justice Social Work, 2 to Community Care Substance Misuse, 17 were no further action and the remaining 117 accessed a variety of multiple services.

7.3.8 This also evidences a significant increase in Adult Support and Protection referrals being received.

7.3.9 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 Adult Support and Protection (Scotland) Act 2007 (AS&P Act).

7.3.10 125 Council Officers have been appointed following completion of the relevant training. This number includes Senior Social Care Workers and Social Workers from all three services - Community Care, Children and Families and Criminal Justice. 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.

7.3.11 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.

- 7.3.12 Management information on referrals are now being collated and presented to the Adult Protection Committee.
- 7.3.13 It is worth remembering that the AS&P Act emphasises support as well as protection.
- 7.3.14 The AS&P Act allows the Local Authority to apply for Protection Orders through the Sheriff Court. In the Reporting Period, 1 Temporary Banning Order was in place.
- 7.3.15 Adult Support & Protection referrals are now subject to a multi-agency screening group meeting which is held fortnightly.

Practice Example

Peer Support Group for Young People

This is a group for service users under the age of 40. It helps build confidence and self esteem for these individuals as they can be open about their mental health difficulties without the stigma that they feel is sometimes associated with mental health.

The group gives individuals the opportunity to make new friends within in a safe, non judgemental environment, discuss coping strategies and about their experiences but most of all have fun!

The group meets weekly, they have the opportunity for group talk sessions and every second week go into the community to do activities such as badminton, DJ workshops, Bowling, Cinema, Walks along the beach, playing pool and snooker, whatever the group decides.

The feedback about this group has been very positive, and users of the group are grateful to meet others who they can relate with and realise 'I'm not on my own'.

7.4 Criminal Justice

- 7.4.1 The governance of Multi Agency Protection Arrangements (MAPPA) in relation to high risk offenders, initially encompassing registered Sex Offenders, continues to be managed by the Public Protection Unit in Inverness.
- 7.4.2 The management of sexual and violent offenders remains a priority for Criminal Justice Social Work. The Executive Manager Criminal Justice continues reporting on MAPPA to the Chief Officers' Group and this enables Chief Officers to have an overview of all public protection arrangements in Shetland.
- 7.4.3 Multiagency Risk Assessment Conferencing (MARAC) is now established in Shetland for people who are experiencing high risk domestic abuse. Several case conferences have been held to discuss a number of referrals and appropriate safety plans have been put in place.

- 7.4.4 Shetland produces quarterly performance management information to the Northern Community Justice Authority and I am pleased to report that National Standards and Outcomes continue to be met. The annual statistics for this period are included in the table below.

Category	2010/11	2011/12	2012/13	2013/14
Criminal Justice Social Work Reports/203's	159	169	112	115
Offender Supervision Requirement	30	54	34	31
Unpaid Work Requirement	22	73	40	34
Unpaid Work Hours Imposed	2140	5517	4710	3980
Unpaid Work Hours Completed	1896	2110	5196	5790

From above it is apparent that the number of referrals peaked in 2011/12 when the new Community Payback Order was introduced. This is now stabilising to a more manageable level, which also coincides with a decrease in reported crime.

- 7.4.5 During 2013/14, 5790 hours of unpaid work was completed throughout Shetland. Projects included painting and decorating of Nesting Chapel, Weisdale, Bressay, and Burra Kirks. Burra, Walls and Cunningsburgh Community Halls and Hoswick Visitors Centre. Environmental projects included beach clearing, litter collection, grass cutting, reinstating beach path and painting fence at Walls community garden and ground clearance in Dunrossness. Individual placements took place with COPE Ltd to assist with projects in the garden and the scrap store; the Salvation Army to help with a food and clothes bank; as well as work for Shetland Amenity Trust and the British Red Cross.
- 7.4.6 The Shetland community continue to value the assistance given and thank you letters are received from recipients who are always very pleased with the standard of work. Offenders speak positively of undertaking unpaid work and state that they enjoy being able to complete a piece of work to pay back for their crime and that they learn new skills which they can take to paid working environments.
- 7.4.7 Supervision of offenders included behaviour programmes which addressed alcohol and drug issues, anger management, life skills, employability and sexual offending.

7.5 Risk Assessment and Management of Offenders

- 7.5.1 Risk assessment and management of offenders are core activities for the service and in 2012 the Scottish Government introduced a new Risk Assessment tool to all Criminal Justice Social Work Services throughout Scotland. The assessment, namely LSCMI, was self evaluated in October 2013 and the feedback from the Care Inspectorate was very positive.

- 7.5.2 The self evaluation (SEQ) covers all the required themes and identifies positive factors in several key areas, e.g. improved quality and scope in risk and needs assessments and improved focus in plans.

Practice Example

Care Inspectorate Comments included:

“The nature of responses in the SEQ showed the service is open to learning and improvement action.

The SEQ is realistic and candid, and demonstrates good self-analysis. It identifies well established patterns of multi-agency involvement in assessment, planning and interventions, and increasing staff knowledge of LSCMI and commitment to continuous improvement, with good engagement of managers in supporting quality practice.”

- 7.5.3 The main challenge facing the service at present is the new model for Community Justice which is to be introduced throughout Scotland in 2015/16. This sees Community Planning Partnerships being responsible for strategy, delivery and commissioning of Community Justice Services and in effect taking over from the role of Community Justice Authorities, these will be disestablished in 2017. This will include all services linked to addressing criminal behaviour and not just Criminal Justice Social Work.
- 7.5.4 The new model also proposes the creation of a National Body to provide professional strategic leadership for the sector. The next stage of the new model is about to begin. This will require the Local Authority to consider the implications of the proposed changes and to develop thinking in terms of where Community Justice will sit within our structures and commence a planning process for the transition to the new model. Funding remains a concern and the service has recently participated in a Government funding exercise which will look at new funding formulas. It was stressed by Shetland that the current level is necessary in order to provide a viable service.

8 Regulation and Inspection

8.1 Regulated Social Care Workforce

- 8.1.1 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.
- 8.1.2 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.
- 8.1.3 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.

8.1.4 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.

8.1.5 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.

8.2 Care Inspectorate

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

8.2.2 The inspections are based on 4 quality themes, which are:

- Quality of Care and Support - how the service meets the needs of each individual in its care
- Quality of Environment - the environment within the service both physical and atmospheric
- Quality of Staffing - the quality of care staff, including their training and qualifications
- Quality of Leadership and Management - how the service is managed and how it develops to meet the needs of the people

8.2.3 Each of these themes is graded on a 6 point scale:

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

Appendix A shows what is expected from services at each grade.

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

8.2.4 Within each grade there is a number of quality statements against which each area is scored. The lowest score being given as the final grade.

This can mask overall trends, as can be seen in relation to Fernlea Care Centre which looks to have slipped from its previous inspection on 2 of the 4 Quality Indicators.

FERNLEA

Quality of Care and Support - 4 - Good (Previous inspection 5)	
Statement 1	5 - Very Good
Statement 2	4 - Good
Statement 3	5 - Very Good
Statement 4	5 - Very Good
Quality of Environment - 4 - Good (Previous inspection 5)	
Statement 1	4 - Good
Statement 2	5 - Very Good
Quality of Staffing - 4 – Good	
Statement 1	4 - Good
Statement 4	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 4	4 - Good

Thus Fernlea has slipped on only 2 statements in Quality Indicators 1 and 2.

Under “What the service does well”, the inspectors noted that:
The service works hard to listen and respond to residents and their representatives.
People are happy with the quality of care and support they receive.

The Inspectors consulted a number of residents during their time in Fernlea, their responses are detailed below:

- *‘I’m very comfortable here - the staff are wonderful.’*
- *‘The lasses are lovely - they would do anything for you.’*
- *‘I just love them - they’re all so friendly.’*
- *‘The meals are lovely and there is always the choice if you fancy something else.’*
- *‘I’m very well looked after.’*
- *‘It’s fine - the staff are so friendly and the care couldn’t be better.’*

8.2.5 Any grading below 3 (Adequate) is considered not to be good enough and the service will be asked to make improvements. The Care Inspectorate will make either Recommendations or Requirements for improvements.

A Recommendation is a statement that sets out actions that the care provider should take to improve or develop the quality of service but where failure to do so will not directly result in enforcement.

A Requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a Requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

There are a number of services which show a score of 3 - 6 in total - up from 4 last year.

These are Northaven Care Home; Isleshaven Care Home; Wastview Care Home; Taing House; New Craigielea and Montfield Support Services.

- 8.2.6 There appears to be an emergent pattern in that all 6 establishments have been graded 3 on the Quality of Leadership and Management - in particular with regard to Statement 4, namely, 'we use quality assurance systems and processes which involve service users, carers and staff and stakeholders to assess the quality of the service we provide'.

For 5 of the establishments, the Inspectors made one Recommendation in relation to this statement which reflects the need for robust quality assurance and audit systems to be an integral part of practice.

For Isleshaven, Northaven, Wastview and New Craigielea and Montfield Support Services the Recommendation stated that 'the management and staff team should continue the work with the implementation/further development of the audit and monitoring tools to ensure continuity and consistency throughout the service.'

For the remaining establishment, Taing House, one Requirement was made. The Requirement for Taing House stated 'the provider must have in place an audit system, which reviews the service provided and is inclusive of medication procedures, key work, staff practice and management monitoring'. It further states, that in order to achieve this, the provider must:

- Consider if the current routines, practice and systems meet the needs of the service and the residents
- Identify where there are any shortfalls
- Have in place an action plan to address the shortfalls
- Have in place a new system to monitor the outcomes of the action plan

The CSWO is liaising with the Executive Manager for Community Care Resources in an attempt to understand these trends and the downward movement in gradings. It should be noted that the reduction of the Senior Management Team in this area has resulted in less capacity to manage quality assurance and audit processes and it must be asked whether this had an impact on the gradings.

The Inspectors spoke to 12 relatives and visitors who were visiting Taing while they undertook the inspection and found the general theme of comments to be:

- | |
|--|
| <ul style="list-style-type: none">• <i>'It's very friendly.'</i>• <i>'It's like home from home.'</i>• <i>'The staff are great - you're always welcome when you visit.'</i> |
|--|

- 8.2.7 It has been highlighted in successive CSWO Reports that Wastview has, since 2009/10, scored 3 for Quality of Care and Support. Indeed in 2012/13, gradings of 3 across all 4 Quality Indicators were recorded. It is heartening to see that improved gradings are in effect for this recording period, namely 4 for Quality of Care and Support, 4 for Quality of Environment, 4 for Quality of Staffing and 3 for Quality of Management and Leadership.

Staff are to be commended for this improvement.

When taking the views of residents and their relatives into account, the inspectors noted that the feedback from the residents was very positive, saying it was a homely place and that the staff and management were very friendly:

- *'The staff are lovely.'*
- *'Very helpful.'*
- *'Always make time for you.'*

Similarly, feedback from relatives was very positive with families saying they were very happy with the quality of care and the way in which their family member was supported. All the relatives spoken to said that the staff were always respectful and very kind.

- 8.2.8 In the CSWO Report for 2012-13, it was reported that the Viewforth care inspectorate report was poor with gradings of 2 across all 4 Quality Indicators. It is heartening to see that improved gradings are in effect for this recording period, with gradings of 3 across all 4 Quality Indicators being recorded.

Staff are to be commended for this improvement.

- 8.2.9 Grade 6 (Excellent) can only be provided if Grade 5 (Very Good) has been sustained over a period of time.

In this Reporting Period, there are no establishments which have been graded 6.

Annsbrae was graded Excellent on Statement 1 under the Quality of Care and Support theme 'we ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service'.

- 8.2.9 Children's Services continue to maintain Gradings of Very Good (5) or Good (4). Grodians shows its consistency of good practice by maintaining the gradings achieved in its first and second inspections.

Inspectors noted the following in relation to Short Breaks for Children, based at Laburnum:

'Throughout our visit to the Service, we noted the inclusive and consultative approach of the staff. It was clear that they knew the young folk well. They gave them choices about activities, both on a daily basis and by involving them in future plans eg for trips and outings. The daily diaries we looked at confirmed these. When we met the young folk they confirmed that they could choose what they wanted to do eg play on the bikes and take part in a range of indoor and outdoor play.'

8.2.10 Appendix B shows comparative gradings from 2008/09 to 2013/14.

8.2.11 Overall, Inspection Reports over this Reporting Period show that the upward trend aspiring towards excellence appears to be faltering. Of the 14 establishments inspected only 4 have shown improved gradings on the Quality Indicators. While 13 of the 14 maintained the status quo on some of their Quality Indicators, 7 showed a decrease in gradings with Annsbrae slipping from having 3 grade 6 (Excellent) in 2012/13 to 3 grade 5 (Very Good).

The CSWO is looking to gain some understanding of the reasons for this and is discussing the findings with the Care Inspectorate Inspector.

9 User and Carer Involvement

9.1 Participation

9.1.1 Quality Assurance and self evaluation is key to improving service delivery and an important element in this is participation from users and carers. A greater focus is being given to the participation of users and carers and whilst some progress has been made this remains an area for improvement.

9.1.2 In Adult Services the With You For You (WYFY) monthly Quality Assurance reports on users feedback continues.

9.1.3 Service Users comments on the WYFY Process of Assessment and Care Management as of March 2013:

	Dec 13	Jan 14	Feb 14	Mar 14
Number of feedback contacts	7	7	20	8
Number of responses	1	1	7	3
Has someone been in touch with regard to your request?	100%	100%	90%	100%
Did you feel safe when you contacted us originally?	100%	100%	90%	100%
Do you feel safe now?	100%	100%	100%	100%
Are you satisfied with how involved you were in creating the Plan for You?	100%	100%	90%	100%
Are you satisfied with your opportunities for social interaction?	100%	Not answered	80%	66%

Did you feel that the person worked with you to create the Plan for You listened to you?	100%	100%	90%	100%
Do you feel that your needs are now being met?	100%	100%	80%	100%
<p>Is there anything else that you would like us to note or follow up on regarding your experience?</p> <p>December 2013 No responses.</p> <p>January 2014 "All very satisfactory. Very prompt & efficient service."</p> <p>February 2014 "I have received no support from services but have had to rely on family and friends. I contacted Community Care but they had no spaces" "Just service provider to contact & set up night time visits for my mother who has been out of hospital & in her own home for 2 weeks now". "Home help carers are just wonderful in every way".</p> <p>March 2014 "I felt safe because my carer was helping me, otherwise I would have been anxious. Socializing is difficult without transport and assistance". "Very helpful staff".</p>				

- 9.1.4 The Children's Services Improvement Officer gathers qualitative and quantitative data on a monthly basis. The information is analysed and provides the Child Protection Committee (CPC) with relevant data on activity, patterns and trends. The information is also used to improve practice in service delivery by the Children and Families Team.
- 9.1.5 In Children's Services there is a group of young people who have been involved in updating the LAC paperwork required for six monthly reviews and, in developing an APP for electronic participation of those young people. The Shetland Team of Young People and Police Group (STYPP) continues to do work with the Police and have been involved in making a DVD to raise awareness of the risks involved in using Legal Highs.
- 9.1.6 The recent update of procedures in Children's Social Work Services includes a quality assurance section of each procedure to assist in becoming an integral part of the services provided.
- 9.1.7 Short Breaks for Children conducts a survey of parents and carers each year in order to gain their views on the service. This year we offered the results of the survey in electronic format for the first time. The document can be viewed on computers and mobile devices, and is available to read online or download to print.

- 9.1.8 In August 2014, a Building Budgets online exercise was undertaken in various communities across Shetland. The attendance at all the meetings totalled less than 100 people so could not be viewed as a good representation of the population. However the people who did attend were said to be interested and engaged well in the process. The findings of this exercise is now with Budget Responsible Officers for consideration when building up their budget for Services next year. The intention is that the Building Budgets Exercise will be developed further in future years to increase awareness and involvement of the public in the annual budget setting process.
- 9.1.10 The wider Children's Services area of Education has consulted since 2011 with the public on school closures and there may be lessons to be learned from the processes used in this field.
- 9.1.11 Exit questionnaires are completed by offenders and these showed positive outcomes in areas such as employment, housing, relationships and self esteem.

Practice Example

Quotes include:

"I am better at looking after myself. I am now getting benefits."

"Feel more confident."

"I don't hate myself as much now."

"Can be more open."

"I don't binge drink anymore."

"Got my own flat."

"Starting full time college course."

"Rarely take drugs."

"Getting on better with family."

"Stopped sticking head in sand about problems."

10 Finance

- 10.1 A Medium Term Financial Plan has been adopted with the aim to achieve financial sustainability in the year 2015-2016 and to maintain a sustainable position throughout the remaining term of the current Council. There is an understanding that there will be no growth in service cost in the medium term.
- 10.2 Priorities have been set by members as outlined in the Corporate Plan. The Council sets a target operating budget for each directorate who are required to prepare their budgets within these parameters. A carry forward scheme was introduced last year which allows services to carry forward 50% of the under spend to support service priorities.
- 10.3 Currently the cost of Off Island Placements is met from a contingency budget. Any other unbudgeted expenditure would need to be met from underspends within the Service in the first instance, and then from underspends across the rest of the Council.

10.4 Priorities set by the current Council are:

- Being a properly led and well managed council dealing with the challenges of the present and the future and doing that within our means
- Providing vital services for children and adults and the transport services we need
- Mindful of how change could affect vulnerable people
- Encourage strong communities
- Helping build a healthy economy
- Working with all our partners to achieve the best results

10.5 It is encouraging that the Council has prioritised, as far as possible, the core Council Services of Children's Services, Community Care and Transport.

10.6 Social Work Services in both Directorates are tasked with preparing their 2015/16 budgets using a zero based budgeting approach. Services need to be delivered within budget and there is a no growth philosophy during the life of this Council.

11 Planning For Change

11.1 Health and Social Care Integration

11.1.1 On 1st July Shetland NHS Board and on 2nd July 2014 the Shetland Islands Council approved the Body Corporate as the preferred model for Health and Social Care integration in Shetland. The legislative requirement is that the Integration Scheme has to be submitted for approval by the Scottish Government so that implementation of the integration model is achieved by April 2015. A Transition Programme led by the Director of Corporate Services on behalf of both organisations has been approved to ensure successful implementation of the chosen model for health and social care integration.

11.1.2 The Director of Health and Social Care will become the joint accountable officer from April 2015 and all reporting on integrated services will be reported through him.

11.1.3 Locality planning is in early stages but this work is in progress and it is expected that proposals in this regard will be presented to Social Services and CHP Committees by December 2014 so that the locality model can be included in the Integration Scheme.

11.2 Early Intervention and Prevention

11.2.1 The ambition of the national Early Years Collaborative (EYC) is "to make Scotland the best place in the world to grow up in, by improving outcomes and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland, to ensure that all children have the best start in life and are ready to succeed."

11.2.2 The objective of the EYC nationally is to translate the principles set out in Girfec and the Early Years Framework into practical action.

11.2.3 The EYC introduced a structure in which:

- a) “partners can easily learn from each other and from recognised experts in areas where they want to make improvements, (for example by shadowing successful improvements in other parts of Scotland), and
- b) “the application of improvement methodology to bridge the gap between what we know works and what we do.” We use the improvement methodology to support change, evidenced by small positive steps.

11.2.4 The EYC is working towards the following ‘stretch’ aims, or longer term goals:

- Workstream 1 (pre-conception to 1 year) Reduce by 15% the rates of stillbirth and infant mortality by 2015
- Workstream 2 (1 year to 30 months) 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child’s 27-30 month child health review by end 2016
- Workstream 3 (30 months to start of primary school) 90% of all children within each CPP have reached all of the expected developmental milestones at the time the child starts primary school, by end 2017
- Workstream 4 (Primary 1 to 8 years) 90% of all children in each CPP area will have reached all of the expected developmental milestones and learning outcomes by the end of Primary 4 by end-2021
- Workstream 5 (Leadership) Timely delivery of the ‘stretch aims’ for all five workstreams

11.2.5 The Shetland Early Years Collaborative have brought these aims, objects and methodology to the attention of key stakeholders in Shetland, by:

- Supporting and coaching teams in the improvement methodology, e.g. Antenatal Parenting Programme, Busy Dads, Carbon Monoxide Monitoring with pregnant women, Family Information Directory
- Gathering and reporting data to evidence outcomes, (data collected within each improvement and reported to strategic group)
- Facilitating workshops. (4 held to date, next planned for November)
- Mapping services for children 0 to 5 years in Shetland, (map created and shared with other projects)
- Identifying potential for local improvements, (improving transitions from Health Visitor to Nursery and Primary, Bookbug Outreach, increasing Health Visitor contact time)
- Representing Shetland at national EYC Learning Sessions
- Continuing to learn, improve skills and support a growing number of improvement projects

11.3 Self Directed Support (SDS)

11.3.1 Self Directed Support (SDS) is when an individual chooses to arrange some or all of their support instead of receiving services arranged by social work or housing. This allows individuals to organise their support to enable them to live their lives the way they wish to live it.

11.3.2 The four SDS options are:

- Direct Payments
- Individual Service Funds
- Directly provided services from the local authority
- A mixture of all options

11.3.3 The principles and values underpinning SDS are:

- Better outcomes for individuals
- Choice
- Participation
- Mutuality
- Equality

11.3.4 The Social Care (Self-directed Support)(Scotland) Act 2013 was implemented on 1st April 2014. Since this date all people who are assessed as being eligible for funded support have been told of the four options of SDS. This has been done for all new service users and at the point of review for existing service users. Of new service users, between 1st April 2014 and 26 August 2014, only three have chosen option 1 (direct payments), none have chosen option 2 (third party provider), all others have chosen council provision. Of the 219 people reviewed in this time, none have opted for a change in the way their support is delivered in terms of the four options of Self-directed Support.

11.3.5 An Implementation Officer was appointed in June 2014, using funding from the Scottish Government. This Officer has been instrumental in the implementation locally and has completed or supported a number of activities, including those below:

- All staff in the Community Care Social Work Team have received training in relation to Self-directed Support.
- All Team Leaders in Community Health and Social Care have had awareness raising sessions and have been made aware of their role in relation to explaining the four options.
- Training for a wider group of staff, including colleagues in the NHS and Third Sector is arranged for September 2014.

- 11.3.6 Shetland's Single Shared assessment Process "With You For You" (WYFY) is currently under review to ensure all aspects of the new legislation are embedded in our day to day practice. Procedures for direct payments have been updated and a Self Directed Support Policy is in draft form and will be finalised and presented to Council following the WYFY review.

11.4 Commissioning

- 11.4.1 The Commissioning Strategy for the Community Health and Care Partnership (CHCP) for the period 2012 - 2015 provides detailed guidance on seeking alternative services for service users.
- 11.4.2 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.
- 11.4.3 The Commissioning Strategy is informed by the detailed strategies and service plans in place for health and care services in Shetland. These contain full details of current services, budgets, service developments, gaps and future plans.
- 11.4.4 Commissioned services must demonstrate:
- Value for money
 - Resilience
 - Customer satisfaction
- 11.4.5 A decision to outsource Community Health and Care Services will be based on the following criteria:
- Better outsourcing would achieve a better outcome for service users
 - Cheaper outsourcing would achieve cash releasing efficiency savings CRES for no loss of functionality or quality
 - Services the statutory agencies cannot do for example, independent advocacy
- 11.4.6 The majority of community health and care services provision locally is delivered directly by the in-house providers.
- 11.4.7 Services commissioned from local voluntary and not-for-profit organisations are subject, where appropriate, to the terms of a Service Level Agreement (SLA.)
- 11.4.8 Generally, the type of contracts for Social Care services are highly specialised and sometimes required urgently. A number of Social Care contracts, mainly those covering off-island placements for service users, are classed as Part B / Residual Services and, as such, are partially exempt from Procurement Regulations. The Council's Contract Standing Orders have been updated and the Procurement team have arranged information

sessions for all Executive Managers to provide an update on the main changes.

- 11.4.9 The Council is also a member of Scotland Excel (SXL), a national procurement organisation. SXL have recently progressed several national contracts for Social Care services – e.g. Fostering, Secure Care, Provision of Prepared Meals for Community Meals Service, and Supply of Telecare Equipment. New contracts currently in development by SXL include Children's Residential Care and Education Services Framework, and Adult Residential Care.
- 11.4.10 It is anticipated that the Council will be able to use SXL contracts for future off-island placements where appropriate for both children and adults. The Procurement Team provides assistance and guidance to officers on all aspects of contract compliance and procurement.

11.5 Welfare Reform:

- 11.5.1 Community Planning and Development have continued to provide necessary information and communicated any changes to benefits, to relevant individuals, staff, organisations in Shetland.
- 11.5.2 A leaflet is planned for early autumn, to be sent to all social housing tenants and available in public places, to assist households to maximise household income, reduce household costs and budget effectively.
- 11.5.3 Several initiatives have been ongoing including employability providing support to individuals to sustain employment and community connections to reduce loneliness and isolation.

11.6 Improving Practice

- 11.6.1 The CSWO and the Depute CSWO have reviewed and updated the Children's Services Social Work Policy and Procedures. This has been done with support from the Centre of Excellence for Looked After Children (CELCIS) a Scottish Government funded group to assist Local Authorities improves outcomes for LAC specifically in Permanency Planning.
- 11.6.2 The CELCIS professionals involved in this process have reported back that Shetland Children's Services Social Work should be very proud of the suite of procedures that have been updated as no other Authority in Scotland have such a complete suite of documents. Several Local Authorities have asked if they could adopt them.
- 11.6.3 A Practice Exchange workshop is planned in November with Orkney and the Western Isles to launch the procedures and share good practice.
- 11.6.4 CELCIS have also assisted in a review of the Residential Services for children (now to be known as The Continuing Care Service) and provided a proposed plan to meet future need for Residential Services in Shetland in

the future. In order to meet the targets set out in the Medium Term Financial Plan, budgets were prioritised and a decision was made not to continue staffing the second residential property on a full time basis as due to the high cost of the service this was not considered to be the best use of resources. The result is that a number of young people who have been accommodated off island may have been kept in Shetland.

- 11.6.5 It has always been recognised in Social Work in Shetland that it was necessary to keep up to date with practice due to the isolated position Shetland finds itself in. There is much to be gained from learning lessons from others involved in delivering the same services. The following practice example shows what can be achieved by looking for innovative ways of addressing learning needs and lessons for learning on how to improve services.

Practice Example

Inter-Authority Learning Exchange - February 2014

The Throughcare & Aftercare Team (TCAC) which is part of the Continuing Care Service, Children's Resources, approached CELCIS in November 2013 to explore the possibility of organising an inter-authority exchange opportunity for a Senior Social Care Worker (SSCW) to have the opportunity to work with colleagues in more established or larger through care teams. The aims were to expose the worker to different settings and approaches in order to gain confidence, share experiences and improve practice. A set of learning outcomes were developed to identify and maximise any potential learning and benefits gained from the exchange.

The role of CELCIS was to use their network of positive contacts to identify the most appropriate host authority to ensure the learning outcomes were met. CELCIS expertise and support in facilitating this programme was invaluable.

In Feb 2014 the Continuing Care Service released a SSCW to take part in a 4 week dual placement with enthusiastic host authorities in Glasgow City Council and Falkirk Council.

There were no significant resource demands as a result of this exchange. The financial commitment met by CC service was recognised at the outset as a positive investment in staff development and improving service delivery.

The benefits to the TCAC service in Shetland have been recognised since the SSCW returned from the placement, which is evidenced when measured against quality indicators. (Scottish Executive. How Good is Your Throughcare & Aftercare Service? 2006).

12 Workforce Planning/Development

12.1 Leadership

- 12.1.1 The Council has developed and delivered a Leading for Outcomes leadership development programme in partnership with the Improvement Service aimed at Directors and Executive Managers. One Executive Manager from Children's Services participated in the first cohort and others will attend the second cohort that will begin in November this year..
- 12.1.2 The Professional Development Award (P.D.A.) in Leading and Managing Care is delivered through the UHI and Shetland College with 6 staff completing in 2014 and a further 3 staff started.
- 12.1.3 In this Reporting Period, Community Care appointed an Executive Manager on a temporary contract to support fieldwork services during the absence of the only Social Work qualified Executive Manager of the Health and Social Care Directorate.

12.2 Social Work's commitment to Continuous Learning can be evidenced by the following relating to Professional Social Work Qualifications:

- 12.2.1 As noted at 5.3, the Trainee Social Worker scheme has been a success. Fourteen of our current 26 social workers have completed the BA in Social Work through the Robert Gordon University as part of our "grow our own" Social Workers.
- 12.2.2 Currently two members of staff are in their 3rd year of the BA in Social Work Honours course and have successfully completed their first placement. A member of staff is in their last year of the BA in Residential Child Care, and due to graduate later in 2014.
- 12.2.3 All the students are supported in their placements by a Practice Teacher who works with tutors from Robert Gordon University (RGU) to deliver the distance learning training.
- 12.2.4 In order to properly support staff while undertaking their professional qualification it is recommended as good practice for us to have qualified Practice Teachers. Universities also allocate practice placements for their full time students with employers. In 2013/14 Shetland had 2 students from RGU undertake placements. A 'self funding' employee also studying with RGU has undertaken both placements within our services.
- 12.2.5 To support our own and the external student placements we had three experienced Social Workers start the Practice Teacher qualification in 2013. One completed the course, one has left the service and the third is due to complete later in 2014. One member of staff has expressed an interest in undertaking the Practice Teaching qualification in 2014.

- 12.2.6 Under Shetland Islands Council's Employee Review and Development (ERD) policy, all employees receive a review of their performance at least annually and that this informs a service training plan that then informs the council-wide training plan. The ERD also identifies Continuing Professional Development (CPD) opportunities for professional staff who are supported in undertaking a range of CPD activities.

12.3 Regulated Care Workforce

- 12.3.1 A range of staff are currently undertaking the following qualifications; Msc in Leadership and Innovation; Post Graduate (PG) Mental Health Officer qualification; PG in Child Welfare and Protection; PG certificate in Adult Support, Protection and Safeguarding; Open University (OU) –Transforming professional practice; OU – Social work with children in Scotland.
- 12.3.2 Scottish Vocational Qualifications (SVQ)
- 12.3.3 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 offering different levels of training.
- 12.3.4 In this Reporting Period from 1 April 2013 to 31 March 2014 the following SVQ qualifications have been gained:

	Achieved	Studying	Residential Staff
SVQ Level 1	50		
SVQ Level 2	30		
SVQ Level 2 Professional Cookery	02	01	
SVQ Level 3	12		08
SVQ Level 4	12	02	
SVQ Level 5	01	03	
SVQ Level 3 Business Administration	07		
SVQ Level 4 Business Administration		02	
SVQ Level 5 Management	01	03	
HNC			05
Expressions of interest in Degree Qualifications in Residential	19		
Medication Training	Part 1 420	Part 2 395	Part 3 93 Completed training
Medication Assessors	23		
Alzheimers Scotland Training programme Trainers	6	34	
Dementia Champions	1		
Dementia Ambassadors	3		

- 12.3.5 Joint training and development opportunities are promoted between Social Care and partner agencies such as Health, Police, Schools, Housing and the Voluntary Sector. These include for example: Adult Support and Protection and Child Protection training as identified in employee review and development sessions.
- 12.3.6 With the continuing redesign of services; more complex service needs; the Integration of Health and Social Care and National strategies such as Dementia, we need to ensure that staff are supported and upskilled to meet these new demands. Managers have, for example, through Employee Review and Development and supervision identified 134 staff who would benefit from undertaking the Alziemer Scotland Training. However, budget constraints in 2014 and the need to prioritise statutory and mandatory training needs will mean that only 26 places will be available during the financial year 2014-15. However work has now begun on the 2015-16 plans which provides an opportunity to look at this again.

12.4 Risks

- 12.4.1 Training budgets have been significantly reduced over the last 18 months. In 2012-2013 a budget of £1,018,850 was reduced to £718,743 at the start of 2013-2014. It was further reduced in July 2013 to £536,824 a reduction of 47%. This was due to Community Care's need to make financial savings. The above savings include a reduction in staff cover costs, with some areas of training being cancelled. These included food hygiene, first aid, epilepsy, fire extinguisher and some specialist training for staff at Annsbrae and Eric Gray Centre. The result of reducing staff cover costs has meant that some staff have been unable to attend training as they have not been released from the workplace. The decision to reduce this budget was taken by the service and the risks associated with that decision on the ability to support and improve staff skills have been addressed in part by developing e-learning to replace some traditional classroom training and also enabling trainers to work with smaller groups in localities to reduce the amount of time away from their workplace. Annsbrae has promoted in-house training and Eric Gray has used in house trainers in a creative way during their training week. Wherever possible local trainers e.g. from SIC, NHS or Voluntary Sector have been used to deliver training.
- 12.4.2 Capacity building, particularly in Adult Support and Protection has been important and a number of senior professional staff across agencies are now trained to deliver the basic course on an inter-agency basis. There will be a need to develop this approach in future with Child Protection training.

12.5 Centralisation of Training Function

- 12.5.1 The training function has now been centralized from Children's Services/Health & Social Care to sit within Corporate Services - Human Resources and renamed Workforce Development. It is a requirement in legislation that the CSWO has an overview of workforce development within Social Work and has therefore retained links with key staff in the new team.

This therefore ensures that the decision making and prioritization of training and qualifications for those working in services is maintained to deliver services safely and to the standards required.

- 12.5.2 The Professional Development Award (P.D.A.) in Leading and Managing Care is delivered through the UHI and Shetland College with 6 staff completing in 2014 and a further 3 staff started.

13 Other Issues

- 13.1 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.
- 13.2 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.
- 13.3 A rota of staff qualified in Child Protection provide an Emergency Out of Hours (OOHs) Social Work Service which covers:
- when the child or young person is at immediate risk
 - where a child should not be detained unnecessarily by the Police as an Appropriate Adult
 - request for a Mental Health Officer
 - for children or young people where there is no family member available to attend, this is in keeping with the Detention of Children Protocol
- 13.4 The Social Workers on the rota are currently supported by 4 Executive Managers who are Social Work qualified. One of those managers is on a temporary contract. Cover for this service demands significant commitment from the Social Workers and managers. The managers do 9 days in a row, each time they are on, and more to cover sickness and holidays.
- 13.5 The rota continues to be distributed for several months in advance, allowing staff to make adjustments and plan in advance to meet their individual requirements. This has reduced some of the operational tensions reported previously. The OOH service is currently being reviewed as part of a review into the Children and Adult Social Work Services commissioned by jointly by the Director of Children's Services and the Director of Community Health and Care.

Practice Example

During this Reporting Period the duty social worker was called to assist in the aftermath of the helicopter crash last August when 4 people lost their lives. The duty social worker worked in the hospital alongside the Consultant dealing with the crises and distress. The social worker worked late into the night returned for the ward round at 9am the next day. He worked steadily over the weekend and into the next week referring on to the home authorities ensuring that the survivors had the support they required after such a dreadful experience. This approach worked well with the

survivors building up relationships that helped them deal with the aftermaths and the return home to their families. The Social Worker on call that evening was a very experienced and competent worker.

14 Complaints

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

14.2 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.

14.3 Findings

During the period, 1 April 2013 to 31 March 2014, 5 complaints went investigated under the Social Work Complaints Procedure. As noted below one for Children and Families and four for Community Care.

Service	Number	Upheld	Initial Resonse Within 5 Days	Final Reply Within 28 Days
Children & Families	1.	Not Upheld	Yes	No
Community Care	1. 4 parts	All Upheld	Yes	Yes
	2. 2 parts	Not Upheld	Yes	Yes
	3. 2 parts	Part one Partially Upheld	Yes	Yes
	4. 10 parts	10 Parts Part1Partially Upheld Part 2 Upheld Part 3 Upheld Part 4 Not Upheld Part 5 Upheld Part 6 Upheld Part 7 Upheld Part 8 Upheld Part 9 Upheld Part 10 Upheld	Yes	Yes

14.3.1 Children and Families

- 1 This complaint was in relation to a child welfare report prepared for court. The complaint was not upheld but there were two learning points identified in the investigation which have been actioned by the service.

This complaint is now going to a Complaints Review Committee as the complainant is dissatisfied with the decision of the CSWO.

14.3.2 Community Care

- 1 This complaint was in relation to Care Planning, and a failure to provide a long term sustainable placement in Shetland, a residential option not being considered suitable, communication between the Council and NHS and discharge without medication. All parts of this complaint were upheld.
- 2 This complaint was from a parent of a disabled adult who was dissatisfied that personal information had been discussed out with the Occupational Therapy Department. Neither part of this complaint was upheld.
- 3 This complaint was from parents of a disabled adult. The service in question had been placed in a situation of providing longer term placements for people whose differing needs caused a reduction in services for some service users and also presented behaviours that were challenging to the other service users.

The first part of the complaint was partially upheld as it had led to some pressures and difficulties for the service user.

- 4 This complaint related to a number of issues: service changes being made without reassessment or consultation, failure to review needs, lack of information being provided about individual service delivery, statements being made that were untrue, failure to brief carers, failure to provide continuity of care, failure to report absenteeism, transferring the care to a new department without informing the family, unprofessional response to correspondence, care based on presumptions rather than on factual evidence.

Eight out of the ten parts were upheld, one part partially upheld and one part not upheld. This complaint went to a CRC and during the Review Panel process additional information was provided which resulted in all ten parts being fully upheld.

14.3.3 Delays

In this Reporting Period there was only one delay in concluding the complaint within timescale and that was as a result of a witness in the investigation being on holiday.

14.3.4 Learning from Complaints

Over this Reporting Period there have been learning points arising from complaints. Two complaints went to Complaints Review Committee (CRC)

in this Reporting Period. One complaint was recorded in the last CSWO report, however, the CRC was held during this Reporting Period.

The action plan was presented to Social Services Committee on 3 July 2013. Progress on the action plan was reported and approved by Committee on 23 September 2013.

The second complaint considered by a CRC was not reported to Social Services Committee, however, the Panel at CRC agreed to an individual and general action plan proposed to the Panel. The progress on these action plans are being reported in an exempt report to Social Services Committee on 30 October 2014.

The learning from complaints has highlighted the need for staff training in care planning, case management and review. It is intended to include the changes required in the WYFY review that is currently underway as well as the changes brought about by the introduction of Self Directed Support.

15 Key Challenges for Year Ahead

- 15.1 An Independent Review has been commissioned by the Director of Health and Social Care and the Director of Children's Services to review Social Work Services. The recommendations proposed are now being considered and how they may be taken forward.
- 15.2 The Reviews separately commissioned into Dementia Services and Mental Health Services respectively also have action plans to take forward to improve upon service delivery and service user satisfaction.
- 15.3 The Health and Social Care Integration agenda will demand that all agencies work together to achieve better outcomes for the people who receive services. Whilst this will present a challenge strategically to overcome a range of differences between the two organisations there is a real opportunity to work more effectively to improve outcomes for the people who use the services. Given the good front line working relationships already well established in Shetland it should have positive results in delivering better outcomes and creating efficiencies.
- 15.4 Planning for the new model of Community Justice Services and how this will be delivered locally will require careful consideration. This will bring a significant change to how it has been delivered through the Community Justice Authorities. The allocation of funding to each area will be critical and it may result in the Local Authority being left with a short fall. A further important issue to consider will be how the service will continue to access support to enhance the skill base of workers and benefit from the expertise of the broader national picture.
- 15.5 There has been difficulty recruiting experienced Social Workers for a significant period of time. The Social Work Review contains recommendations to investigate recruitment and retention of Social Workers.

- 15.6 Children and Families have had difficulty in recruiting to first line management positions and also for experienced workers. Currently the Social Worker posts are filled with newly qualified workers. It is encouraging that this has been achieved, however, it does impact on the support and time required from the managers until experience is gained in the field.
- 15.7 Recruiting and retaining MHOs has also been difficult for a long period of time. This is considered to be partly due to the location, a national shortage of MHOs and rates of pay in Shetland. During autumn 2013 Human Resources explored salary comparisons and established that out of 17 local authorities, 16 paid MHO salaries higher than Shetland. The difference ranged from £1041 - £6988 more per annum. A survey by the Association of Directors of Social Work Mental Health Sub Group around the same period highlighted that out of the 25 local authorities, who responded, Shetland Islands Council had the lowest salary rates for MHOs.
- 15.8 The salaries paid to all Social Workers are third lowest in Scotland and lower than Orkney and the Western Isles. The Social Work review took account of this factor and Human Resources have been engaged in a comparative study across Scotland.
- 15.9 Although outwith the Reporting Period of this Report, the Council has begun work on a Workforce Strategy to look more closely at the workforce profile data in order to inform the approach to improve employee recruitment and retention. Work is also underway in partnership with other local authorities to explore solutions to address the challenges faced in competing with the oil and gas industry and this is being discussed at a national level and is high on our corporate agenda.
- 15.10 Attempts to recruit to admin positions, catering and cleaning staff are also attracting little response. The Workforce Planning that is underway will inform senior managers to make decisions about how to overcome the challenges currently presented in recruitment and retention.
- 15.10 Adult Resources are continuing to struggle to recruit relief and temporary staff. It is perceived that the attraction to the oil and gas industry is impacting on the recruitment success in Social Work Services. In real terms what is happening is that existing staff are having to work additional hours and this is impacting on their resilience. Work is necessary to address these issues to minimise the impact on sickness absence levels of existing staff which would compound the situation.
- 15.11 To ensure that the Local Authority continues to be able to deliver services to the vulnerable people in our communities it may reach the point where decisions will have to be made about re-prioritisation and funding. These are difficult decision for every Council.
- 15.12 In early 2015 the Care Inspectorate will undertake a joint inspection of Adult and Children's Services. Already the Link Inspectors are involved with officers in planning for that process and assisting in taking forward quality assurance and self evaluation which remains an area for improvement. This inspection process will produce some areas for improvement for actioning and the findings will be reported upon in the next CSWO annual report.

- 15.13 The learning from complaints has evidenced the need for training across Social Work and Social Care staff. This needs to be prioritised and delivered as soon as possible.
- 15.14 The current CSWO would hold the professional opinion that the CSWO position should be strengthened to lead Services, to provide the direction necessary in the transition to Integration, the local responsibilities for Criminal Justice Services and the future direction for Children's Services. The issues of protection across the three areas of Children's Services, Adult Services and Criminal Justice must remain the priority when decisions are being made about safety in our islands. There are challenges ahead in maintaining the workforce, training the employees to meet the standards set by the registration agencies in an island community currently where employment opportunities and remuneration are providing choice to the working population and impacting upon availability of workers for the Local Authority.

Extract from Making the Grade 2008/09 - Scottish Commission for the Regulation of Care

6 Excellent

All aspects of the Quality Theme/Statement are met or exceeded. The service is exemplary. The service's performance is a model of its type. The outcomes experienced by people who use the service are of very high quality. The outstanding performance is likely to be worth disseminating beyond the service. This grade implies these very high levels of performance are sustainable and maintained. Services graded 'Excellent' are rigorous in identifying their areas for improvement and implementing action plans to address them. There will be strong evidence that the service consults people who use the service and carers regularly and appropriately about service quality and performance, and acts upon their views. There is robust, comprehensive evidence of regular user/carer involvement using a range of methods. People who use the service and carers have opportunities (supported where necessary) to give views and influence service development. The service is proactive in developing user/carer participation. The service has separate service user and carer groups with independent facilitation, questionnaires, representation on committees, advocacy support, and so on. People who use the service and carers are encouraged and supported to attend, for example using key/case working. Communication and practical support is provided, for example papers in alternative formats. There is evidence that action is taken regularly to improve the service in response to user/carer views with feedback to users/carers about changes.

5 Very Good

All aspects of the Quality Theme/Statement are met. The service has some major strengths. Identified areas for improvement represent improvements to be made on already very good performance and not on weak performance. This grade represents a high standard of performance which should be achievable by all services. It implies that performance does not require significant adjustment. However, there is an expectation that the service will take opportunities to improve and strive to raise performance to excellent. People who use the service and carers are routinely involved in service development and evaluation, with a variety of methods used to facilitate their involvement. There is evidence that the provider has responded positively to service user and carer views and this has resulted in an improvement to the quality of care. Ways of involving people who use the service and carers are likely to include those mentioned in the 'Excellent' box above, with efforts to include both people who use the service and their carers. However, there will be less evidence of making practical support available to help people participate.

4 Good

All aspects of the Quality Theme/Statement are met. Areas for improvement are identified but performance is basically good. The service has some important strengths, which have a significant positive impact. Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement. People who use the service and carers have opportunities to become involved in evaluating and

developing service provision. There is some evidence to show that the service is likely to respond to views expressed by people who use the service and carers. Ways used to involve people who use the service and carers are more limited than those used by services graded very good, for example facilitation is not independent. However, it is likely that people who use the service and carers will be asked for their views separately as staff will recognise that they will have differing views (as is the case with services graded very good).

3 Adequate

Most aspects of the Quality Theme/Statement are met. Aspects which are not met may be subject to recommendations but don't cause concern. The service is at a basic but adequate level. This grade represents a standard where the strengths have a positive impact on the experiences of people who use the service. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance. This grade implies the service should address areas of weakness while building on strengths. This is likely to be reflected in recommendations for improvement in respect of relevant National Standards. There is some evidence of service user and/or carer involvement. Opportunities to participate are likely to be more limited (for example only to those who are more able, or participation activities don't happen often). There may not be opportunities for people who use the service and carers to participate separately. The service user/carers engagement criteria for this grade is: A service will meet the 'Adequate' level of performance on the service user and carers engagement Quality Statements if it involves people who use the service and carers in the planning, delivery and review of their day to day care in ways which are appropriate for that service type.

2 Weak

Aspects of the Quality Theme/Statement are not met and this gives cause for concern. Though there may be some strengths, there are important weaknesses which cause concern. The weaknesses will, either individually or collectively, cause concern about the performance when measured against the Quality Statement or Theme. This grade implies the need for structured and planned action by the service. Services graded as 'Weak' will be likely to have recommendations or requirements made that reflect the concern about performance on that Quality Statement or Theme. A 'Weak' grade is awarded if the service is failing to meet the service user/carers engagement criteria for the 'Adequate' grade above and concerns are at a level described in the general criteria for this grade. Staff members gauge the views of people who use the service and/or their carers during their work but this is not evidenced and the service delivery appears to occur without being directly influenced by the views of people who use the service and/or carers.

1 Unsatisfactory

Aspects of the Quality Theme/Statement are unmet in a way which gives cause for significant concern. The 'Unsatisfactory' grade applies when there are major and or widespread weaknesses requiring immediate remedial action. There is likely to be significant concern about the experience of people who use the service. Services graded 'Unsatisfactory' will be likely to have requirements made against them and there will be a possibility of formal enforcement action. An 'Unsatisfactory' grade is awarded if the service is failing to meet the service user/carers engagement criteria for the 'Adequate' grade above

and concerns are at a level described in the general criteria for this grade. There is no service user and/or carer involvement and staff members are unaware of the views of people who use the service and their carers. People who use the service and carers may feel as though their views and input are not valued or welcomed. People who use the service and carers may not be aware of their right to comment on their service.

Appendix B

Centre	Quality of Care & Support	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
2011/12	4	5	4	4
2012/13	4	5	4	4
2013/14	4	4	4	4

Nordalea Day Care				
2008/09	4	5	4	4
2009/10	5	5	4	4
2010/11	6	5	5	4
2011/12	5	5	N/A	N/A
No Inspection Report available for the Reporting Period 2012/13.				
No Inspection Report available for the Reporting Period 2013/14.				

Fernlea				
2008/09	5	4	4	4
2009/10	5	4	5	4
2010/11	5	N/A	5	4
No Inspection Report available for the Reporting Period 2011/12.				
2012/13	5	5	4	4
2013/14	4	4	4	4

Fernlea Day Care				
2008/09	3	4	4	4
2009/10	4	4	4	4
2010/11	5	5	N/A	N/A
2011/12	5	N/A	N/A	4
No Inspection Report available for the Reporting Period 2012/13.				
No Inspection Report available for the Reporting Period 2013/14.				

Isleshavn				
2008/09	4	4	4	4
2009/10	4	4	4	4
2010/11	4	N/A	4	4
No Inspection Report available for the Reporting Period 2011/12.				
2012/13	3	4	4	4
2013/14	3	4	4	3

Centre	Quality of Care & Support	Quality of Environment	Quality of Staffing	Leadership & Management
Isleshavn Day Care				
2008/09	5	4	4	4
2009/10	4	4	4	4
2010/11	4	N/A	4	4
No Inspection Report available for the Reporting Period 2011/12.				
No Inspection Report available for the Reporting Period 2012/13.				
2013/14	4	4	4	4

North Haven				
2008/09	4	4	4	4
2009/10	4	4	4	4
2010/11	5	5	4	4
No Inspection Report available for the Reporting Period 2011/12.				
2012/13	5	4	4	4
2013/14	3	4	4	3

North Haven Day Care				
2008/09	4	4	4	3
2009/10	5	4	4	4
2010/11	5	5	5	4
2011/12	5	5	N/A	N/A
No Inspection Report available for the Reporting Period 2012/13.				
No Inspection Report available for the Reporting Period 2013/14.				

Wastview				
2008/09	4	4	4	4
2009/10	3	4	4	3
2010/11	3	N/A	4	4
2011/12	3	4	4	3
2012/13	3	3	3	3
2013/14	4	4	4	3

Wastview Day Care				
2010/11	5	5	N/A	N/A
2011/12	5	N/A	N/A	4
2012/13	5	5	5	4
No Inspection Report available for the Reporting Period 2013/14.				

Centre	Quality of Care & Support	Quality of Environment	Quality of Staffing	Leadership & Management
Overtonlea				
2008/09	4	4	4	3
2009/10	4	5	4	4
2010/11	4	5	4	4
2011/12	4	5	4	4
2012/13	4	4	4	4
2013/14	4	4	4	4

Overtonlea Day Care				
2010/11	5	5	N/A	N/A
2011/12	5	N/A	N/A	4
No Inspection Report available for the Reporting Period 2012/13.				

Edward Thomason				
2008/09	2	4	4	3
2009/10	4	4	4	4
2010/11	5	4	4	4
2011/12	5	5	4	5
2012/13	5	4	4	4
2013/14	5	5	4	4

Taing House				
2008/09	4	4	4	4
2009/10	4	4	4	4
2010/11	5	5	5	5
2011/12	4	4	4	2
2012/13	4	4	4	4
2013/14	3	4	4	3

Taing House Day Care				
2011/12	4	4	N/A	N/A
No Inspection Report available for the Reporting Period 2012/13.				
No Inspection Report available for the Reporting Period 2013/14.				

Viewforth House				
2008/09	4	4	4	4
2009/10	4	4	4	4
2010/11	4	5	5	4
No Inspection Report available for the Reporting Period 2011/12.				
2012/13	2	2	2	2
2013/14	3	3	3	3

Centre	Quality of Care & Support	Quality of Environment	Quality of Staffing	Leadership & Management
Viewforth House Day Care				
2008/09	5	4	4	4
2009/10	4	4	4	4
No Inspection Report available for the Reporting Period 2010/11.				
2011/12	5	5	4	4
No Inspection Report available for the Reporting Period 2012/13.				

Eric Gray Resource Centre				
2008/09	5	5	4	4
2009/10	5	5	5	5
2010/11	6	N/A	5	N/A
No Inspection Report available for the Reporting Period 2011/12.				
No Inspection Report available for the Reporting Period 2012/13.				
No Inspection Report available for the Reporting Period 2013/14.				

Newcraigielea	4	4	4	4
2008/09				
2009/10	5	5	4	5
2010/11	5	N/A	5	5
No Inspection Report available for the Reporting Period 2011/12.				
2012/13	3	4	3	3
2013/14	4	4	4	3

Newcraigielea Support Service				
2008/09	5	4	4	4
09/10	5	5	4	5
No Inspection Report available for the Reporting Period 2010/11.				
2011/12	4	N/A	N/A	4
No Inspection Report available for the Reporting Period 2012/13.				
No Inspection Report available for the Reporting Period 2013/14.				

Annsbrae House				
2009/10	6	N/A	5	6
2010/11	6	N/A	N/A	N/A
2011/12	6	N/A	6	6
2012/13	6	N/A	6	6
2013/14	5	N/A	5	5

Centre	Quality of Care & Support	Quality of Environment	Quality of Staffing	Leadership & Management
Montfield Support Service				
2011/12	4	4	4	4
2012/13	4	4	4	4
2013/14	3	4	4	3

Support at Home Shetland				
2011/12	4	N/A	3	3
2012/13	4	N/A	3	3
No Inspection Report available for the Reporting Period 2013/14.				

Children's Residential Leog House				
2008/09	4	4	4	4
2009/10	5	5	5	5
2010/11	5	5	5	5
Grodians				
2011/12	5	5	5	4
2012/13	5	5	5	4
2013/14	5	5	5	4

Short Breaks for Children				
2008/09	4	4	4	4
2009/10	4	5	5	3
2010/11	5	5	6	4
2011/12	4	5	5	4
2012/13	5	5	5	5
2013/14	5	5	5	4

Short Breaks for Children Day Care				
2008/09	4	4	4	4
2009/10	5	5	5	3
2010/11	5	5	5	5
2011/12	5	5	5	5
2012/13	5	5	5	5
No Inspection Report available for the Reporting Period 2013/14.				

Remit for Chief Officers' Group**1. Introduction**

This document outlines a governance framework for the delivery of public protection in Shetland.

The remit of the Chief Officers' Group is to provide strategic leadership and scrutiny to the public protection work of their respective agencies and to inter-agency work. Supporting effective inter-agency work is key to providing excellent public protection services in Shetland. (The Code of Practice for Adult Protection and the National Guidance for Child Protection in Scotland 2010 outline the responsibilities of Chief Officers which include maximising the involvement of services that are not directly under their control – Scottish Children's Reporter Administration, Crown Officer and Procurator Fiscal Services).

Chief Officers will identify successes and areas for improvements and in doing so learn from experience, monitor trends and examine outcomes for children, young people and adult service users.

The key areas that will be overseen by the Chief Officers' Group are:

- Child Protection
- Adult Protection and
- Offender Management (MAPPA).

This remit is consistent with the guidance given to Chief Officers in the 2010 National Guidance for Child Protection and the 2009 Guidance for Adult Protection Committees. The Quality Indicators used by the Care Inspectorate stress the importance of effective strategic leadership.

2. Remit of Chief Officers' Group

- 2.1 Provision of collective strategic leadership and oversight of delivery and improvement of services and outcomes for themed areas of Child Protection, Adult Protection and Offender Management (MAPPA) affecting the Shetland Isles.
- 2.2 Ensuring that statutory requirements are met and that due regard is paid to national policy and guidelines in respect of the themed areas.
- 2.3 Agreement and dissemination of vision, values and aims for each themed area.
- 2.4 Promotion of collective responsibility and collaborative working at all levels to ensure improved outcomes in each themed area.
- 2.5 Oversight of and approval of the Child Protection Committee business and action plan and annual report.
- 2.6 To receive the biennial report from the Chair [Convenor] of the Adult Protection Committee.

- 2.7 Oversight of and approval of the Adult Protection Committee business and action plan and annual report.
- 2.8 Scrutiny of regular reports on progress in each themed area to ensure that service delivery and practice is effective.
- 2.9 Ensuring that agency/service representatives in management groups for each themed area have necessary skills and knowledge to enable them to fulfil their individual and collective responsibilities.
- 2.10 Ensuring that strategic planning arrangements affecting the themed areas are aligned and appropriate consideration is provided to resource availability and deployment.
- 2.11 Providing resource to support the core work of the Child Protection Committee, Adult Protection Committee and the management of high risk offenders.
- 2.12 For Chairs/Convenors to share with Chief Officers noteworthy pieces of work and any concerns about the operation of services including exception reporting.

3. Membership, Chairing Arrangements, Frequency of Meetings

3.1 Membership:

- Chief Executive of NHS Shetland
- Chief Executive of Shetland Islands Council
- Chief Inspector representing the Chief Constable
- Independent Convenor of Shetland Adult Protection Committee
- Chair of Shetland Child Protection Committee
- Executive Manager, Criminal Justice Services
- Lead Officer Adult and Child Protection

- 3.2 Additionally, other officers may be invited to attend to speak to specific agenda items.

3.3 Chairing Arrangements:

The Chairing of the Chief Officers' Group will be drawn from the Chief Officers and rotate every two calendar years from 2011.

3.4 Frequency of Meetings:

Meetings will be quarterly.

- 3.5 All statutory agencies should be present for Chief Officers' Group meetings. The meeting can proceed if at least one Chief Officer is present, however decisions would have to be deferred until there has been an opportunity to agree them with absent members.
- 3.6 Agendas and papers for the Chief Officers' Group meetings will be circulated by e-mail at least seven days prior to the meeting. Freedom of Information exempt information will be marked as such and circulated through secure e-mail systems or provided in hard copy.

As agreed at Chief Officer Group meeting on 9 May 2013.

To be reviewed by May 2016, unless circumstances necessitate an earlier review.

PRACTICE GOVERNANCE:THE ROLE OF CSWO

– PRINCIPLES & REQUIREMENTS

Context

The requirement that every local authority should have a Chief Social Work Officer with qualifications is set down in regulations. This is one of a number of officers, roles or duties which local authorities have to comply with and a brief note of each of these is provided at Annex 1.

Currently there is no legal requirement or guidance requiring someone holding the position of CSWO to be registered with the Scottish Social Services Council. However, given the title of social work officer there would be an expectation that they would be registered.

One of the findings of the 21st Century Review of social work services was that: *Social work services must develop a new organisational approach to managing risk, which ensures the delivery of safe, effective and innovative practice (Recommendation 6).* One of the elements identified by the review as being required to help deliver this was a strengthening of the governance and leadership roles of the chief social work officer.

In developing this new strengthened role there are a number of key issues that need to be clarified and addressed:

- Role and function
- Scope, rights and responsibilities
- Accountability and reporting arrangements.

This paper seeks to identify the key determinants of a strengthened role and how these can be achieved. The expectation being that, following consultation, robust guidance is produced based on these aspects which will ultimately form part of the performance improvement and inspection process.

Strengthening the governance and leadership roles of the CSWO

The review confirmed that legislation is not necessary to implement any of its recommendations. The role of CSWO is already required in statute. Section 3 of the Social Work (Scotland) Act 1968 required regional and islands authorities to appoint Directors of Social Work and also lay down certain requirements with regard to their qualifications and appointment. Section 45 of the Local Government etc (Scotland) Act 1994 abolished this requirement and substituted a new section requiring the new unitary authorities, which came into operation on 1 April 1996, to appoint Chief Social Work Officers holding qualifications prescribed by the Secretary of State. However, there is less clarity or consistency as to what this should aim to achieve or what is needed for this to operate effectively.

Role and Function:

The CSWO is essential but for the role to gain acceptance and be effective in the varying circumstances of Scottish local authorities, it is important to focus on role and function rather than position or structures.

The CSWO is a 'proper officer' in relation to the social work function, an officer given a responsibility that the law requires to be done by a specified post holder.

Working to this principle it is suggested that the revised guidance:

- Recognises the importance of local authorities being appropriately advised as to their social work responsibilities
- recognises that authorities operate with very different types of management structure and that structures are not answers in themselves to improving service delivery;
- confirms local authorities are able to determine what structure would work best for them;
- 'future-proofs' against change so that the role of CSWO is defined in such a way as to be accommodated in any future organisational structures.

Scope, powers and responsibilities of the CSWO: Building on the principle of role and function as proper officer being key, clarification in terms of access, levels, and relationships is required.

It is suggested that the role and function requires:

-
- The scope of the role should include **all social work settings** including services delivered in partnership and those commissioned by the local authority
- Responsibility for **setting values**, standards and understanding of professional decision making;
- **access** to people and information,
- Duty to report to Council;
- Duty to be accessible to all registered social workers
- Responsibility to maintain and develop standards of practice, workforce planning and quality assurance;
- Duty to **promote** good practice
- Responsibility to ensure that appropriate systems are in place to identify and **address weak practice** and monitor their effectiveness;
- To provide a **clear link** between professional leadership and front line staff.
- The **power to intervene** where appropriate anywhere in the organisation that has a bearing on social work professional standards or values;
- **agency decision maker** – final decision maker in *adoption, guardianship and other* statutory decisions required from time to time
- Responsibility to develop professional **leadership and accountability**
- The responsibility to **manage risk** – discharged by the governance role – and provide professional opinion to the local authority;
- Being able to **advise/inform** elected members in order to help them make strategic decisions.
- **Acting on reports** - The CSWO will act on reports by SWIA, Care Commission, HMfE and other competent bodies and will ensure compliance with them

- CSWO should prepare an annual report for Council

Accountability and reporting arrangements: To deliver the role and functions as outlined above it is suggested that:

- CSWO should be enabled to contribute to corporate issues such as managing risk, setting budget priorities and public service reform;
- CSWO should have direct access to the Chief Executive and councillors;
- there needs to be a regular reporting relationship to the CE - though this need not be through direct line management;
- CE should depend upon the CSWO and hold them accountable for their advice
- Independent professional social work advice should inform in the appointment of CSWO

Clearly developing this work also requires close alignment with other developments being taken forward within the *Changing Lives* programme. In particular work on a Governance Framework, leadership and Management as well as developments in relation to the Workforce. This paper provides a starter as to the approach and key elements of a CSWO post being proposed by the Governance change programme.

September 2007

STATUTORY RESPONSIBILITIES OF SENIOR OFFICERS IN LOCAL GOVERNMENT

1. The following definitions on administrative roles were taken from a paper prepared by the Scottish Executive's solicitors (OSSE) providing advice on statutory responsibilities of local authority senior officers.

2. What are the general administrative roles required of local authorities?

The general administrative roles required of local authorities include the provision of services, strategic planning, regulation and community leadership. The Local Government (Scotland) Act 1973 and the Local Government etc (Scotland) Act 1994 prescribe the basic composition, powers, duties and functions of local government¹. The Local Government in Scotland Act 2003 imposes further duties to secure best value and facilitate community planning. It also empowers local authorities to advance well-being.

The enormous range of functions is found not only in these Local Government Acts but in voluminous legislation, both primary and delegated, relating sometimes to specific or single functions. The following give local authorities important additional functions:

- Fire (Scotland) Act 2005
- Police (Scotland) Act 1967
- Social Work (Scotland) Act 1968
- Licensing (Scotland) Act 1976
- Education (Scotland) Act 1980
- Water (Scotland) Act 1980
- Roads (Scotland) Act 1984
- Housing (Scotland) Act 1987
- Environmental Protection Act 1990
- Town and Country Planning (Scotland) Act 1997
- Planning etc (Scotland) Act 2006

A local authority is required to appoint such officers as it thinks necessary for the proper discharge by the authority of its functions and obligations². An officer to whom a function is to be delegated should be duly designated and empowered either in the minutes of the authority or in a separate scheme of delegation. An officer appointed under this power holds office on such reasonable terms and conditions, including conditions as to remuneration, as the authority appointing him or her thinks fit³. Every appointment of a person to a paid office or employment under a local authority must be made on merit⁴.

¹ It is the duty of each local authority to make proper arrangements for securing economy, efficiency and effectiveness in their use of resources, Local Government (Scotland) Act 1973 s122A.

² Local Government (Scotland) Act 1973 s64(1)

³ Local Government (Scotland) Act 1973 s64(2)

⁴ Local Government and Housing Act 1989 s7(1)(b), subject to the Fire Services Act 1947 s18

2a. What duties are placed on Chief Executives?

Head of paid service

Each local authority must designate one of its officers as the head of its paid service and provide that officer with such staff, accommodation and other resources as are, in his or her opinion, sufficient to allow his or her duties to be performed⁵. He or she has a duty to prepare a report where he or she considers it appropriate setting out his or her proposals on the following matters:

- (1) the manner in which the discharge by the authority of its functions is co-ordinated;
- (2) the number/grades of staff required by the authority for the discharge of its functions;
- (3) the organisation of the authority's staff; and
- (4) the appointment and proper management of the authority's staff⁶.

A report on any of these matters is to be sent to each member of the authority and any such report must be *considered* by the authority within three months of the report being sent to the members⁷. Consideration of the report cannot be delegated to a committee or sub-committee of the authority.

2b. What officers, roles or duties are named and what specific duties are placed on them (both with regard to councillors and any wider responsibilities under employment law)?

Monitoring officer

Every local authority must designate one of their officers as "the monitoring officer" responsible for performing the duties imposed by sections 5 and 5A of the Local Government and Housing Act 1989 and provide that officer with such staff, accommodation and other resources as are, in his or her opinion, sufficient to allow those duties to be performed. The officer so designated may be the head of the local authority's paid service but cannot be that authority's chief finance officer.

It is the duty of the monitoring officer (or depute) personally to prepare a report⁸ to the local authority of any contravention by that authority of any enactment or rule of law or code of practice made or approved by or under any enactment, or any maladministration or injustice as is mentioned in Part II of the Local Government (Scotland) Act 1975. It is the duty of the local authority to consider such a report within twenty-one days of the report being sent to members, and to ensure that no step is taken for giving effect to any proposal or decision to which such a report relates until the end of the first business day after the day on which consideration of that report is concluded.

⁵ Local Government and Housing Act 1989 s4(1) and (6)

⁶ Local Government and Housing Act 1989 s4(2) and (3)

⁷ Local Government and Housing Act 1989 s4(4) and (5)

⁸ Having consulted the head of the authority's paid service and its chief finance officer.

Chief finance officer

Every local authority must make arrangements for the proper administration of their financial affairs and must secure that the proper officer of the authority has responsibility for the administration of those affairs⁹. So long as a proper officer is appointed⁶ to do so, the authority may give him or her whatever title it deems appropriate. In practice, most authorities appoint a 'Director of finance' or 'Chief finance officer' as the proper officer.

In Scotland, there are no statutory duties laid on the chief finance officer personally. However, the local authorities system of accounting control and the form of accounts and supporting records are generally decided by that officer, and he/she is normally given responsibility for ensuring that the system of accounting control is observed and that the accounts and supporting records are kept up to date¹⁰.

Unless exempted by the Scottish Ministers on the ground that the authority has already supplied sufficient information¹¹, every local authority must make a return¹² of its revenue and expenses¹³ to the Scottish Ministers in respect of each financial year. Every local authority must also keep accounts of all transactions relating to the funds of the authority¹⁴. The accounts must comply with regulations made by the Scottish Ministers.

Electoral registration officer¹⁵

The local authority must appoint an officer of the council for its area, or any adjoining area, or an officer appointed by a combination of local authorities, to be registration officer for any parliamentary constituency or part of a constituency situated within that area¹⁶. His or her duties include the preparation and publication annually of a register of local government electors for the local government areas included in the area for which he or she acts.

Returning officer¹⁷

Every local authority must appoint an officer of the authority to be the returning officer for each election of councillors for the authority¹⁸. A returning officer, albeit that he or she is an officer of the authority, does not act as an employee or agent of the authority but as a public functionary and principal carrying out a statutory function¹⁹.

Chief social work officer²⁰

⁹ Local Government (Scotland) Act 1973 s95

¹⁰ Local Authority Accounts (Scotland) Regulations 1985, SI 1985/267, reg 3.

¹¹ Local Government (Scotland) Act 1973 s118(3)

¹² In such form as the Scottish Ministers may direct, Local Government (Scotland) Act 1973 s118(2)

¹³ Local Government (Scotland) Act 1973 s118(1)

¹⁴ Local Government (Scotland) Act 1973 s95

¹⁵ Representation of the People Act 1983 s8(3)

¹⁶ Representation of the People Act 1983 s9(1)(b)

¹⁷ Representation of the People Act 1983 s41

¹⁸ Representation of the People Act 1983 s41(1)

¹⁹ *M'Phail v Lanarkshire County Council* 1951 SC 301, 1951 SLT 167.

²⁰ Social Work (Scotland) Act 1968 s3

Local authorities must appoint a chief social work officer for the purposes of their functions under the Social Work (Scotland) Act 1968 and other enactments mentioned therein²¹. Local authorities must perform their functions under the Social Work (Scotland) Act 1968 and Part II of the Children (Scotland) Act 1995 under the general guidance of the Scottish Ministers²². The Scottish Ministers may also direct local authorities, either individually or collectively, as to the manner in which they are to exercise any of their functions under the 1968 Act or any of the enactments mentioned therein; and a local authority must comply with any such direction.

*Assessor*²³

Each such authority is required to appoint an assessor and as many depute assessors as it considers necessary²⁴. Once appointed, an assessor may not be removed from office or required to resign except by a resolution passed by not less than two-thirds of the members present at a meeting of the valuation authority and with the consent of the Scottish Ministers. Scottish Ministers are also empowered to prescribe the qualifications or experience, or both, which the assessor must possess²⁵. The assessor is required to make up a valuation roll in the prescribed form for each year of revaluation.

*Chief constable and at least one assistant chief constable*²⁶

Local authorities must appoint a chief constable and an assistant chief constable, subject to the express approval of the Scottish Ministers²⁷. The Scottish Ministers can make regulations as to the government and administration of, and the conditions of service in, police forces²⁸. In response to an investigation report, the Secretary of State may direct the police authority for the area for which the force is maintained to take such measures as may be specified in the direction which must be complied with²⁹. The Scottish Ministers may require a police authority to exercise their power under section 4(4)(d) of the Police (Scotland) Act 1967 to call on a chief constable to retire in the interests of efficiency, and the police authority must comply with this³⁰.

*Mental health officers*³¹

Local authorities must appoint a sufficient number of persons for the purpose of discharging, in relation to their area, the functions of mental health officers under the Mental Health (Care and Treatment) (Scotland) Act 2003, Criminal Procedure (Scotland) Act 1995 and Adults with Incapacity (Scotland) Act 2000. A local authority shall terminate the appointment if that person does not satisfy a requirement

²¹ Social Work (Scotland) Act 1968 s3

²² Social Work (Scotland) Act 1968 s5(1)

²³ Local Government etc (Scotland) Act 1994 s27

²⁴ Local Government etc (Scotland) Act 1994 s27(2)

²⁵ Local Government (Qualification of Assessors) (Scotland) Order 1995, SI 1995/1515

²⁶ Police (Scotland) Act 1967 s4 and 5

²⁷ Police (Scotland) Act 1967 s4(1), 5(1) and (5)

²⁸ Police (Scotland) Act 1967 s26

²⁹ Police (Scotland) Act 1967 s26A and C

³⁰ Police (Scotland) Act 1967 s31

³¹ Mental Health (Care and Treatment) (Scotland) Act 2003 s32

in a direction as the Scottish Ministers may, from time to time, specify. Directions given by the Scottish Ministers under this section shall be given to local authorities collectively.

Other named appointments include:

*Chief officers and members of fire brigades*³²

*Agricultural analyst*³³

*Registrar of births, deaths and marriages*³⁴

*Chief inspector of weights and measures*³⁵

*Public analyst*³⁶

*Dog catcher*³⁷

The roles/duties ascribed to these appointments are given by the corresponding statute.

Note that there is no longer a requirement to appoint a director of education³⁸ although it is open to a local authority to make such an appointment if it so wishes.

³² Fire (Scotland) Act 2005 s7

³³ Agriculture Act 1970 s67(3)(b)

³⁴ Registration of Births, Deaths and Marriages Act 1965 s7

³⁵ Weights and Measures Act 1985 s72

³⁶ Food Safety Act 1990 s27

³⁷ Environmental Protection Act 1990 s149(1)

³⁸ Education (Scotland) Act 1980 s78 repealed by Local Government etc (Scotland) Act 1994, s180(1)

Annual Report by Local Authority Chief Social Work Officer

Suggested Template and related Guidance for production of 2013-14 reports April 2014

PURPOSE

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

BACKGROUND TO DEVELOPMENT OF THE TEMPLATE

2. In compliance with their statutory functions under the Social Work (Scotland) Act 1968, all Local Authorities have CSWOs. For a number of years CSWOs have produced Annual Reports about social work services which are provided for relevant Committees and/or full Council. The majority of CSWO reports are therefore available on Council websites and are also available to the Care Inspectorate as part of the package of information which they may look at as part of their scrutiny and improvement role.

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

4. The Office of the Chief Social Work Adviser (OCSWA) took forward the work to develop the template – seeking advice and support from CSWOs, the Association of Directors of Social Work, SOLACE, the Care Inspectorate, the Joint Improvement Team, the Scottish Social Services Council, IRISS and academic and analytical colleagues. Underpinning the development discussions were three guiding principles:

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

KEY POINTS ABOUT THE TEMPLATE AND GUIDANCE

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

NEXT STEPS

- **CSWOs are requested to use the template to structure their Annual Reports for 2013/14 and email their completed reports to the Chief Social Work Adviser, Scottish Government by 30 September 2014. Reports should be emailed to: alan.baird@scotland.gsi.gov.uk**
- If at 30 September the report has yet to be cleared by the relevant Council Committee, CSWOs are asked to send in a draft report stating that its content is awaiting formal Committee approval and indicating when that is expected to happen.
- OCSWA will work with CSWOs to produce a summary overview report by end 2014.
- OCSWA will engage with CSWOs about their experience of using the Template to produce their reports in order to gauge how this approach works in practice and to identify how best CSWOs can be supported into the future.

Office of the Chief Social Work Adviser, Scottish Government, April 2014

THE TEMPLATE

Name of Local Authority

Partnership Structures/Governance Arrangements

Social Services Delivery Landscape/Market

Finance

Performance

Statutory Functions

Continuous Improvement

Planning For Change

User and Carer Empowerment

Workforce Planning/Development

Key Challenges for Year Ahead

Other Issues

Chief Social Work Officer Annual Report Template - Guidance

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

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

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

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

GUIDANCE ON COMPLETION OF EACH OF THE SECTIONS

Local Authority

It is helpful to have a brief narrative on the LA – setting out the information below. This enables the delivery of social services to be set in context, particularly around any delivery challenges relating to rural communities and/or the demographics of the population.

Indicative Content:

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

Partnership Structures/Governance Arrangements

Indicative Content:

- who is the CSWO, what is their position within the Local Authority, where does the CSWO sit in the governance and accountability structure within the LA and other key partnerships
- arrangements by which the CSWO discharges their functions in these structures
- CSWO involvement in financial/budgetary decisions that relate to the agreement of the overall social service budget
- nature of reports provided and influenced by the CSWO
- the political structure and context of the LA and how well that supports social work services, what are the strengths, how could these be built on and further developed, what are the challenges, how could these be progressed
- an overview of partnership structures and current governance arrangements - including health and social care partnerships, community planning partnerships and partnerships with the Voluntary and Third Sector. It would be helpful to highlight any developments around these partnerships and also to indicate any challenges and how they are being addressed.
- how are users, carers and communities engaged as individuals and collectively as partners in service development, planning, delivery and evaluation

Social Services Landscape/Market

Indicative Content:

- a short narrative that highlights the societal context within which social services operate (e.g. community issues, unemployment/employment in the area), where for example is the LA with key issues around health and social inequality, tackling substance misuse. This is important in setting the scene in which social services are operating.
- given the above a view on whether services are moving fast enough to drive change
- any resultant issues for social services; e.g. service demand issues, recruitment issues for the social services workforce. (This section is scene-setting – address how these key issues are being progressed in the Performance Section or Workforce Planning/Development Section).
- what is the nature and size of local social service provision, explain how 'market' data is collected and shared with delivery partners - and provide a sense of how well that is working.

Finance

Indicative Content:

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

Performance

This is a key section of the Template and will provide the CSWO's overall view on service delivery and quality. It should present a view on how services are performing, what is working well, what needs to be improved, as well as what is being done on improvement and future sustainability. It is for CSWOs to decide which areas of performance they cover.

Indicative Content:

- how social work delivery has contributed to local and national outcomes and to the public sector reform agenda
- an overview on how services are performing, what is working well, what have been the key achievements in the past year, what needs to be improved, what is being done on improvement and future sustainability.
- delivery against priorities identified in the previous CSWO Annual Report
- areas of good practice explaining why this is good and/or innovative practice
- overall progress with the shift to – outcomes, early intervention, personalisation of services, co-production and self-directed support, risk enablement, and community capacity building. For progress with integration address this in the Planning For Change Section.
- in terms of performance around public protection and managing risk - this should be covered primarily under the Statutory Functions Section with additional information provided in this Section as CSWOs feel necessary
- describe how this overview has been informed by and agreed by key partners
- key developments in overall service provision - new and innovative services developed, service redesign

Statutory Functions

The CSWO has statutory functions that are specific to the role. In the main, these are referred to in Scottish Government Guidance on: *The Role of the Chief Social Work Officer*.

Indicative Content :

- an overview on performance, what is working well, what have been the key achievements in the past year, areas of strength, what needs to be improved, what are the improvement challenges, what is being done on improvement and future sustainability - over the range of statutory issues including public protection and risk management

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

Continuous Improvement

Indicative Content:

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

Planning For Change

Indicative Content:

- the strategic direction for service delivery, plans to improve outcomes and services - stating the intended outcomes
- improvement priorities for next 12-18 months (in line with Link Inspector report)
- how key changes are being led and planned for
- the social work perspective on integrated service provision in the area for differing client groups – older people; children's services etc – what is the baseline, what has been delivered, what are the future targets/areas for action, what are the challenges and how are they being resolved
- what future activity is planned to increase the drive towards early prevention and support for early years, to tackle pockets of disadvantage and intergenerational inequality and also to improve community capacity and resilience
- processes in place to drive and support innovation and within that the use of technology
- how local commissioning is working and being taken forward – what works well, what doesn't, what are the challenges and how are these being tackled

User and Carer Empowerment

This section is designed to show the progress being realised in empowering users, carers and communities in an equal partnership of care:

Indicative Content:

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

Workforce Planning/Development

Workforce is one the 4 Key Pillars set out in the Christie Commission's Report on Public Service Reform with a particular emphasis on improving leadership at all levels in social services.

Indicative Content:

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

Key Challenges for Year Ahead

Indicative Content:

- the main challenges that face social work services in the coming year, key risks that might impact on delivery of national outcomes
- action planned to mitigate the identified challenges and risks

Other Issues

As mentioned at the start of this guidance, within the individual Template headings CSWOs can already provide additional information over and above the Indicative Content prescribed. This Section allows scope for CSWOs to raise any other issues that are significant to them and that are not covered elsewhere in the Template.

**Education and Families Committee****1 October 2014****Shetland Child Protection Committee: Annual Report and Business Plan****CS-24-14 – F****Report Presented by Director of Children's Services****Children's Services****1.0 Summary**

- 1.1 This report presents to Education and Families Committee details of the work of Shetland Child Protection Committee for the period April 2013 to March 2014, as set out in its Annual Report for 2013-14.
- 1.2 The Annual Report was discussed by Child Protection Committee members on 30 April 2014 who subsequently approved the report after being given opportunity for further comment. It was then presented to Chief Officers (Chief Executive of NHS Shetland, Chief Executive of Shetland Islands Council and Chief Inspector Police Scotland Shetland Area Command) on 6 June 2014 who supported and endorsed it. Chief Officers instructed that it be presented, with their endorsement, to the relevant Shetland Islands Council committee and NHS Shetland Board, to give these bodies the opportunity to make any further comments. Once this process is complete, Chief Officers will sign off the Report.
- 1.3 The Annual Report will be lodged with the Scottish Government and placed in the public domain. This Report sets out some of the main matters covered in the full and detailed Annual Report, which can be accessed via the link:
- [http://www.safersheland.com/assets/files/CPC-Annual-Report-2013-14-FINAL-Draft\(1\).pdf](http://www.safersheland.com/assets/files/CPC-Annual-Report-2013-14-FINAL-Draft(1).pdf)
- 1.4 A hard copy is available in the Members' room or from Children's Services.

2.0 Decision Required

- 2.1 That the Education and Families Committee approves the Annual Report and Business Plan, as part of its scrutiny role under the approved Planning and Performance Management Framework.

3.0 Detail

- 3.1 Shetland Child Protection Committee is an inter-agency body constituted under the National Guidance for Child Protection Scotland issued by Scottish Government in 2010. The Shetland Child Protection Committee works to a constitution agreed by Chief Officers and last updated in May 2012.
- 3.2 This requires statutory agencies and the voluntary sector, including Shetland Islands Council to work closely together in seeking to promote the protection of children from all forms of abuse and neglect. Shetland Child Protection Committee provides the mechanism for this to happen, with the Annual Report showing how it fulfils each of its specified functions. Whilst Children and Families Social Work and Children's Resources play key roles, the guidance provides additional information on the role in child protection expected of a wide variety of professionals. This includes services working primarily with adults as well as those working with children.
- 3.3 Other local authority services with a specified role include criminal justice, adult support services, schools, housing, sports and leisure services. In Shetland the relevant services are all represented on the Child Protection Committee and/or its constituent Sub-Committees.
- 3.4 The National Guidance also provides that, 'The local authority should ensure that staff across all services know who to contact if they have concerns about a child.' Additionally the National Guidance gives Child Protection Committees the responsibility of publicising information about child protection and helping everyone in the community to know what to do to protect children.
- 3.5 The Child Protection Committee's Annual Report makes it clear that its core child protection work is undertaken within a broader safeguarding context, other aspects of which are overseen through integrated Children's Services Planning arrangements. Safeguarding includes helping families before problems escalate, taking action to protect children and young people when they may be at risk from abuse and neglect, and meeting their needs to enable them to go on to lead fulfilling lives. Additionally, links are being built with adult protection and the management of sex offenders through Multi Agency Public Protection Arrangements to move forward on the public protection agenda for Shetland.
- 3.6 Support to families experiencing difficulties is coordinated through Getting it Right for Every Child – a system of interagency working that intervenes before concerns reach the level of significant harm. Work on strengthening and improving the system in Shetland has been completed and training rolled out. Meeting the needs of children and young people who have had adverse experiences also links with the Council's Corporate Parenting Policy in respect of its Looked After children and young people.

- 3.7 Appendix 2 of the Annual Report gives details of Quality Indicators used by the Care Inspectorate to evaluate children's services, including child protection services. The Business Plan for April 2013 – March 2014 (Appendix 4) gives details of progress made during that year and the latest version of the Business Plan for April 2014 – March 2015 is included as Appendix 5, showing current progress.
- 3.8 Key achievements during the year were:
- A continued focus on self-evaluation and improving services
 - Completing a comprehensive case review and disseminating learning points
 - Continuing to provide comprehensive good quality training
 - Linking with the Third Sector and ensuring access to training for staff and volunteers
 - New website www.safershetland.com
 - The website brings together information about adult and child protection and domestic abuse and reflects the move by Chief Officers to linking these areas of work
 - Safer Internet Day events on 11/2/14 to raise awareness for children young people and families
- 3.9 Despite fluctuations from year to year owing to the comparatively low population, it remains the case that a similar proportion of children and young people in Shetland are known to be at risk of abuse and neglect as elsewhere in Scotland. Whilst the longer term aim must be to reduce the numbers, by early identification and support, we cannot be confident yet that we are picking up on all children who need our help, and it is important that people continue to refer in their concerns to the agencies that can help.
- 3.10 Children whose names are placed on the child protection register following an interagency child protection case conference will have experienced or are at risk of experiencing significant harm, such as physical injury, physical neglect, emotional abuse and/or sexual abuse and there is serious doubt about the parents' capacity to protect their children or care for them better. Additionally, for the second consecutive year, Shetland Child Protection Committee has gathered information about other concerns, such as parental alcohol and parental drug misuse and this is presented in the section on statistical analysis on page 16 of the Annual Report. The consequences for children can be very serious, and all partner agencies are committed to continuous improvement based on lessons from practice locally and elsewhere.
- 3.11 The work done by child protection professionals across all agencies, but particularly in the Children and Families Social Work team, Children's Services, is amongst the most demanding undertaken by staff in Shetland. It is vital that they are well supported and have access to high quality professional supervision by appropriately qualified and experienced managers.

- 3.12 It is also appropriate that Members have a good understanding of child protection and the work that staff who are employed by Shetland Island Council do to investigate the circumstances of and safeguard children at risk.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – Shetland Islands Council has endorsed, through the Community Plan and Single Outcome Agreement, the national priority outcome to, 'improve the life chances for children, young people and families at risk'.
- 4.2 Community /Stakeholder Issues – NONE
- 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.
- 4.4 Risk Management – This report presents an assessment of the work undertaken to address one of the key community safety risks, namely keeping children and young people safe from harm. There are no specific risks associated with reporting the Annual Report of the Child Protection Committee.
- 4.5 Equalities, Health And Human Rights – NONE
- 4.6 Environmental – NONE

Resources

- 4.7 Financial – There are no direct financial implications arising from this report.
- 4.8 Legal – NONE
- 4.9 Human Resources – NONE
- 4.10 Assets And Property – NONE

5.0 Conclusions

- 5.1 This report presents to the Education and Families Committee details of the work of Shetland Child Protection Committee for the period April 2013 to March 2014, as set out in its Annual Report for 2013-14.

For further information please contact:
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Report finalised: 24 September 2014

List of Appendices

None

Background documents:

[http://www.safershetland.com/assets/files/CPC-Annual-Report-2013-14-FINAL-Draft\(1\).pdf](http://www.safershetland.com/assets/files/CPC-Annual-Report-2013-14-FINAL-Draft(1).pdf)

END

**Education and Families Committee****1 October 2014****Shetland's Strategy for Looked After Children 2014-2019****CS-22-14-F****Report Presented by Executive Manager - Children's Resources****Children's Services****1.0 Summary**

- 1.1 The purpose of Shetland's Looked After Children (LAC) Strategy is to help us realise our vision for looked after children - that they have the same opportunities to succeed as their non looked after peers. Children are the future of our community and have a right to be safe, healthy, active, nurtured, achieving, respected, responsible and included.
- 1.2 We believe that children are best cared for by their own families and, where it is required, support should be provided to prevent children from becoming looked after.
- 1.3 Where children are not able to live with their birth family, we have a responsibility to ensure alternative plans are made at an early stage so that a child is found a safe, stable, nurturing and permanent home.
- 1.4 Supporting looked after children and young people to remain in care, as part of a staged transition towards adulthood and greater inter-dependence, will enable young people to enjoy a transition from care into adult independence that more closely resembles that which is achieved by other young people.
- 1.5 By the local authority and partner agencies working together to meet the needs of looked after children and young people, and care leavers, we not only fulfil our responsibility as corporate parents but we have a real opportunity to make a difference to these young lives.

2.0 Decision Required

- 2.1 That the Education and Families Committee RESOLVE to RECOMMEND to Shetland Islands Council that it adopts Shetland's Strategy for Looked After Children by approving the document including the priorities and action plan.

3.0 Detail

- 3.1 Shetland's Strategy for Looked After Children 2014-2019 has been attached as Appendix A to this report.
- 3.2 The term 'looked after' is a legal definition. Examples of when this applies includes when a child is provided with accommodation by a local authority or compulsory supervision order made by a Children's Hearing.
- 3.3 Children can be looked after in several different ways: looked after at home (i.e. supervised by the local authority but living at home); looked after away from home in residential accommodation or with foster carers; or, living in kinship arrangements with family and friends.
- 3.4 The number of looked after children across Scotland has been rising since 2001 with more children being looked after away from home. Trends in Shetland are generally similar although because of the small numbers direct comparisons cannot be made.
- 3.5 Outcomes for looked after children have long been a source of concern. Too many have experienced disadvantage and have been denied opportunities for a stable home life and access to good health and education services. Many children will have experienced events in their life which will have affected their development.
- 3.6 Five factors have been identified which are critical to good outcomes for looked after children:
- Having people who care about you
 - Experiencing stability
 - Being given high expectations
 - Receiving encouragement and support
 - Being able to participate and achieve
- 3.7 This Strategy provides some detail on our corporate parenting responsibilities; achieving permanence for looked after children; different ways in which children are looked after; and, highlights some key issues in relation to health, education, housing and achieving positive destinations. It also takes account of new legislative requirements detailed in the Children and Young People (Scotland) Act 2014 which provides greater clarity on the role of corporate parenting and requires us to extend support to young care leavers up to the age of 26 and to provide additional support to kinship carers.
- 3.8 The Strategy concludes by identifying six priorities for Shetland:
1. Corporate Parenting: To promote and activate the corporate parenting responsibilities of all Elected Members, Council Officials, NHS Shetland and other partner agencies as a means to achieving better outcomes.
 2. Early Intervention: To ensure effective support and decision making is provided as early as possible in a child's life which will lessen the social impact and financial cost in the future.

3. Raising Achievement: To ensure that all looked after children have the same opportunities to succeed as children who are not looked after.
 4. Improving Health: To ensure that all looked after children and young people have access to appropriate universal and specialist health professionals and services as required.
 5. Promoting Participation: To ensure that the looked after children and young people are included and that their views and wishes are recognised and promoted.
 6. Achieving Permanence: To ensure that children who cannot remain with their family on a long-term basis are secured in safe, stable and caring permanent placements with the minimum of delay.
- 3.9 A work plan for 2014-2015 (attached as Appendix 2 in the Strategy) has been developed which identifies the tasks that we aim to achieve by March 2015. Progress is monitored by the LAC Strategy Group, which meets every two months, and reported to the Integrated Children and Young People's Planning Group and on to the Community Planning Partnership on a bi-annual basis. Progress will be reported to Council through the Chief Social Work Officer's Annual Report. The work plan will be refreshed on an annual basis.
- 3.10 Good progress has already been made on achieving some of the aims of the Strategy. For example:
- Children' social work policy and procedures have been revised to take account of the new legislative requirements and Guidance in relation to achieving permanence and staying on in care beyond the age of 16.
 - Systems are being put in place to collect data in order that we can more accurately measure outcomes for looked after children and young people.
 - A multi agency forum has been established for planning, supporting and managing transitions and continuing care arrangements for looked after young people and care leavers.
 - A review of residential childcare in Shetland has just been completed which we anticipate will help ensure that less young people will be placed off island.
- 3.11 Shetland's Strategy for Looked After Children 2014-2019 will provide the underpinning framework for the ongoing improvement programme.

4.0 Implications

Strategic

4.1 Delivery On Corporate Priorities

Shetland's Strategy for Looked After Children 2014-2019 contributes to the Single Outcome Agreement strategic objective of improving the life chances for children, young people and families at risk. It links to Shetland Island's Council priority in the Corporate Plan to achieve the

best possible start for every child. The strategy supports the vision and priorities of the Children and Young People in Shetland 2014-2017 Plan.

4.2 Community /Stakeholder Issues

This Strategy is aimed at a broad, cross agency professional audience. Developed by the multi agency Looked After Children Strategy Group, wider consultation has been through the Integrated Children and Young People Forum and its Strategic Group.

4.3 Policy And/Or Delegated Authority

In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, all matters relating to children and families come under the remit of the Education and Families Committee. However as this report requires approval of a plan which is part of the Council's Strategy Framework, a decision of the Council is required.

4.4 Risk Management

As corporate parents we have a duty to accept responsibility for our looked after children and young people and make their needs a priority, just as any good parent would do. The recommendations in this Strategy should act as levers for good practice and service improvement recognising that effective and timely support and decision making as early as possible in a child's life will lessen the social impact and cost in the future.

4.5 Equalities, Health and Human Rights

This Strategy seeks to help us realise our vision that looked after children in Shetland have the same opportunities to succeed as their non looked after peers.

4.6 Environmental – None.

Resources

4.7 Financial

There are no direct financial implications arising from this Strategy. The success of the Strategy will depend on agencies continuing to work together to deliver on their corporate parenting responsibilities and improve outcomes for looked after children. Whilst the Children and Young People (Scotland) Act 2014 extends the duties of the local authority and partner agencies to looked after children, young people and care leavers, it remains the responsibility of operational teams within the Council to achieve their financial targets within the Council's Medium Term Financial Plan.

4.8 Legal

The local authority has a statutory duty to looked after children and young people. Key legislation includes The Children (Scotland) Act 1995 and the Children and Young People (Scotland) Act 2014.

4.9 Human Resources

There are no Human Resource implications arising from this policy.

4.10 Assets And Property

There are no Assets and Property implications arising from this policy.

5.0 Conclusions

- 5.1 Shetland's Strategy for Looked After Children 2014-2019 describes the key issues in relation to looked after children and young people and the priorities which require to be delivered in order that we can realise our vision that looked after children in Shetland have the same opportunities to succeed as their non looked after peers.
- 5.2 There is evidence that would indicate that we, in partnership with other agencies, are already making a difference. However, we have set out some of the tasks that we consider we need to focus on in order to promote and activate those of us with responsibility as corporate parents, to ensure effective early intervention, to raise achievement and improve the health of our looked after children and young people, promote their participation in matters that affect them and to ensure that children who cannot remain within their families are secured in safe and loving permanent placements.
- 5.3 Our aspirations are high and should not be compromised. This Strategy is aimed at a broad, cross agency professional audience and the recommendations should act as levers for good practice and service improvement.

For further information please contact:

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List of Appendices

Appendix A – Shetland's Strategy for Looked After Children 2014-2019

SHETLAND'S STRATEGY FOR LOOKED AFTER CHILDREN 2014-2019

INTRODUCTION

- 1 Promoting the quality of life for Looked After Children (LAC) and young people depends on how well organisations, professionals and carers work together to ensure looked after children and young people experience high quality care, stable placements and nurturing relationships that reinforce a sense of belonging.
- 2 A key objective of the Scottish Government is to ensure that all children have secure attachments to carers capable of providing safe and effective care for the duration of their childhood (2014). For the great majority of children this will be provided by their immediate family or extended family. However, a small proportion of children will require alternative arrangements to be made. The planning process will determine how this can best be achieved taking into account the individual needs of the child and their views. The objective of planning for permanence is to ensure that children have a stable and nurturing family or home base with a proportionate amount of legal security to support them through childhood and beyond.
- 3 The relationship between a child or young person, their parent/carer and the professionals involved in their lives and the continuity of those relationships, is central to the development of this strategy. Much of the published research evidence around looked after children identifies the importance of secure attachments and establishing a sense of permanence within a child. The child's need to be loved and nurtured is fundamental to achieving long-term physical, mental and emotional wellbeing. Stable education is also essential to promoting the quality of life for looked after children and enhancing their well-being. Their transition to adulthood can often be traumatic and without access to services to support this transition young people can end up unemployed, homeless or in custody and experiencing a downward spiral of rejection.
- 4 In developing this strategy, we have incorporated the proposals affecting looked after children detailed in the Children and Young People (Scotland) Act 2014. These proposals include providing a clear definition of corporate parenting and defining the bodies to which it will apply; placing a duty on local authorities to assess a care leaver's request for assistance up to and including the age of 26; providing additional support for kinship carers in relation to their parenting role and providing families in distress with access to appropriate family counselling.
- 5 Our aspirations, in Shetland, are high and should not be compromised. The needs of one of the most vulnerable and disadvantaged group in our community, looked after children and young people, must therefore be a priority. This strategy is aimed at a broad, cross-agency professional audience and the recommendations should act as levers for good practice and service improvement

OUR VISION

- 6 Our vision for looked after children in Shetland is that they have the same opportunities to succeed as their non looked after peers. Children are the future of our community and have a right to be safe, healthy, active, nurtured, achieving, respected, responsible and included.
- 7 We believe that children are best cared for by their own families and, where it is required, support should be provided to prevent children from becoming looked after. Where children do become looked after we have a responsibility to work together to support their development and ensure they have the opportunity to achieve the same outcomes as those in their communities who are not looked after.
- 8 Where children are not able to live with their birth family, we have a responsibility to ensure alternative plans are made at an early stage so that a child is found a safe, stable, nurturing and permanent home.
- 9 This strategy is a major priority for Shetland Community Planning. It links directly to the Single Outcome Agreement “Shetland is the best place for children and young people to grow up” and to Shetland Island’s Council priority in the Corporate Plan to achieve ‘the best possible start for every child’. The strategy supports the vision and priorities of the Children and Young People in Shetland 2014-2017 Plan.

LOOKED AFTER CHILDREN: THE BACKGROUND

- 10 Every child is unique, each with their own personality, needs and experiences. Looked after children are no different. The main thing they have in common is that life has not been easy for them. A child may become looked after for a number of reasons, including neglect, abuse, complex disabilities which require specialist care or involvement in the youth justice system.
- 11 The term ‘looked after’ is a legal definition. Under the terms of The Children (Scotland) Act 1995 and the Children’s Hearing (Scotland) Act 2011, it applies when a child is:
 - a) Provided with accommodation by a local authority
 - b) Subject to a compulsory supervision order made by a Children’s Hearing
 - c) Subject to an Order, authorisation or interim compulsory supervision order
 - d) Living in Scotland and subject to an order made in England, Wales or Northern Ireland
 - e) Subject to a permanence order
- 12 Where a child is accommodated for more than 24 hours he/she is considered looked after. Children with disabilities who are receiving respite are considered looked after but only for the duration of their stay.
- 13 The number of looked after children in Scotland has been rising since 2001. The continuous increase in numbers of looked after children is due to more

children being looked after away from home with foster carers/prospective adopters, with friends and relative and other community settings. (**Appendix 1**).

- 14 Outcomes for looked after children have long been a source of concern. Too many have experienced disadvantage and have been denied opportunities for a stable home life and access to good health and education services. Many have experienced events in their life which will have affected their development. Children who have been accommodated will have experienced the trauma of separation from their birth family. Research undertaken in 2006 identified five factors critical to good outcomes for looked after children:

- Having people who care about you
- Experiencing stability
- Being given high expectations
- Receiving encouragement and support
- Being able to participate and achieve

OUR CORPORATE PARENTING RESPONSIBILITIES

- 15 Corporate parenting means the formal partnerships between local authorities and partner agencies who are responsible for working together to meet the needs of looked after children and young people, and care leavers. It is not only a responsibility but also a real opportunity to improve the futures of looked after children and young people.
- 16 The concept of corporate parenting is inherently paradoxical: good parenting demands continuity, but organisations by their nature are continuously changing - members of staff move on, elected members change, structures change and procedures change. One challenge of being a good corporate parent is to manage these changes while giving each individual child or young person a sense of stability.
- 17 Like most extended families, the corporate family consists of many parts: local authorities, health services, independent sector providers, the police and all those parts of the system which support service delivery. Bringing up a child successfully depends very much on all family members playing their parts.
- 18 Key strands of this approach includes improving practice in line with Scottish Government recommendations (2007; 2012) on improved educational outcomes, better throughcare and aftercare to secure, positive and sustained destinations and partner awareness of corporate parenting.
- 19 Being a good corporate parent means we will:
- accept responsibility for our looked after children and young people
 - make their needs a priority
 - seek the same outcomes for them as any good parent would want for their own children

- 20 As a corporate family, we are in a unique position to be able to support young people whilst they are in our care and to prepare them to leave home. Our aim is to ensure they have their own housing, good economic opportunities and access to learning and development, welfare rights and advice, health and careers services.
- 21 Probably the most critical factor for children looked after is the age at which they move on from being in care to living elsewhere compared with the wider population. We should be encouraging young people to stay on in positive care settings until they are ready to move on. Corporate parents need to ensure this is reflected in their policies and practices across organisations. Continuing care to these young people includes the provision of safe, secure and stable accommodation, emotional support, developing skills, financial support and also, opportunities to return.

ACHIEVING PERMANENCE FOR LOOKED AFTER CHILDREN

- 22 The local authority acknowledges that children are best cared for within their own families, other than in exceptional circumstances. The local authority's paramount concern in planning for children shall be to safeguard and promote their welfare.
- 23 When a child's needs cannot be met by birth parents the local authority has a duty to consider alternatives to ensure that the child, wherever possible, has a family experience. These alternatives could be kinship care, foster care, adoption or residential care.
- 24 Decisions will be made through multi-agency assessment and planning, taking into full account the age and stage of the child's development and family circumstances.

DIFFERENT WAYS IN WHICH CHILDREN ARE LOOKED AFTER

- 25 Children who are looked after by local authorities can either be looked after at home (e.g. supervised by the local authority but living at home) or looked after away from home (e.g. living in residential accommodation or in foster care) or living in the community with family and friends.
- 26 Since 2001, there has been an increase in children looked after away from home in community settings, in particular with foster carers/prospective adopters, with friends and relatives and other community settings. Numbers of children in residential settings have been fairly static over recent years but a slight downward trend since 2007 (**Appendix 1**).

Looked after at home

- 27 A child who is looked after at home will be subject to a compulsory supervision order from a Children's Hearing. The corporate parent duties towards children looked after at home are essentially the same as the duties towards children looked after away from home.
- 28 When children are looked after at home, the parents and the corporate parent must work together to ensure the children are living in a safe and nurturing environment. Children cease to be looked after at home only when the compulsory supervision order ends.
- 29 As a group across Scotland, children and young people who are looked after at home have poorer educational and health outcomes than those who are looked after away from home. This strategy aims to ensure improved outcomes for Shetland's looked after at home children.
- 30 Over the past five years there has been an overall decrease in Scotland in the number of children looked after at home although in Shetland, apart from 2011, our numbers have remained consistent (**Appendix 1**).

Kinship care

- 31 Kinship care refers to the main full-time care arrangement provided by a member of the child's extended family or wider network of friends where the child is looked after or would otherwise be looked after, if a kinship carer were not able to provide the care arrangement. Kinship care is considered as the first option for a placement for a looked after child when staying at home is no longer an option.
- 32 The number of looked after children in kinship care placements in Shetland is consistent. The trend in Scotland since 2007 has been rising (**Appendix 1**).

Foster care

- 33 The purpose of foster care is to provide a family experience to children and young people until a return to their own family is possible. Substitute family placements with approved foster carers will be considered for children who are not able to remain within their family. Where a return home is not possible, foster care will prepare the child or young person for permanency, either in a permanent alternative family, or in independent living.
- 34 The number of looked after children with foster carers has remained constant in Shetland over the past seven years. National figures show a slight increase (**Appendix 1**).

Private fostering

- 35 Private fostering is the term used when a parent or guardian places a child who is under school leaving age in the care of someone else, who is not a

close relative or an officially approved foster carer, for a period of more than 28 days.

- 36 Although the arrangement is private, the relevant local authority social work department has an obligation to secure the welfare of every privately fostered child. In Shetland, there are few private fostering agreements.

Adoption

- 37 Adoption is a legal process that replaces a child's birth parents with new adoptive parents. Children who are adopted will almost always have been looked after, except where a step-parent adopts the child(ren) of their partner or, in the case of inter-country adoptions, where the child comes from outside the UK.
- 38 This strategy aims to improve permanency planning which includes adoption for children and young people who cannot return to live with their birth families. Adoption numbers in Shetland are low.

Residential child care

- 39 The distinguishing feature of residential care compared with foster care is that children live with a group of other children looked after by qualified staff. Residential care is a positive choice for some looked after children.
- 40 On occasion, a looked after child or young person may need to be accommodated off-island. This may be because of a specific complexity or because of the impact of family circumstances. When a placement is sought off island it is carefully explored. The development of a National Framework for Children's Residential Services brings greater transparency and consistency to the contractual relationship between local authorities and providers.

Secure care

- 41 Regardless of whether a child requires care for their own safety or presents a risk to others, getting the right balance between care and control is critical. There are a few secure care resources in Scotland which Shetland has been required to use. The decision to restrict liberty is not taken lightly and is done in line with the Secure Care Guidance and the authorisation of the Chief Social Work Officer.

HEALTH AND LOOKED AFTER CHILDREN

- 42 A variety of health needs and higher vulnerability are often predisposing factors associated with the child becoming looked after. Consequently, looked after children are vulnerable to a range of poor health outcomes and can face particular inequalities in accessing health services. An additional factor in poor health outcomes is disjointed and disrupted health care as a result of multiple placement moves and Scottish Government Statistics show

that the majority of LAC will have more than three placement moves during their time being looked after. These moves uproot the child or young person from their known support systems, their family and local community. These moves cause significant risk through loss of routine and disjointed communication, creating barriers to accessing universal health services.

- 43 Within the Children (Scotland) Act 1995, there was a move to improve health outcomes through moving away from the required “Freedom from Infection” medical at point of entry to care (done largely by GP’s) to a more holistic full health assessment to be completed within four weeks of the NHS Board being notified the child/young person has become looked after.

EDUCATION AND LOOKED AFTER CHILDREN

- 44 Good educational attainment is associated with positive outcomes and resilience. Improving educational outcomes for looked after children has been part of the national agenda for a number of years.
- 45 The Education (Additional Support for Learning) (Scotland) Act (2004), amended in 2009, created a legal presumption that any child who is looked after by a local authority should be considered to have additional support needs that require a coordinated support plan, unless it is agreed at a child’s review that this is not required.
- 46 Due to life experiences looked after children are often left with gaps in learning. Even when there has been a period of stability, looked after children often retain levels of uncertainty about their future and issues around attachment and loss can surface at any time.
- 47 All agencies need to work collaboratively to assess and plan and review the support looked after children need to achieve their fullest potential in all areas, maintaining the child (or young person) at the centre.
- 48 Transition planning should begin at least 12 months before the child or young person is due to leave school and should involve the young person and relevant agencies at every stage.

HOUSING AND LOOKED AFTER CHILDREN

- 49 The Council has a statutory obligation to support young people who have been looked after. Young people who are looked after and accommodated are automatically awarded special case status on completion of a housing application form. Special case status means that their application is considered alongside those at the top of the waiting list.
- 50 A joint protocol is in place between Children’s Services and Housing to ensure that the diverse accommodation and support needs of young people leaving care are addressed and homelessness is prevented.

POSITIVE DESTINATIONS

- 52 Skills Development Scotland's ambition is to ensure all young people are given the best possible chance to progress into a positive and sustained destination. In 2014-15 SDS will continue to work closely with local partners to fulfil our collective corporate parenting responsibilities to the care leaver group. The delivery of SDS's Careers Information, Advice and Guidance (CIAG) service has a focus on supporting young people who are recognised as being at risk of not making a successful transition from school. This includes young people from a care background who would benefit from a coaching approach from a SDS Adviser.
- 53 SDS works closely with schools and a range of partners to provide coordinated support to these individual young people at transition and for those who do not have an identified pathway, SDS will support them to make a successful journey from school into their first transition and beyond.
- 54 SDS's Employer Recruitment Incentive (ERI) for Targeted Young People, launched in July 2012, offers funding to employers to support young people aged 16-24 who are care leavers, disabled people, young carers or ex-offenders to sustain employment, including undertaking a Modern Apprenticeship.

LOOKED AFTER CHILDREN: OUR STRATEGIC PRIORITIES for 2014-2015

In Shetland, we are committed to working in partnership with relevant agencies to make a difference for our looked after children and young people. Our aim is to improve outcomes for all looked after children and young people in order to realise our vision which is that looked after children in Shetland have the same opportunities to succeed as their non looked after peers.

In order to achieve this, the LAC Strategy Group has identified six priorities:

1. Corporate Parenting

To promote and activate the corporate parenting responsibilities of all Elected Members, Council Officials, NHS Shetland and other partner agencies as a means to achieving better outcomes.

2. Early Intervention

To ensure effective support and decision making is provided as early as possible in a child's life which will lessen the social impact and financial cost in the future.

3. Raising Achievement

To ensure that all looked after children have the same opportunities to succeed as children who are not looked after.

4. Improving Health

To ensure that all looked after children and young people have access to appropriate universal and specialist health professionals and services as required.

5. Promoting Participation

To ensure that the looked after children and young people are included and that their views and wishes are recognised and promoted.

6. Achieving Permanence

To ensure that children who cannot remain with their family on a long-term basis are secured in safe, stable and caring permanent placements with the minimum of delay.

MONITORING AND EVALUATION

A work plan for 2014-2015 (**Appendix 2**) has been developed which identifies the tasks required to help achieve these strategic priorities. This will be monitored by the LAC Strategy group and reported to the Integrated Children and Young People's Planning Group and on to the Community Planning Partnership on a bi-annual basis. Progress will be reported to Council through the Chief Social Work Officer's Annual Report. The work plan will be refreshed on an annual basis.

REFERENCES

The Scottish Government 1997 *Scotland's Children* HMSO

Social Work Inspection Agency 2006 *Celebrating Success: What helps looked after children succeed* Edinburgh

The Scottish Government 2007 *Looked after children and young people: We can and must do better* HMSO

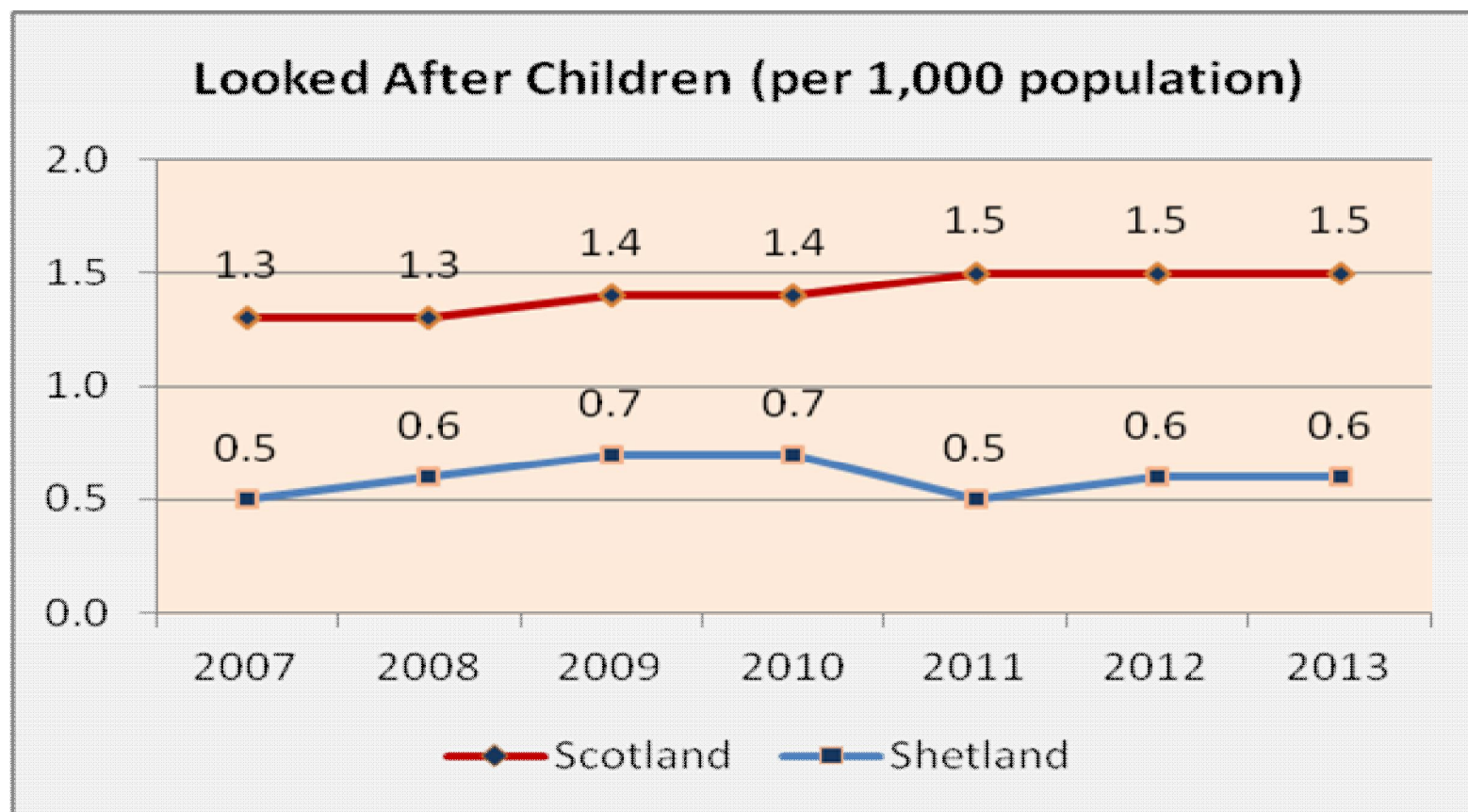
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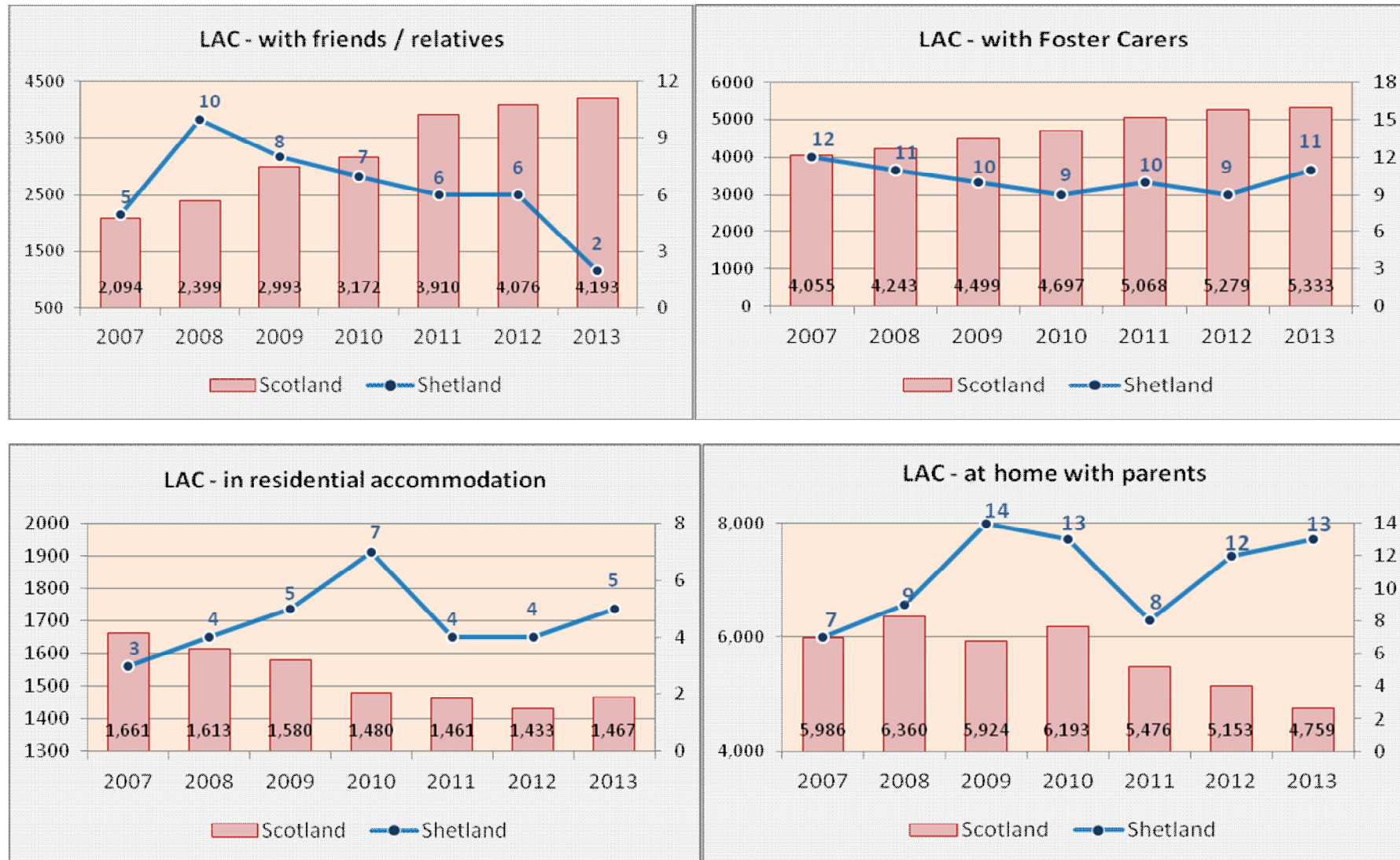
The Scottish Government 2012 *A guide to getting it right for every child* Edinburgh

The Scottish Government 2014 *Children and Young People (Scotland) Act*

Shetland Islands Council 2014 *Children and Young People in Shetland 2014-2017 Plan* Shetland Islands Council



Source: Scottish Government – Looked After Children reports, 2007 to 2013



Source: Scottish Government – Looked After Children reports, 2007 to 2013

Strategic Priority 1 – Corporate Parenting

Outcomes	Target	Task/Action	Measurement
Promote and activate Corporate Parenting responsibilities as a means to achieving better outcomes	Improved outcomes for looked after children	Develop a Looked After Children Strategy for Shetland which is endorsed by chief officials at Senior Management Team NHS Shetland, Integrated Children and Young Peoples Planning Group and Shetland Community Planning Partnership Islands Council and partner organisations	Strategy in place and actions complete
	Improved engagement of Corporate Parents	Increase the engagement of our corporate parenting responsibilities by engaging with elected members, council officials and other partner agencies through seminars and training events	Numbers attending Corporate Parenting seminars
Children who are unable to stay within their birth families have their care needs met in Shetland	All our children are accommodated in Shetland unless in exceptional circumstances	Local investment in residential and fostering services to ensure that, wherever possible, children are able to remain in Shetland.	Less children accommodated off island
	Young people feel positive about staying on beyond 16	'Staying put' to become embedded in foster and residential care.	Increased number of young people staying in positive placements beyond 16
	Care leavers have a range of accommodation options available to them.	Refresh Joint Housing and Children's Services Protocol	Increased number of positive tenancies
		Tracking of where young people live after leaving care	
	Care leavers will be provided with employment experiences to enhance their employability	Develop partnership working with Skills Development Scotland to embed the Family Firm approach will become established within the authority and partner organisations	Increased opportunities for care leavers to have employment opportunities

Strategic Priority 2 – Early Intervention

Outcomes	Target	Task/Action	Measurement
Ensure that effective support and decision making is provided as early as possible in a child's life which will lessen the social impact and financial cost in the future	A GIRFEC Child's Plan is in place for all looked after Children	Embed GIRFEC across Shetland	All LAC will have a GIRFEC assessment and plan
	Services have a joint understanding of nurturing principles	Relevant professionals meet to discuss nurturing principles and how these can be proactively applied to their services	Meetings held and next steps identified
		Further develop nurturing approaches with Continuing Care and Family Placement Teams	Nurturing principles are embedded within the Continuing Care and Family Placement Services

Strategic Priority 3 – Raising Achievement

Outcomes	Target	Task/Action	Measurement
Ensure that all LAC have the same opportunities to succeed as children who are not looked after	LAC have better achievement at school	Establish nurturing approaches in all educational settings	Number of nurture groups established
			Number of schools attending nurturing training
			School reports and Curriculum for Excellence levels
	LAC at home achieve better outcomes	Identify data	Number of qualifications gained at S4

Strategic Priority 4 – Improving Health

Outcomes	Target	Task/Action	Measurement
Ensure that access to universal and specialist health services is achieved	LAC are physically and emotionally healthy	All Health Visitors and School Nurses undertake holistic health assessment for LAC	All children and young people who become looked after have initial and follow up health assessments
		Children and young people who are looked after have access sport and leisure activities.	Number of LAC regularly accessing sport and leisure activities and achieving recommended physical activity levels.
	Children and young people get the help they need when they need it	LAC requiring specialist health services are prioritised	Annual audit of Health assessments undertaken

Strategic Priority 5 – Promoting Participation

Outcomes	Target	Task/Action	Measurement
LAC are included and their views and wishes are recognised and promoted	LAC are included and participate in matters that affect them	Revise the LAC documentation on which young people record their views	Feedback from 'Having Your Say'
		Establish a Champions Board which includes looked after young people and care leavers, elected members and senior officials across agencies	Champions Board established

Strategic Priority 6 – Achieving Permanence

Outcomes	Target	Task/Action	Measurement
Permanent placements are secured with the minimum of delay	Permanency is achieved within six months of a child becoming looked after	Identify where the delays in achieving permanence are located and develop ways to address this	Annual audit of timeframes for achieving permanence
	Children experience consistency in placement	Data is collated and analysed on the number of placement moves for looked after and accommodated children	Number of placement moves are reduced