

The background of the slide features a large, light blue watermark of the City of Vancouver's coat of arms. The crest includes a crown with four maple leaves, a shield divided into four quadrants (top-left: a saltire, top-right: a stag's head, bottom-left: a sailing ship, bottom-right: an eagle), and a banner at the bottom with the motto 'A NE FOR A'.

Agenda Item 8

Annual Report of the Chief Social Work Officer 2016/17

Falkirk Council

Title: Annual Report of the Chief Social Work Officer 2016/17
Meeting: Falkirk Council
Date: 20 September 2017
Submitted By: Chief Social Work Officer

1. Purpose of Report

- 1.1 This annual report provides an overview of how the statutory responsibilities have been fulfilled by the Chief Social Work Officer during 2016/17.

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 Kathy McCarroll was Chief Social Work Officer from June 2015 and retired after 42 years of service in August 2017. Sara Lacey has been appointed as successor and takes up Chief Social Work Officer responsibilities, including future Annual Reports.
- 3.3 The Scottish Government published National Guidance on the role of the Chief Social Work Officer in 2009, which was refreshed in 2016. For a number of years, Chief Social Work Officers have produced Annual Reports about social work services.
- 3.4 If approved by Council, the report will then be submitted to the Chief Social Work Adviser, Scottish Government, by 30 September 2017.
- 3.5 The format of the Chief Social Work Officer's report is prescribed in guidance and was revised and updated in May 2017. The report writing guidance is 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. The layout and content of this report satisfies the prescribed format required.

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

1. Chief Social Work Officer Summary of Performance – key challenges and developments during the past year

A brief narrative on the key challenges and priorities which arose in 2016/17 and any key developments, achievements and learning which took place.

2. Partnership Working - Governance and Accountability 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 and Resources

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 including delivery of statutory functions

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. 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.

4. Considerations

- 4.1 As stated in paragraph 3.3 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 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 2016 to 31 March 2017 and provides an overview of how the responsibilities related to the role have been carried out.

- 6.2 The prescribed guidance has means that this report is detailed and includes many hyperlinked reports to provide evidence to support the report.

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Date: 8 September 2017

Appendices

Chief Social Work Officer Annual Report 2016 - 2017

List of Background Papers

None



Falkirk Council

**CHIEF SOCIAL WORK OFFICER
ANNUAL REPORT
2016 – 2017**



social work...putting people first

INDEX

Foreword

1. Chief Social Work Officer Summary of Performance – Key Challenges and Developments during the past year
2. Partnership Working - Governance and Accountability Arrangements
3. Social Services Delivery Landscape
4. Resources and Finance
5. Service Quality & Performance Information and Statutory Functions
6. Workforce
 - a) Planning
 - b) Development
7. Good Practice Examples



Foreword

Last year (2015/16), I welcomed you to my first report as Chief Social Work Officer for Falkirk Council. This year I am submitting my last Chief Social Work Officer report (for 2016/17) as I retire at the beginning of August 2017. After 42 years in Social Work, I know I will miss the routine and my colleagues but I'm sure I won't miss the workload and the future challenges facing Local Authorities. I am delighted to be handing over the reins to Sara Lacey, who will take up post as Chief Social Work Officer from 7 August 2017.

The last year has again been very challenging, as set out in section 1 in some detail, but, as always, there have been some bright spots and innovative developments. Staff have been "up for change" and making a difference and I have no doubt that the Service I am leaving in Falkirk will look very different in five years' time but will actually have improved outcomes for children and young people.

Our staff group continue to be skilled, experienced and committed. I wish to say a heartfelt thanks to all of them for their day-to-day support and assistance to our most vulnerable children and young people.



A handwritten signature in blue ink that reads "Kathy McCarroll".

Kathy McCarroll
Chief Social Work Officer

1 Chief Social Work Officer Summary of Performance - Key Challenges and Developments during the past year

- 1.1 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 published in 2016.

Overall, the role is to provide appropriate professional advice, leadership and accountability to the Council and the Integrated Joint Board.

This report provides an overview of how the statutory responsibilities of the Chief Social Work Officer have been fulfilled during 2016/17, as well as an overview of the work undertaken by Social Work Services and the achievements recognised during this period.

1.2 Key Challenges

Social Work services are facing significant challenges which relate to budget reduction; the cost of implementing new policies and legislation; and changing demographics.

- 1.2.1 2016/17 has again been a very challenging but also rewarding year:-

- the Integration Joint Board has become more established and continues to respond to the need for further integration;
- Children & Families Social Work have continued to integrate more closely with Education Services and feels more like an integrated Children's Service moving forward;
- the development of the Community Justice Partnership model following the demise of Community Justice Authorities.

- 1.2.2 External inspections:-

- Best Value Audit;
- Registered Services across Social Work;
- implementation of the Joint Inspection Plan (Children's Services).

- 1.2.3 Social Work Services continue to be subject to, or affected by, significant new legislation:-

- preparation for the Carers (Scotland) Act 2016;
- Community Justice (Scotland) Act 2016;
- Governance Review;
- Children & Young People (Scotland) Act 2014;
- Public Bodies Joint Working (Scotland) Act 2014.

1.2.4 Other key challenges:-

- resource implications stemming from the Children and Young People Act; Continuing Care, Kinship Care and Aftercare;
- preparation for the Historic Child Abuse Inquiry;
- Delayed Discharge;
- increase in drug deaths in Scotland;
- meeting the needs of Unaccompanied Asylum Seeking Children and resettlement of refugee families;
- rising service user expectation;
- restructuring of Adult Services and development of a Locality Model of Service Delivery.

1.2.5 The context within which we are operating is significantly impacted upon in terms of financial constraints and diminishing budgets. We continue to strive to improve outcomes for every person who needs to access our services.

1.3 Key Developments

1.3.1 Council Developments

- Development of the Council of the Future to drive forward transformational change.
- Allocation of project management staff to Adult Services and Children & Families to assist the above process.

1.3.2 Social Work Adult Services

- 2016/17 has seen the first full year of operations for the Falkirk Integration Joint Board, with health and social care functions coming together as per the Integration Scheme. This has meant the IJB assuming full responsibility for the strategic planning and commissioning of adult social care provision and of NHS Community and Family Health Services; as well as planning in partnership for large hospital services. The IJB has an ambitious and innovative strategic plan and a clear change programme which will help maintain focus on improving outcomes for people. This is an opportunity for the new HSCI Partnership to use our combined resources in a more effective, efficient and person-centred way. This will mean that we can address the challenges we face. There is an increased demand on services that 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.

Follow the [hyperlink](#) to access the 2016/17 Annual Report for the IJB.



- Discharge to Assess

The Discharge to Assess pilot was set up to work with people to identify their immediate care and support needs when they present at the hospital. The pilot aims to prevent admissions and to reduce length of hospital stay and delays in discharge through supported early discharge of people over 65 years for assessment and reablement care at home.

This means people are supported to recover at home rather than in hospital and support is tailored to meet individual needs. People are assessed within the hospital by a multi-disciplinary team (MDT) and visited within the first few hours of getting home. There are weekly reviews with the care provider to ensure any emerging care related issues are appropriately addressed. The team works with the person on their reablement needs for up to 6 weeks and if ongoing support is required this is arranged. An evaluation of the impact of the implementation of the Discharge to Assess model will take place following the pilot period in late 2017.

- Reablement Services

Reablement is at the core of the work that we do to support people to regain their independence. A key strand of work is to renew current reablement services and approaches to help identify areas of improvement and redesign. This development work will ensure that support is in place to help people regain independence following a stay in hospital or deterioration in their health.

The Reablement Leadership Group, which has been set up with support from Health Improvement Scotland, is considering the range of services that can be accessed through a streamlined assessment and referral process, based on individual outcomes. This will include support to self-manage as well as provision for people with high level, complex need.

The group is making progress to:-

- define reablement;
- develop consistent assessment and referral pathways;
- initiate a training programme for staff across all partners on reablement;
- embed reablement into every care settings.

1.3.3 Children & Families

- The integration of Children's Services has now brought 2 management teams successfully together and this has increased communication and further ideas for integration. The focus continues to be on change management and the experience mirrors the progress of the IJB. The budget is particularly challenging but a Strategic Children's Service Review, on-going since April 2016, has been seeking innovative ways of tackling this.

- Children's Services involvement with the Scottish Government's Redesigning Children's Services Programme.
- Development of a Champions Board.
- Additional bed capacity secured in locally contracted residential children's houses.
- We have improved our Viewpoint monitoring to support young people to feed back their views.
- Supporting staff to fulfil SSSC registration requirements.
- A number of very positive Care Inspectorate reports of registered services, including some grades as "Excellent"
<http://www.careinspectorate.com/index.php/publications-statistics>
- Mi-remote, a mobile phone app for Children With Disabilities, won the Global Innovation Award in 2016.

1.3.4 Criminal Justice Services

- The disaggregation of the Community Justice Authority has taken place and the focus of work during 2016/17 for Criminal Justice has been on the development of the Community Justice Strategic Partnership Group. Governance and reporting structures have been redesigned. The Community Justice Strategic Partnership Group is now well established and has been reporting regularly to the Chief Officer's Public Protection Group.
- Budgets have reduced and, whilst this has been a challenge, some redesign of provision has taken place to meet this issue.
- Follow the hyperlink to access the Community Justice Plan [Community Justice Outcomes Improvement Plan](#)
- A range of training has been provided to a large number of Criminal Justice staff in the following areas:-
 - Moving Forward Making Changes
 - Caledonian Accredited Programmes
 - LS/CMI – risk of serious harm
- Implementation of the Supervision Framework within Criminal Justice.
- Established a Falkirk Community Justice Transition Board.
- The Women's Service, involving co-located delivery of Health & Social Care services to women offenders, commenced in April 2016.

- In January 2017, 2 Health Care Assistants started working with Criminal Justice service users to assist in promoting health and wellbeing.
- Completed a base line Needs Assessment to inform future Community Justice developments.



2. Partnership Working - Governance and Accountability Arrangements

- 2.1 The partnership arrangements; systems and structures have changed very little during the last year (2016/17).
- 2.2 The role of Chief Social Work Officer passed to the Head of Social Work (within Children's Services) from 1 July 2015.
- 2.3 The Chief Social Work Officer is a member of the Council's Corporate Management Team.

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, and also directly reporting to the Chief Executive in relation to Chief Social Work Officer issues. A Senior Service Manager has been appointed to undertake delegated duties of the Chief Social Work Officer.

- 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;
- Children's Commission Leadership Group;
- Alcohol and Drug Partnership;
- Integration Joint Board (IJB).

The IJB is a separate statutory body (see Section 2.9).

The Chief Social Work Officer continues to be 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, improvement and performance management groups are in place at a local level. These ultimately report to the groups outlined at section 2.5.
- 2.7 Within Children's Services, Criminal Justice and Adult Services, there are also strategic management groups operating to develop policy, practice and procedures.
- 2.8 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. These meetings are now established and take place on a regular basis. They are proving to be critical in maintaining a Social Work ethos and culture across the senior staff group.
- 2.9 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of Health and Adult Social Work Services in Scotland; to be governed by Integration Joint Boards (IJBs) with responsibility for the strategic planning of the functions delegated to it and ensuring the delivery of its functions through the locally agreed operational arrangements.

Following approval from Falkirk Council and the Forth Valley Health Board (NHS Forth Valley), the Integration Scheme, the formal legal partnership agreement between the 3 constituent organisations, was submitted to Scottish Ministers on 24 June 2015. On 3 October 2015, Scottish Ministers legally established the Falkirk Integration Joint Board.

On 1 April 2016, Health and Social Care functions per the Integration Scheme were formally delegated to the Integration Joint Board. Therefore, financial year 2016/17 represents the first full year of operations for the Falkirk Integration Joint Board.

2.10 **Integration Joint Board**

The appointment of permanent staff in relation to the Chief Officer, Chief Finance Officer and Programme Manager has provided a strong foundation for moving forward with the work of the IJB.

The Chief Social Work Officer has been a non-voting member of the Integration Joint Board since October 2015. The Chief Social Work Officer has also had 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.

There is a [hyperlink](#) to the Health and Social Care Integration Scheme for Falkirk.

2.11 Clinical and Care Governance

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Health Boards and Local Authorities integrate adult health and social care services. The minimum scope of this integration covers adult social care, adult community health and a proportion of acute hospital provision. As is the case in some other Local Authority areas, Falkirk Council's Children's Services, Mental Health Officers and Criminal Justice Services are outwith the scope of Health and Social Care integration. Each Integration Joint Board requires to have a Clinical and Care Governance Group (CCGG).

Clinical and Care Governance is the process by which accountability for the quality of health and social care is monitored and assured. Effective Clinical and Care Governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services. To achieve these requirements, professionals and the wider workforce need to work in an integrated way to ensure that the different skills, experience, knowledge and perspectives they bring are best used and aligned to support the outcomes that individuals seek from the care and support they receive. This requires an explicit Clinical and Care Governance Framework within which professionals and the wider workforce operates and provides clear understanding of the contributions and responsibilities of each person.

The Scottish Government's Clinical and Care Governance Framework states that all aspects of the work of Integration Authorities, Health Boards and Local Authorities should be driven by, and designed, to support efforts to deliver the best possible quality of health and social care.

The Chief Social Work Officer, the NHS Medical Director and the NHS Nursing Director take the lead role in relation to Clinical and Care Governance. The NHS Medical and Nursing Directors have arrangements in place for co-ordinating these functions across clinical groups and the Chief Social Work Officer has arrangements in place for co-ordinating these functions across social care groups.

Throughout late 2015 and early 2016, the Clinical and Care Governance leads met regularly to develop the Clinical and Care Governance Framework which was presented to the IJB in March 2016. It was acknowledged that the Framework would be updated in due course to reflect the evolving experience of joint working as service delivery models change, the workforce becomes more integrated and regulatory changes occur. There have been 3 meetings of the Clinical and Care Governance Group this year and 4 priorities have been identified:-

- Alcohol and drug deaths
- Suicides
- Complaints
- Care of older people

The group was chaired latterly by the Chief Social Work Officer and, as a consequence of my retirement, it will now be chaired by the Medical Director.

2.12 Looked After Children and Young People

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 did not finally report until Autumn 2016.

This proved to be a very helpful process, with Members gaining a more in-depth understanding around the complexities surrounding children who are looked after in a variety of settings. The outputs and action plan can be found here

<http://www.falkirk.gov.uk/coins/submissiondocuments.asp?submissionid=12937>

but the following provides a concise overview.

The Panel was established to look in detail at the outcomes for Looked After children and how could they be improved? The process comprised of a series of meetings, visits and presentations including discussions with representatives from the Council, other Services, other Local Authorities, and Looked After children and young people. These were designed to give Elected Members a complete picture of the services being delivered to Looked After children in Falkirk and how those services could improve and, most importantly, address the issues that were important to Looked After children themselves.

Recommendation Summary:-

Earlier intervention available at the right level at the right time can prevent an escalation of risks which otherwise would lead to a child being taken into care.

Balance of care. Reducing numbers of young people placed in residential provision by increasing family based placements. Increasing the capacity and number of Falkirk Council foster carers.

Corporate parenting. Developing and embedding the culture and responsibility of corporate parenting within and across key agencies and partners.

Transitions and after care. Ensure that systems and processes meet the needs of young people in relation to key transitions of their lives including education, employment, housing, adult services and health services. . The Panel recognised that to improve outcomes we must seek to raise aspirations of young people themselves.

Improving the range of accommodation options for care leavers

The recommendations of the Panel were presented to the Scrutiny Committee under particular themes and were duly approved and forwarded on to the Executive. Workstreams are taking forward the work which underpins the recommendations.

2.13 In relation to my responsibilities as Head of Criminal Justice, I attended Community Justice Authority meetings and the MAPPA Strategic Oversight Group, and have also chaired MAPPA Level 3 meetings. Criminal Justice issues are reported (within the Council) via Chief Social Work Officer membership of the Chief Officers Public Protection Group.

2.14 **Chief Officers Public Protection Group**

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

This was influenced by the decision to move away from various Forth Valley arrangements to more local arrangements. This new arrangement meets the requirements of the Community Empowerment Act and ensures all public protection issues are reported through the multi-agency Community Planning Strategic Board. The Chief Officers Public Protection Group now has a reporting structure which includes:-

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

The Chief Officers Public Protection Group reports directly to the Community Planning Strategic Board and is chaired by Falkirk Council's Chief Executive.

2.15 **Children's Commission Leadership Group**

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

- oversees the content and approval of the Integrated Children's Service Plan (ICSP); ensuring there is a strong connection ("the golden thread") running between the ICSP, the Strategic Outcomes and Local Delivery Plan (SOLD), and the Children's Service's Plan.
- agrees and approves partnership projects (for example the review of Family Support Services and the Realigning Children's Services project).

The Children's Commission Leadership Group continues to report directly to the Community Planning Strategic Board

<http://www.falkirk.gov.uk/services/council-democracy/policies-strategies/docs/community-planning/04%20Integrated%20Children%27s%20Services%20Plan%202017-2020.pdf?v=201707111257>

2.16 **Child Protection Committee and Adult Support and Protection Committees**

Both Committees are supported by Lead Officers and have improvement plans in place which are regularly reviewed to ensure actions are relevant and appropriate.

The appointment of an Independent Chair since late 2015 has proved to be very successful. The Child Protection Committee continues to flourish as it was already well established. The Adult Support and Protection Committee is developing and growing appropriately. The Chief Social Work Officer continues to be a member of both Committees.

2.17 **Partnerships with the Third Sector**

Within Falkirk we continue to 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 Third Sector Community Care and Health Forum. Both 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 Third Sector since 2003 to ensure participation in decision making. The Public Social Partnership model has been successfully adopted in engaging with Third Sector partners.

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 and Continuous Improvement Group) and make a significant contribution.

The Community Care and Health Forum has provided partners and the Third Sector with the opportunity to share knowledge and experiences, promote good practice, facilitate networking, influence policy; and has 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, the Strategic Planning Group, and work closely with the Health and Social Care Partnership in the delivery of services.

2.18 **As highlighted within various Sections of this report, the Chief Social Work Officer has responsibilities within all of the Governance structures noted within this report and is able to influence decisions appropriately by providing verbal input to various meetings and also by way of briefing notes or reports as required.**

Service users and carers are crucial to how we move forward. During 2016/17, we have involved them in various ways and formats. We are committed to participation and consultation, and will further develop ways of doing this in the future.

- 2.19 In terms of scrutiny, many of our services are registered and inspected annually by the Care Inspectorate; are subject to national or local arrangements; or Service Level Agreements. Where Service Level Agreements are in place, a nominated Council Officer regularly evaluates how well the provider is satisfying the terms of the contract, and analysis of outcomes is reported on an annual basis to Scrutiny Committee.
- 2.20 In May 2015, the Community Justice (Scotland) Bill was published which sought to establish new arrangements for the delivery and oversight of community justice services and set out plans to disestablish existing Community Justice Authorities. The Bill placed planning at the local level where decisions can be made by the people who know their area best, underpinned by a national strategy and performance framework for the new community justice model. Following a number of debates in Parliament, the Bill was passed in March 2016 and became the Community Justice (Scotland) Act 2016.

The Community Justice Partnership in Falkirk was established early in 2016 with its governance arrangements under the Falkirk Community Planning Partnership (CPP). As 2016/17 was set to be a transition period between the abolition of the Fife and Forth Valley Community Justice Authority and the implementation of the new local arrangements, the Community Justice Partnership developed a transition plan which set out how the CPP planned to build links with and between community justice partners, how we intended to involve service users, people with convictions, the Third Sector, and communities in the development of the new arrangements and what the local governance arrangements would be.

The Act set out a requirement for each Local Authority area to publish a Community Justice Outcomes Improvement Plan, and in March 2016 [and a](#) project manager was appointed to oversee the transition arrangements. An important part of the work over the transition period [is](#) to work with community justice partners and stakeholders to gather evidence about how we currently meet community justice priorities in Falkirk, what current practice we value and think we can do better in partnership, and identify new areas of activity that would help meet these priorities together. Ultimately, the Falkirk Community Justice Partnership set out to prevent and reduce further offending by addressing its underlying causes and secure the best possible outcomes for people with convictions, victims and witnesses, families and communities.

3. Social Services Delivery Landscape

- 3.1 Falkirk Council is the 11th 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 2016 mid-year population estimate for Falkirk/Scotland

Age Group	Male	Female	Total	% of All Ages (Falkirk)	% of All Ages (Scotland)
0-15	14,574	13,785	28,359	17.8%	16.9%
16-17	1,789	1,698	3,487	2.2%	2.1%
18-24	6,628	6,050	12,678	8.0%	9.1%
25-64	41,904	43,795	85,699	53.8%	53.3%
65-74	7,948	8,656	16,604	10.4%	10.3%
75-84	4,091	5,305	9,396	5.9%	6.0%
85+	1,092	2,065	3,157	2.0%	2.2%

- 3.2 **Adult Services** currently have 5 geographically based teams but are in the process of moving to a locality based model with an East/West/Central divide. Work continues with our Health partners to develop an integrated approach to locality based service delivery.
- 3.3 Adult Services have 5 in house residential care homes, of which one, Summerford, has been redesigned to offer intermediate care. During 2016/17, a 6th care home has been closed. Work is ongoing to develop of a new build intermediate care resource.

- 3.4 Adult Services also have some Falkirk wide specialist teams:-

- an integrated Learning Disability team;
- an integrated Mental Health team; and
- a Sensory Impairment team.

These teams have been established for many years.

- 3.5 Throughout 2016/17, there has been a programme of consultation with families and service users on the modernisation of day services for adults. The aim of the modernisation programme is to offer service users greater choice and flexibility in the context Self-Directed Support.

- 3.6 During 2016/17, work has been ongoing in preparation for a new home care tender to provide a modernised framework for commissioning services from the independent sector. Work is taking place in parallel with the tender to develop the reablement approach within the in-house home care service. Across both the in-house and independent sector home care provision, workforce recruitment continues to present challenges.
- 3.7 The Market Facilitation Plan, developed in early 2016, was approved by the IJB on 5 August 2016. Market facilitation continues to be a key aspect of the strategic Commissioning cycle, encompassing a range of activities to develop an accurate picture of local need and markets. We have focussed on data collection and, through engagement and consultation with market and partners via different events, the Plan has been developed.
- 3.8 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. However, due to particular challenges, this has not been able to be progressed during 2016/17. The development of this service is ongoing.
- 3.9 The **Children & Families** core service is provided by 6 geographically based teams and then specialist teams providing a Council-wide service for:-
- Fostering & Adoption;
 - Intensive Family Support Service;
 - Children with Disabilities;
 - Connect Youth Justice;
 - Leaving Care.
- 3.10 The Children & Families Service provides 2 residential children's houses for children and young people, with capacity of up to 10 beds. The Council also commissions an additional 13 beds from 2 independent providers. These services are provided locally within the Council boundaries.
- 3.11 There is a foster care contract in place with 5 independent providers. This was developed using the PSP (Public Social Partnership) approach and providers were involved in the development of the contract. This was renewed in 2016/17 and the contracted provider reduced from 8 to 5.

- 3.12 Falkirk Community Planning Partnership and Children's Commission are engaged with Scottish Government in a program called Realigning Children's Services. This is a national programme of assistance by Scottish Government to support CPP's to develop improved planning for Children's Services based upon what young people and their parents tell us about their needs and difficulties. Realigning Children's Services is being rolled out nationally with Falkirk and North Lanarkshire forming the second tranche of local authorities to engage in the programme.

Realigning Children's Services (RCS) ambition is that Scotland has the right services for children – geared towards prevention and early engagement, tailored to local need, joined up and holistic – through collaborative and evidence based planning and delivery. RCS work with Community Planning Partnerships to support communities to make better decisions using high quality data about local need, thereby improving the lives of children by adopting a joint strategic commissioning approach.

The Realigning Children's Service exercise will provide Falkirk Community Planning Partnership with a strategic needs assessment relating to all children, not just those located within specialist services. The need for a strategic needs assessment was highlighted within our recent Joint Inspection of Services for Children and Young People and the improvement plan arising from the inspection includes actions relating to Realigning Children's Services. The output from the programme will allow Falkirk Community Planning Partnership to better target service provision, will inform our joint commissioning and will allow us to fulfil our statutory duties with regard to the Children and Young People Scotland Act (2015) Part 1 and 3.

The programme is based on a model developed by Dartington Research which when applied to other local authorities in Scotland highlighted a significant mismatch between the targeting of resources and need. This allowed services to be redesigned, developed and targeted in accordance with the new data and for some services to be withdrawn where data indicated that service provision was no longer required.

A multi-agency Task and Finish Group meets monthly and is responsible for ensuring that the various aspects of the programme are delivered and that there is good engagement from stakeholders in the process. Three development days took place to engage the Community Planning Partnership in activities relating to the programme including data analysis, service mapping and service costing.

The RCS programme includes 2 Salsus style wellbeing surveys for pupils in primary and secondary schools. The secondary school survey is for S1-S4 pupils and the primary school survey is for P5 - P7 pupils. The surveys are online and can be administered within 1 class period, taking between 20 - 25 minutes to complete. A survey of parents of younger children ensured there was no particular absence of relevant data.

Data linkage is undertaken following completion of the surveys. This allows self-reported information to be cross referenced with information held by services pertaining to additional support needs, being Looked After or being on the Child Protection Register. Pupil survey answers are securely matched to management information providing a comparator. Data linkage is carried out only with the secondary school and primary school surveys, not with the parent/carer survey.

Scottish Government and the RCS team provide assistance to Community Planning Partnerships to undertake a service mapping exercise which describes services currently being delivered by the partnership, the function of these services and their cost. This information is overlaid against the needs being identified through the 3 questionnaires to determine the alignments between service delivery and need. Scottish Government then assist Community Planning Partnerships to develop service plans which take account of the data derived from the RCS programme and existing information and priorities contained within the Single Outcome and Local Delivery Plan and Integrated Children's Services Plan.

3.13 The **Criminal Justice Service** operates 2 Falkirk wide geographical teams:-

- Court and Probation Team;
- Community Service for Offenders

and an Accredited Programmes Team which delivers services across Forth Valley.

3.14 The Criminal Justice Service also provides Social Work services to Polmont Young Offenders Institute, which is a National Prison and now houses women as well as young male offenders.

3.15 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, Signpost Recovery and SACRO, which enhance our internal provision.

3.16 There are **2 Social Work service support teams** hosted within Children's Services but continue to provide a Social Work wide function. These are:-

- Performance & Information Team;
- Workforce Development Team.

The **Performance & Information team** is line-managed by the Head of Resources in Children's Services. In itself, this has proved challenging as well as exciting as it has led to discussions around further integration of parts of the team with Children's Services Education staff and NHS staff.

The other major challenge for this team and the whole Service is the future implementation of a new Social Work records management system. Work began on this during 2016/17 and it is a work in progress, with an expected implementation date of mid-2018.

The **Workforce Development team** has also continued to provide a Social Work wide service, with the Chief Social Work Officer providing supervision to the Workforce Development Manager up until her retirement in September 2016. We have had interim arrangements in place since her retirement and plan to advertise and appoint to the post from April 2017 onwards.



4. Resources and Finance

4.1 Available Budget Resources 2016/17

In 2016/17, Social Work Services had £91.778m of net revenue budget resources distributed across 3 Divisional Areas:-

Divisional Area	2016/17 Net Revenue Budget	2016/17 Year End Position
*Adult Services	£67.127m	£1.118m (underspend)
Children & Families	£21.111m	£0.658m (overspend)
* Criminal Justice	£3.540m	£0.039m (underspend)
TOTAL	£91.778m	£0.499m underspend

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

* Including functions delegated to IJB and HRA budget

Children & Families overspend relates to the unpredictable need for residential/foster care and secure placements.

4.2 Financial Pressures

4.2.1 Social Work Adult Services

The main pressure areas continue to be related to:-

- Residential care placements;
- significant increase in Adult Support & Protection work;
- need for Home Care provision increasing;
- increase in complex care expenditure;
- overall 8% increase in the number of people assessed as needing adult care services;
- delayed discharges.

The risk assessment highlighted the trend in growth of 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.

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

- re-profiling eligibility criteria to deliver better targeting of resources;
- review of high cost care packages in partnership with external providers;
- shift of resources towards early intervention and prevention;
- opening of reablement and assessment beds in one care home;
- introduction of real time monitoring for care at home staff;

- planning around improvement initiatives on delayed discharge.

With all of the above initiatives, Adult Services have successfully reduced their budget overspend in 2016/17 and brought the budget in with an underspend.

4.2.2 Children & Families

During 2016/17, the main pressure areas relate to reliance on:-

- external residential care placements;
- foster carer recruitment;
- external fostering;
- aftercare

The risk assessment continues to highlight 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.

Throughout 2016/17, the number of children and young people who require to be accommodated at any one time continued to be both variable and unpredictable and led to financial volatility. There also continues to be financial challenges related to the implementation of the Children & Young People (Sc) Act 2014.

Children's Services have been addressing pressures. A Children & Families Strategic Service Review commenced in April 2016, to be completed July 2017, consisting of:-

- intensive scrutiny of individual Looked After Away From Home placements;
- review of contract costs with external foster care providers using the PSP approach;
- external residential care providers (within Falkirk Council boundary) contract to extend and increase bed capacity;
- 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 as a result of integration between Education and Social Work Children & Families.

4.2.3 Criminal Justice

Within Criminal Justice there was a small underspend of £39,000. This related solely to Section 27 Grant Retention from 2015/16. This is an area of ongoing negotiation year-on-year with the Scottish Prison Service.

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



- Richmond Fellowship tenancy support and challenging behaviour worker;
- women's peer mentoring service;
- work with Falkirk College to build qualifications into Unpaid Work sentences;
- Signpost Recovery substance misuse worker;
- Cyrenians work experience.

4.2.4 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 2016/17](#)
- IJB Risk Management Strategy [Risk Management Strategy](#)



5. Service Quality & Performance Information and Statutory Functions

- 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 Covalent and Scottish Government returns.

We continue 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 throughout the 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 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 across the wider Children's Services and also Adult Services. Evaluative mechanisms; reflective activity and improvement groups are a feature of all Social Work services.

The Integration Joint Board has agreed a joint [Performance Management Framework](#) and national and local indicators for reporting purposes. The IJB receives regular performance reports with this information.

All 3 areas of the Service are required to report to Scottish Government on an annual basis (e.g. CLAS returns, annual Community Care returns and annual Community Justice Plan).

5.2 Performance Indicators Reported for Adult Services

- 5.2.1 The Performance Report of 16/06/2017 which was presented to the IJB indicated 28 performance indicators which relate specifically to Adult Services.

In summary:-

- 15 indicators are on target
- 4 indicators are slightly behind target
- 5 indicators are significantly behind target
- 4 are data only indicators



5.2.2 Indicators Significantly Behind Target

The proportion of Adult Social Work Service complaints completed within 20 days (target – 70%)	2015/16 73.4%	2016/17 to end 57.4.8% ▼

Performance has declined by 12.6% below the 70% target in 2016/17. However, it is important to note that the number of complaints is relatively small, given the volume of service users seen by the service. Changes have been made since April 2017 to the administration of complaints as part of the continuous improvement in this area of performance.

Sickness Absence in Adult Social Work Service	2015/16	2016/17 to end Q3
	7.9%	7.99% ▼

Sickness absence increased slightly this year, and remains higher than the Council target of 5.5% for Social Work Adult Services. A dedicated Human Resources Assistant post was created to focus on absence management, with all Home Care Managers and Seniors receiving training and ongoing support in this area. This demonstrated a positive shift, with a 2% reduction in absences across the home care service in general.

Number of new Telecare service users 65+	2015/16	2016/17
	102	75 ▼

The Telecare Co-ordinator post was vacant for a few months in 2016, and the capacity of Telecare Support Officers has also been reduced by sickness absence. It is anticipated that the numbers will increase in 2017/18.

The number of Carers' Assessments carried out	2015/16	2016/17
	1,936	1,624 ▼

The number of overdue 'OT' pending assessments at end of the period	Mar 2016	At end Mar 2017
	352	316 ▲

Due to demographic pressures, demand for Occupational Therapist assessments has been increasing. Assessments can also be delayed by other competing pressures on staff resources, such as Adult Support and Protection work. The number of overdue pending Occupational Therapist assessments at the end of March 2017 has reduced by 10% since March 2016, however this is still too high. Community Care teams have been tackling outstanding assessments in the last 6 months to speed up the provision of Occupational Therapist assessments and adaptations.

5.3 Falkirk Health and Social Care Partnership Strategic Plan

Falkirk Integration Joint Board agreed its Strategic Plan 2016-2019 on 24 March 2016. The Strategic Plan sets out the Partnership's strategic vision "To enable people to live full, independent and positive lives within supportive communities".

The key issues for the Falkirk area detailed in the Strategic Plan are:-

- there is an ageing population;
- there are growing numbers of people living with long-term conditions, multiple conditions and complex needs;

- early intervention and prevention can make a difference;
- support for carers;
- workforce;
- deprivation, housing and employment.

The Plan details how the partnership will prioritise services in response to the key issues for the Falkirk area and is supported by a Joint Strategic Needs Assessment (JSNA).

5.4 **Principal Activities**

During 2016/17, the key activities of Falkirk Integration Joint Board included:-

- Issuing of directions to Falkirk Council and NHS Forth Valley for their respective delegated functions from 1 April 2016, as set out in the Integration Scheme. The directions are the mechanism by which the Integration Joint Board instructs the constituent Authorities to carry out the delegated functions. These documents set out how the Integration Joint Board expect the constituent bodies to deliver each function, and spend Integration Joint Board resources, in line with the Strategic and Financial Plans.
- Developing and agreeing a strategic Whole Systems Approach to delivery of Health and Social Care services including a frailty pathway, discharge to assess and development of Reablement services.
- Establishing and further developing financial, risk and performance reporting frameworks as part of the corporate governance arrangements for the Integration Joint Board.
- Developing the Integration Joint Boards relationship with the Falkirk Community Planning Partnership through representation by the Chief Officer and an IJB member on the Community Planning Leadership Board and having oversight of the Strategic Priority for “Mental Health and Wellbeing” and the local outcome on “People Live Full, Independent and Positive Lives within Supportive Communities” within the Strategic Outcomes Local Delivery (SOLD) Plan.
- Establishing and agreeing terms of reference for the Integration Joint Board Audit Committee.
- Agreeing a Market Facilitation Plan.
- Preparation and Approval of a 2017/18 IJB Business Case in line with national guidance setting out, based on best information at that point in time, demand and cost pressures and efficiency and savings proposals.
- Undertaking a review of the utilisation and effectiveness of deployment of Partnership Funding allocated to the partnership from Scottish Government.
- Implementing the Scottish Living Wage in Adult Social Care.
- Approving service changes in relation to Learning Disabilities and Mental Health Services in line with the priorities of the Strategic Plan.
- Approving Joint Commissioning arrangements for Advocacy Services.
- Agreeing the budget for financial year 2017/18, taking account of the challenging financial environment facing the constituent Authorities and the Partnership.






5.5 Children's Services Performance Plan

Performance Indicators Reported for Children's Services

The report which was presented to the Performance Panel on 23/03/2017 indicated Social Work Children's Services had 5 important indicators:-

- proportion of young people who are Looked After who have a Plan;
- proportion of complaints completed by Children & Families Social Work and Criminal Justice Service within 20 days;
- proportion of all Looked After children in community placements;
- number of overnight respite weeks provided to children with a disability;
- number of daytime respite weeks provided to children with a disability.

In summary:-

- 1 action is completed 
- 1 indicator is on target 
- 3 indicators are slightly behind target 
- 0 indicators are significantly behind target 
- 0 are data only indicators 

The key issues for Children's Services detailed in the Plan are:-

- oversee public protection as far as possible across the area for Child Protection, Adult Support and Protection, and MAPPA;
- integration of teams across Children's Services to capitalise on the benefits of joint working;
- continue to embed GIRFEC strategies and implement duties under the Children and Young People (Scotland) Act 2014;
- increase partnership working;
- deliver high quality care and protective services;
- focus on Early Learning and Childcare;
- ensure effective transitions across all stages;
- Broad General Education – with a focus on Literacy, Numeracy, and Health and Wellbeing;
- School Senior Phase and Developing the Young Workforce;
- raising attainment for all and closing the attainment gap;
- improving outcomes for children who are Looked After and/or have additional support needs;
- deliver cost-effective, quality services which meet service users' needs in an increasingly challenging financial context;
- provide a high quality school estate that provides for the delivery of Curriculum for Excellence and meets the learning needs of our young people.

5.6 Community Justice Strategic Plan

Performance Indicators Reported for Criminal Justice Service

The report which was presented to the Performance Panel in 23/03/2017 indicated Criminal Justice Service had 2 important indicators:-

- percentage of Criminal Justice Social Work reports submitted to Court by the due date;
- percentage of individuals on new Community Payback Orders with supervision requirement seen by a supervising officer within one week.

In summary:-

- 0 action is completed
- 2 indicators are on target
- 0 indicators are slightly behind target
- 0 indicators are significantly behind target
- 0 are data only indicators



5.7 Statutory Functions (Chief Social Work Officer)

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.

Chief Social Work Officer functions can be delegated. Within Falkirk Council, a decision was reached in 2015 to appoint a Senior Service Manager who would have specific responsibility to undertake 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 Senior Managers who hold a relevant Social Work qualification.

5.8 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 secure unit that the young person meets the criteria. The Chief Social Work Officer requires to give authorisation to implementation of the Order. If this does not happen, the Order will lapse. There have been occasions between 1 April 2016 and 31 March 2017 where the Chief Social Work Officer has not agreed to implement the secure authorisation component of the Order.

During 2016/17, 4 young people have been placed in secure accommodation.

5.9 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 in 2016/17 is 5.

5.10 Adults With Incapacity

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

- to act as 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. 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 6 of this report.

Type of Order	Number 2014/15	Number 2015/16	Number 2016/17
Local Authority Welfare Guardianship Order	216	114	
Private Welfare Guardianship Order	112	163	
Joint Chief Social Work Officer/Private Individual Welfare Guardianship Order	2	3	

5.11 Mental Health Act Orders

Mental Health Officers were involved in the following work under statutory legislation (2016/17):-

- 56 Emergency Detentions (Section 36, Mental Health (Care & Treatment) (Sc) Act 2003);
- 133 short-term Detentions (Section 44, Mental Health (Care & Treatment) (Sc) Act 2003);
- 37 Compulsory Treatment Orders (Sections 57, 63 and 86, Mental Health (Care & Treatment) (Sc) Act 2003);
- 3 Compulsion Orders (Section 113, Mental Health (Care & Treatment) (Sc) Act 2003; Section 57A, Criminal Justice Act 1995).

6. Workforce

a) Planning

b) Development

a) Planning

6.1 Throughout 2016/17, the Council has been developing a Workforce Plan with all Services contributing to this. As at 31 March 2016, Falkirk Council employed the following staff members across Social Work service sections:-

Adult Services	789 FTE
Children & Families	160 FTE
Criminal Justice	58 FTE
TOTAL	1007 FTE

6.2 The Social Work service overall has a relatively stable workforce, and the Council continues to have no difficulty in recruiting to Social Worker vacancies across the 3 sectors.

6.3 Social Work Adult Services

6.3.1

- 789 FTE represents a headcount of 1010.
- 52% of the workforce is employed on part-time contracts.
- 19% of the workforce is employed on a temporary basis.
- 47% of the workforce is 51 years and over.

6.3.2 During the year, work on a new Workforce Development Plan commenced. This has been a time of significant change for the Service and we continue to work to support staff through the change agenda.

6.3.3 In relation to absence patterns, this has remained at around 8% over the last year.

The service has introduced additional support to managers around absence management, with earlier referrals to Occupational Health for musculo-skeletal problems and stress related conditions. There has been pro-active use of return to work interviews and absence management monitoring. Trends associated with an ageing workforce, particularly those undertaking physical duties including moving and handling in adult care homes and care and support at home, suggest the likely greater incidence of back pain and injury and the onset of a normal range of health conditions more prevalent in the older age group.

6.4 Children & Families

6.4.1

- 160 FTE represents a headcount of 182.
- 24% of the workforce is employed on part-time contracts.
- 63% of the workforce is aged 46 or over, with 19% being 56 or over.

6.4.2 The age profile of our workforce creates a low to medium term risk due to 19% of the workforce eligible for expected retiral in less than 10 years. We have a great wealth of experience within our workforce, and we must ensure that this experience and knowledge is not lost before it can be absorbed into the remaining workforce. Flexible retirement may offer options to encourage individuals to continue working but the likelihood is that most employees will retire in line with their normal pensionable age.

6.4.3 In relation to absence patterns, this has remained at approximately 5%, which is higher than the target of 4% set by the Council.

In absences there is an increasing trend towards mental wellbeing as the cause. In times when the workforce across the Council has been reduced (for example business support, Human Resources and Legal services) additional demands and pressures fall on remaining staff. We need to ensure that any additional pressures are taken into account when managing staff absence.

6.5 Criminal Justice

6.5.1

- 58 FTE represents a headcount of 65 employees.
- 27% of the workforce is employed on part-time contracts.
- 55% of the workforce is aged 46 or over, with 24% being over 56.

6.5.2 The number of temporary staff or additional hours worked has increased to ensure workload continuation following wider Council recruitment policy changes.

There has been an element of caution in recruitment, given the proposed funding formula changes for 2017/18.

6.5.3 In relation to absence patterns is circa 3.7% being lower than the target of 4% set by the Council.

6.6 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, Mobile Emergency Care Service (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 (aged 16 - 25) are provided with opportunities to enter the workforce and gain qualifications.

Care experienced young people are guaranteed an interview for these posts and are being positively discriminate through our move towards implementation of a "family firm" approach.

Criminal Justice employed one MA in 2016/17 but also employed several previous service users as assistances/peer mentors.

6.7 Succession Planning

- 6.7.1 The national Mental Health Officer reports from the Scottish Social Services Council (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.

We have been successful in relation to MHO succession planning. The approach has been a focussed investment over a 3 year period from 2014 to 2017 in training MHOs with our partners on the Edinburgh University MHO programme.

- 6.7.2 As noted in the Foreword of this report, I am retiring on 6 August 2017.

The depute Chief Social Work Officer, who was appointed in 2015, is undertaking the CELCIS post-graduate Diploma for Chief Social Work Officers.

The Council advertised and appointed to the Head of Service/Chief Social Work Officer post and I am delighted to say that the depute Chief Social Work Officer will be my successor. This has allowed a 3 month handover period, which has been invaluable.

The post of Senior Service Manager has also now been advertised, and hopefully will be filled before the end of 2017.

b) Development

- 6.8 The Workforce Development Manager retired in September 2016 and, because of the current recruitment policy, the post required to remain vacant for 6 months. There was a further delay in taking this forward and this post has only been appointed to from July 2017. Interim management and support arrangements were required to be put in place for the team.

6.9 We have, however, managed to continue:-

- to fund places at Stirling University on supervision, mentoring and management and on the advanced Child Protection 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.
- to ensure that 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; and that 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.
- reflective sessions for unqualified staff (e.g. Social Work Assistants/Family Aide Workers/Family Support Workers).
- student groups, NQSW group each year, Practice Teacher and link worker group, Occupational Therapist forum, Adult Support & Protection forum, Child Protection Practitioner forum and GIRFEC cafes.
- training across the board has continued to be prioritised, but in-house as far as possible.

6.10 Extensive work with funding partners across the Forth Valley has been ongoing throughout 2015/16 and 2016/17 has resulted in an agreement to have a Public Protection Training Co-ordinator post and combine the Adult Support & Protection training group with Child Protection training planning activity and include the wider agenda for MAPPA, Child Sexual Exploitation 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.

6.11 The major challenge remains in getting partner agencies to commit to longer term joint funding rather than this having to be negotiated year-on-year continues to run a 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.

6.12 Supervision and Annual Development Reviews continue to be a priority, but with a particular emphasis on regular and formal supervision [Staff Supervision Framework](#)

6.13 **Registration of the Workforce**

6.13.1 The service has an 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.

6.13.2 At the time of writing, we continue to await the details of the new Level 9 PDA award and the related SQA Assessment strategy for residential child care workers.

- Falkirk Health and Social Care Integration partnership has an Organisational Development and Workforce group which is developing the required Integrated Workforce Plan for the Integration Joint Board.
- 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 sharing 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.
- Community Justice Scotland take over responsibility for delivering Criminal Justice Social Work training on 1 April 2018. In the interim, the current Training & Development Officer arrangements will continue.



7. Good Practice Examples

7.1 Partnership Working

7.1.1 Social Inclusion Project: Community Justice

Falkirk HSCP provide Partnership Funding towards the Social Inclusion Project. The project supports individuals whose issues and behaviours have caused them difficulties with and exclusion from universal services. The project has been formed through a partnership approach between Police Scotland, the Criminal Justice Service, NHS Forth Valley, the Alcohol and Drugs Partnership, the Richmond Fellowship and substance misuse services. During the initial 12 months of the project, there has been a 78% engagement rate, providing a case management approach for individuals to help them navigate and consolidate a holistic recovery plan.

7.1.2 Case Study

The Social Inclusion Project (SIP) provides an intense service within the Falkirk area often in conjunction with other services.

Caroline (not her real name) was referred to the Social Inclusion Project (SIP) from Police Scotland. She was engaging occasionally with Signpost Recovery but needed more specialist support in other aspects other than substance misuse. She was regularly attending Accident & Emergency (A&E) with suicide attempts and was also subject to a significant number of police call outs.

Caroline had multiple charges and, over the last year, had 2 Diversion Orders supervised by Brockville Social Work department. Throughout each Order, SIP liaised with the allocated Social Worker and other services who were involved in supporting her.

Adult Services from Caroline's local area are involved; however, due to her inconsistent attendance at appointments and unpredictable presentation and mood, it was difficult for the team to engage with her. Caroline was encouraged to attend during Duty sessions each week should she need it, and this worked more positively for her until she no longer needed their support.

Caroline had also been attending the Salvation Army soup kitchen once a week. She was initially reluctant to engage with staff but, over an extended period of attendance, she began disclosing more details about her drug use and accepted advice from the harm reduction worker on safer injecting practice and overdose awareness. The Substance Misuse Worker discussed referral pathways into services and Caroline agreed to attend an assessment, after the completion of which she was then allocated a named Substance Misuse Worker.

With the partnership input of SIP, Signpost Core Drug & Alcohol staff and the Harm Reduction Team, Caroline is engaging with weekly appointments, has reduced her drug use and is attending structured appointments with adult Psychology for the first time. Her inappropriate attendance at A&E has ceased and Caroline is only attending Forth Valley Royal for planned appointments.

At the time of writing, Caroline has not been on the A&E Top Attenders Monthly list for 8 consecutive months; she receives the correct benefits; she has applied for housing to Falkirk Council Housing; has ceased using illicit drugs and alcohol; completed psychology intervention; and attends her GP on a scheduled basis.

7.2 Social Services Delivery Landscape

7.2.1 Discharge to Assess Pathway: Adult Services

In December 2016, the Discharge to Assess Pathway was launched. This is a seamless, joined up, person centred service with a focus on reablement. The pathway identifies people in hospital who are clinically fit for discharge who may require services to facilitate discharge home. It identifies people at various points in the journey including people who present at Forth Valley Royal Hospital front door or are in-patients either in Forth Valley Royal Hospital or Community Hospitals. When the person returns to their own home, they are supported to identify goals to assist them in achieving their personal outcomes which are continually monitored and reviewed with a focus on their progress. When the reablement process is complete, if further services are required the appropriate referrals are made.

7.2.2 Case Study

When Mrs F was clinically ready for discharge from Forth Valley Royal Hospital, she was placed on the list for Falkirk Community Hospital for rehabilitation and discharge planning. However, at the daily Peripheral Hospital Meeting which involved workers from the Reablement Project Team, the Hospital Social Work Team, the Discharge Team and the discharge care provider, a discussion took place to consider an alternative pathway. This resulted in Mrs F returning home supported by the discharge to assess care provider and a prompt review by a worker from the Reablement Project Team. Mrs F's personal outcome was to regain her previous independence prior to hospital admission and over a 3 week period care at home support reduced from 4 daily calls to 1 call daily.

The influence on professional practice by the Discharge to Assess Pathway has included:-

- Recognition of the importance of the individual's environment being the most suitable rehabilitation environment where positive good conversations and outcomes can occur.

- The development of relationships and the sharing of knowledge and collaborative working between the service user, carer and the multi-disciplinary team evidently results in positive outcomes.

7.3 Participation

7.3.1 Viewpoint: Children & Families

Viewpoint is an interactive web based tool which allows children and young people to provide their views about services they receive to childcare reviews, child protection case conferences and other meetings. We recognise that it is difficult for children to express themselves in these forums as they often feel intimidated and unable to contribute. Viewpoint provides a way for young people to express their views by completing an online questionnaire and this being converted into a report. This can be shared with those present through the Chair.

Viewpoint is fun to use as it includes games at intervals during the course of the questionnaire and a child/young person friendly interface. In addition to allowing young people's voices to be heard in the context of the meetings, Viewpoint data can also be aggregated to allow services to consider all children's views and whether there are developing themes relating to their experiences. Aggregated Viewpoint reports are provided in a Covalent style format with positive areas being highlighted in green and areas of more concern highlighted in amber and red. This allows strategic groups to take account of the aggregate views of children in relation to service improvement and design.

Falkirk has used Viewpoint for approximately 8 years; although it became apparent 2 years ago there had been reduced use of the tool over time. The reasons for the decline in the use of the tool were complex and related to technical barriers, staff commitment to the use of the tool and issues relating to the length of the questionnaires. It was decided that a re-launch and campaign were required and work was undertaken to:-

- reduce the technical issues and allow the tool to be used across various platforms -mobile phones, tablets and pc's;
- identification of a champion to promote the tool;
- the inclusion of children and young people in a viewpoint user group;
- the production of a talking head video by the Chief Executive promoting the use of the tool;
- the increased use of Viewpoint data within strategic forums including the Corporate Parenting Strategy group and the Child Protection Committee;
- the hosting of a national Viewpoint conference in Falkirk in which young people from Falkirk participated;
- the development and improvement of the questionnaires;
- the development of a viewpoint app which includes content identified as being useful by young people themselves

The combination of the range of initiatives described above has resulted in the 2 fold increase in the use of Viewpoint over the last 18 months. The improved Viewpoint tool is being used in the majority of Looked After reviews and child protection case conferences and, consequently, children and young people are more able to express their views in these important decision making meetings. The aggregate data from Viewpoint is being considered within various strategic forums and is already informing service improvement. Output from the national Viewpoint conference hosted by Falkirk included the development of a Scottish viewpoint Colloquium. This will allow practitioners and users of Viewpoint to meet regularly to discuss further potential improvements to the tool and whether the nationally aggregated data could inform policy and legislative improvement.

