

**Angus Council**

**Annual Report of the Chief Social Work Officer 2015 – 2016**

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Chief Social Work Officer**

## 1. SUMMARY

The role of Angus Council's social work services is to support, care for and protect people by providing or purchasing services designed to promote the dignity, safety and independence of people, and to contribute to community safety by reducing re-offending.

Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government, (Scotland) Act 1994, requires every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO). National guidance requires that the CSWO reports to elected members on an annual basis.

The overall objective of the CSWO post is to ensure the provision of effective, professional advice to local authorities, including elected members and officers, in the authority's provision of social work services. The post assists authorities in understanding the complexities of social work service commissioning and provision, including particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders.

The CSWO has a responsibility to report directly to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities. The CSWO is required to ensure that appropriate learning and development opportunities are in place to support staff to develop the required skills for the complex and demanding tasks that they undertake. Additionally there are a number of specific duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the CSWO or delegated to a professionally qualified social worker.

This report details the arrangements that are in place within Angus to allow the CSWO to fulfil this role and is offered as an assurance as to the governance of statutory social work services in Angus.

In Angus social work services are developed and delivered within the context of the Community Planning Partnership. A wide range of both partnership and single agency self-evaluation activity is undertaken to ensure that services are responsive to the needs of the people who use them and are subject to continuous improvement. There is also evidence from external regulation and scrutiny that care services in Angus are of high quality. Whilst there are well established governance arrangements in place for social work services in Angus these are being reviewed and revised in light of the establishment of the Health and Social Care Integration Joint Board (IJB).

The effective engagement and involvement of communities and service users is at the heart of the delivery of social work services and there are systems in place within Angus for engaging and involving users, carers and communities as partners in the development, planning, delivery and evaluation of services. These arrangements will be continually reviewed and developed for effectiveness, particularly as the council and social work take decisions in the future about prioritising the use of available resources.

There are well established systems and process in place to ensure that the council is meeting its statutory duties in the provision of social work services in relation to the assessment, care planning and provision of services to children, young people and vulnerable adults. The CSWO has a range of specific statutory responsibilities, primarily

relating to restriction of an individual's freedom and the protection of both individuals and the public which must be made either by the CSWO or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO. This report details a range of information as an assurance as to how these functions are being discharged. This report also details the established systems and process in place to ensure the safety of children, vulnerable adults and the management of those who present risk to others. Key to ensuring the safety of children and vulnerable adults is the effective identification and assessment of risk. The partners in Angus have recognised that there is need to improve the use of chorologies to allow us to more effectively identify children at risk. Work is also being undertaken in a number of areas to ensure that children access services at an early stage to avoid difficulties escalating.

The past year has seen a number positive service developments including:

- The establishment of the Integration Joint Board
- The opening of the Brambles residential care facility for looked after young people
- The opening of Millgate Loan Support accommodation facility for young people leaving care
- Significant progress in implementing Self Directed Support.
- The development of a supported accommodation project for young adults with learning disability and autism.

The past year however also saw challenges in terms of responding to increasing levels of need and demand on services. There has been increasing demand across all community care services, increasing numbers of referrals regarding children in need, an increase in the need for Community Payback Orders with Unpaid Work requirements and an increase on demands on the Mental Health Officer Service associated with Guardianships. Whilst services have been able to meet the demand within existing resources, a continued increase without increased resources may impact negatively on the quality of the service that can be provided.

The environment in which social work operates reflects the issues faced by our communities and within wider society. Social work services face significant change in the coming years associated with new legislation and policy. Specific challenges include:

- **Financial pressures.** We are operating in an increasingly difficult financial climate in which we must strive to deliver services within available budgets whilst promoting and maintaining professional values and standards.
- **Increasing need and public expectations.** We are facing rising public expectations and, in many areas, rising levels of need relating to demographic changes.
- **Legislative changes.** We are facing significant legislative changes, including Self Directed Support, the disestablishment of Community Justice Authorities and subsequent assumption of planning responsibilities by Community Planning Partnerships, and the Children's and Young People (Scotland) Act 2014.
- **Changing how we deliver services.** There is a need to shift the balance of resources across all sectors from reactive responses to proactive early interventions.
- **Improving outcomes for looked after children.** Whilst we have been successful in reducing the numbers of and improving outcomes for looked after children there is still scope for improvement to address the inequalities and disadvantages this group of children and young people face.
- **Self-Directed Support.** Redesigning services to promote personalisation and choice and to realise the potential and aspirations of Self Directed Support (SDS).

- **The impact of alcohol and drugs on our communities.** The Impact not only on those who misuse substances but also on children affected by parental substance misuse, other family members and the wider community.
- **The impact of domestic abuse.** Identifying and addressing the impact of domestic abuse on both victims and on children and young people affected and put at risk by domestic abuse.

Our response to these challenges needs to be focused on achieving positive outcomes for individuals through addressing inequalities in our communities. We need to recognise the interdependence of social work and other services. The capacity for social work to provide an effective contribution to respond to these challenges has been enhanced by the establishment of the Children and Learning Directorate and the IJB. Bringing together universal and targeted services has allowed for a greater focus on early intervention and prevention.

The work social work staff undertake on behalf of Angus Council is life changing. It enables vulnerable citizens to gain independence, to be safe and to be cared for and contributes to the overall safety and well-being of our communities. Although not often publicly recognised, our staff are skilled, experienced and highly committed to delivering the best possible services to the people in Angus. The continued provision of high quality social work services in Angus is essential if we are to continue to:

- effectively support vulnerable, children, young people and adults;
- promote independence and inclusion;
- protect children and adults at risk; and
- improve outcomes for all the citizens of Angus

The interdependence of social work and other universal services delivered by the council and partners is, and will continue to be, key to ensuring success.

## **2. PARTNERSHIP STRUCTURES/GOVERNANCE ARRANGEMENTS**

### **2.1 Governance Arrangements**

The governance arrangements for social work services in Angus are integrated into the management arrangements for the Children and Learning Directorate and the Health and Social Care Partnership. All managers of social work services have both operational management and professional leadership responsibilities for their staff. Access to alternative professional supervision is made available for staff that may have a manager from a differing professional background.

The role of the Chief Social Work Officer lies with the Head of Children and Young People Services. The CSWO has direct access to Elected Members, the Chief Executive, managers and frontline practitioners in relation to professional social work issues. The CSWO is required to ensure the provision of appropriate professional advice in the discharge of the local authority's statutory social work duties. This is fulfilled by the CSWO:

- Participating as a member of Angus Council's Corporate Management Team and contributing directly to policy development and financial and budgetary decision making;
- Reporting to the Strategic Director for Children and Learning and to the Chief Executive in relation to social work matters;

- Advising Elected Members appropriately on Social Work matters;
- Providing reports on Social work matters to appropriate Committees and the Integration Joint Board (IJB);
- Contributing to the Angus Community Planning Partnership arrangements.
- Contributing to the Health and Social Care Integration agenda;
- Attending the Tayside Community Justice Authority; and
- Participating in the Angus Executive Group for Public Protection.

The Committee Structure within Angus means that matters relating to social work are considered by both the Children and Learning Committee and the Integration Joint Board. The CSWO reports to these as appropriate.

## **2.2 Partnership Structures**

Robust partnership arrangements are integral to the delivery of effective social work services. Within Angus all our services are developed and delivered within the overarching priorities of the Community Plan. The CSWO attends the Angus Community Planning Partnership, the Integrated Children's Services Group and the Community Safety Forum. In addition the CSWO is a member of the Integration Joint Board for Health and Social Care.

Key partnerships in the delivery of social work services include:

- The Angus Health and Social Care Integration Joint Board (IJB).
- The Tayside Community Justice Authority
- The Executive Group for Public Protection and the respective Adult and Child Protection Committees.
- The Tayside Multi Agency Public Protection Arrangements (MAPPA)
- The Angus Alcohol and Drug Partnership (ADP)
- The Angus Community Safety Forum
- The Angus Integrated Children's Services Group

### **2.2.1 Partnership with Service Users, Carers and the Third Sector**

The Angus Community Plan and Single Outcome Agreement details arrangements for engaging and involving users, carers, communities and the third sector, as partners in service development and delivery. Section 7 of this report discusses in more detail arrangements for User and care involvement and empowerment.

## **3. SOCIAL SERVICE LANDSCAPE/MARKET**

Angus is an area of contrasts, with high levels of both prosperity and social need. Alongside areas of affluence there are areas of poverty and deprivation with evidence of significant inequalities. The Angus Community Planning Partnership has identified five priorities that will help achieve the vision of '**Angus is a place where a first class quality of life can be enjoyed by all**', these are:

- Prosperous and Fair
- Learning and Supportive
- Safe and Strong
- Caring and Healthy
- Sustainable

There are in place a number of frameworks and action plans to promote economic development and address inequality generally, and health inequality in particular. Health inequality, in the sense of more years of ill health and earlier death, represents perhaps the most severe effect of inequality on individuals.

The impact of welfare reform has been felt in Angus. Substantial changes and reduction in eligibility for, and levels of, welfare benefits have had serious implications for Angus residents. Whilst it is difficult to quantify the scale of hardship resulting from these changes they have led to increased need for benefits advice, advocacy services, money management and debt advice, access to credit, food banks, furniture initiatives. We have also seen an increased demand on health, social work and housing services.

The population of Angus is expected to remain flat between 2013 and 2037. This will not be seen across all the age groups as the older age groups are expected to grow whilst the younger age groups will decline. The percentage of those over 65 will increase by 53% whilst the under 65 age group will decrease by 14%. This demographic picture presents service delivery challenges, most notable in increased demands for services and workforce availability. The rural nature of Angus has also presented some challenges in recruiting a suitably qualified workforce to ensure the effective delivery of social work services which we have sought to address through our graduate requirement scheme and promoting high quality support and development opportunities for all staff and realising a full mixed economy of care.

Like other areas in Scotland, Angus faces major social and health challenges in relation to substance misuse. Drug and alcohol dependency is linked to a range of negative outcomes for individuals, families and communities, impacting on health and well-being, poverty, crime, abuse, anti-social behaviour, unemployment, homelessness and mental health. The pressure this creates on public services makes tackling this issue one of Angus' top priorities. Domestic abuse is another of Angus' key areas for priority action. Drug and alcohol misuse, domestic abuse and parental mental health problems are factors in the majority of cases of children requiring to be looked after away from home or who are registered as requiring protection.

Increases in public expectations, underpinned by developing policy and legislation, require whole system changes in social care service delivery. The introduction of self-directed support continues to see change in the shape of both services and the relationship between service providers and individuals, shifting the balance of power and control towards the individual, and increasing expectations in terms of flexibility, responsiveness, quality and value for money. The introduction of Self-Directed Support has highlighted the need to stimulate the local social care market to respond to the changing needs and aspirations of the people of Angus. The Help to Live at Home service review has seen the external market share grow from 37% in April 2015 to 54% in March 2016 (see section 9.1.2).

#### **4. FINANCE**

The financial environment for local government continues to be challenging with a continued drive to reduce the size of the public sector. In terms of spend per head of population Angus is 22 out of 32 local authorities, reflecting the more positive social economic situation in Angus. Spend on social work services over the past 2 years spend is broken down as follows:

	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Adult Services</b>			
Budget	47,224	49,470	47,224
Actual	47,628	49,716	
<b>Children's Services</b>			
Budget	14,612	15,567	15,661
Actual	14,370	14,891	
<b>Total budget</b>	<b>61,836</b>	<b>65,037</b>	<b>62,885</b>

A series of major service reviews have been initiated, as part of the Transforming Angus agenda, with a view to identifying future savings. One such review is "Help to live at home" (see section 9.1.2). The reduction in the budget for 2016/17 reflects the financial pressures on the council at this time. With the establishment of the IJB in future years the priority given to social work services spend will be determined alongside other IJB priorities.

The IJB Strategic Commissioning Strategy and Interim Angus Children's Service Plan detail future commissioning plans for integrated services. Both these plans set out in detail how the local authority and its planning partners intend to shift the balance of resources to early intervention and prevention.

## **5. SERVICE QUALITY AND PERFORMANCE**

### **5.1 Service Quality**

#### **5.1.1 Self Evaluation**

A wide variety of self-evaluation activity with a view to ensuring continuous improvement is undertaken across the range of social work services. In general these follow the Care Inspectorate Performance Improvement model. The outcomes from self-evaluation activity feed into the annual Service Improvement Plans for the relevant service areas which in turn feed into the Service Improvement Plan for the Children and Learning Directorate, they also inform the planning process for the IJB. Services also contribute to multi-agency self-evaluation activity undertaken under the auspices of the Community Planning Partnership as part of the Integrated Children's Service Planning and integrated Health and Social Care Planning. The Angus Integrated Children's Services Group has in place a rolling programme of self-evaluation against the Care Inspectorate Quality Indicators. As Health and Social Care integration is developed there is a need to ensure that self-evaluation is an integral part of any new arrangements.

### **5.1.2 External Scrutiny, Regulation and Inspection**

A range of social care services are subject to external regulation and inspection by the Care Inspectorate. These include:

- care at home;
- day services - adult and older people;
- adult placement;
- fostering & adoption;
- residential adult services;
- housing support and supported lodging schemes; and
- residential children's services.

The services provided by Angus consistently perform well against the national standards when inspected. Twelve council social work services were inspected by the Care Inspectorate between April 2015 and March 2016. Each service is graded in up to 4 areas; quality of care and support; quality of environment; quality of staffing; and quality of management and leadership. From an analysis of the grades no significant issues have been identified. The average score being 4.7 out of 6, i.e. between good and very good.\*

Services provided by both the third and private sectors in Angus also perform well against the national care standards. Of the 35 regulated care services in Angus inspected over the past year the average score was 4.5/6\*.

The Care Inspectorate also undertakes strategic inspections of certain services. In 2015/16 integrated services for children and young people were subject to such an inspection. At the time of writing this inspection is still ongoing. A separate report on the findings of the inspection will be presented to Elected Members in due course.

\*(Excellent – 6, Very Good – 5, Good -4, Adequate – 3, Weak – 2, poor -1)

### **5.1.3 Commissioned Services**

The Council has in place well established systems for monitoring the level and quality of services commissioned from the private and third sector. This includes an identified lead officer, service level agreements or contracts, and regular monitoring and reporting arrangements (depending on the scale and scope of the services being commissioned). Details of commissioned services are reported to elected members on an annual basis and authority sought to review or set up service level agreements with providers.

External placements for children are monitored and reviewed by the Council's Community Assessment and Review Officers. As these officers are arm's lengths from operational delivery of children's service this provides both scrutiny of the external placement and the in-house assessment and care planning for the child or young person.

External placements for adults, including older persons, are monitored and reviewed by the case responsible care manager.

Where there is evidence of poor quality or specific concerns regarding an individual placement these are addressed in liaison with the provider until the quality of the placement is resolved.



## 5.1.4 Complaints

Social work complaints, comments and compliments are recorded on the Council's complaints system which provides data on the types of complaints customers make about council services.

For the years 2013/2014, 2014/2015 and 2015/2016, the number of stage 2 complaints are as follows:

	<b>2013/14</b>	<b>2014/2015</b>	<b>2015/2016</b>
Number of stage 2 complaints	5	8	8
Number referred to Complaints Review Committee (CRC)	2	4	2

Of the 8 stage 2 complaints in 2015/2016, there were 5 complaints received within children's services and 3 complaints received within adult care services. The overall number of stage 2 complaints remains static from last year. The balance of complaints between children's services and adult services has shifted with children's services receiving 5 complaints and adult services 3 complaints. The number of complaints that have progressed to the Complaints Review Committee (CRC) has decreased from 4 to 2 during 2015/2016.

## 5.2 Performance

Angus Council reports statutory and local performance indicators through the council's annual performance report. This is supplemented at a directorate level by an Annual Performance Report and quarterly updates to elected members. Reference is made to the children and learning annual performance report 2015/16 that sets out in detail performance in relation to social work children's services in Angus and to the ongoing reporting to the IJB in relation to performance of adult care services. Specific issues of note include:

### 5.2.1 Children and Family Services

- In 2015/16 the service received 2671 referrals concerning children and young people, an increase of 35% on the previous year. Of these 667 (an increase of 50%) required social work intervention with 94% of referrals receiving a response and support within 24hrs.
- The numbers of looked after and accommodated children and young people reduced slightly with 244 looked after and accommodated children on 31<sup>st</sup> March 2016 compared to 255 at the same date in 2015, a reduction of 4%.
- The percentage of children looked after away from home in family based placements (88%) reflects the strategy of supporting children and young people to remain living at home or in family placements where this is appropriate.
- The service continues to perform well in reviewing the care of looked after children with 93% of reviews being held within the statutory timescales. There is however a need to ensure that care planning arrangements are more focused on what needs to change to improve outcomes for looked after children.
- There were 322 child protection investigations in 2015/16 (a reduction of 16%), 80% of which were concluded within 7 days (the standard introduced by the National Guidance for Child Protection). It should be noted that due to the complexity of the

issues involved it is appropriate that some investigations take longer than 7 days to complete.

- 78% of children are considered at a Child Protection Case Conference within 14 days of the investigation being concluded.
- 88% of children on the child protection register had a child protection plan formulated within 14 days of registration.
- During 2015/16, 96% of children named on the Child Protection Register were visited at home at least every 2 weeks (where this did not happen arrangements were made to ensure that the children were safe).

**Key achievements within Children's Services** over the past year include:

- Implementation of a revised Kinship and Residence Allowance Scheme.
- Implementation of Self Directed Support within Children and Family Services.
- Opening a new residential accommodation facility for young people in care.
- Launching a supported accommodation facility for young people leaving care.
- Continued reduction in the number of Looked After Children.
- Reducing the average length of stay in secure accommodation.

### **5.2.2 Older People's Service**

- The proportion of older people aged 85+ living in care homes continues to reduce and exceed local targets (from 22.3% in 2014/15 to 21.4% in 2015/ 16). This indicates that we are continuing to shift the balance of care towards supporting individuals in their own homes.
- The Help to Live at Home programme has progressed the transfer of care at home services for older people from internal to external providers more quickly than anticipated in the first year of the programme. The external market share has grown from 37% April 2015 to 54% March 2016.
- Together with the internal efficiencies the change in market share has reduced the combined hourly unit cost for internal/external personal care services from £34.59 to £27.11.
- Performance in relation to the prevention of admission to hospital scheme has increased. Recent years had seen a significant decline in the use of the service. Following a review usage has increased from 128 in 2014/15 to 190 in 2015/ 16.
- An Enhanced Community Support service (ECS), with a collaborative approach towards prevention of hospital admission from health, social care and the third sector, commenced in Arbroath last year and is now being extended across Angus. Introduction of the service has seen a reduction in hospital bed days across South Angus, a reduction in care home admissions from Arbroath hospitals, and fewer emergency admission bed days relative to non-ECS practices.

### **5.2.3 Criminal Justice Services**

- The percentage of Community Payback Orders with condition of supervision successfully completed has increased to 76.4%, from 72.9%. The overall number of Community Payback Orders completed increased to 272, from 182 in 2014/15. Over three quarters of every Community Payback Order issued in Angus in 2015/16 was completed successfully.
- The Public Protection Team was awarded the Scottish Association of Social Work "Team of the Year" Award.

#### **5.2.4 Adult Mental Health**

- Arrangements are in place to ensure that all local authority guardianships are reviewed in line with the national standards.

#### **5.2.5 Learning Disabilities**

- The percentage of people with a learning disability being supported to live in their own accommodation as at April 2016 was 17.28% (88 out of 509 people), an increase from 14.37% (77 out of 536 people) in April 2015.
- An average of 3.13 weeks of daytime respite and 7.16 weeks of night time respite per service user have been provided during 2015/16.

**Key achievements in adult care services** over the past year include:

- The strategic plan for the Angus Health and Social Care Partnership, developed by the Integration Joint Board and setting out the vision and priorities for 2016-2019, has been approved by the IJB (March 2016).
- Appointments have been made to the two Heads of Community Health and Social Care Services posts which are part of the partnership's new leadership structure.
- Progression of the Help to Live at Home Programme and the growth in the market share held by external providers.
- Redesign of social care officer rota and work allocation process has yielded significant efficiencies.
- The development of an Angus Financial Abuse Support Team (FAST) aimed at targeting the criminal behaviour of scammers and supporting their vulnerable victims
- The implementation of a number of transformational change programmes, for example Health and Social Care Integration, Self-Directed Support, Help to Live at Home, a whole family approach to substance misuse, and the Keys to Life strategy for people with learning disabilities
- We have developed a strong leadership focus within the service and provided training for frontline managers to support our aspirations
- We have improved our performance evaluation and embedded improvement planning across the service
- In partnership with Hillcrest Housing and Gowrie Care we have established the first supported accommodation project in Angus specifically for three young people with Learning Disability and Autism.
- We have introduced the wellbeing web in care home services to demonstrate outcomes during assessment and review

### **6. STATUTORY FUNCTIONS**

There are a number of duties and decisions that must be made by either the CSWO or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO, and for which the latter remains accountable. These relate primarily to the restriction of individual freedom and the protection of both individuals and the public. Section 6 of this report details these key areas of responsibility.

## **6.1 Children**

### **6.1.1 Child Protection**

There are a number of children in need of care and protection due to neglect and lack of parental care, often associated with parental misuse of drugs and alcohol and domestic abuse. Social work services continue to work with partners, under the auspices of the Child Protection Committee, to ensure that appropriate arrangements are in place to protect children identified as being at risk.

On average throughout 2015/16 there were 84 children on the Angus Child Protection Register, a decrease from the previous year's average of 98.

During 2015/2016 the following child protection activity was undertaken;

- 544 children were the subject of a CP referral (a decrease of 7%);
- 352 children were subject to CP investigations (a decrease of 8.6%);
- 173 children were subject to an initial CP case conference (a decrease of 12%)

The following information gives an indication of the quality of child protection work within the directorate;

- 94% of general referrals concerning children and young people are screened and responded to within 24 hours;
- 100% of CP referrals are screened and responded to within 24 hours;
- 88% of CP plans that address identified concerns are put in place within 14 days;
- 96% children on the CP register are visited in their own homes on a fortnightly basis.

Key to ensuring children's safety is the effective identification and assessment of risk. The partners in Angus have recognised that there is need to improve the use of chorologies to allow us to more effectively identify children at risk. Work is also being undertaken in a number of areas to ensure that children access services at an early stage to avoid difficulties escalating.

### **6.1.2 Corporate Parenting**

There are a number of reasons why a child may be looked after by a local authority. Most often it is because the child has been abused or neglected by their parents or carers; or the child may have committed an offence. Across Scotland, the number of looked after children has increased year on year since 2001, with a slight fall in 2014/15.

In Angus, however, a focus on early intervention and prevention has helped reduce the number of children looked after away from home year on year since 2007. The chart below details the numbers of children and young people in Angus looked after over the past three years:

	<b>31 Mar 16</b>	<b>31 Mar 15</b>	<b>31 Mar 14</b>
Total No of LAC	244	255	257
Looked after at Home	78	82	73
Placed with Friends/Relatives	43	32	33
Placed in Foster Care	94	115	122
Placed with Adoptive Carers	9	13	9
Placed in a Residential Establishment	20	13	20

At 31 March 2016, 92 % of our looked after children were in family based placements; the council is in the top quartile of Scottish local authorities for this indicator. It is not always possible, and is sometimes not in the best interests of a child, to place them within their local community; however efforts are made to support this where possible. At 31<sup>st</sup> March 2016, 85% of children were in placements within Angus.

### **Kinship Care/Residence Orders**

Where a child or young person cannot continue living with their immediate family, the first priority is to explore whether they can live with family or friends. In order to support such placements, the council operates both a Kinship Care Allowance scheme and a Residence Allowance scheme. At 31 March 2016, the council was supporting 43 children to live with friends or relatives, 24 of whom were in formal kinship care placements. In addition the council was also supporting a further 51 children through residence allowances.

### **Emergency Placement of Children Subject to Statutory Provisions**

The Children's Hearings may impose conditions of residence on children subject to compulsory supervision orders and only a children's hearing may vary such conditions. However, if a child, who is required to reside at a specified place must be moved in an emergency, the CSWO may authorise a move. Between April 2015 and March 2016, 15 placements were terminated in an emergency; 11 were terminated at the request of carers and four at the request of the child or young person. This is a reduction from 23 moves in the previous year indicating more stability for children in placement.

### **Angus Adoption Agency and Fostering Panel 2015 / 2016**

The Angus Council Adoption Agency is responsible for all of the council's functions and duties in respect of adoption and permanence. Similarly the Angus Fostering Panel is responsible for the approval and review of all Angus Council foster carers.

The CSWO is the Agency Decision Maker in terms of Fostering and Permanence (Adoption) decisions. The council's Adoption Agency Annual report sets out detailed information on the adoption and fostering activity over the past year.

The level of business undertaken is summarised:

- 47 panel meetings considering 188 cases, an increase on the previous 10 year average of 178 cases per year
- 16 children registered as in need of permanence in 2015/2016
- 11 children matched with adoptive or permanent families

## **Private Fostering**

Private fostering exists where parents make arrangements with people who are not close relatives and not approved foster carers, to care for their children for 28 days or longer. A public information leaflet is available in council offices and other public venues, outlining parents and carers' responsibilities in respect of private fostering. There have been no notifications this year of private fostering arrangements.

## **Secure Accommodation**

Children are placed in secure care where there is clear evidence that they present a real and significant risk to themselves or other persons. During 2015/2016 there were 5 children detained in secure accommodation for an average of 86 days each. This number is comparable with previous years although the average length of stay has reduced from 115 days last year.

## **6.2 Criminal Justice Social Work**

Criminal Justice social work services play a key role in the management of risk posed by known offenders and the supervision of community disposals for individuals convicted of offences.

### **6.2.1 Offenders in the community subject to statutory supervision**

Offenders in the community subject to statutory supervision are as follows;

- 4 assessed as very high or high risk of sexual violence
- 187 Community Payback Orders (CPO) with supervision requirement (208 in the previous year)
- 342 CPOs with Unpaid Work (UPW) requirement (311 in the previous year)
- 4 equivalent orders made under previous legislation (compared to 11 in the previous year)
- No Drug Treatment and Testing Orders (3 in the previous year)
- 13 Restriction of Liberty Orders (12 in the previous year)
- 170 Structured Deferred Sentences (SDS)(187 in the previous year), including 130 High Tariff SDS (151 in the previous year)
- No Bail Supervision Orders (5 in the previous year)
- 5 offenders released subject to statutory supervision e.g. life licence, parole, extended sentences, supervised release orders etc. (19 in the previous year)

At 31/03/2016, there were a further 42 offenders in prison who will be subject to statutory supervision on their release. Six of whom have been assessed as presenting a very high or high risk of sexual violence.

### **6.2.2 MAPPA and MARAC**

Multi-Agency Public Protection Arrangements (MAPPA) are defined in legislation and national guidance, and currently apply to the management of all registered sex offenders. These arrangements are well established in Angus and ensure effective joint management for this group of offenders. In Angus MAPPA currently manages 111 sex offenders in the

community, of these Angus Criminal Justice Service manages 44. In addition to this there are currently 28 registered sex offenders in custody.

Within Angus there are also well developed Multi-Agency Risk Assessment Conference (MARAC) arrangements in places. These aim to ensure the sharing of information to increase the safety, health and well-being of victims/survivors.

### 6.3 Adults

#### 6.3.1 Mental Health

The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCTA) places responsibilities on social work in relation to compulsory detention in hospital, or compulsory treatment in the community for people with a mental disorder. Mental Health Officers (MHOs) undertake a range of statutory duties in terms of making and renewing orders, undertaking social circumstance reports and providing reports to the courts and mental health tribunals. These activities relate to the compulsory care and treatment of individuals.

The following activity took place in between 1 June 2015 - 31 May 2016

#### **Mental Health (Care & Treatment) (Scotland) Act 2003**

Compulsory treatment orders (CTO) applications	41
Orders to extend and/or vary CTOs	56
Emergency detention in hospital	37
Short term detention in hospital	69
Assessment orders	3
Treatment Orders	3
Transfer for Treatment Direction	0

There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The figures for individuals subject to these measures are below:

#### **Mentally Disordered Offenders – Mental Health (Care & Treatment) (Scotland) Act 2003/ Criminal Procedures Act (Scotland) 1995**

Number of Compulsion orders for which the local authority has responsibility	5
Number of compulsion orders with restriction for which the local authority has responsibility	6
Number of Treatment Orders for which the local authority has responsibility	1
Number of Assessment Orders for which the local authority has responsibility	0
Number of Supervision/ Treatment Orders for which local authority has responsibility	0
<b>Total</b>	<b>12</b>

### 6.3.2 Adults with Incapacity

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare and managing the finances and property of adults (age 16 and over) who do not have capacity to act or to make decisions for themselves because of mental disorder or inability to communicate due to a physical condition.

Welfare guardianship orders are used predominately for older people or people with learning disabilities. The majority of welfare guardianship orders are 'private', whereby an adult with a relevant interest in the subject of the order, and who has no statutory role, is appointed as guardian. All such cases must be supervised by a qualified officer of the local authority. Where there is no such relevant adult the welfare guardianship order names the CSWO as guardian.

Financial guardianship orders are generally used where the adult has substantial capital and cannot manage their estate or is at risk of exploitation by others. Financial guardians cannot be officers of the council. The majority of financial guardians will be family members or lawyers. The increasing use of guardianship creates a particular pressure, not just on MHOs, but also on care management for learning and physical disability, and older people.

The following activity took place in between 1 June 2015 - 31 May 2016:

Number of guardianship applications	73
Number of local authority requests for an Intervention Order	2
Number of active guardianship cases	199
Number of private guardianships supervised by local authority	131
Number of guardianships held by CSWO	68
Number of guardianships relating to older people/ adult care	17 (CSWO) + 39 (Private) = 56
Number of guardianships relating to learning disabilities	28 (CSWO) + 66 (Private) = 94
Number of guardianships relating to mental health	23 (CSWO) + 25 (Private) = 48
Number of guardianship relating to Alcohol/ Drug/ Blood Borne Virus team	0
Number of guardianship relating to Children With Disabilities	0 (CSWO) + 1 (Private) = 1

Year on year comparison of the activity level around mental health services shows an overall increase in Mental Health Officer activity. It is the responsibility of the CSWO to appoint and ensure that there are sufficient mental health officers to fulfil the council's statutory duties. Given the difficulties appointing and training sufficient mental health officers an enhance rate of pay (an additional 1 increment) was agreed for Mental Health Officers with a view to improving recruitment and retention. However there continues to be a capacity issue in responding to the increased demand with an emerging waiting list for Guardianship assessments. As such the CSWO has raised this concern formally with the relevant manager within the IJB who is taking action to address it.



### **6.3.3 Adult Support and Protection**

The Adult Support and Protection (Scotland) Act 2007 placed a duty on Angus Council to make enquiries about adults at risk of harm who are unable to protect themselves and are vulnerable as a consequence of ill-health or disabilities.

In 2015/16 adult protection activity included dealing with/undertaking:

- 232 adult protection referrals (compared to 372 in 2014/15)
- 48 adult protection investigations (compared to 56 in 2014/15)
- 33 initial adult protection case conference (compared to 34 in 2014/15)

The effectiveness of the work done by social work and health staff is measured in part in Angus by reports of adults who have been subject to formal adult protection plans after case conference. In 2015/16:

- 91% of these adults reported feeling safer at the end of adult protection intervention a rise from the figure of 82% achieved in 2014/15.

A major development this past year has been the development of an Angus Financial Abuse Support Team (FAST) following a seminar opened by the Chief Executive of Angus Council in June 2015 attended by national experts in adult protection and finance. The Angus FAST has already received and processed 79 referrals about a wide variety of matters. These range from dealing with Royal Mail referrals regarding mail scammers through to the prevention of doorstep callers selling alleged "orthopaedic" products.

### **6.4 Significant case reviews**

A particular responsibility of the CSWO is to ensure that significant case reviews are undertaken into all critical incidents either resulting in, or which may have resulted in, death or serious harm. During the course of 2015/16 no significant case reviews were undertaken.

## **7. USER AND CARER INVOLVEMENT AND EMPOWERMENT**

The Angus Community Plan and Single Outcome agreement details arrangements for engaging and involving users, carers and communities engaged as individuals and collectively as partners in service development, planning, delivery and evaluation of services.

The effective engagement and involvement of communities and service users is at the heart of community planning and the delivery of social work services. The challenge for social work services in Angus is to develop approaches that best suit the circumstances of user groups. There is a need to engage with service users in ways that suit them best by utilising a range of methods and activities and by ensuring that staff have a range of skills and experience to design and deliver engagement programmes that suit different needs and outcomes. In practice this means that individual service areas need to have a wide and diverse range of methods for involving service users in planning and developing social work services.

Some specific examples of consultations undertaken during 15/16 include:

- Consultation with parents whose children were subject to child protection procedures.
- Members of the Adult Mental Health Reference Forum, including service users, carers, third sector providers and statutory providers, were given the opportunity to consider how best to secure service user involvement across the service.
- A questionnaire was sent out to Foster Carers after their Annual Review asking for their views on the process and feedback was given.
- Parent Questionnaires for Looked After Children and Child Protection Case Conferences were issued.
- Extensive consultation on the Angus Autism Strategy.

The ongoing introduction of Self Directed Support, both within adult and children's services continues to empower individual and families to take control over their own care and support helping to promote choice and independence.

The establishment of the Transformers in Care Group, reporting directly to the Corporate Parenting Board is giving young people in care a real voice in how services are provided and is directly helping to improve outcomes for this group.

## **8. WORKFORCE**

The provision of high quality, effectively targeted learning and development opportunities continues to be a key driver in achieving improved outcomes for people who use our services. The quality of social work services, irrespective of structural arrangements, is dependent on the confidence and competence of our workforce. At a time of considerable change to professional roles and organisational structures, the leadership role of the CSWO is critical to the development of the current and future social work and social care workforce. The Children and Learning Directorate has in place a learning and development strategy that covers social work staff in this area. The IJB is in the process of developing a workforce development strategy.

### **8.1 Social Work and Social Care Workforce Development**

All staff within the Children and Learning Directorate and the Angus Integrated Joint board (IJB) have an obligation to keep themselves up to date with current best practice through involvement in professional learning.

The specific professional learning activity has included:

- Supporting the implementation and understanding of legislation and policies through the SVQ assessments.
- Coaching & Mentoring – we have staff who are qualified to certificate level in coaching and mentoring
- Open University courses K101/DD101 are supported as routes to further development and to support carer progression for social care roles to social work roles.
- Health and Social Care Academy co-ordination and placement co-ordination
- Supporting Modern Apprenticeships and the development of Foundation Apprenticeships.
- Supporting students through placement co-ordination for HNC students, social work Students and Health and Social Care Academy students.
- Supporting the development of Practice Learning Qualification in line the Tayforth Learning Network partnership
- Supporting social work trainees through the Open University BA (Hons) Social Work qualification.

The SVQ Assessment Centre has developed a reporting tool to assist managers to monitor the condition dates of staff in line with the SSSC registration. This supports managers to monitor the qualifications staff are undertaking and qualifications they require to be registered as a qualified worker. The Assessment Centre has also been involved in SQA events and Social Work Scotland Learning and Workforce group discussions regarding the implementation of the new SCQF level 9 Residential childcare qualifications.

## **8.2 Registration of the Workforce**

The following staff are required to register with the Scottish Social Services Council (SSSC):

- Social Workers
- Social Work students
- Managers of Residential Child Care Services
- Supervisors in Residential child Care Services
- Residential Child Care workers
- Managers of Adult Day Care services
- Managers of Care Home Services for Adults
- Supervisors in Care Home Services for Adults
- Practitioners in Care Home Services for Adults

As registered workers, these staff members are required to comply with the SSSC's 'Code of Practice' that set out the standards and professional conduct and practice required of Social Services Workers. Angus Council, as an employer, is also required to comply with 'The Code of Practice for Employers'.

In Angus we have had a good track record in facilitating access to appropriate SVQ training which facilitates registration. We have developed a partnership approach with Dundee and Angus College to support the delivery of Scottish Vocational Qualifications (SVQs) in Care for staff eligible for registration. We are also building our internal capacity with investment in additional SVQ in Care assessors. This investment will prove invaluable in terms of increasing our capacity to deliver SVQs within the workplace.

## **8.3 Promoting Social Work Values and Standards**

The CSWO has a duty to ensure social work values and standards. This has been progressed in a variety of ways most notably through;

- Service planning
- Workforce regulation
- Workforce development
- Inspection & continuous improvement plans
- Statutory decision making
- Assessment and management of risk
- Consideration of feedback from service users
- Staff guidance and operational instructions

The Angus Local Practitioner Forum brings together frontline practitioners from all fields of practice across the public, private and voluntary sectors and provides a way by which workers are involved in developing practice and influencing policy. In addition, the different services have established and put in place a range of staff consultation and involvement mechanisms.

## **9. IMPROVEMENT APPROACHES AND EXAMPLES/CASE STUDIES OF IMPROVEMENT ACTIVITIES**

### **9.1 PLANNING FOR CHANGE**

#### **9.1.1 The Strategic Direction for the Development of Children's Services in Angus**

Key outcomes for children in Angus are detailed in the Angus Single Outcome Agreement and the Interim Angus Integrated Children's Plan and reflect the national Getting it Right For Every Child (GIRFEC) principles.

Key drivers within children's services at this time include:

- Ensuring that children have access to positive early years experiences that promote their social and emotional development
- Ensuring that children are protected and supported to live within their own home
- Ensuring children and young people, including looked after children and children with additional support needs, are well supported within their own school
- Ensuring that our processes are fit for purpose and promote positive outcomes for all children and young people.
- Ensuring that every child and young person has the best possible start in life.

Central to developing services is well developed information profiling the needs of children and young people and demonstrating the impact of services on outcomes. Angus Council has worked in Partnership with the Scottish Government and Dartington Social Research Unit on a Children's Wellbeing Research Project. This project is providing detailed and reliable information about children's wellbeing at different ages and stages of development. The information from the research has been used to inform the development of the revised Interim Angus Integrated Children's Services Plan.

#### **9.1.2 The Strategic Direction for the Development of Adult Services in Angus**

As noted previously, a key task for the shadow board for the Health and Social Care Partnership in Angus has been the development of its strategic plan setting out the Partnership's vision, priorities and outcomes. This now incorporates the Adult Services Plan as well as NHS strategic plans and is the commissioning and delivery mechanism for health and community care services within Angus.

#### **Learning Disability Services**

Within the Adult Learning Disability Service in Angus there has been a focus on the review and redesign of a range of models of support. This has led to a greater focus on integrated service delivery, a shift to more preventative models of support and consideration being given to the required balance of available supports ranging from access to universal services through to specialist provision. A multi-agency 'Keys to Life' Implementation Group in Angus continues to oversee the recommendations of the national strategy "The Keys to Life – Improving quality of life for people with learning disabilities".

## **Substance Misuse Services**

The Angus Alcohol and Drugs Partnership Delivery Plan for 2015 – 2018 sets out the high level direction and priorities of the Angus ADP.

The importance of the Children Affected by Parental Substance Misuse (CAPSM) agenda is being specifically addressed by the appointment of a project manager to develop a 'whole family approach'. This is a direct consequence of a consultation exercise with service users in Angus and the subsequent involvement of all stakeholders in identifying priorities. A 'test of change' was piloted in Arbroath to address issues for parents who have coexisting mental health and substance misuse issues.

## **Autism**

Following extensive consultation the Angus Autism Strategy has been completed. The strategy sets out eight local priority areas and short and long term targets, which reflect the key messages from local consultation and a Scottish Government funded mapping exercise. The aim is to improve the quality of life for children, young people and adults with autism in Angus, and their parents and carers. The multi-agency Angus Autism Strategy Group monitors progress towards achieving the priorities that have been identified.

## **Self Directed Support (SDS)**

Alongside health and social care integration, self-directed support is the biggest change in the delivery of social work services in a generation. The Social Care (Self-directed Support) (Scotland) Act 2013 places a number of requirements on local authorities, including that the person in need will be meaningfully involved, assisted and enabled to participate in the planning and delivery of their care. Through the implementation of SDS, service users contribute to the assessment process, identify outcomes important to them, are allocated a budget, and choose the means of service delivery and how it will be paid for.

The implementation of self-directed support is an area of ongoing development and a local priority. To support this in adult services, a team of Home Care Assessors has been established to ensure outstanding SDS assessments are progressed. Another issue has been how the commissioning framework designed to deliver a greater mixed economy of service providers and extend choice, can create a significant increase in home care capacity. Development of the market has become a key strand of the Help to Live at Home programme.

In September 2015, a Project Manager was appointed to lead on continued implementation and ensure that Angus continues to embed SDS practice in a meaningful way and meet the aspirations of those who use services.

## **Help to Live at Home**

Help to Live at Home is a 5 year programme of change which aims to transfer care at home services for older people from being largely provided directly by Angus Council to being largely provided by external care providers. In the process significant year on year savings, mainly through cost avoidance, will be achieved partly through improving internal service efficiency, but mainly through obtaining care services from external providers at a lower unit cost.

The programme has progressed the transfer of care at home services for older people from internal to external providers more quickly than anticipated in the first year of the

programme. The external market share has grown from 37% in April 2015 to 54% in March 2016 (1 year ahead of target).

Visioning the future state operating model has been progressed and resulted in identifying next steps to introduce further improvements to the programme.

## **9.2 Examples/Case Studies of Improvement Activities**

The following examples of improvement activity are highlighted:

### **Review of Prevention of Admission to Hospital Scheme**

Prevention of unnecessary admissions to hospital is a critical service outcome. Performance in relation to the local prevention of admission to hospital scheme had seen a 42% decline in use over the previous years. In partnership with health, a review of the scheme has been conducted by operational services and usage of the service has increased from 128 in 2014/15 to 190 in 2015/2016. To support prevention of hospital admission further, an Enhanced Community Support service is now being extended across Angus. Introduction of the service has seen a reduction in hospital bed days across south Angus, a reduction in care home admissions from Arbroath hospitals, and fewer emergency admission bed days. Evaluation of the scheme so far has demonstrated high levels of patient and staff satisfaction.

### **Angus Financial Abuse Support Team (FAST)**

A major development this year has been the development of an Angus Financial Abuse Support Team (FAST) following a seminar opened by the Chief Executive of Angus Council in June 2015. The Angus FAST has already received and processed 79 referrals about a wide variety of matters. These range from dealing with Royal Mail referrals of people being targeted by mail scammers through to responding to people affected by dementia being targeted by traders selling "health products".

### **Bumps and Beyond**

The Early Years Collaborative (EYC), launched in 2012, is the world's first multi-agency, bottom up quality improvement programme to support the transformation of early years. One of the overarching aims of the EYC is to ensure that women experience positive pregnancies, which result in the birth of more healthy babies.

The Angus Council Child Protection Team undertakes pre-birth assessments where there are significant concerns about the wellbeing of an unborn baby. As part of an EYC Test of Change the Child Protection Team changed how it was working with parents to a much more supportive relationship based approach that sought to improve the engagement and trust of expectant mothers/fathers with the relevant services. During pregnancy workers actively support parents to access services and supports such as pregnancy vitamins, healthy start vouchers, maternity grants etc. and to undertake practical tasks such as cooking and freezing meals in batches - all to help ensure the best health for mother and baby. This new approach has seen a dramatic improvement in outcomes for the babies involved with fewer being born with Foetal Alcohol Syndrome. Parents also report a much more trusting relationship leading to improved engagement with agencies.

## **Supported Accommodation for Young Care Leavers**

The Scottish Government, via the Affordable Housing Supply programme, provided funding to help bring two unoccupied blocks of council owned flats in Millgate Loan, Arbroath, back into use. One of the blocks of 6 flats was redeveloped to provide the supported accommodation facility and the second block of flats was redeveloped to offer single general needs tenancies to the Common Housing Register waiting list.

The supported accommodation, providing 4 self contained flats, a training flat and office accommodation for the Throughcare and Aftercare team, has been operational since July 2015. The allocation of flats is agreed through a multi disciplinary panel. The young people enter into an occupancy agreement that sets out the financial arrangements, the expectations of them and what they will receive in terms of support. Placements are expected to last between 6 and 12 months and support with independent living skills is provided during office hours by staff from the onsite Throughcare and Aftercare team, and a concierge service operates at nights and weekends. This supported accommodation provision allows the care leavers to develop the necessary skills for independent living, such as budgeting and household management skills. Once the young person is ready to move on, the Housing team are notified and their application goes live. This enables the young person to make a planned transition from supported accommodation into a mainstream tenancy. Work has started to develop this initiative further, into a core and cluster model, expanding on the number of supported units available in the Millgate Loan vicinity for young people, as demand requires.

**Tim Armstrong**

**Chief Social Work Officer, August 2016**