



**Shetland
Islands
Council**

Agenda Item

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Meeting(s):	Special Education & Families Committee	26 th January 2017
Report Title:	The Quality Improvement Framework Project Update Report	
Reference Number:	CS-03-17-F	
Author / Job Title:	Helen Budge, Director of Children's Services	

1.0 Decisions / Action required:

- 1.1 That Education and Families Committee NOTES the content of Appendix A: The Quality Improvement Framework Project Update Report, which outlines the progress of the project to date within the five work streams.

2.0 High Level Summary:

- 2.1 The purpose of this report is to inform the Shetland Islands Council's Education and Families Committee of the progress of Children's Services Quality Improvement Framework (formerly the School Comparison Project).
- 2.2 The Quality Improvement Framework has been in operation since the start of 2016.
- 2.3 The actions and tasks within the Quality Improvement Framework have been structured as follows:
- Work-stream 1: The implementation of the local authority's four year attainment action plan, 2016 to 2020, to further improve attainment in Shetland;
 - Work-stream 2: Reviewing promoted posts and management structures within the school estate;
 - Work-stream 3: The sharing of secondary teaching staff between settings;
 - Work-stream 4: Reviewing other aspects of provision to make secondary education more sustainable and efficient;
 - Work-stream 5: Reviewing quality assurance approaches involving the local authority and schools, with the development of a new School Improvement Framework. In addition, reviewing Schools and Quality Improvement Staffing within Children's Services.

- 2.4 Appendix A has been developed following the rationale and aims of the Quality Improvement Framework, formerly the School Comparison Project, which are to:
- improve attainment, outcomes and education service delivery, considering carefully learning and teaching implications and pupil pathways and progression through the Broad General Education into the Senior Phase of Curriculum for Excellence;
 - establish a more sustainable and efficient model of education in Shetland, taking account of the reduced local and national resources at our disposal over the next five years to finance and resource our school estate;
- 2.5 It has been communicated to all stakeholders from the outset of the project that what must be retained as part of the framework is:
- High quality education for all young people in Shetland;
 - Pupils to achieve their full potential;
 - Meeting all national standards.
- 2.6 Examples of how this framework is aiming to improve education standards in Shetland are:
- This framework provides a clear four year local authority strategic action plan to raise attainment for our learners with key attainment actions and measures of impact identified. The Attainment Action Plan was launched at the Head Teacher Development Day on the 25 November 2015;
 - Providing greater support for staff shared between schools by clarifying roles and responsibilities and ensuring a manageable number of collegiate activities for staff working in more than one setting;
 - Supporting pupils' pathways and progression through the Broad General Education and Senior Phase by developing a common curriculum structure and timetable structure in all secondary settings to be implemented from May 2018;
 - Exploring further remote teaching through web-based virtual learning environments as an option to support subject choice and pupils' learning programme in the senior phase;
 - The new School Improvement Framework within the overarching Quality Improvement Framework will enable a more efficient and proportionate model of quality assurance and support from the local authority to our schools with a focus on self evaluation and school improvement around the current national priorities of excellence and equity, leadership and sharing of good practice;
 - Continuing to support teacher professionalism through relevant professional learning and leadership development opportunities at local and national level;
 - The framework will aim to develop more effective relationships between:
 - Central education staff and head teachers;

	<ul style="list-style-type: none"> • Head teachers and school staff; • Education (central and local) and parents. <ul style="list-style-type: none"> • This framework represents a strategy for allocating and targeting resources.
2.7	<p>In terms of measuring the impact of the Quality Improvement Framework, specific Stretch Aims (from the national Raising Attainment for All Programme) are included on the Attainment Action Plan:-</p> <ul style="list-style-type: none"> • Stretch Aim 1 To ensure that 85% of children within each school cluster have successfully experienced and achieved Curriculum for Excellence Second Level Literacy, Numeracy and Health and Wellbeing outcomes in preparation for Secondary School by 2016. • Stretch Aim 2 To ensure that 85% of children within each school cluster have successfully experienced and achieved Curriculum for Excellence Third Level Literacy, Numeracy and Health and Wellbeing outcomes in preparation for the Senior Phase by 2019. • Stretch Aim 3 To ensure that 95% of young people within each school cluster go on to positive participation destinations on leaving school by 2018.
2.8	<p>An update is provided on progress over 2016 within each of the five work-streams in Section 6 of Appendix A. The next Project Board meeting is due to take place on Friday 10 February 2017, to clarify planning for other actions within the Quality Improvement Framework work-streams.</p>
3.0	Corporate Priorities and Joint Working:
3.1	<p>This report links to the Corporate Plan objective “Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential”.</p>
3.2	<p>The following local and national issues have been considered carefully during the development of the Quality Improvement Framework:</p> <ul style="list-style-type: none"> • the current focus on raising attainment and closing the poverty related attainment gap as part of the National Improvement Framework and Scottish Attainment Challenge; • the tackling bureaucracy agenda; • the importance of developing career long professional learning opportunities for teaching staff; • the importance of striving for greater sustainability and efficiency in the challenging local and national financial climate;
4.0	Key Issues:
4.1	<p>Key Developments / Progress so far within the Quality Improvement Framework, outlined in more detail in Appendix A, are as follows:</p>

- The development of Tracking, Monitoring and Moderation Strategy Document with guidance, principles and examples of good practice for all school and Early Learning and Child Care settings in the Broad General Education (Early Years to the end of S3) – work-stream 1 of the Quality Improvement Framework, the implementation of the attainment action plan;
- The development of a Professional Learning Strategy for teaching staff, providing leadership development at all levels - work-stream 1 of the Quality Improvement Framework, the implementation of the attainment action plan;
- Support for teaching staff working in more than one setting – work-stream 3 of the Quality Improvement Framework, the sharing of secondary teaching staff;
- Planning for the new Common Timetable Structure in secondary settings from May 2018 – work-stream 4 of the Quality Improvement Framework;
- Confirmation of a Common Curriculum Structure for the Broad General Education and Senior Phase of Curriculum for Excellence for all our secondary settings to be implemented from May 2018 - work-stream 4 of the Quality Improvement Framework;
- Clarification on the organisation of Higher and Advanced Higher classes in S5 and S6 in our two high schools - work-stream 4 of the Quality Improvement Framework;
- The development of a new School Improvement Framework, revising approaches to quality assurance involving the local authority and its schools – work-stream 5 of the Quality Improvement Framework.

4.2 As part of the further work undertaken thus far, engagement with stakeholders has continued to be crucial.

4.3 This has included the development of a local focus group consisting of representatives from secondary school management, principal teachers, teachers, teaching unions and parent councils to consider further curriculum structures in the Broad General Education and the Senior Phase of Curriculum for Excellence, including the number of learning options that young people study.

5.0 Exempt and/or confidential information:

5.1 No

6.0 Implications :	
6.1 Service Users, Patients and Communities:	6.1 There has been extensive engagement with stakeholders around this project since March 2015. The views of all stakeholders: school management teams, teaching staff, support staff, pupils and parents continue to be considered carefully.
6.2 Human Resources and Organisational Development:	6.2 There are aspects of the work streams that impact on staff which will continue to be managed through consultation with staff and their representatives. Workforce Development will work closely with the schools service to ensure appropriate training and development is put in place.
6.3 Equality, Diversity and Human Rights:	6.3 There are no direct implications at present.
6.4 Legal:	6.4 No direct legal implications from this report. Legal advice is obtained at every stage through membership of the Project Board.
6.5 Finance:	6.5 Savings emerging from the Quality Improvement Framework work-streams may partially support the Children's Services Directorate with structural savings that are to be found as part of the Medium Term Financial Plan.
6.6 Assets and Property:	6.6 None.
6.7 ICT and new technologies:	6.7 None.
6.8 Environmental:	6.8 None arising directly from this report.
6.9 Risk Management:	6.9 No direct implications from this report.
6.10 Policy and Delegated Authority:	6.10 In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has responsibility and delegated authority for functional areas relating to children and families, schools, pre-school and lifelong learning. This report is related to the function of an education authority. This report is for noting only, and no decisions are sought at this time.

6.11 Previously considered by:	A. Education and Families Committee – 20 January 2015 B. B. Education and Families Committee – 05 October 2015
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Appendices: CS-03-17-Appendix A: Quality Improvement Framework Project Update Report.

Background Documents: None



Shetland Islands Council

Children's Services Directorate

Schools / Quality Improvement

Quality Improvement Framework Project

Update Report

January 2017

1. Introduction

- 1.1 The purpose of this report is to inform the Shetland Islands Council's Education and Families Committee of the progress of the Quality Improvement Framework.

2. The Context and Background to this Report:

- 2.1 The School Comparison Project was set-up in October 2014 on the recommendation of the Shetland Islands Council's Education and Families Committee as a follow-up to Shetland Islands Council's Financial Services Report Annual Cost of Secondary Education per Pupil in Shetland: A comparison with Scotland's other Island Authorities presented to the Education and Families Committee in July 2014.

- 2.2 The project team from October 2014 to December 2014 focused on:

- the attainment of young people in Shetland at Scottish Credit and Qualifications Framework Levels 3 to 7 (Standard Grade and now National 3, 4 and 5, Higher and Advanced Higher) between 2009 and 2014 against the national average, comparable local authorities and Orkney and the Western Isles;
- analysing the similarities and differences between Shetland's secondary schools and settings in relation to attainment, staffing and subject choice;
- exploring how other local authorities in Scotland are responding to budget challenges in education;
- identifying further potential efficiencies and savings within the school estate;

- 2.3 *The Secondary School Comparison Project Report* was then presented to Education and Families Committee in January 2015 and contained five recommendations to explore in more depth.

- 2.4 The recommendations approved by the Education and Families Committee in January 2015 were:

Recommendation 1: Set out clear priorities and actions at local authority level for improving further on Shetland's very strong overall attainment record in line with Audit Scotland's 2014 'School education' recommendations;

Recommendation 2: Carry out a review of promoted posts and management structures in Shetland's school estate;

Recommendation 3: Carry out a further review of secondary teaching posts with a view to identifying further opportunities to share teaching staff;

Recommendation 4: Review other aspects of secondary provision to make secondary education more efficient and sustainable, including:

- examining the scale of subjects to choose from in all our schools as part of personalisation and choice in Secondary 3 and for qualifications from Secondary 4 to Secondary 6;
- the organisation of classes, including possible composites in Secondary 1 and 2 in junior high settings where pupil numbers allow, clarity on viable class sizes in general and consider the delivery of Higher and Advanced Higher courses in the same class in Brae High School;
- the use of ICT to support online and distance learning where appropriate;
- the opportunity for young people to move to other schools to access subjects as part of their learning programmes by looking at removing transport costs and halls of residence fees for pupils from Secondary 3;
- examine further the cost per pupil and pupil/teacher ratios in all of Shetland's secondary schools / departments.

Recommendation 5: Review the local authority's approaches to quality assurance in schools as part of a wider review of Children's Services, Schools and Quality Improvement Service Staffing.

2.5 A follow-up School Comparison Project Report in October 2015 provided an update on each of the five recommendations, following a similar format:

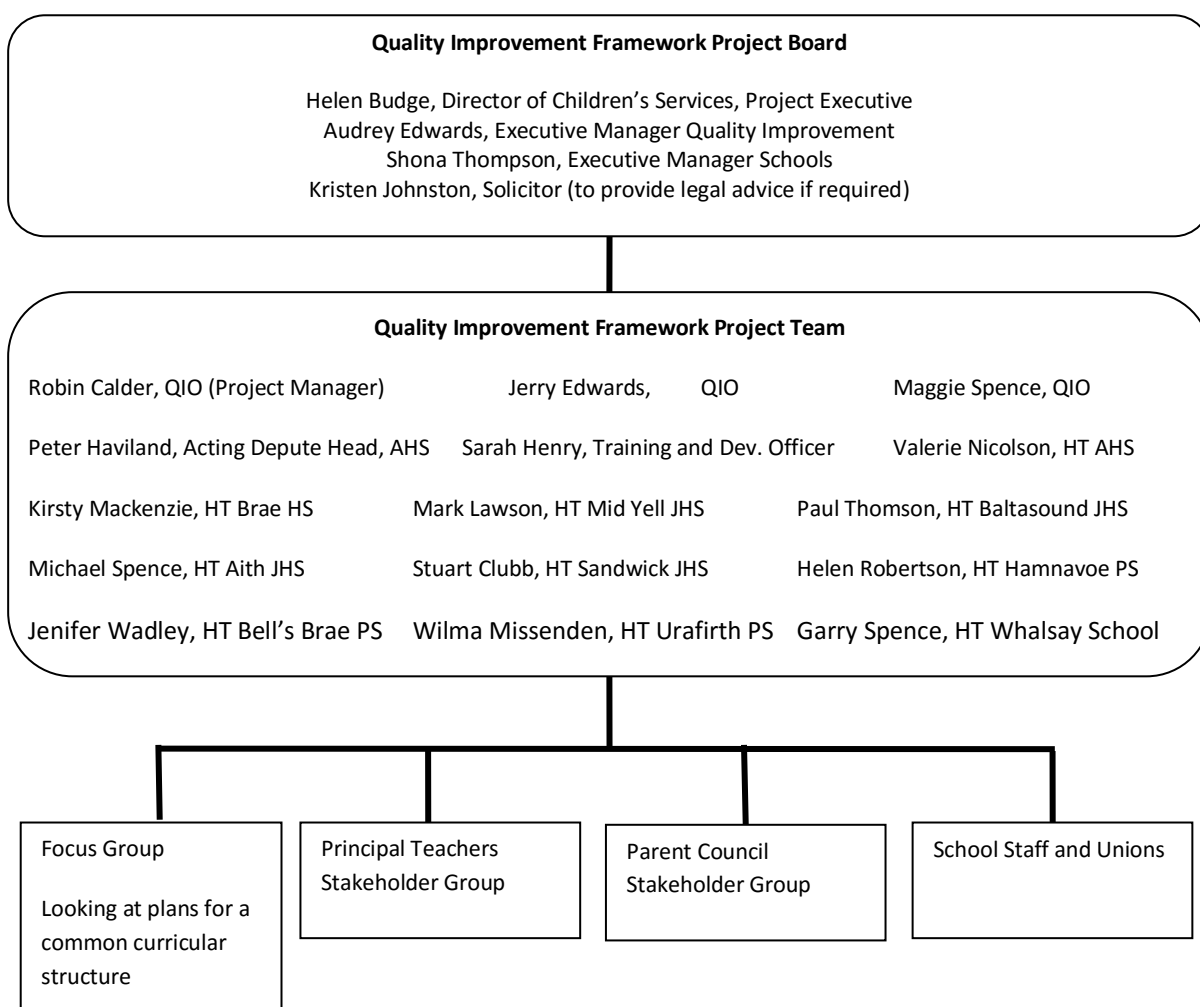
- Introduction, Context and Background;
- Summary of Findings;
- Authority by Authority Comparisons (if applicable);
- Conclusions and Further Actions;
- Proposed Timescale for implementation and Further Work Required;
- Implications and Risks on Learning and Teaching;
- Projected estimated savings / costs and associated timescale for realising savings;
- Appendices.

2.6 Education and Families Committee agreed at that meeting that the School Comparison Project was to be re-branded as the "Quality Improvement Framework".

3. The Aims and Timescale of the Quality Improvement Framework

- 3.1 The Quality Improvement Framework (QIF) is a four-year project from 2016 to 2020.
- 3.2 The framework has a strong learning and teaching theme, setting out a local four year action plan to raise attainment with clear priorities, actions and measures of impact identified covering seven areas: monitoring and tracking in the Broad General Education, reviewing performance in national qualifications, wider achievement, pupil motivation and engagement, subject development groups, professional learning for teachers and parental involvement. The action plan is listed as Appendix 1 to this report.
- 3.3 The framework also aims to establish a more sustainable and efficient model of education in Shetland, taking account of the reduced local and national resources at the council's disposal over the coming years to finance and resource the school estate.
- 3.4 The five recommendations, now work-streams, being taken forward within the framework are:
- Work-stream 1: The implementation of the local authority's four year attainment action plan, 2016 to 2020, to further improve attainment in Shetland;
 - Work-stream 2: Reviewing promoted posts and management structures within the school estate;
 - Work-stream 3: Sharing of secondary teaching staff between settings;
 - Work-stream 4: Reviewing other aspects of provision to make secondary education more sustainable and efficient;
 - Work-stream 5: Reviewing quality assurance approaches involving the local authority and schools, with the development of a new School Improvement Framework. In addition, reviewing Schools and Quality Improvement Staffing within Children's Services.
- 3.5 This report will provide an update of progress in respect of all five work-streams.
- 3.6 Central to all the work within the Quality Improvement Framework is to ensure:
- High quality education for all young people in Shetland;
 - Pupils to achieve their full potential;
 - Meeting national standards and legislative requirements including the Scottish Government's new National Improvement Framework and 2016 Education Scotland Act.

- 3.7 This project has been set-up to support the savings that the Children's Services Directorate are required to find from 2016 to 2020 as part of fulfilling its requirements in Shetland Islands Council's Medium Term Financial Plan.
- 3.8 However, the project has a strong learning and teaching theme, aiming to provide a structure and strategy to improve attainment, outcomes and service delivery. The implications of the work-streams within the framework on pupil experiences, including their programmes and pathways through the Broad General Education and Senior Phase, have been considered carefully.
- 4. Roles and Responsibilities and the Decision Making Structure within the Quality Improvement Framework:**
- 4.1 The Quality Improvement Framework's organisational and decision making structure is in line with the Prince 2 Project Management guidance, used by Shetland Islands Council for managing projects, which includes the establishment of a project board, project team and various stakeholder groups.
- 4.2 Regular meetings have also taken place with central officers and the leadership of the local teaching unions in relation to aspects of the project, including the review of quality assurance.



- 4.3 Children's Services have delegated authority for taking forward all the actions within the five work-streams.
- 4.4 Devolved matters within work-stream 2 (review of promoted posts and management structures) and work-stream 3 (sharing of secondary teaching) will also be taken forward within the Local Negotiating Committee for Teachers when appropriate.
- 4.5 Some members of the Project Team are leading and or actively involved in the development of further actions within the work-streams. The Project Team as a whole will be informed of progress at Team Meetings. The Project Executive will be ultimately asked to make decisions in discussion with the Project Board. The views of Stakeholder Groups will be gathered as the framework is progressed and shared with the Project Team and Project Board.

5. The relationship between the Quality Improvement Framework and the current national context:

- 5.1 This section summarises current national developments in education and how the local Quality Improvement Framework has supported taking them forward locally including:
 - The Scottish Government's Excellence and Equity Delivery Plan, June 2016;
 - The consultation on the amendments to the Standards in Scotland's Schools etc Act 2000;
 - The Review of local authorities actions to tackle bureaucracy and undue workload in schools.
- 5.2 The Scottish Government's Excellence and Equity Delivery Plan has four key themes:
 - A relentless focus on closing the poverty related attainment gap;
 - Simplifying Curriculum for Excellence;
 - Empowering teachers, head teachers, practitioners, parents, communities and children and young people;
 - Taking forward the National Improvement Framework.

The priorities within the National Improvement are:

- Improvement in attainment, particularly in literacy and numeracy;
- Closing the attainment gap between the most and least disadvantaged children;
- Improvement in children and young people's health and wellbeing; and
- Improvement in employability skills and sustained, positive school leaver destinations for all young people.

The drivers within the National Improvement Framework are:

- School leadership;
- Teacher professionalism;
- Parental engagement;
- Assessment of children's progress;
- School improvement;
- Performance information.

5.3 The table below demonstrates how aspects of national policy are being taken forward within the Quality Improvement Framework:

Elements of the Scottish Government's Excellence and Equity Delivery Plan underway:	The role of the Quality Improvement Framework (QIF) in taking the element of the Delivery Plan forward in Shetland:
Education Scotland has published a statement of the basic framework within which teachers teach.	This guidance and clarity will be reflected in the new Tracking, Monitoring and Moderation Strategy Document to be implemented in all schools in 2017 as part of the local attainment action plan (workstream 1 of the QIF)
Education Scotland has provided advice on assessing achievement in literacy and numeracy – making clear the expected benchmarks for literacy and numeracy, for each level of Curriculum for Excellence. Benchmarks for other curriculum areas to follow by the start of 2017.	The Tracking, Monitoring and Moderation Strategy will relate to this with guidance to be included on recording learners' progress on the basis of the new Benchmarks.
Working with schools to close the attainment gap in early years and primary settings.	<p>As part of the attainment action plan (workstream 1 of the QIF) work has taken place gathering evidence linking attainment to the level of socio-economic deprivation in Shetland and investigating the validity of the Scottish Index of Multiple Deprivation in the Shetland context.</p> <p>With the support of Shetland Islands Council's Attainment Advisor, a set of local vulnerability criteria has been identified that all schools may consider when identifying their own attainment gaps and considering strategies to close them.</p>

All schools are expected to have clear strategies in place across the curriculum to reduce the attainment gap in their context.	The draft School Improvement Framework (work-stream 5 of the QIF) provides guidance and templates around school improvement planning and standards and quality reporting, closely referring to the closing the gap, excellence and equity national agenda.
The new Scottish Government Digital Literacy Strategy	This is being considered carefully in relation to developments and projects in online learning and distance learning (work-stream 4 of the QIF).
The focus on middle level leadership and collaborative leadership.	We have developed a new professional learning strategy, as part of the attainment action plan leadership development action, encompassing newly qualified teachers, subject specific leadership, aspiring leaders, masters' level learning and strategic leadership and management.
Advice issued to support more consistent and robust annual reporting on school improvement.	This is consistent with the guidance on school improvement planning and standards and quality reporting in the new School Improvement Framework (work-stream 5 of the QIF)

- 5.4 In line with the 2016 Education Act and statutory requirements to reduce inequalities of outcome for pupils experiencing them as a result of socio-economic disadvantage and the planning and reporting duties at school and education authority levels in respect of the National Improvement Framework, draft statutory guidance has been issued to make amendments to the Standards in Scotland's Schools etc. Act 2000.
- 5.5 The finalised version of statutory guidance will be published in March 2017 and will be incorporated into the School Improvement Framework.
- 5.6 Education Scotland carried out a review of Curriculum for Excellence workload demands set by each local authority in August and September 2016, including reviewing any action to reduce bureaucracy.
- 5.7 Several aspects of the Quality Improvement Framework were highlighted as strengths in Shetland's overall evaluation including:
- a more structured and focused approach to school improvement visits;
 - developing clear and concise advice and guidance, including the School Improvement Framework and the Monitoring and Tracking and Strategy;
 - making better use of staff knowledge and experience to develop local solutions e.g Tracking and Monitoring Strategy;
 - opportunities to share practice are improving, including Head Teacher Development Days, which have been developed through the new professional learning strategy for teaching staff;
- 5.8 It was stressed in the workload review evaluation for Shetland that the authority needs to progress measures such as the Tracking, Monitoring and

Moderation strategy and the School Improvement Framework to full implementation as well as clarifying curriculum structure arrangements, part of work-stream 4 of the Quality Improvement Framework.

- 5.9 The overall national findings from the workload review were published by Education Scotland in September 2016.
- 5.10 The Quality Improvement Framework's Tracking, Monitoring and Moderation Strategy Document will address one of the key areas requiring improvement in most local authorities, as per the national findings report, which is clearer guidance on tracking and monitoring.
- 5.11 The Education Scotland report also reiterated the need for local authorities to reduce unnecessary bureaucracy in the areas of self-evaluation and school improvement planning.
- 5.12 Work-stream 5 of the Quality Improvement Framework and the proposed new School Improvement Framework will tackle bureaucracy in relation to quality assurance in different ways, including:
- advising schools to implement a manageable number of improvement priorities each year – no more than four;
 - emphasising the inter-dependence of schools' Working Time Agreements and the School Improvement Plan;
 - providing templates for the School Improvement Plan and the Standards and Quality Report, which are designed to reduce their length and focus on impact on learners;
 - encouraging schools to submit their School Improvement Plan and Standards and Quality Report as a single document to streamline the process;
 - reducing the number of formal Quality Assurance visits by the local authority to schools from four in the 2012 Quality Assurance policy to a minimum of two with a theme of attainment and achievement in the first visit then self-evaluation and school improvement planning in the second, with the option of a third visit depending on local and national priorities.
 - regular school support visits from the QIO linked to school, for a number of different purposes, have been built into the framework;

6. Review of progress within the five work-streams of the Quality Improvement Framework:

- 6.1 With respect to work-stream 1, the implementation of the local authority's four year attainment action plan, 2016 to 2020 (appendix 1), to further improve attainment in Shetland, the focus is currently on three of the actions on the attainment action plan:
- A common and effective approach to Shetland's monitoring, tracking and moderation for the Broad General Education, for ages 3 -15 will be confirmed shortly with a corresponding implementation plan being developed at this time;

- Using nationally and locally collected data and knowledge to evaluate the performance of Shetland's pupils in national qualifications, and to set annual actions that will improve the specific areas where performance is weaker has been a focus of recent quality assurance visits by central officers to schools considering attainment and achievement in the Broad General Education and Senior Phase;
- An outline of strategy for professional learning that centres around feedback from the Professional Review and Development process, and provides leadership development and pathways at all levels is included as appendix 2.
- Some of the key features of the new professional learning strategy include a new developing leadership programme for aspiring leaders, which is being supported by input from the UHI, Masters accredited middle level leadership through the University of Aberdeen and a local head teacher induction and support programme.
- New termly head teacher development days have also been organised as part of the professional learning strategy with a focus on the implementation of national priorities in Shetland, including the National Improvement Framework, the closing the attainment gap agenda, the implementation of How Good Is Our School 4th Edition, family learning and the 1+2 Modern Foreign Languages initiative

6.2. In relation to work-stream 2, reviewing promoted posts and management structures within the school estate, the September 2015 School Comparison Project Report listed a number of proposed further actions in the following areas:

- Management structures in secondary settings;
- Ideas around a weekly cover commitment for non-teaching depute head teachers;
- Whole school roles for principal teachers in junior high schools;
- Management time for principal teachers;
- Primary management structures for settings with five to seven primary classes;
- Investigating shared headship in the North Isles involving Baltasound Junior High School and Mid Yell Junior High School;

6.2.1 The Project Board have recently decided not to implement a revised management structure model for secondary settings at this time, following the review carried out in 2015 as part of the School Comparison Project, or explore further the shared headship model between Baltasound Junior High School and Mid Yell Junior High School with staff, pupils, parents and the wider communities of these schools.

6.2.2 Further work is required in 2017 considering management structures in school settings as a whole in relation to the recent excellence and equity national agenda, including proposed changes to roles and responsibilities for head teachers as part of the Governance Review.

- 6.2.3 Alterations to funding arrangements to schools, including the Scottish Government's Pupil Equity Funding, which will be allocated to schools directly from 2017-18 based on free schools meal registrations, also needs to be considered in respect of any further review of management structures, in view of the planning and reviewing that will be required on the part of head teachers in relation to this funding.
- 6.2.4 The focus of work-stream 3, the sharing of teaching staff, has been to clarify the roles and responsibilities of all relevant parties whereby a teacher teaches in more than one setting as part of their normal working week.
- 6.2.5 The document "*Support for teaching staff that work in more than one setting*", appendix 3, was agreed at LNCT on the 8 December 2015 and stipulated that all teachers working in more than one setting have an Individual Work Plan to ensure their conditions of service are met.
- 6.2.6 Work-stream 4 of the Quality Improvement Framework on secondary provision has prioritised three tasks over 2016:
- Planning for the implementation of the new 33 period, asymmetric secondary school week common timetable structure from May 2018, previously agreed by the Shetland Learning Partnership and part of the remit of the Quality Improvement Framework since the start of 2016;
 - Working with stakeholders to confirm arrangements for a common curriculum structure in the Broad General Education (S1-S3) and the Senior Phase (S4-S6) also encompassed into the remit of the Quality Improvement Framework at the start of 2016;
 - Further consideration of delivering Higher and Advanced Higher courses in the same class if there are no more than 10 pupils in total studying the subject and providing that National 5 is not being taught in the class as well.

7. Curriculum Structures and Timetables

- 7.1 A planning event for the new common timetable structure was held on Friday 28 October 2016 with school managers, parent council representatives, central officers, transport planning colleagues, the Shetland Recreational Trust, the Shetland Islands Council's Human Resources Department, Shetland Islands Council Children's Resources Team, Shetland Islands Council Youth Services, Shetland Islands Council Communications Department and Shetland Arts.
- 7.2 Five themes were explored on the day:
- Clarification on the decisions made by the Shetland Learning Partnership in 2015 around the implementation of a Common Timetable Structure in all Secondary Schools from May 2018

- Potential Friday afternoon opportunities for young people as a result of a shorter school day within this Common Timetable Structure from May 2018
- Transport implications of this Common Timetable Structure from May 2018
- The potential implications, for Employees and Employers, of this Common Timetable Structure
- Communication with stakeholders around this timetable change

7.3 Subsequently a Press Release was issued around the timetable structure on Wednesday 16 November

What happens next?

Aside from Aith Junior High School and Whalsay School, which already operate the Common Timetable Structure we are moving to in 2018, our Secondary Schools will be expected to confirm their proposed timings for the school day within the new timetable structure and the implications for primary departments where applicable (Brae High School and the Junior High Schools of Baltasound, Mid Yell and Sandwick) by the **31 January 2017**

This should be done in discussions with their Parent Councils.

Head Teachers should then share their plans with Robin Calder, who in turn will discuss with SIC Transport colleagues to confirm that these times can work with transport operators.

The intention is for school days for the new Common Timetable are finalised for all secondary schools by **April 2017**.

School based communication to parents thereafter confirming the actual school day timings within their settings – **April / May 2017**.

Youth Services are to carry out a scoping exercise with secondary pupils to gather views on potential Friday afternoon activities and a short-term group has been set up to discuss ideas with SRT, SIC's Leisure and Recreation and Shetland Arts involved – **early 2017**.

On-going engagement with employers, partner providers, local colleges, unions, parent councils and others around the changes – **early 2017**.

8. Common Curriculum Structure:

8.1 The Shetland Learning Partnership (SLP) was set up in 2014 to implement some of the recommendations agreed by the Shetland Islands Council in response to the Strategy for Secondary Education Report of November 2013. The aim of the Partnership was to create new opportunities for learning, principally in secondary education in Shetland.

- 8.2 Among the areas explored by the SLP were curriculum and timetables with the aim of ensuring that all secondary pupils are taught within the same common curriculum structure in secondary education in the Broad General Education (S1-S3) and Senior Phase (S4-S6). The SLP project concluded in August 2016; however, the curriculum and timetables work-stream had already moved into the Quality Improvement Framework (formerly the School Comparison Project) at the start of 2016.
- 8.3 A common curriculum structure across the secondary school estate provides consistency and cohesion for pupils where transitions regularly take place during their secondary experience and provides clarity on the organisation of the curriculum, including the number of periods allocated to subjects and arrangements for personalisation and choice.
- 8.4 The common curriculum structure does not mean that all pupils have identical learning experiences in all schools, carrying out the same topics and content simultaneously. Nor does it mean that all secondary settings offer, and deliver, exactly the same subjects.
- 8.5 Recently, the Quality Improvement Framework Project Board reached decisions on a Common Curriculum Structure to be implemented from May 2018 when all secondary settings move to the new asymmetric 33 x 50 minute period, common timetable.

9. Outline of the Common Curriculum Structure:

9.1

<u>S1 ~S2</u>	Number of Periods
Maths	4
English	4
Modern Foreign Languages	3
Social Subjects	3
Sciences	3
Technical	2
Home Economics	2
Music	2
Art	2
ICT	1

School Flexibility	3
Physical Education	2
Pupil Support	1
Religious Education	1
Total allocated	33

9.2 S3:

Pupils personalising their learning in up to 9 subjects in S3, Number of Periods on covering each of the curricular areas. timetable

Maths	4
English	4
Modern Foreign Languages	3
Social Subjects (choice of Social Subject if the school offers more than one Social Subject course in S3)	3
Sciences (choice of Science)	3
Technologies (choice of Technology subject)	3
Expressive Arts (choice of Expressive Art subject)	3
Choice (further choice from one of the curricular areas)	3
Physical Education	2
Pupil Support / PSE	1
Religious Education	1
Flexibility including the option of a further choice from one of the curricular areas	3
Total Allocated	33

9.3 Senior Phase:

Continue to operate the 7 subject options choice model in S4.

9.4 The range and menu of subjects offered in the Senior Phase:

Children's Services will not be moving to the core subject list and local flexibility concept for organising subjects offered in secondary settings in the Senior Phase, which was discussed as part of the School Comparison Project and Quality Improvement Framework in 2015 and 2016.

10. The key features of the new Common Curriculum Structure:

- An S1 to S3 Broad General Experience, providing young people with the opportunity to experience a range of learning across all of the curricular areas, in line with the parameters of Curriculum for Excellence.
 - An element of flexibility included in the S1 to S3 curriculum structure to enable schools to develop programmes to meet their learner's needs and their local circumstances.
 - In S3, the final year of the Broad General Education, young people will have the opportunity to personalise their learning in up to nine learning options, completing their entitlement to a broad general education, including experiences and outcomes to third level across all curriculum areas and the opportunity to specialise and extend their learning into fourth curriculum level experiences and outcomes.
 - Learning in S3 will also contribute to learning for qualifications in the Senior Phase, as outlined in recent Education Scotland guidance, *Progression from the Broad General Education to the Senior Phase*.
 - In the Senior Phase, from S4 to S6, a range of pathways and programmes will be offered to young people, including school based subjects at National, Higher and Advanced Higher level, foundation apprenticeship programmes at Shetland College and NAFC Marine Centre, volunteering and other wider achievement opportunities to support them into positive destinations beyond school.
 - Within this structure, young people will have a choice of seven subjects in all secondary settings in S4, providing a manageable number of qualifications for them to work towards and retaining a breadth of experience in S4.
- 10.1 With regard to dual level delivery of courses in the Senior Phase, the further action in this area outlined in the September 2015 School Comparison Report was as follows:
- "Further discussion on delivering Higher and Advanced Higher courses in the same class if there are no more than 10 pupils in total studying the subject and providing that National 5 is not being taught in the class as well."*

- 10.2 It was agreed by lead officers of work-stream 4, in discussion with teaching union officers, to carry out a survey monkey with all secondary teaching staff having the opportunity to contribute their views on teaching Higher and Advanced Higher subjects in the same class.
- 10.3 The survey monkey was circulated in January 2016 and closed the following month.
- 10.4 There were 61 responses to the survey monkey questionnaire from across the secondary teaching staffing cohort.
- 10.5 The majority of respondents had experience of teaching their subjects at Higher and advanced higher levels.
- 10.6 The overwhelming majority of responses were that Higher and Advanced Higher courses could not be delivered within the one class setting.
- 10.7 There was also a national dimension to this issue, which reinforced the opposition to this further action on the teaching of Higher and Advanced Higher courses in the same class. At EIS conferences last year, concerns have been raised around bi-level and bi-coursing in S4 to S6 in Scottish schools and the effect this was having on workload. This was part of wider concerns amongst the teaching profession in general around new qualifications and the assessment demands being placed on young people and teaching staff.
- 10.8 Given the opposition and concerns at local and national level in this area, particularly at this time when national qualifications are still in the embryonic stage, the Project Board agreed not to introduce a formal instruction to our two high schools that Higher and Advanced Higher courses are taught in the same class if there are no more than 10 pupils in total in the class and providing that National 5 is not being taught in the same class as well.
- 10.9 However, there will continue to be instances when dual level or bi-coursing in the Senior Phase will take place due to pupil uptake, staffing complements and timetable constraints.
- 10.10 Finally, with respect to the actions being taken forward within the Quality Improvement Framework, in work-stream 5, the review of quality assurance, a draft School Improvement Framework has been developed consisting of:
- The proposed new overarching policy document, School Improvement Framework
 - Appendix 1 of the proposed policy, School Improvement Planning and Standards and Quality Reporting – Operational Guidance
 - Appendix 2 of the proposed policy, Visits to Schools – Operational Guidance
- 10.11 Key features of the new School Improvement Framework are:
- Clearer advice around School Improvement Planning and Standards and Quality Reporting taking into account the National Improvement

Framework, How Good Is Our School, 4th Edition and the tackling bureaucracy agenda;

- A reduced number of themed visits to schools, with a core expectation of two school improvement visits per session and possibly a third visit depending on local and national priorities;
- Regular school support visits and the importance of team improvement visits to support self-evaluation have also been built into the new School Improvement Framework.

10.12 The draft School Improvement Framework has been shared with school managers, stakeholder groups and presented at LNCT for discussion in December 2016. Generally, the framework has been well received with a number of head teachers already referring to the templates for school improvement planning and standards and quality reporting to construct these documents in their settings.

10.13 Following the publication of the statutory guidance amending the Standards in Schools etc Act 2000 and taking into account the outcome of the Scottish Government's Governance Review, the School Improvement Framework will be presented at the LNCT for agreement in May 2017 with the intention of being fully operational from school session 2017-18.

11. Conclusions and Next Steps:

11.1 This report summarises progress to date in respect of the five work-streams within the Quality Improvement Framework:

- Work-stream 1: The implementation of the local authority's four year attainment action plan, 2016 to 2020, to further improve attainment in Shetland;
- Work-stream 2: Reviewing promoted posts and management structures within the school estate;
- Work-stream 3: Sharing of secondary teaching staff between settings;
- Work-stream 4: Reviewing other aspects of provision to make secondary education more sustainable and efficient;
- Work-stream 5: Reviewing quality assurance approaches involving the local authority and schools, with the development of a new School Improvement Framework. In addition, reviewing Schools and Quality Improvement Staffing within Children's Services.

11.2 A further Project Board meeting is due to take place on Friday 10 February 2017 to clarify planning for other actions within these Quality Improvement Framework work-streams.

Appendix 1

The Attainment Action Plan

Quality Improvement Framework (formerly School Comparison Project): Recommendation 1.

Four Year Strategic Local Authority Action Plan for Further Improving Attainment in Shetland

Action	Method	Impact measure	By whom	Implementation date
1. Decide upon and implement in schools a common and effective approach to Shetland's monitoring, tracking and moderation for the Broad General Education, for ages 3 -15.	<p>Develop a Shetland Strategy Document for monitoring, tracking and moderation, which includes guidelines and examples of good practice.</p> <p>In developing that strategy the following will be considered:</p> <ul style="list-style-type: none"> Evidence from QIO QA visits on attainment and achievement in BGE The new National Improvement Framework, with standardised testing to be implemented in primaries 1, 4, 7 and S3. The PAM initiative 	<p>Trends in attainment/achievement over time are used to identify where improvements are required. Strategies for improvements are implemented to address these.</p> <p>Staff and pupils moving between schools are using similar systems based on the agreed strategy or common approach.</p> <p>The Quality Improvement Team monitors progress towards raising attainment.</p> <p>The Scottish</p>	<p>In consultation with the National Improving Attainment Advisor.</p> <p><i>Standardised Testing:</i> Representatives from both the Primary and Secondary Sector.</p> <p><i>Strategy Document:</i> Primary Head Teacher</p>	<p>Draft document by June 2016.</p> <p>Implementation in schools during 2016/17.</p> <p>Review of document by June 2017.</p> <p>Final strategy by August 2017.</p>

	(Plan-Assess-Moderate) <ul style="list-style-type: none"> • Education Scotland's self-evaluation toolkits for 3 to 15 • The use of SEEMIS in tracking 	Government's Stretch Aim 1 is: To ensure that 85% of children within each school cluster have successfully experienced and achieved CfE Second Level Literacy, Numeracy and Health and Wellbeing outcomes in preparation for Secondary School by 2016. Stretch Aim 2: To ensure that 85% of children within each school cluster have successfully experienced and achieved CfE Third Level Literacy, Numeracy and Health and Wellbeing outcomes in preparation for the Senior Phase by 2019. Shetland's Education and Families Committee reviews information provided on pupil		
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		performance between P1-S3. To adequately challenge Schools Quality Improvement Service.		
<p>2. To use nationally and locally collected data and knowledge to evaluate the performance of Shetland's pupils in national qualifications, and to set annual actions that will improve the specific areas where performance is weaker.</p>	<p>Make decisions about the areas of Insight that can be used as a baseline to demonstrate improvements.</p> <p>Use Insight to evaluate data and set appropriate and specific improvement targets and actions that can be monitored annually. Use analysis and evaluations from Term 3 QIO Quality Assurance visits on the Senior Phase.</p> <p>Investigate issues around the validity of the Scottish Index of Multiple Deprivation (SIMD) in order to improve the attainment of lower attainers, relative to higher attainers.</p>	<p>The information data on Insight shows that the actions taken by secondary settings demonstrate an improvement in the Positive Destinations, Relative Values and Wider Achievement information on Insight by 2018</p> <p>Improved performance of Qualifications in the lower-performing areas.</p> <p>Shetland's Education and Families Committee reviews information provided on pupil attainment at S4-S6, to adequately challenge the Schools' Quality</p>	<p>Quality Improvement Officers</p> <p>MIS officers</p> <p>Suggest a Secondary Head Teacher as a short secondment, but to include:</p> <p>SQA co-ordinators in schools School management teams. Every secondary teacher.</p> <p>In consultation with the National Improving Attainment Advisor.</p>	<p>September 2015 and annually.</p> <p>Evaluative report on achievement in qualifications is presented to members annually.</p>

	<p>Rigorously monitor the national Qualifications data using the Scottish benchmarking tool, INSIGHT</p> <p>Develop further actions to support raising attainment in the Senior Phase with respect to those listed in the “Report of the Working Group on the First Year of the New Qualifications” by the Curriculum for Excellence Management Board.</p> <p>Fully assess the potential long-term impact on attainment and wider achievement of budget reductions.</p>	<p>Improvement Service.</p> <p>The Scottish Government’s stretch aim 3 is: To ensure that 95% of young people within each school cluster go on to positive participation destinations on leaving school by 2018.</p>		
3. Scrutinise and record at Local Authority level, pupils’ performance in	QIO visits on attainment and achievement should contain a coordinated approach to gathering	Use the co-ordinated approach to identify any links between Attainment and Wider Achievement.	To be led by: Secondary Head Teacher, as part of a secondment.	

<p>Wider Achievement.</p>	<p>and recording information on:</p> <ul style="list-style-type: none"> • the range of wider achievement in schools. • the levels of pupil participation • the outcomes they achieve. • the efficient use of resources provided for Wider Achievement. • procedures in schools to formally recognising the achievements of their pupils. <p>Work with schools to identify costs associated with the provision of Wider Achievement opportunities and identify cost-benefits</p>	<p>Work with schools to exemplify impact of Wider Achievement opportunities.</p> <p>Shetland's Education and Families Committee reviews information provided on pupil's performance in wider achievement to adequately challenge the Schools' Quality Improvement Service.</p>		
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	and efficiencies.			
4. Provide support and structure to the existing Subject Development Groups (SDG)	<ul style="list-style-type: none"> • Work with the current chairs to discuss the format and the impact of SDGs, and create a Position Paper for our SDGs. • Consider an annual training plan and action plan for each group. • Use SQA nominees and staff involved in SQA procedures to lead training in understanding standards • Consider time allocation for chairing the group and administrative support. • Consider a central link for each subject chair, encouraging professional dialogue. • Consider subject specific training. 	<p>More motivated teachers impact on motivation of pupils.</p> <p>Teachers being supported by each other.</p> <p>Teachers are confident in the latest developments in their specialist areas, enhancing pupils performance in these areas.</p>	<p>Led by a Quality Improvement Officer and a secondary Head Teacher with input from:</p> <ul style="list-style-type: none"> • Training and development officer. • Quality Improvement Officers. • Current SDG chairs. 	<p>Implementation of principles by August 2016.</p>

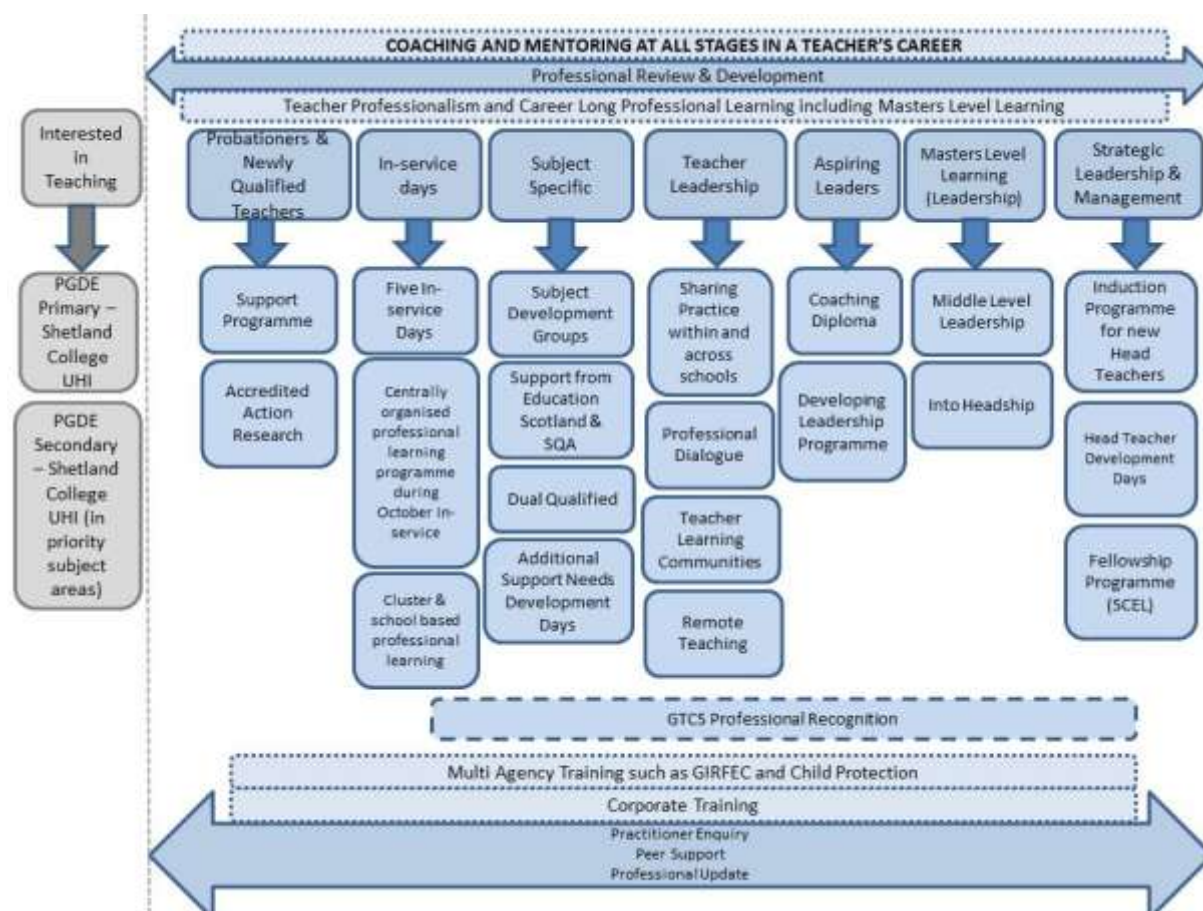
	<ul style="list-style-type: none"> Establish a “lead subject specialist” who can link between local teachers and a Senior Education Officer with Education Scotland. 			
5. Create a longer-term plan to create the conditions for improved pupil motivation and engagement	<p>Research recent national and international studies on motivation and engagement.</p> <p>Gather examples of existing good practice in Shetland.</p> <p>Plan practical systems for gathering information from Shetland schools.</p> <p>Emphasis on training of all school staff (see training section).</p> <p>Sharing of practice – teacher meet.</p>	<p>Continue to monitor attendance, lateness and exclusions.</p> <p>Number of children who require support due to behaviour shows a decrease.</p> <p>Improved attainment of all pupils.</p>	<p>To be led by: Seconded secondary teacher working with:</p> <ul style="list-style-type: none"> Training and Development Officer, Headteachers and teaching staff, Opportunities for All Co-ordinator, Home-Link teacher, Behavioural support section, Bridges, Educational Psychologist 	<p>The plan developed during 2016 and implemented during 2016/17/18.</p>

<p>6. Develop a strategy for professional learning that centres around feedback from the Professional Review and Development process, and provides leadership development and pathways at all levels.</p>	<p>The strategy will include the following:</p> <ul style="list-style-type: none"> • options for team/cluster based professional learning approaches, subject specific professional learning, the development of a bi-annual training plan and regular reviews of the Professional Review and Development process • Consideration of a different model for October in-service. • Confidence-building in teachers to share practice across schools clusters • Development of mentoring and peer support opportunities in schools • Development of a systematic approach 	<p>Well-trained, well-qualified teachers understand pupil motivation and have the potential to get the best from young people, thus raising attainment.</p> <p>Well-trained, well-qualified leaders are able to identify strategies for raising attainment and lead school staff to achieve them.</p> <p>The Scottish Government Stretch Aim 4 (RAFA) is:</p> <p>To provide the leadership for improvement, both nationally and locally, across the Raising Attainment for All Programme.</p>	<p>To be led by the Training and development officer. Supported by Quality Improvement Officers and other central staff.</p> <p>In consultation with the National Improving Attainment Advisor.</p>	<p>Strategy to be developed January to June 2016 for implementation during session 2016/17 and onwards.</p>
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	<p>to partnerships with universities for the provision of qualifications such as “action research projects”, “into Headship” and masters level learning.</p> <ul style="list-style-type: none"> • Development of Head Teachers’ Development Days to replace Head Teachers’ business meetings. • Development of secondment opportunities for teachers at all levels which provide development and leadership opportunities. • Development of a leadership development and induction programme for staff new to or aspiring to be in a management role 			
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	<p>Investigate the viability of and conditions applied to financially supporting teachers to qualify to teach a second subject.</p> <p>Engage with universities to explore a Middle Leadership Programme, and identify costs associated with this.</p>			
<p>7. Increase the skills of and strategies used by teachers and Parent Councils to increase the level of Parental Engagement in children's learning.</p>	<p>Use the resource pack: "Harnessing Parent Power" at:</p> <ul style="list-style-type: none"> • Head Teachers' Development Day; • Workshops for teachers in clusters; • Workshop for Parent Councils at Bi-annual PC meeting; • Reinforce the Parental Involvement Strategy; • Continue probationers' sessions on Parental 	<p>Schools are able to report an increasing level of Parental Involvement that has a positive effect on pupils' attainment.</p>	<p>To be led by the Quality Improvement Officer with responsibility for Parental Involvement, supported by Community Learning and Development Officer, and Shetland's representative on the National Parent Forum of Scotland (NPFS).</p>	<p>By 2017.</p>

	<p>Involvement.</p> <p>Develop and issue guidance to Head Teachers on communicating exam results from Insight analysis with Parent Councils.</p> <p>Reinforce the requirement for all schools to have a Parental Involvement action, agreed by their Parent Council, on their annual School Improvement Plan.</p> <p>Work with Parent Councils and Parent Forums around evolving secondary curriculum, especially around the Senior Phase.</p> <p>Develop a framework for a home learning policy.</p>			
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Appendix 3

Support for teaching staff that work in more than one setting- Roles and Responsibilities

Principles

The purpose of this document is to define the roles and responsibilities of all staff involved in an arrangement whereby a teacher works in more than one setting in the course of their normal working week.

Shetland Islands Council has employed teachers to work on a peripatetic basis for many years. Most commonly these teachers have taught in the Art, Music and Physical Education subject areas or supporting children with additional support needs.

Shetland Islands Council's Local Negotiating Committee for Teachers (LNCT) has an agreement in place on the process whereby excess teaching time capacity can be reallocated to another setting to meet specialist shortfall and to increase efficient use of a teacher's class contact time capacity. The Transfer Agreement for Teachers was revised in March 2015 and was issued with circular 017/2015 on 20 March 2015

It is accepted that, for teachers working in more than one setting, other than those appointed on a peripatetic basis, this is unlikely to be what they expected when they took up post. It is therefore essential that such transfers are undertaken sensitively and most importantly, that the support for all teachers working in more than one setting is consistent and maintained.

The key reason for establishing shared and or peripatetic arrangements is to provide young people with appropriate subject specialist teaching to support their learning whilst maintaining viable attractive jobs. It can therefore be assumed that the teaching delivered will be at its highest quality if the teacher is well prepared and feels well supported within each setting in which they teach.

Conditions of service contained within the SNCT Handbook for a teacher in shared or peripatetic arrangements are implemented in the same way as for a teacher who works in one setting.

Links to other documents

This document should be read in conjunction with the:

- SNCT Handbook guidance on a Teachers working week and duties;
- Shetland LNCT 35 hour working week Agreement for Peripatetic Teachers;
- Shetland LNCT Updated Transfer Agreement for Teacher (March 2015).

Definitions

For the purposes of clarity the following terminology will be used throughout this document:

- **Teacher** refers to the colleague working in more than one setting;
- **Line Manager** will be the teacher's immediate line manager. This person will normally be based full time within the teacher's base school. They could be a Head Teacher, a Deputy Head Teacher or a Principal Teacher dependant on the management structure in place in the base school.
- **Base School** will be the school in which the teacher spends the largest proportion of their timetabled contractual contact time. Where the teacher spends equal amounts of time in more than one school, the base school should be considered as the one nearest to the teacher's home address in which they work.
- **Second (third, fourth etc) School** will be the schools in which the teacher spends the remainder of their timetabled contractual contact time.

- **A full time teacher's working week** should be considered as consisting of:
Pro rata up to:
 - ✓ **22.5** hours of class contact.
 - ✓ **7.5** hours for preparation and correction (may be undertaken at a time and place of the teacher's own choosing in consultation with their line manager).
 - ✓ **5.0** hours for collegiate activities
- **Individualised Work Plan (IWP)** is a document that provides clear details of what is expected of the teacher. It will contain full details of:
 - ✓ all timetabled class contact;
 - ✓ all required travel;
 - ✓ expectations in relation to each school's collegiate activities, e.g. attendance at parents' nights, staff meetings, reporting to parents etc. This should be proportionate to the amount of time spent in each school.

A copy of this document will be held centrally and should be available for review by the LNCT joint secretaries to ensure the teacher's conditions of service are being met.

The table below contains information that can be used by teachers and managers when planning the completion of the IWP. It should be used as indicative rather than prescriptive. A spreadsheet has been prepared which staff may choose to use to check their total annual collegiate activity amounts are correct.

No. of 50 minute periods of class contact	Associated preparation and correction per week (hours)	Associated Collegiate Activity time per year (hours)
1	0.28	7.04
2	0.56	14.07
3	0.83	21.11
4	1.11	28.15
5	1.39	35.19
6	1.67	42.22
7	1.94	49.26
8	2.22	56.30
9	2.50	63.33
10	2.78	70.37
11	3.06	77.41
12	3.33	84.44
13	3.61	91.48
14	3.89	98.52

No. of 50 minute periods of class contact	Associated preparation and correction per week (hours)	Associated Collegiate Activity time per year (hours)
15	4.17	105.56
16	4.44	112.59
17	4.72	119.63
18	5.00	126.67
19	5.28	133.70
20	5.56	140.74
21	5.83	147.78
22	6.11	154.81
23	6.39	161.85
24	6.67	168.89
25	6.94	175.93
26	7.22	182.96
27	7.50	190.00

N.B. 1 FTE Teacher's working week should total 35 hours.

Roles and Responsibilities

Detailed below are the roles and responsibilities of all colleagues involved in establishing and maintaining a shared/peripatetic arrangement.

The Teacher should:

- primarily be expected to fulfil the duties of a class teacher as published in the SNCT Handbook;
- meet regularly with their line manager, once per term as a minimum, to discuss the arrangement and any emerging related issues that could impact on their ability to teach effectively. These could be workplace relationships, health and wellbeing issues, morale issues etc. Time for this meeting should not come from preparation and correction time rather it should come from collegiate time or any remaining excess class contact capacity.

The Line Manager will be responsible for:

- the teacher's annual Professional Review and Development process and Professional Update sign-off as required;
- meeting regularly with the teacher, once per term as a minimum, to discuss the arrangement and any emerging related issues that could impact on their ability to teach effectively. These could be workplace relationships, health and wellbeing issues, morale issues etc. Time for this meeting should not come from the teacher's preparation and correction time;
- discussing any emerging issues with the Base School Head Teacher.

Base School Head Teacher will be responsible for:

- meeting their obligations with respect of the Updated Transfer Agreement for Teachers (2015);
- ensuring the guidance contained within this document is followed within the base school;
- giving due regard to each setting's WTA, ensuring that the teacher's conditions of service are met through the development of an annual individualised Work Plan (IWP) in negotiation with the teacher and all other schools in which the teacher works.
- providing appropriate line management for the teacher, either directly or delegated within the school's management structure;
- all other duties appropriate to the role of Head Teacher within the base school e.g. the Quality Assurance process related to teaching and learning;
- ensuring arrangements are in place for liaison between teachers that may share a class commitment.

Head Teacher's of all other schools in which the teacher works are responsible for:

- meeting their obligations with respect of the Updated Transfer Agreement for Teachers (2015);
- ensuring the guidance contained within this document is followed within their school;
- providing appropriate support for the teacher, either directly or delegated within the school's management structure. This will include ensuring that the teacher is welcomed and included as a member of the staff of their school, and ensuring that there is effective communication in place related to all appropriate school matters;
- all other duties appropriate to the role of Head Teacher within their school e.g. the Quality Assurance process related to teaching and learning.
- ensuring arrangements are in place for liaison between teachers that may share a class commitment.

Base School Head Teacher with Head Teachers of all schools in which the teacher works will:

- agree a proportionate timetable for the shared teacher that makes the most efficient use of class contact capacity;
- agree a programme for the teacher's collegiate time proportionate to the amount of class contact time allocated to each setting;
- discuss and address any emerging issues that are raised that could impact on the teacher's ability to teach effectively.

Children Services Officers will be responsible for:

- identification of class contact capacity and/or shortfall. This may be as part of an annual scrutiny of secondary department timetables or related to some other event such as a reduction or increase in pupil roll.
- Identification of suitable vacancies whereby a sharing/peripatetic arrangement may be appropriate;
- the establishment of any teacher sharing/peripatetic arrangement in line with the Updated Transfer Agreement for Teachers (2015);
- monitoring all sharing arrangements to ensure that the teacher's conditions of service are not breached and that the principles contained in this document are being upheld;
- address any emerging issues that are raised that could impact on the teacher's ability to teach effectively that cannot be addressed at school level;

Additional Points

In recognition of the additional factors to be considered by a teacher in a sharing arrangement the following points should be implemented **unless no other option can be identified**:

- A shared/peripatetic teacher should not be allocated a registration class;
- A shared/peripatetic teacher should not be asked to undertake cover for an absent colleague;
- There are instances whereby some classes will be taught by two subject specialists in the course of their timetabled week. It is Children's Service's view that this is not the best educationally beneficial model and should be kept to a minimum.

Individualised Work Plan

Timetable (for illustration)

	Per1	Per2	Per3	Per4	Per5	Per6	Per7
Mon	School A Class	School A Class	School A Class	School A Class	School A Class	Non Contact	Non Contact
Tues	School B Class	School B Class	Non contact	Travel	School A Class	School A Class	School A Class
Wed	School A Class	School A Class	Non contact	School A Class	School A Class	School A Class	School A Class
Thurs	School B Class	School B Class	School B Class	Non Contact	School B Class	School B Class	School B Class
Fri	School A Class	School A Class	Non Contact	School A Class	School A Class		

Collegiate Activities School A (for illustration)

Agreed Collegiate activity	Date	Time allowance	Comments
Parents' night			
Prep. For parents' night			
Whole staff meeting			
Dept. Moderation meeting			
Report writing			
	Total		

Collegiate Activities School B (for illustration)

Agreed Collegiate activity	Date	Time allowance	Comments
Parents' night			
Prep. For parents' night			
Whole staff meeting			
Dept. Moderation meeting			
Report writing			
	Total		

Total Agreed Collegiate activities time (Total School + Total School B)	
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Shetland Islands Council



Meeting:	Special Education and Families Committee	26 January 2017
	Integration Joint Board	25 January 2017
Report Title:	Social Work in Scotland: Audit Scotland Report, September 2016	
Reference Number:	CS-01-17-F	
Author / Job Title:	Martha Nicolson, Chief Social Work Officer	

1.0 Decisions / Action required:

- 1.1 That Education and Families Committee and Integration Joint Board (IJB) consider the Audit Scotland report, Social Work in Scotland, September 2016, and note its key messages and recommendations.

2.0 High Level Summary:

- 2.1 The **Key Messages** in the report (*Appendix 1, page 5*) highlight the following:
- Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services.
 - Councils and IJB's need to make decisions about how they provide services in the future, working more closely with service providers, service users and carers to commission services in way which makes best use of local resources and expertise.
 - Integration of health and social care has made governance arrangements more complex, notwithstanding, Councils retain statutory responsibilities in relation to social work services.
 - Elected members have important leadership and scrutiny roles in relation to ensuring service quality is maintained and that risks are managed effectively. They also have a key role in wider conversations with the public about service priorities and managing people's expectations of social work and social care services.
 - The key role of the Chief Social Work Officer (CSWO) has become more complex and challenging over recent years. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory roles effectively.

3.0 Corporate Priorities and Joint Working:

- 3.1 The recommendations in this report can help us realise our Corporate Vision to be

‘...known as an excellent organisation that works well with our partners to deliver sustainable services...’ and relates to the following Corporate Priorities:

- Support older people across Shetland so they can get the services they need to help them live as independently as possible.
- Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential.
- Vulnerable children and young people in need of our care and support will continue to be protected from harm.
- Older people and people who are living with disabilities (including learning disabilities) or long-term conditions will be getting the services they need to help them live as independently as possible.
- More people will be able to get the direct payments and personal budgets that they want, so they can make the best choices for their own lives.
- Our Integrated Health and Social Care services will be providing the services people need in a more efficient way, improving standards of care and keeping people healthier for longer.
- People in Shetland will feel more empowered, listened to and supported to take decisions on things that affect them, and to make positive changes in their lives and their communities.

3.2 NHS Shetland 2020 Vision is to deliver sustainable high quality local health and care services that are suited to the needs of the population; to make best use of our community strength, community spirit and involvement; for people to make health life style choices and use their own knowledge and capacity to look after themselves and each other

3.3 Social Care and Social Work services contribute the Corporate Priorities as detailed in the Children’s Services and Community Health and Social Care Directorate plans and respective Service plans.

3.4 This report is presented to both the Integration Joint Board and Education and Families Committee.

3.5 Audit Scotland will deliver a presentation of this report to Elected Members and Shetland NHS Board at a seminar on Monday 30 January 2017. Any follow up actions will be presented to a subsequent Education and Families Committee and Integration Joint Board.

4.0 Key Issues:

4.1 Education and Families Committee and Integration Joint Board are asked to note and discuss the recommendations of the Audit Scotland Report.

4.2 **Key Recommendations** (*Appendix 1, page 6&7*) cover four main areas and relate to:

4.2.1 Social work strategy and service planning

Councils and IJB's should:

- Instigate debate with their communities about the long term future for social work and social care.
- Work with COSLA, Social Work Scotland etc., to review how to provide social work services for the future.
- Develop long-term strategies for services funded by social work.

4.2.2 Governance and scrutiny arrangements

Councils and IJB's should:

- Ensure the governance and scrutiny of social work is appropriate and comprehensive across the whole of social work services.
- Improve accountability.

Councils should:

- Demonstrate clear access for and reporting to the Council by the CSWO.
- Ensure CSWO has sufficient time and authority to enable them to fulfil their role effectively.
- Ensure the CSWO annual report provides an annual summary of social work services.

4.2.3 Workforce

Councils should:

- Work with COSLA etc to put in place a coordinated approach to resolve workforce issues in social care.
- Ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised.

4.2.4 Service efficiency and effectiveness

Councils and IJB's should:

- Include evaluation criteria when planning an initiative and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money.
- Work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent policy and legislative changes.

Councils should:

- Benchmark their services to encourage innovation and improve services.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications:	
6.1 Service Users, Patients and Communities:	The likely impact of the implementation of the recommendations in the Audit Scotland report should lead to the Council and Integration Joint Board working more closely with partners including service providers, users and carers, to help in making decisions about how we build community capacity to enable people live independently in their own homes and communities.
6.2 Human Resources and Organisational Development:	<p>The Chief Social Work Officer needs to have the status and capacity to enable her to fulfil her statutory responsibilities effectively. Chief Social Work Officer capacity is currently being reviewed locally.</p> <p>There is close working between the relevant services and HR/Workforce Development in both the Council and NHS Shetland as we work to ensure effective workforce and succession planning takes place to meet the challenges of the future.</p>
6.3 Equality, Diversity and Human Rights:	Ethical awareness, professional integrity, respect for human rights and a commitment to promoting social justice are at the core of social work practice. There are risks that reducing costs could affect the quality of services. Future sustainability of services will require best use to be made of local resources and expertise.
6.4 Legal:	Councils are implementing a great deal of legislation relating to social work and social care, some with significant cost implications. For example, self directed support (Social Care (Scotland) Act, 2013); The Children and Young People (Scotland) Act 2014; The Public Bodies (Joint Working) (Scotland) Act 2014; The Carers (Scotland) Act 2016; The Community Justice (Scotland) Act 2016.
6.5 Finance:	<p>The Audit Scotland report sets out some indicative associated costs to Scotland in relation to new legislation (<i>page 13 in the report</i>).</p> <p>Audit Scotland estimate that that if services across Scotland continue to be delivered in the same way, social work spending will increase between £510 and £667 million by 2020 (16-21% increase).</p>
6.6 Assets and Property:	None
6.7 ICT and new technologies:	None
6.8 Environmental:	None

6.9 Risk Management:	This Audit Scotland report makes clear the challenges facing social work in Scotland: budget pressures, demographic change, legislative change, organisation change (i.e. health and social care integration) and staffing. There is inherent risk in continuing with the current approach to managing these pressures and so a different approach is required, as outlined within the key recommendations.
6.10 Policy and Delegated Authority:	<p>Shetland's Integration Joint Board is responsible for the operational oversight on integrated services and through the Chief Officer, is responsible for the operational management of integrated services, including adult social work.</p> <p>In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the terms of this report concerning matters relating to children's social work, are within the remit of Education and Families Committee.</p>
6.11 Previously considered by:	None

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Report Finalised: 17 January 2017

Appendices:

Appendix 1: Social Work in Scotland, Audit Scotland, September 2016

Background Documents:

None

Social work in Scotland



ACCOUNTS COMMISSION 

Prepared by Audit Scotland
September 2016


The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

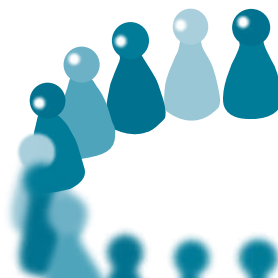
Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about/ac 

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

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These quote mark icons appear throughout this report and represent quotes from interested parties.

Links

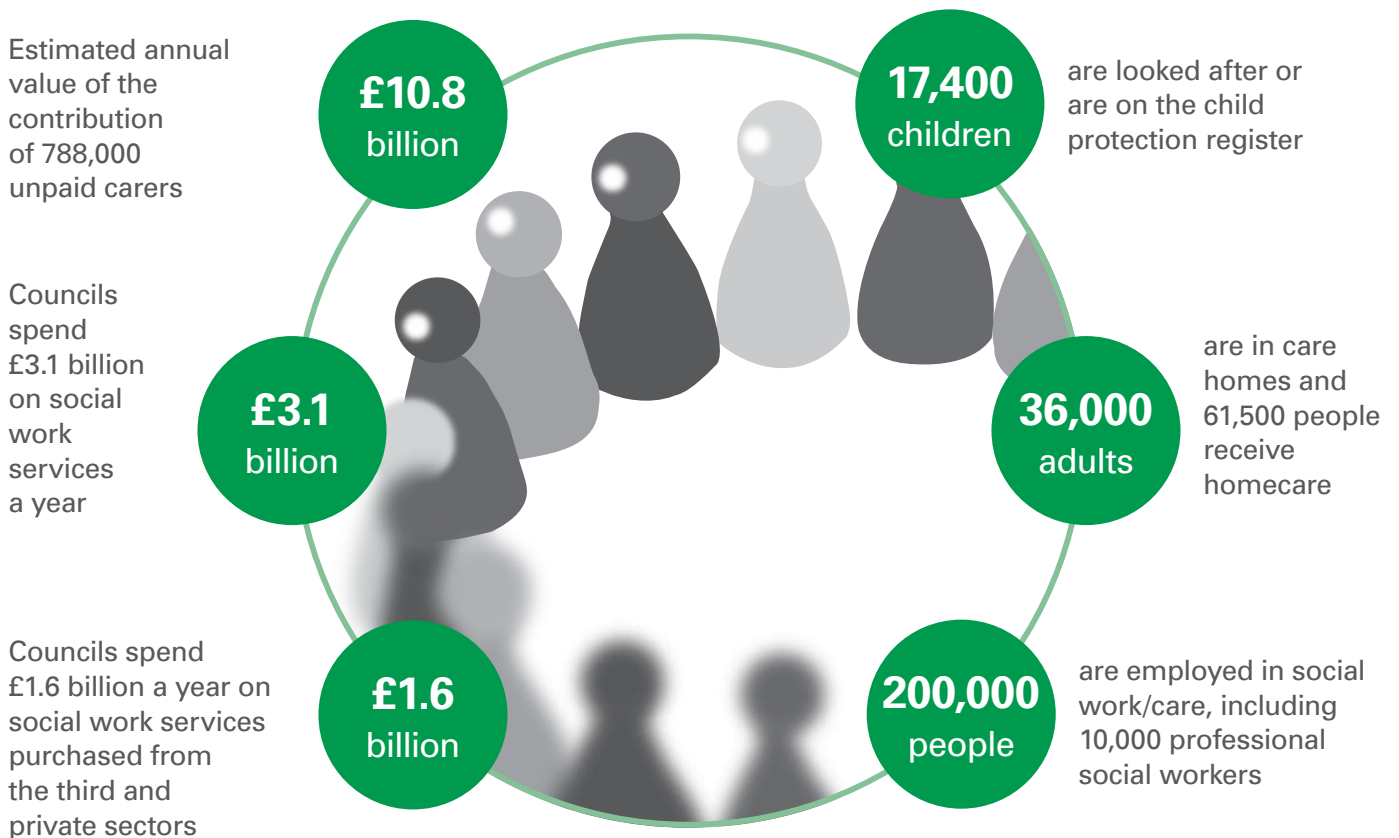
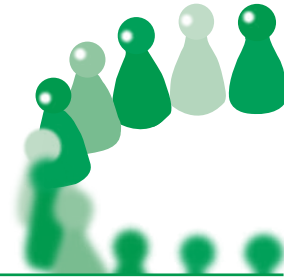


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Key facts



Summary



Key messages

- 1 Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.
- 2 Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).
- 3 The integration of health and social care has made governance arrangements more complex, but regardless of integration, councils retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles in councils. It is essential that elected members assure themselves that service quality is maintained and that risks are managed effectively. Elected members have a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. The Scottish Government also has an important role to play in setting the overall context of the debate.
- 4 With integration and other changes over recent years, the key role of the chief social work officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.

**current
approaches
to delivering
social work
services
will not be
sustainable
in the long
term**

Key recommendations

Social work strategy and service planning

Councils and IJBs should:

- instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges ([paragraph 111](#))
- work with the Scottish Government, their representative organisation (COSLA or the Scottish Local Government Partnership (SLGP)), Social Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements ([paragraphs 35–41](#))
- develop long-term strategies for the services funded by social work by:
 - carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services ([paragraph 52](#))
 - developing long-term financial and workforce plans ([paragraph 81](#))
 - working with people who use services, carers and service providers to design and provide services around the needs of individuals ([paragraphs 69–72](#))
 - working more closely with local communities to build their capacity so they can better support local people who may be at risk of needing to use services ([paragraph 112](#))
 - considering examples of innovative practice from across Scotland and beyond ([paragraphs 54, 67–68](#))
 - working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements to support these strategies ([paragraph 36](#)).

Governance and scrutiny arrangements

Councils and IJBs should:

- ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change ([paragraphs 87– 93](#))
- improve accountability by having processes in place to:
 - measure the outcomes of services, for example in criminal justice services, and their success rates in supporting individuals' efforts to desist from offending through their social inclusion
 - monitor the efficiency and effectiveness of services

- allow elected members to assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively
- measure people's satisfaction with those services
- report the findings to elected members and the IJB ([paragraph 90, 108–109](#)).

Councils should:

- demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance ([paragraphs 104–106](#))
- ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively ([paragraphs 102–107](#))
- ensure that CSWO annual reports provide an annual summary of the performance of the social work service, highlighting achievements and weaker areas of service delivery, setting out the council's response and plans to improve weaker areas and that these are actively scrutinised by elected members ([paragraphs 108–110](#)).

Workforce

Councils should:

- work with their representative organisation (COSLA or the SLGP), the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues in social care ([paragraphs 21–23](#))
- as part of their contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised ([paragraph 24](#)).

Service efficiency and effectiveness

Councils and IJBs should:

- when planning an initiative, include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money ([paragraphs 53–53](#))
- work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent policy and legislative changes ([paragraphs 46–47](#))

Councils should:

- benchmark their services against those provided by other councils and providers within the UK and overseas to encourage innovation and improve services ([paragraphs 54, 67–68](#)).

Introduction

1. Scottish councils' social work departments provide and fund essential support to some of the most vulnerable people in society. They supported and protected over 300,000 people in 2014/15, around 70 per cent of whom were aged 65 and over.¹ Social work departments also provide and fund social care, for example care at home for older people who require help with dressing and taking medication. People supported by social work and social care in Scotland in 2014/15 included:

- 15,404 looked-after children (LAC), that is children in the care of their local authority
- 2,751 children on the child protection register, a list of children who may be at risk of harm²
- 61,500 people who received homecare services³
- 36,000 adults in care homes.⁴

2. In 2014/15, councils' net expenditure on social work was £3.1 billion.⁵ Net spending is total spending less income, for example from charges for services. Just over 200,000 people work in social work and social care, around one in 13 people in employment in Scotland.⁶ Many are employed in the private and third sectors that councils commission to provide services.⁷ In addition, the Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, 17 per cent of the adult population, and 29,000 young carers under 16.⁸

3. Social work services have recently been reorganised. The Public Bodies (Joint Working) (Scotland) Act 2014 requires councils and NHS boards to create an integration authority to be responsible for the strategic planning of adult social care services, some health services and other functions delegated to it. It is also responsible for ensuring the delivery of those functions. The Integration Joint Board (IJB) also has an operational role as described in the locally agreed operational arrangements set out within their integration scheme. The Act also allows councils to integrate children's and families' services and criminal justice social work.

4. Councils delegate their responsibility for strategic planning of adult social services, and any other services they have decided to include, to the integration authority. All council areas, apart from Highland, have created an IJB to plan and commission integrated health and social care services in their areas. The voting membership of IJBs comprise equal numbers of council elected members and NHS board non-executive directors. Our recent report *Health and social care integration* includes a description of the integration arrangements in each council area.⁹

5. The Scottish Government sets the legislative basis and the overall strategic framework for the delivery of social work. Its overall vision is 'a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement'.¹⁰ The Scottish Government also sets the key outcomes that councils' social work services are expected to contribute to achieving, for example 'Our people are able to maintain their independence as they get older and are able to access appropriate support

when they need it.’ This report focuses on councils’ social work services, but recognises the role of the Scottish Government in setting the overall context in which councils operate.¹¹

About the audit

6. The overall aim of the audit was to examine how effectively councils are planning to address the financial and demographic pressures facing social work. The objectives were to assess:

- the scale of the financial and demand pressures facing social work
- the strategies councils are adopting to meet these challenges
- the effectiveness of governance arrangements, including how elected members lead and oversee social work services
- the impact of financial and demand pressures on people who use services and on carers, and how councils involve them in planning how services are provided.

7. Social work comprises a wide range of services, and we have not covered all of them in this report. We also did not examine health and social care integration arrangements, which will be the subject of separate audit work, but we did consider their impact on councils’ financial, operational and governance arrangements. Our methodology included:





- fieldwork interviews with elected members, senior managers and social workers in six council areas, Midlothian, East Renfrewshire, Comhairle nan Eilean Siar, Glasgow City, Perth and Kinross and West Lothian
- meetings and focus groups with stakeholders, including:
 - 33 focus groups and 12 interviews with service users and carers (165 participants)
 - four focus groups with service providers (over 40 participants)
 - attending the Coalition of Carers in Scotland Annual General Meeting
- desk research, including analysing both the impact of legislation and policy, and financial and demographic data.

8. Our audit took into account the findings of previous audits including:

- [*Commissioning social care*](#)  (March 2012)
- [*Reshaping care for older people*](#)  (February 2014)
- [*Self-directed support*](#)  (June 2014)
- [*Health and social care integration*](#)  (December 2015)
- [*Changing models of health and social care*](#)  (March 2016)

In addition, we are planning further audit work on health and social care integration and following up our report on self-directed support.

9. We have produced four supplements to accompany this report:

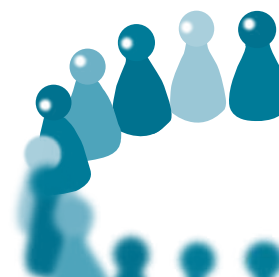
- [Supplement 1](#)  presents the findings of our survey of service users and carers.
- [Supplement 2](#)  lists advisory group members, who gave advice and feedback at important stages of the audit. It also describes the detailed audit methodology, the roles and responsibilities of the key social work organisations and social work legislation.
- [Supplement 3](#)  describes the governance and scrutiny arrangements in each of our fieldwork councils, providing an illustration of the variety and complexity of arrangements across Scotland.
- [Supplement 4](#)  is a self-assessment checklist for elected members.

10. This report has three parts:

- [Part 1](#) Challenges facing social work services.
- [Part 2](#) Strategies to address the challenges.
- [Part 3](#) Social work governance and scrutiny arrangements.

Part 1

Challenges facing social work services



Key messages

- 1** Councils' social work departments provide important services to some of the most vulnerable people across Scotland. But they are facing significant challenges. These include financial pressures caused by a real-terms reduction in overall council spending, demographic changes, and the cost of implementing new legislation and policies. We have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase), if councils and IJBs continue to provide services in the same way. Additional funding provided to IJBs via the NHS may partially relieve the financial pressures.
- 2** Councils are implementing a wide range of legislation and policy changes aimed at improving services, better supporting carers, improving outcomes for people and increasing the wages paid to adult care workers. This has significant financial implications. Councils are also under pressure due to increasing demand associated with demographic changes, particularly people living longer with health and care needs.
- 3** Since 2010/11, councils' total revenue funding has reduced by 11 per cent in real terms. Social work spending increased by three per cent in real terms over the same period, and now accounts for a third of overall council spending. Further reductions in councils' budgets are an additional pressure on social work services, particularly as their financial commitments continue to increase.
- 4** Social care providers have difficulty recruiting and retaining suitably qualified staff, particularly homecare staff and nursing staff. However, the number of social workers has increased over recent years.

councils' social work departments provide important services to some of the most vulnerable people across Scotland

Social work is a complex group of services

11. Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. These services aim to improve the quality of their lives and help people to live more independently ([Exhibit 1, page 12](#)). Each of these client groups will include people requiring care, support or protection. For example, through care at home, child protection or helping people overcome addiction. Social workers deal with people with complex problems and with vulnerable people who need support at different

times or sometimes throughout their lives. They often specialise in particular service areas, for example criminal justice, children and families or mental health.




Social work services are implementing a considerable volume of legislation and policy change

12. Since the Scottish Parliament was established, there has been an increase in the volume of legislation related to social work. Councils are currently implementing several important pieces of legislation ([Exhibit 2, page 13](#)). This legislation is designed to improve services and the outcomes for people who use them, for example by bringing about increasingly personalised services to meet individuals' needs. However, implementing legislation can increase financial pressures and staff workload in the medium term.

Exhibit 1

Social work and social care services

Social work provides a variety of services to protect and support people in three client groups.




Children's services 	Adult services 	Criminal Justice services 
Support for families	Residential care	Offender services
Child protection	Care at home	Providing social enquiry reports
Adoption services	Day care	Supervision of community payback and unpaid work
Kinship care	Hospital discharge coordination	Supporting families of prisoners
Fostering	Adult support and protection	Supervision of offenders on licence
Child care agencies	Mental health and addiction services	
Looked-after young people	Dementia and Alzheimer's services	
Day care	Supporting people with disabilities	
Residential care	Services to support carers	
Child and adolescent mental health	Provision of Aids and adaptations	
Supporting child refugees	Re-ablement services	
Supporting trafficked children	Supported living	
Support for young people involved in offending behaviour	Supporting refugee families	
Support for children with disabilities and their families	Supporting victims of people trafficking	
	Intermediate care	

Source: Audit Scotland




Exhibit 2

Social work and social care services

Councils are implementing a great deal of legislation, some with significant cost implications.

Legislation 	Key features of legislation 	Associated costs (from the financial memorandum to the Bills) 
Social Care (Self-Directed Support) (Scotland) Act 2013	The Act aims to ensure that adults and children (including carers and young carers) have more choice and control over how their social care needs are met. It stipulates the forms of self directed support (SDS) that councils must offer to those assessed as requiring community care services.	<ul style="list-style-type: none"> All local authorities are at different stages in the self-directed support agenda, meaning costs will vary widely.
The Children and Young People (Scotland) Act 2014	<p>The Act makes provisions over a wide range of children's services policy, including 'Getting it Right for Every Child'. It includes:</p> <ul style="list-style-type: none"> local authorities and NHS boards having to develop joint children's services plans in cooperation with a range of other service providers a 'named person' for every child extending free early learning and childcare from 475 to 600 hours a year for all three and four-year-olds and two-year-olds who have been 'looked after' or have a kinship care residence order a statutory definition of 'corporate parenting' increasing the upper age limit for aftercare support from 21 to 26. 	<p>Additional annual costs estimated to be:</p> <ul style="list-style-type: none"> £78.8 million in 2014/15 £121.8 million in 2016/17 £98.0 million in 2019/20 Cumulative total from 2014-15 to 2019-20 is £595 million.
The Public Bodies (Joint Working) (Scotland) Act 2014	The aim of the Act is to achieve greater integration between health and social care services to improve outcomes for individuals. It also aims to improve efficiency by 'shifting the balance of care' from the expensive acute sector, such as large hospitals, to less expensive community settings. The Scottish Government estimates partnerships should achieve potential efficiencies of £138-£157 million a year by providing support to keep people out of hospital and enabling them to return home as soon as they are well enough.	<p>Costs to health boards and local authorities:</p> <ul style="list-style-type: none"> 2014/15: £5.35 million 2015/16: £5.6 million 2016/17: £5.6 million.

Cont.

Legislation 	Key features of legislation 	Associated costs  (from the financial memorandum to the Bills) 
<p>The Carers (Scotland) Act 2016</p>	<p>The Act aims to improve support to carers by:</p> <ul style="list-style-type: none"> • changing the definition of a carer so that it covers more people • placing a duty on local authorities to prepare an adult care and support plan or young carer statement for anyone it identifies as a carer, or for any carer who requests one • introducing a duty for local authorities to provide support to carers who are entitled under local criteria • requiring local authorities and NHS boards to involve carers in carers' services • introducing a duty for local authorities to prepare a carers strategy • requiring local authorities to establish and maintain advice and information services for carers. 	<p>Estimated additional costs for local authorities are:</p> <ul style="list-style-type: none"> • £11.3-£12.5 million in 2017/18, rising to £71.8-£83.5 million by 2021/22. • The total estimated impact on councils between 2017/18 and 2022/23 is £245-£289 million.
<p>The Community Justice (Scotland) Act 2016</p>	<p>The Community Justice (Scotland) Bill seeks to establish new arrangements for providing and overseeing community justice. Currently eight community justice authorities (CJAs) bring together a range of agencies to coordinate local services for offenders and their families. They will be abolished and replaced by a model involving national leadership, oversight and support for community justice services by a new body called Community Justice Scotland, funded by, and responsible to, Scottish ministers.</p>	<p>The provisions will have few if any financial implications for local authorities other than during the transitional period.</p>
<p>The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (Scottish framework and delivery plan)</p>	<p>The delivery plan provides a framework to allow people with disabilities to have the same equality and human rights as non-disabled people. It includes legislation, such as Self-Directed Support and the Children and Young People (Scotland) Act 2014. The draft delivery plan groups the UNCRPD articles into four outcomes covering equal and inclusive communication and access to:</p> <ul style="list-style-type: none"> • the physical and cultural environment, transport and suitable affordable housing • healthcare and support for independent living, with control over the use of funding • education, paid employment and an appropriate income and support whether in or out of work • the justice system. 	<p>It is difficult to predict the overall impact in terms of cost, but it may have a significant impact on the way councils deliver services.</p>

Note: Cost information is taken from the financial memorandum that accompanies each Bill.

Source: Audit Scotland

13. In addition to changes in legislation, there have been a number of significant policy developments, some backed by legislation, that require considerable change to the way that social work services are provided. These include:

- **Increased personalisation of services** – Personalisation of services, for example through self-directed support (SDS), is a major change to the way councils support people with social care needs. The human rights principles of fairness, respect, equality, dignity and autonomy for all form the basis of SDS. Social work professionals need to see people as equal partners in determining their care needs and controlling how they meet their needs. This means they are not limited to choosing from existing services. Social work services may need to move spending away from existing services towards giving people their own budget to spend. This can lead to a reduction in use of some services. However, it can be difficult for councils to withdraw existing underused services because of public and political pressures.
- **An increased focus on prevention** – The report from the Commission on the Future Delivery of Public Services (the Christie Commission) highlighted the need to transform the way public services are planned and delivered.¹² The report identified prevention, early intervention and providing better outcomes for people and communities as key to this transformation.
- **An increased focus on joint working** – A series of initiatives over recent years has aimed to encourage a more joined-up approach to health and social care. These include the creation of Local Health Care Cooperatives (LHCCs) in 1999, and their replacement by Community Health Partnerships (CHPs) in 2004. LHCCs and CHPs lacked the authority to redesign services fundamentally.¹³ The Public Bodies (Joint Working) (Scotland) Act 2014 aimed to achieve greater integration between health and social care services to improve outcomes for individuals and improve efficiency by 'shifting the balance of care' from the acute sector to community settings.

14. New legislation often has financial consequences and, to allow MSPs to consider the full impact of legislation, a financial memorandum to each Bill sets out the estimated cost of implementation. These are the best available estimates at the time, but have sometimes proved inaccurate. The Scottish Government may fund or partially fund these costs but councils sometimes dispute these estimates and the level of funding required.

15. New legislation can also affect how councils deliver services by creating entitlements to services based on specific criteria. Councils need to respond to these and manage the expectations of people who use services and carers. These entitlements can be based on needs assessments, or on the expected outcomes, or they can create rights to services for particular groups. Transitions are important as entitlements change depending on age. For example:

- Children have the right to specific support that adults may not have. As a result, councils have to be careful in managing the expectations of parents as children reach adulthood.
- People aged over 65 may be entitled to free personal care, but 64-year-olds with similar needs may have to make a financial contribution to their care.



I receive 37 hours of support and seven sleepovers. I get personal care, support with the running of my flat, to shop and support to be involved in the community. They also enable me to attend university.

Service user, physical disabilities



When [grandchild] turned 16 I was told that this Saturday service was going to stop because he would now be under adult services. I had no forewarning, no-one from adult services contacted me; I contacted them and they couldn't offer any support. It's a funding issue.

Carer

Social work services face significant demographic challenges

16. The impact of demographic change on health and social care spending has already been well reported.¹⁴ Between 2012 and 2037, Scotland's population is projected to increase by nine per cent. All parts of the population are projected to increase, but by different amounts:

- the number of children by five per cent
- the working age population by four per cent
- the number of people of pensionable age by 27 per cent.¹⁵

17. Overall demand for health and social care will depend significantly on the number of older people and the percentage who require care. Although life expectancy continues to increase, healthy life expectancy (HLE), that is the number of years people can expect to live in good health, has not changed significantly since 2008 ([Exhibit 3](#)). This means that a larger number of older people may require support for longer, unless HLE increases. Councils and the Scottish Government have taken steps to try to increase HLE. This includes measures to reduce smoking, alcohol consumption and environmental pollution and providing information to the public about the benefits of a healthy lifestyle.

Supporting looked-after children and child protection has increased demand on social work services

18. Looked-after children (LAC) are children in the care of their local authority. They may live in their own home, with foster or kinship carers or in a residential

Exhibit 3

Changes in life expectancy and healthy life expectancy

Life expectancy is increasing faster than healthy life expectancy, potentially increasing service pressures.



Note: Data on healthy life expectancy was not collected annually until 2008.

Source: Scottish Health Survey, Scottish Household Survey, National Records of Scotland births, deaths and populations data

home. Most become looked after for care and protection reasons. The term also includes unaccompanied children seeking asylum and young people who have been illegally trafficked. As at July 2015, 17,357 children in Scotland, around 1.8 per cent of the total, were looked after or on the child protection register.^{16,17} Of these 15,404 were looked after, 2,751 were on the child protection register and 798 were both looked after and on the register. While there has been a recent reduction, possibly due to improvements in prevention, the number of LAC has increased by 36 per cent since 2000, although the numbers and trends vary among councils. The number of children on the child protection register increased by 34 per cent between 2000 and 2015, with three in every 1,000 children under 16 now on the register. In smaller councils, the number of children on the register (and resultant workload) can fluctuate significantly, particularly when sibling groups in large families are registered.

19. The reasons for these increases are likely to be complex. Many of the councils we visited think that increases in drug and alcohol use by parents are important factors. Others have seen an increase in reporting of domestic abuse and alcohol-related incidents in more affluent areas that might have gone unreported in the past. In addition, early intervention policies are likely to have led to an increase in the number of looked after children, but a decrease in the time that councils look after them. Early intervention means identifying people at risk and intervening to prevent the risk. Between 2007 and 2014, the number of children removed from the register who had been on it for less than a year increased from 2,421 (79 per cent of the total) to 3,930 (87 per cent). Over the same period, the number of children who had been on the register for more than a year fell from 663 to 569.

Councils and service providers face difficulties in recruiting staff

20. Just over 200,000 people work in social work and social care services, representing around one in 13 people in employment in Scotland.¹⁸ Almost half work part time and 85 per cent are women. The private sector is the biggest employer (42 per cent of staff), followed by the public sector (31 per cent) and the third sector (28 per cent). This distribution varies considerably among councils, and the public sector is the biggest provider in the three island authorities.

21. Many third and private sector providers raised staff recruitment as a significant issue for them. Councils have fewer recruitment problems, the exception being in remote rural areas, where it can be difficult to recruit specialised staff. Third and private sector providers reported that the apparent causes for these difficulties included:

- **Low pay** – providers in both the private and third sectors felt that the rates councils pay under their contracts only allowed them to pay staff at, or near, the minimum wage. In addition, travel time between clients is sometimes unpaid.
- **Antisocial hours** – providing homecare often requires carers to assist people to get out of bed in the morning and into bed at night. This can mean weekend working, split shifts and antisocial hours, with no additional pay. The increased personalisation of care has contributed to this as carers increasingly provide care to suit individuals, rather than fitting individuals into the care system.



Driving down costs to the extent that staff are recognised as being in a 'low wage sector' increases the problem of recruitment.

Service provider

- **Difficult working conditions** – staff have to take care of people with a variety of care needs that some find difficult, for example, assisting people with bathing and personal hygiene, or who have dementia or incontinence.

22. The cycle of continually recruiting and training staff is costly and could potentially have an impact on the quality of services provided. Service provider focus groups highlighted a need to provide staff with a sustainable career path to improve recruitment and retention. Overall, the public sector has the most stable workforce and the private sector the least, although this does not appear to be the case for all categories of staff ([Exhibit 4](#)).¹⁹

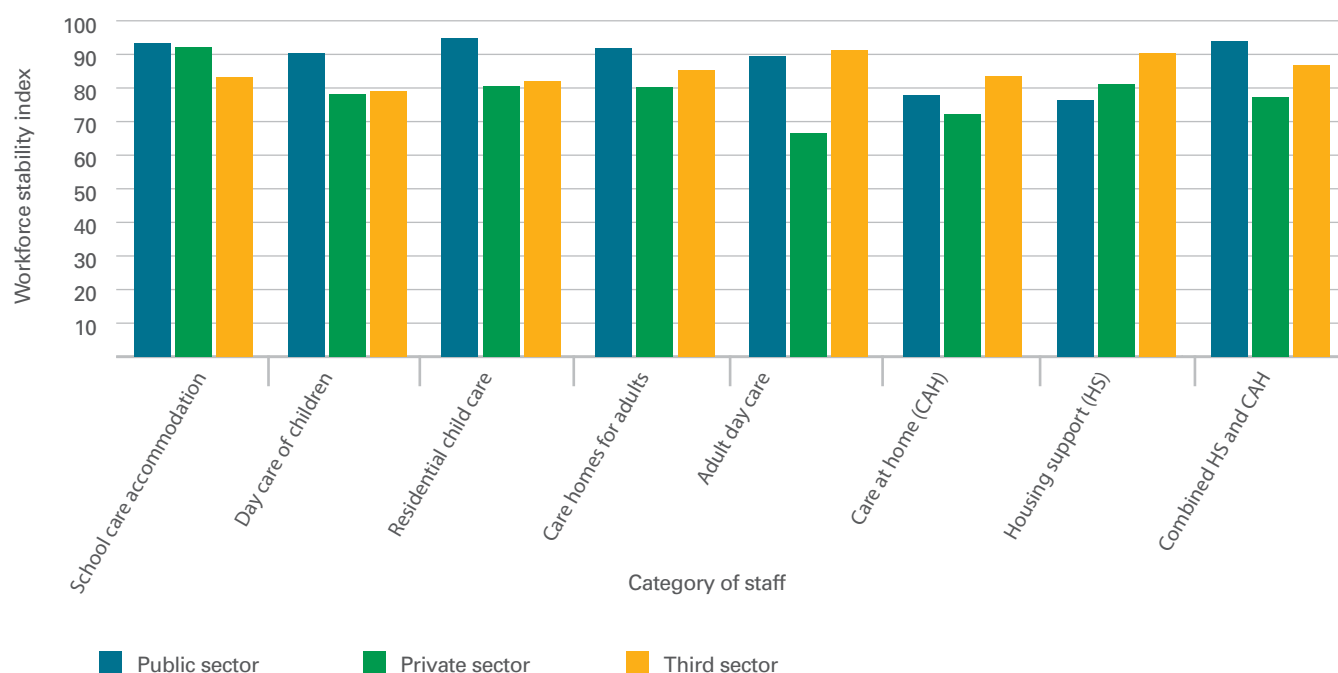
23. Some care providers expressed concerns that leaving the EU and the potential introduction of a points-based immigration system could create problems for staff recruitment. A 2008 workforce survey indicated that 6.1 per cent of the social care workforce in Scottish care homes for older people were EU – non-UK workers, and a further 7.3 per cent were employed under work permits. Most of those employed from within the EU came from Poland and the Czech Republic and those from outside the EU were from the Philippines, India and China.²⁰

24. Four per cent of the workforce have a no guaranteed hours (NGH) contract.²¹ When combined with the other contract types that may be considered a zero hours contract (bank and casual or relief), they comprise roughly ten per cent of the contracts in the workforce. Providers believe zero hours contracts are

Exhibit 4

Social work workforce stability 2013/14

The public sector workforce is generally the most stable.



Note: Because of data limitations, the SSSC cannot provide an accurate estimate for turnover. However, they are able to calculate a 'stability index' of staff who are still in post after a year. If the index is 90 per cent it means that 10 per cent of staff present at the start of the period are no longer present. It is important to note that this does not mean that turnover is 10 per cent as the measure excludes staff who joined and left within the period under consideration.

Source: Scottish Social Services Council (SSSC)

essential to provide a flexible and personalised service to people, while also providing flexibility for staff. These contracts are suitable as long as they are not exclusive and staff are free to accept or turn down work without being penalised. As part of good contract management, councils should ensure that providers use zero hours contracts properly.

25. There are skills and staffing shortages in several areas of social work and social care, including:

- **Homecare staff** – 69,690 people work in housing support or care at home.²² Both third sector and private sector providers find it difficult to recruit staff. Rapid staff turnover is a significant threat to maintaining service standards, particularly in adult day care.
- **Nursing staff** – 6,620 registered nurses work in the care sector, 4,930 of them in adult care homes. Ninety-one per cent of registered nurses are in the private sector. Care providers in both the private and third sectors are having trouble recruiting qualified nursing staff for care homes. As a result, providers were trying to recruit staff from outside the UK. Although data is not collected on vacancy rates for nursing staff in the care sector, there were 2,207 whole-time equivalent (WTE) vacant nursing and midwifery posts in the NHS in Scotland at 31 March 2016.²³
- **Mental health officers (MHOs)** – are specialist social workers with a statutory role in the detention and treatment of people with mental illness. They look into the circumstances of individuals where people have concerns about their mental health. They can apply for a court order that would allow an individual to be taken to a ‘place of safety’ for up to seven days.²⁴ In December 2014, the number of registered MHOs was at its lowest level since 2005. However, in 2015 there was a small increase (two per cent) to create a total of 670 practising MHOs. In 2015 there were 15 unfilled posts for MHOs in Scotland and 17 further post holders who were unavailable, for example through career breaks or secondments, about five per cent of the total.²⁵

The professional social work role is changing

26. The workforce includes 11,127 professional social workers registered in Scotland. Almost three-quarters, 8,242, work in councils and 2,040 (18 per cent) are employed by other providers. Most of the rest are self-employed, unemployed or recently retired. Not all qualified social workers work in roles where they are required by law to hold a social work qualification (statutory roles), for example they may work in management roles. The number of WTE social workers employed by councils in statutory roles increased significantly between 2001 and 2015, from 3,873 to an estimated 5,630. Of these, 31 per cent work with adults, 49 per cent with children, 15 per cent in criminal justice; five per cent work generically.²⁶

27. The majority of social workers in our focus groups were optimistic about their role and their ability to make a positive difference to people’s lives. Changes in structural and partnership arrangements in health and social care have introduced more working in multidisciplinary teams, for example with health visitors or occupational therapists. Social workers sharing offices with other disciplines can be both rewarding and effective. We found that social workers who had worked in multidisciplinary teams for some time were convinced that improved

communication with community NHS staff had improved services. However, some were concerned about erosion of their professional identity. Moreover, adapting to working with colleagues from a different culture, for example in approaches to risk, could be challenging.

Unpaid carers provide the majority of social care in Scotland

28. The Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, around 17 per cent of the adult population. Of these, 171,000 (23 per cent) provide care for 35 hours or more a week. In addition, there are an estimated 29,000 young carers under 16, around four per cent of the under 16 population.²⁷ There are many more unpaid carers providing support to people than those in the paid social services workforce.

29. In 2010, the Scottish Government reported that unpaid carers saved health and social services an estimated £7.68 billion a year.²⁸ More recently, Carers UK estimated the value of unpaid care in Scotland to be £10.8 billion, more than three times current social work net spending.²⁹

30. The Carers (Scotland) Act 2016 became law in March 2016. It provides for the planning and provision of support, information and advice for unpaid carers and encourages councils to become involved in carers' services. It also means councils are required to prepare a carer support plan for carers, including young carers, who want one. A carer support plan sets out information about the carer's circumstances, the amount of care they are able and willing to provide, the carer's needs for support and the support available. The Act also requires each council to establish and maintain an information and advice service for carers who live or care for people in its area.

Social work services are facing considerable financial pressures

31. In 2014/15, councils' net spending on social work services was £3.1 billion (**Exhibit 5, page 21**). Services for older people made up around 44 per cent of this spending, and services for children and families around 28 per cent. A range of other services make up the remainder.

32. In 2016/17, councils' total revenue funding, that is the funding used for day-to-day spending, will be five per cent lower than in 2015/16. This is a reduction of 11 per cent in real terms since 2010/11.³⁰ This is a significant pressure on all council services, including social work. The 2016/17 figure does not include £250 million that the Scottish Government allocated to health and social care integration authorities to support social care, because the Scottish Government routed it through the NHS boards' budgets rather than council budgets.

33. Against the trend of falling council spending, councils' total social work net spending increased in real terms from £3.2 billion to £3.3 billion between 2010/11 and 2014/15, an average increase of 0.8 per cent a year.³¹ As a result, spending on social work increased from 28.9 per cent to 32 per cent of council spending.³² An analysis of council accounts found that two-thirds of councils reported social work budget overspends totalling £40 million in 2014/15. Most councils identified homecare services for adults and older people as the service under most pressure.



(Unpaid) Carers do everything! Link everything! Anchor everything!

Carer



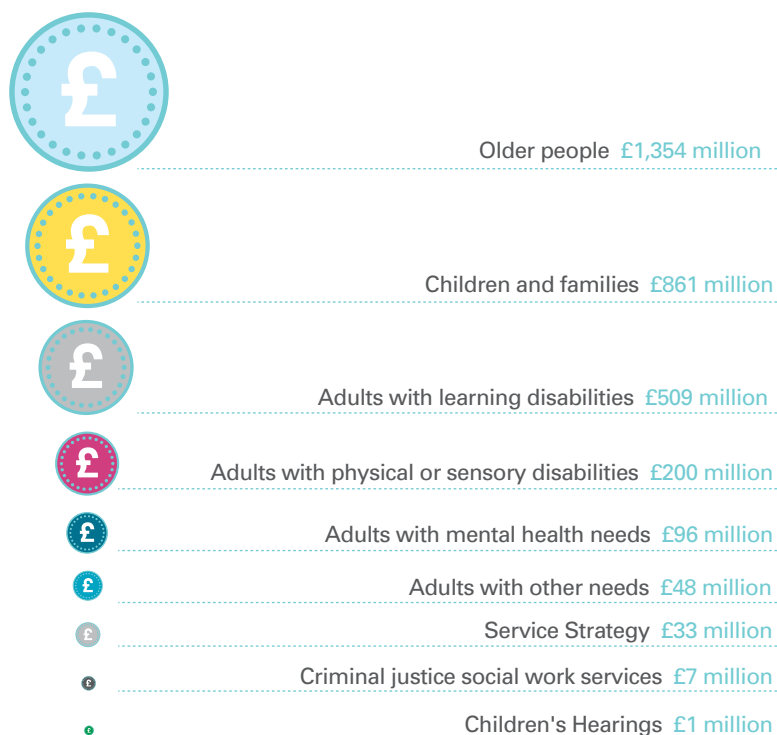
24/7 carers are there, understanding the person's needs.

Carer

Exhibit 5

Social work spending, 2014/15

Around 44 per cent of the £3.1 billion net social work spending is on services for older people and this percentage is likely to increase with demographic change.



Source: Local Government Financial Statistics 2014-15 (Annex A), February 2016

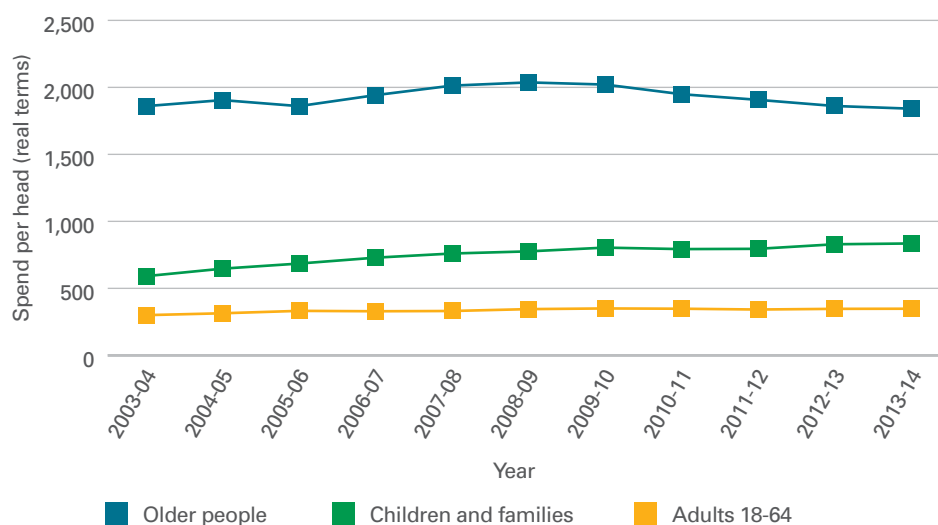
34. There have been significant long-term changes in spending per head among different age groups ([Exhibit 6, page 22](#)). The reduction in spending on older people is a combination of a lower percentage of older people receiving services ([paragraph 46](#)) and a reduction in the real-terms cost of care homes ([paragraph 62](#)) and homecare ([paragraph 59](#)). The increase in spending on children and families may be related to an increase in the number of looked after children, an increase in the complexity of children and families' cases and an increased focus on early intervention.

Few councils and IJBs have long-term spending plans for social work

35. We examined council budgets and spending plans for 2015/16, 2016/17 and beyond to assess whether the trends identified above are likely to continue in the medium term. Budget information is more difficult to collect and interpret than historic expenditure information because councils do not present this information consistently. In addition, most IJBs had not finalised their budgets at the time we were conducting our analyses. Budgets for 2016/17 were very similar to 2015/16 in cash terms. We also analysed councils' savings plans. Councils plan to save £54 million from social work budgets in 2016/17, mainly through changing how they provide services, reducing services and making efficiency savings.

Exhibit 6

Real-terms spending on social work services per head, 2003/4 to 2013/14



Source: Expenditure on Adult Social Care Services, Scotland, 2003/4 to 2013/14, Scottish Government

36. Councils and NHS boards work on different financial planning cycles and agree budgets at different times of the year. A survey of IJBs by the Scottish Parliament's Health and Sport Committee found that over half of IJBs were unable to set a budget for 2016/17 before June 2016, and over a quarter before August 2016.³³ A number of responses mentioned delays in receiving the health allocation for the partnership as a cause of difficulty in setting budgets. If councils and NHS boards continue with different budget cycles, it will make it more difficult for IJBs to agree budgets for services in a timely way.

37. In February 2016, as part of the local government settlement, the Scottish Government announced funding of £250 million to support social care for the three years to 2018/19. Some of this funding was to help pay the Living Wage (£8.25 an hour) to all care workers in adult social care, regardless of age from 1 October 2016.





38. The Living Wage Foundation sets the Living Wage. It is up-rated annually and they will announce a new rate in November. The local government settlement does not require councils to increase wages to the new Living Wage rate when the Living Wage Foundation announces it in November.

39. The Scottish Government has estimated that over the period 2012-32, spending on social care for older people will need to increase by between 1.5 per cent and 3.3 per cent a year, depending on changes to healthy life expectancy (HLE).³⁴ We have calculated lower and upper limits of the cost of demographic change based on Scottish Government projections. Added to this are cost pressures arising from legislation, based on their financial memorandums, and the cost implications of the commitment to the Living Wage for care workers ([Exhibit 7](#)).³⁵

Exhibit 7

Potential financial pressures facing Scottish councils by 2019/20

Councils face significant cost pressures.

Reason for cost increase		Lower limit (£ million)	Upper limit (£ million)
	Demographic change (older people only)	£141	£287
	The Children and Young People (Scotland) Act 2014	£98	£98
	The Carers (Scotland) Act 2016	£72	£83
	The Living Wage	£199	£199
Potential cost increase by 2019/20		£510	£667

Source: Audit Scotland analysis of financial memorandums and information provided by the Scottish Government

40. Together they imply increases in social work spending of between £510 and £667 million (a 16–21 per cent increase) by 2019/20. Additional Scottish Government funding to implement legislation and to IJBs (via the NHS) may partially relieve some of these pressures, as could potential savings from health and social care integration and by providing services differently.

41. Councils and IJBs need to develop longer-term financial strategies and plans for social work services, taking into consideration the above financial pressures. For example, they need to assess the affordability of options for changing the way they deliver services, so that elected members can consult the public and make informed decisions. Some of the councils we visited had already done this. For example, West Lothian Council had detailed projections of cost pressures for the client groups in social work and had considered the options available to meet those pressures depending on the level of funding available.

Part 2

How councils are addressing the challenges



Key messages

- 1** Councils have adopted a number of strategies to achieve savings. They have tightened eligibility criteria so that fewer people receive services and targeted funding to people in greatest need. They have also achieved significant savings in the cost of homecare and care homes through competitive tendering and the national care home contract.
- 2** Current approaches will not be sustainable given the scale of the challenge, and there are risks that reducing costs further could affect the quality of services. Fundamental decisions are required on long-term funding and social work service models for the future.
- 3** There has been a limited shift to more prevention and different models of care. Many councils have taken an opportunistic or piecemeal approach to changing how they deliver services, often to meet financial challenges or as the result of initiative funding by the Scottish Government.
- 4** Opportunities for people who use social work services and carers to be involved in planning services are limited. There is scope for councils and IJBs to do more to work with them to design, commission, deliver and evaluate services to achieve better outcomes. Service providers also have an important role to play in commissioning services, and councils are not doing enough to work with them to design services based around user needs.
- 5** People who use services and their carers value the support they get from social work and social care services. Our focus groups had a number of concerns about homecare, such as shorter visits and people using services seeing a number of different carers.
- 6** The Scottish Government's Living Wage commitment provides an opportunity to improve recruitment and retention of social care staff, and to create a more stable skilled workforce. But it adds to the financial pressures on councils and providers.

fundamental decisions are required on long-term funding and social work service models for the future

Councils, COSLA and the Scottish Government have agreed approaches intended to address major long-term pressures

- 42.** Social work services operate within a number of national strategies, developed by the Scottish Government and councils that are intended to

respond to the major challenges set out in [Part 1](#), such as demographic change, personalisation and prevention. These include:

- **Social Services in Scotland: a shared vision and strategy for 2015-2020** – this builds on the *21st Century Social Work Review* published in 2005. It covers the whole of social work and its aims include:
 - encouraging a skilled and valued workforce
 - working with providers, people who use services and carers to empower, support and protect people
 - a focus on prevention, early intervention and enablement.³⁶
- **The 2020 Vision for Health and Social Care in Scotland** envisages that by 2020 people will live longer healthier lives at home, or in a homely setting and that Scotland will have an integrated health and social care system with a focus on prevention and supported self-management.³⁷
- **Reshaping Care for Older People (RCOP)** – a ten-year change programme focused on giving people support to live independently in their own homes and in good health for as long as possible. In 2011/12, the Scottish Government introduced the Change Fund, totalling £300 million to 2014/15, specifically to develop this area of policy.³⁸

43. Our report, *Reshaping care for older people* commented on slow progress of RCOP and the need to monitor its impact. It also reported that initiatives are not always evidence-based or monitored and that it was not clear how councils would sustain and expand successful projects.³⁹ Our report *Changing models of health and social care* concluded that the shift to new models of care is not happening fast enough to meet the growing need, and the new models of care that are in place are generally small-scale and not widespread.⁴⁰

Councils have changed eligibility criteria to reduce the number of people who qualify to receive services to balance their budgets

44. Councils have a statutory duty to assess people's social care needs. If they assess a person as needing support and eligible to receive services, they must provide or pay for services to meet these needs.⁴¹ If people are eligible for support, the Social Care (Self-Directed Support) (Scotland) Act 2013 also requires councils to offer people a choice of four options in how their social care is provided:

- a direct payment – this allows people to choose how their support is provided, and gives them as much control as they want over their individual budget
- direct the available support – the person asks others to arrange support and manage the budget
- the council arranges support – the councils choose, arrange and budget for services
- a mix of all the above options.

45. To balance their budgets, councils prioritise funding and staff to those people most in need by setting eligibility criteria and assessing each person's needs against these criteria. Councils have discretion on the thresholds for care they use locally. The level set in each council will depend on the resources available and



I have a say about who is on my team. I got to meet them and do interviews. I did the questions in advance.

Service user, young person with physical disabilities

on the council's policies and priorities. Councils assess people's needs using a common framework of four eligibility levels:

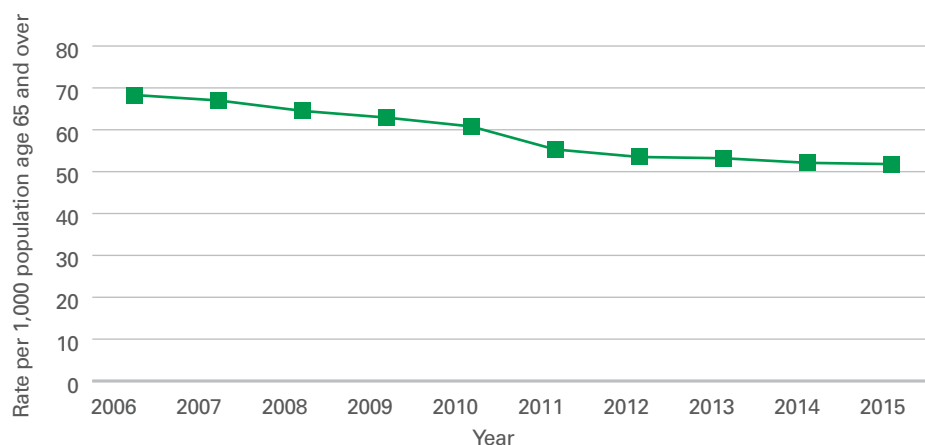
- **Critical Risk (high priority)** – Indicates major risks to an individual's independent living or health and wellbeing likely to require social care services 'immediately' or 'imminently'.
- **Substantial Risk (high priority)** – Indicates significant risks to an individual's independence or health and wellbeing likely to require immediate or imminent social care services.
- **Moderate Risk** – Indicates some risks to an individual's independence or health and wellbeing. These may require some social care services that care providers manage and prioritise on an ongoing basis, or they may simply be manageable over the foreseeable future with ongoing review but without providing services.
- **Low Risk** – Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.⁴²

46. Because of funding pressures, most councils now only provide services to people assessed as being at critical and substantial risk. Focusing services on people with higher levels of need resulted in a reduction in the percentage of older people receiving homecare between 2006 and 2015, from just under 70 per 1,000 population to 50 per 1,000 ([Exhibit 8](#)). Of the councils we visited, only West Lothian still provides services to people assessed as at moderate risk.

Exhibit 8

Proportion of people aged 65+ receiving homecare, 2006 to 2015

The proportion of people aged 65 and over receiving homecare has fallen from just under 70 per 1,000 to just over 50 per 1,000.



Source: Expenditure on Adult Social Care Services, Scotland, 2003-04 to 2013-14, Scottish Government



47. Because most councils no longer provide services to people in the two lower risk eligibility criteria, and because of the considerable financial and legislative changes in social work since the current framework was developed, it may be an opportune time for COSLA and councils to review the framework to ensure that it is still fit for purpose.

48. Some councils have also limited the level of service they provide in some areas. Examples from our fieldwork include reducing the length of carer worker visits, providing ready meals and frozen meals, with one hot meal per day (leaving snacks for other meals) and restricting showers to once or twice a week for some people.

Councils are finding it hard to fund a strategic approach to prevention

49. Developing a strategic approach to prevention is essential for councils to sustain provision of social services. In 2011, the Christie Commission concluded that Scotland needed to 'devise a model of public services that is both financially sustainable and is capable of meeting the significant longer-term challenges'. It also proposed that a radical shift towards preventative public spending was essential. In September 2011, the Scottish Government set out an ambitious vision to enable everyone to live longer, healthier lives at home or in a homely setting by 2020.⁴³ Central to the vision is a focus on prevention, anticipation and supported self-management. The Scottish Government also set up change funds to stimulate prevention work, specifically in the areas of early years, re-offending and re-shaping care for older people.

50. Councils, IJBs and other stakeholders all believe that prevention is the key to meeting the growing demands for social work services within finite resources. However, the councils we visited varied in how well they are developing and implementing preventative strategies. Some, including West Lothian and East Renfrewshire, have a strong focus on prevention, for example they maintain prevention budgets and build prevention into how they plan and provide services. Councils cited various challenges to shifting service models towards prevention:

- a lack of funding because resources are locked into current service models to meet existing demands and savings may not materialise for several years after implementation
- a lack of social worker time – a concern that social work has become crisis based
- managing relatives' expectations – for example, some relatives prefer the council to provide a full care package of residential care rather than have their relation go through a re-ablement programme to allow them to live more independently at home
- community resistance – for example, opposition to closing a local hospital or care facility to free up funding for more accessible community-based care
- cultural differences between councils and the NHS – a common perception among a number of social workers in our focus groups is that the NHS is more risk averse and less used to giving staff responsibility to take the initiative on the care of individuals.



I had an OT (occupational therapy) assessment, and social work and they gave me 15 minutes of care. It's really not enough time. It's the choice between getting washed or getting dressed

Service user,
physical disabilities

51. Councils have commonly adopted some prevention initiatives, most of which are effective in the short term, but examples of long-term initiatives are more limited. Common prevention activities included:

- **Re-ablement** – involves encouraging people using services (often people leaving hospital) to develop the confidence and ability to live more independently and be less reliant on social care. This is usually a six-week programme of intensive help; it commonly results in people requiring less or even no ongoing support. Glasgow City Council found that 30 per cent of clients had no further need of a service following a period of re-ablement. The change fund initially funded this project but the council now funds it as the savings justify the investment.
- **Using technology** to enable people to continue living in their own homes for longer and to give reassurance to their carers and families. All councils provide a community alarm service. More advanced telecare systems use movement sensors and smoke detectors to alert the service to potential problems or prompt people to take medication. For example, West Lothian Council uses technology to help people with dementia, their families and carers manage issues that may arise in and around the home. Examples include:
 - a GPS device to help relatives or carers to find a vulnerable person if they get lost
 - extreme temperature and flood sensors fitted in kitchens
 - sensors to alert a carer when the person gets out of bed
 - removable sensors, called 'just checking', placed at doorways to monitor movement and assess lifestyle patterns.
- **Early intervention for children and families** is another widely implemented approach. Social work services work with relevant partners to support children and families at risk of needing support that is more intensive in future, or with older children at risk of becoming an offender. Midlothian Council attributed a significant drop in the number of their children on the child protection register from 158 in 2011 to 29 in 2015, at least partially, to early intervention and prevention work.⁴⁴
- **Restricting out of area service for looked-after children** – out of area placements tend to involve young people with troubled histories and challenging behaviour and children with significant learning disabilities. Some out of area placements will be the most suitable for a child, such as where the child has complex treatment needs that the council cannot meet or to ensure they can be effectively safeguarded. However, such placements are very expensive (weekly fees to independent providers range from £800 to £5,500) and can have negative consequences. For example, children may try to run away, putting themselves at risk, and children away for long periods will lose contact with their peers and find it difficult to re-integrate into the local community when they leave care.⁴⁵ Our fieldwork councils reported that keeping children local to their communities, for example in supported foster placements, could achieve better outcomes for children and achieve considerable financial savings for the council.



I have a feature that picks up if I get out of bed for too long, in case I've fallen in the night. I like to get up and wander about if I can't sleep, and then there is this booming voice asking if I am OK! It's a first class service.

Service user, older person

Councils need to measure the impact of prevention initiatives more systematically

52. Measuring and evaluating the success of prevention work is difficult. By its very nature, it is not easy to quantify what has not happened because of

prevention. It is also hard to attribute outcomes to specific courses of action in an environment where many factors are involved. Even so, councils do not always systematically evaluate initiatives, and there is a risk that opportunities for improvement, making savings or stopping ineffective activity are lost. Councils and IJBs should bring together information on the evaluation of successful prevention initiatives. They can use this to make long-term strategic investment decisions towards prevention as a key part of their long-term budget planning, rather than relying on short-term initiative funding as at present. Prevention needs to be seen as an integral part of councils' and IJBs' overall long-term strategies for services they can continue providing over the long term, rather than an add-on financed by short-term funding.

53. In our fieldwork, we found examples of successful evaluation. An evaluation of Glasgow's Recreate service to support ex-offenders found that in 2014/15 it generated a Social Return on Investment of between £6.14 and £9.54 per £1 invested ([Case study 1](#)).⁴⁶

Case study 1

Glasgow Recreate



This service gives ex-offenders the chance to volunteer for up to six months in meaningful roles where they gain new skills and experiences to help them to move forward in their life. Volunteers can access various opportunities, including landscaping and gardening, painting and decorating, retail and warehousing, and woodwork.

With the support of skilled tradespeople, they work on projects for organisations such as community groups, charities, housing associations, and Glasgow Land and Environmental Services. Each volunteer has a dedicated mentor who helps them to access additional volunteering opportunities, housing support, employability services, and money advice and make positive changes in their personal life. They also help volunteers to complete CVs, identify training and development needs, and set goals to help them become more work-ready to help them break the cycle of re-offending.

Volunteers benefit from rail, bus and subway travel, lunch, gym membership, training and development, information about other organisations, and employment support. During 2015/16, there were 58 volunteers in the scheme (up from 34 in 2013/2014), 57 per cent of whom moved into employment. Ninety-six per cent of participants did not re-offend and of those who did, the frequency and severity of the offending was reduced.

Source: Glasgow City Council



Recreate is a good mix of volunteering, learning and mentoring. I worked hard and it paid off.

Recreate volunteer

54. Some councils are learning from experience elsewhere to tackle particular issues. For example, East Renfrewshire Council visited Shropshire County Council to explore how it developed a community-led social work service. It has agreed to be one of three organisations that will pilot the programme in Scotland. There is scope for councils to do more to look at what others are doing, nationally and internationally, and share experience and learning.

Councils have achieved savings through competitive tendering

Councils purchased around £1.6 billion of services in 2014/15

55. Currently, councils spend around £1.6 billion a year on outsourced social care services, roughly two-thirds to the private sector and a third to the third sector ([Exhibit 9](#)). Spending on private sector services is mainly to provide homecare, residential care and nursing homecare for older people (£800 million). Most third sector spending is to provide services for children with disabilities (£244 million). Larger providers provide services across a large number of councils and are in a good position to identify good practice.




56. In procuring services, councils need to take into account the long-term financial viability of care providers. Providers could be put at risk by a combination of several factors, including:

- a fall in the number of care home residents
- increased paybill costs because of knock-on impacts of Living Wage
- increased uncertainty following Brexit may make it difficult for private sector providers to finance capital investment, such as building or refurbishing care homes.

Exhibit 9

Breakdown of contracted out social care spending by sector, 2014/15

Most private sector services are for adults while the third mostly sector provides services for children.

		Third sector £'000	Private sector £'000	Total £'000
Social care adult		Day care	43	1,113
		Homecare	18,290	261,403
		Mental health services	14,297	12,974
		Nursing homes	19,273	318,376
		Residential care	1,883	219,962
Social care children		Adoption	23,208	35,871
		Childcare services	49,481	30,217
		Domestic violence	3,229	41,511
		Children with disabilities	243,878	17,831
Social care other			195,945	112,363
Total		569,527	1,051,621	1,621,148

Note: 'Other' includes advice and counselling services, advocacy service providers, alcohol and drug rehabilitation, community centres, community projects, disability and special needs service providers.

Source: Spikes Cavell database

57. Councils and Scotland Excel need to monitor the financial health of providers as part of their contract monitoring activity. The failure of a provider could have significant consequences for care services as well as people who use care services because Section 12 of the Social Work (Scotland) Act 1968 places a duty on Scottish local authorities to provide or arrange care for any individual in their area who requires assistance in an emergency.

Competitive tendering has reduced the cost of homecare

58. Councils have achieved significant financial savings through outsourcing services such as homecare to the private and third sectors through competitive tendering and re-tendering contracts. The percentage of homecare provided directly by council staff has fallen steadily, both in terms of the number of clients served and the number of hours provided ([Exhibit 10, page 32](#)).

59. Between 2010/11 and 2014/15, the average cost of providing homecare to people aged over 65 fell by 7.2 per cent in real terms, to £20.01 per hour.⁴⁷ An unintended consequence of driving down spending is increased staff turnover, as private and third sector providers employ staff on poorer terms and conditions than some other large employers or councils.

60. Third sector and private sector providers in our focus groups described some councils' procurement processes as inefficient and wasteful. They highlighted inconsistencies in how councils used framework agreements. These are agreements with suppliers to establish the terms that will govern contracts that councils may award during the life of the agreement.⁴⁸ Some private sector providers were concerned that they had invested time and money in signing up to frameworks, only to find that councils did not use their services.

Councils have made savings in the cost of care home services

61. The National Care Home Contract sets out the cost to councils of care home placements into private or third sector care homes. COSLA negotiates the fee structure annually with the representative bodies for private and third-sector providers in Scotland.⁴⁹ These bodies are Scottish Care and the Coalition of Care and Support Providers in Scotland. The contract includes an additional payment for care homes doing well in Care Inspectorate assessments, with penalties for poorly performing homes.

62. Between 2006 and 2015, the number of residents in older people's care homes decreased by two per cent (from 33,313 to 32,771).⁵⁰ The net cost of residential care (gross expenditure on care homes minus income) to councils has been falling. Between 2010/11 and 2014/15, the weekly residential costs to councils for each resident aged 65 or over fell by ten per cent in real terms to £372.⁵¹

63. The pattern of service provision has changed, with an increase in private sector provision and a fall in other sectors. Between 2006 and 2015, the change in the number of older people in residential care in each sector was:

- private sector – increased by five per cent (24,568 to 25,700)
- local authority/NHS – decreased by 23 per cent (4,876 to 3,747)
- third sector – decreased by 14 per cent (3,869 to 3,324).⁵²



Too many (paid) carers – regular new carers needing shown ropes again! Gah!!

Unpaid carer

64. The percentage of adults in care homes who mainly pay for their own care is increasing; the percentage increased from 22 per cent of residents in 2006 to 27 per cent in 2015.⁵³ In 2015, the average gross weekly charge for people who paid for their own care was £708, compared with the average weekly fee for publicly funded residents of £508.⁵⁴

Service providers want to be more involved in commissioning services

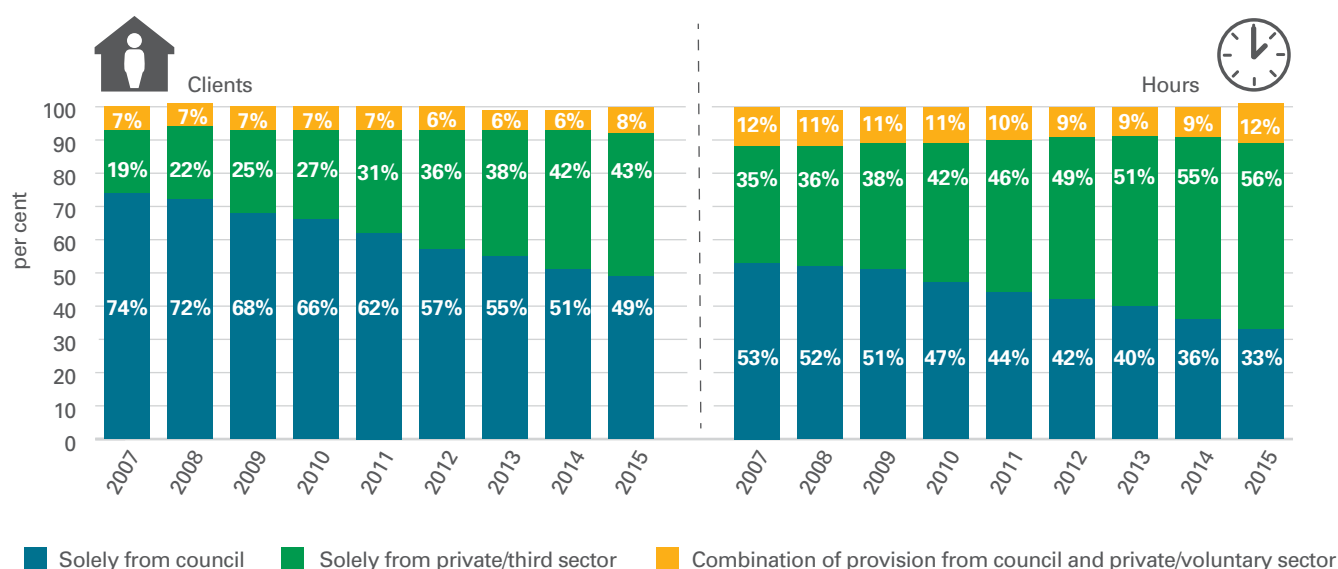
65. Commissioning social care is about how councils, NHS boards and others work together to plan and deliver services that will meet future demands and use resources, such as money, skills and equipment effectively. Jointly planned investment in home or community-based social care can save spending on unnecessary, and relatively expensive, hospital or residential care, and encourage innovation. The Christie Commission concluded that it is particularly important to:

- work closely with individuals and communities to understand their needs, maximise talents, resources, and support self-reliance, and build resilience
- recognise that effective services must be designed with and for people and communities – not delivered ‘top-down’ for administrative convenience
- maximise scarce resources by using all available resources from the public, private and third sectors, individuals, groups and communities.

Exhibit 10

The share of homecare provided by councils and the private/third sector, 2007 to 2015 (all ages)

Homecare provided directly by councils has fallen steadily over the past ten years.



Note: Of data limitations, the SSSC cannot provide an accurate estimate for turnover. However, they are able to calculate a 'stability index' of staff who are still in post after a year. If the index is 90 per cent it means that 10 per cent of staff present at the start of the period are no longer present. It is important to note that this does not mean that turnover is 10 per cent as the measure excludes staff who joined and left within the period under consideration.

Source: Social care services, Scotland, 2015, Scottish Government, December 2015

66. Councils have a challenging task to manage the market for providing services in their local area. There are potential tensions around making savings while ensuring high-quality services at a fair cost in an environment of increasing demand and financial pressures. There are risks to the quality of services if councils continue to drive down costs at the rate they have in the past without changing how they provide services.

67. Service providers from our focus groups who work across more than one council area found that different councils have different processes, procedures and attitudes to partnership working. They identified commissioning and procurement as common areas for improvement. In particular they felt that councils should:

- ensure they have staff with the appropriate skills for commissioning, such as financial planning and managing contracts, and be open in commissioning and contract decision-making processes. Some participants complained about unnecessary bureaucracy, noting gaps in expertise and risk appraisal and a lack of awareness of the challenges facing providers, for example the cost of employing qualified and experienced staff
- collect evidence about the effectiveness of all services (both in-house and external) and use this evidence in planning and decision-making. Councils face difficult choices, but providers felt councils sometimes protected their in-house services and workforce while cutting externally provided services, without comparing cost-effectiveness
- improve partnership working and relationships with providers. Although there were pockets of good practice, providers suggested that councils needed to work more collaboratively to provide stability to both those who provide and those who use services
- involve providers more in assessing and designing services, taking advantage of the experience and knowledge of good practice that larger providers have gained from working with councils across the UK.

68. One innovative example we identified was the Public Social Partnerships (PSP) approach used at East Renfrewshire Council ([Case study 2, page 34](#)). PSPs are strategic partnering arrangements, based on a co-planning approach. In this instance, the council worked with third-sector organisations and people who use services to share responsibility for designing services based around the needs of those who use them. Once designed, the council can then commission the service for the longer term. Several service providers in our focus groups mentioned the inclusive approach taken by East Renfrewshire Council as an example of good practice in commissioning services. It is important that councils have effective means of sharing good commissioning practice and working with practitioner groups within national organisations, such as COSLA and Social Work Scotland.



Some councils think 'out of the box', others are in a box with a very large padlock!

Service provider



We are left out of planning discussions while having to deal with the consequences of decisions made by councils.

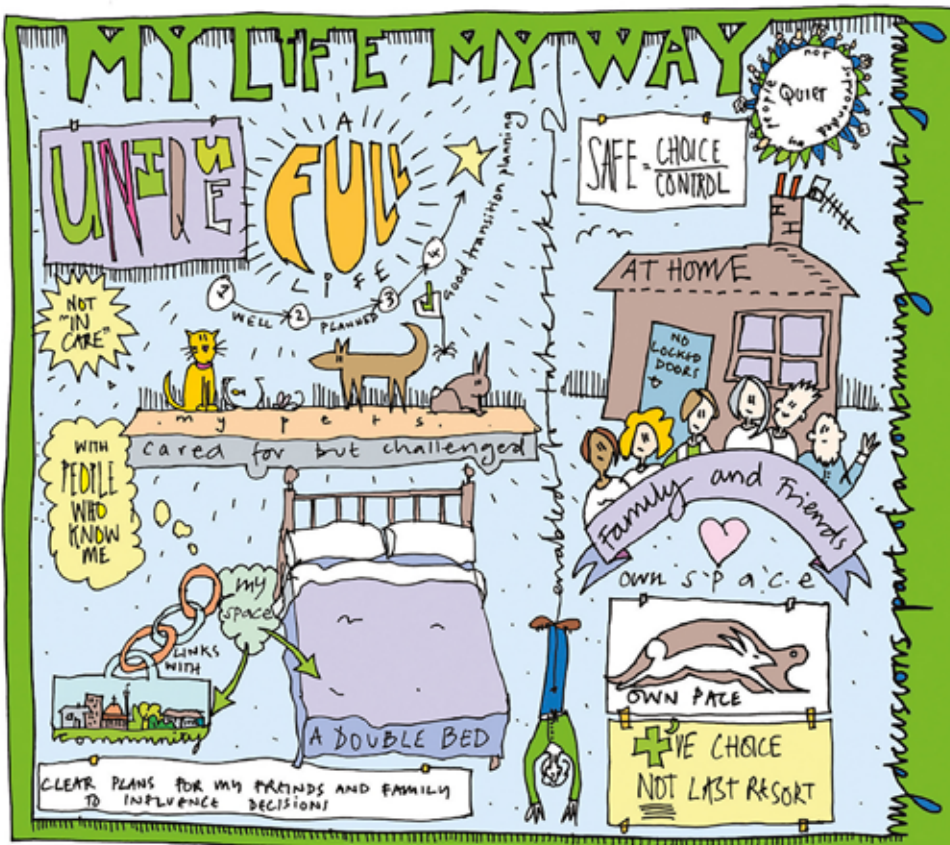
Provider focus group

Case study 2

East Renfrewshire Council: innovation in commissioning services



The Public Social Partnerships approach is a two-year funded programme, supported by the Scottish Government and designed to develop creative ideas for meeting the needs of people in, or about to enter, residential care. The partnership is across sectors and between people who use services. It is designed to develop thinking and support innovation. Participation in the project also helps to build resilience in people and communities by focusing on what people want rather than the services they currently receive. The illustration below describes one of the outputs from the process showing a visualisation of residential care from the point of view of someone who uses services.



Source: East Renfrewshire Council

People who use services, and carers, would value being more involved in planning how services are provided

69. The Christie Commission recognised the importance of people being involved in designing services to meet their needs. This approach is now supported by legislation such as the Community Empowerment (Scotland) Act 2015 and the Carers (Scotland) Act 2016.

70. People in our focus groups, both carers and people using services, valued the support they receive from social work services. Several said that without support they would not be able to cope or maintain employment. Feedback from our survey of 165 people indicated that the type of service provided determined whether service users felt able to influence their service delivery. For example, where service users had one-to-one support or had close relationships with staff in sheltered accommodation, they felt confident about influencing the service.

71. However, a significant number of service users felt that they had little influence over their social care provision. Some had concerns about speaking up in case the care they received was reduced or changed. Others, particularly older people, didn't want to hurt the feelings of the people providing care. While some had experience of raising issues with care providers and services being adapted accordingly, others found that no steps were taken to rectify issues. Some service users then felt care providers did not listen to them. Carers were more likely than people who use services to speak up if they were concerned about any aspects of the service delivery, but carers felt that care professionals did not treat them as partners.⁵⁵

72. People who use social work services, and their carers, are very diverse, with differing needs. Although it is not easy to do, it is important that councils seek views and provide opportunities for involving as wide a range of people as possible in planning services or changing how they are provided. However, we found limited opportunities for people to be involved. Most of the six fieldwork councils involve representatives of both people who use services and carers in planning groups. For example, Perth and Kinross Council includes carer representatives on its multidisciplinary Carers Strategic Group. However, we found less evidence of people who use services and carers being involved more extensively in designing services.

73. Midlothian Council is one example where people who use services and carers are represented on joint planning groups, such as the Joint Older People's Planning Group that developed the Midlothian Joint Older People's Strategy 2011-15. A recent tender exercise for Care at Home in Midlothian included volunteer carers assessing all submissions, interviewing and final scoring. However, carers and people who use services generally have little involvement in commissioning or tendering, and there is scope to do more.

74. All of our fieldwork councils have a carers' strategy. All provide information for carers on their websites, including how and where to get help, which is usually through a carer assessment in the first instance. They also have partnerships with, or links to, other organisations and carers' centres in their area that provide information and support to carers. About half of the carers' centres are network partners of the national organisation Carers' Trust Scotland. Councils use various methods to collect the views of people using services, and of carers, including annual satisfaction surveys, carers' conferences and carer representatives on panels.

75. IJBs' membership must include a representative from people using services and a carer representative.⁵⁶ This is intended to ensure that carers have a role in planning and delivering of services delegated to IJBs. However, this alone is not enough to involve and consult the diverse range of people who use services and carers. Glasgow City Council has a carers' champion to represent the views of carers within the council ([Case study 3, page 36](#)).



I feel very lucky to live in [local authority]. The services for disabled people are the best in Scotland compared to other areas. [Local authority] listened to what people wanted, like supported living and individually tailored support plans.

Carer



Mental health services don't always recognise the carer input until they need them!

Carer



Everything is subject to funding therefore there is no consistency. Carers' centres need to be funded so that their services are ongoing.

Carer centre staff saved my life.

Carers

Case study 3

Glasgow City Council's Carers' Champion



Glasgow City Council's Carers' Champion represents the collective views of the city's unpaid carers within the council and speaks independently on carer issues. His role includes raising the profile of unpaid carers across the council and its wider network of agencies while also helping to develop strategies and policies that will support carers.

Glasgow has also introduced a privilege card for adult carers living in Glasgow who provide care for a Glasgow resident. It entitles them to various savings including:

- savings as part of Glasgow Life's concessionary discount scheme
- 20 per cent discount at a range of cafes in venues, such as art galleries and museums
- 20 per cent off City Parking multi-storey car parks
- discounts at certain cinemas and other commercial outlets.

In July 2015, Glasgow evaluated its Glasgow Carers Partnership, which includes Glasgow City Council, NHS Greater Glasgow and Clyde and voluntary sector organisations supporting carers within Glasgow. The council will use the resulting report and recommendations in planning and investment in carer services.

Source: Glasgow City Council



I had a procedure in hospital and I was in and out the same day, but the carer came to take me to hospital and came back at midnight to take me home. It was above and beyond.

Service user, physical disabilities

Some people we surveyed who use a homecare service were unhappy with the quality of their service

76. Between 2010/11 and 2014/15, the percentage of adults satisfied with social care or social work has fallen from 62 per cent to 51 per cent.⁵⁷ Our survey of 165 people who use services and of carers found that views on homecare dominated their discussions about the quality of care. Generally, participants with positive experiences of their current service provision highlighted some of the following factors:

- the importance of respectful and flexible carer workers
- good relationships with carer workers
- the ability to influence service delivery through self-directed support
- good timekeeping.

77. However, there were many examples of people not happy with their service experience. Common issues identified across all five local authority areas covered included:

- **Length of time a care worker spends with the person** – Most said that the care worker would be in their home for 15–20 minutes at a time. Many reported that this was not enough time to provide good quality care.



I did have [care company], and I got 15 minutes, so I had a choice between having breakfast and them running a bath for me to have on my own once they'd gone, or a shower with no breakfast.

Service user, physical disabilities

- **Timekeeping** – People who receive homecare discussed their experiences of homecare staff arriving earlier or later than expected. People we spoke to were frustrated at the homecare staff's timekeeping and poor communication.
- **Flexibility of role (undertaking tasks)** – Most people felt that the quality of care they received was affected by the limited flexibility of homecare staff in undertaking other household tasks.
- **Meals** – A large number of people receiving homecare and carers were not satisfied with the quality of the meals.
- **Trained homecare staff** – Others questioned the skills of some homecare staff. Their experience was that the homecare staff did not know how to handle them, or use equipment safely.

Paying care staff the Living Wage could help to reduce problems recruiting care staff, but may create other risks for providers

78. The Scottish Government's Living Wage commitment provides clear benefits for low-paid workers. However, increases in employee costs and contract costs will put pressure on councils' and service providers' finances. There are a number of risks with the current approach:

- The Scottish Government has no powers to enforce the Living Wage commitment; the UK Government reserves the power to set and enforce the legal minimum wage. The legal minimum wage across the UK is £7.20 for people aged 25 and over. The Living Wage is £8.25.
- There is a risk that providers operating across the UK may choose not to pay the Living Wage in Scotland.
- There is a risk that this could lead to unsustainable paybill increases. As well as increasing wages, National Insurance contributions and pension contributions will also rise, and service providers will need to maintain wage differentials. A recent survey of independent providers found that almost all will struggle to fund increases to £8.25 an hour. Future rises in the Living Wage may increase this pressure.
- Where councils have awarded contracts based on price before the adoption of the Living Wage, there is a risk that contractors who lost contracts, but who already pay wages at or above the living wage (and offering higher quality services) may ask councils to re-tender contracts.

79. Applying the Living Wage also provides significant opportunities to better manage the staffing issues we describe in [Part 1](#). Reduced staff turnover could potentially offset increased costs and provide an opportunity to improve staff skills. It could also make it easier to create a career structure for care workers and an opportunity to specialise, for example in providing services for younger people with particular disabilities, or for older people suffering from dementia.

80. Comhairle nan Eilean Siar and Perth and Kinross council felt there were particular challenges in recruiting suitably qualified staff to deliver services in isolated rural areas. In Eilean Siar, the council has set up college courses to encourage young people to view care as a worthwhile career option ([Case study 4, page 38](#)).



Sometimes they're late and sometimes they don't come at all.

Service user,
learning disabilities



Many people felt it was very important to have some continuity of care worker in terms of safety and building a rapport, but this was lacking. Just depressed at so many different (paid) carers coming in at all different times.

Carer



She gave me a fish pie and it was cold in the middle. She said she didn't have time to do it again, so I had to ask her to make me an omelette."

Service user,
older person

Case study 4

Comhairle nan Eilean Siar: developing a stable workforce



Comhairle nan Eilean Siar faces major demographic change over the next 20 years including a projected 19 per cent decline in the working age population and a 19 per cent increase in the over 75 population. There are also a high number of single person households with no family carers available. To help arrest the decline in working age population through migration, the council has developed a project to make being a care worker a viable and attractive career for young people leaving school, as well as adults looking at career options. There are four programmes:

- **Pre-Nursing Scholarship:** developed to encourage people to take up a nursing career locally and part of a national initiative to increase the nursing workforce. A critical aspect of this programme is the facility to provide equitable access to learning across the Western Isles in rural and remote locations.
- **Prepare to Care:** This course aims to qualify and prepare students for employment, further training, or both of these, within health and social care by developing the knowledge, skills and understanding required to work in the care sector.
- **Senior Phase SVQ2 Pilot:** Provides flexibility in terms of work-based assessment across health and social care and equips young people to work in the community. The newly revised Social Care and Health SVQ2 is being piloted with young people in Uist and Barra by Cothrom in partnership with the council and NHS Western Isles.
- **Foundation apprenticeship:** Skills Development Scotland selected the council's Education and Children Services department as a pathfinder authority for the senior phase vocational pathway development in Health and Social Care.

Source: Comhairle nan Eilean Siar

81. As explained in [Part 1](#), the recruitment and retention of suitable staff is a significant problem across the care sector. Councils and providers need to work together and with the Scottish Government on long-term planning to ensure there is an effective, well-trained sustainable workforce to meet future demand. The Scottish Government has commissioned work to identify the recruitment and retention challenges facing the sector and assess whether there is a case for a national workforce-planning tool. In addition, the Scottish Social Services Council (SSSC) is working with partners to develop career pathways within social care. The first is to develop foundation apprenticeships, a vocational pathway to enable young people to experience work in the care sector and encourage care as a positive career choice.



The girls that came in didn't know how to use a stand aid, and they couldn't do manual lifting.

Service user,
physical disabilities

Part 3

Governance and scrutiny arrangements



Key messages

- 1** The integration of health and social care has resulted in complex and varied governance arrangements for social work services. Elected members have important leadership and scrutiny roles, but there are risks that increased complexity could lead to members not having an overall view of social work. At a time of great change, it is essential that elected members assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively. It is important that elected members receive training and guidance on the operation of the new governance arrangements and that elected members not involved in the IJB are fully informed about its operation.
- 2** The key role of the chief social work officer (CSWO) has changed significantly in recent years and there are risks that CSWOs may have too many roles and have insufficient status to enable them to fulfil their statutory responsibilities effectively.
- 3** There is scope for councils and their community planning partners to do more to promote and empower communities. This includes working with them to design, commission, deliver and evaluate services to achieve better outcomes, and to build capacity to allow communities to do more to support themselves. Elected members need to play a key role engaging with communities in a wider dialogue about council priorities.

elected members need to play a key role engaging with communities in a wider dialogue about council priorities

Social work governance and scrutiny arrangements are more complex because of health and social care integration

82. Councils' responsibilities in relation to social work are set out in the Social Work (Scotland) 1968 Act. The Act's provisions include promoting social welfare, caring for and protecting children, supervising and caring for people put on probation or released from prison and the children's hearings system.


83. Under the Public Bodies (Joint Working) (Scotland) Act 2014, councils and NHS boards are required to create integration authorities. These are responsible for the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. Governance describes the structures, systems, processes, controls and behaviours by which an organisation manages its activities and performance. The Act also allows councils and NHS boards to integrate other areas of activity, such as children's health and social care services and criminal justice social work.

84. This means that councils delegate to the integration authority (IA) their responsibility for strategic planning for adult social services and for any other services they decide to include. Councils still carry the ultimate responsibility for the delivery of social work services in their area and elected members need to assure themselves that the council is meeting its statutory responsibilities.

85. IAs are responsible for planning and commissioning functions delegated from the local council and NHS board. IAs can adopt one of two main structures. All areas except the Highland Council area are following the body corporate model. Under this, they have created an Integration Joint Board (IJB) to plan and commission integrated health and social care services in their areas. Highland is following the lead agency model, NHS Highland is the lead for adult health and care services, with Highland Council the lead for children's community health and social care services. IJBs are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. Councils and NHS boards delegate budgets to the IJB. The IJB decides how to use these resources to achieve the objectives of its strategic plan. The IJB then directs the council and NHS board to deliver services in line with this plan.

86. Councils have adopted various arrangements for integration. Nine councils integrated children's social work services within the IJB and 16 councils integrated social work criminal justice services.⁵⁸ The following arrangements were adopted by our fieldwork councils:

- Midlothian Council and Comhairle nan Eilean Siar include criminal justice but not children's social work services.
- East Renfrewshire Council and Glasgow City Council include both children's social work and criminal justice social work services.
- West Lothian Council and Perth and Kinross Council only include adult services.


87. The governance and scrutiny arrangements in four of our fieldwork councils (Comhairle nan Eilean Siar, Glasgow, Perth and Kinross and West Lothian) are included in [Supplement 3](#) . These illustrate the variety and complexity of arrangements now in place within councils.

88. At the time of our fieldwork, governance arrangements were still under discussion. Council chief executives were clear that accountability lies with the council for services delegated to the IJB because, under legislation, the council retains statutory responsibility for delivering social work services. But we have previously highlighted the risk that ultimate responsibility might lie with IJBs, which plan and direct councils and NHS boards in how services are to be delivered.⁵⁹ All parties need to recognise this risk and set out clearly an agreed understanding of each other's roles and responsibilities. It is essential that the chief officer of the IJB is clear about how this joint accountability will work in practice.

89. Accountability arrangements for the IJB chief officer are complex. The chief officer has a dual role. They are accountable to the IJB for the responsibilities placed on the IJB under the Act and the integration scheme. They are accountable to the council and NHS board for any operational responsibility for integrated services, as set out in the integration scheme.

90. Governance and scrutiny arrangements for IJB and non-IJB services within our fieldwork councils varied, even where the same services are included within


the IJB's remit. For example, in East Renfrewshire, scrutiny of performance happens within the IJB Audit and Performance Committee and an annual report is presented to the Council. While Comhairle nan Eilean Siar concluded that appropriate scrutiny could be provided within its existing council committee structure and that a separate mechanism for IJB functions was not required.

Supplement 3  shows the variation in integration arrangements in four of our fieldwork councils. Whatever model councils choose, elected members need to assure themselves that the scrutiny arrangements are working effectively.

91. As governance and scrutiny arrangements for social work were still in transition at the time of our fieldwork visits (some changes were implemented in March 2016), it is too early to make judgements as to whether there are duplications or gaps in scrutiny. Councils indicated that they would review arrangements if they did not appear to be working effectively. Our fieldwork highlighted a number of potential risks. These include:

- the potential for an overall view of governance being lost when social work services (and budgets) are split, for example between education and children's services and the IJB
- a focus on health and adult services could restrict discussion of children's services and, in particular, criminal justice services on IJB scrutiny committees.

92. Council representation on the IJB is generally four or five senior elected members (around ten per cent of elected members), usually including the leader of the council and a senior opposition member. This means that a small subset of elected members of the council and members of the NHS board will be responsible for social work governance and scrutiny within the IJB and its committees. There is a risk that the majority of elected members could feel excluded from social work decision-making and scrutiny. There is also a risk that this arrangement leaves responsibility for governance and scrutiny with a small number of very busy elected members. Councils have set up a variety of mechanisms to ensure they keep all elected members informed. For example, Comhairle nan Eilean Siar and the IJB will hold at least two meetings a year with the wider membership of the council and NHS Western Isles.

93. It is important that elected members receive training and guidance on the operation of the new governance arrangements. The Scottish Government has produced guidance on the roles, responsibilities and membership of the Integration Joint Board.⁶⁰ COSLA is working with the Improvement Service and the Scottish Government to support elected members who do not sit on IJB boards to help them fulfil their role, including councils' ongoing statutory duties. COSLA intends to produce an elected member briefing note focusing on councils' role and interests to ensure they are kept informed of the changes. It is also hosting workshops for elected members to share their experiences. We have included an elected member's checklist as **Supplement 4** . Elected members may wish to use the checklist to help them consider the effectiveness of the arrangements in their council.

Health and social care integration may make strategic planning of services more difficult

94. Each IJB is required to produce a strategic plan that includes strategies for all the services delegated to it. We examined strategies for social work services in our fieldwork councils. Strategies are set out in various ways depending on the health and social care arrangements in each council. While the plans for integrated services were well developed, they are new and untested.

95. Where councils have chosen not to include services for children within their IJB, they usually continue to follow existing arrangements. For example, some align children's social work services with education, in education and children's services. In others, these services are part of an existing Health and Social Care Partnership Directorate. Strategies for services that are not within the IJB are set out in council plans such as the education and children's services plan.

96. Where criminal justice services are included within the IJB, strategies were not always as clearly set out. IJB plans generally included few references to criminal justice and some services did not have a specific criminal justice plan. Whether as part of the IJB or not, councils have, until now, worked in partnership with their Community Justice Authority (CJA) and contributed to its area and action plans. However, under The Community Justice (Scotland) Act 2016, CJAs will be abolished from 2017. Responsibility for community justice will transfer to community planning partnerships. It is important that under the new approach, strategies for criminal justice services are clearly set out as part of the IJB or community planning arrangements.

97. All the social work plans we examined demonstrate links to community planning. As members of the community planning partnerships, both IJBs and councils have signed up to local single outcome agreements (SOA) with the Scottish Government, and share the vision and priorities within these.

98. It is important that there are clear linkages between the planning of those services that are integrated and those that are not, for example the transition from children's services to adult services or between children's services and criminal justice. Planning for these transitions needs to be well coordinated to ensure a seamless service without overlaps or gaps in services, particularly where responsibility is split between the IJB and the council.

99. It is important that the scrutiny arrangements reflect the risks associated with managing transitions. Councils and elected members will need to ensure they have a strategic overview of the whole of social work service and ensure that strategy, budget arrangements, commissioning, procurement and workforce planning are coordinated at a council-wide level.

There is a risk that chief social work officers may become over-stretched

100. The Social Work (Scotland) Act 1968 requires local authorities to appoint a single chief social work officer (CSWO) who must be a qualified social worker and registered with the Scottish Social Services Council. The CSWO should demonstrate professional leadership. They have a responsibility to highlight where a council policy may endanger lives or welfare and ensure that they provide councillors and officers with professional advice in relation to social work and social care services. The CSWO should have access to the chief executive and other senior managers, councillors and social work officers. The CSWO is one of five statutory officers in councils: that is, officers that each council is required to appoint by law.⁶¹

101. Scottish ministers issued revised guidance on the role of the CSWO in July 2016 to reflect the introduction of health and social care integration. This summarises the minimum scope of the CSWO role, recognising the diversity of the structures and partnerships that deliver social work services. The CSWO's responsibilities apply to social work functions whether delivered by the council or



I'm happy with the services for my daughter but it was a hard fight over many years. As she moves to adult services, am I going to have to start fighting again? It worries me.

Carer

by other bodies under integration or partnership arrangements.⁶² The guidance states that management and reporting structures are a matter for councils. But if the CSWO is not a full member of the corporate management team, elected members must be satisfied that the officer has appropriate access, influence and support at the most senior level. We found consensus among elected members and chief executives that it is important that the CSWOs are senior enough to carry out their responsibilities effectively. However, the CSWO's position in the hierarchy, and the arrangements to allow them to contribute to decision-making, varied between councils.

102. When the CSWO role was combined with that of Director of Social Work, the ability to influence was clear. But councils have developed executive team structures and most no longer have a Director of Social Work. At present six CSWOs are at director level and 24 are heads of service, the tier below this, with one tier-three manager in a temporary acting up role. In addition, a large proportion of CSWOs are new to the role. A survey by Glasgow Caledonian University, in November 2015, found that over half had been in post less than three years, and nine for less than a year.

103. CSWOs have strategic and professional responsibility for social work, including monitoring service quality and professional standards. Good practice indicates this should be across the full range of a council's social work functions. Scottish ministers' guidance says the CSWO must have the power and authority to provide professional advice and contribute to decision-making in the council and health and social care partnership arrangements. However, the structure of social work provision has changed over time and CSWOs do not always have operational responsibility across all functions. For example, in Midlothian, the CSWO has operational responsibility for adult services but not for services for children or older people.

104. Integration does not change the CSWO's responsibility to provide professional leadership. However, some CSWOs expressed concerns that, where children's services and/or criminal justice sit within the IJB, health issues and adult care will dominate the IJB both in terms of the agenda and in terms of personnel. They were concerned that representation of these services on the agenda would be small in comparison to adult services.

105. Reporting lines for CSWOs always lie within the council and the establishment of IJBs does not change this. However, CSWOs now have an additional statutory, non-voting place as adviser to the IJB (or the Integration Joint Monitoring Committee in Highland's lead agency model). CSWOs need to establish good, effective working relationships with their IJB chief officer. CSWOs' roles vary across all thirty-one IJBs in terms of what they are accountable for. Integration means that those CSWOs who were previously responsible for adult social care services will lose direct responsibility for their management and budget.

106. Scottish ministers' guidance indicates that the CSWO must be visible and available to any social services worker, and ensure well-grounded professional advice and guidance on practice is available. Social workers in our focus groups generally felt that their CSWO was both visible and accessible, and felt confident about consulting them.

107. The ability of CSWOs to carry out their role effectively and not become too 'stretched' across multiple functions is a potential concern. CSWOs may have

to report to one or more council committees, sit on the IJB, and attend the council corporate management team or senior management team and the IJB management team, as well as undertake day-to-day service management roles. It is important for CSWOs to achieve the trust and confidence of councils' NHS partners in order to have an influence in decision-making. CSWOs had mixed views on whether their role within the IJB would have a negative impact on their visibility or accessibility to elected members and social workers. It is too early to see how effective new arrangements will be.

108. The statutory guidance requires all CSWOs to report annually to the council and IJB on all of the statutory, governance and leadership functions of the role and delivery of the council's social work functions. This applies however they are organised or delivered. A review of CSWO annual reports in 2013 found a lack of consistency in the content and format. After consultation with relevant individuals and groups, the chief social work adviser published guidance on the content and a template for the report. The CSWO annual report gives an opportunity for the CSWO to draw together all the important strands of their work and report on them to elected members. It should provide an opportunity for the CSWO to raise their profile with elected members and, more importantly, draw their attention to any potential concerns about social work or governance issues.

109. The CSWO reports we examined from our fieldwork sites generally followed the template, but varied in the amount and level of information included. For example, Glasgow's report for 2014/15 is more concise (nine pages long with links to relevant reports and strategies), with less detail included compared with Perth and Kinross (71 pages), which contains a lot of activity information and good practice examples. CSWO reports may be considered at various meetings including full council, relevant council committees or panels or the IJB. Social work performance is regularly scrutinised through council or IJB monitoring systems and scrutiny happens through monthly, quarterly or six-monthly performance reports at appropriate committees. CSWO reports are also important in providing a high-level summary of the performance of social work functions during a particular year. It is essential that they are subject to effective scrutiny by elected members. However, we did not find evidence of detailed scrutiny of the report or challenge at these meetings.

110. The Scottish Social Services Council (SSSC) working with universities and others, has recently developed a qualification for CSWOs. The postgraduate diploma is aimed specifically at those currently in the CSWO role or who aspire to the role. There is also an option to proceed to a Masters qualification. CSWOs and social worker managers who we interviewed who are studying for this qualification all found it helpful and useful in practice, as well as helping the council in succession planning.

Elected members are key decision-makers for local social work services

111. During the era of steadily increasing council spending that ended in 2010, people's expectations were raised as to the level of service that social work services could provide. Councils are now in an era of reducing spending. Councils need to play a leading role in a wider conversation with the public about the level of social work services they can realistically provide and how they can best provide it. Current arrangements for providing care are not sustainable in the long term, given the demographic and financial pressures. As we reported in *Changing models of health and social care*: 'Services cannot continue as they are and a significant cultural shift

in the behaviour of the public is required about how they access, use and receive services'.⁶³ Elected members need to play a key role in this change, engaging with communities in a wider dialogue about council priorities.

112. The Christie Commission suggested that councils should work closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience. Communities have a significant role to play, and councils and their community planning partners should do more to encourage and help them to assume more responsibility for supporting themselves. North Lanarkshire's *Making Life Easier* service is a website that helps people to identify problems and develop their own solutions through information, professional advice and direct access to services and support ([Case study 5](#)).

Case study 5

Making Life Easier



North Lanarkshire Council worked with ADL Smartcare to develop a website to help those who wish to live independently at home. *Making Life Easier* provides professional advice and guidance on health issues and on managing daily living tasks. It includes hints and tips and signposts to organisations such as social and support groups, lunch clubs and drop-in cafes.

People and their carers can do an online self-assessment to identify safe and suitable equipment and minor adaptation choices that will help them manage their lives. People can choose to get the equipment and minor adaptations they need without charge through a link to the council's integrated equipment and adaptation service, or there is information on how to buy it for themselves.

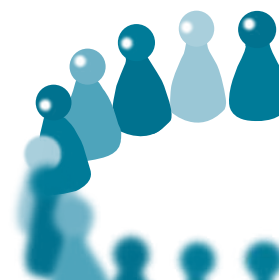
East Lothian Council is developing a similar service, which they will call HILDA – Health and Independent Living with Daily Activities.

Source: North Lanarkshire Council






113. Although health and social care integration will change the way social work services are commissioned and funded, councils remain responsible for promoting social welfare.⁶⁴ This includes improving outcomes for people who use services. Councils and IJBs need to ensure they are scrutinising budgets, plans and outcomes, including the effectiveness of services and the impact on individuals.

114. Elected members may find that their role changes, but they remain the key decision-makers for social work services on behalf of their constituents and they ensure effective scrutiny, governance and strategic oversight of the new arrangements. It is essential that elected members assure themselves of the quality of social work services and ensure councils manage risks effectively at a time of great change. With increasing financial pressures, councillors may face a difficult challenge in managing people's expectations, but they have a crucial role in doing so and providing leadership for their communities.

Endnotes




- ◀ 1 Social Care Services 2015, Scottish Government, December 2015.
- ◀ 2 Children's Social Work Statistics Scotland, 2014/15, Scottish Government, April 2016.
- ◀ 3 Social Care Services 2015, Scottish Government, December 2015.
- ◀ 4 Social Work and Social Care Statistics for Scotland: A Summary, Scottish Government, January 2016.
- ◀ 5 Scottish Local Government Financial Statistics, Scottish Government, February 2016.
- ◀ 6 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.
- ◀ 7 We use the term 'third sector organisation' to describe organisations that are neither public sector nor private sector, including voluntary and community organisations (both registered charities and other organisations such as community groups), social enterprises, mutuals and co-operatives.
- ◀ 8 In this report, we use the word carer to mean someone who provides unpaid care. Staff who are employed to provide care are referred to as care workers.
- ◀ 9 [Health and social care integration](#) , Audit Scotland, December 2015.
- ◀ 10 Social Services in Scotland: a shared vision and strategy 2015 - 2020, Scottish Government,
- ◀ 11 National Performance Framework, Scottish Government, March 2016.
- ◀ 12 The Scottish Government established the independent Commission, chaired by Dr Campbell Christie CBE, in November 2010 to develop recommendations for the future delivery of public services. The Commission published its report in June 2011.
- ◀ 13 [Health and social care integration](#) , Audit Scotland, December 2015.
- ◀ 14 [Changing models of health and social care](#) , Audit Scotland, March 2016, included Scottish Government analysis of projected health and social care expenditure, provided to Audit Scotland in February 2016.
- ◀ 15 *Scotland's Population, The Registrar General's Annual Review of Demographic Trends 2014*, published August 2015.
- ◀ 16 All local authorities are responsible for maintaining a central register of all children who are the subject of an inter-agency Child Protection Plan. The register provides a system for alerting practitioners that there is professional concern about a child. Social work departments are responsible for maintaining a register of all children in their area who are subject to a Child Protection Plan.
- ◀ 17 Children's Social Work Statistics Scotland, 2014/15, Scottish Government, April 2016.
- ◀ 18 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.
- ◀ 19 Experimental Statistics: Staff Retention in the Scottish Social Service Sector, SSSC, March 2016.
- ◀ 20 Workforce Survey of Independent Care Homes for Older People in Scotland, Scottish Care, March 2008.
- ◀ 21 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.
- ◀ 22 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016.
- ◀ 23 NHSScotland Workforce Information, quarterly update of staff in post, vacancies, ISD, March 2016.
- ◀ 24 Mental Health (Care and Treatment) (Scotland) Act, 2003.
- ◀ 25 Scottish Social Services Workforce Data, Mental Health Officers (Scotland) Report 2015, August 2016.
- ◀ 26 Scottish Social Service Sector: Report on 2015 Workforce Data, August 2016 and unpublished data from Scottish Social Services Council.
- ◀ 27 Scotland's Carers, Scottish Government, March 2015.
- ◀ 28 *Caring Together: The Carers Strategy for Scotland 2010 - 2015*, Scottish Government, July 2010.
- ◀ 29 *Valuing Carers; The rising value of carers' support*, Carers UK, 2015.
- ◀ 30 [An overview of local government in Scotland 2016](#) , Audit Scotland, March 2016.
- ◀ 31 The net expenditure breakdown in Exhibit 5 is taken from Scottish Local Government Financial Statistics 20014-15. The total net expenditure figure of £3.3 billion is from the audited accounts and includes pension costs and capital accounting costs that the £3.1 billion in the local financial returns (LFRs), on a funding basis, will exclude.

- ◀ 32 [An overview of local government in Scotland 2016](#) , Audit Scotland, March 2016.
- ◀ 33 Scottish Parliament, Health and Sport Committee, Integrated Joint Board survey responses, August 2016.
- ◀ 34 Information supplied by Scottish Government.
- ◀ 35 Scottish Government unpublished analysis, March 2016.
- ◀ 36 *Social Services in Scotland: a shared vision and strategy 2015-2020*, Scottish Government, March 2015.
- ◀ 37 *Route Map to the 2020 Vision for Health and Social Care*, Scottish Government, May 2013.
- ◀ 38 *Reshaping Care for Older People – A Programme for Change 2011–21*, Scottish Government, COSLA and NHS Scotland, 2010.
- ◀ 39 [Reshaping care for older people](#) , Audit Scotland, February 2014.
- ◀ 40 [Changing models of health and social care](#) , Audit Scotland, March 2016.
- ◀ 41 The NHS and Community Care Act 1990 provides a statutory framework for community care, which forms the cornerstone of community care law. It places a duty on local authorities to assess an individual's need for 'community care services'.
- ◀ 42 Scottish Government and COSLA guidance on a national framework for eligibility criteria, 2009.
- ◀ 43 *Route Map to the 2020 Vision for Health and Social Care*, Scottish Government, May 2013.
- ◀ 44 Data from Children's Social Work Statistics Scotland, 2011/12, Scottish Government, March 2013 and Children's Social Work Statistics Scotland, 2014-15, Scottish Government, June 2016.
- ◀ 45 *Getting it right for children in residential care*, Audit Scotland, September 2010.
- ◀ 46 Recreate Volunteer Programme: A social return on investment (SROI) analysis, Margaret Smith and Vikki Binnie, 2014. An SROI considers the length of time changes last to assess future value. Because this user group is often associated with a chaotic lifestyle, the study shows a range in value to reflect a conservative estimate and an estimate reflecting the sustained changes possible.
- ◀ 47 Local Government Benchmarking Framework, Improvement Service (website).
- ◀ 48 A framework agreement does not have to be a contract. However, where it is a contract it is treated like any other contract, and the EU procurement rules apply.
- ◀ 49 The 2016/17 fees paid to providers for local authority placements are set at £624.54 a week for nursing care and £537.79 for residential care until 30 September. After that, fees will increase to £648.92 a week for nursing care, and £558.77 for residential care until April 2017 (the £372 figure in paragraph 62 has income from contributions deducted). Fees for self-funders tend to be substantially higher.
- ◀ 50 Scottish Statistics on Adults Resident in Care Homes, 2006-2015, ISD Scotland, October 2015.
- ◀ 51 Local Government Benchmarking Framework, Improvement Service (website).
- ◀ 52 The Care Home Census: Scottish Statistics on Adults Resident in Care Homes 2006-2015. The census includes data on adults living in care homes in Scotland that are registered with the Care Inspectorate.
- ◀ 53 NHS National Services Scotland, Public Health and Intelligence, 2016.
- ◀ 54 These figures are for residents who do not require nursing care. The equivalent figures for residents who do require nursing care are £775 and £590.
- ◀ 55 The Scottish Government is holding a 'national conversation' on health and social care services. Some of the carer's quotes are taken from the Coalition of Carers in Scotland event to support carers to contribute their views, held on 25 November 2015.
- ◀ 56 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- ◀ 57 Local Government Benchmarking Framework, the improvement service.
- ◀ 58 A full list of the arrangements in all councils is included in Exhibit 8, page 22 of *Health and social care integration*, Audit Scotland, December 2015.
- ◀ 59 [Health and social care integration](#) , Audit Scotland, December 2015.
- ◀ 60 Roles, Responsibilities and Membership of the Integration Joint Board, Scottish Government, September 2015.
- ◀ 61 The others are: The Head of Paid Service (chief executive) responsible to councillors for the staffing and ensuring the work of the council is co-ordinated; the Monitoring Officer prepares governance documents and advises councillors about legal issues; the Chief Financial Officer; the Chief Education Officer.
- ◀ 62 The Role of Chief Social Work Officer, Guidance Issued by Scottish ministers, pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, Revised Version, July 2016.
- ◀ 63 [Changing models of health and social care](#) , Audit Scotland, March 2016.
- ◀ 64 Social Work (Scotland) 1968 Act.

Social work in Scotland



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**Shetland
Islands
Council**

Agenda Item

3

Meeting(s):	Special Education & Families Committee	26 th January 2017
Report Title:	Residential Child Care Capacity (Care & Additional Support Needs) 2017 – 2025	
Reference Number:	CS-02-17-F	
Author / Job Title:	Scott Hunter, Executive Manager – Children’s Resources	

1.0 Decisions / Action required:

- 1.1 That the Education and Families Committee RESOLVES to approve that the Executive Manager Children’s Resources develops a Strategic Outline Case for the provision of residential child care in Shetland 2017 – 2025 for submission through the Council’s Gateway Process for the Management of Capital Projects.

2.0 High Level Summary:

- 2.1 The Children’s Resources service provides a range of primarily statutory service provision to the children and families of Shetland who are in need. These services include early years provision at *Isleshaven nursery*, family support work through the *Bruce Family Centre* and the *Early Intervention Team* as well as services to looked after children via the *Short Breaks Service*, our Residential Resources at *Grodians, Arheim, Lochside and Windybrae*, our *family placement team* who work with *foster, kinship and adoptive families* and our *throughcare and aftercare team* who provide support to our care leavers. Alongside the direct provision Children’s Resources manages a range of service level agreements with third sector partners in areas such as childcare and housing support for care leavers. The intended outcomes of these services vary, but collectively they aim to strengthen families and improve capacity within families to care for children and young people and where this is not possible to provide, as a corporate parent, high quality nurturing out of family care and support.
- 2.2 One of the key challenges being addressed across children’s services has been the need to develop more capacity within communities and early intervention services to ensure children and families, in line with GIRFEC principles, get the help they need at the time they need it. Within children’s social work services this translates to the complex work required to shift the balance of resources for looked after and accommodated children from relatively high cost, out of authority provision to high quality local services and to deliver consistent early and intensive intervention approaches so that fewer children and young people need to be accommodated and looked after and, where they do, they are accommodated within Shetland Island Council services rather than off island where they are detached from their support networks.

- 2.3 The context to this issue is well defined in terms of recognised need. Our residential provision is sector leading in Scotland. Shetland's commitment to permanence within residential care is recognised as leading the way in terms of implementing the staying put agenda in Scotland. With this approach there has been an ongoing need to build our capacity and ability to care for children and young people in crisis and to have capacity for care placements in the short to medium term where services are facilitating reconciliation. Over 2016 we have taken significant steps to strengthen our residential capacity which previously had no provision for emergency / medium term care. We have done this through:
- Re commissioning Windybrae to provide 3 additional beds
 - Securing a singleton placement at Arheim in Lerwick
 - Securing a 10 year lease on a property at Lochside in Lerwick to provide a stable long term singleton placement
- 2.4 Financing of these commitments has been met through contingency funds and internal efficiencies. While these steps have addressed the immediate critical lack of beds for emergency / medium term care we remain fundamentally short of capacity to meet our needs into the medium and longer term. The shortage of residential placements remains on the risk register.
- 2.5 For information and comparison Orkney, which has a smaller population than Shetland, maintains a residential estate of 8 care beds.
- 2.6 Alongside the need to develop capacity it is considered prudent to introduce a practice model at this point to strengthen our practice framework. A practice model is a social work tool for understanding and linking theories to each other and to the practical tasks of social work. The introduction of such a model has the scope and potential to transform how we view and respond to the needs of traumatised children and young people. Links are included below to the Sanctuary model of care which is well researched and evidences positive outcomes for traumatised children and young people.
- 2.7 Appendix 1 provides members with the work undertaken to date to understand the context of residential child care in Shetland and to show current and demand and key drivers likely to affect service demands over the period to 2025. To briefly summarise appendix 1, the data available about activity in relation to residential child care drivers indicates:
- There are no clear and definitive patterns in relation to activity. This can be attributed to the development of policy in relation to looked after children and GIRFEC in particular. This created earlier intervention and identification of a broader population of children in need that was previously traditionally defined by the Scottish Children's Reporters statistics. This creates challenges for service planning when we wish to get the balance right between provision and capacity. The need to create a flexible estate is one of the key drivers here.
 - We know that there is a population of 306 children and young people in Shetland in 15/16 who have had 452 different direct contacts with the care and protection system which is 7.2% of the projected 0 – 16 population for 2017 (4268).
 - The majority of referrals into these systems are on care and welfare issues as

opposed to offending issues. This means that state intervention is more likely to establish circumstances that may lead to further actions.

- The prevalence of substance misuse in Shetland is 10x that in Orkney with the associated and far reaching issues this brings for families and the child welfare system.
- The national prevalence of autism remains at 1.1% (*National Autistic Society*) of the population which translates to a statistical population of 47 children and young people in Shetland. Of those 47 research indicates that between 44% - 52% of these children and young people may also have a learning disability.
- Five times as many males as females are diagnosed with autism. The proportion of males as opposed to females diagnosed with autism varies across studies, but always shows a greater proportion of males. Fombonne et al (2011) found a mean of 5.5 males to 1 female in their research review.

2.8 In terms of our services for children with a disability or additional support needs we have seen a direct increase in complexity reflected in the reduction of nights offered by these services:

13/14	<i>Number of Nights</i>	<i>Number of Children</i>
Laburnum	908	21
HBC	276	13
Total	1184	34
14/15	<i>Number of Nights</i>	<i>Number of Children</i>
Laburnum	852	24
HBC	211	16
Total	1063	40
15/16	<i>Number of Nights</i>	<i>Number of Children</i>
Laburnum	673	23
HBC	195	12
Total	868	35

3.0 Corporate Priorities and Joint Working:

3.1 The provision of Children's Residential Care delivers on a number of key priorities for the council with particular reference to:

- *Local Outcome Improvement Plan:*
 - Shetland is the best place for children and young people to grow up
 - To ensure the needs of our most vulnerable children and young people are met
 - Ensure there are facilities for meeting needs for short term and respite care
- *Corporate Plan:*
 - Young People
 - Children and Young People, particularly those

from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential

- *20 By 20:*
 - No 8: We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks
 - No 14: The needs of the most vulnerable and hard to reach groups will be identified and met, and services will be targeted at those that need them most
- *Children's Services Directorate Plan:*
 - Our public services are high quality, continually improving, efficient and responsive to local people's needs
 - We have improved the life chances for children, young people and families at risk
 - We have tackled the significant inequalities in Scottish society

3.2 The care and protection of young people requiring to live away from home in residential child care is a challenging agenda where the balance of care versus control is complex with many competing demands. Clearly these young people with the highest level of need require supports from across services to ensure positive outcomes. As such the development of residential services through 2025 will have an impact on key partners including Education, Health and Police colleagues which will be addressed through the various joint working partnerships in place across children's services including the Children's Services Management Team, Integrated Children and Young People's Services Strategic Planning Group, Integrated Children's Services Quality Assurance Group, the Children's Forum and Shetland Together.

4.0 Key Issues:

4.1 Before reaching a decision committee is asked to consider the following key issues:

1. Is the vision to modernise the residential estate due to lack of capacity acceptable
2. Is the vision to strengthen the practice framework to reduce off island placements acceptable

5.0 Exempt and/or confidential information:

5.1 No

6.0	Implications :
6.1 Service Users, Patients and Communities:	<p>The modernisation of the residential estate and associated actions to strengthen the practice framework will provide a service that can support all children requiring to be looked after except those requiring specialised care services e.g. secure care; sexually harmful behaviour; substance misuse etc. A stronger service will allow these children and young people to continue to attend local schools, maintain local networks and most importantly secure their sense of identity.</p> <p>Looking after our most vulnerable children in local communities will inevitably place additional demands on other services such as Police, Health and Education colleagues however, through close working together we can discharge our corporate parenting responsibilities on Shetland.</p> <p>Any proposed expansion of the residential estate is going to impact on the wider community and as such should a business case be approved full engagement with local communities will be planned to provide an opportunity to hear and mitigate any concerns expressed.</p> <p>A community stakeholder event has already been held and was attended by over 50 representatives.</p>
6.2 Human Resources and Organisational Development:	<p>The development of residential services has already been supported by HR colleagues as we have had to amend recruitment processes. The introduction of a practice model will require a shift in practice – there would be no proposed changes to work patterns or terms and conditions at this time.</p> <p>Looking after the most vulnerable children, those that we have previously sent off island, would bring additional demands that we will manage through the practice framework and established structures such as the safety forum and normal management structures to discharge our responsibility to ensure the safety and well-being of staff.</p>
6.3 Equality, Diversity and Human Rights:	<p>No equalities impact assessment is required at this stage. The vision is based on promoting and protecting the rights of children and young people as outlined in the United Nations Convention on the Rights of the Child whose principles are enshrined in law.</p> <p>Equalities issues would be addressed through the business case five stage process.</p>
6.4 Legal:	<p>The provision of services is outlined in key legislation including:</p> <ul style="list-style-type: none"> • Children and Young People (Scotland) Act 2014 • Social Care (Self Directed Support)(Scotland) Act 2013 • Education (Additional Support for Learning) (Scotland) Act 2009 • Carers (Scotland) Act 2016

	<p>The council has a duty to support and protect children in need and provide suitable accommodation to children who cannot stay at home as outlined in the Children (Scotland) Act 1995. The implementation of the Carers (Scotland) Act 2016 in 2017 will place a duty to provide short breaks to carers of children and young people.</p>
6.5 Finance:	Funding will be addressed through the gateway process.
6.6 Assets and Property:	The impact on assets and property will be addressed through the gateway process.
6.7 ICT and new technologies:	The costs associated with any ICT will be addressed through the gateway process.
6.8 Environmental:	None
6.9 Risk Management:	<p>Project risk will be managed through the gateway process however, council should be aware of the significant risks that present from failing to prepare a strategic outline case to rebalance care primarily related to:</p> <ol style="list-style-type: none"> 1. Child Welfare: Failure to develop the outline case will result in a continued dependence on high level interventions rather than strengthening families in line with national policy and research. We will continue to disable rather than enable the most vulnerable families to fulfil their parental responsibilities. Rebalancing care and in particular developing cooperation and mutual support in Shetland communities is central to enabling the most oppressed and disadvantaged people gain power over their own lives. These vulnerable children and families in Shetland will never realise personal or social enablement without these structural changes in SIC service approach and delivery. 2. Statutory Duties: The council has a statutory duty to look after children at risk, failure to develop the outline case will result in a prolonged period without adequate provision both now and into the future resulting in challenges to meet duties in line with the new act. 3. Financial: Without development of the outline case there is a very high likelihood that we will continue to rely on off island placements to the detriment of children and young people. Children and families in transitional crisis should not be removed from their life situation; interventions should focus on strengthening relationships and networks of relationships. The premise here is on families having

	rapid access to supports when needed.	
6.10 Policy and Delegated Authority:	In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, matters relating to Children's Resources stand referred to the Education and Families Committee, which has responsibility for advising the Council in the development of service delivery within its functional areas, and for ensuring best value in the use of resources to achieve key outcomes.	
6.11 Previously considered by:	None	None

Contact Details:

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Report Finalised: 20 January 2017

Appendices: CS-02-17-App 1 Project Assessment

Background Documents:

[Guidance on Short Breaks SG/COSLA](#)

[Statutory Guidance on Corporate Parenting](#)

[The Sanctuary Model](#)

[Implementing Therapeutic Approaches to Residential Child Care in Northern Ireland](#)

[On Your Own Now Report Sept 2015](#)



Shetland Islands Council

Children's Services Directorate

Children's Resources

CHILDREN'S RESIDENTIAL SERVICES

2016 – 2025

Residential Child Care and Short Breaks Service

Context:	<p>One of the key challenges being addressed across children’s services has been the need to develop more capacity within communities and early intervention services to ensure children and families get the help they need at the time they need it, in line with GIRFEC principles. Within children’s social work this translates to the complex work required to shift the balance of resources for looked after and accommodated children from relatively high cost, out of authority provision to high quality local services and to deliver consistent early and intensive intervention approaches so that fewer children and young people need to be accommodated and looked after and, where they do, they are accommodated within Shetland Island Council Council services.</p> <p>The Children and Young People (Scotland) Act 2014 sets out a number of new duties on public authorities in Scotland. The Act is central to the Scottish Government’s aim of making Scotland the best place in the world to grow up by putting children and young people and their wellbeing at the heart of the planning and delivery of services and ensuring their rights are taken into account across the public sector. The Act contains significant provisions for looked after children and young people and those leaving care. The Children and Young People (Scotland) Act 2014 also contains significant new duties in relation to corporate parenting. As Corporate Parents, this authority has a responsibility to provide a quality living environment for children and young people in need of residential care.</p> <p>The key aim of the Children’s Resources service is to provide a range of statutory and non-statutory service provision to the children and families of Shetland. These services include early years provision at <i>Isleshaven nursery</i>, family support work through the <i>Bruce Family Centre</i> and the <i>Early Intervention Team</i> as well as services to looked after children via the <i>Short Breaks Service</i>, our Residential Resources at <i>Grodians, Lochside and Windybrae</i> , our <i>family placement team</i> who work with <i>foster, kinship and adoptive</i> families and our <i>throughcare and aftercare team</i> who provide support to our care leavers. The intended outcomes of these services vary, but collectively they aim to strengthen families and improve capacity within families to care for children and young people and where this is not possible to provide, as a corporate parent, high quality nurturing out of family care and support.</p> <p>The context to this project is well defined in terms of recognised need. Our residential provision is sector leading in Scotland. Shetland’s commitment to permanence within residential care is recognised as leading the way in terms of implementing the staying put agenda in Scotland. With this approach there has been an ongoing need to build our capacity and ability to care for children and young people in crisis and to have capacity for care placements in the short to medium term where services are facilitating reconciliation. At present we are utilising Windybrae which has capacity for 3 young people for this need however in adding these 3 beds Shetland still remains critically short of its requirements into the future, for example Orkney council maintain 8 beds as their residential capacity.</p> <p>Our service to support children and young people with additional support needs is provided from two properties at Laburnum and Haldane Burgess Crescent, neither of which meets our requirements to support children with complex needs. Previous proposals to provide new buildings for these services were brought forward in 2009 with a site at Lochside in Lerwick identified at a cost of £1.7 million. This project was placed at number 15 of 23</p>
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in the capital programme of that time.

The Children's Resources Service delivers on a number of the Shetland Islands Council **Corporate Objectives** including:

Young People

- Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential.
- Vulnerable children and young people in need of our care and support will continue to be protected from harm.
- Young people will feel that their voices are being heard by the council, having regular opportunities to have a say on the issues that affect them.
- More children will be taking part in physical and cultural activities – developing healthy lifestyles to help them play a full and active part in Shetland community life.

Economy and Housing

- We will be investing development funds wisely to produce the maximum benefit for Shetland's economy

Community Strength

- People in Shetland will be feeling more empowered, listened to and supported to take decisions on things that affect them, and to make positive changes in their lives and their communities.
- People, particularly those from vulnerable backgrounds, will be getting access to the learning and development opportunities that allow them to best fulfil their potential.

This strategic business case, if approved, would contribute directly to some of the priorities in the **20 for 20** outlined in the corporate plan, namely:

- 5: High standards of governance, that is, the rules on how we are governed, will mean that the council is operating effectively and the decisions we take are based on evidence and supported by effective assessments of options and potential effects.
- 8: We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks.

- 11: Our approach to managing the risks we face will have resulted in a more risk-aware organisation that avoids high-risk activities.
- 14: The needs of the most vulnerable and hard-to-reach groups will be identified and met, and services will be targeted at those that need them most.
- 15: We will have a better understanding of the number of assets we can afford with the resources we have available, and will have reduced the number of buildings we have staff in.
- 16: We will have prioritised spending on building and maintaining assets and be clear on the whole-of-life costs of those activities, to make sure funding is being targeted in the best way to help achieve the outcomes set out in this plan and the community plan.
- 17: We will have reduced the effect we have on the local environment, particularly reducing carbon emissions from our work and buildings.
- 20: We will be an organisation that encourages creativity, expects co-operation between services and supports the development of new ways of working.

Local Outcome Improvement Plan

The adequate provision of residential services is an outcome identified in the LOIP with **particular reference** to Priority A1: *To ensure the needs of our most vulnerable children and young people are met* and **specific reference** to A1.6 *Ensure there are facilities for meeting needs for short term care and respite*.

On Da Level: Achieving a Fairer Shetland

The provision of residential services will support the work of priority B: *Reduce the number of families who are struggling to thrive* by contributing to the broader approach of *breaking negative cycles within families*.

Service Planning

The Children's Resources Service delivers primarily on the **Directorate plan** through priority A4 Protecting vulnerable children and young people through the following work streams:

	<ul style="list-style-type: none"> • Monitor the implementation of the Corporate Parenting Strategy to help ensure that our looked after children have the same opportunities to succeed as their non-looked after peers. • Support the development of nurturing communities. • Build capacity in our residential and foster care resources. • Ensure clear and timely decision making with regard to permanency. • Continue to provide a full range of child protection services to ensure children and young people are kept safe. <p>The Children's Resources Service leads on two areas of action in relation to the joint inspection of Children's Services held in 2015 namely:</p> <ul style="list-style-type: none"> • Increase capacity of residential child care provision • Increase capacity in foster care provision
Drivers:	<p><u>KEY DRIVERS</u></p> <p>The issues created by the early adoption of the staying put agenda by Shetland has led us to posing questions of capacity that will be replicated across all local authorities in the coming few years. Key drivers can be considered across themes as shown below:</p> <p><i>Legislative: Children and Young People (Scotland) Act 2014</i></p> <p>Under the Act care leavers can now ask their local authority for help up until the age of 26 and local authorities have a new responsibility to provide continuing care for looked after 16 year olds. For example, young care leavers are able to remain in the care placement up to the age of 21. The logic behind both of these provisions is that parental support in birth families extends well beyond 16 or 18 and Scotland's care system should reflect this for young people who do not have support from families of their own. It is not yet clear how this will affect resources and statistical information is currently being gathered and will be monitored to help us understand the impact of this in Shetland.</p> <p>From April 2015, young people in residential, foster or kinship care who turn 16 will be entitled to remain looked after until the age of 21. This is being made possible under new provisions included in the Children and Young People (Scotland) Act. The Act is also increasing the responsibility for the Local Authority to assess and meet the needs of young people in Through and Aftercare until the age of 26. This will have implications for Local Authorities as young people are to be encouraged to remain in care for longer, which will result in higher numbers of young people 16+ requiring accommodation. In order to meet these new responsibilities and in addition to the Council's wish to bring young people back to Shetland, Council effort is being focussed on acquiring a more varied residential estate to meet the needs of these children and young people.</p>

A new provision of Continuing Care has been made allowing young people who are currently legally LAC to request to remain in their care placement once they have ceased to be a LAC young person. A key challenge from this change in legislation will mean an added pressure on already stretched residential resources and placements but one Shetland is committed to addressing from a Corporate Parenting and professional Social Work perspective. The Children and Young People Scotland Act (2014) also outlines a range of responsibilities in relation to corporate parenting for the local authority and named partners to discharge (*Statutory Guidance Notes, Part 9: Corporate Parenting*).

Self-Directed Support Act (2015)

The Self Directed Support Act came into force in 2015. This creates new rights for citizens to self-direct their own care, including those receiving support from children and families social work. This legislation builds on the philosophy of “personalisation” of care and support that was set out in the 21st Century review of Social Work Services. This requires a significant shift in culture and in operational arrangements relating to how services are currently provided. Work undertaken in 2016 had been completed to ensure the service has implemented measures to ensure that we have the operational infrastructure in place to deliver these new requirements. The implementation of this policy and developing the personalisation agenda in children and families will be a Children’s Resources service priority over the medium term.

Policy Context:

There are a number of key practice and policy areas that apply to this work including, but not limited to:

- ✓ United Nations Convention on the Rights of the Child
- ✓ Getting it Right For Every Child
- ✓ Getting it Right for Looked After Children and Young People
- ✓ Promoting the Wellbeing of Children in Care
- ✓ Making Not Breaking: *Building Relationships for our Most Vulnerable Children*
- ✓ Social Services in Scotland: A Shared Vision and Strategy 2015 – 2020
- ✓ Health Equalities Framework
- ✓ A Scotland Without Poverty
- ✓ Christie Commission on the Future Delivery of Public Services
- ✓ Ready to Act
- ✓ Delivering Excellence and Equity in Scottish Education: *Closing the Attainment Gap*
- ✓ Tackling Inequalities in the Early Years

Children's Resources as part of children's services is committed to the principles of the Equality Act 2010 and in ensuring that the duties within the Act are implemented across the service. In doing so, we recognise the scale of the task of mainstreaming, which includes the systematic integration of an equality perspective into the everyday work of the children's resources service. The key protected characteristics are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

The Public Sector General Equality Duty requires the Children's Resources service to be proactive in tackling discrimination by:

- Eliminating discrimination;
- Promoting equality of opportunity;
- Fostering good relations between those who share a protected characteristic and those who do not.

We recognise that these duties apply not only to our service users, many of whom are vulnerable due to a range of social and health related issues, but also to our employees who must be both protected under the Equality Act but who are also responsible, with our supportive training, for ensuring they carry out the duties of the Act in their daily work. In this respect, it is helpful that the equalities values have long been reflected within the values of social work and education as professions and this gives us a definite advantage in relation to the communication and implementation of the equalities agenda. This recent work undertaken by the council in relation to values and behaviours led by HR is also contributing to the furthering of this agenda.

Regulatory / Inspection Regimes:

The Joint Inspection of Services (*published May2015*) outlined a lack of residential placements within the local authority to be an area to be addressed before the follow up inspection. The follow up inspection acknowledged the progress made whilst continuing to highlight the ongoing demand for placements for teenagers.

The residential services review undertaken by the Centre for Excellence for Looked After Children in Scotland in 2015 identified the sector leading practice in relation to permanence described above but also raised issues in relation to capacity and the external management of services. Steps have been taken in 2016 to address the issue of external management by re designing the depute team leader post into registered manager posts. There is a requirement to have one registered manager per registered service.

All residential homes are inspected on a regular basis by the Care Inspectorate and all homes received a quality grading of 'good' or 'very good' in 2016. The Care Inspectorate report in 2016 raised concerns about the quality of the physical environment that resulted in our grading being lowered from very good to good. Substantial investment in the residential buildings fabric will continue to be required to meet the expectations of the care inspectorate in their assessment of good and very good living environments for vulnerable young people in residential care.

Qualifications of Residential Childcare Staff:

The degree level (SQF Level 9) qualifications for residential care staff is now going to be implemented by the Scottish Social Services Council from October 2017. Residential childcare workers will have an individual learning plan or pathway to enable them to work towards the level 9 qualification. Relevant managers will continue to meet to address the implementation plan for this qualification. The majority of the residential childcare staff in Shetland have the full qualifications to meet the current required level for SSSC registration with some already working towards level 9 with the help of training to access relevant Open University Modules. The new qualification agenda will require all of these staff to undertake some considerable further work on their education in a phased way. The implementation timeline is shown below

Who	When	How Long Do You Have to Gain the Qualification?
Managers and Supervisors	From October 2017	Five years from the date of your re – registration
New Starts	From October 2017	Five years from the date you register
Workers	From October 2019	Five years from the date of your re – registration

Political:

The corporate plan highlights five areas of activity that the council feels are important to the people of Shetland two of which are delivered on by this area of service provision namely Young People and Community Strength.

The Corporate Plan states that for Young People:

- ✓ Children and young people, particularly those from vulnerable backgrounds and in care, will be getting the learning and development

- opportunities that allow them to fulfil their potential and;
- ✓ Vulnerable children and young people in need of our care and support will continue to be protected from harm.

And in relation to Community Strength:

- ✓ Communities will be supported to find local solutions to issues they face and;
- ✓ People, particularly those from vulnerable backgrounds, will be getting access to the learning and development opportunities that allow them to best fulfil their potential.

DEMOGRAPHICS

The National Records of Scotland records the following information in relation to the demographics of Shetland as applying to the residential care environment.

Current Population:

The 2 categories of interest are 0- 15 (our service users) and 30 – 44 (our workforce *typical age*). The Shetland Islands demographics in 2015 consisted of:

Age Group	Male	Female	Total Pop of Shetland Islands	% of Total Pop of Shetland Islands	% of Total Pop of Scotland
0 – 15	2,225	2,029	4,254	18.3	17.0
16 – 29	1,983	1,819	3,802	16.4	18.2
30 – 44	2,150	2,118	4,268	18.4	18.9
45 – 59	2,585	2,468	5,053	21.8	21.7
60 – 74	2,047	1,950	3,997	17.2	16.0
75 +	793	1,033	1,826	7.9	8.1
All Ages	11,783	11,417	23,200	100.0	100.0

Population Projections:

By 2037, the population of the Shetland Islands is projected to be 25,147, an increase of 8.3% compared to 2012. The population of Scotland is projected to grow 8.8% in the same period. The population under 16 is projected to decline by 2.8% over the 25 year period. In our areas of interest we can see projected rises in the service user group peaking in 2032. We can see a variance in the available workforce with very slight increases through to 2027 before this starts to decline.

Age Group	Base Year	Projected Years				
	2012	2017	2022	2027	2032	2037
0 – 15	4,404	4,268	4,314	4,329	4,372	4,281
16 – 29	3,691	3,670	3,400	3,141	3,034	3,053
30 – 49	6,333	5,985	5,933	6,008	5,956	5,832
50 – 64	4,800	5,103	5,271	5,212	4,909	4,758
65 – 74	2,302	2,671	2,830	2,999	3,307	3,346
75 +	1,680	1,997	2,459	2,982	3,422	3,877
All Ages	23,210	23,694	24,207	24,671	25,000	25,147

Household Projections:

The total number of households in the Shetland Islands is projected to change from 10,076 in 2012 to 12,043 in 2037, which is an increase of 20%. By comparison, this figure for Scotland is 17%. The projections show the change in Shetland family structure with the increase in lone parent households offsetting the decrease in households with 2 adults. We know from research (*save the children*) that increased vulnerabilities exist for lone parent families in relation to poverty, social exclusion and mental health amongst other key indicators.

Household Type	Base Year	Projected Number of Households					% change in Shetland 2012 - 2037	% change in Scotland 2012 - 2037
	2012	2017	2022	2027	2032	2037		
1 Adult	3,344	3,627	3,902	4,167	4,389	4,559	+36%	+35%
1 Adult with 1 or More Children	478	500	522	548	577	602	+26%	+27%
3 or More Adults	816	808	793	766	739	719	-12%	-17%
2 or More Adults with 1 or More Children	2,162	2,103	2,063	2,025	2,002	1,979	-8%	-11%
Total Households – Shetland	10,076	10,577	11,054	11,462	11,797	12,043	+20%	
Total Households - Scotland	2,387,207	2,477,212	2,565,377	2,644,418	2,716,698	2,782,774		+17%

EVIDENCE OF ROOT CAUSES OF INCREASE IN SW DEMAND

The Scottish Children's Reporter Administration discharges the legal care and protection of Scotland's children through the Children's Hearing System. The system is embedded in the principles of acting in the child's best interests and the no order principle. The following statistics provide an overview of the key statistics in relation to demand and decision-making that provides the context for the principal level of demand on services to accommodate children. Alongside this, it is essential to remember that families can consent to the removal of their children by agreeing for the local authority to accommodate their children via S25 of the Children Scotland Act.

Child Protection orders are the primary safeguard for children at immediate risk of harm and Shetland, with the exception of 14/15 with 7, usually has less than 5 of these per year. These orders place acute demands on services, as provision is required immediately to ensure the safety of the child.

To briefly summarise, the data shown on the following pages and other research indicates:

- There are no clear and definitive patterns in relation to activity. This can be attributed to the development of policy in relation to looked after children and GIRFEC in particular. This created earlier intervention and identification of a broader population of children in need that was

	<p>previously traditionally defined by the Scottish Children’s Reporters statistics. This creates challenges for service planning when we wish to get the balance right between provision and capacity. This need to create a flexible estate is one of the key drivers here.</p> <ul style="list-style-type: none"> • We know that there is a population of 306 children and young people in Shetland in 15/16 who have had 452 different direct contacts with the care and protection system which is 7.2% of the projected 0 – 16 population for 2017 (4268). • The majority of referrals into these systems are on care and welfare issues as opposed to offending issues. This means that state intervention is more likely to establish circumstances that may lead to further actions. • The prevalence of substance misuse in Shetland is 10x that in Orkney with the associated and far reaching issues this brings for families and the child welfare system. • The national prevalence of autism remains at 1.1% (<i>National Autistic Society</i>) of the population which translates to a statistical population of 47 children and young people in Shetland. Of those 47 research indicates that between 44% - 52% of these children and young people may also have a learning disability. • Five times as many males as females are diagnosed with autism. The proportion of males as opposed to females diagnosed with autism varies across studies, but always shows a greater proportion of males. Fombonne at al (2011) found a mean of 5.5 males to 1 female in their research review. • The complexity of need in Shetland is increasing requiring more intensive support
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TABLE 1: No of Children Referred by Gender to SCRA

	Female	Male	13/14	Female	Male	14/15	Female	Male	15/16
Shetland	29	38	67	60	46	106	31	26	57
Orkney	29	29	58	23	13	36	25	24	49
Eilean Siar	46	63	109	48	57	105	41	52	93

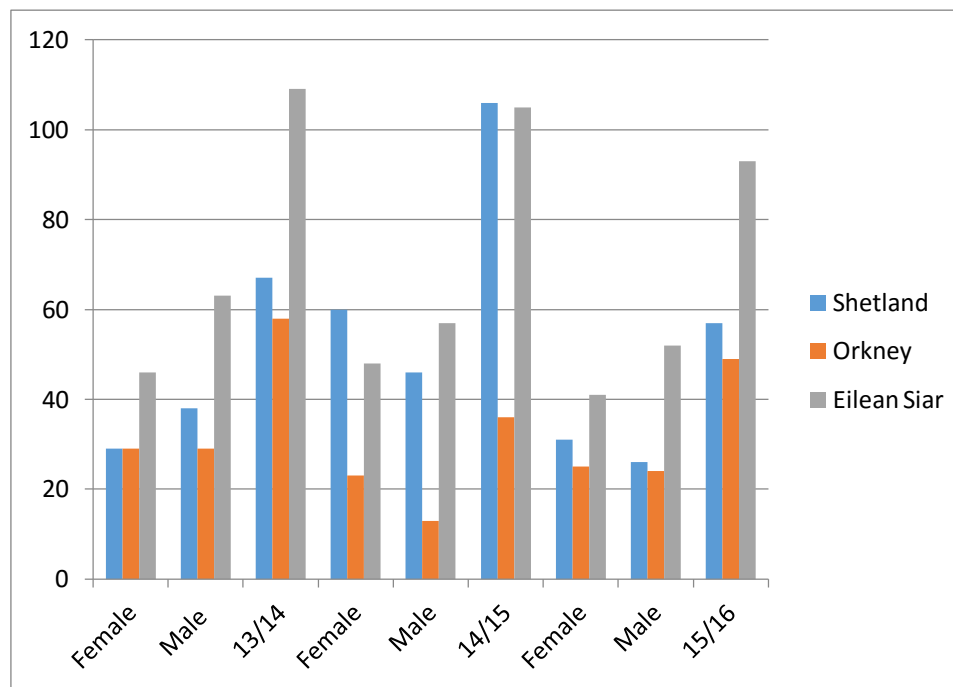


TABLE 2: Number of Referrals Received by SCRA

	Female	Male	13/14	Female	Male	14/15	Female	Male	15/16
Shetland	67	66	133	80	58	138	42	33	75
Orkney	43	58	101	27	14	41	40	35	75
Eilean Siar	111	146	257	151	151	302	65	109	174

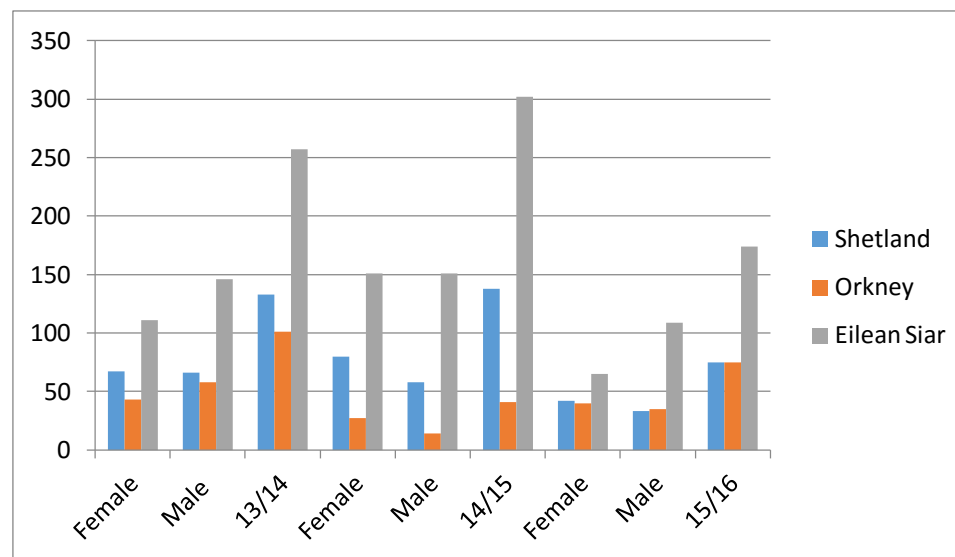


TABLE 3: Number of Children Referred to SCRA by Referral type

	Non Offence	Offence	13/14	Non Offence	Offence	14/15	Non Offence	Offence	15/16
Shetland	58	18	67	101	11	106	47	14	57
Orkney	42	22	58	28	8	36	45	5	49
Eilean Siar	93	34	109	102	16	105	90	16	93

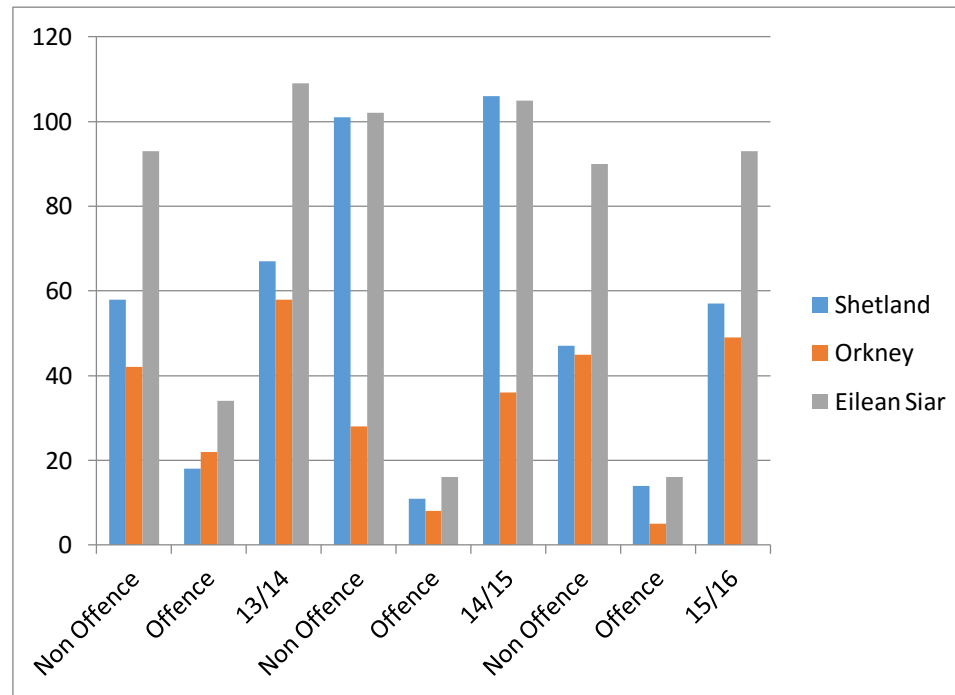


TABLE 4: Number of Referrals Received by SCRA by Referral Type

	Non Offence	Offence	13/14	Non Offence	Offence	14/15	Non Offence	Offence	15/16
Shetland	100	33	133	126	12	138	58	17	75
Orkney	59	42	101	33	8	41	70	5	75
Eilean Siar	172	85	257	248	54	302	140	34	174

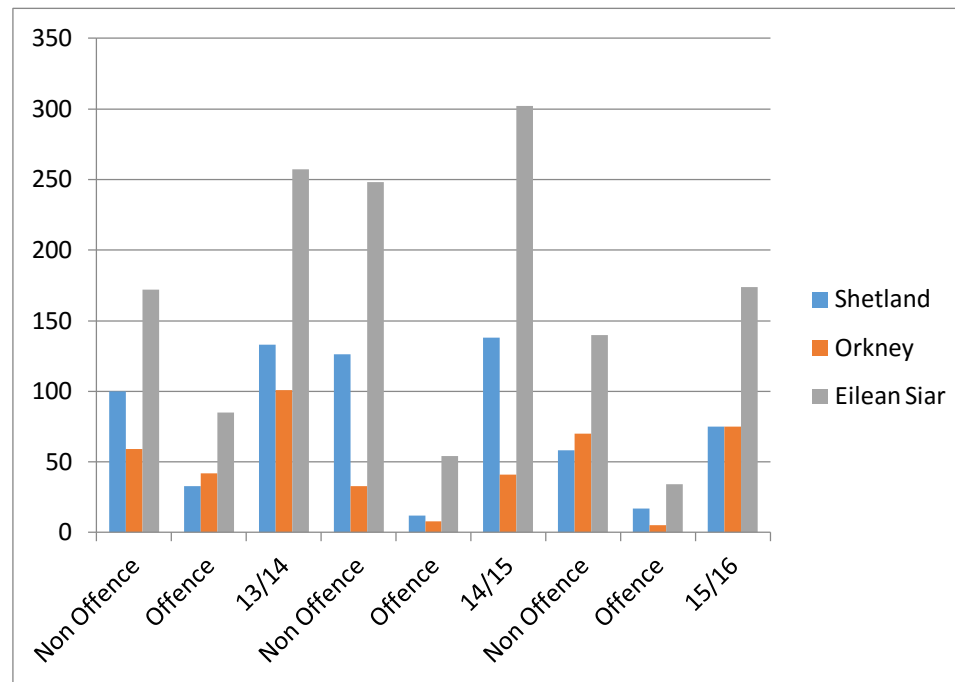


TABLE 5: Hearing Decision

	CSO (new)	CSO (end)	Total CSO (at year end 13/14)	CSO (new)	CSO (end)	Total CSO (at year end 14/15)	CSO (new)	CSO (end)	Total CSO (at year end 15/16)
Shetland	6	6	21	5	10	16	7	9	14
Orkney	17	6	31	6	17	23	13	14	21
Eilean Siar	9	18	36	15	17	34	41	52	93

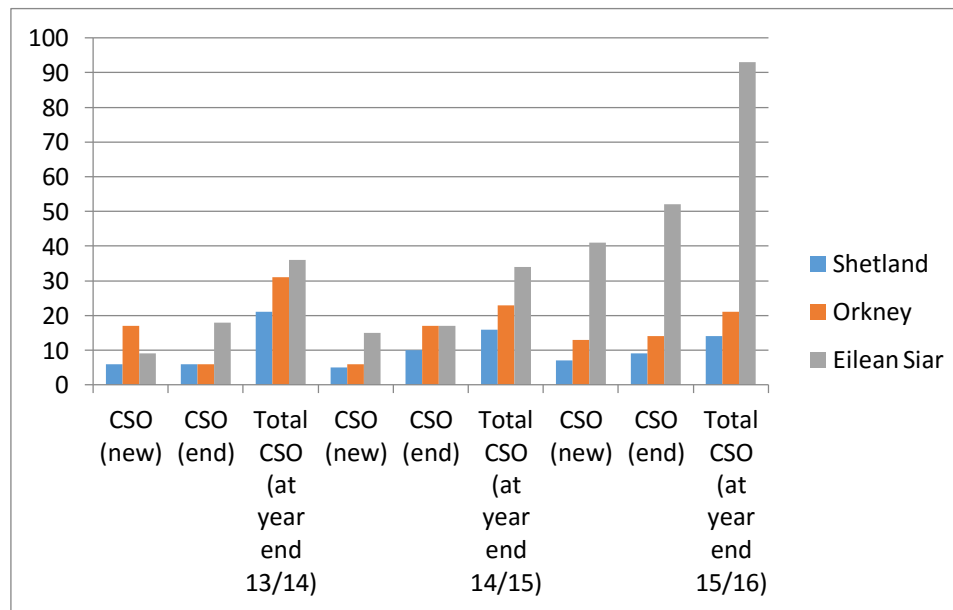


TABLE 6: Child Care Collaborative Referrals

The childcare collaborative is the primary point of early intervention in Shetland. Children and young people who agencies are concerned about are referred to the group for discussion and response. The collaborative meets weekly and contains representation from NHS Shetland (Chair), Shetland Islands Council and Police Scotland. The work of the collaborative would evidence the decrease in referrals to the reporter as this group became the primary focus of welfare referrals as opposed to the reporter. Referrals to the reporter would still be considered appropriate should the child require compulsory measures of care. Stats were available for 15/16 only to this point.

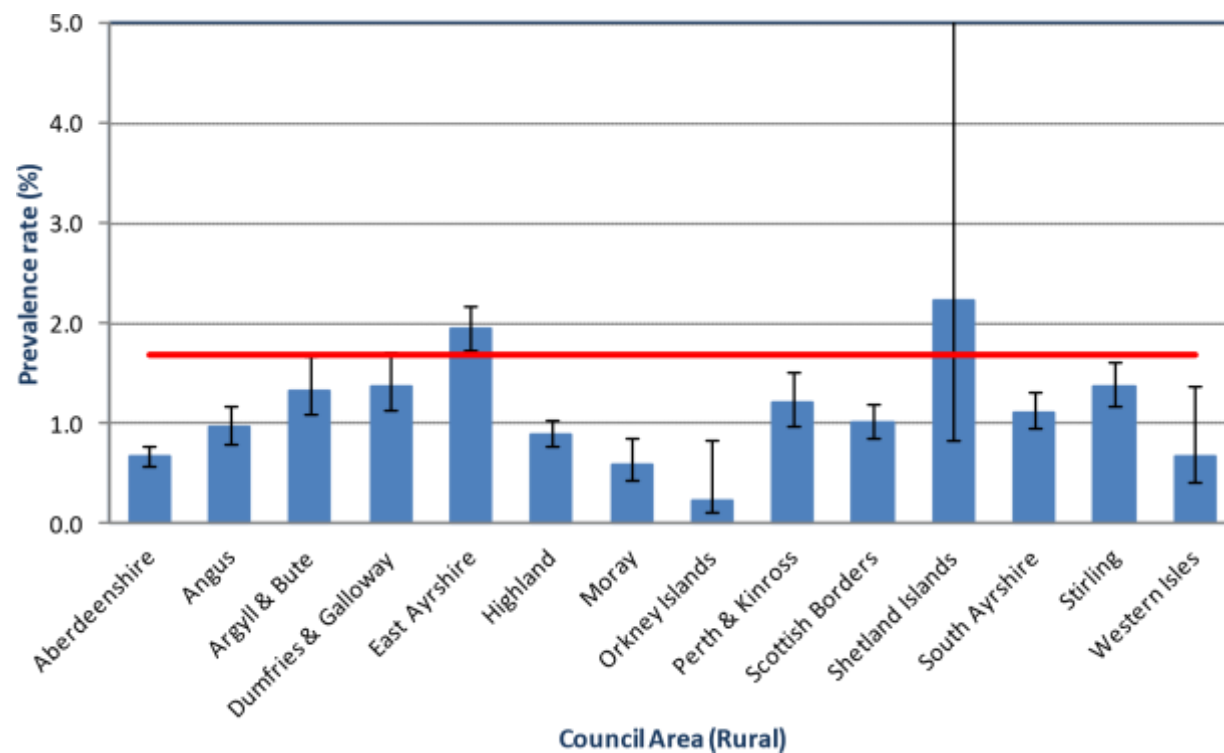
	Number of Referrals	Number of Children and Young People
2015/2016	377	249

Table 7: Estimated number of individuals with problem drug use by Rural Council area (ages 15 to 64); 2012/13

Source: NHS National Service Scotland; Estimating the National and Local Prevalence of Problem Drug Use in Scotland 2012/13
Publication date - 28th October 2014

Council Area	Estimated Number N	Estimated Prevalence %
Orkney Islands ¹	30	0.22
Shetland Islands	340	2.22

This statistic is of importance when considering broader child welfare as an indicator of demand. The highest prevalence for problematic drug use is in males aged 25 – 34.



The red line represents Scotland overall.

TABLE 8: Additional Support Needs Provision and Demand

The number of children and young people assessed as requiring short breaks is a figure that is consistent within a factor +/- 10%. This presents a different local picture to the national figures that indicate a growing population of children and young people with additional support needs. Our local data does provide clear indication of the increased complexity of needs of children and young people as indicated by the reduction in nights offered. For clarity this does not reflect a reduction in demand rather evidences the higher levels of care required with more complex needs resulting in higher levels of staffing reducing the number of beds available.

13/14	<i>Number of Nights</i>	<i>Number of Children</i>
Laburnum	908	21
HBC	276	13
Total	1184	34
14/15	<i>Number of Nights</i>	<i>Number of Children</i>
Laburnum	852	24
HBC	211	16
Total	1063	40
15/16	<i>Number of Nights</i>	<i>Number of Children</i>
Laburnum	673	23
HBC	195	12
Total	868	35

Alongside the bed space offered we offer day respite to families who would rather their children were not away overnight. We will also offer day respite to families whose children attend on a residential basis if this need is assessed and ensures the family are supported to maintain the care of the child. The numbers of days provision and number of children supported are shown below:

13/14	<i>Number of Days</i>	<i>Number of Children</i>
Laburnum	13635	33
HBC	5030	23
Total	18665	56
14/15	<i>Number of Days</i>	<i>Number of Children</i>
Laburnum	12143	35
HBC	3367	30
Total	15510	65
15/16	<i>Number of Nights</i>	<i>Number of Children</i>
Laburnum	9976	36
HBC	3396	27
Total	13372	63

Other services provided include group work for identified groups of children with specific needs, generic family support and community development activities such as fun days.

IS THE DIRECTION OF TRAVEL SATISFACTORY?

There are a number of key agendas to consider when balancing out the need to explore our residential capacity. There are key legislative and regulatory requirements that the council has a statutory duty to deliver.

The current estate can be construed as inefficient from a staffing perspective as the focus remains on bespoke solutions for residential care and to offer ASN support via short break beds in Lerwick. The work to date suggests that through modernising the estate we can not only plan to meet demands over the next 10 years but also modernise our service delivery to shift the balance of care back to providing care and support closer to the child's community.

IS THEIR SUPPORT FROM MANAGEMENT AND KEY STAKEHOLDERS?

Facilitated workshops were held on 21/06/16 with key stakeholders to gain a better understanding of Proposed Project drivers and the need to invest in change. The stakeholder event was attended by over 50 people with representatives from elected members, SIC, NHS Shetland, SCRA and the third sector. At this event the groups were consulted on 10 questions relating to five key themes namely:

- Scope and Location of Services
- Off Island Placements, Use and Perception
- Residential Education Provision on Shetland
- Investing in a Therapeutic Model for Shetland
- Should we Develop the Market

The groups considered the consultation questions and the following key themes can be noted:

- **Scope and Location of Services:**

Q1 Thinking about the present, does the group feel the current level of provision is adequate to meet Residential Care needs?

Across all groups, there was unanimous agreement that the current level of provision is inadequate.

Q2 Thinking about the present, does the group feel the current location of provision is correct to meet Residential Care needs in the future?

Across all groups, there was unanimous agreement that there was value in a mixed estate both in and out of Lerwick. The north of Shetland was noted as being an area without any service provision in one group.

- **Off Island Placements, Use and Perception:**

Q3 Thinking about the present, does the group feel the current level of provision is adequate to meet ASN needs?

Across all groups, there was unanimous agreement that the current level of provision is inadequate. This related to both quantity and quality of environment.

Q4 Thinking about the present, does the group feel the current location of provision is correct to meet ASN needs in the future?

There was consensus across all groups that Lerwick is the key geographical location in terms of provision however, three of the groups noted a mix including out of Lerwick as being preferred. The north and west of Shetland were areas noted as being without any service provision by one group. The requirement for more modern environments was noted by one group to allow therapeutic work in more complex cases.

	<ul style="list-style-type: none"> Investing in a Therapeutic Model for Shetland: <i>Q5 Does the group feel it is a good idea for Shetland to invest in adopting a therapeutic model of care across residential and ASN services?</i> Across all groups, there was unanimous agreement that that Shetland should invest in a therapeutic model of care across Residential and ASN provision. Further comments around broader integration across children's services were noted with particular reference to children and families social work and schools. <i>Q6 Does the group feel it is acceptable to place children off island?</i> Five of the six groups felt that in the right circumstances it was reasonable to place children off island. One group was against this and argued that resources should be available locally to prevent the added trauma experienced with off island placements. There was consensus across all groups that there was a requirement to rethink the educational provision for looked after children. Residential Education Provision on Shetland: <i>Q7 Does the group feel that Shetland should have Residential Educational provision as part of its residential estate?</i> There was no consensus here with only one group stating yes, two were no with the remaining three undecided. The common theme in the feedback related to the use of the hostel and how this can become more flexible and inclusive. Should we Develop the Market : <i>Q8 Does the group feel all Residential and ASN provision should remain in house?</i> Across all groups, there was unanimous agreement that provision of Residential and ASN provision should be delivered by providers other than Shetland Islands Council. A common theme emerged in relation to the importance of early intervention work and how we collectively strengthen communities to look after their children. <i>Q9 Does the group feel there is value in exploring the commissioning of Residential Services as part of this process?</i> Across all groups, there was unanimous agreement that the commissioning of Residential Services should be explored as part of this process. There was some anxiety expressed about provider's willingness to come to Shetland from previous experiences whilst the success of commissioning in Orkney was also noted in one group. <i>Q10 From the 5 options presented what is the group's preference?</i> As would be expected the groups found the task of identifying a preferred option difficult. The consensus that emerged from this task related to clarity in relation to commissioning, developing the market and increasing provision. Further emphasis was placed on the need to explore spend to save options and to better integrate early intervention services in particular.
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	<p><u>Considering the feedback holistically there was consensus on:</u></p> <ol style="list-style-type: none"> 1. The need to grow residential capacity 2. The need to grow ASN residential capacity 3. The need to invest in a therapeutic model 4. The market should be developed to support SIC deliver its services <p>The only significant point from this exercise would be in relation to the provision of ASN beds. While the Children's Resources Service feels six beds is adequate and would support the balance of care back into the child's community the stakeholders felt there were not enough beds in the proposal to meet future demands. It is worth noting that our ASN service has met all levels of assessed need over the last 12 months.</p>
Current Thinking:	<p><u>Proposed Objective One:</u> Increase the residential <u>care</u> capacity to meet needs over the next 10 years</p> <ul style="list-style-type: none"> • Existing Arrangements: Currently we have 3 beds at Grodians (all permanence orders); 3 beds at Windybrae (2 long term); 1 bed at Arheim; 1 bed at Lochside (long term) • Business Needs: The requirement to develop an estate that can be flexible in its delivery of scale and scope of delivery. Key requirements are in relation to crisis / medium term care as well as in relation to creating an estate that can support and respond to the legislative requirements in relation to the staying put agenda. The proposed estate is: <ul style="list-style-type: none"> ○ Grodians (3 beds) ○ New residential service outside Lerwick (5 beds) SIC Provision ○ New residential service Lerwick (5 beds) COMMISSIONED FROM AN INDEPENDENT PROVIDER - <i>TO USE LABURNUM WHEN VACATED</i> ○ Arheim (1 bed) & Windybrae (3 beds) mothballed to meet peaks in demand as the continuing care agenda begins to be understood. • Potential Scope: <ul style="list-style-type: none"> ○ All aspects of the proposal are <i>must haves</i> to create a flexible residential estate that can meet peaks in demand over the next 10 years. • Potential Benefits: <ul style="list-style-type: none"> ○ Vulnerable children and young people will be placed within the Shetland community except where specific high tariff or specialised interventions are required such as secure accommodation, sexually harmful behaviour etc. This will allow continuity of care, education, social activities etc. Revenue and staff time costs associated with off island placements will also reduce freeing up more resources for direct support to children and families.

	<ul style="list-style-type: none"> ○ Success can be measured in terms of the children’s outcomes via Barnardo’s Outcome framework and through validation of approaches from the annual inspectorate regime. ○ Money that has gone off island will be recycled into the local economy. <ul style="list-style-type: none"> ● Potential Risks: <ul style="list-style-type: none"> ○ The mothballing of Arheim and Windybrae is a risk as others may establish the view that this is a misuse of resources. This aspect of the estate development is key to offering flexibility in a way that responds to peak demands without placing immediate and ongoing costs onto the children’s resources revenue budget. ○ We may be unable to commission a provider. Following discussions with Procurement colleagues, we have tested the market and have expressions of interest to work in Shetland from four providers. ○ If the council wishes to realise capital receipts in relation to Laburnum this would be offset by the need to build a further residential resource. ● Constraints and Dependencies: <ul style="list-style-type: none"> ○ The project requires the completion of new ASN provision to free up Laburnum for use as a residential service. ○ The project will be underpinned by the development of more robust community based family support services and the development of policy in relation to admissions into care <p>Proposed Objective Two: Modernise the <u>ASN</u> residential care capacity to meet needs over the next 10 years</p> <ul style="list-style-type: none"> ● Existing Arrangements: Currently we have 4 beds available at Laburnum and 2 beds available at HBC. ● Business Needs: The requirement to develop a resource that can be flexible in its delivery of scale and scope of delivery. Key requirements are in relation to respite care to allow families to continue caring for their children. This will look like: <ul style="list-style-type: none"> ○ New residential provision for children with additional support needs – 6 beds (within 20 minute drive of Lerwick) ○ New palliative care facility as part of the proposal ○ HBC mothballed to allow capacity at times of peak demand and / or where acute complex care needs require support ○ Develop the outreach and family support offered to families of children with additional support needs to shift the balance of care ● Potential Scope: <ul style="list-style-type: none"> ○ All aspects of the proposal are <i>must haves</i> to create a flexible additional support needs residential estate that can meet peaks in demand over the next 10 years.
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- **Potential Benefits:**
 - There is a fit for purpose facility available for the next generation of children and young people with additional support needs that promotes child centred care
 - Shetland has a palliative care facility thus avoiding this most intimate of experiences happening off island
 - There is a shift in the balance of care to offer more community based support
 - Reduced running costs as we move to single site delivery of services
- **Potential Risks:**
 - The rebalancing of care is not successful
 - There is an unforeseen significant demand placed on the residential capacity of ASN services
- **Constraints and Dependencies:**
 - The project requires the council to invest in ASN services to free up Laburnum for use as a residential service.
 - The project will be underpinned by the development of more robust community based support services and the development of policy in relation to the forthcoming (2017) Carers Act.

Proposed Objective Three: To invest in the sanctuary model of Trauma Informed Care for Shetland Residential services

- **Existing Arrangements:** At present there is no therapeutic model applied by residential services. Services make use of training and development to promote child centred practice.
- **Business Needs:**
 - As demands on services increase there will be a need to prioritise placements to those children and young people most at risk. Providing care to this group of children and young people brings a degree of complexity and understanding of trauma that is not currently present within Shetland.
 - There is a requirement to skill up our workforce on trauma and the impact of trauma on children and young people. The Sanctuary model provides the framework to understand trauma and allow consistent strategies and vocabularies to emerge enabling consistency of approach.

	<ul style="list-style-type: none"> • Potential Scope: <ul style="list-style-type: none"> ○ Implementing an organisational approach to trauma such as the Sanctuary model requires permissions from Director Level and an energy and commitment from managers to ensure the model is integrated into the service. As such embarking on this path requires a minimum five year commitment to allow Shetland Islands Council to achieve certification as a Sanctuary provider • Potential Benefits: <ul style="list-style-type: none"> ○ Adopting the Sanctuary model will allow for a whole organisation approach to be adopted in how we understand trauma. ○ Capacity to work with more complex needs will be developed ○ The organisation becomes more trauma informed with resulting impacts on staff support and retention • Potential Risks: <ul style="list-style-type: none"> ○ There is a reticence amongst the workforce to accept the model ○ Council does not commit to the three years to allow for implementation • Constraints and Dependencies: <ul style="list-style-type: none"> ○ The project requires Director Level permissions to implement and support the development of the model ○ The project is dependent on funding being secured to invest in training and implementation <p><u>Proposed Objective Four:</u> To develop the market in Shetland of providers of Residential Child Care</p> <ul style="list-style-type: none"> • Existing Arrangements: At present, there are no third sector or independent providers of residential childcare services in Shetland. • Business Needs: <ul style="list-style-type: none"> ○ The service needs to develop a network of providers to enhance its residential provision and mitigate the risk that comes from being the sole provider as per current arrangements. • Potential Scope: <ul style="list-style-type: none"> ○ Developing the market is a critical aspect of our strategy to enhance capacity and as such work will be undertaken with colleagues in procurement to ensure legislative compliance ○ Being able to commission a residential service utilising off island placements money is the aspiration to ensure that only in highly exceptional circumstances do children leave Shetland. Alongside this the financial benefits are re circulated back into the Shetland economy
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	<ul style="list-style-type: none"> • Potential Benefits: <ul style="list-style-type: none"> ○ We forge new partnerships with third sector / independent providers to enhance provision ○ We gain from the added value such relationships bring either in the form of service development or attracting external funding ○ The risk of residential provision is shared across providers mitigating risk • Potential Risks: <ul style="list-style-type: none"> ○ Resourcing this service is difficult for a new provider ○ The distance from the mainland proves too much of an obstacle for new providers ○ Any tendering process fails to convert current market testing into hard proposals • Constraints and Dependencies: <ul style="list-style-type: none"> ○ Any commissioning must take place within the current financial envelope for off island placements i.e. no more than £500k per annum ○ Any commissioning must take place within relevant commissioning frameworks i.e. OJEU notices etc. ○ The commissioning is dependent on Laburnum being vacated and refurbished for use as a residential service
	<p>On the basis of the initial assessment, the following short-listed options were selected for further analysis:</p> <ul style="list-style-type: none"> • Option one: status quo (Maintain current estate - 8 Care beds; 6 ASN beds) • Option two: Modernise the Care Sector (Grodians, New Build Care Home – 8 Care beds; 6 ASN beds) • Option three: The Long Term View (Grodians, New Build Care Home, New Build ASN, Refurbish Laburnum – 13 Care beds; 6 ASN beds inc commissioned service as part of the package) • Option four: Modernise with receipts from sale of Laburnum (Grodians, New Build Care Home x 2, New Build ASN – 13 Care beds; 6 ASN beds) • Option five: Modernise All Services (Grodians, New Build Care x 2, Windybrae, New Build ASN – 16 Care beds; 6 ASN beds)
	<p>The preferred option to progress into the councils gateway process for the management of capital projects is Option three: The Long Term View. This option offers the council the most cost effective model of delivery to meet the anticipated demands for residential placement over the next 10 years and will provide Shetland with capacity to meet most reasonably anticipated needs. Through mothballing Windybrae and HBC we maintain, for minimal cost, capacity to respond to spikes in demand or highly complex presenting needs without having to revert off island placements in the first instance for solutions.</p>

The other options were rejected because:

- Option 1 – Current levels of service provision are inadequate and inefficient in their delivery. The service needs modernised to shift the balance of care and strengthen itself through the development of a therapeutic model of care. A key part of this is increasing the number of beds available. 8 beds are insufficient to meet current or anticipated demands.
- Option 2 – Current and anticipated levels of demand would place critical pressure on the system resulting in continued, or increased, reliance on off island placements. 8 beds are insufficient to meet current or anticipated demands.
- Option 4 – The likelihood of being able to source a key development site in Lerwick for residential childcare was assessed as being highly unlikely in high-level discussions with Hjaltdland. The need to prioritise the new build site in Lerwick for ASN provision takes precedence. Maintaining Laburnum solves this issue.
- Option 5 – The provision of 16 care beds for a community the size of Shetland is disproportionate and does not support the agenda of rebalancing care back to families and their communities.