**Item: 9**

**Monitoring and Audit Committee: 24 September 2026.**

**Internal Audit – Criminal Justice Social Work.**

**Report by Chief Internal Auditor.**

ORKNEY ISLANDS COUNCIL

## 1. Overview

1.1. This report presents the internal audit report on procedures and controls relating to Criminal Justice Social Work, for scrutiny.

1.2. The internal audit plan 2025/26 included a review of Criminal Justice Social Work. This audit has been completed and the internal audit report is attached as Appendix 1 to this report.

1.3. Criminal Justice Social Work (CJSW) is delivered under the statutory framework established by the Community Justice (Scotland) Act 2016. Its purpose is to support the courts, manage community-based sentences, contribute to public protection and help reduce reoffending through rehabilitative and person-centred interventions.

1.4. The service operates in close collaboration with Police Scotland, Scottish Prison Service, Crown Office and Procurator Fiscal Service (COPFS), NHS and third sector organisations as part of a multi-agency system of community justice.

1.5. The objective of this audit was to assess whether the Council has effective systems, processes and governance arrangements in place to support the safe, compliant and efficient delivery of Criminal Justice Social Work.

1.6. The audit provides Adequate assurance that procedures and controls relating to Criminal Justice Social are well controlled and managed.

1.7. The internal audit report, attached as Appendix 1 to this report, includes two medium-priority recommendations regarding information governance and case note completion, and four low-priority recommendations regarding performance indicators, workforce planning, business continuity and attendance records. There are no high-priority recommendations resulting from this audit.

## 2. Recommendations

2.1. It is recommended that members of the Committee:

i. Scrutinise the findings contained in the internal audit report, attached as Appendix 1 to this report, relating to the processes, systems and governance arrangements in place for Criminal Justice Social Work, in order to obtain assurance that action has been taken or agreed where necessary.

**For Further Information please contact:**
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**Implications of Report**

1. **Financial:** None directly related to the recommendations in this report.
2. **Legal:** None directly related to the recommendations in this report.
3. **Corporate Governance:** In terms of the Scheme of Administration, the consideration of Internal Audit findings and recommendations and the review of actions taken on recommendations made, are referred functions of the Monitoring and Audit Committee.
4. **Human Resources:** None directly related to the recommendations in this report.
5. **Equalities:** An Equality Impact Assessment is not required in respect of Internal Audit reporting.
6. **Island Communities Impact:** An Island Communities Impact Assessment is not required in respect of Internal Audit reporting.
7. **Links to Council Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
   ☐Growing our Economy.
   ☐Strengthening our Communities.
   ☐Developing our Infrastructure.
   ☐Transforming our Council.
8. **Links to Local Outcomes Improvement Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:
   ☐Cost of Living.
   ☐Sustainable Development.
   ☐Local Equality.
   ☐Improving Population Health.

9. **Environmental and Climate Risk:** None directly related to the recommendations in this report.
10. **Risk:** Internal Audit evaluates the effectiveness and contributes to the improvement of the risk management processes.
11. **Procurement:** None directly related to the recommendations in this report.
12. **Health and Safety:** None directly related to the recommendations in this report.
13. **Property and Assets:** None directly related to the recommendations in this report.
14. **Information Technology:** None directly related to the recommendations in this report.
15. **Cost of Living:** None directly related to the recommendations in this report.

**List of Background Papers**

Internal Audit Plan 2025/26.

**Appendix**

Appendix 1: Internal Audit Report – Criminal Justice Social Work.

Appendix 1

ORKNEY ISLANDS COUNCIL

# Internal Audit

| | |
|---|---|
| **Audit Report**<br>**Criminal Justice Social Work**<br>**Draft issue date: 12 June 2026**<br>**Final issue date: 13 July 2026** | |
| **Distribution list:** | **Chief Officer of Orkney Health and Social Care Partnership**<br>**Head of Children, Families and Justice Services**<br>**Service Manager (Criminal Justice and Public Protection)** |

## Contents

## Audit Opinion

Based on our findings in this review we have given the following audit opinion.

| | |
|---|---|
| **Adequate** | **Some improvements are required to enhance the effectiveness of the framework of governance, risk management and control.** |

A key to our audit opinions and level of recommendations is shown at the end of this report.

## Executive Summary

This audit found that the Criminal Justice Social Work Service in Orkney is generally operating effectively and in line with statutory requirements and national community justice expectations. The service demonstrates strong partnership working, sound governance arrangements and a clear commitment to person-centred, rehabilitative approaches, achieving positive outcomes despite the challenges associated with a small team and a remote and rural context.

Positive practice was identified in a number of areas, including:

- Clear and transparent community justice governance structures.
- Strong multi-agency working across the Courts, Police Scotland, NHS, Scottish Prison Service and third-sector partners.
- Secure systems access and information security controls.
- High levels of compliance with statutory requirements for court reports.

The audit also identified that the service relies on some informal or pragmatic controls to manage capacity and resilience pressures. Improvements are required to strengthen documentation, management information, workforce planning and business continuity arrangements and to ensure that variations from practice guidance timescales are consistently recorded and monitored.

Overall, the findings support an Adequate level of assurance, with recommendations focused on strengthening resilience and formal oversight rather than addressing fundamental control weaknesses.

Sample sizes for some areas of testing were necessarily small which reflects the low volume of cases and small cohorts inherent to the Orkney context.

MAPPA operational arrangements were not subject to detailed testing within this audit due to a separate independent review being undertaken; therefore, no assurance is provided in respect of MAPPA case management or risk assessment.

A total of 6 recommendations arose from findings within this audit. The number and priority of the recommendations are set out in the table below. The priority headings assist management in assessing the significance of the issues raised.

Responsible officers will be required to update progress on the agreed actions via the Ideagen Risk Management system.

| Total | High | Medium | Low |
|---|---|---|---|
| 6 | 0 | 2 | 4 |

The assistance provided by officers contacted during this audit is gratefully acknowledged.

## Introduction

Criminal Justice Social Work (CJSW) is delivered under the statutory framework established by the Community Justice (Scotland) Act 2016. Its purpose is to support the courts, manage community-based sentences, contribute to public protection and help reduce reoffending through rehabilitative and person-centred interventions.

The service operates in close collaboration with Police Scotland, the Scottish Prison Service, the Crown Office and Procurator Fiscal Service (COPFS), NHS and third-sector organisations as part of a multi-agency system of community justice.

While the Care Inspectorate reviews the quality of social work practice, the Council retains responsibility for ensuring that systems, processes, governance arrangements and internal controls support effective and compliant service delivery.

Given Orkney's remote and rural context, strong internal systems and clear partnership governance are essential to ensure resilience, consistency, and effective coordination with local and national agencies. This audit identifies strengths and opportunities for improvement, providing assurance to Senior Management and Elected Members.

This review was conducted in conformance with the Global Internal Audit Standards in the UK Public Sector.

## Audit Scope

The scope of this audit included the following:

- Governance, policies and procedures.
- Partnership arrangements and information sharing protocols.
- Data quality and performance monitoring.
- Workforce planning, resilience and training controls.
- Information management systems, access controls and retention.
- Internal processes for:
  - Court Processes.
  - Community Payback Orders.
  - Diversion and Bail Supervision.
  - Multi-Agency Public Protection Arrangements (MAPPA) Participation.
  - Throughcare Procedures.

# Audit Findings

## 1.0 Governance, Polices and Procedures

1.1 Governance and oversight arrangements for Criminal Justice Social Work (CJSW) are clearly documented and broadly aligned with national community justice expectations. The Council participates in established partnership governance structures, including the Orkney Community Justice Partnership (OCJP) and the Integration Joint Board (IJB) which provide the framework for accountability, scrutiny and strategic direction.

1.2 The Community Justice Outcomes Improvement Plan (CJOIP) 2025–2030 is approved, current and aligned with the National Strategy for Community Justice and the National Outcomes and Standards. The Plan demonstrates a clear line of sight between national priorities and local delivery and evidence reviewed confirms that it was informed by self-evaluation activity.

1.3 Meeting minutes and reports confirm that the OCJP has resumed regular meetings following a period of disruption caused by staffing changes lasting a year. Oversight of performance, risk and improvement actions is evident within current OCJP documentation including the approval of the Outcome Activity Annual Report (OAAR) for 2024-25, which was submitted to Community Justice Scotland (CJS) and published on the Council's website.

1.4 Formal reporting of the OAAR to the IJB for 2024-25 has been impacted in the short term by staffing vacancy issues; however, annual reporting mechanisms are in place and are intended to resume on a consistent basis now that staffing has stabilised.

1.5 In addition to partnership governance arrangements, oversight of Criminal Justice Social Work is provided through the Social Work and Social Care Governance Board, which meets quarterly and includes representation from Heads of Service and Service Managers across the Orkney Health and Social Care Partnership. The Board provides a forum for scrutiny of quality, performance and workforce matters across social work and social care services, with a focus on supporting safe practice, staff supervision, training and development.

1.6 The audit examined whether risks specific to the delivery of Criminal Justice Social Work are systematically identified, assessed, recorded and monitored in line with the Council's Risk Management Policy and Strategy. Strategic risks are identified in a number of reports, meeting minutes and self-evaluation exercises and relevant risks are captured within the directorate risk register. However, there is no dedicated Service Risk Register for Children, Families and Justice Services.

1.7 A business impact analysis for the service completed in 2019 was reviewed and included Criminal Justice activity. This identifies critical statutory activities and provides some assurance regarding service prioritisation in the event of disruption but requires updating. A recommendation has been made with regards to this at section 4.7 below.

1.8 An internal audit of Risk Management is currently underway across the Council, which includes review of service-level risk registers. To avoid duplication, no separate recommendation has been raised within this audit regarding this.

1.9 Policies and procedures used by the service are based on Scottish Government Justice Social Work guidance.

## 2.0 Partnership Working and Information Sharing

2.1 Effective partnership working is integral to the delivery of Criminal Justice Social Work in Orkney. The audit found strong evidence of multi-agency engagement across key partners including Police Scotland, NHS Orkney, the Scottish Prison Service, Crown Office and Procurator Fiscal Service and third-sector organisations.

2.2 Information-sharing protocols and agreements are in place with external partners and are signed, current and compliant with UK GDPR and the Data Protection Act 2018.

2.3 Information is transferred securely and access controls for the systems used are appropriate.

2.4 Internally, where required, information is shared appropriately between teams where needs or safeguarding concerns are identified and where this occurs, the procedure is to document this in case notes. Equally, there are safeguards in place within the current systems used to record information to ensure that the right teams have access to the right documentation.

2.5 During the period of the audit, the Criminal Justice Social Work service was progressing the implementation and use of the PARIS system as the primary case management and recording system. This represents a significant development in the management of justice social work records.

2.6 This migration was undertaken in a planned manner and was still subject to post-implementation review to confirm completeness and data quality. Management advised that this work was ongoing following the system go-live with checks being carried out to ensure that historical records and key case information had transferred accurately.

## 3.0 Performance Reporting, Data Quality and Monitoring

3.1 Controls are in place to support the accuracy and completeness of statutory performance data reported to CJS, including the OAAR and Scottish Government returns.

3.2 Within the OAAR, national indicator datasets are used to monitor performance. CJSW in Orkney demonstrates strong operational performance with most indicators moving in the desired direction, albeit with volatility caused by very small numbers. Several zero indicators reflect structural or geographical realities (no custody centre, no drug treatment and testing provision). Although data limitations are significant due to small cohorts and timing issues, testing confirmed that the data reported is accurate and supported by underlying records.

3.3 Community Payback Order completion rates sit at 96% and these figures are calculated by the Scottish Government.

3.4 The CJSW team input case data into a database which is used to inform regular returns to the Scottish Government on various elements of service delivery. The CJSW database also provides an operational control and is capable of structured tracking of cases, statutory deadlines and key activity, supporting day-to-day service delivery and management oversight. Testing identified that the criminal justice database is not always fully completed in a way that supports effective monitoring and management oversight. While statutory deadline information is generally completed, fields relating to other deadlines, reasons for delay and the initials of the responsible officer assigned are not consistently populated.

3.5 Although the CJSW database is a good control put in place to support oversight and tracking, there is the opportunity to make better use of this tool. Some of the ways it could be enhanced would include the production of exception reporting, tracking adherence to practice guidance timescales and monitoring workload pressures. It is noted that the missing data will not have been helped by a vacant admin post which has only recently been filled.

3.6 To maximise the value of the existing criminal justice database as a management and assurance tool, completion of all key fields should be made consistent. This would further strengthen oversight of statutory deadlines, practice guidance timescales and workload pressures.

3.7 There is also an opportunity to enhance the database through simple coding or exception reporting (for example, a RAG system) to support early identification of delays or capacity pressures, while also evidencing areas of strong performance.

**Recommendation 1**

## 4.0 Workforce Resilience and Training

4.1 The audit confirmed that statutory duties are currently being met despite operating within a small team and a challenging remote and rural context. A rota is in place to ensure court cover and bail supervision deadlines are met and caseloads are actively managed by the Service Manager using the case-tracking spreadsheet.

4.2 In addition, the deployment of additional temporary staffing support from another service area was used to assist with the delivery of CJSW functions. This additional capacity has helped mitigate workload pressures and supported continuity of statutory service delivery during periods of increased demand and during periods of staff absence within a small-team context.

4.3 Arrangements are in place to monitor and manage staff absence, supported by the Council's Sickness Absence Policy. Caseloads are reallocated as required to ensure statutory duties continue to be met.

4.4 Whilst the use of additional staffing provides evidence of responsive management action, it highlights the absence of a documented workforce plan that explicitly considers Criminal Justice Social Work. The most recent integrated workforce plan did not specifically address the justice function, and there is no formal assessment of future demand, skill requirements or resilience risks specific to the service.

4.5 To support longer-term resilience and succession planning, a proportionate workforce plan should be developed for Criminal Justice Social Work. This should align statutory duties with anticipated demand, skill requirements and key risks, and reflect the particular challenges associated with delivering the service within a small-team context.

**Recommendation 2**

4.6 In addition, there is no formal business continuity plan for CJSW. While arrangements (such as the duty rota and case-tracking spreadsheet) provide some mitigation as well as the business impact assessment, the absence of a documented plan increases the risk to statutory service delivery in the event of unplanned staff absence or system disruption.

4.7 Documenting a service-specific business continuity plan would strengthen assurance and preparedness. A business continuity plan should be developed to identify critical activities,

minimum staffing levels and contingency arrangements, supported by an updated business impact analysis for the service.

**Recommendation 3**

4.8 Staff training and recording arrangements are proportionate to the size of the CJSW team. Mandatory iLearn training is monitored centrally and the Service Manager has good oversight of individual training needs however there is no record which reflects all staff training held across the team. Consideration should be given to developing this in the future to reduce reliance on individual knowledge. Role-specific requirements, including training on LS/CMI (risk assessment and case management system), are considered when staff join the service.

## 5.0 Compliance with Practice Guidance

5.1 The audit examined compliance with statutory requirements and Scottish Government practice guidance across key areas of Criminal Justice Social Work activity, including court reporting, Community Payback Orders (CPOs), diversion from prosecution, bail supervision and throughcare. Testing included review of case files, supporting documentation, management sign-off arrangements and evidence of quality assurance.

5.2 Criminal Justice Social Work Reports

Testing of a sample of Criminal Justice Social Work Reports confirmed that reports are produced using the nationally approved template, submitted within statutory court deadlines and subject to managerial sign-off prior to submission. Reports reviewed included LS/CMI risk summaries and sentencing recommendations where required. Secure transmission arrangements to the Court are in place and operating effectively.

5.3 Testing identified that, in a small number of cases where medical information was sought as part of the court report writing process, a current medical mandate was not retained on file. In one instance, a mandate from a previous offence was held. While this does not indicate conclusively that consent was not obtained, the absence of such evidence held on file weakens the audit trail around following information governance procedures.

5.4 To strengthen the audit trail and information governance assurance, where medical information is requested as part of court report preparation, a current medical mandate should be completed and retained on file as evidence of consent.

**Recommendation 4**

5.5 Community Payback Orders (CPO)

Detailed testing of CPO case files confirmed that statutory requirements are being met. Orders were commenced as soon as reasonably practicable, responsible officers were allocated, and LS/CMI assessments and case management plans were completed where supervision requirements applied. Where individuals failed to comply, breach processes were generally followed, including issue of warning letters and submission of breach reports to the Court.

5.6 Testing also demonstrated good performance in relation to unpaid work requirements, with health and safety inductions completed, attendance recorded and completion reports submitted. Overall completion rates are high, reflecting effective engagement and case management in a challenging operational context.

5.7 Letters are sent out to service users which invite them to attend required unpaid work. These are sent well in advance of the dates. Non-attendance is mostly recorded within case notes however the unpaid work attendance record sheets, signed by the service user and unpaid work supervisors, are not fully completed to reflect both hours worked and dates of non-attendance. To ensure that existing controls operate as intended, unpaid work attendance record templates should be fully completed to reflect expected work patterns, hours worked and any non-attendance, providing clear documentary evidence of monitoring and compliance.

**Recommendation 5**

5.8 Where offender supervision requirements had been imposed as part of their CPO, supervision intensity was tested against the Community Payback Order practice guidance depending on the risk level assigned to each case.

5.9 It was found that most cases had the minimum recommended supervision frequency. In two cases, supervision frequencies were above and beyond minimum requirements in response to service user needs. In one case, where supervision frequency was below the minimum recommendation, case notes reflected stability and the outcome was successful completion of the order. It was noted that, where supervision frequency was impacted due to non-engagement from the service user, there was good record keeping of contact attempts made. Supervision reviews were undertaken in three of the cases examined and were clear about agreed contact frequencies.

5.10 Whilst most of the audit testing indicated good levels of compliance with practice guidance, there were examples of where timescales were not followed. Reasons for this included non-engagement from the service user, staff capacity issues and at times there was variation of the practice guidance due to flexibility offered in response to service user needs. Testing showed that breach procedures, whilst followed, did not strictly follow practice-guidance timescales. Where timescales were flexed, the decision making around this was not always made clear in case notes.

5.11 Where flexibility is applied to national practice guidance timescales in response to service-user needs or capacity pressures, the rationale for this should be clearly recorded within case notes. Monitoring such variations would support consistency, transparency and management assurance and inform whether developing local guidance would be beneficial.

**Recommendation 6**

5.12 <u>Diversion from Prosecution</u>

Testing of diversion cases confirmed that structured processes are in place from referral through assessment, supervision and reporting to the Court. Diversion reports were completed and submitted, and outcomes communicated to COPFS as required.

5.13 Testing identified that practice-guidance timescales were not consistently met. Delays were attributable to factors such as service user engagement and staff absence, and these were explained within reports to the Court. Diversions from prosecution are mechanisms for dealing with low-risk cases by the Court and therefore, although every effort is made to ensure their completion within timescales set by guidance (as evidenced within testing) where staff capacity is an issue, risk-based prioritisation is exercised to make the best of the resource available.

5.14 Bail Supervision Reports and Throughcare

Testing of bail supervision and throughcare activity confirmed that arrangements are compliant with statutory guidance. Bail supervision reports are completed using the required templates within required timescales. Throughcare testing confirmed early engagement with prison-based social work, attendance at case management boards and collaborative release planning where required.

## Action Plan

| Recommendation | Priority | Management Comments | Responsible Officer | Agreed Completion Date |
|---|---|---|---|---|
| 1 To maximise the value of the existing criminal justice database as a management and assurance tool, completion of all key fields should be made consistent. This would further strengthen oversight of statutory deadlines, practice guidance timescales and workload pressures.<br><br>There is also an opportunity to enhance the database through simple coding or exception reporting (for example, a RAG system) to support early identification of delays or capacity pressures, while also evidencing areas of strong performance. | Low | PARIS monthly report KPIs to be identified that are specific to criminal justice.<br><br>Work has commenced with the PARIS System Development Team to identify specific KPIs.<br><br>The update and further development of the criminal justice database to be undertaken to strengthen current processes and provide a secondary back-up system. | Service Manager (Criminal Justice and Public Protection) | 31 March 2027 |
| 2 To support longer-term resilience and succession planning, a proportionate workforce plan should be developed for Criminal Justice Social Work. This should align statutory duties with anticipated demand, skill requirements and key risks, and reflect the particular challenges associated with delivering the service within a small-team context. | Low | This links in with the findings of the IJB Azets audit of the integrated workforce plan. | Chief Officer | 31 March 2027 |

| Recommendation | Priority | Management Comments | Responsible Officer | Agreed Completion Date |
|---|---|---|---|---|
| | | Justice Services will be included in the current work-force planning across OHAC. | | |
| 3 A business continuity plan should be developed to identify critical activities, minimum staffing levels and contingency arrangements, supported by an updated business impact analysis for the service. | Low | Business contingency plan specific to criminal justice services to be developed.<br><br>Following proposed changes to Council policies, in terms of resilience, support has been provided by Safety and Resilience Team to ensure Justice Services' business continuity plan is robust and maintains service delivery. | Service Manager (Criminal Justice and Public Protection) | 31 December 2026 |
| 4 To strengthen the audit trail and information governance assurance, where medical information is requested as part of court report preparation, a current medical mandate should be completed and retained on file as evidence of consent. | Medium | New clients and re-engagements with service to be updated with medical mandate.<br><br>This will be saved to PARIS.<br><br>A pack will be developed and provided to social work staff on receipt of Court report requests. | Service Manager (Criminal Justice and Public Protection) | 31 August 2026 |

| Recommendation | Priority | Management Comments | Responsible Officer | Agreed Completion Date |
|---|---|---|---|---|
| 5 To ensure that existing controls operate as intended, unpaid work attendance record templates should be fully completed to reflect expected work patterns, hours worked and any non-attendance, providing clear documentary evidence of monitoring and compliance. | Low | Unpaid work supervisors will complete the current form fully and use all domains, therefore capturing attendance and non-attendance. | Service Manager (Criminal Justice and Public Protection) | 31 August 2026 |
| 6 Where flexibility is applied to national practice guidance timescales in response to service-user needs or capacity pressures, the rationale for this should be clearly recorded within case notes. Monitoring such variations would support consistency, transparency and management assurance and inform whether developing local guidance would be beneficial. | Medium | Management decision-making case notes to be completed to ensure rationale and justification is present.<br><br>Practice guidance to be upheld and followed however where person centred approach has been taken the rationale for this will be clearly documented. | Service Manager (Criminal Justice and Public Protection) | 31 August 2026 |

# Key to Opinion and Priorities

**Audit Opinion**

| Opinion | Definition |
|---|---|
| **Substantial** | The framework of governance, risk management and control were found to be comprehensive and effective. |
| **Adequate** | Some improvements are required to enhance the effectiveness of the framework of governance, risk management and control. |
| **Limited** | There are significant weaknesses in the framework of governance, risk management and control such that it could be or become inadequate and ineffective. |
| **Unsatisfactory** | There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail. |

**Recommendations**

| Priority | Definition | Action Required |
|---|---|---|
| **High** | Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk. | Remedial action must be taken urgently and within an agreed timescale. |
| **Medium** | Weakness in governance, risk management and control that if unresolved exposes the organisation to a significant level of residual risk. | Remedial action should be taken at the earliest opportunity and within an agreed timescale. |
| **Low** | Scope for improvement in governance, risk management and control. | Remedial action should be prioritised and undertaken within an agreed timescale. |