



Argyll and Bute Council

Annual Report

Chief Social Work Officer

2014/15

Foreword

Welcome to the annual Chief Social Work Officer report (CSWO) for the year 2014/15. The report is designed to give an overview of social work activity undertaken by the authority including the statutory, governance and leadership functions of the role of the CSWO.

Key principles that drive the Social Work service include;

- involving service users/ carers and the wider public in the development of quality care services
- ensuring safe and effective services; appropriate staff support and training.
- striving for continuous improvement with effective policies and processes in place
- ensuring accountability and management of risk

These principles will provide the core of the report and provides evidence to the Council that the Social Work service in Argyll and Bute continues to develop as required to meet the expectations of the communities it serves.

This is a time of considerable change across all council services including social work. There are significant budget challenges to be met and services will continue to have to reshape and modernise as they strive to meet the expectations of service users at a time of restricted budgets. This will inevitably involve change at all levels within the social work service and service leaders know the importance of fully involving and engaging our staff in these processes if we are to achieve the positive outcomes we require.

The integration of Health and Social Care is an opportunity to redesign and shape services for the future. Appropriate planning and development of services will be essential. The Care Inspectorate is currently in the process of conducting a Joint inspection of Older People's Services across Health and Social Care across Argyll and Bute.

There is currently a national review underway of Criminal Justice which has a significant impact on the Criminal Justice partnership. By 2016/17 responsibility for local strategic planning and delivery of community justice will transfer from Scotland's eight Community Justice Authorities (CJAs) to Community Planning Partnerships and the service is preparing for these changes

To assist in these processes the social work service has recognised the fundamental importance of ensuring a continued strong connection and consistency of approach between strategic developments and front line operational requirements. Communication is a key element of this and there is now a well-established framework of engagement between the two Heads of Service, managers and front line staff through team meetings, blogs and regular visits to locality offices. This framework complements systems in place to gain the views of service users and these arrangements are extremely helpful in ensuring that the experiences of those at the front line help to inform future policy and service developments. As we move forward with health and social care the engagement with staff and communities will be pivotal to deliver better outcomes for all.

This annual report is structured along the lines of the main service responsibilities across Adult Care, Children and Families and Criminal Justice, and the report is a collaborative venture between staff in all parts of the social work service.

Chief Social Work Officer

Argyll and Bute Council

September 2015

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Understanding Our Community and Economy

Argyll and Bute is the second largest local authority by area in Scotland, after Highland. Covering a land area of 690,947 hectares, Argyll and Bute has the third sparsest population (averaging just 13 persons per square kilometre) of Scotland's 32 local authorities (Census 2011).

The landscape is characterised by long sea and freshwater lochs, peninsulas and islands. The physical geography of the area adds considerably to the journey times between settlements and communities. The limited road network makes the area vulnerable to disruption, and diversions tend to be long. Island communities are vulnerable to ferry disruptions, particularly in the winter months.

Argyll and Bute has 23 inhabited islands, more than any other Scottish local authority. These are: Bute; Coll; Colonsay; Danna; Easdale; Eilean da Mheinn; Erraid; Gigha; Gometra; Inchtavannach; Innischonon; Iona; Islay; Jura; Kerrera; Lismore; Luing; Mull; Oronsay; Seil; Shuna (Luing); Tiree; Ulva (Census 2011).

Services are directed through four main areas:

- Helensburgh and Lomond
- Mid Argyll, Kintyre and Islay
- Oban, Lorn and the Isles
- Bute and Cowal

Population

Argyll and Bute has a total population of 87,660 (NRS, 2014 Mid-Year Estimates)

The most recent Small Area Population Estimates relate to 2013 (NRS, Small Area Population Estimates). Using the SAPES, comparisons of the age / sex profiles of the Council's four Administrative Areas can be made. See figures 1 to 5. The population profile for Helensburgh and Lomond is younger than for the other three Administrative Areas. Nonetheless, the population of Helensburgh and Lomond, in common with populations across the rest of Argyll and Bute, is ageing.

Figure 1: Argyll and Bute population profiles

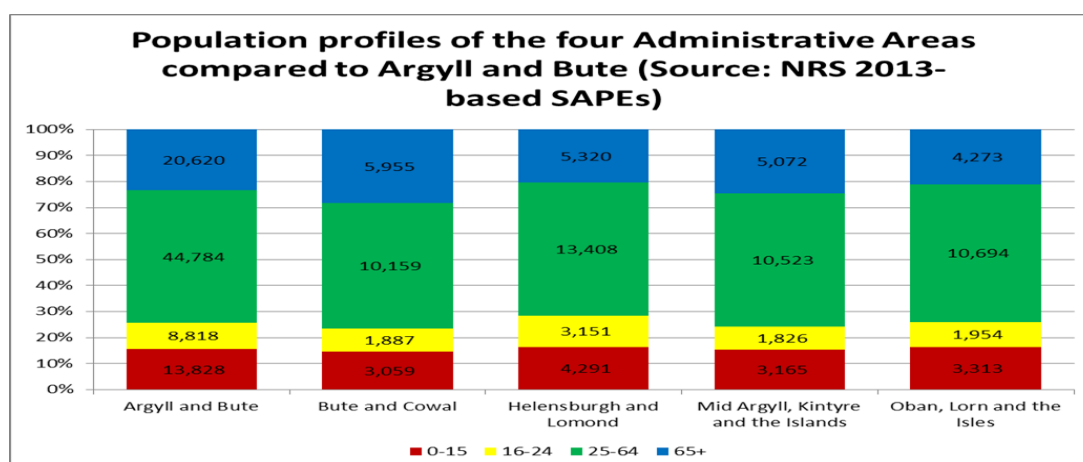


Figure 2: Demographic profile: Bute and Cowal 2013

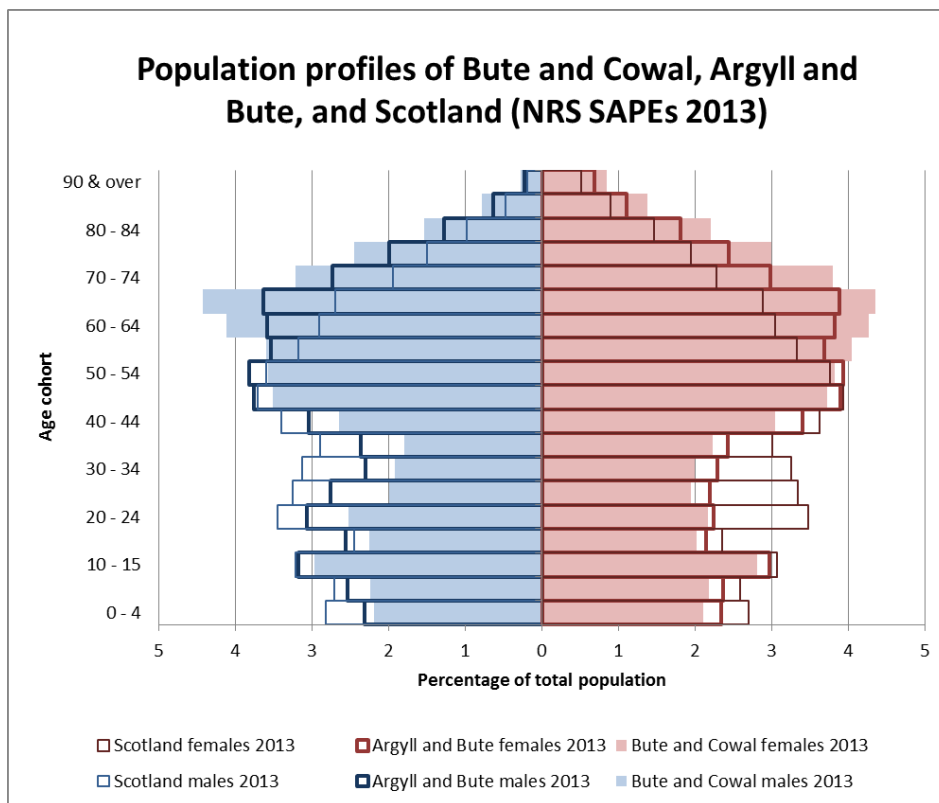


Figure 3: Demographic profile: Helensburgh and Lomond 2013

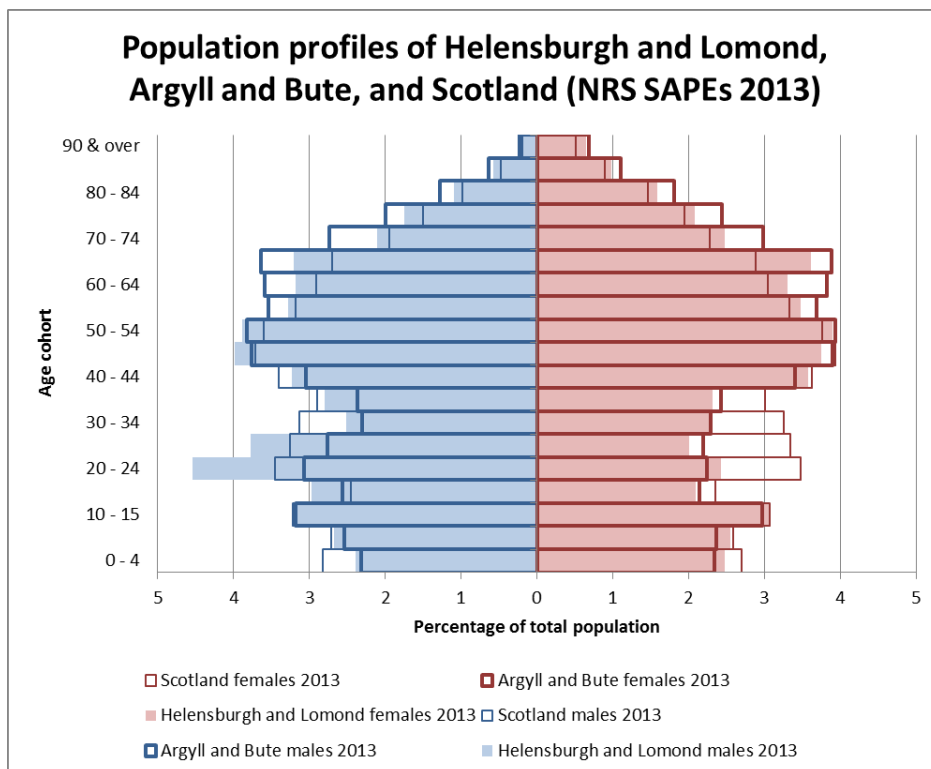


Figure 4: Demographic profile: Mid Argyll, Kintyre and the Islands 2013

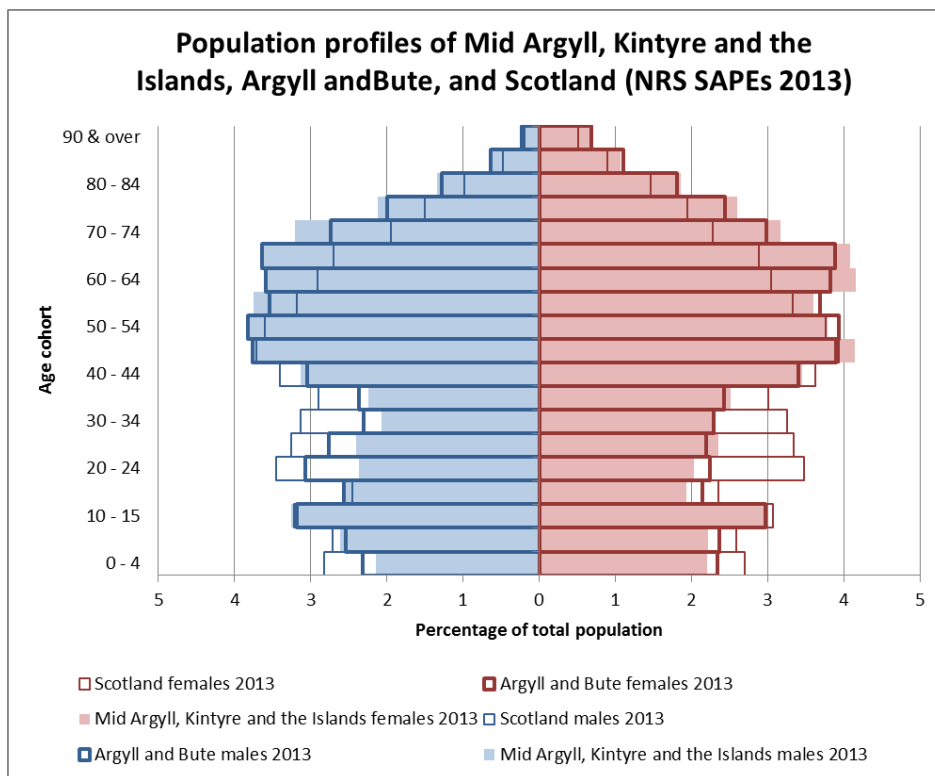
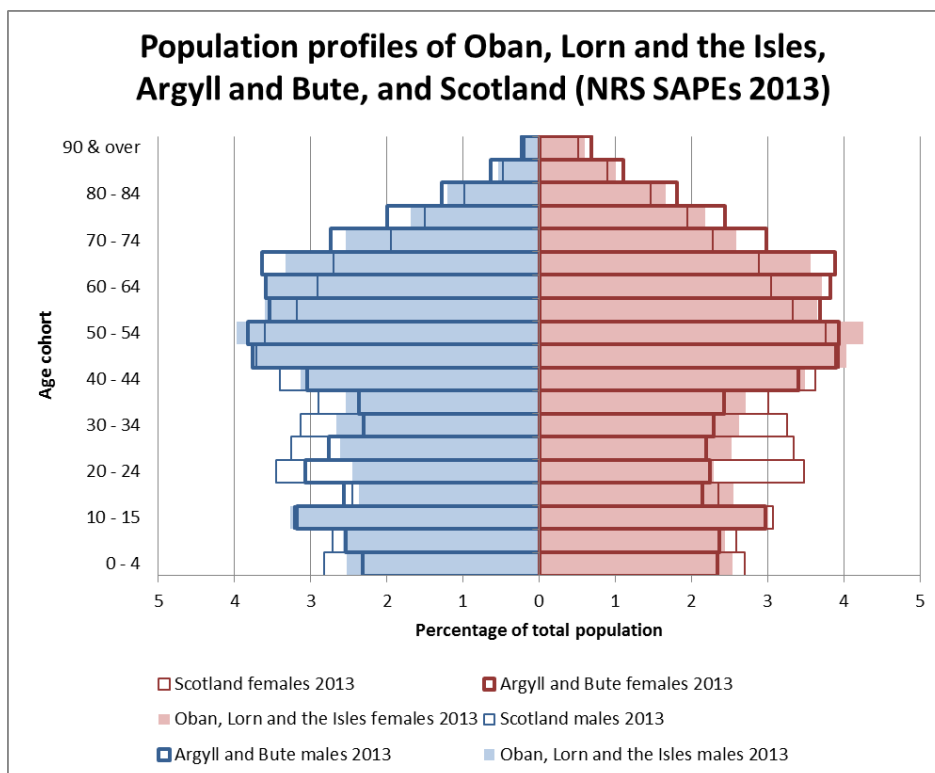


Figure 5: Demographic profile: Oban, Lorn and the Isles 2013



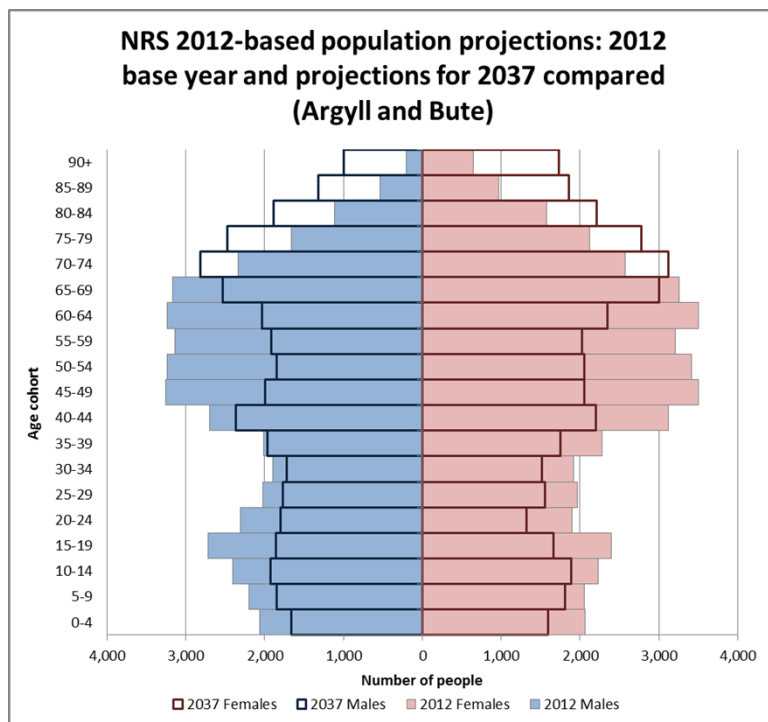
NRS 2012-based population projections for Argyll and Bute indicate a gradual and sustained reduction in the number of children and young people aged 0-16 and an increasing population of older people over the projection period (2012 to 2037) (see table 1 and figure 6).

Table 1: Projected population for Argyll and Bute, compared to NRS 2014 Mid-Year Estimate

Age cohort	Base year 2012	MYE 2014	NRS 2012-based population projections				%change within cohort (2012-2017)
			2014	2020	2030	2037	
0-15	14,069	13,594	13,528	12,806	12,173	11,488	-18%
16-24	8,260	8,765	8,285	7,368	6,264	5,870	-29%
25-44	19,726	17,803	17,086	16,122	15,846	14,842	-25%
45-64	26,490	26,386	25,964	24,277	18,838	16,261	-39%
65-74	11,328	11,936	11,857	12,161	12,197	11,474	1%
75+	8,827	9,176	9,227	10,797	13,896	15,248	73%

(Sources: NRS 2012-based population projection (principal projection); NRS 2014 Mid-Year Estimates)

Figure 6: Population pyramid 2012 and 2037



The NRS 2012-based projections highlight the demographic challenge facing Argyll and Bute. If current trends continue, absolute numbers and proportions of older people will increase as numbers and proportions of people in younger age cohorts will fall.

The MYEs compared to NRS's 2012-based population projections

The estimated population for 2014 is higher than the projected population for the same year. This difference is, at least in part, a legacy of armed forces movements since 2012.

The NRS 2012-based population projections took the 2012 Mid-Year Estimates as their base population, and projected forwards based on recent trends. As the 2012-based MYE had been affected by an outward movement of personnel from Faslane in the previous twelve months, projections started at a relatively low base population.

The population of Argyll and Bute increased between 2012 and 2013. Again, this increase was driven by changes at the Faslane base. Thus, the 2013 MYE was higher than the projected population for the same year.

The estimated population of Argyll and Bute decreased between 2013 and 2014. However, as the 2013 MYE had been higher than projected, the estimated population for 2014 remains higher than the projected population for 2014 (see Table 3).

Table 2: NRS Population Projections

	NRS 2012-based Population Projections	NRS Mid-Year Estimates
30 June 2012	86,900	86,900
30 June 2013	86,392	88,050
30 June 2014	85,947	87,660

Although the precise numbers differ between the estimates and projected populations, the underlying trends of an ageing and declining population are consistent between the two sets of data.

Deprivation

The SIMD, produced by the Scottish Government, identifies small-area concentrations of multiple deprivation across Scotland. The SIMD is produced at datazone level, with datazones being ranked from 1 (most deprived) to 6,505 (least deprived).

According to SIMD 2012, the most recent version of the index, 10 datazones within Argyll and Bute were in the 15% most overall deprived datazones in Scotland.

These ten datazones are located in Argyll and Bute's main towns:

- Two each in Helensburgh, Rothesay and Campbeltown
- Three in Dunoon
- One in Oban

The SIMD identifies concentrations of deprivation. Because the SIMD identifies concentrations of deprivation, smaller pockets and instances of individual deprivation are not picked up by the index. Deprivation can, and does, occur outside of the most deprived datazones.

Patterns of deprivation vary by deprivation domain. A particular contrast can be seen between levels of access deprivation, which affects most of rural Argyll and Bute and levels of deprivation across other SIMD domains, which show higher levels of deprivation in the towns.

Economy

Argyll and Bute's economy is predominantly service-based. Over 87% of employee jobs in the area are provided within the service sector (ONS Business Register and Employment Survey 2013). Argyll and Bute has relatively high levels of employment in accommodation and food services, and low levels of employment in manufacturing and finance. The proportion of employee jobs within the public sector is higher in Argyll and Bute than the national average.

Unemployment rates in Argyll and Bute are below the Scottish average although, because of the high levels of seasonal employment in the area, rates vary according to time of year. Gross Value Added (GVA) figures show that Argyll and Bute's economy is performing less strongly than the Scottish average.

The Faslane naval base is the largest single site employer in Scotland. The MOD directly employs some 4,610 people in Argyll and Bute (3,260 military personnel and 1,360 civilians) (MOD, Quarterly location statistics: 1 April 2015). The age profile of the military personnel lowers the average age of the population in Helensburgh and Lomond, and produces a noticeable bulge in younger working-age male cohorts in the area.

Statutory Functions

Context

The definition of social work according to the International Federation of Social Workers in their statement of ethical principles is:

"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work".

While not exclusive to social work, promotion of personalised solutions has always been important; engaging with people who use support or services, carers, families and communities being the hallmark of effective social work practice. Personalisation is a key means of ensuring that people have the support or services that meet their needs and priorities and address their personal circumstances. The promotion of Citizen Leadership supports this as does a focus on outcomes rather than process or procedure.

The Role of the Registered Social Worker in statutory interventions

Local authorities have a statutory responsibility to promote social welfare and partnership working is key to providing high quality and effective support and services. In protecting and promoting the welfare and wellbeing of children, adults at risk and communities, statutory powers may be exercised to address very serious, complex issues. This requires balancing competing needs, risks and rights. In these circumstances, given the far-reaching significance of the decisions being made, it is important that accountability for the exercise of these functions should rest with a registered social worker.

Some tasks required in respect of statutory interventions may be undertaken by others than a registered social worker. However, final decisions/making recommendations for statutory intervention drawing on information held by others and work done by them as appropriate, lies with the accountable registered social worker. All social service workers must be able to explain and account for their practice and to have their thinking challenged appropriately. Registered social workers are accountable for their own competence and performance and that of those they line manage. Where they don't have line management responsibility for others who may be involved, accountability for competence and performance remains with the individual and their employer. However, the registered social worker does have responsibility for helping ensure everyone plays their part in discharging their role in respect of the statutory intervention.

Care and Protection

Careful and complex decisions as to when and how there may be intervention in the lives of individuals and families may have far-reaching consequences for those concerned and fundamentally affect the future course of their lives. A number of agencies and professionals will contribute to the process. However, it is important for the assurance of all involved, that

accountability for these important decisions and the subsequent exercise of statutory functions lies with a suitably qualified and trained professional - a registered social worker.

Statutes

Adult Care Services provide statutory functions subject to the following legislation:

1. Social Work (Scotland) Act 1968
2. National Health Service and Community Care Act 1990
3. Adults with Incapacity (Scotland) Act 2000
4. Adult Support and Protection (Scotland) Act 2007
5. Mental Health (Care and Treatment) (Scotland) Act 2003
6. Social Care (Self-directed Support) (Scotland) Act 2013

Children and Families service directly provides or commissions support, protection and care for vulnerable children, young people and their families.

Children and Families provide statutory functions subject to the following legislation:

1. Children Scotland Act 1995
2. Social Work (Scotland) Act 1968
3. Regulation of Care (Scotland) Act 2001
4. Protection of Children (Scotland) Act 2003
5. Public Bodies (Joint Working) (Scotland) Act 2014
6. Children and Young Persons (Scotland) Act 1937
7. Children and Young People (Scotland) Act 2014

The implications of the Children and Young People's (Scotland) Act 2014 for Children and Families are the enshrining of the Getting it Right for Every Child (GIRFEC) approach in law, the introduction of new children's rights and children's service planning, increasing the provision of support to those in care and care leavers. Parts of the act are being phased into legislation across the next 3 years.

Criminal Justice Services provide statutory functions subject to the following legislation:

1. Social Work (Scotland) Act 1968.
2. Criminal Procedure (Scotland) Act 1995.
3. Criminal Justice and Licensing (Scotland) Act 2010 introduced Community Payback Orders
4. Management of Offenders (Scotland) Act 2005.
5. The Sex Offenders Act (1997) introduced registration for sex offenders
6. Sexual offences (Scotland) Act 2009 introduced new definitions for sexual offences against adults, including sex trafficking, date rape, consent etc.
7. Protection of Children and Prevention of Sexual Offences (Scotland) Act

Adult Care Services

Introduction

Management Structure:

The management of Adult Care services consists of distinct management responsibilities for key areas of the service. The structure is presently subject to review within the context of the integration of health and social care and a new integrated management structure will be in place in advance of April 2016.

Adult Care directly provides or commissions support, protection and care for vulnerable adults and adult with a range of disability needs whether they are associated with mental health, learning disability, sensory impairment or old age.

Service Expenditure:

For the year 2014/15, the revenue expenditure for Adult care Services was £43,191,869. The most significant costs during the year were:

Home care:	£11,200,348
Council care homes for older people:	£4,029,786
Commissioning care homes for older people:	£7,595,484
Supported living for learning disability:	£5,870,356
Commissioning care homes for learning disability:	£1,868,499
Assessment and care management (Older People):	£3,551,826

Adult Care - Key achievements

- In Year Balance of Care for Older People: Performance continues to improve with on average 79.8% of service users cared for in the community against 20.2% in care homes /NHS continuing care beds. This was against a stated target of 80/20 in favour of care at home. (March 2015 data)
- Sustaining a high level of performance in Delayed Discharge at a time when the number and dependency levels of those service users coming through the system continues to increase while recruitment into home care and key NHS community posts becomes increasingly problematic.
- Waiting list for Free personal Care at Home remains very low. This is at a time when the majority of council services were externalised and recruitment across the sector remains problematic.

- Number of Direct Payments continues to be relatively high though below target. Performance continues to be within the top quartile across Scotland.
- Number of Enhanced Telecare packages in use continues to rise while assisting service users to remain at home in safety with appropriate supervision.
- Implementation of “Talking Points” system which provides service users and carers with a robust opportunity to comment on the personal outcomes achieved via the service provided. This is reported on the updated Adult Care performance scorecard for 2015/16, and aligns with the National Health and Wellbeing Outcomes Indicators gathered through the Health and Care Experience Survey.
- Introduction of Home Care Commissioning and Monitoring Staff who will have the responsibility for cost effective home care procurement and provides new capacity for spot visits to assist in determining the quality of care provided by home care services
- Joint Inspection of Older people services from Feb 2015. Pre Inspection work undertaken early 2015, with Care Inspectorate to conduct a joint file reading exercise of 100 case files across Health and Social Care.

Older People's Services

Reshaping Care for Older People (RCOP)

Across RCOP we have developed an asset based approach to develop clearer understanding of the range of activity and resources available in each locality and how this best informs future investment opportunities. It provides the potential to gauge how communities can contribute to increased and maintained independence, promote health and well-being and increase social contacts out with the formality of social care.

The role and participation of carers and the third sector as equal partners was a strong influence in the production of the Joint Strategic Plan for Older People. The model for this will be used in the development of the Joint Strategic Plans for all Integrated Services.

We work closely with all Carers Centres and some services are jointly delivered for instance we commission the Carers Centres to undertake carers assessment through the funding of carers assessment workers. During 2014/15 162 carers assessments were carried out through carers centres (all ages). More recently we have funded Carers Centres to allow them to deliver on outcomes following assessment through the allocation of a flexible respite budget.

Model of Care

The agreed model of care agreed by the Health and Social Care Partnership is as follows:

Care at Home:

Preferred model of service user choice where safe and financially sustainable

Extra Care Housing/Sheltered Housing:

Where the design of service users homes are unsuitable for the safe provision of care service, users are increasingly offered the option of alternative housing to the option of a care home placement.

Care Homes:

Care homes are increasingly provided for high dependency service users where specialist dementia care and end of life care are the focus of the service.

Care at Home

Statistically Argyll and Bute social work services have continued to support more people to live at home with a year on year increase in the number of people aged 65+ directly receiving homecare, from 830 in 2011/12 to 1,097 in 2014/15, and the number of paid hours provided increased from 622,727 hours to 776,579 hours of service during the same period. Alongside this there has also been an increase over the last three year period relating to those receiving personal care, receiving a service during the evening and overnight and those receiving a service at the weekend. (Refer to Appendix 1)

This is a continuation of the improvement journey the service has made over a number of years in providing service users with the choice of living in their own home or sheltered accommodation at a time when the availability of staff to work what are increasingly unsocial hours has become problematic.

Institutional Care

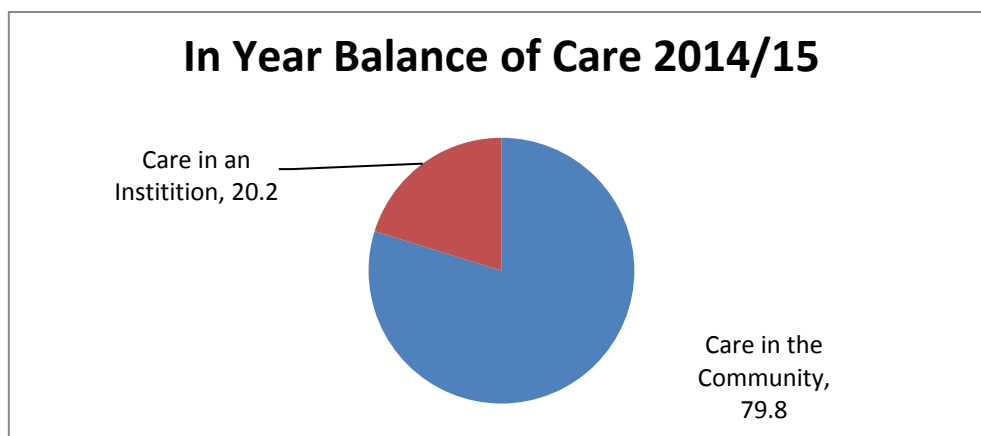
In conjunction with supporting more people to live at home, social work services have also focussed on reducing the number of people across the age groups, admitted to care homes. Over the last three years the overall number of admissions has dropped from a total of 613 in 2011/12 to 560 in 2014/15. (Refer to Appendix 2)

In Year Balance of Care for Older People

The In Year Balance of Care continues to demonstrate that the focus for social work service remains centrally on supporting people to remain at home for longer and work to reduce admissions to care homes locally. 79.8% supported in the community against 20.2% supported in an institution- (Figure 7 below)

In order to achieve this current balance of care a number of key workforce developments have been instrumental in supporting the joint delivery of services, these include the establishment of joint Extended Community Care Team in all localities, overnight homecare services and the increased use of Telecare and Telehealth services.

Figure 7: In Year Balance of Care for March 2015



Getting People Home from Hospital

Argyll and Bute's social work services continue to work to ensure that the national Delayed Discharge target of 4 weeks is achieved. Argyll and Bute's individual performance against neighbouring local authorities, in relation to getting people out of hospital within the four weeks target, demonstrates that health and social care services across the partnership are working to achieve better outcomes for people admitted to hospital. (Refer to Appendix 3)

In preparation for the reduction of the target to 2 week delay in April 2015, Argyll and Bute has already set the 2 week target across operational teams and is monitoring and driving increased performance through the use of robust local discharge data.

Learning Disability:

Day Services:

Day services have been re-designed with the focus being on the provision of person centred, flexible outreach services that complement the traditional resource centre facilities. The new statutory duties in relation to self-directed support (SDS) require a radical reshaping of services to meet individual service user's requirements.

The resource centre service continues to be used to a lesser degree with greater emphasis on providing support to access existing community facilities. As a consequence alternative uses for our resource centre buildings are being explored with other services within the Council, the NHS and the Voluntary sector.

National Strategy for Learning Disability:

On 13th June 2013, the Scottish Government and CoSLA jointly launched "The Keys to Life", the new national 10 year strategy for people with learning disabilities. The Keys to Life contains 52 recommendations covering a wide range of issues affecting people with learning disabilities. The full report is available at <http://www.scotland.gov.uk/Publications/2013/06/1123>.

The new strategy builds on "The Same As You", but importantly has a more explicit focus on improving health outcomes for people with learning disabilities, this will have significant impact for our integrated Learning Disability Service and we will be working closely with NHS Highland in implementing the joint improvement plans to meet recommendations.

Mental Health

Social Work and NHS Community Mental Health staff have moved to a position of co-location during the last two years and this has assisted greatly in the day to day management and provision of services. The long term management of the co-located teams will be part of the integration framework to be developed across health and social care services during the financial year 2015/16.

The re-design of Mental Health Services as with other client groups, continues to focus on the development of community based services in partnership with the NHS. This is reflected by the plans for the re-design of the Argyll and Bute Hospital site which will conclude with a significant number of bed reductions and resource being transferred to community services across Health and Social Care.

Substance Misuse: Development of the Alcohol and Drugs Partnership (ADP)

The ADP in Argyll and Bute had for a long period failed to work cohesively as a partnership across the statutory and third sector agencies in bringing together a concise and strategic vision for the future of services in Argyll and Bute. A new community based adult addictions service was commissioned from Addaction Scotland from 1 January 2015, following a tender process.

Adult Protection: Adult Support and Protection (Scotland) Act 2007

The Act provides the framework for the Adult Protection agenda and came into force in October 2008. During 2006/07 a new set of inter-agency procedures were drafted and approved by the Council, NHS Highland and Strathclyde Police for operational use. This resulted in an extensive programme of training across the agencies noted and the voluntary sector in Argyll.

Changes to the procedures and data collection mean that better information is now available about the outcome of referrals and how many adults are considered at risk of harm etc.

Following increases in the number of adult protection referrals coming to the social work teams in previous years, it is noted that over the last year the numbers have remained reasonably constant. However, with changes to the Police Scotland procedures, vulnerable person's referrals are now also submitted where there are concerns about an adult but it is not believed that they meet the criteria for being considered an adult at risk of harm. These referrals appear to be increasing in volume.

Updated data collection methods have resulted in much clearer information being available about those referrals that lead to an adult protection investigation. This has demonstrated the value of referrals from a wide variety of agencies, and in particular the high degree of engagement with our provider services. Detailed reporting and analysis of all aspects of adult protection work is now a key area for discussion at the Adult Protection Committee, with specific measures identified as part of the APC Improvement Plan and associated scorecard.

In order to develop a realistic understanding of all aspects of adult support and protection, self-evaluation continues to be a key feature of work undertaken by all those involved in this work. A multi-agency case file audit has been undertaken each year since 2012, and this year involved interviews with staff and the adult who was the subject of the adult protection investigation in order to gain 360 degree feedback. A report with feedback from each agency will highlight areas for improvement as well as strengths in performance. In parallel with this audit an internal social work evaluation took place, looking at 10% of those cases where it was decided that the adult was not at risk in order to examine consistency and appropriateness of decision making. Again, learning was disseminated following the collation of the results of this exercise.

Training on adult support and protection continues to be provided free to staff from any agency across Argyll and Bute, including the largest islands. An annual training programme was developed to run throughout 2014 and was publicised via the Argyll and Bute Council website. Take up of places has been good from all grades of staff within social work and the NHS, with many staff reporting the benefit of a multi-agency group and the different perspectives that contribute to the overall learning.

During the last year the Adult Protection Committee undertook its own self-evaluation, examining its performance in various areas, and feeding the results back to staff at the annual self-evaluation day. It also revisited its Terms of Reference to ensure that the membership and structures are appropriate and responsive to the needs to local implementation of the Adult Support and Protection Act.

Advocacy and Adult Support and Protection

In accordance with the legislation, social work staff are expected to offer independent advocacy to all adults who are the subject of an adult protection investigation. In addition to their involvement in supporting the adult to enable their voice and views to be heard as part of this process, the advocacy service has also been commissioned to assist the department in gaining the adult's feedback after the Adult Protection activity has ended. A short questionnaire was devised by social work and advocacy staff and includes questions about how the adult was communicated with as part of the process, as well as whether they feel safer as a result of the actions taken. The advocate who supported the adult through the investigation returns to them three months later to complete the questionnaire and gain any overall feedback they wish to provide. This enables social work staff to understand the impact of their work on the adult and their situation and how the adult has viewed their intervention.

The advocacy service will be subject to tender during 2015/16.

Commissioning of Services

In going forward, joint commissioning plans are being progressed with partner agencies. Specifically the Joint Older Persons Commissioning Plan has been drafted and was subject to full public consultation during 2014.

Commissioning of Services/Contract Monitoring

The Procurement and Commissioning Team (PCT) provide support to the social work service in relation to contract and supplier management. All care contracts are measured using the balance scorecard. Individual risk ratings are determined by performance of provider, Care Inspectorate grades and monitoring information. Individual performance measures are as follows:

Table 3: Care Inspectorate Grades

	Number of Contracted Suppliers	Number of Supplier Scoring Good – Excellent (Care Inspectorate Grades)	Number of Suppliers Scoring Adequately (Care Inspectorate Grades)	Number of Suppliers Scoring Weak (Care Inspectorate Grades)
Care at Home/Housing Support/ Learning Disability/ Mental	32	25	6	1
Care Home Providers	22	12	9	1

PCT are working with all suppliers scoring adequate to improve their scores and ensure that quality services are being delivered. This is done through quarterly contract management meetings measuring individual performance via the balanced scorecard and day to day operational contact. Additional monitoring resources have been agreed with the two supplier’s scoring weak to address all concerns and carry out monthly monitoring of improvement plans.

Service User Feedback – Quality Assurance Questionnaires

As part of the Procurement and Commissioning Team’s ongoing monitoring, of all registered Adult Care services, questionnaires were completed with service users and/or their families across the range of service groups. The exercise was designed to gauge levels of satisfaction and to ascertain what was going well and what could be improved.

Feedback

The questionnaires were completed by service users supported by Monitoring Officers or by guardians/family members. A total of 273 were completed, sampled from Mental Health/Learning Disability Supported Living and Day Services. Care Homes and Day Care for Older People were also included. Care at Home services were excluded, due to the robust monitoring in place, carried out by Homecare Procurement Officers.

- More than 90% of the service users across the services felt they were involved in making decisions about the services they received.
- Within both internal and external day care and care homes 96% of service users felt that staff were sensitive to their needs.
- 100% of service users with Mental Health needs felt they were involved in making choices about their service.

- 98% of people with a Learning Disability feel they are supported to do things they enjoy and are important to them.

Better Outcomes for Adult Services

In line with the main driver of supporting people to remain at home for longer and to ensure that preventative and upstream services deliver on outcomes for people, the National Health and Wellbeing Outcomes for adults and older people are set out in Regulation as part of the provisions of the 2014 Public Bodies (Joint Working) (Scotland) Act and are as listed below;

1) Healthier Living - People are able to look after and improve their own health and wellbeing and live in good health for longer.

2) Independent Living - People, including those with disabilities, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3) Positive Experiences and Outcomes - People who use health and social care services have positive experiences of those services, and have their dignity respected.

4) Quality of Life - Health and social care services are centred on helping to maintain or improve the quality of life of service users.

5) Reduce Health Inequality - Health and social care services contribute to reducing health inequalities.

6) Carers are supported - People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.

7) People are Safe - People who use health and social care services are safe from harm.

8) Engaged Workforce - People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

9) Effective Resource Use - Resources are used effectively in the provision of health and social care services, without waste.

Performance against these outcomes will be measured across 23 indicators, looking at a balance of service and personal outcomes. As the Health and Social Care Partnership develops it will demonstrate progress towards the delivery of these outcomes.

Children and Families and Criminal Justice

Introduction

The management arrangements for the Children and Families/Criminal Justice service have been reviewed with the new framework being put in place during 2014/15 as outlined within the supplementary information (page 42).

Children and Families directly provides or commissions support, protection and care for vulnerable children, young people and their families. The Children and Families service portfolio covers three key areas:

- Children and Families Resources
- Children and Families Operations
- Criminal Justice

Children and Families

Service Expenditure:

In 2014/15, the revenue expenditure for Children and Families was £10.25m. The most significant costs during 2014-15 were as follows:

- Assessment and care management: £2.9m
- Family Placement (includes fostering and adoption): £1.7m
- LA Care Homes: £1.5m
- External Residential Placements: £1.3m
- Children with a Disability: £411k

Children and Families- Key Achievements

- A new model of service delivery was implemented in October 2014 following a service redesign, placing more workers on the frontline and reducing the overall management structure. The significance of this redesign was recognised at the annual CoSLA Excellence Awards in March 2015, winning a prestigious Gold Award in the category 'securing a workforce for the future'.
- The development of a corporate parenting board with committed Children's Champions has continued to drive improvements which include the progression of a new build for Dunclutha Children's Home, increasing access to apprenticeships, driving lessons and improved engagement with young people and carers.
- The child protection activity has steadily reduced with lower numbers on the Child Protection Register. Alongside this, the service has delivered a number of training sessions supporting staff across the partnership to improve practice in identifying children at risk.

- Improvement in immediate response to child protection has improved through the multi-agency screening of all child protection referrals. Embedding of GIRFEC practice model ensures that all children subject to child protection investigation have an assessment, plan and meeting to support their needs. The numbers of Child protection registrations have shown a downward trajectory over the past 3 years with the number of children on the Child Protection Register remaining low.
- All residential units have achieved grading across all quality indicators of 'very good' or 'excellent'.
- The overall numbers of looked after and accommodated young people placed in external placements out with Argyll and Bute continues to fall.
- The number of Foster Carers in Argyll and Bute remains high and they continue to provide good quality care to our most vulnerable children and young people. The Care Inspectorate graded the service as 'good' across all quality indicators.

Children and Families Performance Data

Support for Argyll and Bute's children continues to grow, with a reported increase of 8% in 'new' child referrals during 2014/15. Despite this increased pressure, the balance for care for children and young people who are looked after in either a community or family setting notes only a slight reduction during 2014/15 from 92% to 91%.

The number of Looked after Children reports an increase of 4.6% during 2014/15, with both Kinship and Foster Care placements increasing during the same period, evidencing the commitment to focus support for Looked after Children in a homely setting. In addition, Child Protection registrations remain low with a numeric increase of 2 (9.5%) reported across 2014/15. (Refer to Appendix 4)

Service User Feedback

Children and Families have created a support forum for all looked after children and care leavers. All aspects of service delivery are discussed within these fora. In addition, consultation events with foster carers and young people take place bi-annually, and are linked into the Corporate Parenting Board. Advocacy services are provided by Children 1st for all children and young people on the Child Protection Register. Who Cares? Scotland provide advocacy services to all looked after and accommodated children and young people. In relation to parental feedback around child protection, the parental response remains poor. The focus for 2015/16 is to engage with parents to provide feedback.

Planning for Change

Children and Families has delivered a programme of transformational change over the last 2 years and the Fostering and Adoption Service has undergone a period of modernisation. Permanence planning is a priority for the service with CELCIS providing support to develop a new tool kit and training for all staff. A 'Permanence Tracker' tool has been introduced to monitor timescales to ensure they are being met.

Improving consistency with assessment and care planning has been achieved, with the introduction of the new Universal Child's Assessment (UCA), effectively replacing all other child assessments.

With regard to the new statutory functions outlined in the Children and Young People Act 2014, the service continues to develop new services in the key areas identified below;

- Kinship
- Continuing care
- Alternative to Care

Service delivery to support increasing number of looked after children will continue to be developed, including further provision of care for looked after children up to the age of 21 (including Fostering and Residential Services up to the age of 26).

Criminal Justice

Argyll and Bute Criminal Justice Services are delivered within a formal partnership arrangement with East and West Dunbartonshire Councils. Argyll and Bute Criminal Justice Service continue to work effectively with partner agencies to manage high risk offenders, both sexual and serious violent, through multi agency reviews and environmental risk assessments. Multi agency High Risk Offender Groups in Argyll and Bute are functioning well with the operational group providing a forum to resolve local practical issues and share matters with partners. This forum has been instrumental in broadening out the remit for environmental risk assessments for sex offenders to include serious high risk of violence offenders. (Table 2 below notes the gross expenditure of the current service)

Table 2: GROSS EXPENDITURE BY CATEGORY: 2014/15

Employee Expenses	765,488
Premises Related Expenditure	27,768
Supplies and Services	26,243
Third Party Payments	25,829
Transport Related Expenditure	61,156
Total Expenditure	906,484

Community Payback Order requirements for unpaid work prove an effective means for offenders to repay society for their misdeeds which also contributes to the process of rehabilitation and reintegration. Unpaid work requirements are increasing in hours and often form part of a supervision package. Unpaid work activity in Argyll and Bute continues to attract positive press coverage as the scheme engages increasingly with community groups and larger scale projects. In 2013/14, 16,154 hours of unpaid work were ordered in Argyll and Bute – this has risen to 19,945 in 2015/15, equating to £133,631 (minimum wage £6.70/hr) of labour put back into the community.

The Whole Systems Approach and early intervention through the Children’s services continues to divert young offenders away from the adult criminal justice system. As with the previous year, there has been a reduction in Court report requests since 2012/13 for low tariff offences but, as a result of this, proportionately more cases that are prosecuted require complex risk assessments and more time to complete. Community supervision orders have remained consistent though nationally, as reflected in Argyll and Bute, numbers for Unpaid Work requirements have risen considerably since its use has broadened beyond the parameters of being strictly an alternative to custody. There continues to be a rise in the workload associated with the management of released prisoners who, by their nature, have entrenched patterns of behaviour and/or complex risk management requirements.

Criminal justice services, whilst ring-fenced funded, are subject to central rather than local austerity measures and have developed a flexible resource structure, both in operational services and business support, for what is a small and geographically diverse team.

Table 4: New activity Across Service Area Comparison 2012/13 to 2014/15

Areas of service	New activity 2012/13	New activity 2013/14	New activity 2014/15
Criminal Justice Social Work Report	555	373	381
Parole or release of prisoners reports	34	55	12
Court orders involving community supervision	103	82	91
Court orders involving unpaid work	125	126	148
Total number of Unpaid Work hours ordered	12,222	16,154	19,945
Statutory supervision of released and current prisoners	12	23	32

The Scottish Government has announced its preference for a local delivery model for the redesign of Community Justice Services with a national body providing strategic oversight. The Criminal Justice Partnership and associated Councils support the local delivery model and are working closely with CPP colleagues and other agencies to develop strategic governance and operational delivery of community justice for roll out in April 2017.

Argyll and Bute Health and Social Care Integration

Introduction

NHS Highland and Argyll Bute Council in April 2014 meeting endorsed the integration model as “Body Corporate” for the Argyll and Bute Health and Social Care partnership and confirmed the scope of service inclusion in June 2014.

Argyll and Bute HSCP Establishment

Integration Scheme

Argyll and Bute’s Integration Scheme was completed and submitted to the Scottish Government in March 2015, the Integration Scheme has been approved by the Cabinet Secretary and set before Parliament for the statutory 28 day period, concluding 27th June 2015.

Following this formal approval the partnership is now required to proceed with the formal constitution of the Integration Joint Board (IJB), at its first meeting in August 2015, section 2.3 details its membership.

The IJB will not have operational or governance responsibility for the HSCP services until April 2016.

Health and Social care Interim Operating Arrangements until April 2016

Following the issuing of Scottish Government guidance on the disestablishment of CHPs as at 31st March 2015, interim arrangements have been put in place until the resources can be legally delegated to the Argyll and Bute HSCP Integrated Joint Board (IJB). This is dependent upon the production and approval of the Argyll and Bute HSCP strategic plan.

NHS Highland, having considered the risks, and to meet the clinical and care governance and financial accountability requirements, will put in place Argyll and Bute Health Governance Committee will be established as a new subcommittee of the Board.

Argyll and Bute Council has confirmed the transition arrangements will be through its existing Community Services Committee. The end of these transition arrangements must be by the 31st March 2016 as dictated by statute or sooner once resources can be legally delegated to the Argyll and Bute HSCP Integrated Joint Board (IJB).

Argyll and Bute Integration Joint Board

The Argyll and Bute HSCP Integration Joint Board from August 2015 (once legally constituted) will assume responsibility for the following:

- Production of the Argyll and Bute HSCP Strategic Plan
- Oversight of the integration transition arrangements regarding:
 - Health and Care Governance (Quality and Safety)
 - Health and Social Care Workforce and partnership arrangements
 - Financial Governance

- Organisational Development
- Patient and Carer engagement and involvement arrangements

The IJB therefore has no responsibility at this time for day to day operational services.

Argyll and Bute Integration Joint Board required membership has been established as prescribed in the legislation as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 which is as follows:

Designation	Source
Chief Officer Health and Social Care	Through appointment
Chief Social Work Officer	Through appointment
4x Board Members, NHS Highland	Agreed by NHS Highland Board
4 x Elected members, Argyll and Bute Council	Agreed by Argyll and Bute Council
Independent sector representative	Through Scottish Care or Community Care providers
Third sector representative	Through Third Sector Interface
Registered Nurse	Through appointment
Registered medical practitioner who is not a GP	Through appointment
Registered General Practitioner	Through appointment
Trades Union representatives to represent staff in each organisation	Through Partnership Forum
2 x Public Representatives	Through application and interview process
Carer Representative	Through application and interview process
Finance/ Section 95 Officer	Through appointment
Other members as agreed by the voting members of the IJB	Through application and interview process
In attendance:	
Integration Programme Lead	Through appointment
Minute taker	Through appointment
Other stakeholders/Officers co-opted	As required

A rigorous process for the selection of IJB has been applied and it is expected that successful applicants will be notified and take up their roles by the end of July 2015, with first formal meeting of the IJB taking place in August 2015.

Management appointments

With effect from 1st July 2015, the following management appointments have been made to support the Chief Officer:

Head of Adult Services – East: Allen Stevenson

Head of Adult Services – West: Lorraine Paterson

Head of Strategic Planning and Performance: Stephen Whiston

Head of Children and Families: To be appointed September 2015

Work is now progressing on the next tier of operational management with recruitment planned to be conclude by September 2015.

Strategic Plan 2016- 2019

The Strategic Plan will describe how Argyll and Bute Health and Social Care Partnership will make changes and improvements in the way it delivers health and social care over the next three years. It will explain what services we are responsible for, what our priorities are, why and how we decided them. It will show how we intend to make a difference by working closely with partners in and beyond Argyll and Bute.

Workforce Planning and Development

The Social Work Training Board supports the development of the Social Work workforce. Most of social care workers are registered with the Scottish Social Service Council. Employees are required to undertake professional development to ensure their continued registration.

Leadership - Managers are being nominated via their Heads of Service to undertake the Argyll and Bute Manager Programme or the NHS Leading for the Future National Programme.

Registration with SSSC - The SVQ Centre has received excellent verification reports from the SQA.

Table 5: Employees who completed their SVQ in Adult care in 2014

SVQ	Number completed
SVQ2 Social Services and Healthcare	12
SVQ3 Social Services and Healthcare	8
SVQ4 Social Services and Healthcare	4

SVQ4 Leadership and Management for Care Services	1
SVQ Medication Unit	3
LandD9DI (Assessor Award)	2

Table 6: Employees who completed their SVQ in Children and Families in 2014

SVQ	Number completed
SVQ3 Social Services (Children and Young People)	11
SVQ4 Social Services (Children and Young People)	2
LandD9DI (Assessor Award)	1

Professional Qualifications

Employees are invited to apply for professional qualifications as agreed by the Social Work Training Board on an annual basis. The undernoted qualifications were funded in 2014:

Qualification	Number of employees funded
K101/DD102 Open University Foundation Courses	8 employees (6 from Adult Care and 2 from Children and Families)
OU BA (Hons) Social Work (Scotland)	2 employees (1 from Adult Care and 1 from Children and Families)
Certificate in Adult Services, Support and Protection	2 employees
MHO Award	2 employees
MHO Conversion course	1 employee

Growing Our Own - OU BA (Hons) Social Work (Scotland)

The council is committed to supporting two applications for the degree every year in order to develop a competent, confident, skilled and qualified social care workforce, capable of meeting the current and future demands of the service. This ensures we have qualified Social Workers within the authority as we often struggle in recruiting due to the geographical area.

Successful applicants are sponsored through Stages 2, 3 and 4 with a requirement to work for this authority for a further two years.

The course includes two 100 day compulsory social work placements which require staff to be absent from their present post during this time. One of the placements is external to Argyll and Bute. Employees are supported by our own practice teachers during their in house placement.

We currently have 2 employees at stage 3, 2 employees at stage 4 of the Social Work Degree. We have just selected another 2 employees to commence their training. There are a total of 6 employees in the programme with the Open University.

Placements: Learning Network West provides a number of students to place. We also offer 10/20 day observational placements through the University of the West of Scotland. And in addition, we hold an annual Awards Ceremony where people who are undertaking any lengthy training are present with their certificate to highlight their achievement.

Mental Health Officer Training: The Council puts through a minimum of one qualified Social Workers per annum onto the Mental Health Officer course which is an essential element of the Council continuing to meet its statutory obligations.

E-Learning

LEON is our e-learning system where employees can access a wide range of online courses. It is available to all employees. The Learning and Development team are working towards providing a variety of easily accessible courses when needed which will give employees the information, knowledge and skills required to do their job.

Employees are able to complete courses which have been sourced to support employees in all roles within the organisation or that have been custom-built by the team around our policies and procedures.

Our online courses complement our tutor-led training courses, helping employees to gain new knowledge and refresh on specific topic areas. In addition LEON provides the ability to test your knowledge through the use of short assessments.

Key Challenges for Year Ahead

Service Wide

- The integration of Health and Social Care services.
- The general financial restraints that will impact on public sector services that will require further efficiencies to be made in how we provide services at a time of growing demand.
- On-going developments around the modernisation of our models of care across health and social care which need to be service user centred and evidence” real outcomes” rather than general outputs. Moving away from measuring processes to measuring service user experiences.

Adult Care

- Whilst we have been active in re-designing older people’s services we will need to continue to do so in order to prepare for the pressures of demographic change and the continued public expectation for improvement in services and care at home. Our ability to recruit staff into home care services in particular presents a significant challenge for the Council and those providers we commission from. The Council is one of four pilot areas working with the Institute for Research and Innovation in Social Services (IRISS) during 2014-15 which will be working alongside care providers in addressing issues of staff recruitment and retention while the Council works with local schools and colleges in promoting employment in social care.
- The re-provision of the Council care homes, whether it is in-house or in partnership with independent providers and/or Housing Associations will require ongoing engagement with the political membership of the Council and the local communities as we develop alternative models of care within the Re-Shaping Care for Older People framework.
- Whilst we have been successful in managing Delayed Discharges, the review of national targets from 4 weeks to 2 weeks by April 2015, the increase in unplanned admissions, accompanied by the recruitment issues in Home Care has set significant challenges for us in how we manage the totality of the system.
- Adult Protection work continues to grow and increasingly creates capacity issues in our ability to respond to the high number of initial referrals from the Police the vast majority of which do not meet the 3 point criteria for Adult Protection. In addition, the public understanding of issues continues to lag behind that of Child Protection both in terms of the seriousness of the matter and in how to report incidents appropriately.
- A model of joint inspection of services across Adult Care, NHS, Police by the Care Inspectorate is now in place. As a partnership we have are developing a multi-agency framework of self-evaluation and improvement which will provide the foundation for our future inspection.☐

- Implementation of Strategy for Autism across health and social care services. The Argyll and Bute Strategy for Autism lays out the plans for providing help, advice and support to people with autism and their families. This was prepared on behalf of Argyll and Bute Council and NHS Highland by the charity Scottish Autism, the largest provider of autism-specific services in Scotland and a leading authority and advocate for good autism practice. In line with other Scottish councils, Argyll and Bute has produced this plan in support of the Scottish Government's National Strategy for Autism.

Child Care

Key challenges include:

- Implementation and embedding of the new service delivery model.
- Recruiting and retaining staff in rural locations.
- Improving self-evaluation and quality assurance to ensure improving quality drives improvement.
- Improving consistency of assessment across Argyll and Bute.
- Improving consistency of Care Planning, including permanence planning.
- Developing and embedding principles of Self Directed Support.

Criminal Justice

Key challenges include:

- The design of criminal justice service in the future nationally and locally. Planning for the impact of the abolishment of the Community Justice Authority and responsibilities to be placed on Community Planning Partners.
- Sufficient funding, for the last 3 years criminal justice partners has been overspent. Argyll and Bute pay a third of overspend, finance is allocated through workload and while workload is reducing there is a minimum level of staff required to cover the significant rural areas across Argyll and Bute. Criminal Justice funding is ring fenced.
- The development and implementation of MAPPA guidance.
- High Risk offenders being included in MAPPA guidance and the potential impact on staff's capacity to cover the new framework.
- Developing and delivering unpaid work service across Argyll and Bute as there have been difficulties recruiting appropriate staff to deliver services in rural areas.
- The recruitment and retention of staff.

Conclusion

The period of 2014/15 has seen the social work service continue to be subject to change and review in order to meet the challenges of service improvement and re-design, demographic change, joint inspection, changes in statute and organisational change presented by the integration agenda. During this period the service has continued to develop its approach to meeting the needs of the community within Argyll and Bute with notable achievements being the continued increase in family based placements for looked after children and the maintenance of low numbers of patients affected by delayed discharge and continued promotion of care at home where safe and sustainable.

These achievements have been underpinned by our approach to service improvement which brings together the key aspects of this: outcome performance; staff and service user feedback, and auditing finance and management information to create a comprehensive approach to improvement.

There are further challenges ahead which will require an on-going commitment to review and re-design that will result in a fundamental reconsideration of how we deliver services in all aspects of our business. Work is already well underway in many of these areas with significant review activity having taken place across the range of services including elderly services and learning disability in adult care and in children affected by disability, early years and children with emotional and mental health needs within children's services. This activity is a core part of the council's modernisation programme and social work is well placed to help the council continue to develop in the years ahead.

The partnership anticipates receiving feedback from the Care Inspectorate and Health Care Improvement Scotland in respect of the recent joint inspection of Older Peoples Services in Argyll and Bute in October 2015

Chief Social Work Officer

September 2015

Appendices

Appendix 1:

Providing Care at Home

Homecare SPI Data	2011/12		2012/13		2013/14		2014/15	
Number of people aged 65+ receiving homecare	830		933		1,070		1,097	
Total volume of service Total No homecare hours per 1000 population aged 65+	8,584	443.6	9,329	473.8	10,650	540.9	10,726	520.2
No and % in receipt of : Personal care	819	98.7	921	98.7	1,064	99.1	1,066	97.2
No and % in receipt of: A service during evening/overnight	438	52.8	467	50.1	553	51.5	570	52
No and % in receipt of : A service at weekends	748	90.1	850	91.1	967	90	980	89.3

Data Source:

Audit Scotland SPI Return - Homecare Section 9 and SG Social Care Survey

Homecare – Actual Expenditure per year (£)

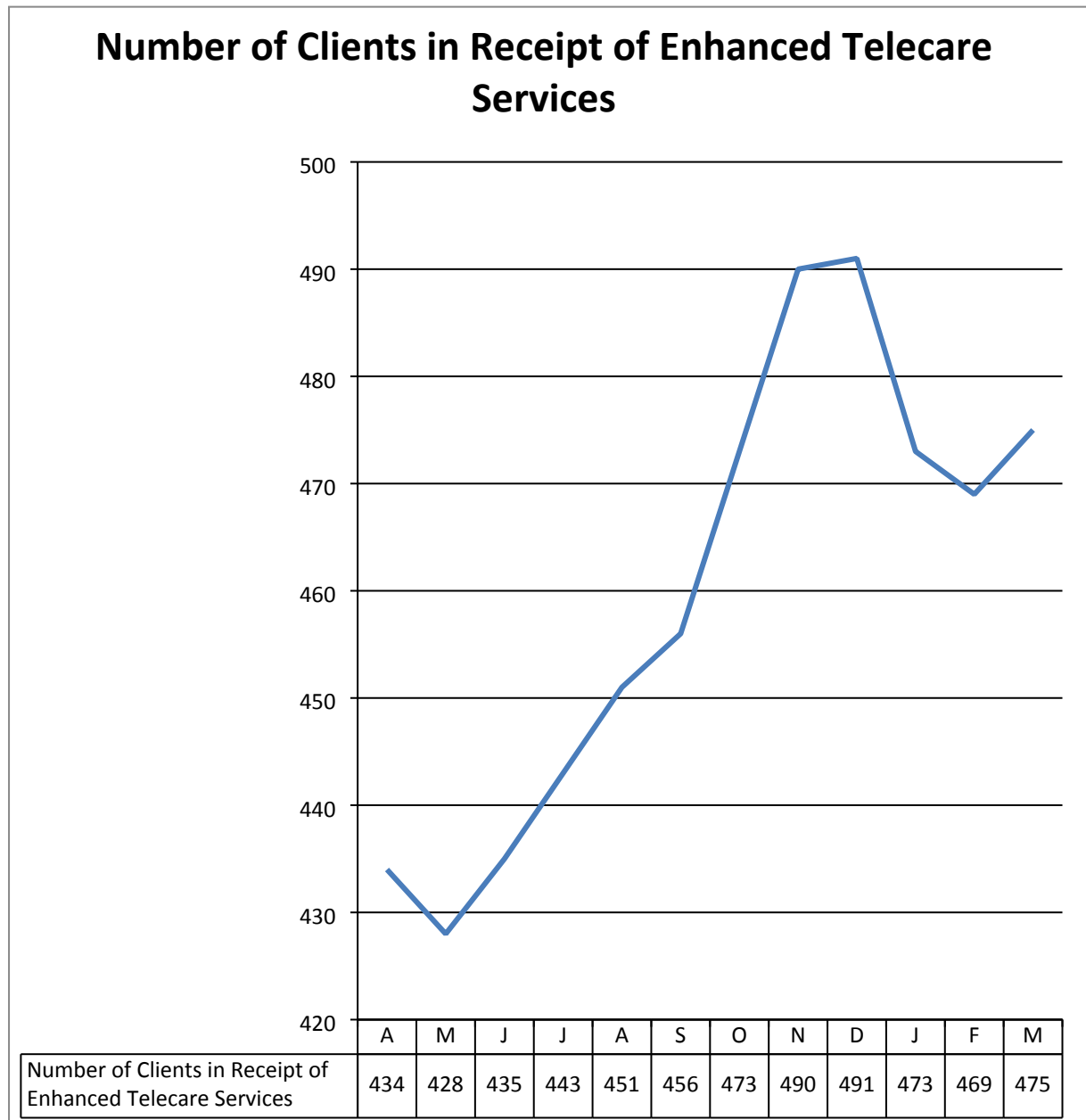
Sector	2011-12	2012-13	2013-14	2014-15
Internal Homecare	3,126,785	2,883,949	2,612,166	2,943,372
External Homecare	6,085,629	6,937,934	8,620,008	8,971,253
Total	9,212,414	9,821,883	11,232,175	11,914,626

Homecare – Paid Hours of Service per Year

Sector	2011-12	2012-13	2013-14	2014-15
Internal Homecare	168,564	141,232	124,677	133,857
External Homecare	454,163	518,235	584,290	642,722
Total	622,727	659,467	708,967	776,579

Increase uptake of Enhanced Telecare Services

Source: Pyramid – Enhanced Telecare Service Users (2014 /2015)



Appendix 2:

Institutional Care

Care Homes	2011-12			2012-13			2013-14			2014-15		
Number of Permanent / Long Stay Residents Supported in Care Homes	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total
Older People	0	545	545	0	510	510	0	503	503	0	509	509
Physical Disability	2	0	2	2	0	2	2	0	2	1	0	1
Learning Disability	31	7	38	29	3	32	29	3	32	32	3	35
Mental health	10	0	10	3	1	4	2	1	3	1	1	2
Other	18	0	18	15	0	15	10	0	10	13	0	13
Total	61	552	613	49	514	563	43	507	550	47	513	560

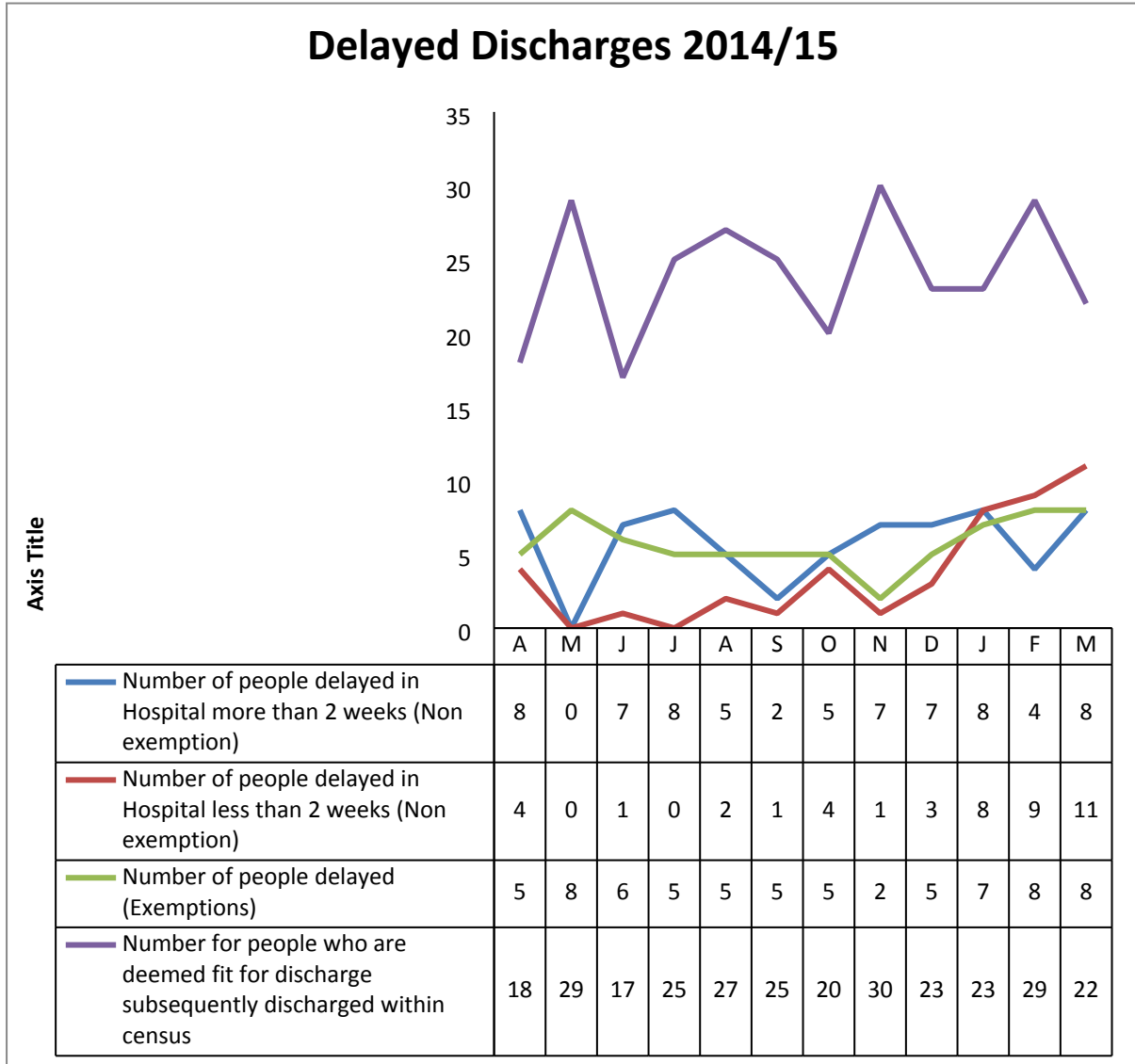
Data Source: Pyramid 2011/12-2014/15

Commissioning of Care Home Beds – Actual Expenditure by Client Group per Year

Client Group	2011-12	2012-13	2013-14	2014-15
Older People	7,613,081	7,647,335	7,153,861	7,595,484
Physical Disability	103,113	104,133	104,451	96,203
Learning Disability	2,159,641	1,854,159	1,807,571	1,868,499
Mental Health	219,662	208,643	155,005	36,533
Addictions	15,677	40,409	19,642	24,280
Grand Total	10,111,174	9,854,680	9,240,530	9,620,999

Appendix 3:

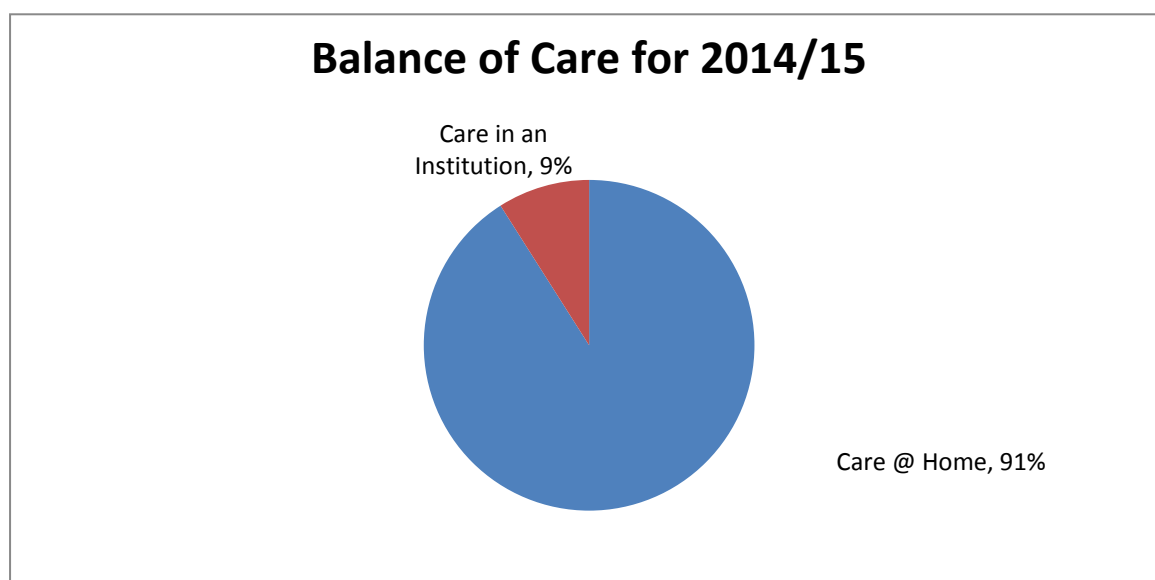
Getting People Home from Hospital



Data Source –Edison – YTD Discharge Totals <2weeks (Argyll and Clyde)

Appendix 4:

Children and Families Performance Data



Description	2011/12	2012/13	2013/14	2014/15
Number of Referrals ⁽¹⁾	3101	3111	3427	3559
No. Children Subject of a Referral ⁽²⁾	1478	1490	1430	1545
Number of 'New' Referrals ^(1a)	852	1249	1125	1131
No. Children Subject of a 'New' Referral	721	905	813	840
Looked After Children ⁽³⁾	190	200	175	183
Looked After Accommodated Children ⁽³⁾⁽⁴⁾	133	125	123	134
Child Protection Investigations	185	195	185	132
Child Protection Registrations ⁽³⁾	48	16	21	23
No. Children with a Permanency Plan ⁽⁹⁾	81	84	103	100
No. Foster Care Placements ⁽³⁾	50	47	54	57
No. Kinship Placements ⁽³⁾	55	53	42	44
No. Throughcare Clients ⁽³⁾	44	55	51	40
No Ex-care Leavers with a Pathway Plan ⁽³⁾	13	9	6	37

<http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork>

(1) Referrals defined as Carefirst Initial Contacts, where Contact set as 'Child', and 'Age at initial contact' ranges from 0-18.

(1a) 'New' Referrals defined as Carefirst Initial Contacts made where Referral Type set as 'New Referral'.

(2) Children may be subject of >1 referrals within year period. Definition of referral as above.

(3) Data for 2011/12 - 2013/14: source is nationally published Annual Children's Social Work Statistics (see link) using as at date of 31st July 2011, 2012, 2013, 2014. Data for 2014/15 will not be published until 2016. Data source for 2014/15 is Pyramid.

(4) All looked after children except children on a supervision order looked after at home with parents

Supplementary Information

Role of CSWO

General:

- CSWO reports to Executive Director, Community Services (Social Work, Housing, Education, and Community and Culture).
- CCSWO is a member of the Community Services Departmental Management Team as is all the other appropriate Heads of Service.
- CSWO meets with the Chief Executive of the Council quarterly. Executive Director and Head of Children and Families also attend the meeting.
- CSWO is a member of the Health and Care Strategic Partnership (as is the Executive Director and Head of Children and Families)
- CSWO has the option to participate in both the Adult Protection Committee and Child Protection Committee. Usual practice is for the appropriate Head of Service for Adult or Child Care to serve the committees with the CSWO attending both by exception.
- CSWO attends the partnership's Chief Officers Group for Public Protection which has the overview of all Public Protection issues covering Child Protection, Adult Protection and Criminal Justice.

Finance:

CSWO participates in the budget planning for the Council as do all Heads of Service. There is no specific role for the CSWO in the process.

Reports:

Other than the annual CSWO report to the Council there are no other specific reports to the Council by the CSWO with the exception of reports relating to death of children/adults that are provided to the Chief Executive. All other reports to the Chief Executive, Executive Director and Council are presented by the appropriate Social Work Head of Service and not delegated specifically to the CSWO.

Governance Framework:

The political and partnership governance associated with Social Work services is as follows:

Full Council: bi monthly

Community Services Committee: quarterly

Local Area Committees(x4): bi monthly. Attended by operational Area Manager with Service Managers/Head of Service attending as appropriate

Argyll and Bute's Children: Quarterly

Health and Care Strategic Partnership: bi monthly

Adult Protection Committee: quarterly

Child Protection Committee: quarterly

Chief Officer Group for Public Protection: quarterly

Argyll and Bute's Community Planning Partnership

