



MIDLOTHIAN COUNCIL

CHIEF SOCIAL WORK OFFICER

ANNUAL REPORT 2012-2013

**Eibhlin McHugh
Joint Director Health and Social Care
Fairfield House
8 Lothian Road
Dalkeith
EH22 3Z**

Introduction

It is a statutory requirement that every local authority should have a professionally qualified Chief Social Work Officer. The role of this Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services, and it includes the preparation of an annual report.

This annual report provides Members with an overview of how the statutory duties of the Chief Social Work Officer (CSWO) have been fulfilled over the year 2012/13. It also updates Members on how the wider responsibilities of the CSWO have been fulfilled as they relate to the promotion of values and standards and in the provision of professional leadership.

- 1 Public Protection
 - i) Child Protection
 - ii) Adult Protection
 - iii) Criminal Justice
- 2 Adults with Incapacity
- 3 Mental Health (Care and Treatment Act)
- 4 Fostering and Adoption
- 5 Secure Orders
- 6 Regulation and Inspection
- 7 Workforce Development
- 8 Service Development
- 9 Key Challenges for 2013-14
- 10 Complaints
- 11 Appendix

1. Public Protection

The highest priority in social work is to ensure that, in collaboration with partner agencies, people at risk of harm are afforded effective protection. A joint East Lothian and Midlothian Critical Services Oversight Group (CSOG) is responsible for the strategic co-ordination of all public protection services within the Midlothian Area.

In order to ensure robust scrutiny an independent appointee chairs the joint East/Midlothian Child Protection and Adult Protection Committees and reports direct to the CSOG. During the past year the various joint committees for Public Protection – the Joint East and Midlothian Child Protection Committee, the Adult Protection Committee, the Offender Management Committee, and the Violence against Women Strategic Group have worked together to integrate arrangements for Public Protection.

Joint sub-groups on Quality Assurance for each service area and collective sub-groups for Engagement and Communications and Learning and Development have been established. These work across the Public Protection areas to promote integrated and co-ordinated action across these inter-linked areas.

The Committees link to Community Planning through their respective children or adult partnership arrangements and collectively report to the Safer Communities Board.

Across the field of Public Protection there is growing awareness of the critical importance of continuing to integrate. The needs of both children and adults at risk of harm are seldom met in one area but usually in two or three. For example a child at risk of harm may also be in a household where there are issues of substance misuse and domestic violence. Likewise a perpetrator who presents risk to children may also present a risk to vulnerable adults.

The Critical Services Oversight Group meeting in December 2012 agreed to take a more integrated approach to public protection across the lifespan that will be more effective and efficient in terms of improved outcomes for service users. A short life project to look at public protection structures and arrangements overall was therefore approved, with its primary aim being a more streamlined, efficient and effective Public Protection service. A model which will consider the impact of trauma across the lifespan and seamless ways of working in response to that is being explored.

i. Child Protection

The Multi-agency Child Protection Committee provided clear direction to ensure that Midlothian implemented new Child Protection Procedures in December 2012. In addition, we reviewed processes in relation to the "Getting it Right for Every Child" policy. Children and young people will now only be subject to a single planning process. Previously a number of children could be engaged in two processes; a supervision requirement through the Children's Hearing System and subject to Child Protection registration. In Midlothian we are working to one child, one plan .

At 31 March 2013 there were 49 children living in 31 families on the Child Protection register, compared with 94 children living in 45 families the year before, a fall of 48%. Over the course of the year, a total of 141 children were registered, and 186 were de-registered, the highest number on the register was 143 compared to 185 last year.

The average age of children on the Child Protection register has remained the same, with 30 of the children registered aged 4 or under and 5 unborn as of 31/03/13. This compares with 45 and 6 at the same time last year and 40 and 6 unborn at the year before. Of the de-registrations, the average length of time that children spent on the register has decreased, with an average length of 44 weeks in 2009/10, decreasing to 34 weeks in 2010/11, reducing to 33 weeks in 2011/12 and further to 32 weeks in 2012/13.

Midlothian has undertaken a series of multi agency training events to ensure practitioners have confidence in their decision making. The reduction in the number of children on the register is likely to have been influenced by this development. The Child Protection Committee has engaged an organisation, 'With Scotland' to review Child Protection practice within Midlothian and ensure that decision making over thresholds is robust as well as bringing evidence of good practice from elsewhere in Scotland to ensure children in Midlothian are safe.

ii. Adult Protection

In the past year Adult protection referrals have increased by 107% from 802 in 2011-12 to 1657 in 2012-13. This increase reflects a change in the way we record and deal with the large number of police Adult Concern Forms (1,235 in 2012-13). Currently they are all considered as Adult Support and Protection referrals, although in practice only 11% of all referrals (137) met the criteria to warrant a full inquiry. A multi-agency screening group has been established to review these referrals and this is likely to reduce the number taken forward as Adult Support and Protection referrals.

Of the Inquiries 37% (51) were progressed through Inter-agency Referral Discussion to Investigation and 52 Case Conferences and 35 Professionals Meetings were held. In our quarterly reports this year we have begun to look at the geographic location of referrals (by home address) and we are seeking to build on that information which can then be used to target services as necessary. This information was only collected from quarter two, therefore does not give the full year picture, but from 1 June 2013 - 31 March 2014 the greatest number of referrals (30%) came from the Dalkeith area, with 18% from Loanhead; 13% from Bonnyrigg, and the rest fairly evenly spread over the rest of the county.

In 2012-13, there were no new Large Scale Investigations (LSI) in Midlothian, however, there were 9 review meetings held under LSI protocol for an ongoing LSI (concluded in Q1 2013-14), and two occasions where multi-agency strategy meetings were convened under LSI protocol but the decision was taken not to proceed with a Large Scale Investigation in each case. LSIs are normally conducted when there are concerns that service failures may be putting service users at risk of harm.

At the beginning of the year there were two Banning Orders in force for a man with Learning disabilities which expired in quarter one. These are statutory measures under the legislation to ensure safety. A successful application was made for a banning order for a woman with a physical disability who was at risk of physical and psychological harm.

Financial Harm featured as one of the most consistent types of primary harm reports in 2012-13 and a successful seminar was held to raise awareness with external agencies such as financial institutions, legal services, trading standards and other agencies. A short life working group has recently been established to take this forward for the Adult Protection Committee within our local communities. Similarly in recognition of increasing Adult Support and Protection issues in Care Homes we are working closely with partner agencies and care home providers by providing care home specific training to support their awareness and response to Adult Support and Protection issues. This is followed up by regular workshops for care home managers to support them in developing and sustaining knowledge of Adult Support and Protection in the care homes for which they have responsibility.

iii. Criminal Justice

There were eight “level three” meetings held during 2012/13, all on the same individual. This individual had a very high media profile and the case attracted a great deal of attention from the general public with protests taking place on a regular basis and a Facebook page being established with the aim of having the individual removed from the Midlothian area. The situation was challenging for all the agencies concerned; the MAPPA partnership was both tested and strengthened as a result. This was the first time that we had to deal with the impact of a Facebook campaign on frontline staff and we learned a great deal from the situation. Nationally there has been considerable interest in our management of this situation and we have delivered presentations at national conferences.

There have been a number of significant policy/service developments over the past year.

- There has been considerable progress over the past year in the integration of Criminal Justice services with other Council activities. The Single Midlothian Plan includes an outcome on reducing reoffending and Criminal Justice Social Work is represented at the new Safer Communities Board, however there is more work to be done in increasing understanding of the Criminal Justice Social Work role amongst other Council and third sector services.
- The Willow Project in Edinburgh has now been given Government money to be expanded into a Community Justice Centre that will provide a service to women involved in the Criminal Justice system throughout Lothian and Borders
- Midlothian Council, the City of Edinburgh Council and NHS Lothian are jointly commissioning an Offender Recovery Service that should be operational from April 2014. This service will provide a single point of contact for short-term prisoners engage with individuals at the point of arrest and on remand and will target prolific offenders who are in and out of custody on remand or serving short sentences.
- In Lothian and Borders Community Justice Authority (CJA), the Young People's Reintegration Protocol was launched in February 2013. This protocol ensures that all young people between 18 and 21 sentenced to custody receive a reintegration service that begins immediately after sentence and continues up to a year after their release. This is a joint protocol involving all stakeholders including statutory services and Voluntary Organisations.
- The Offender Management Committee for East and Midlothian has maintained an overview of performance and activities have included a revised MARP (Multi-Agency Risk Panel) procedure, shared analysis and learning from Serious Case Reviews and a multi-agency file reading exercise of East and Midlothian MAPPA cases.

2 Mental Health (Care and Treatment) Act

The Mental Health Act ascribes a range of responsibilities to the Local Authority regarding when and how people can be treated if they have a mental disorder. It also covers when people can be treated or taken into hospital against their will and what people's rights are as well as the safeguards which ensure that these rights are protected.

Robust community mental health services delivered in partnership with Health and the independent sector help reduce the number and length of inpatient mental health hospital admissions.

In terms of statutory interventions during 2012-2013 there were-

- Alternatives to detention found following 15 assessments
- 7 Emergency Detentions and 31 Short Term Detentions
- 19 new Compulsory Treatment Orders while 42 such Orders were renewed

3 Adults with Incapacity (AWIA)

The Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finances of adults who lack capacity due to mental disorder or inability to communicate. Guardianships provide the legal authority for individuals or the Local Authority to make decisions and act on behalf of a person with impaired capacity, in order to safeguard and promote their interests. The powers granted under an order may relate to the person's money, property, personal welfare and health.

The Communities & Wellbeing Division monitors 52 Private Welfare Guardians, and the Chief Social Work Officer has Welfare responsibility for 14 Guardianships. Mental Health Officers attended 30 AWIA Case Conferences to advise on the use of statutory measures in the care planning process during 2012 – 2013 and prepared 23 reports for Guardianships.

The number of guardianships is lower than the Scottish average. Whilst the lower numbers are consistent with the principle of least intervention it is important that we remain vigilant to ensure that consideration is given to the use of guardianship and our MHOs are available to provide advice and guidance to ensure that guardianship is considered and applied for where appropriate.

4 Fostering and Adoption

Since March 2012, we have reduced the number of 'looked after and 'looked after and accommodated children, from 313 to 286. We have promoted a vision that all children who reside in Midlothian should, where possible, remain within their own locality. This ethos has been supported via our successful foster care recruitment campaign which has allowed us to increase our local foster care capacity to approximately 60 carers.

In the last year no child has been placed in an external foster care placement outside Midlothian, we have managed to place an additional 41 children locally this year. We have reduced our existing reliance on external foster care placements from 39 to 32 placements. This in part can be attributed to the drive to ensure there is a robust reviewing system in place whereby an independent reviewing officer regularly reviews all Looked After and Accommodated children and young people ensuring that the placement meets the needs of the child or young person and that due consideration is given to returning the child to their family where a move back to Midlothian is both appropriate and possible. We would not disrupt any placement where the child is settled and stable.

Approximately 30% of Midlothian's looked after and accommodated children live with family in kinship care settings, a large amount of these being supported both emotionally and financially by the local authority. We have appointed a dedicated social worker and Assistant Team Leader within the Family Placement Team, who undertake assessments of long term kinship carers as well as provide support and training.

Whilst our Kinship Care figures remain relatively similar to last year this must be viewed in context. We have increased the numbers of children being permanently cared for under Section 11 of the Children's (Scotland) Act 1995. This means that the Council have provided support and assistance to ensure children are cared for by their own families without statutory intervention. Increasingly our Kinship Carers are supported to offer children permanent families through the existing parental responsibility legislative framework.

Permanency planning is vitally important for children and is not only justified, but is given major emphasis therefore we have appointed a dedicated Adoption Team Leader who is driving up standards, capacity and capability across the service. This has enabled more robust multi-disciplinary working. Since 2010, 26 children in Midlothian have been adopted, most with adoption support plans in place. We currently have 5 children matched and/or currently awaiting adoption orders.

5 Secure Orders

Two children were made the subject of a Secure Order during 2012-13. These secure orders were implemented for young people who had severe difficulties and where there was no viable community alternative that would have supported these young persons to remain in the community at that time. Both moves allowed for more planning and the young people successfully returned home with intensive support plans. As always use of secure orders is a last resort, more early-intervention and community-based support packages are considered to be a better approach to these complex cases.

6 Regulation and Inspection

The Care inspectorate (SCSWIS)'s role is to register care services and to inspect all care and social services with the aim of encouraging improvement in those services. They regulate and inspect care services and carry out social work and child protection inspections.

Social Work Services work closely with the Care Inspectorate in discharging their responsibilities to ensure that social care service provision, both in-house and commissioned, are of the highest standards. Within adult services the quality assurance team is proactive in monitoring the quality of service delivered and ensuring that the response to individual concerns about service delivery are responded to quickly and effectively.

By creating action plans and monitoring and reporting on performance and service quality provided in-house and /or commissioned from the independent sector our Quality Assurance Team contribute to the achievement of high standards and continuous improvement within the Adult and Community Care Service. They assess service delivery by checking and evaluating compliance with quality assurance frameworks and conditions of contract as well as carrying out spot checks within service delivery by visiting service users, examining their care plan in situ and observing staff practice.

Where concerns have arisen about the quality of service delivery and identified risks to service users, the adult protection large scale investigation protocol has proven effective in ensuring that service failings are addressed and improvements are achieved in the quality of care delivered.

The Care Inspectorate published a Scrutiny Report on the Council in March 2012. The report contained four recommendations relating to 'sharing financial information with the Community Health Partnership', 'developing an outcomes approach', 'ensuring the information system is efficient' and 'providing good information on adult protection activity'. An Action Plan was developed to address these recommendations and a report on the progress with this plan was submitted to the Care Inspectorate in April 2013. This progress report included an update on all significant case reviews (13) undertaken over the past 6 years.

7 Workforce Development

The Joint Midlothian and Scottish Borders Practice Learning and Development Team works in partnership with operational and planning managers to provide a learning and development service to Social Work and Social Care staff across Midlothian and Scottish Borders Councils.

During 2012-13 Midlothian social work and social care staff have had access to a range of learning opportunities designed to equip them to work effectively in relation to their job role, achieve required levels of qualification for registration purposes and to continue with their professional development. Through the social work traineeship programme, one member of staff completed her honours degree in social work enabling her to take up a qualified social work post. A small number of colleagues have embarked on post qualifying awards including the PDA in Practice Learning, Graduate Certificate in Child Welfare and Protection, the Postgraduate Certificate Advanced Professional Studies in Mental Health (MHO) and Postgraduate Certificate in Business Administration in Public Services Management.

A range of in-house learning and development programmes has been delivered including Outcomes Focussed Practice workshops for 100 managers and 300 front line staff within Adult Services as well as Effective Practice and Securing Children's Futures courses for Children and Families Social Work staff.

Opportunities for the development of management capacity and skills have been available to those in supervisory positions at different levels within social work and social care. These range from the PDA in Health and Social Care Supervision to an in house Advanced Supervision Skills Course, training in relation to the supervision of social work students and postgraduate level study in social services and public sector Management.

In Midlothian's children's residential services all of the permanent staff are now fully qualified. The majority of Children's Day Services staff are fully qualified to the level required for registration whilst two are working towards qualifications. Within adult residential services 90% of staff are fully qualified and action plans for learning and development opportunities for the remaining 10% of staff are in place. 95% of Home Care staff have achieved the appropriate level of qualification in order to register. Within Learning Disability services, 98% of permanent staff have already achieved qualifications necessary for registration when the register opens. The SVQ level 3 in Community Justice is a new qualification being delivered by the SVQ assessment centre, on a pilot basis. In preparation for registration of Criminal Justice Officers (CJO) one CJO has completed the qualification and another is currently undertaking it. SVQ Assessment Centre staff are also beginning work to enhance their own qualifications as required for registration purposes.

The hard work, dedication and effective practice of the Joint SVQ Assessment Centre staff has been recognised through the recent External Verification process (June 2013). The team inspection resulted in extremely positive feedback with no development points for the second year running. This is an excellent example of cross council partnership.

Changing Lives Oversight Group

This group is representative of managers from across all social care services. It supports the work of the Chief Social Work Officer in ensuring that there is active scrutiny of social work practice and standards within the Council.

Following our internal reorganisation this group ensures good communication across sections and coherence on all professional social work and social care matters. This will continue to be an important meeting in light of the forthcoming integration with Health.

8 Service Achievements

- Intermediate care at Highbank Care Home for assessment and rehabilitation and "in-reach" workers to hospitals are two developments that have helped towards preventing admission to long term care and earlier discharges from hospital for older people.
- New care homes for children. The first of two new units to replace outdated accommodation at Midfield House, Young People's Centre in Bonnyrigg opened in spring. The four- bedroom home sits within the Eastfield Care hub in Penicuik. The building forms part of a mixed new development including mainstream housing and a new care building partly open to the public with a cafe and other community services. Meanwhile, in Dalkeith another four-

bedroom home has been built on the site of the former Dalkeith Community Leisure Centre. It will open in the autumn.

- During year two of the Dementia Demonstrator Site project a significant amount of activity has been undertaken including: mapping of dementia training provision; family group conferencing pilot; self management tool pilot; and establishment of the dementia local area co-ordinator and post diagnostic support link workers. A key programme of activity has also commenced, to develop an integrated health and social care dementia service which will be established in autumn 2013.
- For some time we have been working towards the establishment of a Health and Social Care Partnership board and a fully integrated service with colleagues in NHS Lothian.. Our ambitions are to focus on improving the delivery of front line services by working more closely with our health colleagues. Building on our success in mental health, rapid response, hospital in-reach, we will find better ways of working together with a clear focus on the experience of our service users. The real benefits from integration will come from health and social care staff working well together around the needs of individuals and ensuring that our intervention are well co-ordinated and focused on better outcomes.
- Colleagues in Children and Families and Communications and Marketing for won a prestigious Gold Award in the Chartered Institute of Public Relations Scotland Best Integrated Communications category. Our fostering campaign, and subsequent screening processes, delivered additional foster carers for the council, easing the need to send children away from Midlothian for what is known as "out of area placements". The return on marketing investment was massive.
- Working with partners to implement the "Sense of Belonging" Mental Health and Wellbeing strategy has ensured a focus away from simply the treatment of mental illness and a move to preventing poor mental health and promoting positive mental health.
- Following the move to a one resource centre model and five community hubs in October 2011, the Learning Disability Day Services focused on consolidating the change to a more community based service and concentrated on developments in several particular areas in 2012-13: The design of outcome-focused day opportunities for young adults with learning disabilities both local to where they live and based on the interests of the young people themselves and the development of day services and support specific to the needs and interests of older adults with a learning disability.
- We identified the need to raise the awareness of young carers within schools in order to meet the needs of children, young people and their families. A worker was recruited with a remit to build capacity in schools and an education project began working in Secondary Schools to raise awareness of young carers and the challenges that they face, specifically their ability to access their childhood, education, and to benefit from good health and wellbeing. Some key result included; improving the identification of young carers in secondary schools,

supporting guidance staff to lead improved identification and become young carer champions in schools and an increase in adult and children's service staff's understanding and identification of young carers.

- Carers are actively involved in the Carers Strategic Planning Group and in the development of Carers Strategy Action Plans. Carers were also involved in the discussions to make sure that they are meaningfully involved in the new Health and Social Care structure which has led to a Carer member on the Shadow Board, in addition an elected member was appointed as a Carer Champion. We have developed a Short Breaks Bureau providing information about flexible short breaks, how to fund a break and share top tips from other carers. Carers highlighted the need for a specialist Welfare Reform Service for carers and working with CAB a dedicated Welfare Rights worker offers advice and support in understanding benefits and allowances to informal carers.

9 Key Challenges for 2013-14

- Responding to the requirements of recent and forthcoming legislation including Health and Social Care Integration, Self Directed Support and the Children and Young Peoples Bill.
- We are keen to ensure that Health and Social Care integration is focused on delivering outcomes to maximise the potential benefits to people using the services. We will work to enhance the skills, confidence and practice of Social Work/Social Care professionals through more multi-disciplinary working.
- Ensuring services are managed within agreed budgets to meet growing demand and complexity of need despite increasing financial constraints and reduced management capacity.
- Improve partnership working with our communities and increase community capacity in order to promote greater community cohesion and opportunities for social inclusion within communities for individuals who are at risk of social exclusion.
- Responding to the impact of welfare reform in order to minimise the potential risks arising for vulnerable individuals and families.
- Developing new preventative approaches to service delivery that will increase outcomes for individuals and communities.
- As stated earlier work is ongoing towards improving and developing our joint public protection services, including Adult Protection, Child Protection, Violence Against Women and Offender Management and strengthening our links with MELDAP.

10 Complaints

The Council's social work services are required by statute to report annually on complaints received from service users, would be service users, their carers and representatives. A separate report to be produced in September 2013 will address this.

Eibhlin McHugh
Joint Director Health and Social Care

Brief high level summary of the financial performance of the Social Work service for 2012-13

Function	Budget	(Underspend) Outturn	Overspend
Children and Families	£18,039,844	£18,263,358	£223,514
Adult and Community Care	£36,392,464	£37,463,452	£1,070,988