



Annual Report of the Chief Social Work Officer

April 2012 – March 2013

1. INTRODUCTION

The requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 45 of the Local Government etc. (Scotland) Act 1994. This replaced the requirement in Section 3 of the Social Work (Scotland) Act 1968 for each Local Authority to appoint a Director of Social Work.

The responsibilities of the CSWO are clearly laid out in the most recent guidance from the Scottish Government published in 2009. The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work and the role also needs to promote values and standards of professional practice to all social services workers in relation to promoting equality, fairness and social justice.

The role provides professional advice to local authorities including elected members and officers to carry out the Local Authority's legal duties in relation to social work. The CSWO assists the Council to understand their responsibilities and the complexities involved when delivering social work services. Key to these are the Council's role as corporate parent, ensuring effective child and adult protection arrangements, the management of high risk offenders as well as carrying out statutory mental health functions.

It is recognised that Social Work has a key contribution to the achievement of national and local outcomes. The CSWO also has a significant role to monitor and improve the quality of service provision and to advise on the identification and management of corporate risk insofar as they relate to social work services.

The CSWO also needs to work with Human Resources to ensure that all social services workers meet the requirements of the Scottish Social Services Council (SSSC) Code of Practice.

In the Scottish Borders the role of CSWO has been fulfilled by the Director of Social Work. This annual report covers the period from April 2012 to March 2013. It is set in the context of significant demographic challenges with a growing older population and a smaller working age population available to provide care and support. The Scottish

Borders has a predicted higher demand for services with an increase of 3,000 older people in the next 5 years. In addition there has been a significant increase in children and young people requiring out-of-area placements.

The report considers public policy issues in this period including legislative changes and proposals. This has been a particularly busy period including developments around Welfare Reform. It covers the very important Corporate Parenting agenda, child and adult protection activity and statutory activity within the Social Work department. It looks at the quality of service provision in the Scottish Borders as identified by the care inspectorate via regulation and inspection. It also looks at aspects of workforce development related to the delivery of a statutory social work service.

2. PUBLIC POLICY

2.1 CHILDREN AND YOUNG PEOPLE (SCOTLAND) BILL

The Children and Young People (Scotland) Bill was introduced to Parliament in April 2013. It makes various provisions for the wellbeing of children and young people, which will have a significant impact on children's services provided by local authorities.

Rights of children and young people

The Bill places a duty on the Scottish Ministers to keep under consideration and further the rights of children and young people, and on the wider public sector to report on actions taken to forward the United Nations Convention on the Rights of the Child (UNCRC).

Wellbeing and Getting it right for every child (GIRFEC)

To improve the way services work to support children, young people and families, the Bill will:

- Ensure that all children and young people from birth to 18 years old have access to a Named Person;
- Put in place a single planning process to support those children who require it;
- Place a definition of wellbeing in legislation; and
- Place duties on public bodies to coordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes.

Early learning and childcare

The Bill increases the amount and flexibility of free early learning and childcare from 475 hours a year to a minimum of 600 hours for three and four year olds; and certain vulnerable two year olds.

Getting it right for looked after children

The Bill defines corporate parenting and the bodies to which it will apply. Other changes include:

- a duty on local authorities to assess a care leaver's request for assistance up to and including the age of 25;
- provision for additional support to be given to kinship carers
- provision for families in distress to access appropriate family counselling; and
- placing Scotland's Adoption Register on a statutory footing.

Other Proposals

The Bill strengthens existing legislation that affects children and young people by creating a new right to appeal a local authority decision to place a child in secure accommodation, and by making procedural changes in the areas of children's hearings support arrangements and school closures.

2.2 FURTHER INTEGRATION OF CHILDREN'S SERVICES

As part of the ongoing business transformation programme by which Scottish Borders council seeks to meet the challenges of the current financial climate, a project has been convened to examine the opportunities for further integration of children's services.

In the first instance, this work is focusing on opportunities for integration with Education & Lifelong Learning, at both an operational and strategic level.

The transformation programme has a time frame of five years, with scaled benefits to be realised within that time.

2.3 CORPORATE PARENTING

Corporate Parenting is a major responsibility for Scottish Borders Council and one that we take very seriously. This agenda sits as key within the Children & Young People's Planning Partnership and the Children's Services plan 2012-15.

In 2012 we continued to work through the multi agency action plan that was agreed in 2011 following a full self evaluation of the work of the Corporate Parenting agenda.

Key areas being addressed are

- Improving provision of educational and operational opportunities and supports for children and young people Looked After at home
- Supporting and improving attainment and achievement
- Enabling Looked After children and young people to participate in community based activities and opportunities
- Ensuring that Looked After and Accommodated Children will be supported with their mental health wellbeing, and drug and alcohol issues

There has been a reduction in the number of Looked After children and young people accessing the sport & leisure memberships which are contracted through Border Sport & Leisure, these memberships increased from 300 in 2010-11 to 350 memberships in 2011-12 however the actual usage has decreased to 36.5%. We have met with BSLT and they are re-drafting the publicity materials which will be sent out to all staff and carers to encourage a further up take on use of the facilities.

Raising awareness and understanding of the responsibilities to and needs of Looked After children and young people is a major area of responsibility within the Corporate Parenting role and therefore training is a major area. In 2012 there has been an *Introduction to Corporate Parenting* workshop held for Councillors, *We Can & Must Do Better (LAC)* 2 day training for 38 multi-agency staff. We can & Must Do Better materials are now available on line and the link to this web page has been sent to all LAC co-ordinators in schools and to staff in NHS Borders for information and personal study opportunities.

The Corporate Parenting groups have continued to focus on improving outcomes for all Looked After children and do this in close partnership with NHS Borders.

2.4 PRIVATE FOSTERING

Private Fostering is the term used when parents make arrangements with people who are not close relatives or officially approved foster carers to care for their children for 28 days or longer, where there are duties on the parent and the carer under the Foster Children (Private Fostering) (Scotland) Regulations 1985 to notify the relevant local authority of the arrangement. Once notified, local authorities have a duty to secure the well-being of every privately-fostered child.

Within Scottish Borders, the process was previously managed by a commissioned service, however the Private Fostering policy, procedure and guidance were revised in July 2011 and the service brought back in-house and is now managed by Integrated Children's Services, with the Resources Team managing private fostering arrangements.

The ICS Resources Team currently oversees 2 private fostering arrangements in the Scottish Borders. The Scottish Government are due to publish good practice guidance for local authorities on Private Fostering at the end of November 2013 and run a national awareness-raising campaign in early December. Integrated Children's Services will participate fully in this national campaign.

2.5 LEVEL OF SERVICE/CASE MANAGEMENT INVENTORY

The Level of Service/Case Management Inventory (LS/CMI) is an assessment and case management tool used across Scotland within Criminal Justice Services.

Since being implemented within Scottish Borders over 300 assessments have been undertaken in respect of court reports, and around 100 full assessments have been undertaken in respect of offenders being supervised within the community.

As well as providing a comprehensive assessment and case management plan for each individual, data from LS/CMI can be analysed and used in the development of services. The data includes risk/needs factors, barriers to engagement, victim profiles and level of intensity.

From the data collected up to the end of January 2013 the main areas identified from analysis undertaken by the Risk management Authority (RMA) were:

- General Risk/ Needs – Employment and Education, Companions, Leisure and Recreation and Alcohol and Drug Problems.
- Specific Risk/Needs – Problem-solving deficits, Anger management, and problems with compliance.
- Other client issues – financial problems, low self-esteem , evidence of emotional distress and accommodation problems.
- Barriers to engagement – denial/minimisation and motivation.
- Victim profile – the most frequent victims of physical assault were adult male victims, adult female partners and authority figures (mostly Police). Sexual assaults are diverse but few in number.
- Intensity level – The majority of cases were assessed as low or medium intensity with relatively few cases being assessed as high intensity and fewer still as very high intensity.

2.6 SELF DIRECTED SUPPORT

The Social Care (Self Directed Support) (Scotland) Act 2013 comes into effect as from April 2014. For Adult services, self-directed support (SDS) has been the default approach for people eligible for social care support since spring 2013.

One of the early priorities was to progress the cultural shift required among Social Work professionals to prepare for SDS. Initial training focused on outcomes and positive risk management. This was followed by a series of leadership sessions for Team Leaders and Assistant Team Leaders and nine one-day sessions for assessment and care management staff primarily covering process and procedures.

Over 100 staff from care providers have attended joint training sessions arranged through the Association for Real Change (ARC). This was followed up by the production of an SDS Information Pack for providers to facilitate training within organisations.

Preparatory work has been undertaken to prepare for the introduction of SDS in children's services. Children's needs tend to change more rapidly than adult needs, which has implications for resource allocation and the monitoring and review of support packages.

In March 2013, Scottish Borders hosted a national event for local authorities managed and coordinated by *In Control* Scotland, who are supporting local authorities in the introduction of SDS for children's services across Scotland. This highly successful event had representation from Highland, Aberdeen, and North Lanarkshire as well as a number of other local authorities.

There has been promotion of SDS through leaflets, newsletters, and discussion with user and community groups. It is also promoted by the Borders Independent Advocacy Service (BIAS) and Encompass (formerly the Borders Direct Payment Agency) whose funding includes SDS promotion.

Future work will include the further rollout of staff development training to encompass the values and principles of SDS as well as the processes and procedures. There is also significant work required with service providers to develop suitable contracts and assess the impact on service providers of the shift towards SDS.

2.7 INTEGRATION OF HEALTH AND SOCIAL CARE

During 2012/13 the Scottish Government commenced a process of consultation on the legislative proposals to progress the integration of health and social care. The proposals included:

- A requirement to integrate services for all adults
- A requirement to set up an Integration body at local level with responsibility for a joint budget
- Health and Social Care Partnerships to be held to account for the delivery of nationally agreed outcomes

Locally in a report to both the Council and NHS the partners made a commitment to the following principles in terms of integration:

- Focus on positive improved outcomes for service users
- Early intervention
- Personalised care and personal choice
- Local democratic accountability
- Build on place based, locality managed services
- Integration should minimise structural change and maximise flexibility
- To commence with adult primary community and social care

To progress the arrangements a decision was taken to establish a Pathfinder Board and to the appointment of a Programme Director for Integration both of which are now in place.

The importance of the Chief Social Work officer role in relation to maintaining the Local Authority statutory functions of adult protection, mental health and broader public safety along with the promotion of social work values has been highlighted as part of this discussion. This role will remain important to ensure effective care governance arrangements moving forward.

2.8 WELFARE REFORM

The Welfare Reform Act 2012 represents the biggest change to the welfare benefits system in 60 years. It aims to simplify the benefit system, protect the vulnerable, reduce benefit dependency and get more people into work. The Government has been implementing changes to the system on a phased basis since 2008.

Employment & Support Allowance (ESA)

Employment and Support Allowance (ESA) replaced Incapacity Benefit for new claims from 2008, and the transfer of those unfit for work to ESA is still ongoing. Figures at 15 Nov 2012 (DWP tabulation tool) show that there was an ESA caseload in Scottish Borders of 2300 with a further 2820 claimants still to transfer to ESA.

The rate of successful transfer from Incapacity Benefits to ESA in Scotland is 76%. If that rate is applied to the numbers still to transfer in Scottish Borders it would suggest that a further 24% (619) previous claimants of incapacity benefits could be found fit for work. Many of these claimants will have been treated as incapacitated for some years and are likely to need a good deal of support in order to update skills for the current workplace and to adjust to any reduction in income.

ESA in Youth was abolished from April 2012 with claimants required to switch to income related ESA. This could impact groups with severe or long term illnesses or disabilities. Not all claimants will be able to get income related ESA e.g. if there is a working partner or capital provision made by parents

From 1 May 2012 – the period for which people in the Work Related Activity Group (WRAG) can receive ESA – contributions based was limited to 365 days. This legislation was applied retrospectively so that claimants in the work related activity group who had already received 365 days of ESA (C) ended their entitlement on 30 April 2012. It does not affect those in the Support Group. It means that ESA is no longer payable if the claimant or their partner have joint savings and investments over £16,000, has a partner working 24 hours or more a week or they themselves have another small income.

Income Support

From May 2012 a change in the criteria for claiming Income Support means that lone parents no longer qualify when their youngest child turns age five unless they have another reason for claiming Income Support (like being a carer). They will have to claim Jobseekers Allowance instead and undertake job seeking activities as requested.

Tax Credits

A number of important changes to tax credits took effect from 6 April 2012. The period for which a tax credit claim and certain changes of circumstances can be backdated was reduced from three months to one month. This could be difficult for some vulnerable new parents leading to potential loss of income.

A new rule around the disregard of an income drop means that tax credits will not increase unless the drop in income is more than £2,500

Rules on work for couples claiming Working Tax Credit have been changed. Couples must now either work a combined total of 24 hours a week, with one working at least 16, or one of the couple must work at least 16 hours a week (with some exceptions). This impacts on working families where they are unable to find or work additional hours (e.g. because juggling caring responsibilities).

3. STATUTORY DUTIES AND DECISIONS

Unless otherwise noted, all figures relate to the period April 2012 – March 2013.

3.1 FOSTERING AND ADOPTION

Adoption is a positive route for a child where it is apparent that he or she is unlikely to be able to safely return to the immediate or extended family. There is a strong body of evidence to indicate that permanent and/or stable long term placements, including adoption, lead to better outcomes for the child where these placements can be put in place early enough to enable the child to form solid attachments with the carers. This is especially crucial in the early years of 0-3.

In the year to March 2013, 9 children were adopted, which maintains a marked rise in comparison with previous years. This is due to dedicated work on better, more focused permanence planning especially in the Early Years Assessment Team where plans are being made for children who are Looked After from birth, where there is no realistic option of rehabilitation home. Drift and delay in permanence planning is a significant issue nationally.

Integrated Children's Services is working hard to address this with a number of initiatives including the establishment of a multi-agency Permanence Group to lead good practice and development of concurrent planning for children.

	10-11	11-12	12-13
Children adopted	4	9	9
Children placed with prospective adopters at end of year	6	9	7

The Chief Social Work Officer is also the Agency Decision Maker (ADM) in terms of Fostering and Permanence decisions – Regulation 12 Children (Scotland) Act 1995.

It is the ADM's responsibility to make decisions based on recommendations by the Fostering or Permanence Panels. In Scottish Borders Council these panels are held on a monthly basis and consider the following:

- Fostering assessments
- Kinship Care Assessments
- Foster carers reviews
- Assessment of Prospective Adoptive Parents
- Children being considered for Permanence (Long term fostering and Adoption)
- Matching of children with prospective adopters or long term foster carers
- Advice & guidance on complex situations that may be considered for permanence

The ADM receives minutes of the meetings, meets with the chair of the meeting, if required, and makes decisions based on the recommendations.

It has been difficult to recruit sufficient additional foster carers to keep pace with demand, however this is being addressed and following a Member Officer Working

Group initiative in Dec 2011 there was an increased communication and recruitment strategy, an increase in fees payable to carers ranging from 20.12% to 35.9%, an increase in allowances payable of 15.18% and 16.43% bringing SBC rates closer to that of neighbouring local authorities, and the introduction of a retainer fee of £100 per week to carers who do not have a placement. The introduction of the retainer fee has helped in the recruitment of carers as they are guaranteed a small income for any period without a placement for a minimum of 8 weeks. There has been a marked increase in enquiries and subsequent assessments for Foster Carers.

	10-11	11-12	12-13
Foster Carers approved	10	8	13
Foster Carers de-registered	9	10	4
Foster/Short Breaks Carers reviewed	30	37	26
Long term (permanent) foster carers approved	0	2	0
Children registered for permanence	7	9	7
Prospective adopters approved	1	8	6
Prospective adopters not approved	0	0	0

The recruitment of carers within Scottish Borders continues to be a challenge however as can be seen from the figures above, the Resources team have been successful in recruiting a number of carers. The difficulty remains that these are new carers with limited experience and training, something that can only be gained over time. Supporting and developing these carers is a long term programme. In addition it continues to be difficult, locally and nationally, to recruit carers for teenagers particularly those who present challenging behaviours.

	2011	2012	2013
LAAC placed outside area as at 31 March	27%	27%	22%

The use of kinship carers in particular continues to have an effect on the requirements for large numbers of foster carers. Kinship care is a desirable outcome for children who are unable to be looked after by their birth parents, and enables children to remain and be cared for within their extended family and community, with clear benefits for their identity and sense of belonging as they develop. This reduces the need for local authority foster carers and promotes better outcome for the children themselves.

	2011	2012	2013
Kinship placements as at 31 March	38	41	37

The total number of Looked After and Accommodated Children had been increasing up to 2011, in line with a national trend. There has been a drop in numbers locally however it is too early to say if this is a result of the focus on early intervention work within the Integrated Children's Service.

The number of children & young people who are looked after is at its lowest level since 2008. National figures are not yet available for 2013, but there were early signs in 2012 that the upward trend of an increase of approximately 4% per year had stopped.

	2011	2012	2013
Looked After Children as at 31 March (SBC)	221	211	186
Looked After Children as at 31 July (Scotland)	16,231	16,248	tba

To allow for comparison, these figures can be reflected as a percentage of the population aged 0-17.

<i>% of pop. Aged 0-17</i>	2011	2012	2013
Looked After Children as at 31 March (SBC)	1.0	0.9	0.8
Looked After Children as at 31 July (Scotland)	1.6	1.6	

3.2 CHILD PROTECTION

The number of children on the child protection register remains low at 28, which is well below the national average rate per head of population. The national average is 3.0 per 1,000 population aged 0-15. The Scottish Borders has an equivalent rate of 1.4.

The proportion of children who have been re-registered within 2 years has been maintained at a low level of 4% (this represents a single child). This indicates that the decisions to de-register children are appropriate and not leading to further risk for children.

The average age of children on the register has dropped slightly, with 64% of registered children now being aged 4 or under.

The length of time that children spend on the register has also dropped in comparison to 2011-12, down to 28 weeks which is a similar level to 2010-11.

	10-11	11-12	12-13
Children on the Child Protection Register (<i>31 March</i>)	30	34	28
Children re-registered within 2 years (<i>31 March</i>)	3%	3%	4%
Children registered during the year	64	61	58
Children de-registered during the year	67	57	64
Children on register aged 4 or under (<i>31 March</i>)	59%	59%	64%
Average number of weeks registered	26	32	28

3.3 SECURE ORDERS

No children were the subject of a Secure Order by the Children's Hearing process during 2012/13, the last such case since being in 2010.

Secure Orders are used very infrequently in Scottish Borders, and more early-intervention and community-based support packages are considered to be a better approach to these complex cases.

3.4 ADULT PROTECTION

A total of 189 Adult Protection Adult Protection Concerns were received in 2012-13, a decrease on 2011-12, but still higher than in previous years. An Adult Protection Concern is where there is a referral reported that an "adult is at risk of harm" as defined under Adult Protection Act.

	10-11	11-12	12-13
Adult Protection Concerns	133	292	189

There had been a significant increase in Concerns in 2011/12. However, close examination of records showed that this was due to a shift in policy to report and record medication errors in care settings. This resulted in an additional 54 Concerns. This process was reviewed, as only errors resulting in harm need to be reported and has resulted in a reduction in Concerns.

Clients with a Learning Disability and Older People (excluding people with dementia) and are by far the largest client groups being referred, accounting for 29% and 23% of the referrals received respectively.

The reasons for Concerns are quite diverse, with, financial/material harm (25%), physical harm (24%) and self harm/neglect (13%) being the most common, but significant numbers of concerns for Acts of omission/neglect (9%) psychological abuse (9%), sexual abuse (3%) are also recorded.

There has been a steady increase in large scale investigation meetings; however initial case conferences and review case conferences have reduced compared to 2011-12.

	10-11	11-12	12-13
Initial Case Conferences	25	41	23
Review Case Conferences	14	28	12
Large Scale Investigation Meetings	11	19	24

3.5 ADULTS WITH INCAPACITY

There has been a steady increase in Private Welfare Guardianships, which have risen to 41 as at 31 March 2013, however the number of Welfare Guardianships for which the Chief Social Work Officer has responsibility has been maintained at 20.

<i>As at 31 March</i>	2011	2012	2013
Private Welfare Guardianships	30	37	41
Chief SW Officer Welfare Guardianships	14	20	20

3.6 MENTAL HEALTH SERVICES

The Mental Health (Care and Treatment) (Scotland) Act 2003 came into effect in October 2005. The Act enables medical professionals to detain and treat people against their will on grounds of mental disorder. This term is used to cover mental health problems, personality disorders and learning disabilities.

The Act is based on a set of guiding principles. In brief, they are;

- Non-discrimination
- Equality
- Respect for diversity
- Reciprocity
- Informal care
- Participation
- Respect for carers
- Least restrictive alternative
- Benefit
- Child welfare

The Act allows for people to be placed on different kinds of compulsory order according to their particular circumstances. There are three main kinds of compulsory powers:

- **Emergency detention**

This allows someone to be detained in hospital for up to 72 hours where hospital admission is required urgently to allow the person's condition to be assessed. It will only take place if recommended by a doctor. Wherever possible, the agreement of a Mental Health Officer (a social worker specially trained in mental health) is also obtained.

- **Short-term detention**

This allows someone to be detained in hospital for up to 28 days. It will only take place where it is recommended by a specially trained doctor (a psychiatrist) and agreed by a Mental Health Officer. The Act refers to short-term detention as the 'preferred gateway' to detention.

- **Compulsory Treatment Order (CTO)**

This has to be approved by a Tribunal following an application by a Mental Health Officer. The application has to include two medical recommendations and a plan of care detailing the care and treatment proposed for the patient. The patient, the patient's named person and the patient's primary carer are entitled to have any objections that they have heard by the Tribunal. The patient and the named person are entitled to free legal representation for the Tribunal hearing.

The number of uses of all three kinds of powers has been increasing, although the emergency detentions have only returned to previous levels following a drop in 2011-12.

	10-11	11-12	12-13
Emergency Detentions	21	14	19
Short-term Detentions	54	55	70
Compulsory Treatment Orders	13	TBA	28

3.7 CRIMINAL JUSTICE SERVICES

Multi Agency Public Protection Arrangements (MAPPA) is the framework which joins up the agencies who manage sex offenders. The fundamental purpose of MAPPA is public safety and the reduction of serious harm. The introduction of MAPPA across Scotland in April 2007 gave a consistent approach to the management of offenders, providing a framework for assessing and managing the risk posed by some of those offenders.

There are three levels at which risk is assessed and managed under the MAPPA. These levels are:

- Level 1: ordinary risk management
- Level 2: local inter-agency risk management
- Level 3: Multi-agency Public Protection Panels (MAPPP)

In Scottish Borders we have agreed that there should be two operational panels that meet monthly - MAPPA Panel Level 1 and MAPPA Panel Level 2. The MAPPA Level 3 Panel is arranged as and when required.

The Level 1 and Level 2 panels are very well supported by all partner agencies and are regularly attended by members of staff with decision making powers. Specific staff, such as case managers or support workers will be invited to attend as required.

The number of discussions held at level 1 in 2012-13 was significantly lower than 2011-12, while those at level 2 and 3 were at very much the same level.

	10-11	11-12	12-13
Level 1	152	151	128
Level 2	22	28	28
Level 3	3	2	3

From April 2012 to March 2013 the overall number of sex offenders subject to MAPPA within the Scottish Borders was 106 out of a total across Lothian and Borders of 717. 102 of these cases were managed at level 1 and 3 at level 2 with only one case being managed at level 3.

4. REGULATION AND INSPECTION

Since April 2011 the Care Inspectorate has held responsibility for inspecting all Social Work services in Scotland, including Child Protection services, and ensuring that care service providers meet the Scottish Governments National Care Standards.

In the period April 2012 to March 2013, the Care Inspectorate carried out inspections on 13 SBC provided services, as well as 25 private care services and 42 in the voluntary/not-for-profit sector. These consisted of both announced and unannounced inspections.

The inspections covered a range of services, summarised as follows.

Service Description	Local Authority	Private	Voluntary / Non-Profit	Total
Adult Placement	1			1
Care Home	6	15	9	30
Fostering Agency			1	1
Housing Support	1	3	15	19
Nurse Agency			1	1
Support Service	5	6	17	28
Total	13	24	43	80

The inspections are based on quality themes and grade each service on a scale from 1 (Unsatisfactory) to 6 (Excellent).

Quality Themes:

- Care and Support
- Environment
- Staffing
- Management

Quality Grades:

- 1.** Unsatisfactory
- 2.** Weak
- 3.** Adequate
- 4.** Good
- 5.** Very Good
- 6.** Excellent

Not all services are graded for every theme. For instance, the Adoption service does not provide services in any particular premises and therefore is not graded for Environment.

Overall, 70% of services were graded as 'Good', 'Very Good' or 'Excellent'. For Local Authority services this figure was 85.

Overall Summary

Quality Theme	Quality Grading					
	1	2	3	4	5	6
Care and Support	5	5	9	32	24	-
Environment	3	1	14	11	6	-
Staffing	2	6	12	34	30	1
Management and Leadership	4	8	8	36	19	-
Total	14	20	43	113	69	1
	5%	8%	17%	43%	27%	1%

Local Authority Services

Quality Theme	Quality Grading					
	1	2	3	4	5	6
Care and Support	-	-	1	9	3	-
Environment	-	-	3	5	1	-
Staffing	-	-	2	9	2	-
Management and Leadership	-	-	1	9	3	-
Total	-	-	7	32	9	-
	-	-	15%	67%	19%	-

Private Services

Quality Theme	Quality Grading					
	1	2	3	4	5	6
Care and Support	4	4	6	5	4	-
Environment	3	1	4	3	4	-
Staffing	1	6	8	4	3	1
Management and Leadership	3	6	4	7	3	-
Total	11	17	22	19	14	1
	13%	20%	26%	23%	17%	1%

Voluntary and Not-for-Profit Services

Quality Theme	Quality Grading					
	1	2	3	4	5	6
Care and Support	1	1	2	18	17	-
Environment	-	-	7	3	1	-
Staffing	1	-	2	21	15	-
Management and Leadership	1	2	3	20	13	-
Total	3	3	14	62	46	-
	2%	2%	11%	48%	36%	0%

5. WORKFORCE DEVELOPMENT

The integration of Health and Social Care and the further integration of Children's Services will inevitably have ongoing staffing implications as joint structures are developed and working practices are reviewed. National legislation will continue to generate significant changes, e.g. the Self-directed Support (SDS) Bill sets out significant changes to the way that clients will decide upon the services most suitable for them. This will affect the role of Social Work staff and require a review of support

Staff are the most important resource to Social Work Services and vital to the effective delivery of critical services. Scottish Borders Council faces significant budget challenges and competing demands for services; and, it is the responsibility of all managers within these financial constraints to ensure that the staffing resource across all teams is appropriate and adequate to address needs.

Central to the national agenda for the social services workforce is the need for the workforce to be supported by organisations which value and promote learning and prioritise human resources development in order to deliver a versatile and skilled workforce that is fit for purpose. Our staff have shown a real commitment to invest in this agenda. This year's Annual Awards Ceremony celebrated the achievements of around 150 members of staff in respect of qualifications gained or accredited training.

The registration of the workforce with the Scottish Social Services Council is a major part of the drive for higher standards in social services nationally and will bring the workforce in line with other professional groups. This process started in 2003 with qualified social workers where the Department has 82 social worker qualified staff in Adult Services and 68 in Children's Services. Other groups now required to be registered include residential child care, all managers of residential, day and home care in Adult Services, all workers in adult residential care and nurseries. With the register for home care workers due to open in 2017 the majority of social care / social work staff will require to be registered by the end of the decade.

Social Work Services supports unqualified staff to access opportunities to achieve qualifications in preparation for registration and this agenda will continue to be a priority over the coming years.

The Social Work Workforce Planning Group, established to further improve co-ordination and to ensure consistent workforce planning across the Department and with internal and external partners, has produced a Workforce Planning & development Strategy 2013-2017 – a five year plan to sustain and build upon a workforce with the talent, skills and flexibility to meet changing needs, which reflects the diversity of the population in Scottish Borders.

This strategy is a high level assessment of the staffing needs for all Social Work Services and identifies methods to address the changing workforce demands. It summarises the findings and recommendations resulting from a series of Workforce Planning workshops and other discussions to:

- (a) Establish a set of guiding principles for future Workforce Planning activity and decision-making for Social Work Services
- (b) Establish a common understanding of the nature of staff resources required to deliver Social Work services in the immediate and longer term
- (c) Devise an action plan to identify the risks, gaps and opportunities which could impact successful delivery of services

The Guiding Principles of the Workforce Planning Strategy provide a reference point for all decision making and planning which impacts on the workforce and resource requirements:

- actively retain, develop and attract staff with the necessary skills and commitment to deliver very good outcome focussed services based on the needs of service users.
- ensure that all our recruitment and development is fair, promotes equality, eliminates discrimination and includes those furthest from the job market.
- communicate key messages to staff effectively and often, including meaningful involvement in change.

- invest in learning and development to meet statutory requirements and maximise staff potential.
- proactively engage in succession planning internally and externally to address the risks of losing vital skills through staff turnover and retirement.
- use forecasting information to inform future staffing levels and make use of all available tools to ensure required growths and reductions in advance.
- encourage and support the adoption of these workforce planning guiding principles across commissioned services and partners.
- support managers and staff to reduce absence levels by embracing attendance management.
- regularly monitor the delivery and effectiveness of the Workforce Planning Strategy, including guiding principles.

Whilst there are difficulties in projecting figures beyond the next two years given major transformation and the number of reviews the information gathered to support the strategy setting process enables the Workforce Planning & Development Team to produce and maintain key information on Workforce Capacity, Qualification Levels and workforce registration requirements. This informs the production of detailed specifications and targets for training delivery over the next five years to ensure that there is equitable access to training and that essential training and qualifications targets are met.

Through the SBLearn initiative the Workforce Planning & Development Team are implementing the use of e-learning across all services and, where appropriate, elearning options for training will augment or replace existing delivery to ensure wider coverage of training.

A multi-agency Workforce Development Group has also been created as a sub-group of the Children and Young People's Planning Partnership, with a focus on developing joint development opportunities and training for all staff working with children and young people.