

The background of the slide features a large, light blue outline of the Coat of Arms of the Government of Yukon. The crest is a shield divided into four quadrants. The top-left quadrant shows a sailing ship on wavy lines representing water. The top-right quadrant shows a bison's head facing left. The bottom-left quadrant shows a beaver. The bottom-right quadrant shows a caribou head facing left. Above the shield is a crown with four points, each topped with a flower. A banner at the bottom of the shield contains the motto "A NE FOR A'".

## **Agenda Item 10**

### **Annual Report of the Chief Social Work Officer**

**Falkirk Council**

**Title:** Annual Report of the Chief Social Work Officer

**Meeting:** Falkirk Council

**Date:** 21 September 2016

**Submitted By:** Chief Social Work Officer

**1. Purpose of Report**

- 1.1 This annual report provides Members with an overview of how the statutory responsibilities have been fulfilled by the Chief Social Work Officer during 2015/16.

**2. Recommendations**

- 2.1 Council is asked to:-

1. note the contents of the Chief Social Work Officer's annual report;
2. agree to its onward submission to Scottish Government and the Integration Joint Board;
3. acknowledge the commitment, skills and experience of social work staff in continuing to deliver high quality services to Falkirk citizens.

**3. Background**

- 3.1 Section 3 of the Social Work (Sc) Act 1968 requires every Local Authority to appoint a professionally qualified Chief Social Work Officer. The post holder must be a qualified Social Worker, with sufficient experience and seniority.
- 3.2 In addition, Scottish Government published National Guidance on the role of the Chief Social Work Officer in 2009. This has since been refreshed and an updated version was published in June 2016. The changes to the role are outlined in more detail in paragraph 4.1 of this report.
- 3.3 If approved by Council, the report will then be submitted to the Chief Social Work Adviser, Scottish Government, by 30 September.
- 3.4 The format of the Chief Social Work Officer's report is prescribed in guidance and was revised and updated in the early part of 2016. The report writing guidance is now more detailed and makes it clear that it outlines the **minimum** reporting requirements, with an expectation that direct links to more detailed reports and information sources should be inserted into the main body of the report.

Consequently, the layout and content of this year's report varies from previous reports submitted.

- 3.5 The information to be included is described as follows:-

1. Summary Reflections – key challenges and developments during the past year

A brief narrative on the key challenges and priorities which arose in 2015/16 and any key developments, achievements and learning which took place.

2. Partnership Structures/Governance Arrangements

An overview of the systems and structures that Chief Social Work Officers have in place to assure themselves of the quality of Social Work services in their area. It should outline Governance arrangements including integration partnerships and partnership arrangements with the Third Sector.

3. Social Services Delivery Landscape

An overview of how social services provision is delivered within the area; the “market” of provision; the nature and make-up of local provision; how well this is working; identification of any gaps and how this is being addressed.

4. Finance

An overview of the resources available to provide social services including a view of the impact of financial constraints; identification of pressure areas, and plans to address these.

5. Service Quality and Performance

An overview of social services quality and performance, to cover achievements, challenges and pressures, and activity being taken to mitigate against risks. It is for the Chief Social Work Officer to decide which areas of performance they cover in more detail but it needs to encompass a view across all areas of service provision.

6. Delivery of Statutory Functions

An overview of the Local Authority’s capacity/ability to deliver its statutory functions related to Social Work.

7. User and Carer Empowerment

Provide detail on progress in empowering users, carers and communities at a service deliver and individual care planning level in an equal partnership of care.

8. Workforce

- a) Planning
- b) Development

An overview of workforce planning including predictive future workforce planning activity and succession planning for the Chief Social Work Officer role.

An overview of workforce development including key challenges and improvement.

9. Improvement Approaches and examples/case studies of improvement activities

This section should highlight key areas of progress and provide examples of learning and improvement.

#### **4. Considerations**

- 4.1 As stated in paragraph 3.2 above, a revised version of the guidance on the **role** of the Chief Social Work Officer was published in June 2016. The main changes in the guidance reflect the responsibilities of the Chief Social Work Officer in relation to the Integration agenda with Health; the provision of professional advice to both the Integration Joint Board and the IJB Chief Officer; and to maintain an overview of practice issues across Children & Families, Criminal Justice and Social Work Adult Services.

The responsibilities of the Chief Social Work Officer are outlined in guidance in groupings. Whilst many of these are individual responsibilities, some are shared and some require the Local Authority to ensure that the Chief Social Work Officer is empowered and enabled to carry these out.

- 4.2 The groupings from the guidance outlining these are:-

- responsibility for values and standards;
- empowerment and enablement of the Chief Social Work Officer;
- statutory decision making;
- leadership;
- the Chief Social Work Officer's role in the context of partnership and legislation.

- 4.3 These responsibilities have been outlined for Members in previous reports and provide the detail underlining Section 4.2 above.

- 4.4 Members previously approved the remit of the Chief Social Work Officer's role on 24 June 2015 in relation to a report submitted by the Chief Executive.

- 4.5 This report had been "future proofed" and already encompassed the changes which have since been added in recent guidance.

#### **5. Consultation**

- 5.1 Consultation has been undertaken across Children & Families, Criminal Justice and Social Work Adult Services to encourage front-line staff to contribute to this report. The report has also been circulated for corporate consultation.

#### **6. Conclusions**

- 6.1 The Chief Social Work Officer's annual report covers the period from 1 April 2015 to 31 March 2016 and provides an overview of how the responsibilities related to the role have been carried out.

- 6.2 The prescribed guidance has meant that the report is more detailed than in previous years and includes many hyperlinked reports to provide evidence to support the report.

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Chief Social Work Officer

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Date: 7 September 2016

## **Appendices**

Chief Social Work Officer Annual Report 2015 - 2016

## **List of Background Papers**

None



**Falkirk Council**

# **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2015 – 2016**

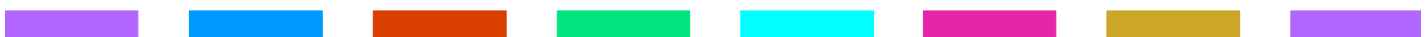


***social work...putting people first***

## INDEX

### Foreword

1. Summary Reflections
2. Partnership Structures/Governance Arrangements
3. Social Services Delivery Landscape
4. Finance
5. Service Quality & Performance
6. Delivery of Statutory Functions
7. User and Carer Empowerment
8. Workforce
  - a) Planning
  - b) Development
9. Improvement Approaches



## Foreword

Welcome to my first Annual Report as Chief Social Work Officer, which covers the period from April 2015 to March 2016.

Section 3 of the Social Work (Scotland) Act 1968 requires every Local Authority to appoint a professionally qualified Chief Social Work Officer.

In March 2009, the Scottish Government published national guidance on the role of the Chief Social Work Officer; Principles, Requirements and Guidance. Work has been ongoing nationally to review this guidance, with the revised version anticipated in June 2016.

Overall, the role is to provide appropriate professional advice, leadership and accountability for the delivery of Social Work Services. It is likely that the June 2016 guidance will include responsibilities in relation to the Integration of Health & Social Care.

This report provides an overview of how the statutory responsibilities of the Chief Social Work Officer have been fulfilled during 2015/16, as well as an overview of the work undertaken by Social Work Services and the achievements recognised during this period.

2015/16 has been a very challenging year amid a period of continual change, which has included:-

- restructuring of Falkirk Council Services;
- the retirement of the previous Director of Social Work Services (and Chief Social Work Officer) in June 2015;
- Social Work Adult Services becoming integrated with Health and the establishment of the Integration Joint Board in October 2015;
- Children & Families and Criminal Justice integrating with Education to form a Children's Service, also in October 2015.

External joint inspections have taken place in relation to:-

- Best Value Audit of Council Services;
- Joint Services for Older People;
- Joint Services for Children and Young People;
- a MAPPA (Multi-Agency Public Protection Arrangements) Thematic Review.

Additionally, Social Work Services have been faced with ongoing significant national legislation and policy changes within the context of financial constraints and diminishing budgets, whilst maintaining a focus on improving outcomes for people who need to access our services.

We are meeting these challenges by prioritising services; making key financial decisions and beginning to change the way we do things.



Our staff are skilled, experienced and highly committed. They are our best and most valued asset in helping to identify new opportunities that will enable us to meet the challenges facing the Social Work profession.



A handwritten signature in blue ink that reads "Kathy McCarroll". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kathy McCarroll  
Chief Social Work Officer



## **1 Summary Reflections - Key challenges and Developments During the Past Year**

- 1.1 This has been a year of unprecedented change. In my 40 years in Social Work, having lived through 2 previous Local Government restructures and numerous policy and legislative changes, I have never experienced this level and depth of change, bringing with it so many challenges all at the same time.
- 1.2 During 2015/16, Falkirk Council has experienced a significant change in the way Social Work Services are delivered and managed, not only with the retiral of the previous Director of Social Work Services (and Chief Social Work Officer) on 30 June 2015, but the deletion of the post and the move towards a Children's Service.
- 1.3 The legislation giving rise to the integration of Health and Social Care then led to a Council restructure, in turn leading to the integration of Children & Families and Criminal Justice Social Work with Education Services to create an integrated Children's Service. These changes have had a significant impact on staff at Service Manager and Unit Manager level, particularly in Adult Services. The Head of Adult Services resigned on 31 July 2015. The current Chief Officer for the Health & Social Care Partnership commenced in mid-December 2015 and the newly appointed Head of Adult Services commenced in mid-January 2016.
- 1.4 Given the significant vacancies outlined above allied with restructuring, Falkirk Council made the following provisions to mitigate against risks and sustain good service delivery:-
- the appointment of an interim Chief Officer pending the appointment of the current post holder from mid-December 2015;
  - the appointment of a temporary Head of Social Work Adult Services until December 2015, pending the appointment of the current post holder in January 2016;
  - the permanent appointment of a Senior Service Manager within Children's Services who has formally delegated duties as the depute Chief Social Work Officer;
  - the appointment of a Programme Manager in Adult Services to support the change agenda in relation to Health & Social Care integration; and
  - support from the Corporate Centre to manage the change process in Adult Services.
- 1.5 The integration of Health & Social Care saw the establishment of a Falkirk Integration Joint Board (IJB). This followed agreement between the Health Board and the Council of an integration scheme setting out the functions delegated to the IJB and other arrangements for its operation.

Legislation requires the IJB to produce a Strategic Plan to ensure that people who use health and social care services get the right care and support, whatever their needs, at any point in their care journey.

During 2015/2016, the IJB officers and the Strategic Planning Group prepared a Strategic Plan which describes how services to adults who use health and social care services would be delivered from 1 April 2016.

The Plan outlines the IJB's commitment to:-

- people being at the centre of decisions about their care and support;
- building on current good practice to change the way services are delivered;
- Focussing on prevention and early intervention;
- people being in control of their own health and care and be as independent as possible.

This will be an opportunity for the IJB to use its combined resources in a more effective, efficient and person centred way. There is a risk that increased demand on services will exceed available resources if we do not work together in a more integrated way. This will ensure a joint contribution to encouraging, supporting and maintaining the health and wellbeing of people who live in our community. The following is a hyperlink to the Health and Social Care Integration Scheme For Falkirk:-

<http://nhsforthvalley.com/wp-content/uploads/2015/04/Falkirk-Integration-Scheme1.pdf>

- 1.6 The disaggregation of the Community Justice Authority and planning for the transition year in 2016/2017 has also been a focus of work during 2015/16. This has impacted upon a review of Governance arrangements and reporting structures. In June 2015, a Chief Officers Public Protection Group was formed, and from December 2015 plans were put in place to develop a Community Justice Strategy Group which will report to the Chief Officers Public Protection Group during the transition year of 2016/17. More information on the governance structures is contained in Section 2 of this report.

Follow the hyperlink below to access the Criminal Justice Transition Plan approved by Council at the beginning of March 2016.

[Community Justice Transition Plan](#)

- 1.7 The integration of Children & Families and Criminal Justice Social Work Services with Education leading to the newly established Children's Services has not only posed challenges but has also offered exciting opportunities and will continue to do so throughout 2016/17.

The Director of Children's Services took up post in mid April 2015, and this provided an opportunity for a handover from the outgoing Director of Social Work. The newly formed Children's Services Senior Management Team became co-located from August 2015, and work has been ongoing to bring the two management teams together focussing on change management and opportunities for integration. Whilst progress has been made, it has been difficult to focus solely on the integration agenda because of both inspection and budgetary priorities.

The development of Children's Services is still therefore progressing but continues to offer opportunities to improve outcomes for Falkirk's children, young people and Criminal Justice Service users.

- 1.8 2015/16 has also been a year of various inspection processes. Although there are clear challenges in managing the variety of inspection processes, there are also benefits in terms of continuing to embed a culture of improvement and learning.

1.8.1 Best Value Audit

A Best Value Audit of the Council took place in 2014, although the report was not published until August 2015.

This focused on improvement areas required in relation to:-

- governance structures/Committee membership/approach to scrutiny;
- performance management and performance reporting;
- scale and pace of change;
- leadership.

The Council has responded to this by producing and implementing an action plan to focus on the improvement areas.

<http://www.audit-scotland.gov.uk/report/falkirk-council-the-audit-of-best-value-and-community-planning-0>

1.8.2 Inspection of Services for Older People

In 2014/15, a Joint Inspection of Services for Older People involving Social Work Adult Services and NHS Forth Valley took place from July to October 2014, with the report being published in July 2015.

The report focussed on improvements in the following areas:-

- delayed discharge and needing to ensure older people are discharged home or to a homely setting when medically fit;
- communication and sharing information with staff more effectively, including arrangements for how the public and other agencies access the service;
- assessment, care management and review processes;
- increasing the number of carers' assessments being undertaken;
- case records needing to contain chronologies as well as jointly developed risk assessments and risk management plans.

An improvement plan has been developed and presented to the Integration Joint Board who will have responsibility to oversee the implementation of the agreed actions throughout 2016/17. The following hyperlink takes you to the full report.

[Falkirk Council Joint Inspection of Older People's Services](#)

### 1.8.3 Joint Inspection of Children's Services

In October 2015, a joint inspection took place in relation to Children's Services. This was particularly challenging given the stage the Service was at in terms of the change management process taking place to move towards an integrated Children's Service, the amount of work involved in supporting the inspection process of self-evaluation and evidence gathering in the midst of "keeping the show on the road".

The inspection report will be published in Summer 2016, but we have already begun to develop an action plan and during 2016/17 we will undertake a "Realigning Children's Services" project later in 2016 as part of addressing the improvement actions.

Our Community Planning Partnership Self Evaluation of Joint Services for children identified the following areas for improvement:-

- Corporate Parenting/Outcomes for Looked After Children;
- use of integrated Chronologies to inform multi agency assessments;
- quality assurance of GIRFEC processes including Named Person services and Team Around the Child;
- more equity in participation of children, young people and their parents in planning and design of services;
- continued robust change management across agencies;
- to make better use of all available data and performance information to drive improvement and service design.

These areas of identified improvement were confirmed through the Joint Inspection of Services for Children undertaken between October and December 2015, although the final report is not due to be published until Summer 2016. Link to the Self Evaluation Report:-

[Falkirk Joint Self-Evaluation](#)

### 1.8.4 MAPPA (Multi-Agency Public Protection Arrangements) Thematic Review

Throughout 2015/16 a thematic MAPPA review was undertaken, with the report being published in December 2015.

The main findings from the report were:-

- there is strong evidence that MAPPA is well established across Scotland and that Responsible Authorities, through joint working and information sharing, discharge their duties effectively under the terms required by the Management of Offenders etc (Scotland) Act 2005;
- overall efficiency in the management of risk could be improved;
- there were no specific recommendations for Falkirk Council, but we will address the general recommendations through the Forth Valley Strategic Oversight Group.

A hyperlink is provided to the report:-

[Justice Inspectorates MAPPA Thematic Report](#)

- 1.9 Budgetary constraints and decreasing resources have been a major issue for our Council, as for all Scottish Local Authorities and partner agencies. The continuing need to meet efficiency targets whilst still concentrating on improved outcomes for all service users proves to be very difficult. This is also linked to an above average number of younger children and older people living in this area compared to the Scottish average. There is more detail in relation to this in Sections 4 and 5 of this report.



## 2. Partnership Structures/Governance Arrangements

- 2.1 During the period of this report, the Director of Social Work Services continued to be the Chief Social Work Officer until 30 June 2015 and submitted the 2014/15 report. At that time, the Social Work Service was managed by the Director, supported by 2 Heads of Service (one for Adult Services, and one for Children & Families and Criminal Justice).
- 2.2 The role of Chief Social Work Officer passed to the Head of Social Work (within Children's Services) from 1 July 2016.
- 2.3 The Chief Social Work Officer is a member of the Council's Corporate Management Team and reports directly to the Chief Executive of the Council in relation to Chief Social Work Officer issues. A Senior Service Manager has been appointed to undertake the delegated duties of the Chief Social Work Officer.

A matrix management arrangement is in place with the Chief Social Work Officer being directly responsible to the Director of Children's Services within the role of Head of Social Work, but also directly reporting to the Chief Executive in relation to Chief Social Work Officer issues.

- 2.4 As a member of the Corporate Management Team, the Chief Social Work Officer has the opportunity to contribute to policy development and ensure that senior managers receive advice on Social Work matters. Part of the role is focussed on developing and managing the Social Work budget. I have continued to offer professional advice both in relation to what should be included in the Integration Joint Board budget, as well as unintended consequences of budget decisions made elsewhere in the Council.
- 2.5 There are both governance arrangements within the Council and also with partners.

The Council governance structures include:-

- Elected Members;
- Executive and Full Council meetings;
- Performance and Scrutiny Panels/Committees;
- Corporate Management Team;
- Service Senior Management Teams.

Partnership arrangements include:-

- Community Planning Leadership Board;
- Chief Officers Public Protection Group;
- Community Justice Authority;
- Children's Commission Leadership Group;
- Alcohol and Drug Partnership.

The IJB is also a separate statutory body.

The Chief Social Work Officer is a member of all of the above governance groups and is required to report regularly to the Performance and Scrutiny Panels/Committees in relation to specific issues.

<https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/files/2016/01/Structure-Chart-CSWO.doc>

2.6 Across the Social Work Service, there are improvement groups and performance management groups in place at a local level. These ultimately report to the groups outlined at section 2.5.

2.7 In July 2015, a Scrutiny Panel process was implemented to consider the outcomes for Looked After Children, with a particular focus on children/young people Looked After Away From Home. The process was planned to be concluded in March 2016, but will not now report until Autumn 2016.

To date, this has been a very helpful process, with Members gaining an in-depth understanding regarding the complexity of issues surrounding children who are looked after in a variety of care settings. The resulting output will be an action plan which will be reported on in the 2016/17 Chief Social Work Officer annual report.

2.8 Within Children's Services, Criminal Justice and Adult Services, there are also strategic management groups operating to develop policy, practice and procedures.

2.9 Given the realignment of the overall Social Work Service, a Practice Governance Group has been established across Social Work Services to discuss cross-cutting issues and to ensure that, as the Chief Social Work Officer, I am sighted on all Social Work Service issues. The first meeting took place in October 2015 with the next one due in Spring/Summer 2016.

2.10 In relation to my responsibilities as Head of Criminal Justice, I attend Community Justice Authority meetings and also chair MAPPA Level 3 meetings as well as attending the MAPPA Strategic Oversight Group. Criminal Justice issues are reported (within the Council) by Chief Social Work Officer membership of the Chief Officers Public Protection Group.

#### 2.11 **Chief Officers Public Protection Group**

In June 2015 the Council established a Chief Officer Public Protection Group to develop a closer reporting relationship with all Public Protection agendas.

This was influenced by the decision to move away from some Forth Valley arrangements to more local arrangements. This was to meet the requirements of the Community Empowerment Act and ensure all public protection issues were reported through the multi-agency Community Planning Leadership Board. The Chief Social Work Officer is a member of both the Chief Officers Public Protection Group and the Community Planning Leadership Board. To date the Chief Officers Public Protection Group now has a reporting structure which includes:-





- Child Protection;
- Adult Support & Protection;
- MAPPA;
- Community Justice Strategy Group;
- Alcohol & Drug Partnership.

The Community Justice Strategy Group is a newly formed group to assist us to move from reporting arrangements with the Community Justice Authority to transferring reporting arrangements to the Community Planning Partnership. Work will be ongoing throughout 2016 to both extend and embed the remit and reporting processes.

The Chief Officers Public Protection Group reports to the Community Planning Leadership Board.

## 2.12 **Children's Commission Leadership Group**

This is a well established multi-agency strategic group which:-

- oversees the content and approval of the ICSP (Integrated Children's Service Plan), ensuring the golden thread between the ICSP and the SOA;
- agrees and approves joint projects (for example the review of Family Support Services and the Realigning Children's Services project (referenced under Section 1, page 8 of this report).

The Children's Commission Leadership Group also reports directly to the Community Planning Leadership Board.

## 2.13 **Integration Joint Board**

The development of the Integration Joint Board has been challenging, mainly because of the temporary appointments made during 2015/16, leading to Falkirk Council and NHS Forth Valley being one of the last Integration Joint Boards to make longer term appointments to crucial posts. This has provided a more stable basis for moving forward. Since the establishment of the Integration Joint Board in October 2015, a great deal of joint work has taken place with Board members to develop relationships and shared understanding of issues and challenges to prepare for 1 April 2016.

The Chief Social Work Officer has been a member of the Integration Joint Board since October 2015. The Chief Social Work Officer also has responsibility to jointly develop the Clinical & Care Governance Framework with the NHS Medical Director and for this to be adopted by the Integration Joint Board from 1 April 2016. Further reference is made to this in Section 5.

There is a hyperlink in Section 1, page 6 to the Health and Social Care Integration Scheme For Falkirk.



## 2.14 **Child Protection Committee and Adult Support and Protection - Independent Chair**

There was already a well established Falkirk Child Protection Committee in existence and a Forth Valley wide Adult Support & Protection Committee.

However during 2015 we have established a Falkirk Adult Support & Protection Committee.

It was also agreed to increase communication and continuity across public protection activity by appointing an Independent Chair for both Committees from December 2015. The Chief Social Work Officer is a member of both Committees.

## 2.15 **Partnerships with the Third Sector**

Within Falkirk we have very robust arrangements with the third sector and independent organisations.

Central Voluntary Sector (CVS) supports both a Voluntary Sector Children's Services Forum (VSCSF) and a Voluntary Sector Community Care Health Forum. Both these groups are very active and voluntary sector partners represent the Forum (rather than their own organisation) at a variety of strategic and planning meetings. We have worked with the Voluntary Sector since 2003 to ensure their participation in decision making meetings. The Public Social Partnership model has been successfully adopted in engaging with third sector partners.

### [Quote from Barnardo's](#)

*"We have an established history of positive partnership and collaborative working across Falkirk. Our progress has been recognised both internally and externally and we have welcomed opportunities this year to reflect and share our experience and learning. Opportunities such as the GIRFEC learning events, Family Support Public Social Partnership and representation and participation in the full range of Children's Commission strategic forums has enabled us to co-design Services, influence processes and decisions and further develop Services and practice together."*

Within Children's Services, members of the VSCSF are represented on various strategic planning groups (e.g. Children's Commission Leadership Group, Children's Commission Planning Group, Continuous Improvement Group) and make a significant contribution.

The Community Care Health Forum has provided partners and the Third Sector the opportunity to share knowledge and experiences, promote good practice, facilitate networking, influence policy and provided a focal point for consultation through a single, coherent voice. Alongside this the forum has supported the involvement of service users and carers in key conversations and promoted collaboration with partners.

The Third Sector is represented on the Integration Joint Board and Strategic Planning Group.

### 3. Social Services Delivery Landscape

- 3.1 Falkirk Council is the 11<sup>th</sup> largest Local Authority in Scotland, with a current population of 157,640 which continues to grow.

The peak in birth rates in 2008 led to an increase in the number of primary school age children and is now impacting on school rolls, particularly in the 5 – 8 years range.

There has been an 8% increase since 2012 in the number of people aged 75 and over, with this predicted to rise by 33% by 2022. There are also an increasing number of people with multiple conditions, many of whom are older people.

This brings consequent increases in demand for both Children's and Adult Services.

#### Figures based on 2014 mid-year population estimate for Falkirk/Scotland

Age Group	Male	Female	Total	% of All Ages (Falkirk)	% of All Ages (Scotland)
0-15	14,382	13,896	28,278	17.9%	17%
16-17	1,947	1,704	3,651	2.3%	2.3%
18-24	6,557	6,090	12,647	8%	9.3%
25-64	41,625	43,478	85,103	54%	53.3%
65-74	7,521	8,208	15,729	10%	10%
75-84	3,955	5,247	9,202	5.8%	6%
85+	1,035	1,995	3,030	1.9%	2.1%

- 3.2 The Children & Families core service is provided by 6 geographically based teams, with specialist teams providing a Council-wide service for:-

- Fostering & Adoption;
- Intensive Family Support Service;
- Children with Disabilities;
- Connect Youth Justice;
- Leaving Care.

- 3.3 The Children & Families Service also provides 2 residential children's houses for children and young people, providing up to 10 beds, plus a move-on flat supported by residential staff on an outreach basis. The Council also commissioned a 5 bedded care home from an independent provider and 6 beds from another independent provider. These services are provided locally within the Council boundaries.

- 3.4 The Children & Families Service has a contract in place with 8 independent providers in relation to fostering services. This was developed using the PSP (Public Social Partnership) approach and providers were involved in the development of the contract.

3.5 In terms of Adult Services, and Care at Home services in particular, the balance of in-house home care still outweighs the balance of care purchased from external providers. We have been attempting to shift the balance so that external purchasing reaches a higher percentage and internal provision reduces. There are challenges in this in terms of:-

- capacity of external providers and their ability to recruit/retain staff in the geographical areas where we require to purchase the service;
- also the same issues face the Council in terms of recruitment and retention of staff;
- payment of the Living Wage by external providers, whilst this is to be encouraged, is also a budgetary concern.

3.6 In early 2016, a Market Facilitation Plan was developed and is due to be approved by the Integration Joint Board in early Summer. Market facilitation will be a key aspect of the strategic commissioning cycle, encompassing a range of activities to develop an accurate picture of local need and markets. One of the more significant of these activities is the collecting and sharing of data. Data sharing helps us ensure we can inform, engage; and consult with the market and partners. To date, we have engaged through a number of different mechanisms to develop the plan, including the following:-

- **Provider Events:** Large-scale events to share strategic commissioning intentions on our plans.
- **Regular Forums:** Smaller scale meetings to engage with specific sectors to discuss commissioning plans.
- **Provider “Drop-in” Sessions/Advice Surgeries:** An opportunity to meet with commissioners on a more informal basis to discuss ideas.
- **Direct Engagement with Providers:** Meetings and working groups with different providers as and when required to facilitate the development and realisation of new models of service provision.

3.7 In June 2015 Council Executive agreed that a new service for survivors of trauma and abuse be commissioned, using principles of the Public Social Partnership (PSP) approach. This presented an opportunity for Falkirk Council to further develop work with local partners, both within statutory and Third Sector agencies, to create a delivery model, which first and foremost, places survivors at the centre of the service. The work of the partnership group was supported by Scottish Government who awarded funding from the Survivor Development and Innovation Fund.

A commissioning framework was developed which included shared standards and service outcomes. The development of this service is ongoing and will continue to be informed by the needs of service users and findings arising out of partnership delivery.

3.8 Falkirk Council has 6 residential care homes for older people. Over the last year, work has been progressing to close one care home due to the fabric and layout of the building being inadequate to meet the changing needs of older people. Work has been undertaken and continues with colleagues in Health, Private and Voluntary Sector to develop services which help to support people to remain in their own homes, as independently and safely as possible. Collectively such service provision focuses on working with an older person, their carer or family to help them to regain lost skills as well as their independence following a period of ill health or deterioration in their level of frailty as well as reducing hospital admissions and promoting speedy discharge from hospital.

3.9 Criminal Justice provides Court services, Community Service for offenders, Accredited Programmes and a service within Polmont Young Offenders Institution. There are 4 Criminal Justice teams, who all have Falkirk-wide responsibilities, as well as the Accredited Programmes team which offers a pan-Forth Valley service, and Polmont Young Offenders Institution is, of course, a National Institution.

In relation to Criminal Justice, there are national contracts/commissioning in place in relation to the Social Work service provided to Polmont Young Offenders Institution and the Accredited Programmes team, financed directly by Scottish Government but hosted by Falkirk and delivered across Forth Valley. At a more local level, various services are commissioned from the Cyrenians, Richmond Fellowship and SACRO, as well as internal provision.

3.10 In terms of scrutiny, many of our services are registered and inspected annually by the Care Inspectorate; or subject to national or local contracts; or Service Level Agreements. Where Service Level Agreements are in place, there is a nominated Council Officer who evaluates, on a regular basis, how well the provider is meeting the terms of the contract, and this is reported on an annual basis to the Scrutiny Committee.



## 4. Finance

### 4.1 Available Budget Resources 2015/16

In 2015/16, Social Work Services had £94.715m of net revenue budget resources distributed across 3 Divisional Areas:-

Divisional Area	2015/16 Net Revenue Budget	2015/16 Year End Position
Adult Services	£70.633m	+£1.373m (overspend)
Children & Families	£21.482m	+£0.870m (overspend)
* Criminal Justice	£2.600m	+£0.046m (overspend)
TOTAL	£94.715m	+£2.289m OVERSPEND

\* Funded by Scottish Government “ring-fenced” monies.

The year-end overspend position of +£2.29m showed an improvement of just over £1 million in the overspend reported at the 2014/15 year end.

### 4.2 Financial Pressures

#### 4.2.1 Adult Services

The main pressure areas related to:-

- 24 hour placements;
- significant increase in Adult Support & Protection work;
- increase in need for Home Care provision;
- 6% increase in the requirement for Care Home places;
- increase in complex care expenditure;
- overall 8% increase in the number of people assessed as needing adult care services.

The risk assessment highlighted the trend in the growth in the ageing population and the resulting increased demand for services as the major contributing factors to the financial pressures.

There has been, and continues to be, a real challenge for Social Work Adult Services to constrain expenditure to budget level as well as meeting demanding efficiency savings targets.

#### 4.2.2 The service has been addressing the pressures in the following ways:-

- re-profiling eligibility criteria to target resources at those with the highest level of need;
- intense scrutiny of individual placements;
- review of contract costs with external providers;
- recalibration of resources towards early intervention and prevention;
- opening of reablement and assessment beds in one care home;

- development of an initiative in provision of enhanced care at home;
- introduction of real time monitoring for care at home staff.

#### 4.2.3 Children & Families Services

The main pressure areas related to:-

- residential school placements;
- external residential care placements;
- crisis care placements;
- fostering;
- external fostering.

The risk assessment highlighted the trend in the increase of a younger age group (7 to 11) requiring care related to the demographic information in birth rates up to 2012, being 7.1% higher than the national average. This is also linked to the increasing complexity of needs being presented.

The number of children and young people, based on robust risk assessment, who require to be accommodated at any one time was both variable and unpredictable throughout 2015/16 and led to financial volatility. There are also financial challenges related to the implementation of the Children & Young People (Sc) Act 2014.

#### 4.2.4 Children's Services have been addressing the pressures in the following ways:-

- intensive scrutiny of individual placements;
- review of contract costs with external foster care providers using the PSP approach;
- contract with external residential care provider (within Falkirk Council boundary) increased from 4 to 5 beds from 9 July 2016;
- development of contract with alternative external care provider (within Falkirk Council boundary) to purchase 6 beds (4 new, 2 previously spot purchased) from 2 November 2015;
- renewed efforts to develop more imaginative foster carer recruitment campaigns;
- development of a co-ordinated family support service;
- secondment of a Social Work manager to enhanced education provision;
- exploration of opportunities in integration between Education and Social Work Children & Families.

#### 4.2.5 Criminal Justice

Within Criminal Justice there was a small overspend of £4,600. This related solely to the revenue staffing budget in Polmont Young Offenders Institution. This is an area of ongoing negotiation year-on-year with the Scottish Prison Service.



Criminal Justice are not funded to deliver a service to all of the inmates in the Young Offenders Institution; only those who have a statutory requirement. Consequently, the Social Work Prison team deal with circa 250 individuals at any one time. The concern which is on the horizon for 2016/17 is the Scottish Prison Service's intention to relocate 100 women prisoners from Cornton Vale to Polmont Young Offenders Institution in August 2016 without any agreement to increase resources to Social Work Criminal Justice. A further update on this will be provided in the Chief Social Work Officer's annual report for 2016/17.

Criminal Justice has many good examples of partnership working which focus on early intervention and prevention. For example:-

- women's peer mentoring group;
- Cyrenians work experience;
- work with Falkirk College to build qualifications into Community Service sentences;
- Richmond Fellowship mental health programme.

These examples are outlined in more detail in Section 7.

4.2.6 In future years, the budget will be reported in relation to spend on:-

- Children's Services;
- Integration Joint Board;
- Criminal Justice (while it remains ring-fenced).

4.2.7 Analysis of risks in relation to all of the above has been an ongoing exercise throughout 2015/16, both in terms of financial risk and reputational risk to the Council, but equally risks for individual service users.

For more detail, please follow the hyperlinks below:-

- CJA Budget Report [Fife & Forth Valley Board Papers](#)
- [Scrutiny Committee Report 15 October 2015](#) (Adult Services)
- [Scrutiny Committee Report 4 February 2016](#) (Adult Services)
- [Scrutiny Committee Report 15 October 2015](#) (Children & Families Services)
- [Scrutiny Report 4 February 2016](#) (Children & Families Services)



## 5. Service Quality and Performance

- 5.1 This section takes account of the planning process and governance arrangements previously outlined in section 2.

All of the performance indicators are reported through the Covalent system and through Scottish Government returns.

We are continuing to embed self-evaluation in the organisational culture. Services' report on progress with Service Plans and a range of performance information and trends are reported to the Performance Panel 2 or 3 times per year for scrutiny by Elected Members. Performance information is reported on our website, including statutory performance indicators, local Performance Panel reports and Local Government Benchmarking Framework reports. Self-evaluation also permeates our meeting structures and processes of supervision to influence individual practice and learning. Initially a more dominant feature in the Child Protection arena, self-evaluation now extends into the wider children's services. Evaluative mechanisms; reflective activity and improvement groups are a feature of all Social Work Services. The Integration Joint Board, in its transition year, is also beginning to agree joint performance indicators for reporting purposes. Within Criminal Justice there are robust mechanisms for reporting performance through the Community Justice Authority. All 3 areas of the Service are required to report to Scottish Government on an annual basis (e.g. CLAS return, annual Community Care return and annual Community Justice Authority aggregated data).

- 5.2 The following performance information is pertinent:-

### 5.2.1 Performance Indicators Reported for Adult Services

The report which was presented to the Performance Panel in February 2016 is hyperlinked to this report at the end of this Section.

Adult Services identified 29 important indicators.

In summary:-

- 1 action is completed
- 7 indicators are on target
- 6 indicators are slightly behind target
- 3 indicators are significantly behind target
- Data only indicators



The actions significantly behind target are:-

- a) The number of months during the reporting period that the target was achieved of no delayed discharge patients waiting 2 weeks or more.



This is a challenging area due to patient choice and fluctuating availability of places.

This led to the development of reablement beds in one care home. Work is ongoing in this area.

- b) The number of overdue “OT” pending assessments at the end of the period.

The Service has consistently been able to respond to priority one assessments, but this has been a long-standing challenge in relation to priority 2 and 3 cases.

- c) Sickness absence in Adult Care Services.

There has been a downward trend throughout 2015/16, but the target of 5.5% has not been met. A dedicated Human Resources assistant post was created to focus on absence management with all Care at Home managers, which has achieved a 2.5% reduction to 7.5%.

#### 5.2.2 Performance Indicators Reported for Children & Families

The report which was presented to the Performance Panel in February 2016 is hyperlinked to this report at the end of this Section.

Children & Families service identified 24 important indicators.

In summary:-

- 3 actions are complete
- 19 indicators are on target
- 0 indicators are slightly behind target
- 2 indicators are significantly behind target
- 3 data only indicators



The actions significantly behind target are:-

- a) Proportion of all Looked After Children in community placements.

Work is ongoing to tackle this by increasing the number of foster carers and kinship carers, as well as reducing the number of external residential placements.

- b) Proportion of complaints completed by Children & Families/Criminal Justice within 20 working days.

The complaints tend to be from parents or service users who disagree with professional decisions and therefore complex to investigate.

### 5.2.3 Home Care Service User Survey

The Home Care service, as part of their Quality Assurance Framework, issue a service user questionnaire to an agreed number of service users each year. In April 2015 1,135 service users were targeted, with 517 people returning forms. This was a 45.5% return rate which, in comparison to the usual UK customer survey response rate of 20- 50%, was regarded as good. A number of specific questions were asked e.g.:-

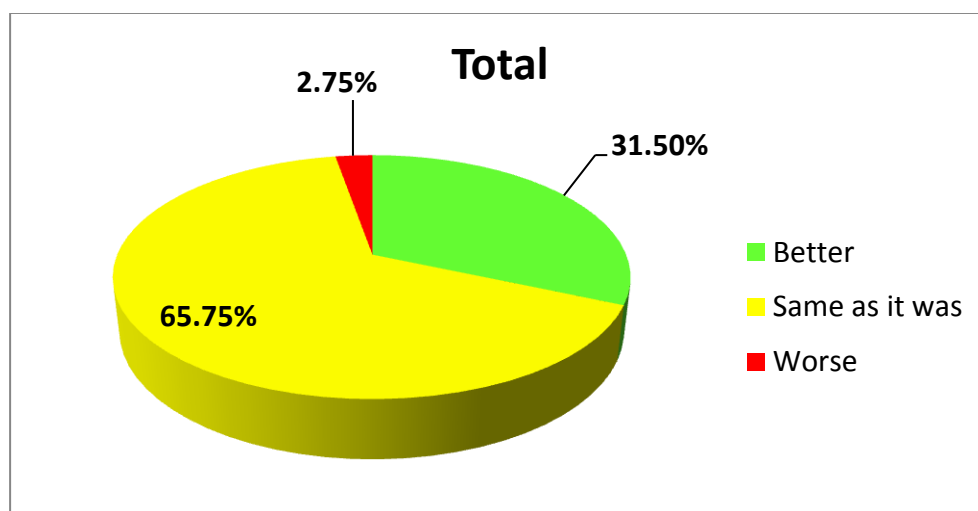
1. Satisfaction with the service - does it meet your needs?

60.86% of people responded to say they were completely satisfied with the service they received and that it met their needs, whilst 4.05% of people were not at all satisfied.

2. About the carers

87.25% of people felt they knew their carers, that they arrived on time and did all of the tasks agreed. However, 9.23% said they did not arrive on time, they did not know them and they did not do the tasks agreed.

3. Has your service improved over the last year?



Most people (65.75%) felt the service was the same as before and 31.5% of people said it had improved; a small number of people (2.75%) felt it was worse than before. This is a concern which will be addressed as we move forward.

4. What other comments did people make?

21% of the returns were compliments, however a total of 15% of people made specific comments about carers, staff changes and visit times – 3% of these made multiple complaints which typically included each of those areas; 9% made other comments which were neither a compliment nor a complaint. Some examples of those comments were:-

- *“I’ve only had the service for a few weeks.”*
- *“I no longer have the service, but thanks for the help I was given.”*
- *“I’m 97 years of age – how do I go about getting additional help if I need it?”*

On the whole, the results have helped us to focus on the areas of the service which need to be improved.

5.2.4 Children & Families Social Work has a specific Continuous Improvement Group. This group has developed its own service specific improvement plan and agenda with scheduled audits, benchmarking, surveying and other activity. Service restructuring has resulted in the need to begin reviewing the range and remit of this group to determine whether efficiencies can be gained from combining various forums.

5.2.5 The Multi-Agency Continuous Improvement Group within the wider Children’s Service is a Falkirk-specific group and takes forward the continuous improvement agenda on behalf of the Child Protection Committee. This group is responsible for multi-agency audit and evaluation activity, co-ordination and analysis of performance management information reports and review of local and national case/learning reviews. Consideration is being given to the combining of the Multi-Agency Continuous Improvement Group and the Children’s Commission Improvement Group in 2016/2017. This would ensure that self-evaluation relating to vulnerable children is considered within the context of Getting It Right For Every Child.

Performance management reports are provided to the Child Protection Committee on a quarterly basis and demonstrate both trends and performance. This information is used to monitor performance and to scrutinise areas where there is insufficient information or where there are concerns about levels of performance. The performance dataset was reviewed in 2013-14 and amendments made to reflect national timescales for key child protection processes.

<https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/child-protection/performance-management>

The Child Protection Committee developed a Joint Self-Evaluation Strategy based on the quality indicators in “How well are we improving the lives of children and young people”. The Joint Self-Evaluation Strategy was revised in Autumn 2015 to reflect the new governance arrangements. Within the strategy is an annual calendar of joint self-evaluation activity which allows the Child Protection Committee to plan self-evaluation activity across the year. This was an ambitious calendar, and diminishing staff resources impacted on our ability to fulfil all planned activity. A quarterly update on the calendar and activity is provided by the Multi-Agency Continuous Improvement Group to the Child Protection Committee. This year, the focus of much of our self-evaluation activity has been in relation to domestic abuse.

[Practitioner Forum and GIRFEC Learning Cafes Good Practice Examples](#)



- 5.2.6 As referenced in Section 2 of this report, the decision was taken to withdraw from the Forth Valley Adult Support & Protection Committee and convene a specific Falkirk Committee. The Independent Chair for the Falkirk Committee took up post in December 2015.

The Committee meets every 2 months. It now has 4 sub-groups:-

- Service User & Carer Reference Group;
- Public Information & Communication;
- Learning & Development;
- Performance & Quality Continuous Improvement Group.

Included in the work of the Committee to date has been:-

- scrutiny of the wide range of multi-agency training;
- decisions on the way to achieve greater Service User and Carer involvement in the work of the Committee;
- a review of the “Initial Referral Discussion” stage of the ASP (Adult Support & Protection) process (sharing of information between Social Work, Police and Health staff);
- the updating of procedures within the Social Work service.

#### 5.2.7 Domestic Abuse Audit

In response to our performance information reports continuing to reflect a high incidence of domestic abuse across the Falkirk area, a multi-agency audit team carried out a Domestic Abuse Audit between June and November 2015 which comprised 2 parts:-

Part 1: case file audit;

Part 2: focus groups with staff and interviews with parents and young people who had experienced domestic abuse.

A number of key strengths and areas for improvement were identified.

Examples of good communication and clear systems for information sharing between agencies were evidenced.

Key areas for improvement were identified in relation to quality assurance, workforce development and the revision of procedures and guidance. Information obtained from the focus groups and interviews with parents and young people is being used to inform workforce development and the revision of guidance.

### 5.2.8 Supervision

Audit activity is also embedded in individual services. For example, as part of the routine supervision of Social Work staff, a template is applied which ensures that 2 case files per supervision session across Social Work Services are subject to Team Manager's scrutiny. This template focuses on the quality of assessment, including risk assessment, recording and chronologies. Systems are being developed to aggregate and analyse information arising from this routine auditing to ensure that any issues are addressed.

### 5.2.9 Structured Debriefs and Learning Reviews

The previous Social Work Service had established a pattern of undertaking Learning Reviews where case issues have arisen which merit further investigation. These have mainly been undertaken when problems have arisen or it has been considered that learning could be gained from a multi-agency review of practice. It is recognised, however, that learning reviews can also be useful when examining good practice examples. The learning from these reviews is fed into all appropriate forums.

### 5.2.10 Self Directed Support

1,694 people are recorded on the Social Work Information System under Self Directed Support (SDS) for 2015/2016. Individuals have 4 options open to them:-

- Option 1: Direct Payment;
- Option 2: individual directs how their support is provided;
- Option 3: Local Authority arranges the support on behalf of the individual;
- Option 4: combination of Options 1, 2 and 3.

- 57 requests were received for an Individual Budget as a result of new assessments within Community Care;
- 112 people are recorded as Options 1, 2 or 4;
- additionally 245 people have chosen Option 2 for Short breaks and will have been given information about their available budget;
- another 12 People used Short Break Vouchers under Option 2;
- 4 of the above were children.

### 5.2.11 Care and Support at Home Practice Observations

As part of the Quality Assurance process, it is crucial that as an adult service support to both service users and staff to ensure that services are provided by skilled and well supported staff can be evidenced. The "Practice Observation" system was launched in Spring 2015 and is aimed at enabling Homecare Managers to quickly identify development areas for staff and to re-assure service users that the quality of their support is appropriately monitored.



The system is utilised as a regular way of monitoring our delivery of support – this enables managers to record direct observations of staff practice and use the information as a positive way of providing feedback and identifying development and training needs. This has generally been well received by staff.

#### [Practice Observation Procedure](#)

##### 5.2.12 Outcomes Framework

In 2014, the Social Work Children & Families service worked with Barnardo's to develop an Outcomes Framework to use within the Council to measure progress with families in relation to agreed outcomes. This approach has been piloted throughout 2014/15 and evaluated by WithScotland. As a result of the formal evaluation throughout 2015/16, the tool has been further adapted with a view to rolling this out to all Looked After Children in 2016/17.

##### 5.2.13 Criminal Justice

The Scottish Government requires 3 elements of returns each financial year from Falkirk Criminal Justice Service:-

- unit returns on Community Payback Orders;
- aggregate returns covering all other Orders and reports;
- a narrative Community Payback Order annual report.

The data supplied is used by the Scottish Government to decide the grant allocation attributable to Falkirk in the subsequent fiscal year. A hyperlink to this information has not been included because the report on Community Payback Orders only covers 2014/15; and both the aggregate report and the Community Payback Orders annual report for 2015/16 are not yet due to be submitted.

The Community Justice Authority provides an annual report to the Scottish Government on how the Criminal Justice Authority has met its targets in the 3 year plan, based on the quarterly performance report from the 4 constituent Councils.

##### 5.2.14 FOIs/Complaints/Subject Access Requests

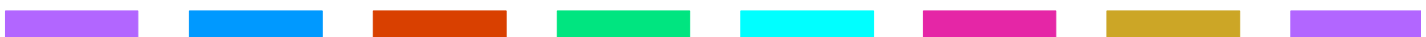
Whilst not strictly part of our formal quality assurance process, learning has been gleaned from FOIs that the information we have published on the internet is an area for improvement. There is considerable public information which could be made available which might assist to reduce the number of FOI requests received.

With regard to Subject Access requests, since the commencement of the Historic Abuse Enquiry we have already experienced a slight increase in requests during 2015/16.

In relation to both complaints and compliments, these are recorded on the Customer First system. Details of both are routinely reported to the improvement groups mentioned earlier so that these can influence changes in practice where required.

5.2.15 There are Performance Indicators outlined in the following strategic documents:-

- Strategic Community Plan (2010-2015) - [Strategic Community Plan](#)
- SOA (2013 – 2015) - [Single Outcome Agreement](#)
- Integrated Children's Service Plan (2010 – 2015) - [Integrated Children's Services Plan](#)
- Social Work Adult Services Plan 2015 – 2018 - [Social Work Adult Services Performance Plan](#)
- Children's Services Plan – 2016 – 2019 - [Children's Services Service Performance Plan](#)
- Criminal Justice Transitional Plan 2015 – 2017 - [Community Justice Transition Plan](#)
- Performance Panel Reports - [Children's Service Performance Update 18 February 2016](#), [Adults Services Performance Update 18 February 2016](#)





## **6. Delivery of Statutory Functions**

### **6.1 Statutory Decision Making**

There are a small number of areas where legislation confers decision making functions directly on the Chief Social Work Officer by name. These mainly relate primarily to curtailment of individual freedom and the protection of both individuals and the public.

These include:-

- implementation of a secure order authorisation;
- review of secure placements and removing a child from a secure placement, if appropriate;
- the transfer of a child subject to a Supervision Order to a different placement in cases of urgent necessity;
- acting as a guardian to an adult with incapacity where the functions relate to the personal welfare of an adult and no other suitable adult has consented to be appointed;
- decisions associated with the management of drug treatment and testing orders;
- carrying out functions in relation to a breach of a supervised release order.

In addition, other duties include:-

- the role of the Chief Social Work Officer in responsibility for joint arrangements for MAPPA;
- responsibility to ensure Mental Health Officer functions are discharged in accordance with professional standards and statutory requirements.

6.2 Functions can be delegated. Within Falkirk Council a decision was made to appoint a Senior Service Manager who would have specific responsibility to undertake the delegated duties of the Chief Social Work Officer to provide appropriate cover where necessary. However, with agreement and forward planning, some of these duties can also be delegated to the Head of Adult Services and to Service Managers who hold a relevant Social Work qualification.

#### **6.2.1 Secure Transfers**

The Children's Hearing (Sc) Act 2011 confers responsibilities on the children's hearing to determine whether a young person subject to a Supervision Order requires to have a secure authorisation attached to that Order. When this occurs, there needs to be an explicit agreement between the Chief Social Work Officer and the Head of the unit that the young person meets the secure criteria. The Chief Social Work Order then requires to give authorisation to implementation of the Order. If this does not happen, the Order will lapse. In Falkirk this has only happened rarely, but there have been 2 occasions between 1 April 2015 and 31 March 2016 where the Chief Social Work Officer has not agreed to implement the secure authorisation component of the Order.

During 2015/16, we have had 10 young people in total placed in secure accommodation, with 3 being transferred on an interim basis pending consideration by a children's hearing but authorised by the Chief Social Work Officer and the Head of the Unit.

2015/16	Good Shepherd	Kenmure St Marys	Kibble	Rossie	Howden Hall	Monthly Total
April	0	3	1	2	0	6
May	0	3	1	2	0	6
June	0	4	2	1	0	7
July	0	4	1	1	0	6
August	0	2	1	1	1	5
September	0	1	1	0	1	3
October	1	0	2	0	1	4
November	1	0	1	0	1	3
December	1	0	1	0	0	2
January	1	0	1	0	0	2
February	1	0	1	0	0	2
March	1	0	1	0	0	2

#### 6.2.2 Transfer of children to a different placement

In addition, the Chief Social Work Officer has powers under the Children's Hearing (Sc) Act 2011 to determine whether children/young people need to be transferred on an interim basis pending consideration by a Children's Hearing. The number of transfers which have taken place under Section 143 of this Act is 4.

#### 6.2.3 Adults With Incapacity

The Adults with Incapacity (Scotland) Act 2000 ascribes a number of statutory roles to the Chief Social Work Officer:-

- to act a guardian to an adult with incapacity where the guardian's powers relate to the welfare of the adult;
- to act as the recipient of notices that applications for guardianship or intervention orders are to be made, and to ensure that appropriate reports are provided for the court process; and
- to provide reports to court on the appropriateness of a guardianship or intervention order where the incapacity relied upon is not a mental disorder.

The Chief Social Work Officer is the appointed guardian for Falkirk Council Welfare Guardianship Orders.

This responsibility is completed through delegation to a supervising Mental Health Officer and/or the case manager and the Order is reviewed every 12 months, unless identified as required earlier, to ensure the Order is still required and that it continues to be relevant to the adult's needs.

The Chief Social Work Officer is required to allocate a Mental Health Officer to complete a suitability report for a Private Welfare Guardianship Order application.

The Chief Social Work Officer also has a responsibility to ensure the supervision of all Private Welfare Guardianship Orders within the Falkirk Council area. Within Falkirk Council, this supervision is carried out by the full-time Mental Health Officers team.

Succession planning in relation to Mental Health Officers is covered in Section 8 of this report.

Type of Order	Number 2014/15	Number 2015/16
Local Authority Welfare Guardianship Orders	216	114
Private Welfare Guardianship Orders	112	163
Joint Chief Social Work Officer/Private Individual Welfare Guardianship Orders	2	3

#### 6.2.4 Mental Health Act Orders

Mental Health Officers were involved in the following work under statutory legislation:-

- 62 Emergency Detentions (Section 36, Mental Health (Care & Treatment) (Sc) Act 2003);
- 124 short-term Detentions (Section 44, Mental Health (Care & Treatment) (Sc) Act 2003);
- 36 Compulsory Treatment Orders (Sections 57, 63 and 86, Mental Health (Care & Treatment) (Sc) Act 2003);
- 3 Compulsion Orders (Section 133, Mental Health (Care & Treatment) (Sc) Act 2003; Section 57A, Criminal Justice Act 1995).

## 7. User and Carer Empowerment

- 7.1 User and carer empowerment can be linked to service user/carers participation and engagement in service planning and delivery, as well as individual examples relating to choice and dignity.
- 7.2 Falkirk Council has an overarching Community Engagement Strategy. This includes a Citizens Panel, who are involved in surveys and consultations generally regarding the work of the Council. All Council services have the opportunity to access the survey to gain feedback on specific issues and we have used this process to gather views on a variety of issues across adult care, children and families and criminal justice.
- 7.3 The previous Social Work Service had developed a linked but stand-alone Participation and Engagement Strategy, which is still in operation across the service and includes a variety of methods of engagement. This is particularly well embedded within registered services who all have a Participation & Engagement Action Plan which is scrutinised by the Care Inspectorate as part of the annual inspection process and range from “house rules” to decoration of premises to recruitment and selection of staff. The strategy is less well embedded within the front line geographical teams and work is planned for 2016/17 to assist them to develop action plans for service user involvement in their areas of work in relation to service planning; design and delivery of services.

<https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/files/2015/04/CF-CJ-AS-PE-Strategy-2013-2016.pdf>

- 7.4 Falkirk’s HSCP has developed a separate Participation and Engagement Strategy which sets out principles to ensure people are involved; consulted with and actively engaged with the Integration agenda. The strategy draws on existing good practice both from the NHS Forth Valley’s Person Centred Health & Care Strategy 2015 -2017 and from the Council’s Community Engagement Strategy:-

[Falkirk HSC Partnership Participation and Engagement Strategy](#)

- 7.5 Within Criminal Justice, Community groups are actively involved in determining potential work tasks for offenders who are subject to Community Payback Orders. Feedback from communities has led to some exciting work projects being taken forward which have not only enhanced the skills of the people subject to Community Payback Orders but have also enhanced provision in local communities. Some examples of these are included in Section 9 of this report.
- 7.6 The principles for participation and engagement are relevant to all staff, individuals, communities and agencies. Existing networks that currently operate within the Falkirk Council and across partner agencies contribute to ensure that participation and engagement activities are accessible to a wide range of people.
- 7.7 Individual care planning activity with all service users also contributes to their empowerment and assists in promoting an equal partnership of care.

7.7.1 In Adult services there has been considerable activity taking place around 24/7 services to maintain people in their own homes or a homely environment; to prevent avoidable admission to hospital with a focus on reablement but crucially about choice, and maintaining/preserving dignity.

7.7.2 Within Children & Families, young people are actively involved in expressing their views through the use of the Child's Plan Framework and the Viewpoint tool, and encouraged by the Children's Rights Service to "Have their Say".

7.8 There are some specific actions that have been taken to promote this agenda across the Social Work Service.

#### 7.8.1 Children's Services

- As previously referenced in Section 5, an Outcomes Framework has been piloted specifically where children have been on the Child Protection Register. This takes the form of scoring progress against outcomes. After deregistration, this is followed up by contact from the independent Children's Rights Officer, seeking feedback from children, young people and their families about this experience. Aggregate information relating to service user satisfaction levels is then fed into the Continuous Improvement Group referenced in Section 5 of this report. Following an independent evaluation of this approach by WithScotland, the feedback from families is that, for the most part, they have found this helpful and felt progress was clear as well as highlighting specific areas they needed to work on. The challenge is now to roll this tool out to include all Looked After Children.
- Working Together Event – June 2015

A Working Together event is held annually between Social Work and Panel Members, with the aim of bringing them together to better understand each other's roles and responsibilities. Over the years, it has grown to include foster carers too. In 2015 this was extended to include young people.

A small group of staff and young people planned the event for almost a year before delivering it in June 2015. The Chair of the Children's Panel was committed to seeking the views of young people with the direct aim of improving their experiences of attending Children's Hearings within the powers available to him to effect change.

Views were captured from the young people, foster carers, social workers and Panel Members who took part. An action plan was developed for each professional group to follow up on, and all actions were set out in a mind map which was sent out to all young people who took part.

- Young people living in Tremanna Children's Home were instrumental in the development of an Independent Living Plan to ensure they were equipped to manage more independent living.

Private providers were involved in developing the resource and it was launched and rolled out to all Falkirk young people both in residential and foster care.

Recently Tremanna young people have reviewed and revised the ILP and the resource has been re-launched as “Life Skills and Continuing Care 2” in line with the new legislation from the Children & Young People (Sc) Act 2014.

- Viewpoint

Viewpoint is a communication tool to help children and young people share their views, wishes and feelings which Falkirk Council has used for some years. Practitioners working with children and young people have a key role in ensuring that they are supported and encouraged to use Viewpoint and in following up responses to inform ongoing individual work and planning. However, there were a number of technical difficulties experienced in using the tool and use of Viewpoint reduced. During 2015 – 2016, the company worked with Council staff and young people to improve the programme as well as the systems we had in place to support its use. Young people then tested out the new version during January to March 2016. This version will be available to children and young people from aged 5 years, on-line, offline, on desk top computers, laptops, tablets and mobiles from May 2016.

Quote

*“I didn’t like using viewpoint before and there were too many questions. It’s great that we can use it on our mobiles but I prefer to use it on a big screen. I want to do my Viewpoint report with my worker, if I did it on my own I would just put all my angry thoughts into it, it wouldn’t make sense and I wouldn’t get my point of view over very well. If I sit down with my worker I can sound off then they can help me make sense of what I want to say in my report and I would feel happier with the finished report.”*

*Glen, during one test session*

- Moneywise Project

The Moneywise Project, funded by the Big Lottery Fund, was set up to mitigate against the effects of the Welfare Reform Act, and to assist 19-21 year olds to navigate the benefit system and maximise their income.

The Project ran for 16 months and was very successful in forging stronger links with our local DWP offices in line with the DWP Care Leaver’s Strategy, which acknowledges that Care Leavers are vulnerable. It requires Local Authorities to work closely with local DWP offices to help identify Care Leavers so that DWP staff have an awareness of the issues Care Leavers face.

DWP now provide Care Leavers with dedicated staff in line with best practice. This won a DWP National Partnership Working Award in 2015.

Quote

*"Without the help of Moneywise Project I wouldn't have seen the end of my debt, I struggled to manage my finances and with her help I finally got things sorted."*  
20 year old female care leaver

Quote

*"Norma built a relationship with me and spent a lot of time trying to get me on my feet. This made everything easier for me, especially the fact I could be open and honest about my financial situation. There were times where my mental health took over everything. I would never have known about nor had the strength to approach DWP."*  
23 year old single female care leaver

- T-Mor/T-Model

In Tremanna, one of our in-house children's homes, one young person's placement broke down in 2014, after four years. This affected everyone, all of the young people and staff. A structured debrief took place and from that an action plan was developed to build on the strengths and areas of improvement identified.

A joint participation day between staff and young people then took place to clarify the vision for Tremanna. The eventual output from that was that staff and young people with input from partners, including CELCIS, developed an individual therapeutic model which was implemented in 2015/2106. The finished model has achieved a culture change to enable a joint working approach between staff and young people to have an equal say in the running of Tremanna. This is an example of both participation and engagement of young people in the planning and delivery of service but also of the empowering them to take control of their environment. The following is a hyperlink to the Tremanna Model:-

[TREMANNA MODEL](#)

## 7.8.2 Criminal Justice

Criminal Justice has a positive track record of assisting people to live independently in the community including even very high risk offenders where observation, risk management and curfews are required, whilst still maintaining that individual's dignity.

- A Peer Mentoring project has been established on behalf of Criminal Justice Social work, operated by the Cyrenians, for women offenders. Between 4 - 6 peer mentors are trained per year by the Cyrenians who have developed a 10 week course including aspects of child protection and adult support and protection.

- There is a dedicated mental health nurse who offers 1:1 counselling and support and keep well assessments. The nurse also runs a “Survive & Thrive” group in conjunction with the women’s development worker which is aimed at women who have experienced significant trauma. This group runs throughout each year and is 10 weeks long.
- Women also attend the employability service and obtain SQA qualifications which includes a core assessment including literacy and numeracy assessments in preparation for starting work. In addition, other activities are included under the women’s service such as the publication group and cooking group. Other groups are established following consultation with women and their views are taken into account.
- There is a drop-in group for men run in conjunction with the Richmond Fellowship (who have based a Challenging Behaviour Worker in CJSW) and a worker from the Cyrenians. Along with the workers, men plan the activities and some of the activities are led by the men rather than the workers – examples of this are cooking, where one man led the others in making quiche, a walking trip was led by a group member.
- Service User Feedback

Feedback is sought at various points. This is obtained at internal reviews of statutory orders and also through exit questionnaires at the end of Orders, where information is collated on a regular basis. We have consulted with those involved with the service regarding potential interview questions and positive traits to be considered for new employees, particularly the women’s service.

#### Quote

Paul had been on Supervision with a Caledonian Requirement since November 2013. He was supervised by Criminal Justice Team and advised in his feedback that

*“My order has really helped me change my attitude and behaviour. I think about things before acting and without social work help I wouldn’t be where I am.”*

#### Quote

*“I was very pleased with Andy (Unpaid Work Case Manager) and that the team were well behaved. It succeeded my expectations and I felt respected by the team.”*



### 7.8.3 Adult Services

- During 2015/2016 the Council has been embedding Self Directed Support within Adult Services, as well as piloting this approach within Children's Services. This requires a practice and culture shift for front-line staff to recognise the positives and strengths in practice, as well as encouraging more independence and less reliance on public services. More detail is provided on this in Section 5.
- Case Study 1

Stuart has Down's syndrome and associated learning disabilities, and had been resident in RSNH from childhood, with regular family contact. On discharge, Stuart had moved into a first floor housing association tenancy supported by Ark care.

Stuart began showing signs of dementia; his mobility significantly deteriorated and he became reluctant to be alone.

The Occupational Therapist; Community Learning Disability Nurse, Consultant Learning Disability Psychiatrist and Social Worker assessed Stuart's needs and risks and it became clear that he would not be able to remain in his current tenancy for much longer.

Stuart's siblings were all much older and had significant health problems of their own. They were equally concerned for his welfare and wellbeing, and eventually agreed to Falkirk Council taking on Welfare Guardianship for Stuart.

A small residential unit for adults with learning disabilities seemed an obvious choice for Stuart, with some of the family appearing happy with this. However they were also able to express their preference for Stuart to remain supported by Ark (third sector service) in his current neighbourhood.

A ground floor flat, already adapted for disabled use became available, and Stuart was offered this. While this solved the environmental challenges, consideration was required for his emotional and care needs.

In a residential home, Stuart would have support and supervision 24 hours a day but this would not be supportable or appropriate in a single tenancy.

We identified that by ending day care and using those hours in a more person centred way, Stuart's care was able to be tailored to his changing needs.

By using modern telecare equipment, it was possible to determine how often Stuart actually needed support overnight. It became clear that if the support worker remained in the flat for 30 minutes after Stuart was settled, he remained in his bed for most of the night, with occasional visits to the toilet.

A digital security system was then identified which allowed both video and audio links from the flat to be connected to the support worker's smart phone or computer. The Mental Welfare Commission's guidance was consulted in regard to their restriction of liberty and specifically about the proposed support package for Stuart. The video links were fitted in the front porch, so that if Stuart went into this area his support worker would be able to see him in real time, judge whether he was distressed or not and speak to him directly to reassure him.

The outer door was fitted with a magna lock, operated remotely by the care provider. A smoke detector was fitted so that should a fire occur, the door would automatically unlock (as it would also do in the case of a power cut) and an alert would be sent to the care provider.

This system allowed Stuart to retain some independence and remain in the community with a team of trusted support workers.

Stuart's support team identified a range of activities that he enjoyed and he was supported to make choices and socialise with his family and some of his old friends.

The flat was decorated in different colours for each room and contrasting door handles were fitted to make it easier for Stuart to see. The rooms were set out in a similar way to Stuart's old flat.

Using the telecare equipment allowed the Council to then review other care packages with Ark. Stuart did not need a sleep over but he did need access to support quickly in an emergency situation and this was similar to other people supported in the area. We are currently in consultation with Ark to reduce sleep over cover and replace with a response team.

- Case Study 2

James and Kevin are siblings and were adopted by Christina in childhood and had lived with her ever since. Both men have Down's syndrome and associated Learning Disabilities. The family were supported over many years by the Learning Disabilities Team. Falkirk Council became substitute Welfare Guardian in 2015 as Christina became frail with age.

Christina took ill and later died in hospital. James and Kevin were supported to visit their mother before she died so they could be with her and have an opportunity say goodbye.

Following Christina's death, James and Kevin were supported to view their mother's body. The family did not have extended family to take on executor role so Falkirk Council applied for an Intervention Order. This enabled the Council to act on behalf of both men.

Both James and Kevin were fully involved in making the funeral arrangements. The eulogy best reflected her life and the music was familiar to James and Kevin.

James and Kevin both attended the funeral and were able to acknowledge mourners before and after the service.

All of this has assisted James and Kevin to understand that their mother is dead, and to know that they played an important part in the arrangements and the funeral.

Both James and Kevin continue to be supported to live at home.



## 8. Workforce

### a) Planning

### b) Development

#### a) Planning

8.1 As at 31 March 2016, the Council employed the following staff members across Social Work Service sections:-

• Adult Services	822.5 FTE
• Children & Families	156.1 FTE
• Criminal Justice	62.8 FTE
<b>TOTAL</b>	<b>1,041.4 FTE</b>

The figures above no longer include the majority of administrative staff as they have transferred to Human Resources to become members of corporate functional teams (SSTAR project).

Because of the immediate changes to the Social Work Service from 1 July 2015, Social Work administration staff were the first in the Council to transfer to SSTAR, with a view to achieving economies of scale through the creation of functional teams.

8.2 Falkirk Council Social Work Service overall has had a relatively stable workforce. Both within Children & Families, Criminal Justice and Adult Services we have not, as yet, had difficulties in recruiting to vacancies. Many of our staff are also reaching their 25 or 40 years' service.

Social Work Services Age profile 2016

Current Age Profile		
	Employee Count	
16-20	6	1%
21-25	29	3%
26-30	79	8%
31-35	59	6%
36-40	61	6%
41-45	115	11%
46-50	179	18%
51-55	196	19%
56-60	184	18%
61-65	75	7%
66-70	21	2%
71-75	6	1%
>76	0	0%
<b>Grand Total</b>	<b>1010</b>	<b>100%</b>

As can be seen from the above:-

- 65% of the workforce is 46 or over;
- 43% are aged 51 to 65;
- 18% of the workforce is aged 16 to 35;
- the majority of the workforce (55%) are aged between 46 and 60;
- only 4% are under 25.

Implications of the age profile have been under consideration and resulted in some priorities for action.

### 8.3 **Modern Apprentices (MAs)**

The service has invested in sustaining and expanding the work settings for Modern Apprentices in Health and Social Care in adult care homes, day centres, MECS and Housing with Care/Reablement. The project was previously well established in Care homes and was extended in 2015/16 into wider social care settings. The SVQ Social Services Assessment Centre provides extensive support to the workforce as well as assessment of the MAs and Falkirk Jobs Programme trainees. The service also assesses trainee cooks in the adult care homes. Within Children's Services there is a programme to encourage MAs to join the early years workforce. Falkirk Employment Training Unit works in partnership with social work and funds an additional SVQ Assessor to support this work. Young people from Falkirk (16-25) are provided with opportunities to enter the workforce and gain qualifications.

### 8.4 **Mental Health Officer Succession Planning**

The National Mental Health Officer reports from SSSC showed trends in reduced numbers of MHOs and an aging MHO workforce. This was reflected in Falkirk and we had lower numbers than we required for our populations and anticipated losing several MHOs via retirement in a 3 to 5 year period.

The solution was a focussed investment in 2014/5 and 2015/16 in training MHOs with our partners on the Edinburgh University MHO programme. 7 MHOs will have been successfully trained by the end of the 2 year period.

### 8.5 **Chief Social Work Officer Succession Planning**

It is also crucial that we have succession planning in relation to the Chief Social Work Officer role. The deputy Chief Social Work Officer was appointed in December 2015 and has joined the second tranche of the CELCIS Accreditation course for Post Graduate Diploma Chief Social Work Officer.

### b) **Development**

- 8.6 We have a mixture of newly qualified staff and some very experienced staff. As previously stated, we also have an ageing workforce, which matches our ageing population.

In recognition of our need for succession planning, and to ensure that our workforce continues to be skilled, competent and “future proofed”, we have a firm focus on staff development.

- Therefore we continue to fund places at Stirling University on supervision, mentoring and management and on the advanced CP programme. The ILM Diploma and ILM Certificate equip staff with management skills and have an introduction to management options. This is provided in-house and is targeted at staff in middle and senior management level.
- Managers in adult care homes and day centres have SQA PDA Leadership and Management in Care Level 10 awards (or the precursor Registered Manager Award) required for their registration with SSSC. Senior workers in residential child care have a minimum of SVQ Level 4 Health & Social Care (SCQF Level 9) and have completed the Stirling University PG module on supervision, mentoring and management.

8.7 Over 2015/2016 we have developed:-

8.7.1

- reflective sessions for unqualified staff (e.g. Social Work Assistants/Family Aide Workers/Family Support Workers) - these have been well received;
- student groups, NQSW group each year, Practice Teacher and link worker group, OT forum, ASP forum, CP practitioner forum and GIRFEC cafes;
- training, across the board, has continued to be prioritised but in-house as far as possible;
- new opportunities for students to be linked with practice teachers and link workers.

#### Quote

*“I felt that Social Work Assistants could benefit from meeting regularly to reflect on our practice. I approached our Training Manager who agreed to facilitate reflective sessions bi-monthly, with our Team Manager’s agreement. We have been meeting since July 2015. In this time I have raised two issues that have been considered and actioned by the Children & Families Management Group, so feel that as a group we can influence change and practice. I feel that the discussions we have has helped us look at more consistent ways to practice, consider tools available and an opportunity to share knowledge and good examples of practice. These issues related to transporting young children in cars/taxis and PVG checks to be undertaken for registered work with both children and adults.”*

George

#### Quote

*“As a newly qualified social worker in Community care, I was supported in my learning through attending the NQSW’s group. In one session we talked about future training opportunities, and I identified Loss & Separation as an area of training that could enhance the vital part of our role supporting adults with dementia and their families. This was taken forward and I worked with Strathcarron Hospice to develop the material that would equip practitioners with knowledge and skills to ensure best practice. The training covered adults with a palliative diagnosis, loss from illness, mental health, physical injury, brain injury and impact of physical disability from substance misuse. I took part in the training, to evaluate its impact and was of the view that it did increase practitioner’s knowledge and skills, and an awareness of anticipatory grief, the individual grief process and advanced care planning. I felt that the training improved my confidence as a practitioner.”*

*Gemma*

- A redesign process in relation to Public Protection training has been ongoing since June 2015.

Extensive work with funding partners across the Forth Valley has been ongoing throughout 2015/16 and will hopefully result in an agreement to have a Public Protection Training Coordinator post and combine the ASP training group with CP training planning activity and include the wider agenda for MAPPA, CSE and other emerging public protection agendas. This is work in progress and links back to the decision to employ an independent Chair for Child Protection/Adult Support & Protection Committees.

- The service runs link worker programme (PLQ(SS) level 10 award) to assist development of new Practice teachers/assessors. This is delivered with Council partners across the Tayforth area with Dundee city providing the award and our staff co-delivering the taught inputs and providing assessment and verification of the award.
- Supervision and Annual Development Reviews continue to be a priority, but with a particular emphasis on regular and formal supervision.

#### [Staff Supervision Framework](#)

#### 8.7.2 Children’s Commission Workforce Learning & Development Group (CCWL&D Group)

The Children’s Commission Planning group established various workstreams and groups. The Learning and Development Group was established in June 2015 and has involved multi- agency partners in revising and developing the Falkirk Workforce Learning Development Strategy and Framework. The group has promoted shared learning across partners. The main focus is in supporting staff to implement the GIRFEC approach and ensuring that Child Protection and Public Protection training is embedded as part of a continuum of support and protection.

The group has improved communication and dissemination of training across partners and utilises the GIRFEC Practitioner pages to maximise access to information and sharing of good practice.

<https://blogs.glowscotland.org.uk/fa/GirfecFalkirk>

#### 8.7.3 Falkirk Health and Social Care Integration Partnership

Falkirk Health and Social Care Integration partnership has an Organisational Development and Workforce group which is developing the required Workforce Strategy for the Integration Joint Board.

A sub group facilitated by the Workforce Development Manager in 2015 audited existing training across partners and began work to identify shared priorities for learning and development.

### 8.8 Registration of the Workforce and Provision of Required Qualifications

#### 8.8.1 The service has a SVQ Assessment centre that provides the full range of Social Services and Health Care awards in-house for our staff. From SVQ2 for support worker/home care staff to level 3 for practitioners in residential care (Adults and children) to level 4 HSC and the Leadership and Management in Care PDA award (SCQF level 10).

Other than the final group to register (Support Workers in Care at Home and Housing with Support services in 2017), we have a fully qualified workforce with a small number of staff who have newly joined the workforce or have moved to a promoted post who are currently undertaking qualifications to meet their condition of SSSC registration.

#### 8.8.2 Implementation of the New Level 9 Residential Child Care Awards

At the time of writing, we are still awaiting the details of the new level 9 PDA award and the related SQA Assessment Strategy. Our Workforce Development Manager has been active over the last 18 months attending various events regarding the Level 9 award and leading on informal discussions with Social Work Scotland Learning and Workforce group and their links in SQA and SSSC.

The cost of resourcing, developing the programme and delivering of the degree level qualification for the whole residential child care workforce is a considerable cost for all organisations across sectors.

It is hoped we can deliver the programme as a PDA award via our own assessment centre and we are considering if a partnership approach with other Councils may be a cost effective way forward. This approach has worked well for the delivery of the PLQ (SS) award for practice teaching and assessment.



The residential child care workforce has been supported to meet the existing qualification requirements. The move to degree level means we will be developing individual learning plans and pathways for every member of staff and agreeing phased commencement of the required amount of study for credit at SCQF 8 and SCQF 9.

## 8.9 Good Practice Example

### Training for Adult Services: Understanding Parkinson Disease

SVQ team run a 2 day training session on helping practitioners understand the impact of Parkinson's disease and in turn support adults with the condition. The rolling sessions include a previous service user, Jim, who shares his story about younger onset Parkinson's and is an active member of the younger Parkinson's support group who meet in Stirling.

#### Quotes from Practitioners who have attended the Sessions

*"Jim was fantastic to speak to, his experience was eye-opening and helped me understand and empathise better in my practice."*

*"Meeting with Jim was the most useful part of the training, always better to have real life experiences."*

*"The section where Jim shared his experiences and story were inspiring. Brave, funny and enlightening. Well done and thanks Jim."*

*"....it was great to hear from his perspective."*

## 9. Improvement Approaches and Examples/Case Studies of Improvement Activities

- 9.1 The following Section provides information in relation to areas of progress and examples of improvement activities. Other examples of good practice case studies are also contained in Section 7 of this report.

### 9.2 Children & Families

#### 9.2.1 Child Sexual Exploitation Pilot

We were successful in our application to Scottish Government to participate in a Forth Valley Child Sexual Exploitation Pilot. This ran for the period April 2014 – September 2015 and our findings were submitted in December 2015. We have continued to build on our experience and joint working via the Forth Valley CSE Board and developed an Action Plan for 2016.

During the pilot period, we developed multi-agency practitioner guidance and a vulnerability checklist and risk matrix. These were launched in March 2016 alongside a revised version of a data monitoring tool which we will use to capture local information on the scale and nature of child sexual exploitation which will then inform training, learning and development and service provision.

Practitioners were involved in the development of guidance and tools and continue to be supported to share good practice and resources during CSE themed forums and workshops.

#### 9.2.2 Residential Child Care Workers Inter-Authority Practice Learning Exchange

In February 2014, Falkirk Council Throughcare & Aftercare service was one of 3 teams that participated in an Inter-Authority Practice Learning Exchange facilitated by CELCIS. As the experience was so well evaluated, CELCIS agreed to progress a similar programme for residential child care staff through May to June 2015. A Senior Residential Worker from Shetland Council came to Falkirk for 2 weeks in Phase 1, then a Senior Residential Worker from Falkirk went to Shetland for 5 days in Phase 2. This exchange is fully detailed and evaluated in the CELCIS report:-

[Evaluation Report On An Inter-Authority Learning Exchange](#)

#### 9.2.3 Corporate Parenting

This work is being taken forward in partnership with “Who Cares?” Scotland and the Children’s Rights Officer (Quarriers).

In 2015, Falkirk Council and partners bid for 3 year funding from Life Changes Trust to establish a Champion's Board. This funding was confirmed in February 2016. Consequently, work will be ongoing throughout 2016 to appoint staff, including care experienced young people, with the aim of leading to the development of a Champion's Board to include Elected Members who will be able to influence future service design and delivery.

We began providing awareness raising across partner agencies throughout 2015 in relation to other agencies' responsibilities. This has been acknowledged through our self-evaluation as an area for improvement.

#### 9.2.4 Mi-Remote

A member of staff in the Children With Disabilities team recognised that traditional environmental controls were adult focused and expensive and did not meet the needs of children. This led to the development of an environmental control app which allows children and young people to use tablet technology to manage their living environment including TV, games consoles, lights, etc. Young people were involved in the development; designing of the logo and testing the app. The app is innovative, simple and was driven by a front-line member of staff who saw a need and made sure it was met.

The app is now registered to Falkirk Council and available from the Apple store at a much cheaper rate than mainstream environmental controls. It has been put forward for an award and we await the outcome with fingers crossed.

##### Quotes

##### Parents say

*"I do not need to keep changing the TV channel."*

*"I need to tell him to turn the volume down, like any other child."*

#### 9.2.5 Care Leavers Peer Mentoring Project

The project is funded by the Big Lottery Fund and provides a dedicated mentoring service to support those young care leavers at the point of leaving care who have been allocated their own mainstream tenancies.

The peer mentors are young people who were previously Looked After and Accommodated by Falkirk Council who have made a successful transition into living independently. The expectation being that these young people will share their experiences and knowledge (both negative and positive) with other care leavers.

The mentoring strategy is designed to increase the young person's self-esteem and promote personal development.

Quote

*"I now volunteer for the peer mentoring service as I'd like to give something back."*

### 9.3 Criminal Justice

#### 9.3.1 Community Supervision Team

Criminal Justice has worked hard to create a multi-disciplinary team to support people with convictions. This includes workers from the third sector who specialise in challenging behaviour, substance misuse, employability and tenancy support, as well as nursing staff from Forth Valley health service and the third sector; all working in partnership with Local Authority staff. This brings together the services which have the greatest impact on public protection, reducing offending and promoting social integration.

#### 9.3.2 Dollar Park

This is a joint venture between Falkirk Council, Falkirk Criminal Justice Service and the Cyrenians whereby the walled garden was developed and maintained for the people of Falkirk. It will also play its part in the employability pathway for offenders.

#### 9.3.3 Treatment Management/Video Monitoring

The Forth Valley Accredited Programmes Team is responsible for the delivery of a group work service addressing specific types of offending such as sexual offences, domestic abuse offences, and prolific general offending.

As part of the delivery of Accredited Programmes each session is recorded to ensure Programme Integrity and to prevent Programme drift. Group participants are made aware of this process prior to attending the group with signed consent given. Each session lasts for three hours and is stored securely on disk for a six month period after which it is destroyed. In addition to ensuring Programme integrity, these recorded sessions are used for training and staff development purposes.

These sessions sampled are used as part of the treatment management process and are part of the supervision of staff to support professional development. Sampled sessions are watched alongside the facilitator with areas such as "Adherence to Programme Manual", "Treatment Style" and "Groupwork Skills" discussed and explored. Areas of good practice are highlighted, discussed and reflected on and support and guidance given in terms of areas to develop.

Specific sessions are sampled at the request of facilitators should they require feedback or guidance relating to a specific exercise or event. Sessions are also discussed on a one to one basis or as part of group supervision. Individual written feedback is provided to the facilitator by the Treatment Manager highlighting strengths as well as areas for future development. Treatment Management is undertaken approximately on a six week basis for each facilitator with sessions sampled weekly.

### 9.3.4 Criminal Justice Case Summary 1

Following transition from the childcare system to the adult Criminal Justice System in the form of a Community Payback Order, the risk presented by Mr T suggested the need for a comprehensive wrap around service with the various agencies involved. The co-ordination of services was managed through a risk management group that involved Criminal Justice Social Work, Police, Housing, Children & Families Social Work and the Leaving Care service. He was placed in accommodation where he could undertake his unpaid work which was a requirement of his CPO. A package of support was developed that initially involved daily or twice daily contact by the various agencies involved. A Criminal Justice Social Worker met with Mr T twice a week, often with the Leaving Care Service and then separately as risks reduced. He was also seen by a third sector agency twice a week, to assist in attendance at appointments, general support and tenancy support. Contact was maintained with the owners of the accommodation and support provided to manage Mr T's difficult behaviour. This placement lasted for 5 months until Mr T's behaviour deteriorated and alternative accommodation was identified with a 24 hour level of support. He continued to have support during the day for 4 of the 7 days.

### 9.3.5 Criminal Justice Case Summary 2

Mr D is subject to a Community Payback Order but has an entrenched alcohol misuse problem and suspected alcohol related brain damage. This made attending appointments difficult. The co-ordination of various services was undertaken by having regular core groups. This involved Criminal Justice Social Work, Housing, Police, third sector agencies, Richmond Fellowship, Signpost Veteran's Service worker and Community Care. His housing situation was stabilised and monitored, and grants were obtained to assist in furnishing his home. Appointeeship was agreed and implemented to assist Mr D manage his benefits more effectively. A programme of visits was planned and given to Mr D to make him aware of the required appointments with the Substance Misuse Services and contact was maintained with the psychiatrist. This work is ongoing and, although some progress has been achieved, Mr D continues to present at hospital for memory/detox problems, although this has reduced.

## 9.4 Adult Services

### 9.4.1 Development of a DVD for People with a Learning Disability

Bainsford Day Service is a service for adults with a learning Disability. It is recognised that good communication is crucial and fundamental in providing a service to people with a learning disability. Bainsford Day Service staff have participated in a range of relevant training with examples being total communication training and sensory integration training. The Service has also worked with 2 service users (who, in addition to their learning disability, have a hearing impairment) to produce a DVD video for the staff group on their communication needs. The 2 service users featured in and led the production of the communication DVD which has been replicated and used to train all the staff within the service.

The DVD includes 120 signs and, although it is particular to the 2 service users' communication method, it encompasses both Makaton and BSL and therefore gives staff a basis that is transferable and adaptable to other service users. The making of the DVD was empowering for the service users putting them in control but also is a training tool for all members of staff. The Service's users particularly like the blooper section at the end of the DVD in keeping with all good productions.

#### 9.4.2 "What Matters To You" Event

As part of national SDS week, an event was held in June 2015 and was well attended by Local Providers, Service Users, and Carers. The event focussed on the "What matters to you" national campaign supported by the Scottish Government and Healthcare Improvement Scotland. The campaign was initiated in Norway in 2014 and aimed to encourage and support more meaningful conversations between health and social care and people accessing their services. Evidence suggests more meaningful conversations around what matters to people can lead to improvements in the quality and effectiveness of care.

Information gathered from the event has been collated and shared with those who attended and will be used to inform changes to approaches to assessment and support planning with people regarding their needs and outcomes. Development of the Talking Points Personal Outcomes approach is progressing well and focuses on the outcomes that will help individuals to achieve the quality of life that is important to them by putting "people using services and unpaid carers at the centre of the support they receive".

#### 9.4.3 Reablement Provision

Reablement provision has become a high priority for central and local government, particularly in the field of care of the older person. The service provides rehab and support to the older person following a period of ill health, a hospital admission, or to prevent a hospital admission.

It was recognised that in some cases rehab cannot be delivered in the older person's home for a variety of reasons; the provision of reablement was introduced to Tygetshaugh Housing with Care and to Summerford House care home. As a joint service with health partners, it offers time limited reablement from care staff trained by physiotherapists and occupational therapists to help the older person regain their skills and confidence following a period of ill-health or hospital admission. The service offers more positive outcomes for older people in terms of preventing a hospital admission, or facilitating a speedier discharge from hospital.

It gives rehab support for up to 8 weeks in a setting other than the person's own home to help them reach their required outcome and that is to return to their own home.

#### 9.4.4 Real Time Monitoring in Home Care

The project was set up to modernise technology use within Falkirk Council's Care Services by introducing an electronic method of recording, monitoring and managing the delivery of home care services.

Electronic Time Recording systems use technology to schedule “planned” and record “actual” care time. Information, relating to service users and carers, is tracked in real time to help avoid missed calls. Rules are built around working patterns, location, skills, gender, continuity of the carer and even “local knowledge” factors. Schedules are communicated to care staff and care is logged as it happens (in Real Time) to give an up to the minute picture of where things are at.

An electronic method (use of smartphones to tag in and out of service user homes) of recording actual hours of care delivery offers a number of benefits to our service users and staff:-

- alerts duty officers if a critical visit is going to be missed so that other arrangements can be made;
- improves quality of service by ensuring the most appropriate carer is matched to each service user;
- improves care worker safety.

Currently the service has implemented the monitoring (tagging) aspect of the system across all its home care staff. The service is now in the process of implementing the scheduling element of the system with two local patches and our re-hab at home team now using both the monitoring and the scheduling elements. The plan is to have all areas rolled out in 2016/17.

