

EAST RENFREWSHIRE COUNCIL

17 DECEMBER 2014

Report by CHCP Director

Chief Social Work Officer Annual Report 2013-14

**PURPOSE OF REPORT**

1. To inform the Council of the Chief Social Work Officer's activity for 2013-14.

**RECOMMENDATIONS**

2. The Council is asked to comment on and note the contents of the report.

**BACKGROUND**

3. In terms of section 3 of the Social Work (Scotland) Act 1968, each local authority is required to appoint a professionally qualified CSWO. Their role is to provide appropriate professional advice in relation to the local authority's statutory social work duties and to make certain decisions in terms of the Social Work (Scotland) Act 1968.

4. The CSWO is a 'vested officer' in relation to the social work function: an officer given particular responsibility on behalf of the local authority, where the law requires the function to be discharged by a specific post holder.

5. '*Changing Lives*', the review of social work services published in February 2006, concluded that the governance and professional leadership roles of the Chief Social Work Officer (CSWO) be strengthened to oversee social work services and ensure the delivery of safe, effective and innovative practice. Subsequently the Scottish Government issued guidance on the role of the CSWO in February 2009.

**REPORT**

7. This report reflects the activity of the Chief Social Worker Officer who was vested at that time, Safaa Baxter. Safaa retired at the end of the financial year and Kate Rocks was appointed on 31 March 2014. She also has operational responsibility as Head of Service for Children's Services and Criminal Justice.

8. The Chief Social Work Officer discharges her responsibilities under the 1968 Act and takes final decisions on a range of social work matters regarding the Children (Scotland) Act 1995, the Secure Accommodation (Scotland) Regulations 1996, the Mental Health (Care and Treatment) Act 2003, and the Adults with Incapacity (Scotland) Act 2000.

9. Such matters include:

- Adoption
- Secure Accommodation for Children

- Emergency Movement of Accommodated Children
- Probation Orders, Community Service Orders and Supervised Attendance Orders
- Guardianship
- Adults with Incapacity
- Other statutory decisions required from time to time

10. The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk in relation to social work services.

## **FINANCE AND EFFICIENCY**

11. None

## **CONSULTATION**

12. None

## **PARTNERSHIP WORKING**

13. The Chief Social Work Officer role is key in a number of partnership arrangements including the Community Health and Care Partnership, North Strathclyde Community Justice Authority, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee, and the voluntary sector.

## **IMPLICATIONS OF THE PROPOSALS**

14. None

## **CONCLUSIONS**

15. The report provides an overview of the areas of work in which social work is engaged together with the particular responsibilities held by the CSWO across the delivery spectrum.

16. There continues to be a number of significant challenges and risks facing social work and the Council in East Renfrewshire including:

- The continuing challenging financial climate for all public services
- The increasing expectations and demands from the public and stakeholders
- The increasing cost of supporting vulnerable people within the area
- The significant changes in the welfare system which will affect the most vulnerable in our communities and the increase child poverty in the area
- The management of increased service demand with decreased staff numbers

17. This clearly produces significant challenges for social work and the Council in delivering social work services that remain high quality, responsive and provide value for public money against a background of budgetary constraint. The budgetary challenges facing the service have provided considerable opportunities for service redesign to achieve maximum efficiency.

18. Despite these very real difficulties, every effort will be made to ensure best practice within the allocated resources is achieved in all areas of social work responsibility, particularly in those areas of high risk for individuals, the community we serve, and the Council. And there have been considerable benefits gained by the integration within community health and care partnership which provided a platform to improve services and support our residents.

19. The landscape for all public service will continue to change over the coming years and, in particular, social work will be required to adapt to meet the growing demands associated with protecting and caring for those most vulnerable and at risk in our community.

20. At the heart of all social work profession lays a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

## **RECOMMENDATIONS**

21. The Council is asked to comment on and note the contents of the report.

## **REPORT AUTHOR**

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## **BACKGROUND PAPERS**

23. Chief Social Work Officer Annual Report 2013-14

## **KEY WORDS**

24. A report presenting an overview of the Chief Social Work Officer role in 2013-14.

25. Key Words: CSWO, adoption, fostering, protection, guardianship, statutory, MAPPA, SCSWIS, governance, social work.

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# **EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP**

## **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2013-14**

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# 1. INTRODUCTION

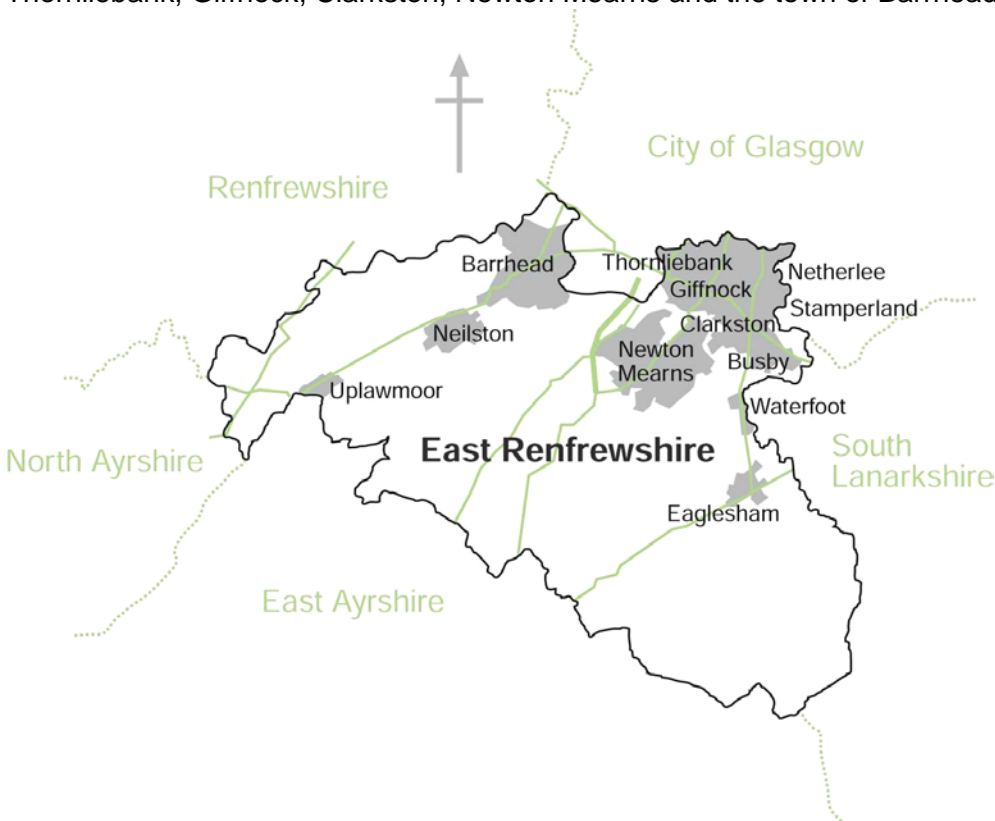
Welcome to the Chief Social Work Officer Annual Report for 2013/14. This report intends to provide an overview of social work service activity, performance and key achievements during the period. It will provide information on the statutory responsibilities of the Chief Social Work Officer on behalf of East Renfrewshire Council and highlight some key challenges for the service in the forthcoming year.

This report is not intended to be exhaustive and generally summarises activity relating to professional social work functioning. The structure of the report follows the template produced by Scottish Government and Association of Directors of Social Work (ADSW) to aid consistency across Chief Social Work Officer annual reports, issued April 2014.

The report relates to the period that the retiring Chief Social Work Officer was vested and is written by the newly appointed Chief Social Work Officer who was appointed on 31 March 2014.

## Local Authority

East Renfrewshire is located to the south of the City of Glasgow, to the East of Renfrewshire, to the West of South Lanarkshire, and to the North of East Ayrshire. East Renfrewshire covers an area of approximately 67 square miles (174 square kilometres). Approximately two thirds of East Renfrewshire is rural farm land, encompassing the villages of Neilston, Uplawmoor, Waterfoot and Eaglesham, whilst the remaining area is made up of the mainly suburban residential areas of Thornliebank, Giffnock, Clarkston, Newton Mearns and the town of Barrhead.



The population is dynamic and changing. In 1981, 80,200 people lived in East Renfrewshire, today around 91,500 live in the area and this is projected to grow to 94,851 by 2018. The population is also one of the most ethnically diverse in Scotland, with significant Jewish and Muslim communities. Indeed some communities have a minority ethnic population three times the national average.

Life expectancy for East Renfrewshire residents, both male and female, continues to increase and we have the second highest life expectancy in Scotland. The number of years people experience good health has also increased. However again there are significant differences between geographic communities locally.

The structure of our population is changing rapidly with an increasing number and percentage of older people living in the community - the over 65s now make up 19% of the total population (from 16% in 2001) over the same period the population aged 0-16 has dropped from 23% to 21%.

The ageing population means a subsequent increase in the size of the older disabled population and increased potential demand for support and services. This increase in demand is likely to be accompanied by an increase in complexity of needs e.g. people with dementia are forecast to increase from the current 1,200 to 1,660 by 2020 with an accompanying rise in the number of people with severe dementia from 390 to just over 550.

Twenty per cent of the population is under 18 and has remained fairly stable in the past few years however, the population of vulnerable children is increasing.

East Renfrewshire has a strong reputation in educational attainment, 95% of 2012 school leavers went into positive destinations, compared to an average 90% across Scotland as a whole. The area has the highest proportion of school leavers entering higher education (60%) and the lowest proportion entering employment (16.5%). Exclusions from East Renfrewshire schools have fallen from 220 in 2002/03 to just 47 in 2012/13. The number of children with additional support needs in education is increasing and has risen steadily from around 600 in 2008 to around 1,800 at present.

It is estimated that around one-third of people will have caring responsibilities at some point in their lives. There are an estimated 9,000 carers in East Renfrewshire at present with carers providing the bulk of support to people with support needs in our community.

The East Renfrewshire unemployment rate for 2013/14 was 5.8% which was below the Scottish average (7.3%). However unemployment rates vary across the authority tending to be higher in the Barrhead area. Research indicates that it is young people, 19-24 years, and those at the higher end of the labour market that have been most adversely affected by the recession.

Jobs density in East Renfrewshire has traditionally been low. Jobs density is defined as the total number of filled jobs in an area divided by the resident population aged 16-64 in that area. East Renfrewshire has the lowest jobs density of any local authority area in Scotland. This is reflected in the commuting figures of East Renfrewshire. The vast majority of residents (75%) travel to jobs outside the local authority with 31% of those who work in East Renfrewshire living outside the area.

Median weekly earnings in East Renfrewshire continue to increase and are currently 27% above the Scottish average however the area has significant pockets of disadvantage and deprivation and around 8% of the population is classified as income deprived.



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

East Renfrewshire has twenty elected members. Following the local government elections of May 2012 the political make-up of the Council is as follows: 8 Labour, 6 Conservative, 4 Scottish National Party, and 2 Independent members.

There is no overall political control of the Council and it is formed by a coalition, comprising the Labour and SNP groups and 1 Independent member. The Council operates a Cabinet system comprising eight Elected Members. In addition to the Cabinet the committees with significant responsibility for decision making include the Community Health and Care Partnership Committee, Education Committee, Planning Applications Committee, Licensing Committee and Audit and Scrutiny Committee.

The Convener for Social Work and Health is the elected member with responsibility for Community Care, Children and Families' Services, Criminal Justice and Health Improvement. The Convener, CHCP Director and the Chief Social Work Officer all sit on the CHCP Committee.

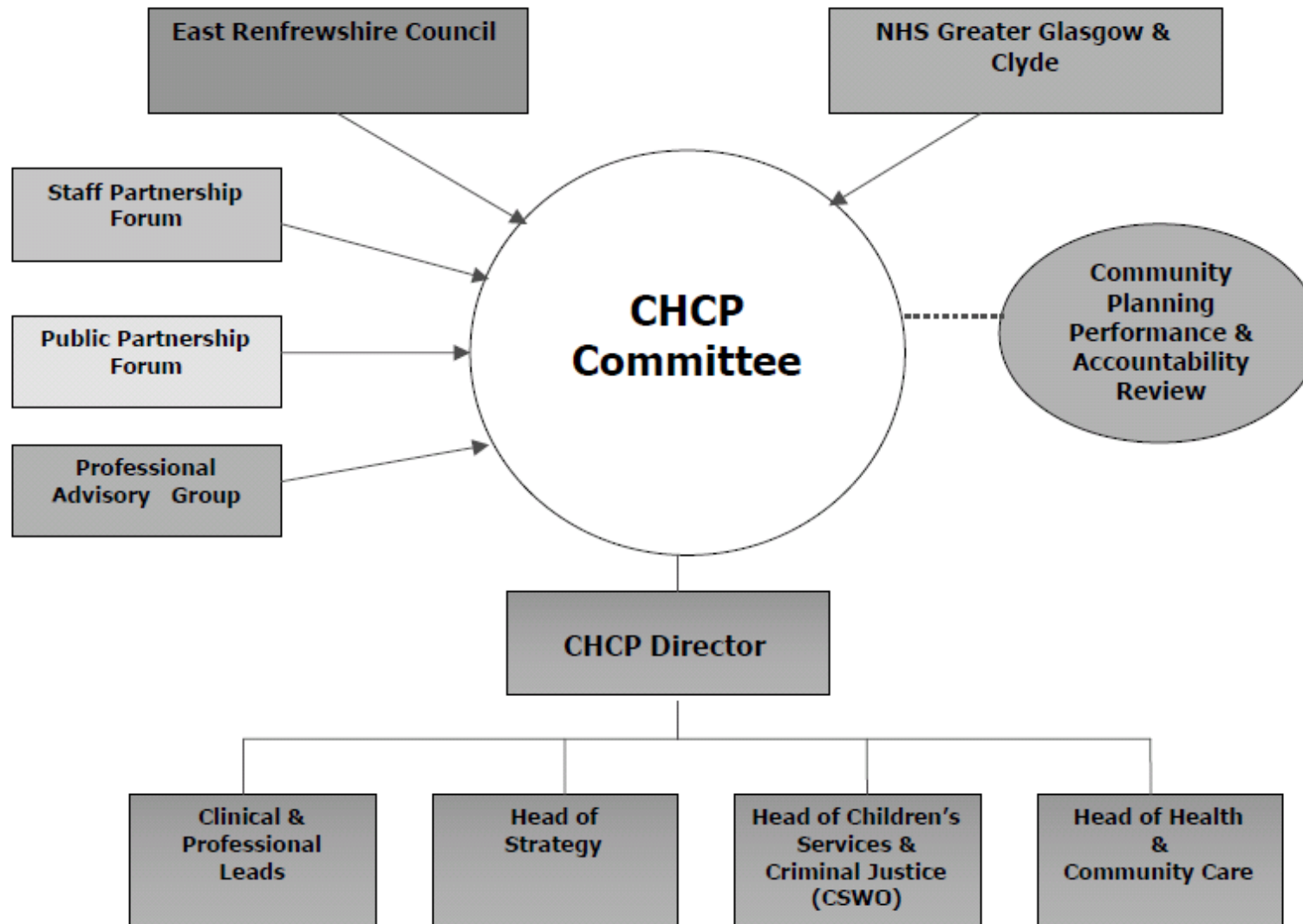
In terms of section 3 of the Social Work (Scotland) Act 1968, each local authority is required to appoint a professionally qualified Chief Social Work Officer. Their role is to provide professional guidance, leadership and accountability for the delivery of social work and social care services to the local authority; both elected members and officers, in relation to the local authority's statutory duties. This applies regardless of whether these are provided by the local authority or purchased from the voluntary or private sector, and irrespective of which Council department has the lead role in providing or procuring them.

There are also a number of duties and decisions that impact on individual's freedom/liberty and the protection of both individuals and the public. Within statutory legislation, this must be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable. The Chief Social Work Officer also has a key role to play in overall performance improvement and the identification and management of corporate risk in relation to social work services.

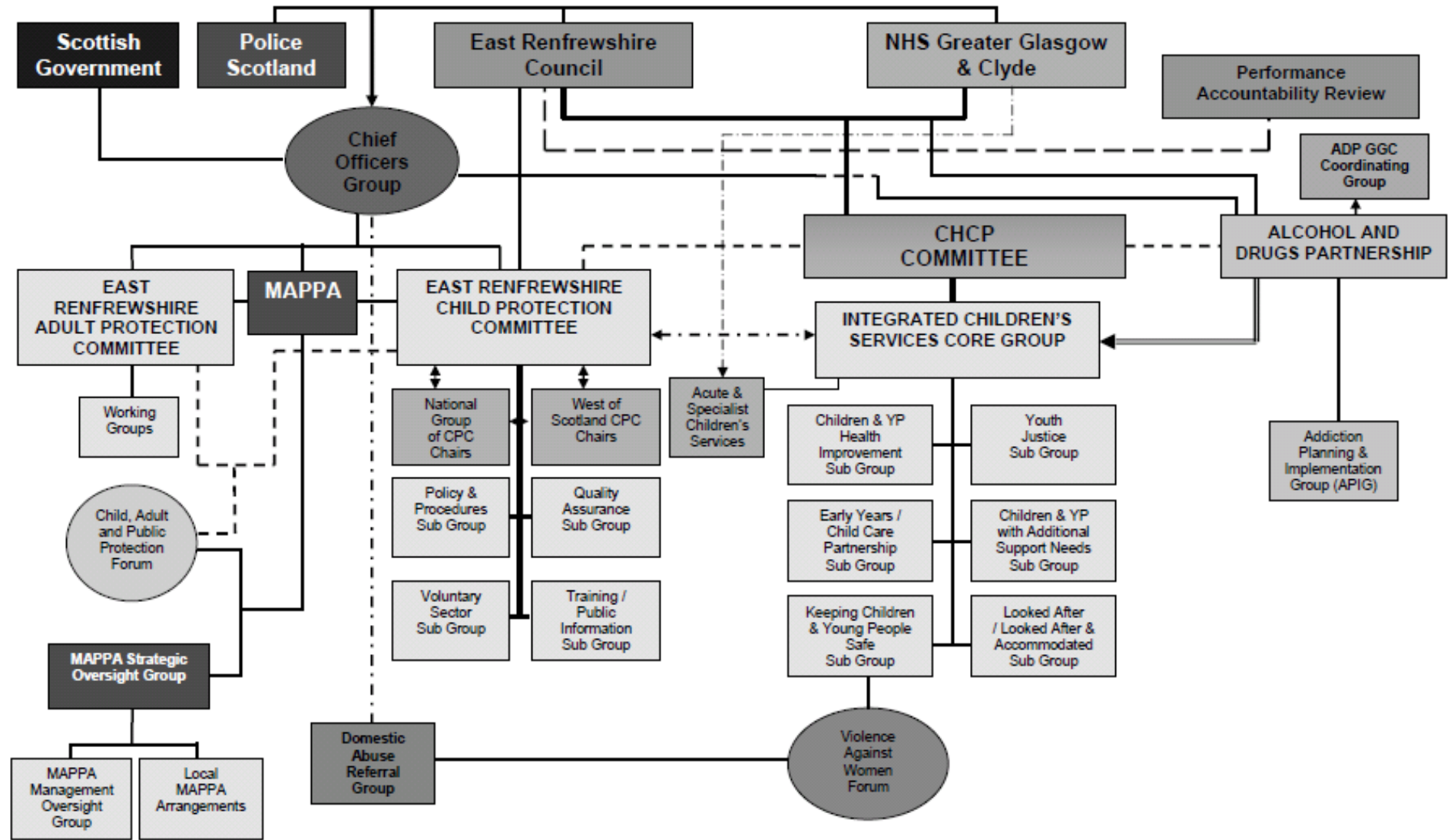
Within the CHCP, the Chief Social Work Officer reports directly to the CHCP Director but with a line of accountability to the Council Chief Executive in relation to her function. The Chief Social Work Officer supports the Chief Executive in her role as Chair of the Chief Officers Group and supports the Council in respect to the duties of the Social Work (Scotland) Act 1968 and subsequent relevant legislation.

As a member of the Directorate Management Team, the Chief Social Work Officer has involvement in financial/budgetary decisions that relate to the setting of the overall social service budget and where there are pressures on the delivery of operational services and will provide the professional guidance, governance and scrutiny to ensure risks for the profession and local authority are managed.

## East Renfrewshire CHCP Governance Structure



Public Protection in East Renfrewshire 2014



### **3. IMPACT ON LEGISLATIVE CHANGE**

The key areas of legislative change, all of which have had significant implications for social work services in East Renfrewshire are:

- Self Directed Support Act (2013)
- Public Bodies (Joint Working) (Scotland) Act (2014)
- Children's and Young People Act (2014)
- Community Justice Review

#### **Self Directed Support Act 2013**

This will be referenced to throughout the report.

#### **Public Bodies (Joint Working) (Scotland) Act (2014)**

This year was the transitional period for the implementation of Health and Social Care as outlined in the Public Bodies (Joint Working) (Scotland) Act, with the Bill receiving Royal Assent on 1 April 2014. The former CHCP Committee became the Shadow Integration Board from 1 April 2014 with delegated responsibility for the management and delivery of Social Work and Community NHS Services. These foundations will lead to the establishment of the Integration Joint Board, at 1 April 2015. The role of the Chief Social Work Officer as the functions of the board develops will be key to ensure that care governance is aligned to professional standards.

As set out in the Act, the voting members of the Integration Joint Board will be the Elected Members and Greater Glasgow and Clyde Health Board members, the Chief Social Work Officer has non-voting membership of the Joint Board alongside others. An Integration Transition Plan has been developed in order to meet the legislative and policy requirements of moving from a CHCP to a Health and Social Care Partnership (HSCP).

#### **Children's and Young People Act (2014)**

The Children's and Young People Act (2014) enshrines Getting It Right For Every Child (GIRFEC) in legislation and within East Renfrewshire, the Getting It Right For Every Child Leadership Group has already began the process of change concerning systems, practice and culture to future proof the impact of the guidance that will support the implementation of the Act.

The GIRFEC Child implementation plan will further develop the named person and lead professional roles into the multi agency assessment and planning process that supports the child's plan. The GIRFEC Leadership Group has developed a new Named Person and Lead Professional Protocol and training is in place to support the delivery. In addition the new Child's Plan (CMAP), which has replaced the IAF, has been introduced and a revised practitioners' guidance manual has been launched.

Continued progress is being made implementing GIRFEC across children's and early years services and this work is supported by the Healthy Child Programme, a universal pathway that supports the 28-30 months assessment. At NHS Greater Glasgow and Clyde level, a National Practice Model has been developed for health visitors which is based on SHANARRI indicators and this has now begun to be rolled out in a phased way. The improved pathway for those identified as vulnerable has been strengthened and integrated into partnership implementation, governance and scrutiny arrangements.

## Community Justice Review

The proposed new model for will mean that community justice authorities will cease and the new arrangements will have the following

- local strategic planning and service delivery as part of Community Planning Partnerships (CPPs)
- duties on a defined set of partners including local authorities, NHS and Police Scotland for local strategic planning/delivery, with accountability for planning and performance
- a national body (likely to be called 'Community Justice Improvement Scotland' - CJIS) to provide independent professional assurance to Ministers on the achievement of community justice outcomes:
- national arrangements for commissioning, managing and evaluating services

The proposed model is significant for the Council, not least because the planned legislation places a duty upon partners within community planning arrangements to develop a strategic plan for the local area and contribute to outcomes to reduce offending.

Financial implications are less clear, given the limited information contained within the consultation document, however the Scottish Government, as part of its Reducing Reoffending Programme 2, will consider a new model for funding.

This new model is key to local partnership arrangements to reduce reoffending, there will be significant expectations for the authority and the role of the body.

## 4. FINANCE

### CHCP Budget: 1<sup>st</sup> April 2013 - to 31<sup>st</sup> March 2014

	Full Year Budget	Actual to Date	Variance to Date (Over) / Under	Variance to Date (Over) / Under
<b>Children &amp; Families</b>	8,706,200	8,627,863	78,337	0.90%
<b>Older Peoples Services</b>	26,017,700	25,630,337	(211,637)	-0.83%
<b>Physical / Sensory Disability</b>	3,125,300	3,202,594	(77,494)	-2.48%
<b>Learning Disability</b>	10,493,700	10,952,117	(458,217)	-4.37%
<b>Mental Health</b>	3,927,700	4,596,549	(69,849)	-1.54%
<b>Addictions / Substance Misuse</b>	1,047,600	989,153	58,447	5.58%
<b>Family Health Services</b>	20,813,200	20,813,200	0	0.00%
<b>Prescribing</b>	13,405,100	13,405,100	0	0.00%
<b>Criminal Justice</b>	87,500	40,137	47,363	54.13%
<b>Planning &amp; Health Improvement</b>	562,200	533,200	29,000	5.16%
<b>Management &amp; Admin</b>	6,706,500	6,453,788	252,712	3.77%
<b>Net Expenditure</b>	<b>94,892,700</b>	<b>95,244,038</b>	<b>-351,338</b>	<b>-0.37%</b>

The most significant overspend was within Criminal Justice due to the application of national dampening (which limits reductions and gains in grant from the Scottish Government to Community Justice Authorities) and a fall in the demand for Drug Testing and Treatment Orders (further reducing financial allocation). Whilst this team is hosted and managed by East Renfrewshire, they provide a service to Inverclyde, East Renfrewshire and Renfrewshire Council. Plans are currently in place to redesign the service to meet budgetary pressures.

Review of externally purchased CHCP services to ensure value for money and fit with self directed support is ongoing and due to conclude by end 2014/15. The Local Public Social Partnership has been recognised by Scottish Government as performing well with other areas across Scotland.

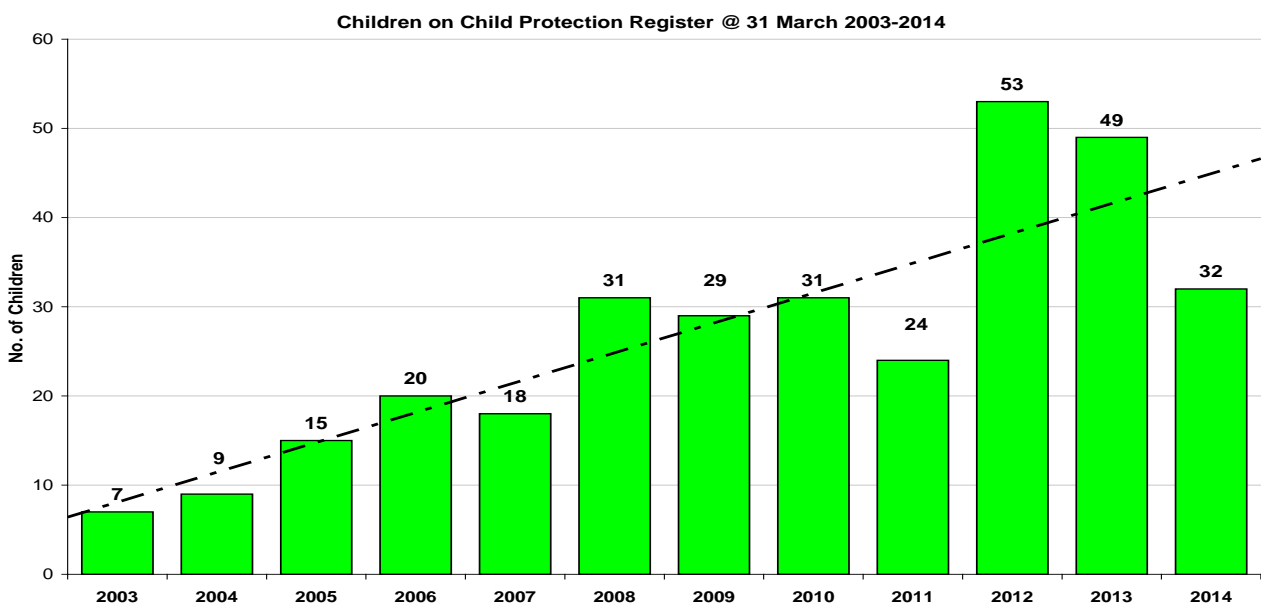
For Children and Families in 13/14, there was significant recognition by the Council concerning demands of the service particularly due to an increase in residential/secure care placements for vulnerable children and young people and a further uplift of £500,000 was made to mitigate any risks. In addition, there was a small uplift for young people with disabilities in transition in anticipating the likely demands that the introduction of the Self Directed Support Act would make on the service.

In the forthcoming year, the challenge by the European Human Rights Commission concerning equivalence of payments of fostering and kinship allowances will be a significant risk for the local authority. Financial modelling as to the risk and the financial impact for the local authority is currently being progressed.

## 5. PERFORMANCE

### Child Protection

There has been a reduction in child protection referrals in 2013/14 to 338 from 427 last year, though this is part of a long-term upward trend. The number of child protection investigations is comparable with previous periods with 101 this year and 102 last year. There were 32 children on the Register at 31<sup>st</sup> March 2014 as illustrated below. The average time spent on the Register at present is between five and six months which compares to last year.



Domestic violence incidents recorded by the police in East Renfrewshire have increased from 309 in 2003/4 to 461 in 2013/14. Children affected by domestic abuse incidents have doubled in the last ten years from 230 in 2003 to 462 this year. East Renfrewshire activity in some ways reflect the emerging national picture and may be attributed to the national spotlight on domestic violence and the improvement of reporting as a consequence of victim confidence. Nationally, these figures would suggest that East Renfrewshire is in the lower quartile with their comparative authorities. During 13/14, the arrangements for interagency working on domestic abuse between Police Scotland, CHCP and partner agencies have been revised in line with the Police hub model and new information systems for managing responses to vulnerable people have been developed.

## **Looked After Children**

The number of children *looked after* has risen from 80 in 2004/5 to 205 in 2012/13, this is in line with the general national picture. We have continued to reduce the proportion of children who are looked after away from home who experience three or more placement moves. Our balance of care for looked after children is extremely positive with 95% of children being looked after at home. On this measure we rank first in Scotland where the average across all areas is 91%.

For secure care for 13/14, there were <5 young people, all young males, who were subject to a Compulsory Supervision Order with secure requirement through the Children's Hearing. Work is currently being progressed to develop more anticipatory interventions that keep young people supported in their own communities.

In 2013-14 there were <5 fostering approvals and <5 children approved for adoption. Fostering will be a significant area for improvement activity in 14/15 due to the need to develop more in-house fostering services that keep children within their own communities.

## **Substance Misuse**

The impact of alcohol and/or drug-related harm extends across all communities and is associated with crime, anti-social behaviour, ill-health and premature death. In East Renfrewshire the number of people discharged from hospital with an alcohol-related diagnosis has increased from 333 in 2002 to 407 in 2012. The number of people with problem drug misuse is also rising and increased from an estimated 641 people (aged 15-54) in 2002 to 870 (aged 15-64) in 2009. There have been 39 drug-related deaths over the last ten years locally. At 4.6 drug deaths per 100,000 in 2013/14, East Renfrewshire is currently ranked 24<sup>th</sup> out of 32 in Scotland.

This year we have completed a review of the availability and impact of alcohol related harm on the community to inform the licensing board's new policy statement. Final overprovision assessment report completed and signed off by the ADP, Licensing Forum and Police Scotland with the Final Report and recommendations presented to the East Renfrewshire Licensing Board.

Additionally we have undertaken a Hidden Population Needs Assessment in relation to understanding barriers to accessing services, identify unmet need and action required to improve engagement. The final report with full analysis and recommendations has been presented to the Alcohol and Drugs Partnership (ADP). Action to address recommendations will be reviewed by the Addiction Planning Implementation Group and will be implemented as part of the Addiction Services Quality Improvement Plan.

## **Mental Health**

### Adults with Incapacity

The following activity under the Adults with Incapacity (Scotland) Act 2000 was undertaken by Mental Health Officers in 2013/14

- Private Guardianships
  - **113** Adults subject to Private Welfare Guardianship Order
  - **179** Proxies (private guardians) subject to supervision
  - **29** Section 57 reports completed for Private Welfare Guardianships
  - **<5** Report completed for renewal of Private Welfare Guardianship
  - **<5** Reviews/investigations re Guardians' use/misuse of powers
- Local Authority Guardianship Reports / Assessments
  - **23** Adults subject to Guardianship by Local
  - **<5** Transferred to another Local Authority ( not included)
  - **11** Initial assessment reports completed and attendance at AWI Case Conferences
  - **7** Section 57 Reports completed for L. A. Welfare Guardianship
  - **<5** Section 57 Reports completed for L. A. Financial Guardianship

### Mental Health

In the past year the following activity was undertaken by Mental Health Officers (MHO) in the course of their duties and responsibilities under the Mental Health (Care and Treatment)(Scotland) Act 2003.

- **17** Section 36 Emergency Detentions (12 out of hours)
- **46** Section 44 Short term Detentions
- **16** Section 57 Compulsory Treatment Order applications made.
- **33** Social Circumstance Reports completed
- **20** Section 86 (Extension of CTO) Reports completed
- **<5** Section 95 (Extension and Variation) Reports completed
- **<5** Section 33 Duty to Inquire assessment undertaken
- **<5** Section 293 Warrants applied for at Court
- **<5** Section 50 appeal hearings attended re short term detention
- **36** Adults currently subject to a Compulsory /Community Treatment Order (Section 57) and who have a designated MHO (approx).

### Mentally Disordered Offenders

- **<5** Adults subject to Compulsion Orders
- **<5** Adult subject to Hospital Treatment Order
- **<5** Adult subject o a Compulsion Order with Restriction (CORO)
- **<5** Adults subject to Conditional Discharge

We have also maintained a downward trajectory on mental health related hospital admissions per head of population with a reduction from 1.5 to 1.4 between 2012/13 and 2013/14 and long term reductions from over 3 in the mid 2000s.

### Criminal Justice Social Work Services

Overall, East Renfrewshire residents enjoy low levels of crime. Violence, disorder and anti-social behaviour has fallen significantly over 2013-2014 in East Renfrewshire. The figure for all serious



crimes of violence over the last twelve months has shown a fall from 43 to 33 this year a drop of 23.3% this includes murder, attempted murder, serious assaults and robberies. Robberies fell by 41.7% from 12 to 7; there has been a 10% reduction in assaults across the authority area, which relates to 41 less victims. This follows on from a drop of 125 in 2012/13. Reported crime is lower than the national average although demand for criminal justice social work services has increased and the number of persistent young offenders is very small.

During 2013-14, courts included unpaid work and other activity requirements in 93 of 100 Community Payback Orders (93% of all new CPOs). A total of 11,180 hours of unpaid work were completed during 2013-14 within a range of unpaid work projects and activities seven days per week.

Specific projects/activities undertaken comprised 6,993 hours on projects over 13/14. An example of these are:

- Environmental tidy ups- clearing unsightly areas
- Collaborating with a local lottery funded project at old sewer works, Barrhead
- Undertaking tasks and grounds maintenance within community facilities
- Tidying local lanes including removal of fly tipping
- Clearing bottle banks

The visibility of CPOs as a beneficial response to offending for local communities has been enhanced during 2013-14 by ongoing maintenance of sports facilities at a local park. This work was undertaken in partnership with an external contractor and the council's Environmental Service. As well as recurring placements or ongoing, longer term tasks such as those outlined above, offenders undertaking unpaid work in East Renfrewshire completed a range of tasks with direct immediate personal benefit. These included ground preparation during bad weather, removals for vulnerable individuals and garden tidy ups.

The impact for both the community and service users has been very positive, in that:

- 88% of offenders completing orders were male with an average age of 34
- 55% of offenders thought their supervision in the community was quite strict or very strict, an increase of 5% from 2012-13
- 95% felt that supervision had helped them to look at reducing re-offending – similar to last year
- Substance misuse, family relationship problems and employment/training were the most common criminogenic needs that were addressed.

The table below provides summarised information on 100 Community Payback Orders (CPOs) containing 144 requirements imposed on offenders from East Renfrewshire during the 2013-14 financial year.

#### **Community Payback Orders (East Renfrewshire offenders) and requirements**

<i><b>Requirement</b></i>	<i><b>Total</b></i>	<i><b>Percentage of total requirements</b></i>
Supervision	37	25.7
Unpaid work and other activity	93	64.6
Conduct	2	1.4
Programme	3	2
Drug Treatment	0	0
Alcohol Treatment	2	1.4
Mental Health Treatment	0	0
Compensation	7	4.9
Residence	0	0
<b>TOTAL</b>	<b>144</b>	<b>100%</b>

As CPOs are now fully established within social work services and are applicable to the vast majority of community-based disposals imposed by courts, rates of new probation and Community Service orders have again reduced considerably from the previous year. The table below provides a comparison between 2012-13 and 2013-14:

**New CPOs, probation and Community Service orders 2012-13 and 2013-14**

<i>Disposal</i>	<b>2013-14</b>	<b>2012-13</b>	<b>Variation 2012-13 to 2013-14</b>
Probation	0	0	0
Section 229	2	3	-1
CPO with supervision requirement	37	42	-5
Community Service	2	7	-5
CPO orders with unpaid work requirement	93	93	0
Total probation orders/section 229 orders/CPO with supervision requirement	39	45	-6
Total Community Service orders/section 229 orders/CPO with unpaid work requirement	95	103	-8

This indicates a further reduction in Community Service and section 229 (combined) orders, in line with eligible offences being dealt with by CPOs. The total number of new cases with both supervision and unpaid work requirements reduced slightly from 2012-13, thereby representing a modest reduction in overall new workload within these categories of service provision.

In regard to Criminal Justice Social Work Services strong partnerships across the Community Health and Care Partnership have enabled a clearer understanding with partners about the requirements and expectations inherent within Community Payback Orders. Links with the Alcohol and Drug Partnership, Child and Adult Protection Committees have enabled multi-agency partners to consider their role in offender intervention.

**6. STATUTORY FUNCTIONS**

**Key achievements and areas of strength**

- Our Early Years work in general and some strong examples of improvement and community engagement;
- the implementation of Getting it Right for Every Child (GIRFEC) and the improvement in measures for the most vulnerable children and young people;
- Self Directed Support (SDS) and the increasing number of people exercising choice and control over their support;
- the consistent delivery of positive outcomes on our Talking Points - Personal Outcomes measures;
- a near 50 per cent reduction in delayed discharge bed days;
- the delivery and planning for roll-out of our successful home care re-ablement model;
- the work of our Alcohol and Drugs Partnership (ADP) - especially the recovery service and work with communities on hidden population and alcohol;
- continued delivery of high standard Criminal Justice services, and;
- Re-design and efficiency work within services including Rehabilitation and Enablement Services, child health services, dementia post-diagnostic support and public social partnership work.

Within the CHCP there has been a rationalisation of a senior management post that reports directly to CSWO. This post previously had delegated responsibilities for CSWO providing cover arrangements to mitigate any risk concerning the functions of the role. Two middle management posts within the CHCP share these delegated responsibilities. Whilst this is intended to be a temporary arrangement, an unintended consequence is that it has developed a succession planning arrangement and has encouraged the current CHCP to consider developing a similar strategy for this across the workforce due to the economies of scale as a consequence of being a smaller organisation.

## **7. CONTINUOUS IMPROVEMENT**

### **Complaint Handling and Learning**

Thirteen of the nineteen CHCP (local authority) complaints received were responded to within timescale during 2013/14.

All complaints received are categorised to assist with analysis of data and identified trends. Data analysis for the year 2013/14 shows the main areas of concern as being:

- Standard and quality of service
- Attitude of staff
- Communication

In response to this customer care training has been arranged for front line reception and administrative staff. The reorganisation of rehabilitation and enablement services has introduced a single point of access for new referrals and action teams coordinate the service response. Care at home services is reviewing its processes including links with 3<sup>rd</sup> party services.

There has been significant work in ensuring improved performance in complaint handling in the CHCP. The next challenge is ensuring that learning is captured more systematically.

78% Citizens' Panel respondents reported satisfaction with health and social care services for children and young people during 2013/14. While lower than last year, this is up on previous surveys where levels of satisfaction were 64-77%. However results are based on fewer than 60 Panel members and should be treated carefully. Additionally Citizens' Panel respondents reported 89% satisfaction with health and social care services for adults during 2013/14.

There has been considerable development in co-production work around the Early Years Collaborative work and scoping community assets with residents, in the ongoing local implementation of Reshaping Care for Older People through the Reference Group, in Community Addictions hidden populations work, in Community Alcohol Action in Neilston, in dementia post-diagnostic support, through the Big ShoutER and in public work undertaken by the Child Protection Committee.

### **Continuous Improvement and Self Evaluation**

The CHCP is committed to delivering positive outcomes for people and promoting effective and reflective practice to continuously improve on how we achieve this. A core part of this is the involvement of staff and stakeholders in evaluating our current position and how we can improve on this. Self-evaluation is an integral component of development and improvement.

Self-evaluation can be defined as a comprehensive, systematic review by the organisation of its activities and results referenced against a model of excellence which allows the organisation to discern its areas of strength and improvement.

The model of excellence drawn on here is based on EFQM and fits with that developed under the Public Sector Improvement Framework (PSIF), and former regulatory bodies SWIA, HMIE, QIS (see Appendix 1). The model fits with the CHCP Transformation Programme under East Renfrewshire Council's Public Sector Excellence approach and NHS Greater Glasgow and Clyde's Facing the Future Together (FTFT) initiative.

Self-evaluation is part of a 'golden thread' throughout the organisation and links to the development and delivery plans of the CHCP, to strategies, service and team plans and to individual performance and development. Self-evaluation is not a one-off event but part of an ongoing process of evaluation, review and action.

The CHCP views self-evaluation as a shared and collaborative activity and one which should be approached as a developmental opportunity. For this reason, it is desirable that, where possible, self-evaluation should form part of wider team development activity. This approach to self-evaluation complements external scrutiny arrangements under the Public Sector Reform (Scotland) Act 2010 in particular the work of the Care Inspectorate and Education Scotland.

## 8. PLANNING FOR CHANGE

At the time of writing, the outcome of the Care Inspectorate joint inspection of services for children and young people in the East Renfrewshire Community Planning Partnership has been published. Whilst this will also be found in the 2014/15 report, I have included it within this report as the areas of improvement will constitute key priorities for the forthcoming year. The evaluation is as follows:

- |  |           |
|--|-----------|
| • Providing help and support at an early stage                             | Very good |
| • Impact on children and young people                                      | Very good |
| • Impact on families   | Excellent |
| • Assessing and responding to risks and needs                              | Good      |
| • Planning for individual children   | Good      |
| • Planning and improving services  | Excellent |
| • Participation of children, young people, families and other stakeholders | Very good |
| • Leadership of improvement and change                                     | Excellent |
| • Improving the wellbeing of children and young people                     | Very good |

Following a strong tradition of performing well in inspections of services in this area, East Renfrewshire has again been evaluated by a major national inspection body – the Care Inspectorate – as exceptional and sector leading. Staff across children's workforce have again demonstrated their commitment to improving the lives of children and their families within the universal, specialist and targeted service settings and this work is supported by dedicated leadership at all levels, as well as a strong children's planning partnership driving integrated working.

## 9. USER AND CARER EMPOWERMENT

There has been considerable development in co-production work around the Early Years Collaborative work and scoping community assets with residents, in the ongoing local implementation of Reshaping Care for Older People through the Reference Group, in Community Addictions hidden populations work, in Community Alcohol Action in Neilston, in dementia post-diagnostic support, through the Big ShoutER and in public work undertaken by the Child Protection Committee.

### Self Directed Support and Personal Outcomes

The number of people self-directing their support has continued to increase during 2013/14 rising to around 270 from just under 200 at year end 2012/13. Outcome-focused support plans were introduced for 276 of the 321 people with learning disabilities known to the CHCP, with the remainder following in 2014/15. The CHCP committee receives regular reports on the talking points outcomes measures.

#### Some of the key highlights in 2013-14 are:-

<ul style="list-style-type: none"><li>• There has been some improvement in the percentage of people with 'having things to do' personal outcomes fully met with this rising from just under 68 to 71 per cent. This may be linked to work being taken forward across partners through Reshaping Care for Older People and the focus on developing community capacity and assets.</li></ul>
<ul style="list-style-type: none"><li>• The percentage of people with their Talking Points - Personal Outcomes fully met in relation to the 'staying as well as you can' theme has remained relatively stable in 2013/14 with a slight increase from just over 77 to just under 78 per cent.</li></ul>
<ul style="list-style-type: none"><li>• The 'feeling safe' Talking Points - Personal Outcomes measure shows improvement on last year rising from just under 95% in 2012/13 to over 97.5 in 2013/14.</li></ul>
<ul style="list-style-type: none"><li>• The 'seeing people' Talking Points - Personal Outcomes fully met measure has improved during 2013/14 rising from 77% in 2012/13 to 82%.</li></ul>
<ul style="list-style-type: none"><li>• The Talking Points - Personal Outcomes measure for people 'living where they want to live' has improved on last year, rising from under 90% to 94% fully met.</li></ul>
<ul style="list-style-type: none"><li>• The percentage of people reporting their Talking Points - Personal Outcomes being fully met in relation to 'being respected' has improved on last year rising from just under 95 to just over 96%.</li></ul>

There has been significant user engagement in regard to Self Directed Support (SDS) in the past year with CHCP and local user/carer groups from 3<sup>rd</sup> sector (including the Public Partnership Forum) involved in regular sessions and events – most recently in September 2014 where we evaluated together how well SDS was working locally.

The CHCP and SDS Forum ER (an independent user and carer led group) co-produced a Public Information Film on SDS, telling the story of 5 families in East Renfrewshire. The SDS Forum ER and Local Area Coordinators have also established a Learning Together Network for parents of children with additional support needs.

## **10. WORKFORCE PLANNING AND DEVELOPMENT**

In order to fulfil the requirements in respect of promoting the values and standards of practice, and ensure compliance with this, the Chief Social Work Officer has in place appropriate arrangements for:

- Induction programme for newly qualified social workers;
- workforce planning and safe recruitment and retention of staff;
- support, supervisory and management processes at all levels;
- policy and procedures for the assessment of need, management of risk and health and safety;
- organisational and Employee Development plan.

Currently 82% of CHCP local authority staff have a Performance Review and Development (PRD) plan.

In the main the significant majority of learning opportunities for social work staff are delivered through multi agency training and development.

## **11. KEY CHALLENGES FOR YEAR AHEAD**

Whilst East Renfrewshire has a long and successful history of integration, the requirements of the Public Bodies Scotland Act require significant changes to the governance and financial systems and the role of the Chief Social Work Officer will be an essential conduit to the parent local authority in fulfilling their statutory functions, obligations and requirements.

The impact of efficiency savings for 2015-18 will be a significant challenge for the CHCP and any risks associated for service users will require to be mitigated and the Chief Social Work Officer will be central to addressing these challenges and will require, alongside her fellow management team to develop strategies to address this.

However, there is little doubt that efficiencies will impact on future service delivery. The implementation of the Children and Young People's Act "named person" and associated guidance will be a key priority and as such will require all services within the children's partnership arrangements to evaluate the likely impact and there will be a need to evaluate systems and practice to support this function.

The introduction of Universal Credit is the biggest change to the welfare benefits system since its conception. The construct of Universal Credit is heavily dependent on partnerships, particularly with local councils. It is anticipated that these changes may greatly increase demands on council services at a time of diminishing resources and financial constraints. It will be necessary for an action plan to be developed that scopes out the respective partnership responsibilities to mitigate risk to our most vulnerable service users.

As previously outlined in the report, the delivery of criminal justice services will likely be the responsibility of the community planning partnership in 2014-15. This change in the context of reduced budgets as a consequence of national dampening will be extremely challenging in delivering public protection services. At the time of writing it remains unclear as to whether additional resources will be allocated to support the governance and planning functions for the Community Planning Partnership. Currently there are internal discussions as to the delegated responsibilities between the governance and operation delivery of the Integrated Board and the Community Planning Partnership.

Finally, many of the achievements and solutions to the challenges that have been faced would not have been possible without effective partnership working throughout the Council and as a consequence of long standing integrated structures such as the CHCP. What makes the difference to service users lives is the staff who work hard to ensure that the citizens of East Renfrewshire are kept safe, are healthy, included and respected. This and the support provided by elected members and partners have in my view improved the outcomes for service users.

My final words of thanks is to my predecessor, Safaa Baxter, who retired at the end of the financial year 2013-14, for her commitment and hard work to improve vulnerable children and adults lives.

Kate Rocks

31 October 2014

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