Shetland Islands Council

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Date: 14 January 2020

Dear Sir/Madam

You are invited to the following meeting:
Education and Families Committee
Council Chamber, Town Hall, Lerwick
Monday 20 January 2020 at 10.00am

Apologies for absence should be notified to Lynne Geddes at the above number.

Yours faithfully

Executive Manager – Governance and Law

Chair: Mr G Smith
Vice-Chair: Mr T Smith

AGENDA

(a) Hold circular calling meeting as read.

(b) Apologies for absence, if any.

(c) Deputation – Shetland MSYPs: UK Youth Parliament 'Make Your Mark' Ballot

(d) Declarations of Interest – Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any Member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place.

(e) Confirm minutes of meeting held on 18 November 2019 (enclosed).

ITEM

*(Agenda items **3-6** relate to the giving of advice or the discharge of the Committee's function as an education authority)*

1. Palliative and End of Life Care Strategy for Shetland 2019 - 2022
   CC-47-19

2. Shetland Public Protection Committee Annual Report 2018-2019
   CS-01-20

3. Counselling in Schools
   CS-05-20

*The following items contain **EXEMPT** information*

4. Closure of Kid Zone After School Club and Holiday Club at Mossbank Primary School
   CS-03-20

5. Expansion of Early Learning and Childcare – Funded Providers: Request to Transfer to Shetland Islands Council
   CS-04-20

6. Additional Children's Services Report on Education Scotland's Inspection of Sandwick Junior High School 13-17 May 2019
   CS-02-20

Shetland
Islands Council

(e)

MINUTES

A&B - Public

Education and Families Committee
Council Chamber, Town Hall, Lerwick
Monday 18 November 2019 at 10.00am

Present:

Councillors:

P Campbell	S Coutts
J Fraser	C Hughson
E Macdonald	D Sandison
G Smith	T Smith

Also:

S Flaws	M Lyall

Apologies:

T Macintyre	R Thomson
M Tregonning	

In Attendance:

H Budge, Director – Children's Services
R Calder, Acting Executive Manager – Quality Improvement
D Morgan, Interim Chief Social Work Officer
N Watt, Executive Manager – Sport and Leisure
C Anderson, Senior Communications Officer
L Johnson, Active Schools Manager
K Johnston, Solicitor
J Johnston, Quality Improvement Officer
M Thomson, Management Accountant
L Geddes, Committee Officer

Also:

L Anderson, Member of the Scottish Youth Parliament (MSYP)
J Dorrat, Member of the Scottish Youth Parliament (MSYP)
S Hornal, Youth Development Worker

Chairperson

Mr G Smith, Chair of the Committee, presided.

Circular

The circular calling the meeting was held as read.

The Chair welcomed the two newly-elected Councillors - Mr Flaws and Mrs Lyall - to the meeting.

He also extended a welcome to the two MSYPs, and advised that it had been intended that they would speak about the "Make Your Mark" ballot at today's meeting. However due to the General Election announcement, it had been deemed

that it would not be possible to have this discussion during the pre-election period, so this would now take place at the January meeting.

Ruling to Permit Participation by Telephone

The Chair ruled that in accordance with Section 43(2) of the Local Government in Scotland Act 2003, the attendance of Councillor John Fraser during the Committee proceedings was permitted by remote telephone link.

Declarations of Interest

Mr T Smith declared an interest in Agenda Item 4 "External Audit Report – Education Scotland Report on Nesting Primary School" as his niece was the Head Teacher, and advised that he would leave the room during the discussion.

Minutes

The minutes of the meeting held on 2 September 2019 were confirmed on the motion of Mr T Smith, seconded by Mr Sandison.

30/19 **Commonwealth Games 2014 - A Legacy for Shetland 2018-19 Update**

The Committee considered a report by the Executive Manager – Sport and Leisure (CS-38-19-F) providing information on national key performance indicators and areas of work undertaken by the Sport and Leisure Service during the academic year 2018/19, and monitoring the legacy outcomes for Shetland from the Commonwealth Games 2014.

The Executive Manager – Sport and Leisure summarised the main terms of the report, highlighting the information that had been collected in relation to national key performance indicators for the academic year 2018/19, and the broad range of services and activities that had been provided and made a positive contribution to the community.

It was noted that this was the last year in terms of reporting on the Commonwealth Games legacy outcomes. However it was felt that there was value in continuing to have a report providing information on the range and quality of services being delivered, so future reports would focus on monitoring against national performance indicators.

The Executive Manager – Sports and Leisure and the Active Schools Manager then responded to questions, and the Committee noted the following:

- Three monitoring reports were prepared during the year and the information was fed into the SportScotland system, which generated the data.

- The role of the Active Schools staff was both as organisers and leaders, though the majority were organisers who worked with volunteers and sports clubs to help them run activities.

- A very diverse range of activities was offered in an attempt to try and engage young people who otherwise would not be interested in taking part. In order to ascertain what should be delivered, dialogue took place with young people to find out the types of activities they would be interested in.

- There were activities that took place during curriculum time that were not reported – the activities in the report related to extra-curricular activities.

- Funding continued to be received through SportScotland as part of the Commonwealth Games legacy. This was in the order of £226,000 for the Active Schools programme, the Community Sports Hub, and the travel award scheme. Legacy outcomes would no longer be reported, but some monitoring would still take place.

- Shetland was in early discussions with the Island Games Association regarding hosting the Island Games again in future – probably around 2029-31, but possibly before.

It was commented that the achievements were attributable to the hard work and dedication of staff, and that it would be desirable for the Council to support the bid to host the Island Games so that it could take possession of its own legacy.

Decision:
The Committee NOTED the contents of the report and its appendix, and made relevant comments on the Sport and Leisure Service's progress on the national key performance indicators highlighted.

31/19 **Chief Social Work Officer Report**

The Committee considered the Annual Report from the Interim Chief Social Work Officer (CS-30-19-F).

The Interim Chief Social Work Officer summarised the main terms of the report, highlighting in particular the achievements, challenges, opportunities and key priorities. She advised that there was now a more integrated approach in Children's Services and while there had been some recruitment difficulties, it was hoped to get key posts established and use agency staff only as a last resort. She went on to speak about the Council's own investment in social work staff which would help ensure that there were enough social workers coming through in future, and suitably qualified staff to undertake management posts.

The Interim Chief Social Work Officer and the Director of Children's Services then responded to questions, and the Committee noted the following:

- Systems would be streamlined so that the paperwork and records staff were required to complete was less onerous, and they could spend more time supporting individuals.

- Co-morbidity referred to when a person had different illnesses that affected the way they lived, and it mainly related to the older population.

- There were different pay scales and roles and responsibilities across social work that had resulted from Single Status, and it was hoped to review this. The Council also had to compete with other local authorities in Scotland to secure staff, and was in a difficult position due to the travel costs involved in getting to and from Shetland. Some

local authorities offered 'golden handshakes' and other incentives. Unlike teaching, there was no national pay scale for social workers. Locally social worker pay was at the lower end when compared with other areas, and this exacerbated the recruitment difficulties experienced as a result of location. Human Resources was currently looking at pay scales for social workers as part of the Workforce Development Strategy.

- One of the main reasons for child protection numbers increasing was due to a change in the recording criteria. However the numbers could be affected if a large family group came on to the register.

- There had been changes to criminal justice systems to extend the Whole System Approach to Care Experienced Young People up to the age of 21, and there would be a staged approach to increase it up to the age of 26 in line with national legislation. This would not make much difference to the way services were delivered locally, as additional support was provided if required.

- The IJBs Joint Governance Group and Clinical Care and Professional Governance Committee was responsible for mental health activity and the duty to employ a sufficient number of Mental Health Officers. The Chief Social Work Officer provided updates to these groups, but could update members of this Committee by email. The Annual Report presented today related to how the Council was performing in relation to statutory functions, so only touched on the work carried out by the Shetland Alcohol and Drugs Partnership. However more detail on the Partnership's work was available in its annual plan.

It was suggested that a detailed report outlining the systems and interventions in place to assist those affected by alcohol or substance misuse could be presented to a future meeting.

It was commented that it was important that the Council review pay scales for social workers if this was having an impact on recruitment, particularly for key posts.

It was further commented that early intervention projects - such as the Anchor Project and Emotional Wellbeing Project - illustrated how participation, partnership and collaboration could make a huge impact on families. It was hoped that this work could continue into the future.

Staff were commended for the positive inspection grades that had been received over the last year.

Decision:
The Committee CONSIDERED and NOTED the Annual Report from the Chief Social Work Officer.

32/19 **Children's Services Directorate Performance Report: Quarter 2 - 2019/20 - Period to 30 September 2019**

The Committee considered a report by the Director of Children's Services (CS-33-19-F) presenting the activity and performance of the Children's Services Directorate for the second quarter of 2019/20.

The Director of Children's Services summarised the main terms of the report, highlighting in particular the difficulties in recruiting to some vacant teaching posts, the ongoing work in relation to the expansion of Early Learning and Childcare, the work of the Northern Alliance, and the Audit Scotland visit to schools in Shetland. She went on to advise that the progress with the Developing Young Workforce project should now read 75%, and that the very high risk rating in respect of economic and financial risks in the Risk Register was being monitored.

The Director of Children's Services then responded to questions, and the Committee noted the following:

- Children's Resources and Children's Services social work teams had now both been integrated into one team, and work was now focusing on pulling the management structure together. This would mean there would be a reduced need to employ agency staff, as an established team would be in place.

- Construction of the new residential children's home would be ready to commence once the building warrant had been received, and she would keep the Committee informed if there were any further delays.

- The Scottish Government required information on the condition and suitability of school buildings on an annual basis, and had issued new guidance this year. As a result, it had been agreed to undertake detailed assessments of all schools in Shetland, working alongside the Northern Alliance. Information would be fed back to members at the Committee's 'away day'.

The Chair added that both himself and the Vice Chair had taken part in these school visits. He had been heartened with the findings and hoped that when the report came forward, there would be due recognition of the work that had gone on. There appeared to be a change in the agenda for supporting schools, and a move away from the difficult agenda of looking at the schools estate to focusing on improving quality.

Responding to a question regarding the progress with establishing island-proofing for education funding, the Chair advised that there was currently work ongoing to establish a protocol with the Department of Work and Pensions in terms of data sharing. This would be important in terms of targeting people to ensure that they were taking up their entitlements.

It was commented that it was encouraging to see that at the half-year point, an underspend was predicted, but it was prudent to maintain a very high rating on the Risk Register.

Decision:
The Education and Families Committee discussed the contents of the report and made relevant comments on progress against priorities to inform further activity and the planning process for the remainder of this year and the next.

(Mr T Smith left the meeting)

33/19 **External Audit Report - Education Scotland Report on Nesting Primary School**

The Committee considered a report by the Director of Children's Services (CS-28-19-F) presenting a report from HM Inspectorate of Education Scotland in relation to the Nesting Primary School.

The Director of Children's Services summarised the main terms of the report, advising that the actions for the school would be conducted within the normal school improvement planning approach, and the inspectors would not be returning.

Decision:

The Committee NOTED the content of the Education Scotland report on Nesting Primary School.

(Mr T Smith returned to the meeting)

34/19 **External Audit Report - Care Inspectorate Report on Baltasound Junior High School Nursery and Fetlar Primary School Nursery**

The Committee considered a report by the Director of Children's Services (CS-32-19-F) presenting the Care Inspectorate Reports on Baltasound Junior High School Nursery and Fetlar Primary School Nursery.

The Director of Children's Services summarised the main terms of the report, advising that there were no recommendations in respect of Baltasound Junior High School Nursery, and one recommendation for Fetlar Primary School Nursery.

Concern was expressed that it was possible to identify individuals in reports relating to very small schools, and the Committee agreed that representations should be made to the Care Inspectorate regarding the need to maintain confidentiality in reports relating to schools where there were a small number of pupils.

The Solicitor advised that she would raise this with the Council's Data Protection Officer.

Decision:

The Committee NOTED the content of the Care Inspectorate Reports on Baltasound Junior High School Nursery and Fetlar Primary School Nursery.

35/19 **External Audit Report - Education Scotland Report on Sandwick Junior High School**

The Committee considered a report by the Director of Children's Services (CS-29-19-F) presenting a report from HM Inspectorate of Education Scotland in relation to Sandwick Junior High School.

The Chair advised that he had asked the Director of Children's Services to present a report to the next meeting outlining the background resulting in the outcome of the Education Scotland report. The focus of the report being presented today was on moving forward.

The Director of Children's Services summarised the main terms of the report, advising that the inspectors had acknowledged the considerable challenges experienced by the school around staff changes and recruitment, and had recognised that the school was now in a more stable position. The areas identified for improvement were being taken forward principally through the school's normal improvement processes. A copy of the most up-to-date action plan was available on the school's website, and it was updated on a monthly basis. Additional resources had been allocated to the school to allow the leadership team to make the required improvements, and the Quality Improvement Officer (QIO) had been visiting the school on a weekly basis. The school would receive a Team Improvement Visit in term three, ahead of the return visit by the inspectors in June 2020.

The Director of Children's Services and the Acting Executive Manager – Quality Improvement then responded to questions, and the Committee noted the following:

- The temporary QIO allocated to the school would remain in post until the end of the academic year. There will be a wider review of the QIO structure would be reviewed to consider whether there should be separation in roles for QIOs between primary and secondary.

- The recruitment situation had improved nationally, and it was not taking as long to get new teaching staff into posts in the school. There have been no particular issues regarding the retention of staff in Sandwick, and some staff were supported to develop their skills to enable them to undertake temporary promoted posts.

- Sandwick was one of the few schools in Shetland that had pupils from nursery right through to secondary four, and the Head Teacher is responsible for all areas. It was possible to pick out the points that were relevant to each separate department in the detailed report, and consider how these should be taken forward. It was important to note that although some of the overall grades were "weak", this did not mean that all learning, teaching and attainment in the school was weak. Areas of strength in the school have also been identified.

- In order to ensure that the report did not have a negative impact on staff, the QIO, along with the school management team, were spending time with staff to reassure them and check on their wellbeing. Staff were very committed to moving forward with the improvement plan despite the challenges and difficulties that had been experienced.

The Chair commented that the report had been disappointing for all involved, but the community had rallied round and the Parent Council was very motivated to be part of the school improvement plan. He was confident questions and concerns would be picked up in the action plan, and additional resources had been put in to help make the improvements. There was a need to reconsider the QIO structure in future so that the Council could continue to support schools fully.

Decision:
The Committee NOTED the Education Scotland report on Sandwick Junior High School.

(Mr Fraser left the meeting)

36/19 **National Improvement Framework Report and Plan 2019/20**

The Committee considered a report by the Quality Improvement Officer (CS-37-19-F) presenting information on the Shetland Islands Council's National Improvement Framework Report for 2018/19 and forward plan for 2019/20.

The Quality Improvement Officer summarised the main terms of the report, advising that the evaluation of progress was based on both qualitative and quantitative evidence. The data illustrated that attainment over time was a stable and improving picture, and there had been progress in closing the attainment gap. All indicators relating to safeguarding and child protection had shown improvement, and there had been good progress in relation to employability skills and positive destinations.

In response to a question, he advised that the SHANARRI wellbeing indicators were a key tool in helping measure progress in the health and wellbeing of young people, and for designing individual interventions for pupils.

Decision:

The Committee NOTED the key steps being taken to address the national Excellence and Equity agenda and the National Improvement Report and Forward Plan for 2019/20 in Appendix 1.

37/19 **Education Reform - Joint Agreement Progress in Shetland Islands Council**

The Committee considered a report by the Acting Executive Manager – Quality Improvement (CS-35-19-F) presenting information on the Education Reform – Joint Agreement and an update on progress in Shetland Islands Council.

The Acting Executive Manager – Quality Improvement summarised the main terms of the report, advising that the report set out progress in relation to meeting the Scottish Government's empowerment agenda. Two thematic inspections by Education Scotland had taken place in 2019, and a lot of time had been spent discussing the empowerment agenda with schools and carrying out self-evaluations and identifying developmental areas.

Some discussion took place regarding the proposal to make the "Into Headship" qualification mandatory from next August for Head Teacher posts, and the pressures this may put on staff in a new role due to the limited time they had to complete it (20 months).

The Acting Executive Manager – Quality Improvement said that these concerns were shared, and attempts were currently being made to try to increase uptake amongst teachers for the Into Headship qualification so that they would be in a position to apply for leadership posts that became vacant in the future. The "Into Headship" qualification was designed to ensure that the right people were in senior management posts. However

locally it may make recruitment into some posts more challenging due to the number of very small schools.

It was questioned if empowerment agenda would increase the workload and pressure on Head Teachers.

The Acting Executive Manager – Quality Improvement advised that current dialogue with Head Teachers illustrated that they felt quite empowered within the current system, but there were concerns regarding more responsibility in terms of budgets and some other aspects. Care would have to be taken when looking at devolved school management to ensure that the Shetland model reflected the fact that there were a number of teaching Head Teachers. The national review of devolved school management should allow for an element of flexibility, and there was some reassurance that a 'one size fits all' model for devolved school management would not be enforced.

Responding to a further question, he advised that a plan was in place in respect of streamlining recruitment and selection paperwork and other forms of bureaucracy. Some of this was within the gift of Children's Services, but some related to corporate policy. Some of the in-service days focused on tackling bureaucracy and workloads, and some improvements had already been made including revised, streamlined local authority school improvement plan templates.

The Chair commented that this was something which should be aimed for across the Council. In respect of the "Into Headship" qualification, it was likely that representations would have to be made nearer the time, as there were concerns locally around sustainability and the increasing expectations and requirements on staff, both in schools and supporting schools.

Decision:
The Committee NOTED Appendix A: Education Reform – Joint Agreement, Update on Progress in Shetland Islands Council, October 2019.

The meeting concluded at 12.05pm.

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Chair

Shetland Islands Health and Social Care Partnership

Agenda Item
1

Shetland NHS Board	Shetland Islands Council

Meeting(s):	Integration Joint Board NHS Board Education and Families Committee Policy and Resources	28 November 2019 10 December 2019 20 January 2020 21 January 2020
Report Title:	Palliative and End of Life Care Strategy for Shetland 2019 - 2022	
Reference Number:	CC-47-19-F	
Author / Job Title:	Jo Robinson Interim Director Community Health & Social Care	

1.0 Decisions / Action required:

1.1 That the Integration Joint Board, Policy and Resources Committee and NHS Board APPROVE the Palliative and End of Life Care Strategy for Shetland 2019-2022.

2.0 High Level Summary:

2.1 In Scotland, it is estimated that around 40,000 of the 54,700 people who die each year need some palliative care. That is 73%, equating to 129 people in Shetland per year (average number of deaths in Shetland is 212).

2.2 With the number of people dying in Scotland due to increase by 13% over the next 25 years action is required now in order to ensure that access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location.

2.3 This strategy focuses on what is important to people who are dying, their relatives and the carers/family who support them. The strategy promotes respect, choice, dignity and safety for all regardless of age, ability and of diagnosis.

2.4 The strategy contains an action plan. Implementation will be overseen by the Palliative Care Managed Clinical Network.

3.0 Corporate Priorities and Joint Working:

3.1 The PEOLC strategy supports the National Health & Wellbeing Outcomes, specifically:

- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected
- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- **Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

3.2 The PEOLC Strategy supports the Shetland Partnership Plan 2018 – 28 priority of "People participate and influence decisions on services and use of resources".

3.3 The PEOLC Strategy supports delivery of the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care 2015.

4.0 Key Issues:

4.1 The content of the strategy is based on contributions from patients/service users, health and social care professionals working in a number of settings, cancer and palliative care specialists, specialist nurses, children's occupational therapy and physiotherapy, community care services, public health, voluntary services and members of the public.

4.2 Whilst most definitions describe a formal approach to PEOLC by Health & Social Care services, what appeared to be missing was a community-based perspective. It was important to recognise the amount of support family members, carers and communities provide in supporting people to die well as well. Therefore a local definition of palliative and end of life care was agreed for this strategy as follows:

"Palliative and end of life care is a supportive approach, (based on values of compassion, respect, and understanding), to improving the quality of life of individuals and their families/Carers, facing the problems associated with life-threatening illness , dying and death."

4.3 The PEOLC strategy for Shetland offers a framework that enables stakeholders to:

- Identify individuals who may need support early.
- Offer person-centred holistic anticipatory care planning, supporting choice and control to the individual, their family and carers, engaging in timely, open and honest conversations that focus on quality of life outcomes.
- Promote coordination of support across multi-disciplinary teams that provide appropriate care to meet physical, practical, functional, social, emotional and spiritual needs in the place of choice of the individual.
- Promote confidence and opportunities to gain the appropriate skills to offer good PEOLC to all.
- Focus on involving and using wider resources in the community and promotes improved understanding of the importance of good palliative care.

4.4 Figures from Information Services Division Scotland show that in 2018/19 Shetland had a percentage of 94% of time in the last 6 months of life spent at home or in a community setting. This is the highest percentage of anywhere in Scotland, and consistently the highest percentage in Scotland since 2013/14. The strategy provides further data about age and cause of deaths in Shetland.

4.5 The strategy contains an action plan. Implementation of the plan will be monitored by the Palliative Care Managed Clinical Network.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications :

6.1 Service Users, Patients and Communities:	The strategy has been developed in conjunction with service users, patients and communities. It aims to improve identification, assessment and provision of support to people who palliative and at the end of their life. The Strategy has been widely consulted on during development, including: • Realistic Medicine working group • People with lived experience • Community Health and Social Care Management team • Spiritual Chaplain • Dementia Services • Mental Health Team • Faith Group & Humanist Representatives • GP Representative • British Redcross • Child Health Management • Senior Charge Nurse Team Lead • Area Nursing and Midwifery Advisory Committee • Palliative and End of Life Care Managed Clinical Network
6.2 Human Resources and Organisational Development:	The workforce is key to success to providing good quality end of life care and therefore it is recognised that appropriate planning and development is needed to ensure the skills are within the workforce. Planning and training will be identified through the Palliative Care Managed Clinical Network and individual personal development plans.
6.3 Equality, Diversity and Human Rights:	This Strategy is inclusive offering a palliative and end of life approach to **all** regardless of age, gender, disability, diagnosis, social group or location. Human rights underpin the ethos and principles of this Strategy
6.4 Legal:	No implications
6.5 Finance:	No specific financial implications arising from this report. Funding for training will be met from within existing budgets.
6.6 Assets and Property:	No implications for major assets and property.
6.7 ICT and new technologies:	No specific implications for ICT and new technologies, although theses will be used where necessary and appropriate to provide enhances services where possible.
6.8 Environmental:	No implications
6.9 Risk Management:	Without implementing this Strategy there is a risk to the quality of Palliative and End of life Care as demand increase with an ageing population, and financial constrains may hamper the ability to meet rising need for palliative care effectively without an efficient strategy being in place. This in turn creating negative experiences for individuals and their families/friends. This strategy is key to supporting people, their families and their carers, helping to prevents unresolved grief for individuals, avoid hospital admissions and minimising delays in hospital.

6.10 Policy and Delegated Authority:	IJB Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration, and the Financial Regulations. The IJB has delegated authority to determine matters relating to those services for which it has responsibility and oversight for, as set out in the Integration Scheme and the IJB Scheme of Administration [2015]. In exercising its functions the IJB must take into account the requirement to meet statutory obligations placed on the NHS and SIC, including those that pertain to delegated IJB functions. The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. NHS Shetland Board The NHS Board holds the responsibility for reviewing strategic documents and the report is therefore presented directly to the NHS Board for consideration. SIC Policy and Resources Committee The Policy and Resources Committee has delegated authority for the development and operation of the Council as an organisation and all matters relating to organisational development and staffing, and is responsible for receiving reports on any matters relating to functions delegated to the IJB that require to be reported to the Council. As this report concerns a strategic policy, the matter is reserved to the Policy and Resources Committee.	
6.11 Previously considered by:	NHS Shetland Clinical Care and Professional Governance Committee (CCPGC)	3rd September 2019

Contact Details:
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Appendices:
Palliative and End of Life Care Strategy for Shetland 2019 - 2022

Palliative and End Of Life Care Strategy

2019 - 2022

Contents

Executive Summary

Death and dying, whilst a natural part of life, can be one of the most difficult times for everyone involved. Having a good death is just as important as having good quality of life. *'Whilst dying is inevitable, and universal, that is the only certain thing about it. So much else is unpredictable. It is therefore vital to offer people choice and control over the things that are important to them at this point of maximum vulnerability in their lives'.*[1]

A group of local people passionate about individuals having a good death has developed this revised strategy for Shetland. It takes account of the changing health and wellbeing needs of the Shetland population, in response to an increase of awareness and demand for good palliative and end of life care (PEOLC), particularly in relation to the move towards a more personalised approach. The aim was to create a strategy that focuses on what is important to people who are dying, their relatives and the carers/family who support them, a strategy that promotes respect, choice, dignity and safety for all regardless of age, ability and of diagnosis.

The team of people that brought this strategy together came from a variety of professional and personal backgrounds and included health and social staff, carers and family members, individuals from the community and local organisations. Their purpose was to create a strategy that:

- Gives confidence in staff and service users that we will meet local outcomes and need.
- Raise awareness of and give confidence in, the valuable support that Health & Social Care staff, families, carers and communities do and builds on these strengths.
- Improves joint working relationships, where all key staff, carers, family and community members feel their contributions to the strategy are valued.
- Gives people with experience of palliative and end of life care a voice and opportunity to influence how we all work together to support people who are dying.

A local definition of palliative and end of life care was considered for this revised strategy. Whilst most definitions describe a formal approach to PEOLC by Health & Social Care services, what appeared to be missing is a community-based perspective. In addition, 'clinical' language does not acknowledge individuals roles in supporting loved ones/community members during this time. A recognition of the amount of support family members, carers and communities do in supporting people to die well had to be recognised within a local definition. The local ethos to work closely in collaboration with all involved to ensure individuals have a good death needed to be reflected.

Palliative care focuses on the person, not the disease, and applies a holistic approach to meeting the physical, practical, functional, social, emotional and spiritual needs of individuals and carers facing progressive illness and bereavement.
A local definition of Palliative and End Of Life Care:

"Palliative and end of life care is a supportive approach, (based on values of compassion, respect, and understanding), to improving the quality of life of individuals and their families/Carers, facing the problems associated with life-threatening illness , dying and death."

The ethos that underpins this definition:

Through good conversations, early identification and assessment/support planning, the prevention and relief of suffering and treatment of pain and other symptoms, (physical, psychosocial and spiritual support), we can work together in collaboration with the individual and those people that matter to them honour individuals' choice, control and dignity."

Introduction

Dying, death and bereavement are important parts of everyone's lives; they happen to us all and many of us will be affected by the death of people close to us.

There is predicted rise in the number of people living with long-term conditions and how we all need to respond to these changes is crucially important.

In terms of service provision, there will be an increased requirement to provide appropriate palliative and complex care, where people live longer and hopefully, healthier lives. Nevertheless, there will be new challenges, such as the increasing requirement to support people with dementia and other degenerative conditions, and children/young people living with complex disabilities. How palliative care services will adapt to meet changing population needs is fundamental.

The content of the strategy is based on contributions from patients/service users, health and social care professionals working in a number of settings, cancer and palliative care specialists, specialist nurses, children's occupational therapy and physiotherapy, community care services, public health, voluntary services and members of the public.

The importance of supporting choice and control for people with palliative and end of life care needs continues to be vitally important to individuals', families and carers.

There are a number of national frameworks that give guidance locally to Health & Social Care Partnerships on how they deliver this care:

Living and Dying Well, Strategic Framework for Action on Palliative and End of Life Care, Palliative and End Of Life Care – Enriching & improving experience and of course the new National Health & Social Care Standards. In summary, these frameworks promote a PEOLC strategy for Shetland that:

- Identifies individuals who may need support early.
- Offers person-centred holistic anticipatory care planning, supporting choice and control to the individual, their family and carers, engaging in timely, open and honest conversations that focus on quality of life outcomes.
- Promotes coordination of support across multi-disciplinary teams that provide appropriate care to meet physical, practical, functional, social, emotional and spiritual needs in the place of choice of the individual.
- Promotes confidence and opportunities to gain the appropriate skills to offer good PEOLC to all.
- Has a focus on involving and using wider resources in the community and promotes improved understanding of the importance of good palliative care.

Background

In Scotland, it is estimated that around 40,000 of the 54,700 people who die each year need some palliative care. That is 73%, equating to 129 people in Shetland per year (average number of deaths in Shetland is 212).

With the number of people dying in Scotland due to increase by 13% over the next 25 years we need to act now in order to ensure that access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location, by 2021.

Changing demographics, in terms of an ageing population, increase in complex conditions and a shift in the landscape of care provision, require us to look at how we support people to have more choice and control of the care and support they receive through an agenda of personalisation.

The following demographic information can help us determine where prevention and early involvement is best targeted. However, as previously mentioned, age and diagnosis are not used to determine how we respond to individuals; this must be done in a person-centred way.

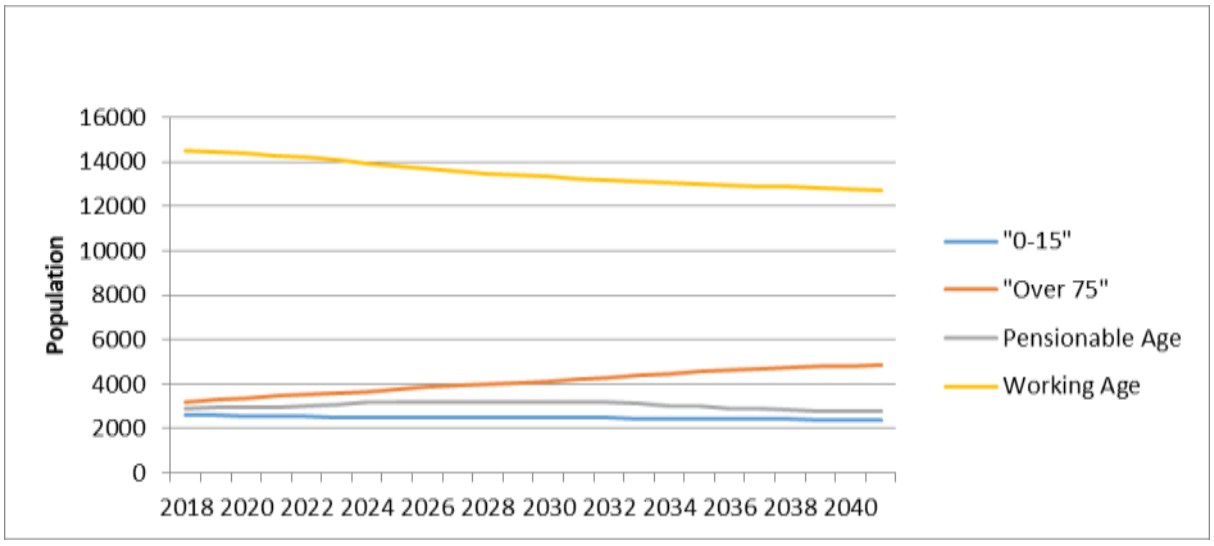
Percentage of the last 6 months of life, which are, spent at home or in a community setting:

Scotland		Shetland	
2016/17	87.% Average	2016/17	93.9% Highest rate in Scotland

Those living in more remote rural areas spend more time at home or in a community setting in the last six months of life compared to those living in urban areas.

The proportion of time spent at home or in a community setting towards the end of life provides a high-level indication of progress in implementation of the national action plan. It reflects both quality and value through more effective, person-centred and efficient end of life care.

Population predictions for Shetland 2018 – 2041:

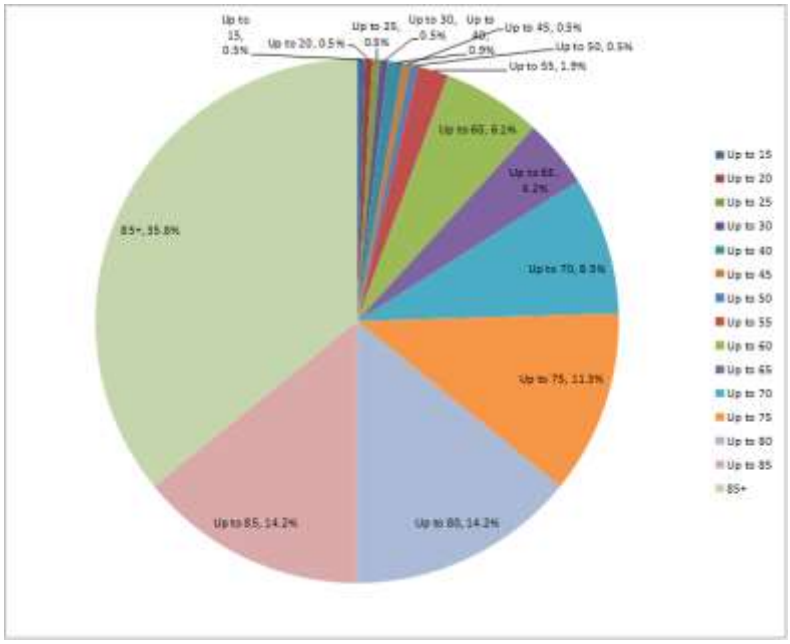


In 2017 there were 212 deaths in Shetland, detailed below are the demographics of deaths by age and condition.

Deaths in Shetland by age – a comparison between 2011 and 2017

2011 Percentage		2017 Percentage	
Under 60	11 %	Under 60	11.8%
60 – 65	7 %	60 – 65	4.2%
65 – 70	7 %	65 – 70	8.5%
70 – 75	10 %	70 – 75	11.3%
75 – 80	10 %	75 – 80	14.2%
80 – 85	15 %	80 – 85	14.2%
	39 %	85+	36.8%

2017 Data



Causes of Death in Shetland (2017)

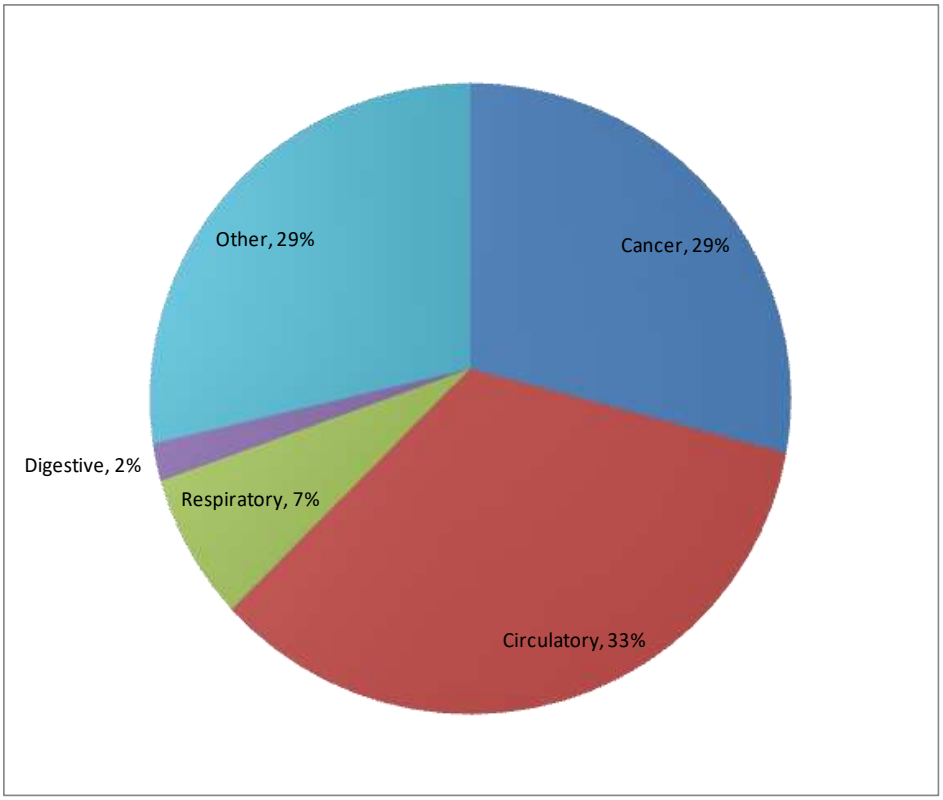
The main causes of death in Shetland are cancer, coronary heart disease, stroke and respiratory conditions, which is comparable with the figures for Scotland overall.

Pathways for palliative and end of life care related to cancer care are well understood. However, there is more work to do to ensure that there is effective communication, co-ordination of care between partner organisations, activation of anticipatory care plans and access to place of death for all dying people regardless of cause.

2017 Deaths in Shetland by cause:

2011 Percentage		2017 Percentage	
Circulatory	30%	Circulatory	33%
Cancer	30%	Cancer	29%
Other	30%	Other	29%
Respiratory	9%	Respiratory	7%
Digestive	1%	Digestive	2%

2017 Data



2017 Deaths by cause and age:

Age Group	Deaths from Circulatory	Deaths from Cancer	Deaths from Respiratory
85+	34.3%	27.4%	26.7%
80 – 85	8.6%	17.7%	20%
75 – 80	11.4%	19.4%	13.3%
70 – 75	14.3%	9.7%	6.7%
65 – 70	8.6 %	9.7%	
60 – 65	7.1 %	4.8%	
55 – 60	4.3 %	8.1%	
Under 60	11.1%	3.2%	

What do we want to achieve – outcomes and indicators

Personal outcomes for those people we care for, their loved ones and carers are to be the focus in PEOLC here in Shetland. Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health/social care.

Whilst Person-centred care is not new, recently there has been greater emphasis on its importance in both Health and Social Care services and services and staff developing this approach further and in a more meaningful way.

'Over the past few years in particular, there has been a lot of focus on self-directed support as a central component of personalisation. Indeed, it was almost impossible to discuss the progress of personalisation without commenting on the numbers of personal budgets people had and how many of those were delivered as direct payments. But personalisation has always been a much broader concept.' [12]

In order to ensure true personalisation happens, health and social care services too have to approach delivery, commissioning and procurement of services, in a way that provides personalised and flexible support; ready to adapt to the needs and wishes of the individuals who use them.

The overarching outcomes for this strategy are guided by the Strategic Framework for Action on Palliative and End of Life Care:

- People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age socio-economic background, care setting or proximity to death.
- People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.
- People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.
- People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care.

The following Health Improvement Scotland PEOLC indicators are measured nationally and here in Shetland:

- **Increase in the number of people with palliative and end of life care needs who are identified**

Locally the Key Information Summary (KIS) is used to collect information about a patient, which is extracted from the patient's general practice record. A KIS has to be specifically created for each patient. This is a task normally carried out by a doctor, and with the consent of the patient or their carers. There are currently 700 patients with an eKIS in Shetland. However, having an eKIS does not necessarily mean someone is palliative or end of life (it can also be used for other conditions where appropriate) but anyone who is palliative should be offered an eKIS.

Planning ahead is one of the most important elements of good PEOLC. Understanding what individual's wishes and care plan is well in advance gives all involved the opportunity to plan and prepare themselves and ultimately makes the end of life more meaningful and symptom free.

- **Increase in the number of people with palliative and end of life care needs who are assessed and have a care plan**

Using KIS formed part of the GP Contract requirements from 2012-2013 and GPs were encouraged to use KIS to create 'Anticipatory Care Plans' (ACPs) for vulnerable patients at risk of admission to hospital. The hope is that better information and planning for these patients can help keep them at home or in the community, reducing unnecessary hospital admissions.

- **Increase in the number of electronic palliative care summaries accessed**

The KIS information is shared by the GP's computer system twice a day, making this information available to other people and services looking after the patient. For example, out of hours services, Scottish Ambulance Service or NHS24 may use the KIS to gain more information about people they are in contact with.

The Electronic Palliative Care Summary (ePCS) is a system which allows the automatic update and sharing of health records across community nursing, specialist nursing and GP teams. The sharing of information can be further extended to hospital based teams.

The ePCS system is in place in all ten practices and palliative care registers are in place in all of the practices. However, whilst communication was considered on the whole to be good, it still presented as one of the main areas for improvement, particularly the role of technology and eHealth systems in supporting communication between teams and partner agencies.

- **Place of death**

More people prefer to die at home, with Shetland achieving the highest rate of the last 6 months at home in Scotland at a rate of 94%. The proportion of time spent at home or in a community, homely setting towards the end of life provides a high-level indication of progress in implementation of the national action plan through meeting people's wishes. It reflects both quality and value through more effective, person-centred and efficient end of life care.

Our Strengths:

- 94% of people in Shetland die in their own home or in a homely setting. (The highest rate in Scotland).
- Electronic Palliative Care Summaries are now in use.
- Palliative Care registers are in place.
- Where Anticipatory Care plans are completed they are used to ensure care and needs are met in line with the individuals wishes.
- Scottish Palliative care guidelines in use in Shetland

Approaches to palliative and end of life care

Values, Principles and Human Rights

Shetland is a compassionate community, where support to people dying is based on a common set of values, a desire to give people choice; with formal services delivered by very experienced and dedicated staff; people who go 'above and beyond' to make things comfortable, dignified and person-centred.

Values are a set of beliefs or views that people hold about what is right or wrong and reflect a sense of what is good or bad. They have a strong influence on people's attitudes and behaviours and act as a set of rules or guidelines about how to behave in certain situations. Holding or developing values can be one of the greatest influences on peoples' experience of the care they receive.

The way we care for individuals who are dying is a measure of the values of the community in which we live. Attitudes such as kindness, caring, shared understanding, honesty, reliability, trust – the interpersonal parts of delivering care, are critical to people's perception of their own worth, something that is significantly important at the end of life. These values reduce fear and anxiety and revive hope and optimism. Hope and optimism have a valuable place in end of life care.

'Time spent with a person, a hand held, a small kindness, a caring act, honesty – any of these seemingly inconsequential actions have a critical impact well beyond their stand-alone worth. These critical but unmeasurable behaviours cannot be bought or commanded, they arrive with a set of values and thrive or wither as a function of organizational culture'.[2]

The importance of these attitudes and attributes are sometimes at risk of being neglected due to the preoccupation with systems, procedures and scientific medicine. Investment and access to care are important and only make a difference if an individual feels they are treated well. Value-Based care equates to efficient, high-quality, low-cost care to patients across the continuum. This means enhancing care coordination and improving communication between providers, as well as between providers and individuals. It also means finding ways of putting individuals at the centre of their care – viewing them holistically and treating more than an isolated acute episode.

Values play an enormous part in upholding the dignity of individuals. In a local staff survey the following values were seen as being vital to underpinning PEOLC:

- Compassion and Empathy
- Respect
- Comfort and Warmth
- Person-centred approach
- Kindness
- Understanding
- Sensitivity

Our Strengths:

- A staff group who are experienced, dedicated and compassionate about PEOLC.
- A Social Care model of assessment, support planning (WYFY) based on personal outcomes.
- A team of specialist nurses trained in PEOLC based on best practice values and principles.

- The Specialist Nursing Team are available to provided expert advice and guidance on the following specialities:
    - Coronary Heart Disease
      www.heartfailurehubscotland.co.uk
    - Diabetes
    - Stroke
      www.chss.org.uk
    - Multiple Sclerosis
      www.mssociety.org.uk
    - Parkinson's Disease
      https://www.parkinsons.org.uk/
    - Motor Neurone Disease
      www.sad.scot.nhs.uk/video-wall/
    - www.mnd.org.ukCancer
      https://www.macmillan.org.uk/
    - Financial advice and support in PEOLC

Protecting and promoting dignity – Choice and Control

Promoting and protecting dignity comes from supporting people who are nearing the end of life to maintain the best quality of life possible, to remain in control and to minimize suffering. This strategy aims to encourage dignity in PEOLC through:

- Supporting people to have as much control over decisions, care and treatment as possible
- Supporting people to die where they want and in a way that they choose
- Providing support to minimise pain and suffering
- Ensuring staff are open to talking to people who wish to discuss issues around their death and that they have the training and skills to respond appropriately
- Helping people to plan and to say goodbye to loved ones
- Allowing people time for reflection and provide professional support where needed
- Encouraging, as far as possible, meaningful activity and discussion to support a sense of self-worth and purpose
- Ensuring you are fully aware of people's cultural and religious preferences when providing end of life care
- Providing support for family and carers
- Providing support for those receiving care who may experience bereavement from the death of friends and peers [5]

Studies have shown that around 70% of people with terminal illnesses towards the end of life experience significant pain as well as other distressing symptoms such as anorexia, constipation, anxiety, lethargy, breathlessness, sleeplessness.

Symptoms may be caused by a variety of mechanisms such as progression of disease; side effects of treatments; debility or unrelated causes and each symptom responds to different approaches. People may have several different symptoms at the same time, which may need different approaches and treatments concurrently. Each requires careful history taking, physical examination, and appropriate investigations, if these investigations will alter the treatment plan and the outcome for the adult or child.

In Shetland we operate a generalist model for providing palliative and end of life care, and therefore we need to have easy access to specialists in Palliative Care for advice and help, as well as to other specialists who can undertake "palliative interventions" as necessary.

Priorities set in the 2009 strategy included the need to develop systems in the community to allow staff to be able to appropriately support symptom control, particularly pain management. The recent staff survey suggests that there have been improvements in staff confidence in managing symptoms with more work around the following required:

- Pain management plans
- managing anorexia
- bowel obstruction
- delirium/agitation and
- using syringe pumps

Other priorities included looking at ways of bringing together existing and potentially new services to provide appropriate psychological support for people who have palliative or end of life care needs.

We have been particularly successful in regard to the development of systems to ensure that the correct medications and equipment are available to respond to changing symptoms and provide good symptom control.

Work locally has continued to build services with all partners, to provide psychological support, including promotion of positive psychology and wellness through health improvement programmes and reducing isolation through work with community resilience initiatives. Kindness Cafes have started up in Shetland and a programme of training looking at isolation has been well attended.

Our Strengths:

- Holistic care delivered in local communities through collaboration between community nursing, pharmacy, social care staff, Specialist nurses, and VAS
- Highly valued specialist MacMillan nursing for individuals with cancer.
- NHS Spiritual Care- Dedicated Chaplain in post.
- Self-directed support – Offering individuals choice and control in how they receive social care.
- Where Anticipatory Care plans are completed they are used to ensure care and needs are met in line with the individuals wishes.
- Ceilings of treatment
- Just in case boxes.
- Shetland Bereavement Service – promoting awareness and good practice in bereavement care, psychological support, providing information, training and education.

Valuing and supporting staff.

Practitioners locally were asked what being involved in PEOLC meant for them and nearly all staff responded positively:

> *"Feeling like I have made a difference, and made this difficult time a bit less frightening."*
>
> *"Families remember the support and this has a direct impact on their grieving process."*
>
> *"It is one of the greatest markers of society if we provide good end of life care for the elderly frail and vulnerable."*
>
> *"Being part of a team that can help allow a person to die in comfort, in a place of their choice, surrounded by the people they want."*

Continuing to address education and training is a high priority for professionals from health, social care and voluntary organisations in Shetland. Having the skills and confidence to deliver consistently high quality care across all care settings is paramount. In a recent staff survey:

- 81% said they were either very or somewhat confident in PEOLC
- 39% said they'd had adequate or enough amount of training, with 36% receiving face to face taught and 32% on the job training
- 33% said individuals always have pain management plans in place, and 37% said these were in place most of the time
- Over 50% of staff said they were confident in managing mouth care, nausea & vomiting, sweating, weakness & fatigue, and other medication related to end of life care.
- Staff said they were least confident in managing anorexia, bowel obstruction, delirium and syringe pumps.

Training in regard to supporting social care workers in the community setting and maintaining an ongoing programme of training that is relevant to healthcare generalists at all levels of clinical seniority has begun locally.

Training framework:

NHS Education for Scotland (NES) has development a Knowledge and Skills framework for Palliative and End of Life Care for the health and social services workforce. Using this to map the skills and knowledge strengths and gaps across the Shetland workforce is vital in understanding what we need to do to ensure staff are confident in delivering PEOLC. The Strategic framework identifies 10 commitments with one commitment specifically focused on education, learning and training:

"We will support the workforce by commissioning NHS Education for Scotland and the Scottish Social Services Council to develop a new palliative and end of life care Educational Framework. This will address the needs of the whole workforce and will be focused on fostering an integrated and collaborative approach to educational provision."

The framework states that:

• A workforce that feels adequately trained and supported to provide the palliative and end of life care that is needed.

• All health and care workers require an appropriate level of knowledge and skill in palliative care and end of life to match level of involvement with people with PEOLC needs

Three sets of principles underpin the framework, which promote a person-centred, outcomes focused, human rights based approach to palliative and end of life care. These principles are at the centre of the integration of health and social care and wider public service reform.

• World Health Organisation Definitions of Palliative Care. Palliative care is internationally recognised as a basic human right, promoting person-centred care.

• The PANEL Principles (Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality). These principles underpin a human rights based approach which empowers people to know and claim their rights.

• The National Care Standards Principles are integral to the standards which outline what everyone in Scotland can expect when using health and social care services, and how providers of care should deliver and improve services. These are based on a human rights approach underpinned by the PANEL principles

Within each domain, there are four levels of knowledge and skills. These outline what workers need to know and do, depending upon their degree of involvement in palliative and end of life care, and their role responsibilities in the care and support of people with palliative and end of life care needs, their families and carers. Some of the knowledge and skills are integral to all health and social care, and in the framework, are applied in the context of palliative and end of life care.

Informed level outlines the knowledge and skills required by all health and social service workers in relation to palliative and end of life care.

Skilled level outlines the knowledge and skills required by health and social service workers who by virtue of their role and level of responsibility regularly provide care and support to people with palliative and end of life care needs, their families and carers.

Enhanced level outlines the knowledge and skills required by health and social service workers who by virtue of their role and level of responsibility provide, co-ordinate and manage the care and support of people with palliative and end of life care needs, their families and carers.

Expert level outlines the knowledge and skills required by health and social service workers who by virtue of their role and level of responsibility play an expert specialist role in the care and support of people with palliative and end of life care needs, their families and carers.

The framework also confirms our local thinking around Palliative care being provided by a range of health and social care sectors and informally by families, carers, friends and communities. Training for families, carers and communities should also be considered if we are to enhance the considerable asset of this informal care.

Using our local knowledge and skills found in staff with experience is one of the best ways to use our assets and deliver local training. For example joint delivery of the MacMillan Foundations in Palliative Care course has started in community health & social care settings, by MacMillan Nursing and Workforce Development.

SSSC open badges in PEOLC are another way of accessing the basic knowledge. Fundamentals in palliative care (Informed level) is available to all social care staff and ought to be encouraged for all staff. The Enriching and Improving Experience Framework identifies the knowledge and skills required by all workers who might come into contact with people who have palliative and end of life care needs. The framework has five domains and this badge reflects the core knowledge and skills considered integral to the fundamentals to the delivery of high quality palliative and end of life care at the Informed level.

The University of Highlands and Islands in conjunction with Highland Hospice are in the process of developing a professional development award for PEOLC.

Our Strengths:

- Percentage of staff who feel supported by managers
- Percentage of staff who feel confident in their PEOLC practice
- 35% of staff who responded to the staff survey, have worked in their role for more than 10 years, demonstrating we have an experienced workforce. Local experience is crucial to promote and share. Using our own assets will strengthen our understanding of what works and when shared with less experienced staff, helps to ensure this valuable experience is not lost.
- Local annual training delivered by Macmillan and Roxburgh House team

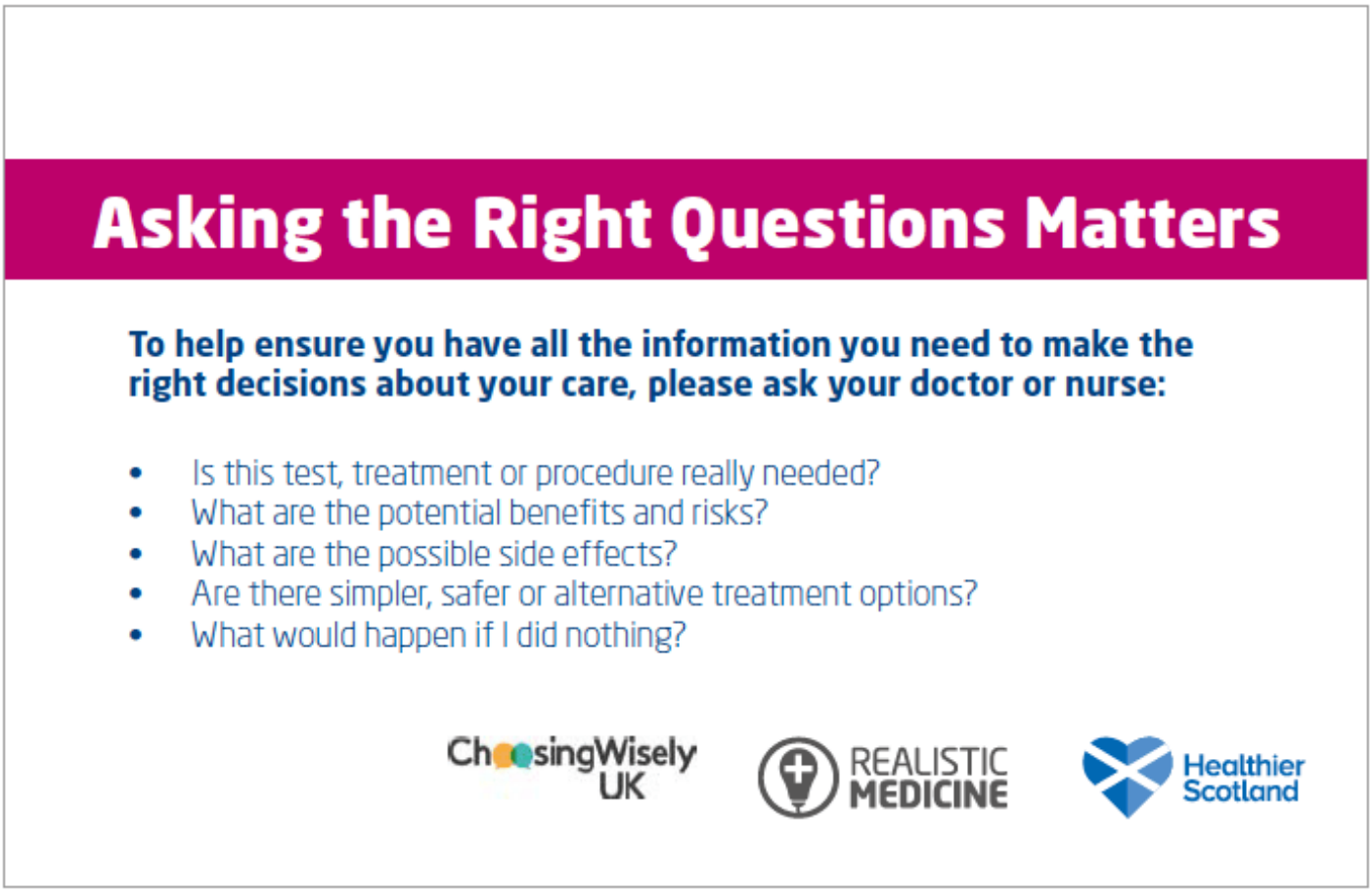
Realistic Medicine:

But in our attempts to defeat death, the question is this - are we over-medicalising death and the final years of life at the expense of providing better palliative care that would result in a better quality of life? Is it time to reset the system, and learn how to die a better death?' [7]

In the Chief Medical Officer's third annual report, 'Practicing Realistic Medicine' there are a number of areas highlighted relevant to palliative and end of life care:

- Building Our Personalised Approach To Care With People Across Scotland
- Changing Our Style To Shared Decision Making
- Asking the Right Questions Matters
- Valuing Our Workforce
- Tackling Unwarranted Variation, Harm And Waste
- To Provide Value Based Healthcare
- A Realistic Approach To Population Health

Local practitioners are establishing a working group to look at the implementation of realistic medicine in Shetland. This group aims to ensure that professionals are realistic about prognosis and outcomes – including how they advise people about the benefits of ongoing treatments, and quality of life (as opposed to quantity of life) and how they record this.



Locally we aim to implement Realistic Medicine in a number of ways:

- Listening to understand patients' problems and preferences
- Sharing decision making between healthcare professionals and their patients
- Ensuring that patients have all the understandable information they need to make an informed choice
- Moving away from the 'doctor knows best' culture to ensure a more equal partnership with people
- Supporting healthcare professionals to be innovative, to pursue continuous quality improvement and to manage risk better
- Reducing the harm and waste caused by both over-provision and under-provision of care
- Identify and reduce unwarranted variation in clinical practices.

'We want people working in health and social care and people who use services to think about the values and the behaviours that underpin good experience. Drawing on these values to have meaningful conversations with people to plan and agree care will support all staff and patients to base care around what matters most to people, with a shared understanding of what healthcare might realistically contribute to this. This is the ethos of Realistic Medicine.' [6]

There is also evidence that people are more likely to have greater confidence in decisions reached and less likely to regret their treatment choices. So good communication, listening to people, displaying empathy and asking the right questions all lie at the heart of practising Realistic Medicine'[6]

Our Strengths:

- Dedicated multidisciplinary team formed to take forward Realistic Medicine approach
- Use of Telehealth anywhere within community setting or patients home
- Difficult Conversations training

A strength based approach to palliative and end of life care:

Nationally and locally there is a cultural shift in care and support; away from a deficit led model of care to one that identifies and builds on the natural strengths of the individual, their family/friends and carers, the local community and the services/staff themselves.

Through a staff survey, interviews and the PEOLC event staff and individuals have identified what local strengths Shetland has in relation to PEOLC:

- A committed, confident & compassionate Health & Social Care workforce who go above and beyond their remit to provide care & support
- A workforce with lots of experience in working in PEOLC
- GP Palliative Care Registers
- High percentage of people dying at home or in a homely setting
- A smaller close community spirit, where we often know the person we are taking care of
- Working together in a multi-disciplinary – with strong relationships and willingness to share tasks
- A valued Specialist and Community Nursing Service

What are Asset/Strength Based Approaches?

In the context of health improvement assets may be defined as "the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health status" [3].

Asset based approaches are contrasted with traditional approaches to the delivery of health care and other public services which tend to use narrow interventions which focus on deficits/problems/disease. Asset based approaches are not new but are currently enjoying a higher profile within a number of strands of Scottish Government policy for example:-

• The Chief Medical Officer makes use of assets as a concept in his analysis of Scotland's health inequalities and poor performance in international comparisons of health status

• Asset based approaches are highlighted in the Christie Commission on the Future Delivery of Public Services. Demographic and financial projections have placed an imperative on approaches which are not based on increasing the scale of existing formal services.

• Re-shaping Care for Older People emphasises the potential for strengthening informal community support and individual assets as a means to extend independent living in the community.

The National Alliance '*Good Life Good Death Good Grief'* promotes a strength-based approach to palliative, end of life care, and suggest the following positive outcomes:

- people are able to talk about death and deal with related issues in a constructive way
- children grow up treating dying as an inevitable part of ordinary life
- people are comfortable using words such as "death", "dead" and "dying", and are able to make choices relating to their own dying and death
- health and social care professionals and volunteers in all care settings feel able to have discussions relating to death, dying and bereavement with patients and families, and with colleagues

- communities of all kinds are empowered to provide effective support to those dealing with death, dying, bereavement and loss.

Our Strengths:

- Outcome focused strength based approach used in With You For You
- Asset based community development currently being explored
- Valued 3rd sector involvement in PEOLC

A greater openness about death, dying and bereavement in Shetland – having good conversations

One cultural challenge is how we all talk to each other about death and dying. The Scottish Government identifies encouraging greater openness about death, dying and bereavement as a pursuit on achieving the outcomes under the Strategic Framework for Action on Palliative and End of Life Care.

Timely conversations around death and dying can be both practical and emotionally supportive and can often prevent or reduce fear, confusion, distress and complicated grief.

'Having the chance to review the options properly, and get the care that's right for us is a really important part of all health care. But it's especially poignant in palliative and end of life care'. *Marie Cure*

The aim of having good conversations about death and dying is to put the person at the centre of their own care, taking into account their priorities and how they want to live and die. It's about having a sensible and practical idea of what can be achieved or expected, and representing things in a way that is accurate and true to life.

Whilst compiling this updated strategy we had open and honest conversations with family members who had recently lost a loved one. All of them without exception said that talking about a person's wishes for dying and death had been invaluable in both reducing the distress for their loved one but also in their own grief. Below is an extract of a conversation held with family member V.

V describes how close she became with her father during the hours they spent planning his funeral. She felt it was the best thing she could do for him, to support him have choice and control over the arrangements, this also gave him dignity. He picked his coffin and planned the service. V says this meant that when it came to his death she wasn't having to make arrangements, trying to guess what he would have wanted when her emotions and grief was so raw. V says she can't emphasis enough how this helped her in her own grieving process. She learnt how resilient she was and it strengthened her relationship with her father. Although she says she also learnt to ask for help, "you're not a failure if you ask.

Anticipatory Care planning, Ceilings of care, DNACPR and Power of Attorney.

Anticipatory Care Planning is about individual people thinking ahead and understanding their health. It's about knowing how to use services better and it helps people make choices about their future care. Planning ahead can help the individual be more in control and able to manage any changes in their health and wellbeing. Many people with long term conditions or chronic health problems can benefit from having an Anticipatory Care Plan.

'The moral questions about death that face not just the medical profession, but each and every one of us. The question of how we die is a question that all of us must face, and yet we avoid talking about it. Modern medicine is focused on saving lives. Amazing technical advances have increased doctors' ability to treat a wide range of life-threatening diseases, meaning many more people live longer lives. Life expectancy has surged, and we regard death as something to be battled. It is common for the medical system to throw everything into treating patients right to the very end.[7]

Increasing the uptake of ACPs amongst those on long-term condition registers, over 70 years old and those identified as higher risk to premature death i.e. those with multiple complex conditions is crucial to PEOLC. Having clear understanding of what is important to individuals and ensuring conversations that help prepare for dying and death will help us develop support that is personalised. In the PEOLC staff survey 48% said that sometimes individuals have an anticipatory care plan in place.

Promoting ACP is an area that is under development locally, with a recent introduction of the use of The Scottish Government & Health Improvement Scotland document 'My Anticipatory Care Plan'. Continued work to implement this would help promote the early identification for people who may need PEOLC and clear support plans can be put in place before individuals reach crisis point or their capacity to make choices deteriorates.

ACP's also incorporates the writing of wills or "Living Wills" now known as advance directives or advance decisions which can be done by the well person early on in life to plan for what **may** happen at the end of life. Anticipatory care planning is more commonly applied to support those living with a long term condition to plan for an **expected** change in health or social status. It also incorporates health improvement and staying well. Completion of a common document called an anticipatory care plan is suggested for both long term conditions and in palliative care.

The decision to give any treatment has to be made after weighing up potential benefits against potential risks and in collaboration with the individual. As a person's disease/illness progresses, the likelihood of benefitting from aggressive treatment decreases and the likelihood of side-effects and complications increase.

Having a conversation about a decisions not to attempt cardiopulmonary resuscitation needs to be discussed and recorded in an individual's anticipatory care plan.

Having timely, honest conversations with individuals allows them to have informed choice, is vital to care planning and can save needless distress for them and their family members. What care might be appropriate needs to be reassessed as the disease advances, in order to reduce the risk of harm and avoid excessive burden to the individual as a result of over-treatment.

Our Strengths:

- NHS Spiritual Care Lead in post
- What matters to You
- Introduction of The Scottish Government & Health Improvement Scotland document 'My Anticipatory Care Plan'.
- Ceilings of care documentation
- DNACPR in place

Compassionate Communities – a Public Health approach

Compassionate communities are examples of the engagement of neighbourhoods in caring for others as a humanitarian practice, which includes palliative care and end-of-life care provision. Kellehear was the first to introduce the term “compassionate community”. He stated that compassionate communities are needed as a public health approach to palliative care. Kellehear also called all citizens to action by his statement: “end-of-life care is everyone’s responsibility.”

What it is	**What it is not**
Social Movement	A service
Involves ordinary people	About health professionals
Community development	A palliative care service
Needs based evolution, with no blue print development	Prescriptive

In early 2013, an online survey of over 200 UK palliative care services published in the British Medical Journal found that most of these services were prioritising ‘community engagement’ initiatives, most commonly adopting a ‘compassionate community’ model. This development embraces a public health approach including health promotion, community development and death education into a field that has previously focused primarily on the clinical care.

Compassionate communities are derived from the World Health Organisation concept of ‘Healthy Cities’ or ‘Healthy Communities’ and reinforces the move towards asset based community development (ABCD). Promoting the idea that ‘health and wellbeing’ is everyone’s responsibility – not just services.

The lack of death literacy is a common problem in many countries. Death literacy consists of four parts:1) skills, 2) knowledge, 3) experiential learning, and 4) social action. It is not enough to only talk about death—social action is needed. This underlines the fact that education alone is not the solution in improving palliative care in the community. Education must be accompanied by a reflection on attitudes, as well as action. Without reflection and action, there may be no change in practice and no practical improvement.

Opportunities to develop the strengths of community members to support each other in PEOLC is also central to this strategy. Knowledge in palliative care can be very limited or totally absent in most communities, and information about the effects of educational procedures in teaching non-professionals in basic palliative care is sparse. The ‘Last Aid’ course, described as an ingredient to compassionate communities, is a relatively new concept for teaching the public about palliative care.

Individuals, families and carers may lack knowledge about palliative care, and there is an urgent need to educate non-professionals in palliative care and end-of-life care. At present, the main

source of citizens' palliative care knowledge is often through personal experience. The experiences with Last Aid courses in different countries are overall very positive.

Last Aid courses are well-attended. The evaluation of questionnaires in a German pilot study has shown a favourable response. Last Aid courses may form the educational basis of compassionate communities, and are well-suited to inform the public about palliative care and end-of-life care

Our Strengths:

- SIC delivery of 'Training' to tackle loneliness
- The British Red Cross development of 'Kindness Café's'
- The British Red Cross Connecting Community Service

Working together

Key to a personalised approach to PEOLC, is communication and working collaboratively.

Communication between professionals and with individuals and families was highlighted as crucial by the local people who took part in our PEOLC event and staff survey – particularly in relation to discussing treatment choices, future planning and end of life care and how this is then translated into an appropriate, shared anticipatory care plan. Strengthening communication between specialist (sometimes off island services) and local teams is considered an important factor to improve communication and provide responsive, flexible care for patients.

There continues to be a strong theme running through staff feedback which noted the importance of positive psychology, self-management and public awareness raising regarding „living a healthy life and having a good death". There was an emphasis on how we need to work together to support people to have conversations about „life and death" in a positive way, in an attempt to change the societal culture and taboos, which are associated with talking about death and dying. Providing appropriate psychological services, counselling and information for people who need additional support to manage their grief and loss following the death of a loved one, was also considered a key aim to be incorporated into this strategic plan.

Evidence-Based remains at the core of informing best practice and guidance, but for it to truly take place, we must use best available evidence, clinical/professional judgement and individuals' preferences together.

In the recent staff survey 44% said that communication between health & social care staff is adequate most of the time.

Consultation with staff continues to demonstrate the need to have a particular focus on anticipatory care to support people with long-term conditions, as there is a predicted increase in the prevalence of people who will be living with complex health needs who will also access palliative care services, over the next five years and beyond. As part of this work, we will also need to consider the changing pattern of diseases (epidemiology) and the death trajectory (rapid or slow decline) associated with common long term conditions such as Dementia, which can have an uncertain prognosis (Mitchell et al, 2009).

The Gold Standards Framework (GSF) is a tool which has been developed to facilitate effective communication, co-ordination and continuity as well as emphasising the need for assessment and review of those people with palliative and end of life care needs. This includes the use of a palliative care register to enhance communication about patients between healthcare professionals.

In terms of death trajectory, staff would benefit sharing knowledge and understanding through the consistent use of a palliative indicator tool such as SPICT. Supportive & Palliative Care Indicators Tool (SPICT™) is used to help identify people at risk of deteriorating and dying with one or multiple advanced conditions for holistic, palliative care needs assessment and care planning. Sharing these with all those involved in supporting a person will enhance the

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The Electronic Palliative Care Summary (ePCS) is a system which allows the automatic update and sharing of health records across community nursing, specialist nursing and GP teams. The sharing of information can be further extended to hospital based teams.

The ePCS system is in place in all ten practices and palliative care registers are in place in all of the practices. However, whilst communication was considered on the whole to be good, it still presented as one of the main areas for improvement, particularly the role of technology and ehealth systems in supporting communication between teams and partner agencies.

Communication was also noted concerning the individual conversations with patients and their families about planning for the future and their wishes in relation to end of life care and how we can effectively support people who are dying and the professionals providing care and treatment, to manage these difficult and emotional discussions.

Much work has been taken forward to revise and improve the single shared assessment process for adults (known as With You For You) and for children (known as Getting it Right for Every Child) across Shetland, it has been noted in the feedback that we need to continue to prioritise the development of a co-ordinated approach to support people who need to access a wide range of services (e.g. specialist, local hospital, community based and voluntary sector). Particularly where additional support might need to be provided to ensure that a person can remain at home (if that is a preferred place or care and/or death) and support timely discharge from hospital.

With You For You (WYFY) - Staff were divided on the clarity of a main point of contact for coordination with 32% saying it was always clear, 32% saying most of the time it was clear and 32% saying it was sometimes clear. As discussed above having a collaborative approach to PEOLC is crucial in meeting the needs of individuals, family members and carers. This is particularly crucial with 'fast track' care needs. The WYFY process aims to offer a coordinated approach to supporting someone, where they have one point of contact. During the writing of this strategy, we spoke to many family members and carers who stressed how important this was to them. Improvements and quality assurance for the WYFY process is vital in understanding how well we coordinate our care.

Getting It Right For Every Child (GIRFEC) – Getting it right for every child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to feel loved, safe and respected. Children's Services are provided using the GIRFEC practice model, which puts the child and the family at the heart of decision making and planning to optimise health and wellbeing (21).

The Children's Act (Scotland) 2014 (22) gives a structure for the 'integrated' planning and delivery of all children's services across partner organisations with a provision for all Children and Young People (CYP), up to their 18th birthday (if still at school) and beyond (if in local authority care), to have a Named Person. The Named person is a single point of contact and they have a responsibility for "promoting, supporting and safeguarding the child's wellbeing."

Providing care for children who are dying (their families & carers) can be one of the most difficult journeys anyone takes. There are many elements in common between children and adults' palliative care, such as similar approaches to symptom management and the need for care to embrace the whole family. It is important that we also recognise, however that palliative care for children is different from adult palliative in several ways. The importance of provision of play for children for example, is essential and education is a legal entitlement and must be taken into account when planning support.

What research shows us is that the national prevalence of children and young people with life limiting conditions is rising and CYP with life limiting conditions have complex health care needs often with repeated hospital admissions, particularly at end of life care. Research suggests that increased early intervention from specialist palliative care services could reduce the number of children who become unstable or deteriorate and are therefore more likely to need hospital admission, including paediatric intensive care.

In Shetland, children with complex health care needs are supported by local generalists teams e.g. GPs, Specialist Nurses, School Nurses, Secondary care clinical teams and specialist based in Aberdeen. A strategic priority for children's service planning across the North of Scotland is to review how we deliver care and support to CYP and their families with complex needs, recognising the intensity of support that is required and the huge role that parents and families assume. A review will commence during 2019-20, led by Child Health Commissioners and Directors of Public Health with an expected set of recommendations

'Together for short lives' (2018) (23) states that *'parents bear a heavy responsibility for personal and nursing care and siblings are especially vulnerable' and many* children with life threatening and life limiting conditions will live to young adulthood.

This is particularly important for services such as those in Shetland, which are remote from specialist centres and care teams. Our strategy will continue to be to provide the best quality of care that we can, in conjunction with the wider network of services available on mainland Scotland and ensuring that children, their families and practitioners have access to appropriate specialist support.

Evolving models of care include increased use of technology enabled care e.g. to link children to specialist teams in Aberdeen, or parents to their babies on the neonatal unit as well as using technology in Shetland to improve access to services. The School Nurses and Paediatric OT and Physiotherapist are all using digital platforms such as Attend Anywhere to link into families in their homes of places that are convenient for patients to ensure that we maximise equality of access, particularly for children that need intensive support.

Transition from children's services to adult services is important and needs to be managed well.

The 2016 NICE 'End of life care for infants, children and young people with life-limiting conditions: planning and management' guidance (24) sets out the following general principles which are considered within the child's plan:

- Recognise that children and young people with life-limiting conditions and their parents or carers have a central role in decision-making and care planning.
- Discuss and regularly review with children and young people and their parents or carers how they want to be involved in making decisions about their care, because this varies between individuals, at different times, and depending on what decisions are being made.
- Explain to children and young people and to their parents or carers that their contribution to decisions about their care is very important, but that they do not have to make decisions alone and the multidisciplinary team will be involved as well.
- When difficult decisions must be made about end of life care, give children and young people and their parents or carers enough time and opportunities for discussions.

- Be aware that continuity of care is important to children and young people and their parents or carers. If possible, avoid frequent changes to the healthcare professionals caring for them.

- Be aware that siblings will need support to cope with:
    - their brother's or sister's condition and death
    - the effects of their parents' or carers' grieving.

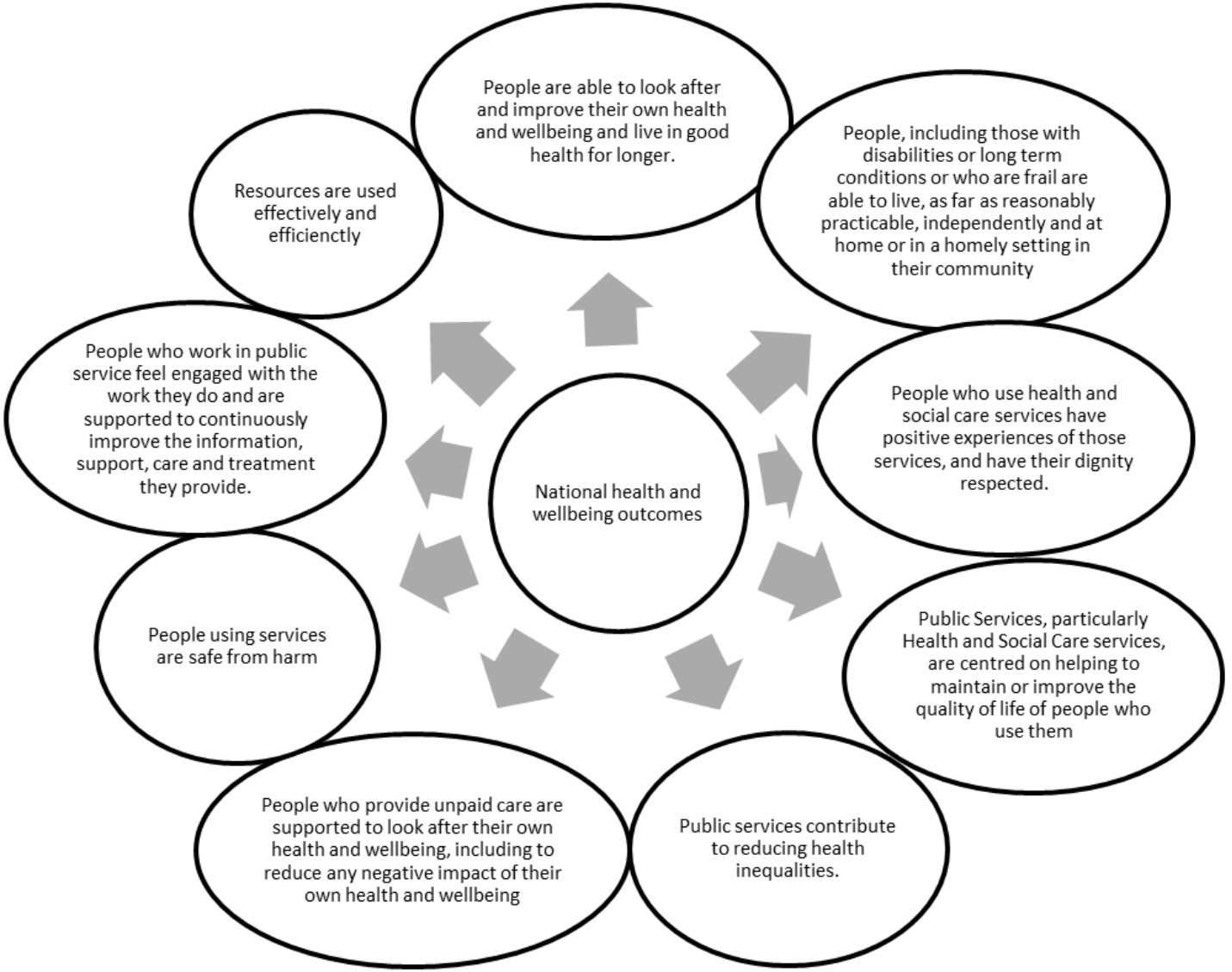
  This may include social, practical, psychological and spiritual support.
- Be aware that other family members/loved ones (for example grandparents) and people important to the child or young person (for example friends, boyfriends or girlfriends) may need support. This may include social, practical, emotional, psychological, and spiritual support.
- When developing plans for the care of the child or the young person with a life-limiting condition, use parallel planning to take account of possible unpredictability in the course of the condition.

Our Strengths:

- Model of Intermediate Care Team – multi-disciplinary approach to helping people remain at home.
- WYFY & GIRFEC – process for assessing, support planning that are based on a collective approach to care.
- Dedicated Named persons and Care Coordinators.
- We have an integrated Specialist Nursing services for Children *. The practitioners work in conjunction with both children's Social Care Workers, Health Visitors, School Nurses, Therapists, Education staff and Adult Community Nursing colleagues.
- Links are established with Children's Nurse Specialists in the mainland children's hospitals in Aberdeen Glasgow and Edinburgh.
- Shetland offers a local 'short break' service for CYP with additional support needs who are palliative.
- Shetland has benefited from input from the Children's Hospice Association Scotland (CHAS) with families being able to access 'respite' at one of the two hospices for children on mainland Scotland; home visits from the Home care team, as well as health, social care and education staff receiving training sessions into supporting CYP in need of palliative care.

Appendix 1 Outcomes Framework

The Palliative and End of Life Care strategy is in line with the general Health and Wellbeing Outcomes for Integration.



Proposed Key Standards for Palliative & End of Life Care

Optimal Model

Best possible experience for individual, carers and family

Integrated working

Equitable access

Delivery of standards

Positive staff experience

Efficient and effective use of resources

Identify Palliative Care Needs

SPICT used for all cases

Proactive identification and transition between chronic disease management and palliative care

Health Centres identify a list of individuals, promotes ACP

Audit and monitor the DES returns

Palliative Care frailty indicator tool shared across Health & Social Care Staff. Palliative discharge checklist for ward staff.

Assessment of Needs

Individual & Family

Standardised single holistic tool used by MDT to identify individual's and carer/family needs.Update With You for You. GIRFEC – Child's Plan for CYP.

Every individual, where possible, involved in development of tailored plan which responds to needs, choice and control. With named keyworker who is responsible for co-ordinating care and regular reviews with individual/family (alternative contact given if key worker unavailable).

Every individual has their resuscitation status discussed with medical professional a

Palliative performance scale used for on - going assessment of needs.

Maintaining Optimal Wellbeing

Every individual's management plan is accessible to all teams with clear anticipatory/escalation plans.

Every individual's management plan is regularly reviewed.

24/7 access to medicines, advice and support.

Access to critical equipment.

End of Life Care & Family Support

Early identification and communication of the dying phase.

Individuals die in the location of their choice where possible.

Individuals and families know what support is available and how to access it.

Look after carers' welfare through Adult Carer Support Plans and Young Carers statements.

Care After Death & Bereavement Support

Every family/carer us contacted by a member of the MDT within 1 week of the death and additional contact thereafter as required.

Every family/carer is aware of local bereavement support and how to access it.

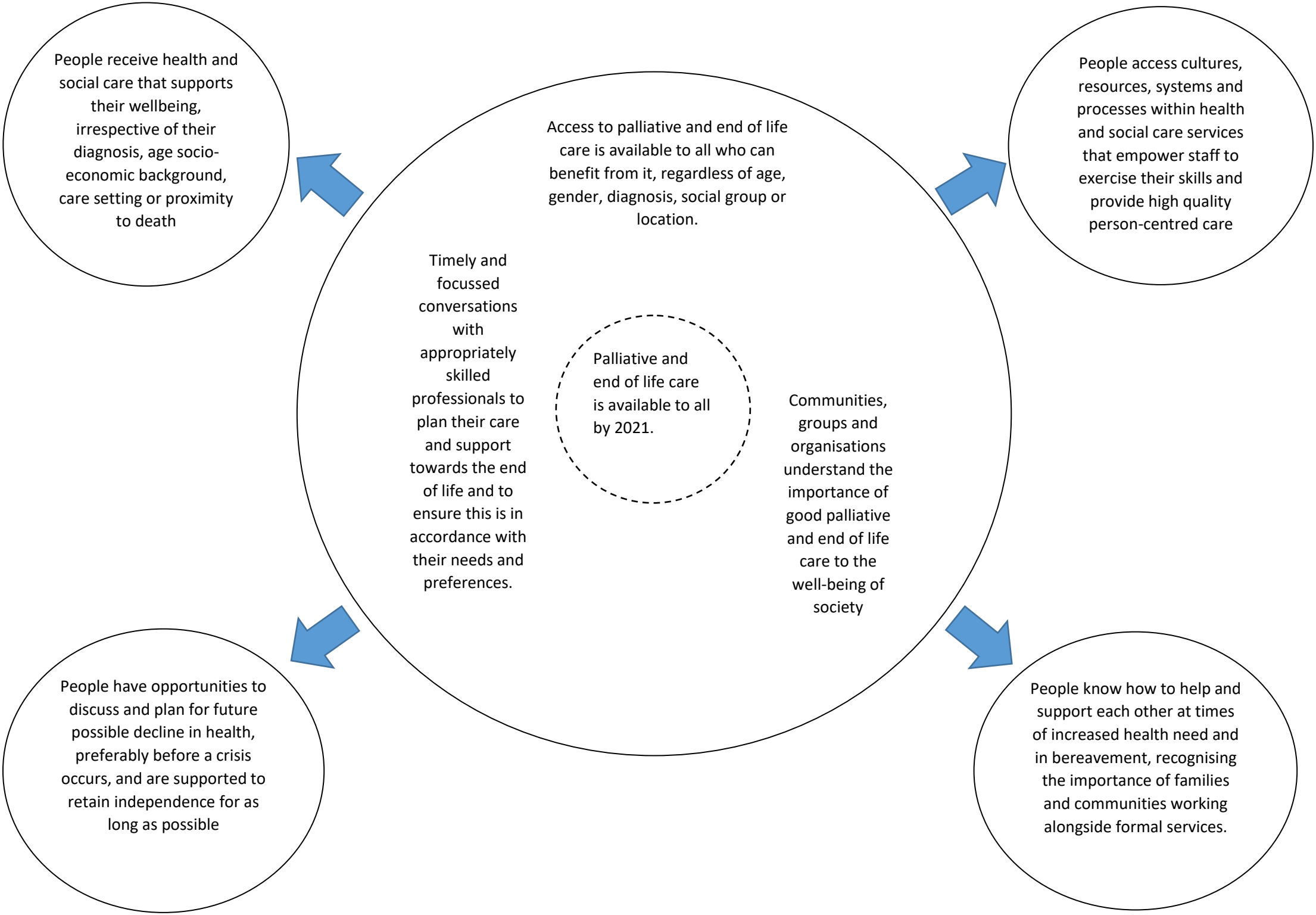
Post death timely debrief and supervision of staff involved in PEOLC and learning shared with local team and wider, as appropriate.

Promote resilience amongst those that support and care through supervision and training; including VBRP & Schwartz Rounds -professionals aware of support and how to access it.

Every individual's anticipatory care plan is regularly reviewed and updated based on their needs and preferences, their carer/family needs, along with MDT holistic assessments (physical, psychological, emotional, cultural or spiritual).

Timely and effective communication between professionals (and individuals, their carers and families)

All professionals have an awareness of NHS Shetland Palliative and Supportive Care Plan


People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age socio-economic background, care setting or proximity to death
People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care
Access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location.
Timely and focussed conversations with appropriately skilled professionals to plan their care and support towards the end of life and to ensure this is in accordance with their needs and preferences.
Palliative and end of life care is available to all by 2021.
Communities, groups and organisations understand the importance of good palliative and end of life care to the well-being of society
People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible
People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.

Appendix 2 Action Plan

Outcome	Output	Process	Lead & Input
People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.	Improved identification of people who may benefit from palliative and end of life care and conversations about PEOLC start earlier in an individuals' Care. Increased and timely use and promotion of the 'My Anticipatory Care Plan' to encourage good conversations and care planning.	Each Health Centre identifies a list of individuals, promotes ACP, and offers documentation for self-completion to all those on long-term condition registers, over 70 years old and those identified as higher risk to premature death i.e. those with multiple complex conditions. Nurse Specialists routinely offer ACP tools to patients on their caseload to discuss at home with their families. Identify groups at higher risk of premature death and encourage GP practices to offer ACP to these groups. Promote ACP as part of WYFY and signpost individuals to their health centre. Offer documentation for self-completion. Audit and monitor the DES returns across primary care services feeding back	Primary Care - WER Long-term Conditions Specialist Nurses - WER Health Improvement Manager - Public Health - WER Senior Social Care Workers Social Workers Assistant Social Workers Care Coordinators – All WER Primary Care - WER

		performance data to MCN PEOLC.	
Outcome	**Output**	**Process**	**Inputs**
People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age socio-economic background, care setting or proximity to death.	24-hour support is available for end of life care in the community for those that need it.	Investigate a 24/7 response service to further support care@home and out of hours arrangements based in Lerwick. This will involve exploring partnership arrangements with other statutory and 3rd sector partners.	Executive Manager for Community Care
	Enhanced community support that prepares people for death and dying.	Explore the use of Volunteers for compassionate companionship service.	NHS Spiritual Chaplain – WER British Red Cross – Community Connectors Service VAS
	Clear written guidance on roles and responsibilities for Care Coordination in PEOLC.	Using the With You For You process for those with social care/support needs and via community/specialist nursing.	Executive Managers in Adult Social Work and Community Resources Senior Social Workers Care Coordinators
	Consistent joint process in place for fast track palliative referrals/hospital discharge.	Update With You for You guidance regarding use of WYFY Referral tools for palliative support. Review pathway for palliative fast track referrals. Introduce a palliative discharge checklist for ward staff.	Executive Managers in Adult Social Work and Community Resources Senior Social Workers Care Coordinators Community Nursing Hospital discharge group Hospital discharge group
	Consistent use of Palliative Care Indicator Tool shared	MCN to decide which tool to use and members to	PEOLC MCN Executive and Service Managers

	across Health & Social Care Staff	promote shared use within their service areas.	
Outcome	**Output**	**Process**	**Lead & Inputs**
People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services. **People access cultures, resources, systems and processes within health and**	Training delivered for both health (Community and Acute) and all social care staff, unpaid carers and Personal Assistants on the following: • Person Centred PEOLC practice. • Pain & Symptom management • Having good conversations about death and dying • Ensure that professionals are realistic about prognosis and outcomes • Staff have wider range of skills and knowledge development opportunities in PEOLC A sense among unpaid carers and health/social care staff of feeling adequately trained and supported to provide the palliative and end of life care that is needed, including a better understanding of how people's health literacy	Promote resilience amongst those that support and care through supervision and training. Joint delivery of the MacMillan Foundations in Palliative Care course Promotion of Health Literacy and 'teach back' techniques. Multi-disciplinary debriefs following deaths where there are shared learning opportunities. Sharing evidence based practice and local stories about good outcomes. Advise people about the benefits of ongoing treatments, and quality of life (as opposed to quantity of life) and record these conversations.	Managers and Supervisors within Services SIC & NHS Workforce Development Public Health/Health Improvement Team Leaders / Service Managers / Supervisors PEOLC MCN Realistic medicine

social care services that empower staff to exercise their skills and provide high quality person-centred care.	needs can be addressed An information guide/leaflet on practical tasks, realistic expectations of dying and death, managing symptoms and other useful local signposting information. GP's, Acute medical and social care staff will be confident and skilled in talking about death and dying.	Promotion of stress and distress management through supervision. Sharing staff experience and encouraging staff to be involved with PEOLC across all social/health care. Professional development award developed by UHI and Highland Hospice Training on 'Having Good Conversations' focusing on: • Promoting ACP's • Breaking bad news' Debrief and supervision of staff involved in PEOLC	Team Leaders / Service Managers / Supervisors MCN PEOLC UHI, Shetland College and Workforce Development SIC & NHS Workforce development Team Leaders / Service Managers / Supervisors
Outcome	**Output**	**Process**	**Lead & Inputs**
People, their families and carers have timely and focussed conversations with appropriately skilled professionals to plan their care and support towards the end of life, and to ensure this is in accordance with their needs and preferences.	A greater openness about death, dying and bereavement in Shetland. Strength based self-management conversations are had with people with long-term health conditions	Community Conversations about death and dying will be promoted through existing groups. Continue to develop ethos and principles that focuses on the strengths of staff, individuals in receipt of PEOLC, their families, friends, carers and the communities in which they live.	Health & Social Care all staff Voluntary Sector Community Groups Spiritual and Faith groups Through all directorate Leadership NHS & SIC workforce Development
Outcome	**Output**	**Process**	**Lead & Inputs**
Communities, groups and	A guide on practical tasks,	Promote resilience amongst	Health Improvement along with Spiritual

organisations of many kinds understand the importance of good palliative and end of life care to the well-being of society.	realistic expectations of dying and death, managing symptoms and other useful local signposting information. An asset based map of community support that supports PEOLC. Community based training such as 'Last Aid' course delivered. Recognition of the wider sources of support within communities that enable people to live and die well.	those that support and care. Through community based training. Gather information on relevant community groups that could support PEOLC Develop community interest and ownership of a good citizen approach to PEOLC, through encouraging existing groups to reach out. Look after carers' welfare through Adult Carer Support Plans and Young Carers statements. Encourage a space for peer support.	Chaplain Community Development Health Improvement Workforce development VAS British Red Cross Senior Social Care Workers Social Workers Assistant Social Workers Care Coordinators NHS Spiritual Chaplain, VAS & British Red Cross
Outcome	**Output**	**Process**	**Lead & Inputs**
Greater emphasis in strategic plans, research activities and improvement support programmes on enhanced access to and quality of palliative and end of life care.	Quality assurance framework across PEOLC implemented. Clearer understanding of areas of improvement in service delivery.	Develop a QA framework for PEOLC and gather data Collect and evaluate individuals' experience of dying at home; focusing on dignity, choice and control, management of pain and distress, and on the individuals wider support needs.	PEOLC MCN All Service areas

	SIC/NHS policy/procedure for use of PEOLC indicator tools.	Presented to MCN PEOLC twice a year.	PEOLC MCN
	Clear procedure regarding individuals with incapacity and the role of significant others (POA, Guardians, non-instructed advocates) to ensure preferences are heard.	Explore use of most appropriate tool locally and write procedure for use across all service areas.	Mental Health Officers
	Opportunities for community based 'Hospice' care are researched.	Produce procedure or explore existing guidance and share with all staff	Executive managers of Community Nursing & Support@Home
	Explore opportunities to introduce a model of care in the community across all PEOLC similar to the MacMillan service.	Encourage small test for change projects that look at personalised, community approaches to PEOLC. Adequate investment in supporting communities in their role in PEOLC.	PEOLC MCN

Appendix 3 – Last Aid programme

The Last Aid course contents (version May 2018). Last Aid Care for seriously ill and dying people at the end of life.

Topic Course Content	
Module 1 Dying as a normal part of life	Welcome and introductions First Aid and Last Aid What you can do to care The process of dying
Module 2 Planning ahead	Networks of Support Making decisions Medical and ethical aspects Advance care planning Advance Directive Power of Attorney
Module 3 Relieving suffering	Typical problems and symptoms Caring/relieving suffering Nutrition at the end of life How to comfort
Module 4 Final goodbyes	Saying good bye/final fare-well rituals Funeral and various forms of burials Grieving is normal Grief and ways of grieving Questions, Comments

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Shetland Islands Council

Agenda Item **2**

Meeting(s):	**Education and Families Committee Policy and Resources Committee Integration Joint Board**	**20 January 2020 21 January 2020 5 March 2020**
Report Title:	**Shetland Public Protection Committee Annual Report 2018 - 2019**	
Reference Number:	**CS-01-20-F**	
Author / Job Title:	**Tam Baillie and Kate Gabb Independent Convener and Lead Officer for Shetland Public Protection Committee**	

1.0 Decisions / Action required:

1.1 That the SIC Education and Families Committee, SIC Policy and Resources Committee and the Integration Joint Board NOTE the Shetland Public Protection Committee Annual Report 2018-2019.

2.0 High Level Summary:

2.1 In March 2019 Shetland Public Protection Committee was established. Shetland Public Protection Committee (SPPC) brought together Shetland Child Protection and Adult Protection Committees under an independent chair. It fulfils all the functions of Adult and Child Protection Committees as laid down in legislation and guidance.

2.2 In 2018/19 **Child Protection Committee** focussed its activities on:

- Reporting back the findings and recommendations of the Interagency Practice Learning Review.
- Ensuring that the detailed action plan developed by the Child Protection Committee in response to the findings and recommendations was followed through and completed.
- Comprehensively updating the Shetland Interagency Child Protection Procedures – partly in response to recommendations from the Interagency Practice Learning Review.
- Continuing to focus on the safety of children and young people online.
- Developing and rolling out the Wir Ain Peerie Bodies Keeping Safe Program to Early Years and Primary 1 children.
- Working in partnership with Integrated Childrens Services Quality Assurance Group.

- Completing and launching a Level 3 e learning refresher course.

2.3 In 2018/19 **Adult Protection Committee** focussed its activities on:

- Completing work identified following the 2017 Interagency Case Review.
- Learning from the first pilot of national adult protection inspections to improve local practice.
- Working in partnership with Trading Standards and Police Scotland to raise awareness of financial harm through the Scambusters Campaign.
- Meeting with service users and carers to seek their views and ideas about protecting adults and particularly looking at their experience and knowledge of financial harm.
- Delivering update training to Council Officers and continuing to provide high quality training for all staff providing services to adults.

2.4 The **Shetland Public Protection Committee** began by:

- Preparing for the establishment of a Public Protection Committee through discussion and agreement of the Child Protection Committee and the Adult Protection Committee.
- Developing a Business Plan for 2019/20 that captured continuing work for both Child and Adult Protection and highlighted the importance of quality assurance of interagency practice in protecting adults and children and improving the participation of young people and adults in the work of the SPPC.
- The need for ongoing communications to maintain awareness and understanding of the public protection agenda.

3.0 Corporate Priorities and Joint Working:

3.1 Under the Adult Support and Protection Act (Scotland) 2007 Local Authorities have a duty to receive and investigate any referrals that indicate an adult may be at risk of harm. Social Workers acting as Council Officers will carry out formal investigations where necessary and adult protection conferences can create protection plans that address and manage risk to the benefit of the adult who has been harmed.

3.2 Under the 2014 National Guidance for Child Protection in Scotland Shetland Islands Council Children's Social Work have clear responsibilities for receiving referrals from any person or agency who are concerned that a child may be at risk of significant harm. Formal investigations of child protection referrals, providing the right help and support to reduce risk and meet need, the convening and chairing of child protection case conferences and maintaining the child protection register are all key responsibilities for Children's Social Work. Working in partnership with other agencies to protect children is an essential element of this work.

4.0 Key Issues:

4.1 This report is presented to Shetland Islands Council Education and Families Committee in order to:-

- Share information about the work of local agencies and the Shetland Public Protection Committee
- Raise awareness amongst members of the need to protect adults, children and young people in Shetland.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications:

6.1 Service Users, Patients and Communities:	Protecting adults and children at risk of harm is a statutory duty. Work to include service users, patients and communities is part of the remit of Shetland Public Protection Committee in Shetland.
6.2 Human Resources and Organisational Development:	All staff should have basic awareness of adult and child protection and many staff will need enhanced training. This is a staffing and workforce issue.
6.3 Equality, Diversity and Human Rights:	Adult and child protection affects everyone. Discrimination can become abuse e.g. disability hate crime.
6.4 Legal:	The Shetland Adult Protection Committee is constituted under section 42 of the Adult Support and Protection (Scotland) Act 2007. Adult Protection activity in Shetland sits under the Adult Support and Protection (Scotland) Act 2007. Child Protection lies within National Guidance and is linked to the Children Scotland (Act) 1995, the Childrens Hearing (Scotland) Act (2011) and the Children and Young Persons (Scotland) Act (2014).
6.5 Finance:	There are no financial implications arising from this report which is for noting.
6.6 Assets and Property:	None.
6.7 ICT and new technologies:	None.
6.8 Environmental:	None.

6.9 **Risk Management:**	There is a high risk both to the adult or child who may be harmed and a reputational risk to SIC if adult and child protection concerns are not dealt with effectively.	
6.10 **Policy and Delegated Authority:**	The SIC Education and Families Committee and SIC Policy and Resources Committee have responsibility for monitoring and reviewing the achievement of key outcomes within their functional areas, by ensuring that appropriate performance measures are in place, and to ensure best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus. The Education and Families Committee has functional responsibility for Children's Services, and the Policy and Resources Committee has responsibility for the development and operation of Council as an organisation and all matters relating to organisational development and staffing, officer structures and systems of performance appraisal The Integration Joint Board is responsible for the operational oversight of Integrated Services, and for the development and maintenance of performance measures including the Outcomes, national targets, the national inspection processes and locally developed targets. No decision or actions are required – this report is for noting and awareness raising.	
6.11 **Previously considered by:**	Voluntary Action Shetland NHS Shetland Board	3 December 2019 10 December 2019

Contact Details:
Kate Gabb, Lead Officer for Shetland Public Protection Committee,
kate.gabb@shetland.gov.uk

Report Finalised: 10 January 2020

Appendices:
Appendix 1: Shetland Public Protection Committee Annual Report 2018-2019

Background Documents:
The report can be found on the Safer Shetland website here:
https://www.safershetland.com/assets/files/sppc-annual-report-2018-19final.pdf

If you have any problem accessing this document please copy and paste the URL into the browser.
END

Annual Report 2018/2019 and Business Plan

To get this information on audio cassette, in large print, or in Braille, or if you require assistance in reading this, please phone 01595 744430/744411.

Ha meg szeretné kapni ezt az ismertetőt más nyelven vagy más formátumban, hívja a helyi NHS hivatalt a 01595 743060-as számon

Jeśli chcieliby Państwo otrzymać ten materiał informacyjny w innym jezyku lub formacie prosimy zadzwonić do miejscowego Zarządu NHS pod numer telefonu 01595 743060

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للحصول على هذه المعلومات بلغة أخرى أو بنسق مختلف، اتصل بالمكتب المحلي لهيئة الرعاية الصحية الوطنية NHS Board على الرقم 01595 743060

এই তথ্যগুলি অন্য ভাষায় কিম্বা আকারে পেতে চাইলে আপনার স্থানীয় এনএইচএস বোর্ড (NHS Board)-কে ফোন করুন। 01595 743060

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یہ معلومات کسی اور زبان یا شکل میں حاصل کرنے کیلئے اپنے این ایچ ایس کے مقامی بورڈ کو 01595 743060 پر ٹیلیفون کریں۔

Executive Summary

In March 2019 Shetland Public Protection Committee was established. Shetland Public Protection Committee (SPPC) brought together Shetland Child Protection and Adult Protection Committees under an independent chair. It fulfils all the functions of Adult and Child Protection Committees as laid down in legislation and guidance.

This report reflects the work undertaken by Shetland Child Protection Committee and Shetland Adult Protection Committee from 1st April 2018 to November 2018 when both committees met for the last time as separate bodies. SPPC was established in March 2019 and is at the beginning of a process that will fully integrate child and adult protection work in Shetland.

In 2018/19 Child Protection Committee focussed its activities on:

- Reporting back the findings and recommendations of the Interagency Practice Learning Review.
- Ensuring that the detailed action plan developed by the Child Protection Committee in response to the findings and recommendations was followed through and completed.
- Comprehensively updating the Shetland Interagency Child Protection Procedures – partly in response to recommendations from the Interagency Practice Learning Review.
- Continuing to focus on the safety of children and young people online.
- Developing and rolling out the Wir Ain Peerie Bodies Keeping Safe Program to Early Years and Primary 1 children.
- Working in partnership with Integrated Childrens Services Quality Assurance Group.
- Completing and launching a Level 3 e learning refresher course.

Adult Protection Committee focussed on:

- Completing work identified following the 2017 Interagency Case Review.
- Learning from the first pilot of national adult protection inspections to improve local practice.
- Working in partnership with Trading Standards and Police Scotland to raise awareness of financial harm through the Scambusters Campaign.
- Meeting with service users and carers to seek their views and ideas about protecting adults and particularly looking at their experience and knowledge of financial harm.
- Delivering update training to Council Officers and continuing to provide high quality training for all staff providing services to adults.

Shetland Public Protection Committee began by:

- Preparing for the establishment of a Public Protection Committee through discussion and agreement of the Child Protection Committee and the Adult Protection Committee.
- Developing a Business Plan for 2019/20 that captured continuing work for both Child and Adult Protection and highlighted the importance of quality assurance of interagency practice in protecting adults and children and improving the participation of young people and adults in the work of the SPPC.
- The need for ongoing communications to maintain awareness and understanding of the public protection agenda.

Contents

Introduction

I was delighted to be appointed as the Chair of the Shetland Child Protection Committee and the Convenor of the Adult Protection Committee in September 2018. I have fond memories of my visits to Shetland during my time as Scotland's Commissioner for Children and Young People (2009-17) and I am grateful for the opportunity to serve the community of Shetland.

I have spent all of my life working in urban environments and I know concentrations of poverty have a multiplier effect which intensifies their impact. As most of our urban settings are in the central belt there is a tendency either not see or look beyond this band of activity. This can further marginalise places which are already physically remote. In addition, there is a dynamic of island living which has its own multiplier effects: the stark contrast for those living in poverty in rural communities; the threat to confidentiality in a close-knit community; and the challenge of having a full range of specialist services on-island. In many instances, the idyll of the physical environment masks the trauma some of our community members are living with – and it is made worse because of that fact. Our task in the Shetland Public Protection Committee is to recognise the strengths and challenges in the Shetland community and ensure everyone has the protection they have a human right to expect.

One of the main tasks during 2018/19 has been the merging of both Committees to form the Shetland Public Protection Committee of which this is the first report. This is a significant change and signals an ambition in Shetland to develop and improve our public protection systems whilst not losing focus on the issues specific to each of the elements of public protection. It also signals a belief that the similarities of child and adult protection are greater than the differences which has been a major driver of the change process. We are in the early stages of development and it will take time to settle. That said, the process has been very positive so far and I am hopeful that we can create momentum for other improvements in our systems for public protection. The main reason for the smooth change has been the active and constructive engagement of professionals involved which is a solid base upon which to build. The ground has been very well prepared by the Public Protection Team which deserves recognition in respect of the background work and level of expertise they bring to the Committee – well done all.

Effective improvement and change requires leadership at the highest level. The Chief Officers Group (COG) has a responsibility to provide the right balance of leadership and scrutiny in the performance of public protection responsibilities. My role as Chair of the Public Protection Committee is facing both ways, towards the Committee and towards the COG. Our shared responsibility is to ensure our Public Protection policy and practice is as good as it can be and reporting to the COG as part of the scrutiny role. I am reassured by the support and application of the COG to their responsibilities and I am confident they place a high priority on the public protection agenda.

This report is presented as a reflection of the work undertaken and provides the basis of work to be developed in 2019/20.

Tam Baillie

Vision, Values and Aims

Through Chief Officers and Shetland Partnership the work of the Child Protection Committee and Adult Protection Committee and the developing role of Shetland Public Protection Committee has been closely linked to the Local Outcome Improvement Plan.

https://www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf

The vision of Shetland as the best place to live where adults and children are protected and have the best life chances is central to the Local Outcome Improvement Plan. The role of APC, CPC and SPPC in supporting and articulating that vision is important.

The Integrated Children's Services Plan 2017-20 has been linked with Child Protection Committee's Business Plan through the priority work streams that are seeking to improve the emotional wellbeing and resilience of children and young people, strengthen families and tackle inequalities.

SPPC will continue this work and deliver a clear vision of what public protection in Shetland may look like in future and how this may be shaped. SPPC will ensure that business plans are clear, concise and fit well with the Local Outcome Improvement Plan, Children Services Plan and Shetland Islands Health and Social Care Partnership - Strategic Commissioning Plan.

Improvement through Self Evaluation

Adult Protection Committee

The Adult Protection Quality Assurance Sub Committee has continued to meet and focussed on the following in 2018/19:

- In 2017 Adult Protection Committee conducted a comprehensive case review of 18 cases using the Care Inspectorate Proforma. An action plan to respond to the findings of the review was developed and throughout 2018 work continued on this plan which was signed off as being complete in March 2019. The case review had identified areas of good practice and this was shared with social work and NHS staff.
- Learning from Mental Welfare Commission and Care Inspectorate reports was discussed and shared. This particularly looked at the Care Inspectorate report of findings from the Pilot Adult Protection Inspections (published in July 2018) and identified local learning.
- Mapping local practice against the 15 recommendations for Adult Protection Committees made by the Care Inspectorate and the Adult Protection Quality Indicators.

Child Protection Committee

The Integrated Childrens Services Quality Assurance Group continued to have an overview of all the quality assurance work undertaken across Children's Services including Child Protection.

Of particular importance to Child Protection Committee in 2018/19, was the findings and recommendations of the Interagency Practice Learning Review reported to Chief Officers and Child Protection Committee in June 2018. This was an in depth review of a specific case that had challenged local agencies. It was conducted by a local interagency team led by an external Independent Social Worker. By November 2018 the action plan developed by the Child Protection Committee was completed as detailed below with some new training to be considered. The following table summarises the recommendations and the actions put in place to respond to them

Findings	Action in response to findings
Improving the format of the Child's plan used in Social Work	Work completed by social work team
The importance of including the voice and views of parents in all reports and assessments	All agencies and Named People were reminded about this
Terminology referring to interagency discussions in child protection cases needed to be updated	Updated in the CP Procedures issued in May 2019
Improving the understanding amongst agencies of the legal framework around Looked after Children (LAC) and child protection	Lead Officer and Reporter Developed training by June 2019- awaiting date to pilot with social work team initially
Improving the functioning of the Child Concern Collaborative weekly interagency meeting to discuss concerns about specific children	Due to data sharing agreements under GDPR requiring to be in place work has continued to re-establish this group on a clear and firm footing
Improved Training on neglect	Lead Officer working on training- likely to be rolled out later in 2019
Ensuring that agencies check information on adults within a child's home and who join the family	Staff across agencies briefed on this
Criminal Justice Team to have routine invite to Child protection case conferences	Standard invite list updated
Undertaking full parenting capacity	Work taking place in children social

assessments where that is required	work re assessing parenting
Reminder to social work staff to make child protection referrals when new concerns emerge within long term allocated cases	Discussed within children social work team
To link Child Protection Procedures to risk assessments and introduce Care and Risk Management (CARM) as an interagency framework to manage high risk situations	CARM introduced and linked to May 2019 Interagency Child Protection Procedures
Using core group meetings to discuss complex Looked After Children cases	In place and established for LAC cases
Consideration of need for an arm's length suitably experienced person to act as a consultant to facilitate discussion in respect of difficult or stuck cases and help staff to map issues	Not possible to do this , but may sit within the developing role of the Independent Reviewing Officer
Establish a Senior Management group that can discuss complex situations that challenge agencies and with the aim of supporting effective interagency working	In place from March 2019

Future Arrangements for Quality Assurance

Ensuring improvement through self-evaluation is a central element of the Shetland Public Protection Committee 2019/20 Business Plan. After discussion it was decided to retain the current structure of quality assurance for Adult Protection through the Quality Assurance Subcommittee and for child protection to remain part of the remit of Interagency Childrens Services Quality Assurance Group (ICSQAG)

Sub Committees and Other Projects

1. Protection in the Community Sub Committee

This committee has been well supported and has focussed work on:

- Supporting the development and roll out of the Shetland Anti Bullying framework and promoting anti-bullying week in November 2018.

- Building links with the licensed trade and those providing training to staff and managers of licenced premises. Basic information about adult and child protection will be added into this training.
- Continuing to support the third sector in delivering “Keeping Adults and Children Safe” training for volunteers.
- Ensuring Sports Groups have access to Child Protection training.
- Considering the Independent Review into Sexual Abuse in Scottish Football and how local sports groups can be supported in keeping children safe
- Updating template Child and Adult Protection policies for Community and Third Sector Groups.
- Providing information to Police Scotland Officers about adult and child protection to share when attending Community Councils.
- Speaking to the Chairs of Community Councils about Adult and Child Protection in September 2018.
- Responding to the Scottish Government consultation on PVG

2. Mobile Phone and Internet Safety Sub Committee (re-named Digital Safety Sub Committee in March 2019)

This committee has been enthusiastically supported by its members and has focussed work on:

- Continuing to ensure there was a local Child Sexual Exploitation Plan in place that reflected the national plan and updated local training.
- Supporting #VSVS (Virtually Safe Virtually Sound) and Parent Involvement Evenings (please see further information below).
- Supporting a range of activities for Safer Internet Day on 6 February 2019 (see Appendix 1)
- Improving local CEOP training in the light of nationally updated materials.
- Continuing development of up to date information and resources on issues that arise (e.g. Revenge Porn Workshop, CP Training for Young People)
- Developing and distributing widely leaflets and information for children, young people and parents about how to keep safe online
- Updating the protocol for internet safety as part of the Child Protection Procedures.

3. Training Sub Committee

This sub committee met twice in 2018/19 and has had two changes of chair. It has struggled with attendance and this has been a challenge. However, work has progressed on developing and delivering training.

- Christine MacLeod, Adult Protection Coordinator Highland delivered Council Officer training to Social Work staff in August 2018. This was very well received.
- An interactive Level 3 Child Protection refresher course that included specially scripted and filmed interviews with staff involved in Child Protection work was launched in September 2018.
- Improving and delivering e learning has been a significant achievement undertaken by Shetland Islands Council Workforce Development (further information on numbers training is included in Appendix 2)
- Level 2 Child Protection and Level 2 Adult Protection Courses were delivered on 9 and 11 occasions (See Appendix 2 for further information)
- New Trainers to deliver level 2 Child and Adult Protection were trained

4. Financial Harm Sub Committee

This sub committee met twice in 2018/19 and brought together Police Scotland, Trading Standards, local banks, Citizens Advice Bureau and Credit Union to share information about Financial Harm. The sub-committee focussed its work on

- Sharing information and resources to combat financial harm and professional scams
- Developing and supporting the Scambusters project (see below for more information)

Other Projects

Wir Ain Peerie Bodies

This is a programme for Early Years and Primary 1 children that takes a fun and age appropriate approach to Keeping Safe. This programme was piloted in 2017/18 and it is now being successfully rolled out with 32 Early Years and Primary 1 staff being trained to deliver the programme at the October 2018 In Service Training. By 31/3/2019 the Wir Ain Peerie Bodies Project had been delivered to Early Years and Primary 1 children in 8 establishments.

Shetland Inter Agency Child Protection Procedures

From September 2018 to January 2019 an interagency short life working group met to comprehensively update the Child Protection Procedures. The new procedures were issued in May 2019. A substantial rewrite of the Stepwise Guide to reflect the recommendations of the Interagency Practice Learning Review was completed and new protocols to cover initial and significant case reviews and child sexual exploitation were included in the procedures. https://www.safershetland.com/assets/files/cp-procedures-final-march-2019v2.pdf

#VSVS - Virtually Safe Virtually Sound

This programme of events to support young people in safe use of the internet and social media has been running since December 2015. #VSVS events were held in Aith Junior High School in May 2018 and in Brae High School in November 2018. Volunteers from both schools played an important role in the day's events – the Primary 7 pupils at Aith were particularly active and supportive. The events are delivered by a group of staff from the third sector; Befriending Scheme, Rape Crisis and OPEN Peer Educators as well as Youth Services and Schools Service staff. An infographic bringing together information about all the #VSVS events is attached at Appendix 3. Work is now underway to look at mechanisms and resources to continue the work of #VSVS and ensure it becomes a sustainable way of helping young people to stay safe online.

Parent Involvement Evenings

Supporting parents to safeguard their children online has become increasingly important. With the support of Parent Councils, Parent Involvement Evenings were held at Aith Junior High School and Skeld Primary School in May 2018, Cunningsburgh Primary School in October 2018 and Brae High School in November 2018. Parents were invited to bring primary age children with them and the children took part in age appropriate activities about internet safety.

Scambusters

Scambusters Roadshow was held in the week of 4th – 8th June 2018 which was based in Lerwick this year and targeted 26 staff groups providing services to vulnerable adults, client groups and family groups. On 23rd April 2018 the Age and Opportunity Fair was attended by members of the Scambusters Team and information was provided to customers.

Citizens Advice Bureau Energy Advice Clinics ran in January – March 2019 and Scambusters had a presence at the 7 clinics held throughout Shetland.

We continue to hold follow up sessions throughout the year to other groups.

Events with Services Users

Using the Ketso approach, by which a series of questions are developed to facilitate discussions with communities and services users. Two events were arranged one as part of the Scambusters week (June 2018) for COPE and another on 6th November 2018 to Shetland Link Up speaking to adults with learning disabilities and mental health problems. These discussed the impact of financial harm – what people knew about this, where they could seek help, what the Adult Protection Committee and other services could do raise awareness and protect people. People were asked to write ideas on post it notes and supported and encouraged to do that in as creative a way as they could. Their ideas were then gathered and fed into the Scambusters Project and groups were given feedback.

Website Activity, Publicity and Newsletters

www.safershetland.com continues to provide information about child and adult protection and domestic abuse. Website statistics are shown below:

2018 - 2019 Statistics

	Adult Protection	Child Protection	Domestic Abuse	Comm Justice
All Sessions	877	1950	481	249
Users	672	1442	408	157
Page Views	2585	4775	1804	1211
Pg per Session	2.95	2.45	3.75	4.86
Average Session	00:02:53	00:02:17	00:03:22	00:05:04
Bounce Rate (%)	52.11%	57.49	55.93	34.14
% New Session	67.39	69.49	78.17	49.80

Publicity

In 2018/19 display boards were positioned in 12 different places including, Islesburgh Community Centre, Shetland Library, Lerwick Health Centre, Voluntary Action Shetland, Gilbert Bain Hospital Canteen, Shetland Recretional Trust and the Occupational Therapy Store. In addition to this, 6 newsletter were sent out covering Anti Bullying, Safer Internet Day, New Child Protection Procedures, Child Protection Level 3 refresher course launch and Introducing our New Convener. We participated in the Unpacking Event on the 27th March 2019 and a workshop

on naked selfies and revenge porn was delivered. We also had a stand at the Cunningsburgh show on the 8th August 2018 and ran a competition to win two call blocker phones. Adult and Child Protection information was made available at the Bruce Family Centre Playday on 1st August 2018 and at the Youth Work Conference held on the 24/25th March.

Shetland Times published a press release about Safer Internet Day 2018 and we had social media presence on this topic too. In addition to this we had two press releases one about the Child Protection Committee Annual Report 2018 and one about the Adult Support and Protection Biennial Report 2018.

Statistical Information and Analysis

Adult Protection

The adult protection statistics for 2018/19 are included in full in appendix 4.

Shetland Adult Protection Committee discussed and analysed statistics on a quarterly basis at each meeting and SPPC has decided to continue to do this.

As yet Scottish Government have not published national data for adult protection due to concerns about accuracy. National data has been shared with Adult Protection Committees on the basis that it was confidential and not for publication. The national data for 2017/18 was presented to Shetland APC in November 2018 and this generated some insightful discussion, but more formal benchmarking is not yet possible.

From the Shetland 2018/19 Adult Protection data the following is noted

- Very few referrals meet the 3 point test. Total number of adult concern referrals 112 and 19 that met the 3 point test
- Adult concerns referrals from Police Scotland have reduced following the introduction of a triaging system that helped to ensure that more appropriate referrals were made.
- An increase in the number of referrals due to financial harm was noted- so it is hoped that the Scambusters project has contributed to this
- Staff from NHS Shetland regularly identify and refer adults at risk of harm (nationally this is not always seen)
- No protection orders were required to keep adults safe
- Very low number (under 5) required adult protection conference and protection plans
- “cuckooing” – When an individual misuses the property or money of a vulnerable adult. This has been an increasing theme in a number of adult protection referrals
- Follow up support and help for those adults who did not meet the 3 point test is also reported as part of the quarterly statistics

- Quality assurance work on the 19 referrals that met the 3 point test in 2018/19 is being undertaken and whilst this requires further analysis and will be reported in more detail in future reports, initial findings show careful, considered and thorough responses to adult protection referrals by Social Work and good information sharing and joint working.

Child Protection Statistics

In the year 2018/19, there were 106 child protection referrals relating to 164 children. There were 47 joint police/social work investigations. Further information is in the table in appendix 5.

Where there are concerns that a child may be at risk of significant harm, a multiagency child protection case conference is held to identify the risk and consider how this can be reduced. At case conference, a decision is made about placing a child's name on the child protection register. The table below summarises child protection case conference activity over the past three years:

Table 1: Child Protection Case Conference Activity

Child Protection	No of children 2016/17	No of children 2017/18	No of children 2018/19
Initial Child Protection Case Conferences	11	10	13
Review Child Protection Case Conferences	24	25	19
Number of children on the Child Protection Register	32	19	25
Number of children on the Child Protection Register on 31 March 2016	10	less than 5	14

Nationally, the majority of children have their names on the register for up to a year – some children may be registered for up to two years. In Shetland, children were registered for between 3 months and 9 months. This shows the effectiveness of registration as a way of improving the safety of a child and supporting families. There were four pre-birth case conference. 17 of the children whose names were on the child protection register were under 5 (this include unborn babies) and 8 were over 5. This fits with national patterns where the majority of children registered are under 5- however, it is important that systems do not miss older children who may be at risk.

Nationally for 2018 (counted by Scottish Government from 1 August 2017 to 31 July 2018) 49% of children whose names were placed on the register were male, 47% were female and 4% were unborn babies. In Shetland 44% were male, 40% female and 16% unborn. (Figures can only be broad indicators as the Shetland statistics were collected from 1 April 2018 to 31 March 2019)

The Chairperson of the child protection conference (both initial and review) records reasons for registration. Nationally the most frequently recorded reason for registration was emotional abuse, followed by neglect, domestic abuse and parental substance misuse. As more than one reason can be recorded, it is likely that these three issues are interrelated. In Shetland the most frequent reason recorded was parental mental health issues, parental substance misuse (with alcohol misuse recorded more than twice as frequently as drug misuse), other reason (which included parental learning disability, history of previous children being accommodated and potential domestic abuse) domestic abuse emotional abuse and neglect

The rate of registration per 1000 children aged 0 to 15 in Shetland was 1.9- there were 8 children on the child protection register on 31 July 2018 when the Scottish Government took this snapshot statistic. Nationally the rate per 1000 was reported as 2.9 in 2017, but this rate is not included in national statistics for 2018.It is not possible currently to benchmark Shetland statistics against Na Eilean Siar or Orkney as Scottish Government do not publish data from the other island authorities as it is less than 5. However, it is planned that as part of future work with Na Eilean Siar and Orkney benchmarking statistics across the 3 island authorities may become possible.

Future CP Data Collection and Publication

Scottish Government is in the process of developing a new data set for child protection information and this will continue to be collected on a 1 August to 31 July timetable. Shetland Public Protection Committee will in work to the same timescale and in future annual reports will publish this data for Shetland. Additionally current work to formalise links with Na Eilean Siar and Orkney may allow for more meaningful benchmarking. The new data set for Scottish Government does not include data on referrals, source of referral or reason for referral so this will still be collected locally and reported on.

Conclusion

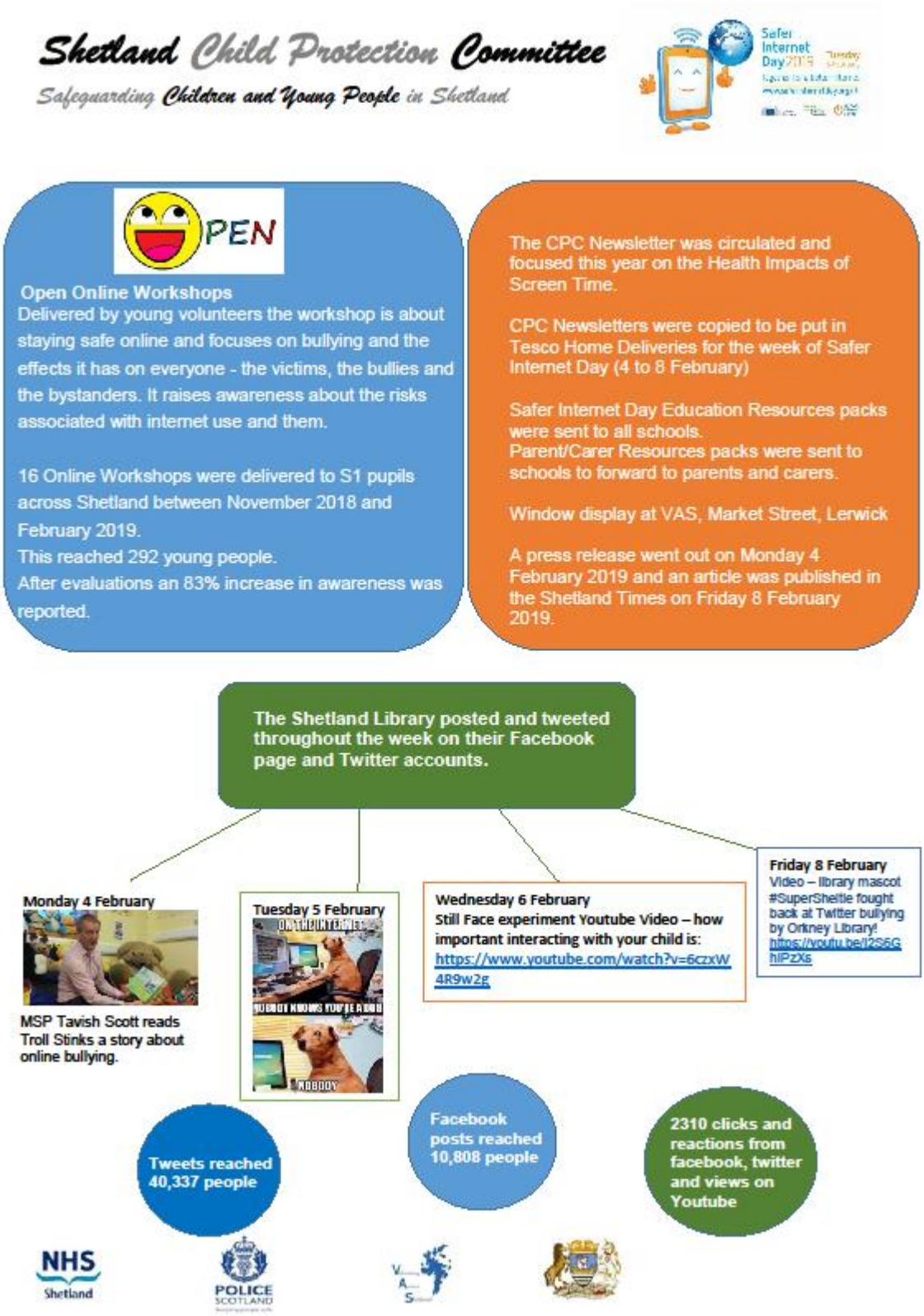
In conclusion both Adult Protection Committee and Child Protection Committee supported by the Lead Officer, Chairs and members of Sub Committees, AP/CP Business Support and Administration Staff worked hard to deliver training, quality assurance and a number of projects aimed at improving the safety and wellbeing of Children and Young People and Adults. Quarterly reporting to Chief Officers on progress provided scrutiny and challenge. Clear foundations were laid for the work and development of Shetland Public Protection Committee.

Next Years Plans

- To ensure that SPPC has the right membership from all agencies and from adult and children services

- SPPC to develop public protection in Shetland- what that means and how practically it can be delivered by building on the work of APC and CPC
- To work effectively with the Local Outcome Improvement Plan, Chief Officers Group and other interagency partnerships
- To set up a Participation Short Life Working Group to look at how children young people and adults can become effective partners in the work of SPPC
- To ensure effective interagency quality assurance of adult and child protection activity.

Appendix 1 – Safer Internet Day 2019 Infographic



Appendix 2: AP and CP Training Statistics – 2018 - 19

'Child Protection Level 2 (Single Agency) – 3 hour course delivered to Schools Staff:

Date	Agency	Total
7th January 2019	Shetland Islands Council – Schools In-Service	34
20th August 2019	Shetland Islands Council – Schools In-Service	11
29th October 2019	Shetland Islands Council – Schools In-Service	8
TOTAL		**53**

Child Protection Level 2 (3hr Inter-agency)

Date	Child Minder	NHS	Private	SIC	Voluntary	Grand Total
26 April 2018		3	3	5	1	12
21 August 2018			3	7		10
29 August 2018		5	1	7	1	14
13 September 2018				10		10
05 October 2018		3		13	4	20
20 November 2018				10		10
04 December 2018		5	3	5		13
22 January 2019				6	1	7
21 March 2019		4	2	3		9
Grand Total		**20**	**12**	**66**	**7**	**105**

Child Protection Level 3 (2 day course)

Date	Police	NHS	Private	SIC	Voluntary	Grand Total
23 & 24 May 2018		3	2	13		18
08 & 09 November 2019		6	12			18
14 & 15 March 2019	4	2	1	10	2	19
Grand Total	**4**	**11**	**15**	**23**	**2**	**55**

Child Protection Refresher for Level 3 Trained Staff

Date	NHS	Private	SIC	Vol	Grand Total
25 February 2019	6		14		20
Grand Total	**6**		**14**		**20**

Appendix 2: Adult Protection Training

Adult Support and Protection Training (3hr Inter-agency)

Date	Child Minder	NHS	Private	SIC	Voluntary	Grand Total
18 April 2018		4		15		19
14 May 2018		2		13	2	17
22 June 2018		5		9		14
22 August 2018		4		7		11
30 August 2018				4		4
05 September 2018				6		6
18 September 2018		2	1	13	2	18
20 November 2018		5	1	7	1	14
07 December 2018		3		7		10
23 January 2019		6		9		15
26 February 2019			1	7	1	9
Grand Total		**31**	**3**	**97**	**6**	**137**

Adult Support and Protection Level 4 – Officer Training (delivered to Social Workers)

Date	Child Minder	NHS	Private	SIC	Voluntary	Grand Total
28 August 2018				13		13
29 August 2019				14		14
Grand Total				**27**		**27**

Adult Support and Protection – Self Neglect – Delivered by Paul Comley National Lead Officer for Adult Protection

Date	Child Minder	NHS	Private	SIC	Voluntary	Grand Total
06/11/2019		3		18	3	27
Grand Total		**3**		**18**	**3**	**27**

Adult Support and Protection – Financial Harm - Delivered by Paul Comley National Lead Officer for Adult Protection

Date	Child Minder	NHS	Private	SIC	Voluntary	Grand Total
05/11/2019		1		18	1	20
Grand Total		**1**		**18**	**1**	**20**

Adult Support and Protection – Train the Trainer

Date	Child Minder	NHS	Private	SIC	Voluntary	Grand Total
13/11/2018				1		1
Grand Total				**1**		**1**

Scambusters (training to raise awareness of scams and how to protect vulnerable adults)

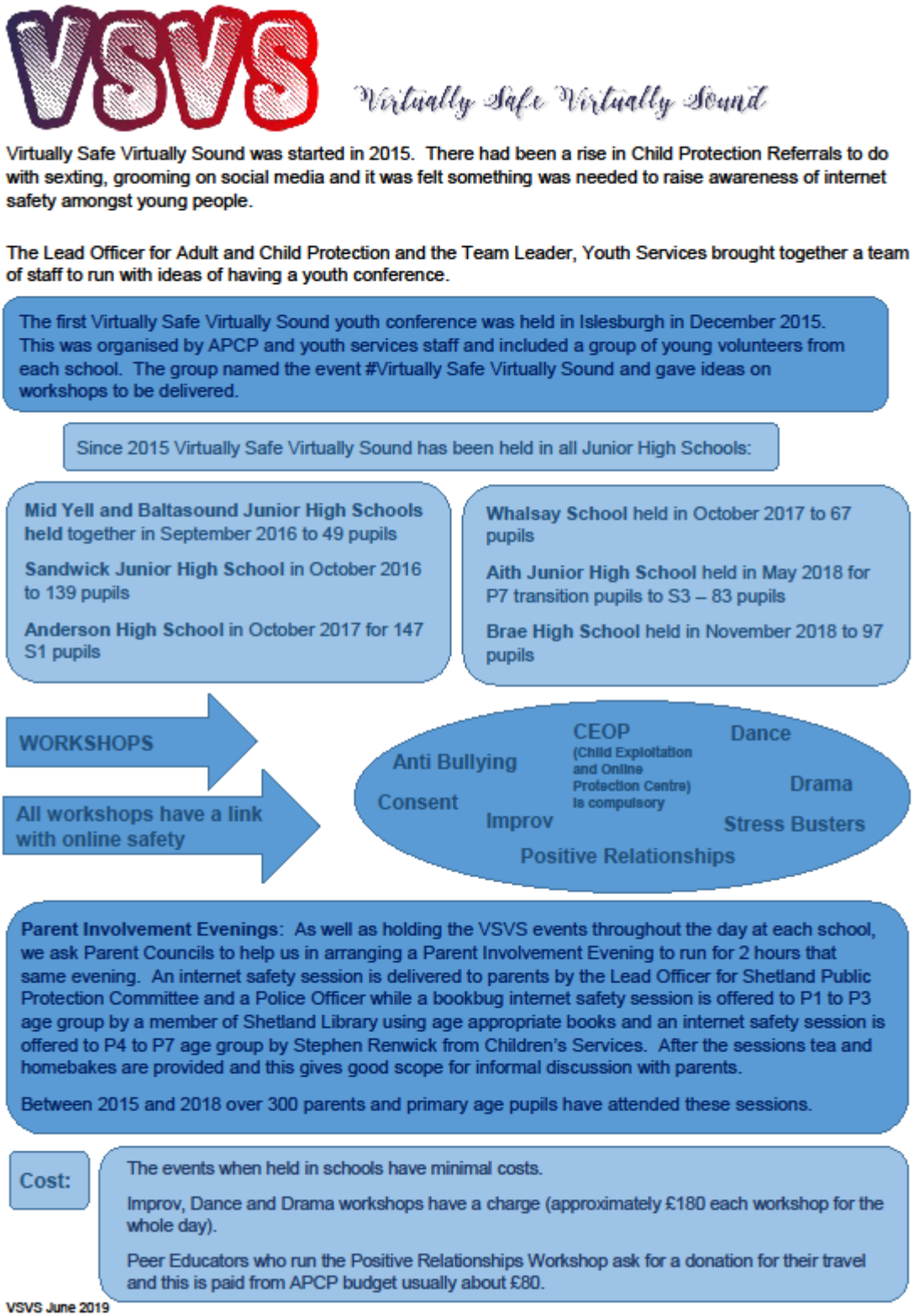
Date	NHS	Private	SIC	Police	Vol	Grand Total
28 May 2018			18			18
29 May 2018			18			18
Grand Total			**36**			**36**

Online training from 1st April 2018 – 31st March 2019

Course	NHS	Private	SIC	Police	Vol	Grand Total
Child Protection Level 1	112		359			471
Adult Protection Level 1	211		218			429
Child Protection Level 3 Refresher*	175		47			222
Grand Total	**498**		**624**			**1122**

* This course went live in February 2019.

Appendix 3 #VSVS Infographic



Feedback and Evaluations

Participant Feedback

75% of pupils found the workshops useful and enjoyed the event.

Learned a lot about what the internet can do to a person.

I learned how to deal with different situations online.

"the toothpaste bit, I liked the class when you had to put toothpaste back in the tube" (from Anti Bullying workshop)

Workshops were very informative

Facilitator Feedback

"I can't think of anything that would improve the event on a whole to be honest. One thing that I think would be useful for the students would be to highlight what the day's learning outcomes will be during the opening of the event when everyone is gathered together in the morning. Say, for example, if there was three key learning outcomes for the day, then each workshop facilitator would be able to explain which learning outcome(s) their workshop fits in to."

"Thank you, and thanks for including me in the day."

"It would be useful for class teachers to sit in on the sessions – partly because I think it's important that they hear what the pupils are learning about so that they can continue those messages after we leave."

"If we were to repeat something similar in the future it might be nice to design some new workshops alongside pupils so that we can make sure we're addressing the things they will find most helpful."

Schools Feedback

Showcase from Aith VSVS:- https://www.youtube.com/watch?v=-ndHtTNHYsI&sns=em.

We had all of secondary during the day and an event for upper primary in the evening at same time as the parents event. This worked well and it's the kind of thing I think we could do every 2 years or so.

October / November time is good for schools.

Have plans well in advance so staff can be well briefed and cover for teachers arranged.
It was a good collaboration between pupils, staff, parents and other agencies.
This was worthwhile to do at our school.

Parent Feedback

Very informative and thought provoking. The session was perfect length of time and the references to local cases was of interest and really brought it closer to home.

Great format and useful information.

Really good – first video really for me thinking about what I post online let alone kids.

Links to Curriculum for Excellence

The purpose of the Curriculum for Excellence is building Confident Individuals, Successful Learners, Responsible Citizens and Effective Contributors. The following standards are relevant:

- I make full use of and value the opportunities I am given to improve and manage my learning and, in turn, I can help to encourage learning and confidence in others.
- I value the opportunities I am given to make friends and be part of a group in a range of situations.
- I know and can demonstrate how to keep myself and others safe and how to respond in a range of emergency situations.
- I am developing the skills and attributes which I will need for learning, life and work. I am gaining understanding of the relevance of my current learning to future opportunities. This is helping me to make informed choices about my life and learning.
- I am learning to assess and manage risk, to protect myself and others, and to reduce the potential for harm when possible.

Quote from UK Chief Medical Officers' commentary on 'Screen-based activities and children and young people's mental health and psychosocial wellbeing: a systematic map of reviews' 07.02.19

"The UK CMOs recommend that: Departments for Education in England, Ireland, Wales and Scotland should introduce compulsory subjects or relationships education (primary), relationships and sex education (secondary) and health education (all phases) including content on internet safety and online harms."

Photo Gallery

VSVS June 2019

Appendix 4 Adult Protection Statistics

Reporting Period Financial Year 1st April 2018 - 31 March 2019

Number of Referrals	**Number of repeat referrals**
131	7 people x 2 referrals, 3 people x 3 referrals, 2 people x 4 referrals Total 19
Adult Concern Referrals	
112	
ASP Referrals (3pt test)	**Source of referral meeting 3 point test**
19	Social Work x9 Police x6, Health Primary x1, Health Acute x1, LA Care Home x2 Family x2
Source of Referral	**Referring Agency**
53	Police
7	SIC Housing
17	Health - Primary
7	Health - Acute
1	ASB Co-ordinator
1	Scottish Fire and Rescue Service
14	SIC Social Work Colleague
1	Work Colleague
1	Carer
9	Member of Public
4	Local Authority Care Home
4	Other Care Home
2	Voluntary Sector, MOEP
8	Family Member
2	Self-Referral
Number of referrals that did not meet 3pt test	112
Number of cases of harm	**Type of Harm caused (some cases may be referred for more than 1 cause)**
16	Physical Abuse
20	Financial Abuse
2	Neglect
6	Self Neglect
5	Sexual Abuse
16	Self-harm
20	Psychological / Emotional Abuse
7	Substance Misuse
	Discrimination
17	Not known
23	Other

	Note - some people were affected by more than one type of abuse
Number of police/social work investigations	**Number of adults involved**
Police - 6	6
Social Work - 6	6
Number of joint police/social work investigations	0
Number of adult protection case conferences	**Number of adults involved**
2	2
Number of protection plans established	**Number of adults involved**
2	2
Total number of adults subject to protection plan	2
Any Legal Orders	0
Assessment Order	0
Removal Order	0
Banning Order	0

Of the 112 referrals that did not need support under Adult Support and Protection a range of services including assessment and reassessment of need, Mental Health Services, Substance Misuse Recovery Services, Care Services, NHS Services and SIC Housing were offered.

Appendix 5 - Child Protection Statistics

Referrals, case conferences and registration information

1 APRIL 2018 - 31 MARCH 2019		2017-2018		2016-2017	
Number of referrals	Number of children referred				
105	164	137	201	168	263
Source of referrals	Agency				
15	Police	19		14	
4	Health Visitor	4		2	
4	GP	5		0	
17	Other Health	33		31	
26	School	31		38	
0	Playgroup/childminder	0		0	
1	Other Education	6		8	
10	Social Work	16		15	
19	Members of Public/Family	9		38	
9	Other	14		25	
Number of joint police/social work investigations	Number of children involved				
47	47	33	47	46	67
Number of initial child protection case conferences	Number of children involved				
16	24	7	10	11	23
Number of children on the Child Protection Register during 2017-2018	Number of children on the Child Protection Register at 31 March 2018				
25	14	19	1	32	10
Number of review child protection case conferences	Number of children involved				
17	21	16	25	24	41

Further information

Time on CP Register: Children and Young People on Register between 01.04.18-31.03.19

Of those **11** children and young people whose names were taken off the register during the year, the time the child's name was on the register was between 1 months and 9 months.

Appendix 6 Business plans APC, CPC 2018/19 and SPPC 2019/20

APC 18/19 Business Plan

Shetland Islands Council

1 - Quality Assurance and Continuous Improvement

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.1 Complete the action plan from the 2017 Case Review	Follow up all actions from the case review		Planned Start	01-Apr-2018		Complete
			Actual Start	28-Aug-2018	100%	
			Original Due Date	03-Dec-2018	Expected success	
			Due Date	03-Dec-2018		
			Completed Date	28-Aug-2018	Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.2 QASC AP to agree a programme of self evaluation	Develop a programme of self evaluation leading to effective improvements in service	Self evaluation leading to effective improvements in service	Planned Start	01-Apr-2018		Discussed at QASC agreed to use Care Inspectorate QIs and recommendations. Completed
			Actual Start	28-Aug-2018	100%	

			Original Due Date	31-Mar-2018	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.3 Seeking views of adults and carers involved in ASP processes	-- enter action details here --		Planned Start	01-Apr-2018		To c/f. Participation main theme in Protection Business Plan.
			Actual Start		0%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date		Likely to meet target	

2 - Developing procedures, policies and strategies for protecting adults at risk and reviewing these

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
2.1 To review May 2016 ASP Procedures and seek some feedback about their usefulness	To ensure procedures are fit for purpose	Staff are able to use ASP Procedures to protect vulnerable adults	Planned Start	07-Jan-2019		Due to capacity work will start June 2019 and be carried forward.
			Actual Start		0%	
			Original Due Date	31-Mar-2019	Expected success	

			Due Date	31-Mar-2019		
			Completed Date		Likely to meet target	

3 - Developing and introducing arrangements to monitor, review, disseminate and report activity data in relation to the protection of adults at risk

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
3.1 To continue to gather and analyse data on ASP referrals and the outcomes	Improve the understanding of adult protection referrals	Prevention and harm reduction	Planned Start	01-Apr-2018		Data shared with APC on quarterly basis
			Actual Start	28-Aug-2018	100%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
3.2 To submit data to Scottish Government when requested	To add to National information	Benchmarking across Scotland	Planned Start	21-May-2018		Complete
			Actual Start	28-Aug-2018	100%	
			Original Due Date	01-Jun-2018	Expected success	

			Due Date	01-Jun-2018		
			Completed Date	28-Aug-2018	Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
3.3 Submit the ASP Biennial Report for 2016 - 2018	Prepare the ASP Biennial Report		Planned Start	06-Mar-2018		Report submitted, complete.
			Actual Start	28-Aug-2018		
			Original Due Date	31-Oct-2018	Expected success	
			Due Date	31-Oct-2018		
			Completed Date	05-Nov-2018	Likely to meet target	

4 - Raising awareness and providing information and advice to the wider community and professionals

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
4.1 Publicity plan in place to raise awareness of ASP	Sharing information with wider Shetland Community	Improved recognition of Adults at risk of harm	Planned Start	01-Apr-2018		Work has started and is ongoing.
			Actual Start	28-Aug-2018		
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		

			Completed Date	19-Feb-2019	Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
4.2 Working with Carers and Service Users	Improving services using information from Carers and Service Users	To prevent harm to adults	Planned Start	01-Apr-2018		Complete. To carry forward as part of participation work strand.
			Actual Start	28-Aug-2018		
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

5 - Training and development activities

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
5.1 Scambusters Roadshow 2018	To deliver a Scambusters Roadshow in 2018 to prevent financial harm	To raise awareness and reduce the number of adults experiencing financial harm	Planned Start	01-Apr-2018		Complete
			Actual Start	28-Aug-2018		
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	28-Aug-2018	Likely to meet target	

6 - Improving local ways of working in light of knowledge gained through local and national experience, case review and research

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
6.1 To share with APC National developments related to ASP and to develop appropriate local responses	Links with National APC Officer and learning from SCRS	Support staff in recognising and reporting Adults at risk of harm	Planned Start	01-Apr-2018		Complete and continuing.
			Actual Start	28-Aug-2018	100%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

7 - Improving links with Shetland Domestic Abuse Partnership and Mental Health Partnership

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
7.1 On a strategic level to ensure meaningful links and joint workign with Shetland Domestic Abuse Partnership and Shetland Mental Health Partnership	To work jointly on this aim and to ensure actions from SDAP and SMHP an CPC are complementary	Effective inter-partnership working and linking of business plans	Planned Start	31-Mar-2019		Local links established
			Actual Start	28-Aug-2018	100%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		

			Completed Date	19-Feb-2019	Likely to meet target	

8 - Shared convener with CPC

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
8.1 Aligning the work of CPC and APC	-- enter action details here --		Planned Start	01-Apr-2018		Joint convener in post and work towards a unified protection committee underway.
			Actual Start	28-Aug-2018		
			Original Due Date	31-Dec-2018	Expected success	
			Due Date	31-Dec-2018		
			Completed Date	05-Nov-2018	Likely to meet target	

CPC 18/19 Business Plan

Shetland Islands Council

Integrated Children's Service Plan 2017-2020

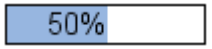
Desired Outcomes link to the priorities in the Integrated Children's Services Plan 2017-2020

1) Strengthening Families

2) Emotional Wellbeing & Resilience

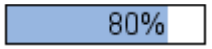
3) Tackling Inequalities

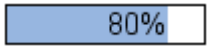
01 - Increase participation and feedback from children and young people included in Child Protection

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.1 Build into child protection processes the capacity to seek views and collate that informaiton. Links to priorities 2 & 3	To complete having your say form for Children and Young People and pilot this	Evidence of the views of children and young people who are involved in child protection processes and measures positive experiences	Planned Start	01-Apr-2018		To carry forward participation as a theme to the 2019/2020 Protection Committee Plan.
			Actual Start	07-Sep-2018	 50%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date		Likely to meet target	

02 - To reduce the harm to children and

young people caused by alcohol and drug misuse

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
2.1 On a strategic level to ensure meaningful links and joint working with Shetland Alcohol and Drug Partnership	To work jointly on this aim and ensure actions from SADP and CPC are complementary. To focus on parental substance misuse as a reason for registration.	Effective inter-partnership working and linking of business plans	Planned Start	01-Apr-2018		Capacity of Lead Officer and SDAPcoordinator has delayed this work - not likely to be completed but to c/f in L/Os work plan.
			Actual Start	07-Sep-2018	 80%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
2.2 Continued work to adderss needs of children affected by parental substance misuse. Links with priorities 1 & 2	To improve recognition of children harmed by parental substance misuse. To support Named People in recognising when a childs plan may be required. To prevent risk of significant harm	Prevention of harm where possible	Planned Start	01-Apr-2018		Training drafted and further work needed - to be part of L/O work plan.
			Actual Start	19-Feb-2019	 80%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date		Likely to meet target	

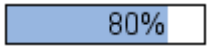
03 - Improve links with Shetland Domestic Abuse Partnership and Shetland Mental

Health Partnership

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
3.1 On a strategic level to ensure meaningful links and joint working with Shetland Domestic Abuse Partnership and Sheltand Mental Health Partnership	To work jointly on this aim anad ensure action from SDAP and SMHP and CPC are complementary	Effective inter-partnership working and linking of business plans	Planned Start	01-Apr-2018		Positive links in place.
			Actual Start	27-Aug-2018	100%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

04 - To continue to provide direct work with children, young people and parents in relation to internet safety

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
4.1 Working with Schools and Youth Work Services and young volunteers to plan and deliver #VSVS events and parents events. Links with priorities 1 & 2	To improve awareness of internet safety issues	A reduction in child protection referrals relating to internet safety	Planned Start	01-Apr-2018		Complete.
			Actual Start	27-Aug-2018	100%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
4.2 MPIS group to develop, montior and implement internet safety and child sexual exploitation plans. Links with prioritiy 1	To improve awareness of internet safety issues and CSE	A reduction in child protection referrals relating to internet safety and CSE	Planned Start	01-Apr-2018		Capacity issues to deliver training. Plan updated to c/f to L/O plan.
			Actual Start	27-Aug-2018	 80%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date		Likely to meet target	

05 - Ensure the development and delivery of high quality training

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
5.1 TSC group to develop, monitor and implement Traning Strategy and Business Plan for 2018-19. Links with priority 1	Improved staff skills in dealing with all aspects of child protection	Improved ability to recognise and respond to children at risk of abuse	Planned Start	01-Apr-2018		Training Strategy updated.
			Actual Start	27-Aug-2018	 100%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

06 - For Shetland CPC to implement National recommendations from the Scottish Government Child Protection Imporvement

Programme (CPIP)

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
6.1 To ensure Shetland CPC keep up to date on National developments	Implementation on CPIP recommendations in Shetland	Improved Child Protection processes	Planned Start	01-Apr-2018		Updated, no significant changes required to CPC plan.
			Actual Start	27-Aug-2018	100%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

07 - Review and Update Child Protection Committee Procedures

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
7.1 Revise and update CPC Procedures. Links with priorities 1 & 3	Establish a SLWG in June 2018	To ensure procedures and fit for purpose and staff are able to use CP Procedures to protect vulnerable children	Planned Start	01-Jun-2018		In progress and will be completed by 31/3/19
			Actual Start	27-Aug-2018	100%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

08 - Shared convener with APC

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
8.1 Aligining work of APC and CPC	-- enter action details here --		Planned Start	01-Apr-2018		Complete
			Actual Start	05-Nov-2018	100%	
			Original Due Date	31-Dec-2018	Expected success	
			Due Date	31-Dec-2018		
			Completed Date	05-Nov-2018	Likely to meet target	

09 - Ensure dissemination of learning from Interagency Practice Learning Review

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
9.1 Develop Action Plan. Links with priorities 1, 2 & 3	Action plan that reflects roles and responsibilities of individual agencies	Self-improvement through self evaluation	Planned Start	07-Jun-2018		Most actions completed. Remaining issues to develop training on Neglect and LAC (to c/f to L/O plan) and estabishment of senior management group.
			Actual Start	05-Nov-2018	95%	
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date		Likely to meet target	

10 - Shetland Partnership Plan - People Priority

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
10.1 Contribution of CPC to the Shetland Partnership Plan	Contribution of outcomes as laid out in 2018 Shetland Partnership Plan		Planned Start	01-Sep-2018		Links in place and will carry though to 2019/2020 Plan.
			Actual Start	19-Feb-2019		
			Original Due Date	31-Mar-2019	Expected success	
			Due Date	31-Mar-2019		
			Completed Date	19-Feb-2019	Likely to meet target	

Shetland Public Protection Committee - 19/20 Business Plan

1- Quality Assurance	In preparation for future inspections of child protection and adult protection, ensure robust quality assurance and self evaluation processes are in place. Opportunities for feedback and learning and in place.

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.1 ICSQAG and APQAG to have clear plans in place to QA each routine Child Protection or Adult Protection Process	ICSQAG have child protection flow chart in place and work is progressing	Robust QA that identifies and shares learning	Planned Start	01-Apr-2019		CP flow chart in place Lead Officer to discuss QA of AP with Senior Social Worker
			Actual Start			
			Original Due Date	30-Sep-2019	Expected success	
			Due Date	30-Sep-2019		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.2 Case Review APC	To use the Care Inspectorate QI's and proforma to complete interagency review for AP Cases	To provide assurance in relation to the safe handling of adult protection cases	Planned Start	01-Nov-2019		Exact dates and review team to be identified
			Actual Start			
			Original Due Date	31-Jan-2020	Expected success	
			Due Date	31-Jan-2020		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.3 Case review CPC	To use the Care Inspectorate QI's and proforma to complete interagency review for child protection cases	To provide assurance in relation to the safe handling of child protection cases	Planned Start	01-Nov-2019		Exact dates and review team to be identified
			Actual Start		0%	
			Original Due Date	31-Jan-2020	Expected success	
			Due Date	31-Jan-2020		
			Completed Date		Likely to meet target	

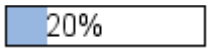
Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.4 Protection Committee has overview and ownership of the work of the sub committees	Digital Safety (DS), Protection in the Community (PCOMM) and Training Sub Committee (TSC)	Effective focused work by sub committees	Planned Start	01-Apr-2019		All groups have business plans for 2019/2020 in place
			Actual Start		10%	
			Original Due Date	31-Mar-2020	Expected success	
			Due Date	31-Mar-2020		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.5 Monitoring of information data for public protection	Review and agreement on the data collected for APC. Review and agreement on the data collected for CPC.	Clear views from SPPC as to what data should be collected reviewed	Planned Start	30-May-2019		On agenda to discuss on 30/5/19 first report to SPPC 12/9/19
			Actual Start		10%	

functions			Original Due Date	12-Sep-2019	Expected success	
			Due Date	12-Sep-2019		
			Completed Date		Likely to meet target	

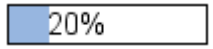
Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
1.6 Production of Annual Public Protection report	First report would be for 2019/2020	Concise report that reflects the work of CPC and APC and sets foundation for SPPC	Planned Start	01-Jul-2019		Chair and Lead Officer to draft for presentation to SPPC 12/9/19
			Actual Start			
			Original Due Date	31-Aug-2019	Expected success	
			Due Date	31-Aug-2019		
			Completed Date		Likely to meet target	

2- Participation	Working alongside the Shetland Partnership Plan, Integrated Children's Services Plan and the findings of the Care Inspectorate inspection of Adult Protection, promote the inclusion and participation of children, young people and adults in the work of the Protection Committee.

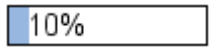
Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
2.1 Scoping work to establish what is currently in place and what work is underway across children and adult	Meeting with relevant staff in Adult and Children's Services to scope what is already in place	Clear participation plan	Planned Start	01-Apr-2019		Meetings completed on agenda for 30/05/19
			Actual Start			
			Original Due Date	01-Jun-2019	Expected success	

services			Due Date	01-Jun-2019	 Likely to meet target	
			Completed Date			

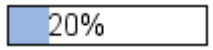
Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
2.2 From information gathered from scoping work develop plans for partcipation	TB and Protection Committee	Clear participation plan	Planned Start	01-Jun-2019		Plan to be finalised
			Actual Start			
			Original Due Date	30-Sep-2019	Expected success	
			Due Date	30-Sep-2019		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
2.3 Seeking feedback from children, young people and adults involved in child Protection and Adutl Protection	KG and TB to look at what may already be in place. TB/KG to meet with key staff and establish any specific work require to do this		Planned Start	01-Apr-2019		Planning and discussion in place
			Actual Start			
			Original Due Date	01-Jun-2019	Expected success	
			Due Date	01-Jun-2019		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates	Progress	Progress statement

2.4 Implement participation plan	Clear plan to support and enable participation	Effective inclusion	Planned Start	30-Sep-2019		Planning and discussion in place
			Actual Start			
			Original Due Date	31-Mar-2020	Expected success	
			Due Date	31-Mar-2020		
			Completed Date		Likely to meet target	

3- Publicity and Awareness Raising	The aim would be that all members of the Shetland community are able to recognise an adult or child at risk of harm and know what to do to help and have confidence to refer on to the appropriate agencies.

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
3.1 Publicity Plan in place and shared with Protection Committee	Plan to be shared at the May 2019 Protection Committee	Improved awareness in the community of protecting adults and children	Planned Start	01-Apr-2019		To be shared at SPPC
			Actual Start			
			Original Due Date	31-Mar-2020	Expected success	
			Due Date	31-Mar-2020		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
3.2 Consideration	To discuss at May SPPC and look at possible dates	Improved awareness in the community of protecting adults	Planned Start	30-May-2019		On agenda for 30/05/19

of Protection Week	in November 2019	and children	Actual Start		0%	
			Original Due Date	31-Dec-2019	Expected success	
			Due Date	31-Dec-2019		
			Completed Date		Likely to meet target	

4- Child Protection	Integrated Children's Services Plan 2017 – 2020 Desired Outcomes link to the priorities in the Integrated Children's Services Plan 2017– 2020 1) Strengthening Families 2) Emotional Wellbeing and Resilience 3) Tackling Inequalities

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
4.1 Ensure completion and implementation of action plan from the Interagency Practice Learning Review 2018	Report to May Protection Committee and any remaining actions completed	KG to complete development of LAC and Neglect Training and Senior Interagency operational group	Planned Start	01-Apr-2019		LAC training completed and to be piloted. Neglect in development - pilot in September 2019. Meeting of Senior group set up for 2019
			Actual Start		40%	
			Original Due Date	31-Dec-2019	Expected success	
			Due Date	31-Dec-2019		
			Completed Date		Likely to meet target	

5- Adult Protection

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
5.1 Continuation of work to address financial harm - Scambusters project	To provide awareness	To prevent and reduce financial harm	Planned Start	01-Apr-2019		Planned input to visit local groups by 31/12/19
			Actual Start		10%	
			Original Due Date	31-Mar-2020	Expected success	
			Due Date	31-Mar-2020		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
5.2 Local response to Scottish Government priorities for APCs	To await Scottish Government plan and priorities		Planned Start	01-Apr-2019		Awaiting further information
			Actual Start		0%	
			Original Due Date	31-Mar-2020	Expected success	
			Due Date	31-Mar-2020		
			Completed Date		Likely to meet target	

Code & Title	Description	Desired Outcome	Dates		Progress	Progress statement
5.3 Engagement with Scottish Government	To await new National Plan and priorities		Planned Start	31-May-2019		

Appendix 7: Membership of Shetland Public Protection Committee 2018/2019

Tam Baillie – Chair		Independent Convener for Shetland Public Protection Committee
Janice Irvine - Vice-Chair		NHS Shetland Advanced Nurse Practitioner – Protection
Lindsay Tulloch		Chief Inspector and Shetland Area Commander Police Scotland
Shirley McKay		Locality Reporter Manager (SCRA)
Sharon Arthur		Reporter Manager, Scottish Children's Reporter Administration
Andrew Fuller		Head of Scottish Ambulance Service
Jaine Best		Executive Manager, Community Care Resources, Shetland Islands Council
Brian Chittick		NHS Shetland – Clinical Director and Caldecott Guardian
Dr Dylan Murphy		NHS Shetland – Associate Medical Director for Primary Care
Helen Budge		Director, Children's Services Shetland Islands Council
Jo Robinson		Interim Director of Community Health and Social Care
Robin Calder		Acting Executive Manager Quality Improvement, Children's Services, Shetland Islands Council (representing Schools)
Catherine Hughson		Executive Officer, Voluntary Action Shetland
Anita Jamieson		Executive Manager Housing Service, Development Services, Shetland Islands Council
Kate Kenmure		Children and Families Health Manager NHS Shetland
Kathleen Carolan		Director of Nursing and Acute Services, NHS Shetland
Denise Morgan		Executive Manager, Criminal Justice Service, Community Health & Social Care, Interim Chief Social Work Officer Shetland Islands Council
Duncan Mackenzie		Procurator Fiscal nominated representative for Crown Office and Procurator Fiscal Service
Agnes Tallack		Lead Panel Representative, Shetland Children's Panel
Kristen Johnston		Team Leader, Governance and Law, Shetland Islands Council
Kate Gabb		Lead Officer for Shetland Public Protection Committee
Wendy Lowrie		Executive Manager Children's Social Work, Shetland Islands Council
Marcus Shearer		Scottish Ambulance Services, Shetland
Peter McDonnell		Executive Manager, Adult Social Work, Shetland Islands Council

Peter Stevenson		P&P Advocate NSDA Shetland – Fire Scotland
Clare Scott		Executive Manager Adult Services, Shetland Islands Council
Stella Oldbury		NHS Shetland, Advanced Nurse Practitioner – Protection
Jordan Sutherland		Depute Executive Manager Children's Social Work
George Martin		Team Leader, Shetland Islands Council Housing Support

Shetland Islands Council

Agenda Item **3**

Meeting(s):	**Education and Families Committee**	**20 January 2020**
Report Title:	**Counselling in Schools**	
Reference Number:	**CS-05-20-F**	
Author / Job Title:	**Quality Improvement Officer for Children and Young People with Additional Support Needs**	

1.0 Decisions / Action required:

1.1 Education and Families Committee NOTE the early stages in the development of a new service, Counselling in Schools, in response to Scottish Government policy and funding.

2.0 High Level Summary:

2.1 Scottish Government has allocated financial resources to each local authority to develop a new service providing counselling in schools to any pupil aged 10 or over who may need this intervention. Scottish Government have identified specific aims and principles for this work that is included as Appendix A.

2.2 This report outlines how we intend to develop a Counselling in Schools service in Shetland to meet the aims and principles of Scottish Government and ensure the service meets the needs of our children and young people in our unique remote and rural settings whilst dovetailing with other services currently available.

3.0 Corporate Priorities and Joint Working:

3.1 This service aligns with Shetland Partnership's vision, 'Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver future solutions.' By empowering children and young people to address any emotional wellbeing issues and build resilience through effective counselling support, we will help to meet this aspiration.

3.2 The Integrated Children and Young People's Services Plan consists of three themes one of which consists of the Emotional Wellbeing and Resilience project. Counselling in Schools will work in conjunction with this project. It will further enhance universal approaches to improving resilience and emotional wellbeing through the local development of research evidenced interventions as these counsellors work within the Getting It Right For Every Child (GIRFEC) framework involving Named Persons and school staff already supporting individual pupils in schools.

3.3 Counselling in Schools is identified within the Children and Young People's Mental Health Task Force Delivery Plan (December 2018) commissioned by Scottish

Government and COSLA as part of a potential redesign of mental health services and a new approach to prevention and early intervention.

3.4 The National Improvement Framework supports Scottish Government's ambition to achieve excellence and equity for every child in Scotland. It identifies four key priorities for action, one of which is 'Improvement in children and young people's health and wellbeing'.

4.0 Key Issues:

4.1 The promotion and development of positive emotional wellbeing for all is a key function of Children's Services. This is delivered primarily through the principles of GIRFEC as a universal service across all schools and settings, and enhanced via learning opportunities through the Curriculum for Excellence. The GIRFEC national practice model is used to identify, assess and support children and young people with a wide range of wellbeing concerns and additional support needs, including those pupils experiencing emotional wellbeing issues and mental health difficulties. This may involve providing targeted support in the form of counselling.

4.2 Nationally, services providing counselling such as Children and Adolescent Mental Health Services (CAMHS) have been under increasing pressure due to the number of referrals received. Scottish Government has recognised a need to provide further services to meet the demands from the increasing number of children and young people who are experiencing emotional wellbeing difficulties in modern Scotland but are waiting long periods of time to receive the support they need.

4.3 To ensure the service does not duplicate what is provided by other services such as Children and Adolescent Mental Health Services or the universal support available in schools from pupil support staff, school nursing service and youth workers in schools, we will use a 'Request for Involvement' referral approach as is currently in place for support from the Additional Support Needs Educational Outreach Team (includes educational psychology, sensory services, etc.). This approach is currently working well, ensuring a timely and outcome based service is provided to individuals in need of specialist support.

4.4 To ensure specialist health information is not missed, it is proposed that the counselling referrals will be allocated via a small group which will consist of educational psychologist, school nursing service and Children and Adolescent Mental Health Services colleague. A staged intervention approach will be taken ensuring those who need more specialist support will be directed to those services. Our intention is that the Counselling in Schools service will enhance current provision in a tiered manner through assessment of needs, with any serious and specialist needs being able to be easily escalated to specialist services but also to provide a step up from the universal supports currently available as above, thus filling a clear gap in current service provision.

4.5 The referral system and allocation process will require a terms of reference and appropriate procedural governance. A data protection impact assessment will be completed and kept under review to ensure compliance with the Data Protection Act 2018. The service will be consent-led, working with our local GIRFEC guidance and framework. There is some infrastructure currently in place to support children and young people psychologically and provide counselling. This service will be reviewed and developed

4.6 Job profiles for a Senior Practitioner and Counsellor have been drawn up in line with recommendations from the Scottish Government with support from Human Resources staff and will proceed through the Council's Job Evaluation process. The Senior Practitioner will be responsible for the counselling service and will report to the Principal Educational Psychologist and the Quality Improvement Officer for Children and Young People with Additional Support Needs.

4.7 However, in the short term, independent counsellors will be contracted using the Council's Procurement procedures similar to the staff counselling service run through the Councils Human Resources service. This will allow managers to assess the level of need for the service in Shetland and throughout the various settings across Shetland to ensure an appropriate service provision is in place. This data will then be used to review where the need for the service is greatest and how resources should be allocated when counselling staff are appointed to ensure best efficiency and best access for children and young people. Taking this approach will also ensure the service can be put in place with coverage across the whole year and not just term time being a crucial factor to consider.

4.8 Current contracts for counsellors address all health, safety, confidentiality and professional conduct issues. These also ensure that a service can be available out with term time if needed.

5.0 Exempt and/or confidential information:	
5.1 None.	
6.0 Implications:	
6.1 Service Users, Patients and Communities:	The provision of counselling in schools will build on services already in place and will be available to any children and young people aged 10 or above in any educational setting through an assessment of needs. This will include children who are being home educated through the intervention of the Homelink Teacher. The service should have a positive impact on specialist Mental Health Services through prevention and early intervention work.
6.2 Human Resources and Organisational Development:	(a) The new service will be managed by Quality Improvement Officer for Children and Young People with Additional Support Needs as part of the Additional Support Needs Educational Outreach Service. (b) Professional supervision for the Senior Practitioner and employed counsellors will be provided by the Principal Educational Psychologist.
6.3 Equality, Diversity and Human Rights:	A children's rights based approach is used throughout and the service will work within the GIRFEC framework.
6.4 Legal:	Counselling in Schools service will help us to meet our statutory duties laid out in: Children and Young People (Scotland) Act 2014

	Education (Additional Support for Learning) (Scotland) Act 2004, as amended: Statutory Guidance 2017	
6.5 Finance:	Funding has been allocated by Scottish Government as follows: 2019/20 - £197,000 2020/21 - £255,000 2021/22 - £255,000 2022/23 - £255,000 Within this, an allocation of £45,000 has been identified for a Senior Practitioner post. All costs associated with providing the counselling such as supervision, travel and professional development will be met from this external funding.	
6.6 Assets and Property:	The Senior Practitioner will join the Additional Support Needs Educational Outreach Team in their new premises in Montfield. There is capacity for this. Subcontracted counsellors will work from their own premises unless working with pupils. Work with pupils will usually take place in school but may involve other premises as identified by the child's Named Person and the child as per an assessment of needs, e.g. children unable to attend school due to ill-health, home-educated pupils, etc.	
6.7 ICT and new technologies:	ICT support may be needed to enable virtual counselling to be used if face to face counselling sessions prove difficult to arrange but this would be an exception. Any new equipment would be financed through the allocated funding.	
6.8 Environmental:	None.	
6.9 Risk Management:	The risks associated with the project will be managed as the work develops within the Quality Improvement risk management framework. Failure to plan, implement and report on Counselling in Schools would mean Shetland Islands Council would not meet the aspirations of Scottish Government in ensuring full delivery by September 2020.	
6.10 Policy and Delegated Authority:	In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has responsibility for decision making on matters delegated to it within its remit, which includes school education. This report is related to the function of an education authority.	
6.11 Previously considered by:	N/A	

Contact Details:

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01595 744024

Report Finalised: 10 January 2020

Appendices:
Appendix A: Scottish Government (2019) - Guidance for Education Authorities Establishing Access to Counselling in Secondary Schools.

Background Documents:

Children and Young People (Scotland) Act 2014
http://www.legislation.gov.uk/asp/2014/8/contents/enacted

Scottish Government (2019) - Mental Health in Schools
https://www.gov.scot/news/mental-health-in-schools/

Scottish Government (2018) - Children and Young People's Mental Health Taskforce: delivery plan
https://www.gov.scot/publications/children-young-peoples-mental-health-taskforce-delivery-plan/

END

Guidance for Education Authorities Establishing Access to Counselling in Secondary Schools

Guidance for Education Authorities Establishing Access to Counselling in Secondary Schools

Introduction

1. This guidance is for education authorities and aims to provide an overarching framework and context for designing and developing an access to counsellors in schools service. It is expected that education authorities develop their own policy and guidance and can draw on this document as a guide.

2. The counselling service is a universal service and should be available to all secondary school pupils and primary, ASN school pupils aged 10 and over. This will complement the range of whole-school and targeted approaches already available in schools to help support the mental, emotional, social and physical wellbeing of children and young people. Education Authorities and schools should ensure that counsellors are competent to practice with children and young people.

Aims and Principles

3. The joint Aims and Principles agreed by Scottish Government and local authorities are central to the development of local guidance and procedures and provide supportive guidance on the delivery of an authority wide service. These can be found at **Annex A**.

Issues to consider

4. School counselling should be aligned to the Getting It Right for Every Child approach and related local policies/procedures, and recognised as a potential intervention for children and young people with additional support needs, within the overall framework of staged intervention in schools. Counselling will provide a low-level, preventative, support within that context.

- **Role of Counsellors in schools**

5. Formal counselling should be undertaken by a professional counsellor, acting in their specialist role, and in accordance with a strict code of ethics, which requires confidentially, accountability and clinical supervision.

6. Counselling is one of a range of services that helps to support the health, emotional and social needs of young people and can help a healthy school culture. It is not intended to replace the support provided by adults in educational settings to promote the wellbeing of young people and should be seen as part of a whole school approach to supporting wellbeing. There may be times when maintaining and extending the support from a key adult is a more appropriate alternative to a child starting counselling. This can be identified through individual conversations with the child and/or parent/carer to inform the most appropriate form of ongoing future support.

7. This framework focuses on the provision of formal counselling and follow the British Association for Counsellors and Psychotherapy (BACP) definition of counselling which is:
   'a professional activity delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties, within a relationship of agreed confidentiality.'

8. There are a wide range of delivery options which education authorities will want to consider which includes: including contracting individual counsellors directly, engaging with the local NHS service, engaging with local authority commissioned services or contracting with third sector providers.

9. The counselling support provided should conform to agreed professional standards, such as those provided by COSCA and BACP, and current best practice for school based counselling, specifically in respect of counsellors qualifications, supervision policy, child protection policies and continuous professional development and learning.

10. The joint agreement between SG and local government focusses on school counselling. This framework, and the associated funding, does not apply to other therapeutic support services which may be provided within schools such as play therapy, art therapy and drama therapy. Whilst these are recognised as the tools which a counsellor may use, as part of the provision of counselling, they are not intended to be supported as stand-alone approaches by this joint agreement.

- **Supervision**

11. As well as counsellors, education authorities should engage supervisors who are members of professional bodies relating to counselling and have specific experience and qualifications relating to supervision. All counsellors are expected to have supervision in line with their professional body's recommendations.

- **Where counselling services could take place**

12. Counselling should take place in an appropriately designated room which is safe, private and accessible. This will help the child or young person feel at ease and ensure a consistent approach to the counselling process.

13. The room should be located away from the population of the school or community setting. This will avoid a child/young person having to navigate through a room of their peers or other persons to reach the counselling room, or being seen entering, leaving the counselling room or waiting to be seen.

14. An education authority may decide to offer counselling services at other community locations particularly through the school holiday period. When delivering counselling outside of the school setting, there are unlikely to be the same kind of support structures in place. Education authorities and counselling

providers therefore need to consider appropriate measures around community-based counselling for it to be delivered safely and effectively in a non stigmatising fashion.

15. Counselling services may also be delivered electronically via video communication. Providing counselling on this basis presents similar challenges, ethical or otherwise, as face-to-face counselling. It is important to be aware of the many differences involved when using different platforms, organisations and counsellors should take account of these differences before engaging in counselling online. Professional organisations have guidance on the provision of counselling services via electronic sources which it would be helpful for authorities to be aware of if they are considering utilising this approach.

- **Existing counselling services**

16. A number of education authorities currently utilise Pupil Equity Funding (PEF) and Scottish Attainment Challenge (SAC) funding to support children and young people's mental health through existing counselling services. Schools or education authorities may choose to utilise the funding they currently receive through PEF or SAC on other approaches to support children and young people. If schools and/or local authorities wish to continue funding the counselling services funded through PEF/SAC, the same agreed aims and principles should be followed.

- **Link with wider Community Services**

17. It is important for all professionals involved in emotional and mental health wellbeing provision to be well connected to and collaboratively engage to ensure the most effective and integrated response to ensure the best possible outcomes for children and young people are achieved.

18. Education Authorities, in designing the service should consider how links between schools, and their local community health and social services, and relevant third-sector organisations can be made. This will help to establish a holistic child centered approach that can enable care and support at the appropriate stage.

19. Education Authorities may also want to consider internal governance arrangements. And set out to all relevant members of staff where responsibility for the counselling sits within an authority and how information is shared to inform local design of the service.

20. Education authorities in designing the service should also consider how to make parents and carers aware of the service and how it is being offered to children and young people. Working in partnership with parents/carers can benefit the counselling relationship. There should be a clearly stated policy regarding counselling confidentiality, which sets definite limits to parental involvement, decisively underpinned by both ethical and legal factors and makes clear links to safeguarding arrangements.

- **Organisations who can help**

21. There are a number of professional bodies and charitable organisations who can assist in developing an authority wide service and provide advice on the issues that need to be taken account of:
    - British Association for Counselling and Psychotherapy (BACP) [https://www.bacp.co.uk/]
    - Counselling and Psychotherapy in Scotland (COSCA) [http://www.cosca.org.uk/]
    - Scottish Association for Mental Health (SAMH) [https://www.samh.org.uk/]
    - Mental Health Foundation [https://www.mentalhealth.org.uk/]

22. This list is not exhaustive, there are many other providers who will be able to offer assistance.

- **Consider how to evaluate the impact of the service**

23. When establishing the service in a school environment it is essential to check that the counselling provider has established robust pre and post counselling evaluation for children and young people. This can assist the school in identifying the improved outcomes for children and young people and also assist the education authority in identifying service level delivery outcomes.

24. Outcome monitoring is the regular measuring and tracking of client progress using standardised outcome measures. BACP encourages the collection of outcome data to monitor services, evaluate the quality of outcomes and benchmark services by comparing outcomes. Education authorities should ensure there are clear procedures in place for monitoring this data.

25. The operation of the counselling service within the school should be reviewed annually and any necessary improvements made. To inform this process a quality improvement process could be established.

- **Consider establishing a complaints procedure**

26. Education Authority and schools complaints procedures are well established and understood. It is recommended that a written complaints procedure permitting complaints relating to the counselling service, or individual counsellors, is developed. It is worth considering how to advertise the procedure for parents/carers and to ensure that it is child friendly and accessible.

Progress Reporting to Scottish Government

27. In order to measure the impact and effectiveness of the national programme of providing access to counsellors in secondary schools the Scottish Government has provided templates for local authorities to provide six monthly reports. The commission for reporting will be issued from the Scottish Government directly to Local Authority Heads of Education services. **These are attached in Annex B.**

28. The aim of the reporting is to assist education authorities in assessing impact of the service as well as progress towards the policy aim of providing access through every secondary school in the authority.

29. The reports will be considered by the Children and Young People's Mental Health and Wellbeing Programme Board which is jointly chaired by the Scottish Government and COSLA.

Annex A

COUNSELLORS THROUGH SCHOOLS

Partnership approach aims and principles

Aims

To provide, in partnership between local and national government

- access to counselling through schools, enabling locally provided support for children and young people towards positive mental health and wellbeing.
- high quality and effective counselling support as part of a range of supports available locally to children and young people.
- counsellors who are registered and working to an agreed standard across Scotland
- Access to counselling through primary, secondary and special schools, ensuring consistently high quality services available locally, for pupils aged 10 and over.

Principles

- The commitment to the provision of counselling through schools should be delivered in partnership between national and local government, and relevant partners, and should build upon the services already in place wherever possible.
- The provision of counselling should be part of a holistic [child centred] approach to improving the mental health and wellbeing of children and young people,
- Counselling services should be delivered within an agreed definition of counselling by qualified counsellors registered with an appropriate registration body.
- Counselling services should be available to secondary school pupils primarily and primary, and special schools in communities for pupils aged 10 and over.
- In recognition of the need to ensure young people are safe, services should ensure a robust assessment is carried out and that young people are supported to access alternative services where counselling may not be appropriate.
- There should be availability of counselling services during school holidays, to ensure continued support to vulnerable young people
- The provision of counselling through schools should align to, and/or enhance the local services to support the mental health and wellbeing of children and young people.
- Counselling services should be accessible. Utilising technology, virtual approaches and delivery in non-educational settings where communities need it, particularly in rural communities.
- Local policies and procedures in relation to child protection and information sharing should be followed. The requirements of the registering body, for example in terms of professional conduct and supervision should also be followed.
- The commitment to counselling through schools will be delivered in 2 phases, with full delivery expected by September 2020

Annex B

PROGRESS REPORTING TEMPLATE

ACCESS TO COUNSELLING THROUGH SCHOOLS – REPORTING TEMPLATE

Frequency of Reporting – Six Monthly

Date of Return:

1. Local Authority

2. Funding allocation

3. Nº of Schools

Secondary	
Primary	
Special	

4. Nº of Counsellors in post

Third Sector	
Local Authority	

Additional comments

5. No of children and young people accessing counsellors in the last reporting period

6. Types of issues reported by children and young people accessing counsellors in the last reporting period

7. Number of children who have reported an improved outcome following access to counsellors

8. Total Spend to Date

£