

AGENDA ITEM

22

Title/Subject: Annual Report of the Chief Social Work Officer 2017/18
Meeting: Integration Joint Board
Date: 5 October 2018
Submitted By: Chief Social Work Officer
Action: For Noting

1. INTRODUCTION

- 1.1. This report provides the Board with an overview of how the statutory responsibilities have been fulfilled by the Chief Social Work Officer (CSWO) during 2017/18. CSWO's are required to submit an annual report in accordance with Scottish Government guidance.

2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1. note the contents of the CSWO's Annual Report, which is attached at Appendix 1
- 2.2. acknowledge the commitment, skills and experience of Social Work staff in continuing to deliver high quality services to Falkirk citizens.

3. BACKGROUND

- 3.1. Every Local Authority must appoint a professionally qualified CSWO as set out in Section 45 of the Local Government (Scotland) Act 1994.
- 3.2. The CSWO provides professional governance, leadership and accountability for the delivery of Social Work and social care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority. The role assists the Council and Integration Joint Board (IJB) to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO has key responsibility for performance management and the identification and management of corporate risk, as it relates to the delivery of Social Work services. The CSWO is required to ensure that all social services workers meet the requirements of the Scottish Social Services Council (SSSC) Codes of Practice.
- 3.3. The Annual Report is presented to comply with the template issued by the Office of the Chief Social Work Adviser to the Scottish Government. Use of the template by CSWOs across Scotland is intended to help information sharing and benchmarking across services regarding good Social Work practice and improvement activity.

3.4. The Chief Social Work Adviser to Scottish Government uses this information to produce a national report which captures collective areas of challenge and changes in the social services delivery landscape across the country.

3.5. The standard template details that information to be included in the CSWO Annual Report is as follows:-

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

A brief narrative on the key challenges and priorities which arose in 2017/18 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 CSWOs 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 CSWO 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. An overview of workforce development including key challenges and improvement.

3.6. The report has been approved by Council and was sent to the Chief Social Work Adviser, Scottish Government, on 20 September 2018.

4. CONSIDERATIONS

- 4.1. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and social care services. This applies whether these are provided by the Local Authority, the Health and Social Care Partnership or purchased from the private or voluntary sectors.
- 4.2. The landscape for all public service will continue to change over the coming years and, in particular, Social Work will be required to adapt to meet the growing demands associated with protecting and caring for those most vulnerable and at risk in our community. The future of high quality Social Work services feels uncertain and some of the key pressure areas are outlined within the Annual Report.
- 4.3. Key developments summarised in the report outline what positive action is being taken to make sure our services are being targeted to reach those in most need and to ensure they are sustainable for the future.
- 4.4. The CSWO is not intended to provide a full report of the performance and activity of the entire Social Work function. Throughout the year there are reports to the IJB for this purpose. This report presents an overview of performance primarily in terms of the specific role and functions of the CSWO as set out in legislation and guidance.

5. CONCLUSIONS

- 5.1 The CSWO's Annual Report covers the period from 1 April 2017 to 31 March 2018 and provides an overview of how the responsibilities related to the role have been carried out.

Financial Implications

There has been, and continues to be, a real challenge for Social Work services to constrain expenditure to budget level as well as meeting demanding efficiency savings targets. The financial challenges are reflected within the CSWO Annual Report, as are many of the strategies which are in place to support our determination to ensure services are sustainable, good quality and improve outcomes for our most vulnerable children, families and adults.

Impact on IJB Outcomes and Priorities

The Annual Report provides information on the IJB and Partnership activity aligned to the Strategic Plan.

Legal and Risk Implications

There are no legal and risk implications from this report.

Consultation

Consultation has been undertaken across Children & Families, Criminal Justice and Social Work Adult Services to encourage staff to contribute to this report.

Equalities Assessment

There are no equality implications from this report.

Approved for submission by: Sara Lacey Chief Social Work Officer

Author – Sara Lacey, Chief Social Work Officer

Date: 20 September 2018

List of Background Papers:

N/a



Falkirk Council

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017 – 2018



social work...putting people first

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 - a) Planning
 - b) Development

Foreword

Welcome to Falkirk Council's Chief Social Work Officer's Annual Report for 2017/18. This is my first report since taking up appointment in August 2017; I hope you find it interesting and informative.

The Chief Social Work Officer is not intended to provide a full report of the performance and activity of the entire Social Work function. Throughout the year there are reports to Council and the Integration Joint Board for this purpose. This report presents an overview in terms of the specific role and functions of the Chief Social Work Officer as set out in legislation and guidance.

I have followed the format prescribed by national guidance for the presentation of this report. I have taken the opportunity afforded to me to recognise the developments, activities and achievements that have taken place over 2017/18. I am also detailing some of the significant challenges that are adding layers of additional pressure to an already complex landscape.

As I have prepared this report, I have felt very reflective about my first year in post. The role of Chief Social Work Officer is very demanding and I take seriously the expectations of the role to provide leadership to the whole Social Work workforce. During the reporting year I have held a Children & Families Social Work Conference, a Social Work services "listening" event, visited teams and had many constructive conversations with practitioners, partners and service users. It is my intention to keep these conversations going. Our staff, our communities and partners are key to ensuring that the services we deliver in the future are truly effective and support adults, children and families to have the best possible outcomes.

During these times of significant financial challenge, I am determined that the Social Work service workforce, in collaboration with our partners, takes every opportunity to adapt service delivery to meet current need. Falkirk has a long history of positive, strong working relationships with the third sector. How we further develop our partnership approach with the third sector is also essential to the sustainability of social care in the future.

I would like to offer my most sincere thanks to all the staff who deliver services across Falkirk Council. Every day we have examples of our staff going above and beyond to ensure a service is delivered in the right way at the right time.



Sara Lacey
Chief Social Work Officer

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

- 1.1 Every Local Authority must appoint a professionally qualified Chief Social Work Officer (CSWO) as set out in Section 45 of the Local Government (Scotland) Act 1994.

The CSWO provides professional governance, leadership and accountability for the delivery of Social Work and social care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority. The role assists the Council and the Integration Joint Board (IJB) to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO has key responsibility for performance management and the identification and management of corporate risk, as it relates to the delivery of Social Work services. The CSWO is required to ensure that all social services workers meet the requirements of the Scottish Social Services Council (SSSC) Codes of Practice.

The CSWO is required to complete an annual report in accordance with Scottish Government guidance. This report provides an overview of how the statutory responsibilities of the CSWO have been fulfilled during 2017/18, as well as an overview of the work undertaken by Social Work Services and the achievements recognised during this period.

Social Work services are delivered to Falkirk Council's citizens 24 hours a day, 365 days of the year. Services are delivered by a skilled, dedicated workforce who require support, training and good leadership to undertake complex and often challenging work.

The impact of cumulative challenges – financial constraints, demographics, pace and extent of change, rising and growing expectations – are pressuring capacity to meet need. Being alert to any and all opportunities to ensure there are strong connections between Children's Services, the Health & Social Care Partnership, other services and the third sector is critical.

A focus at this year's Social Work staff listening event was on how we can work together to design and develop our services to meet people's needs and expectations. I will continue to maintain emphasis on how we can reduce the cost of service delivery by ensuring services are targeted to support adults and children & families to have good outcomes.

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.

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.

2017/18 has been a challenging but rewarding year:-

- Children & Families and Criminal Justice are integrated with Education and there are strong connections which support our joint aims.
- The Integration Joint Board (IJB) is established and continues to strive towards the need to further integration.
- The Community Justice Partnership Board is operational and has published its first Outcomes Improvement Plan and 2017/18 Annual Report.

1.2.1 New Legislation and Policy

Social Work services continue to be subject to significant new legislation and policy. Implementation plans are required and careful consideration of impact is necessary in each case. Once new policy or legislation is in place, services continue to measure impact, and ensure our compliance to the new duties and monitoring is reported to Committees, governance groups or the IJB.

During 2017/18, activity has focussed on:-

- Carers (Scotland) Act 2016
- Community Justice (Scotland) Act 2016
- Health and Social Care Standards
- Duty of Candour
- Children and Young People (Scotland) Act 2014
- Mental Health Strategy (2017-2022)

A specific challenge impacting on Falkirk relates to the resource implications stemming from (Children and Young People (Scotland) Act 2014) Continuing Care.

Falkirk has a legacy position of having higher than average children and young people who are Looked After Away From Home. This position has led to significant budget pressures which has been further compounded by the costs of young people remaining in placement for longer and the reducing local capacity to meet the needs of other children and young people.

Continuing Care is such a positive approach which is undeniably supportive of care experienced young people having the best chance of reaching their full potential and achieving good outcomes. The challenge is focussed on the costs and loss of capacity, which are a direct consequence of Continuing Care.

1.2.2 Other Key Challenges

- demographic changes – ageing population/growing children's population
- rising expectations
- increase in Subject Access Requests
- preparation for the Scottish Historical Abuse Inquiry
- delayed discharge from hospital settings

- increase in drug deaths
- information sharing
- pressures being faced by partner organisations
- foster carer recruitment
- digitalisation and the move towards mobile and flexible working
- managing the need for transformational change whilst maintaining stability for a workforce undertaking challenging work
- Universal Credit

1.3 Key Developments

1.3.1 Social Work Information System (SWIS) Replacement Project Board

The SWIS Replacement Project Board, consisting of cross Service representatives, recruited a Project Lead in April 2017 to manage the day-to-day running of the project. Since then, a specification for the new system was written and a Tender issued to suppliers via a Crown Commercial Services Framework. After a rigorous evaluation process, Falkirk Council awarded the contract for its Case Management and Integrated Finance System to LiquidLogic in August 2018. The next stage of the project is in the early stages and will see us reviewing our processes, current systems, data and ways of working. This will enable us to transform the way we record, review and report on Social Work data. We are currently working towards a 'go live' date of the end of 2019.

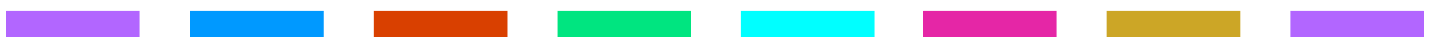
The new system will significantly enhance Social Work service delivery. The system will support more flexible working, reporting methods will be much improved and, importantly, staff will be able to spend more time engaged with our service users.

Social Work Adult Services

1.3.2 Living Well Falkirk

In partnership with ADL Smartcare and the University of Newcastle, Falkirk Health & Social Care Partnership (HSCP) has implemented *Living Well Falkirk*. This is an online tool for people who live in the Falkirk area and who want information, support or help with everyday living. The tool gives people choice and control by sharing a wide range of information about local and national health and social care services. Living Well Falkirk allows people to connect in to local groups and services and so helps them to live independently and do the things that they want to do.

There is information about local fitness classes, local charities supporting a range of physical and mental health conditions, as well as how to access equipment privately or through the Joint Loan Equipment Store. People can also use it on behalf of someone they live with or who they help care for. If assistance is needed in using the tool, staff at local libraries are able to help.



The Living Well Falkirk website is now live <https://livingwellfalkirk.lifecurve.uk/> and over 200 employees across all agencies have been trained in its uses and are equipped to direct people to the online self-assessment and in some cases guide them through it.



This initiative will support a reduction in waiting times for some interventions, for example assessments leading to equipment provision, as people are enabled directly to access simple solutions.

1.3.3 Reablement Pathway and Establishment

Considerable work has been undertaken on the implementation of a reablement approach across the Partnership. An integrated, Reablement Leadership Group has developed a high level integrated pathway for service delivery across the HSCP. The Reablement Leadership Group will continue to work to implement the changes required to deliver reablement to all service users who would benefit from this approach. This will not only support people to remain as independent as possible for as long as possible, but will potentially deliver savings by avoiding some people using formal health and social care services.

A Reablement Project Team (RPT) was developed in Social Work Adult Services Assessment and Planning service in January 2017 to test out various reablement approaches and processes. The team consists of Occupational Therapists (with Community Care worker background) and Social Care Officers. Various strands of work have been completed over the past year including undertaking reviews from both the Community Care teams and Home Care services where there is external home care provided. The reviews are being completed using a reablement and outcomes focussed perspective. Early indications suggest a significant impact of this work, with purchasing of care from external home care providers reducing by £200,000.

1.3.4 Changing Places Toilet Facilities

Within the Falkirk Partnership area we are making progress towards having Changing Places Toilets [CPT] available at a range of locations. A stakeholder group, chaired by the Head of Social Work Adult Services, has brought together family carers, Occupational Therapy, Falkirk Delivers and the Community Trust to take this forward.

The provision of CPT facilities has been identified as a gap, which leads to denial of dignity. People are feeling compelled to abandon planned time away from their homes, having no choice but to return there to attend to their personal care needs.

Alternatively, they and their carers are required to deal with personal care needs in non-adapted facilities.

The group has made good progress over the year, including:-

- the Community Trust has completed work on installation of facilities at the Mariner Centre and Grangemouth Sports Complex.
- Forth Valley College have agreed to open their facilities for use by the wider community.

- the Social Work service is taking steps to open some facilities, for example at Oswald Avenue Day Service, for use by the wider public.
- the Council's Locality Hubs are being designed with the need for CPT included as standard.
- engaging with the private retail sector to make available CPT facilities in a wider range of locations.

By empowering people who have higher levels of personal care need to be involved in their communities, new provision will support the Partnership outcomes of self-management, fair and positive experience, and access to community support. The proposal supports the objectives of the Review of Day Services for Younger People which can only deliver the shift towards more community based support if the necessary physical infrastructure is in place.

1.3.5 Discharge to Assess

Discharge to Assess (D2A) is a new approach to identify people in hospital who can be discharged to their own home as soon as they are clinically fit. This can reduce the time a person may spend in hospital. Avoiding unnecessary delays in a person's discharge from hospital is imperative to avoid deterioration in an individual's health and consequent loss of independence.

1.3.6 Delayed Discharge and Unscheduled Care

The partnership continues to have a focussed approach to prevent unplanned admissions to hospital as well as identifying the reasons for people being delayed in their discharge home. This work is led by the Delayed Discharge Steering Group which oversees the delivery of an improvement plan that ensures there is a collective ownership of the targets and improvement action plan.

Throughout 2017/2018 the action plan has been reviewed and ongoing work strands include the Choice Policy Improvement Action Plan. The focus of continuous improvement work has been on better support with transfers to care home, processes surrounding use of guardianship to support discharge and enhanced management information as an enabler of best practice.

1.3.7 Redesign of Day Service for Younger Adults

The IJB agreed to a programme of redesign of day services for younger adults. This is in line with the outcome of consultation and engagement work with people who use services, their carers and staff.

The redesign work reflects Self-Directed Support principles to empower and enable service users to have choice and control over the design of their own support and develop alternative community based services.



1.3.8 Good Transitions – Improving Transitions Planning

Young people with additional support needs and their families told us how we can improve the way we support them as they move from Children's to Adult Services. The work found optimism about the future and enthusiasm around how good transitions can be achieved and a realistic appraisal of the work that will be required.

For young people with additional support to do this successfully they need the right support to make the transition into young adulthood. Good transition planning is of central importance to the achievement of their personal outcomes.

This involves co-ordination within and across services including Education, children's Social Work, the Health and Social Care Partnership, health, housing, employment services and the third sector.

The Partnership has adopted the Principles for Good Transitions to guide service delivery and practice and signal our commitment to excellence in transition planning. The Partnership has agreed to identify resources to create a strategic role to co-ordinate transition planning, implement the improvement actions and to create a Transitions Steering Group, including the terms of reference for this group.

1.3.9 Homecare Review

The Home Care service is undergoing a review to ensure the service continues to meet the outcomes of people who use the services. At the same time, there is redesign work ongoing towards a whole service reablement focus and ensuring availability of services to support people with complex and challenging care needs.

In reviewing the service, the use of data from the real time monitoring system (CM2000) is providing robust information about the needs of service users. This information enables demand and capacity to be mapped in real time, providing evidence to design the optimal deployment of staff. The roll-out of the CM2000 system across all of in-house provision was completed in November 2017.

The in-house Home Care service has focused on service review and improvements informed by findings from the CM2000 scheduling system and through engagement events targeted at the Home Care workforce. The objective in 2018 is to move the service forward and to ensure its fitness for the future when the service user base is likely to be older, frailer and have multiple disabilities. Initiatives currently being progressed include:

- achieving efficiencies in scheduling.
- embedding reablement and outcomes based approaches.
- up skilling and mobilising the workforce.
- steering the service towards delivery based on a locality model.

Children's Services

1.3.10 Closer To Home – a 5 year Children's Services Strategy

Falkirk has typically had lower than average rates of Looked After children in the community but compares less favourably with the Scottish average in terms of the percentage of our overall population who are Looked After Away From Home in residential schools and residential care.

Factors contributing to these increases are as a result of demographic changes, with the annual birth rate in Falkirk being 7.1% higher than the national average (over a 10-year period up to 2012) and an increasing number of children and young people being affected by parental alcohol and drug misuse. The impact of this has been an increasing number of younger children becoming accommodated and moving on to permanence.

The Children and Families Social Work budget has not met the costs of external residential and foster care placements for many years. Other areas of the social work budget are typically brought in on budget or under budget. In 2017/18 the children and families social work budget was reduced as part of the budget savings process and a decision to remove inflationary uplift for all Services has further impacted on an established overspend position. The variance of budget versus outturn is forecast to increase significantly unless urgent and sustained action is taken.

A Children & Families Strategic Service Review Group was established in 2016 to consider all the factors which relate to a legacy and increasing overspend position. The group was informed by the work undertaken by the Looked After Children Scrutiny Panel, which concluded with recommendations (in 2017) specifically in relation to corporate parenting, the development of options for care experienced young people and the balance of care. The Strategic Service Review Group met regularly for almost a year, it was chaired by the Head of Planning & Resources, Children's Services. The Director of Development Services attended meetings as a critical friend and there were representatives from Finance and other Service areas.

Children & Families Social Work in Falkirk was compared and benchmarked against Local Authority areas in Scotland, and best practice examples were considered via visits by other Councils and third sector organisations. Internal and external pressures were examined in detail.

The key principle of the Closer To Home Strategy is that children and young people, wherever possible, should be brought up within the environment of their own family. Where parents are unable to provide direct care, every effort should be made to maintain the child or young person within the family network. When it is assessed as necessary to provide alternative care, this should be provided locally, as close to home as possible. The overarching aim of this 5-year Strategy is to reduce reliance on external foster and residential care, thus improving outcomes for Looked After children and young people. Closer To Home puts the needs of children, parents and families at

the centre of Children's Services. It concentrates on the need to work closely with public, private and third sector partners to focus services towards prevention.

Closer To Home makes clear that the focus of our efforts is to improve outcomes for Looked After children and those on the edges of care. It is our intention to ensure targeted, family-based interventions and seek to safely sustain children at home or in kinship care. We must develop impactful, outcome focussed support right across the lifespan, from pre-birth to age 26.

The Strategy has become well known to Services, Elected Members and partners; it is owned by Children's Services as a whole system and the commitment to Corporate Parenting in Falkirk has been further strengthened as a consequence. The aims of the Strategy are easy to understand and to articulate. The Children & Families workforce is fully engaged and eager to make the changes needed.

Over the past year, Social Work teams have numerous examples of putting the family focussed core elements of the Strategy into practice.

1.3.11 Permanence and Care Excellence

It is well documented that achieving permanence for Looked After children takes too long. We know that prolonged periods of compulsory measures of care is disruptive and can lead to poorer outcomes. National Institute for Health and Care Excellence (NICE) guidance highlights that outcomes for those who have many changes of placement/placement instability can be even worse. Permanence and Care Excellence (PACE) aims to secure legal permanence for children as quickly as possible, reducing drift and delay, changes of placement, and, most importantly, improving outcomes for children and young people.

Falkirk Commission Leadership Group recognised that we could improve current permanence processes to reduce drift and delay for children and young people in Falkirk. Our Closer To Home Social Work Strategy shares the PACE vision that permanent, loving, nurturing relationships are what matter most to children. Falkirk joined the PACE programme in August 2017.

In Falkirk we have a multi-agency PACE Leads group with representation from Children & Families Social Work teams, Council legal services, Education, NHS Looked After children nurses and paediatrician, Looked After children psychologist, Scottish Children's Reporters Administration (SCRA), Children's Hearing Scotland, Celcis and Scottish Government.

We gathered data from our Social Work performance team, fostering and adoption administrator and Children Looked After Survey (CLAS) returns. We looked at all of the reasons for delays from the permanence recommendation being made to a child being presented to the panel.

We have identified our areas for improvement and are embarking on a number of tests of change. We have an ambitious stretch aim, which is that by January 2019 85% of

children and young people being presented to panel within 25 weeks of the review where a decision to pursue permanence is made.

1.3.12 Champions Board

Falkirk Champions Board is funded by Life Changes Trust for 3 years. It is a core part of Falkirk's corporate parenting approach, and aims to support young people for whom the Council is a corporate parent, to be part of the decision making about their care services and to influence policy and practice locally.

After a year of participation and engagement activities to build confidence and establish the model for the Champions Board, a formal launch took place in September 2017. This was an exciting and high profile event which put Champions Board "on the map" in the Council and amongst partners. Formal meetings of the Board are now taking place 5 times a year in line with the Committee cycle and the Board includes Elected Members and senior officials with support from other corporate parents as required. The Board is chaired by a young person and the agenda is set by them in consultation with others. Priorities have been identified and the young people have already affected change in relation to out of hours support and are consulting on areas such as the use of language, mental health and wellbeing and placements out with the council area.

A lively participation group meets weekly with other working groups with engagement activities taking place across the year. This allows the young people to develop their skills and confidence, and take forward actions. This group is also utilised by a wide range of partners and other corporate parents for consultation purposes.

Areas influenced over 2017/18 include the Housing Options Protocol, access to leisure and health facilities, developing the Family Firm model and work with the Children's Hearing.

The staff team supporting the Champions Board is a partnership between Falkirk Council, "Who Cares?" Scotland and Quarriers. This innovative model has proved valuable, allowing the young people access to national information and activities as well as those more locally based. They are linked in to the wider Champions Board Network.

The focus over the coming year is to progress the Board and its decision making ability to consider how the work is sustained beyond the funding period.

1.3.13 Aftercare

Over the past year, the Leaving Care Team and our long term children's house, Tremanna worked in partnership with housing support provider Loreto. A test of change was implemented where a designated Loreto staff member worked with the young people resident in Tremanna, on 3 distinct elements of support, namely:-

- tenancy preparation

- tenancy set up and
- tenancy sustainment

The test of change was positively evaluated by the young people and staff and is now being rolled out across the care leaving population.

The Leaving Care team has worked closely with corporate partners in Housing and Finance, Revenues and Benefits in maximising care leavers uptake of Council Tax Exemption. Extensive work has been undertaken in appropriate and proportionate information sharing between partners and barriers to uptake have been removed by an auto award system.

The Leaving Care Team has produced a working definition of Eligible Needs and are developing a “Skilled Helper model” as a means of hurdle helping young people and supporting them to access mainstream services. This has enabled the team to increase support to young people up to the age of 21.

The development of the 5 year Big Lottery funded Peer Mentoring Project has continued to provide significant benefits and opportunities to our care leavers. One care leaver has set up a peer support group for young parents, supporting fun activities and pulling in resources from a Life Coach, a Creative and Active worker and messy and free play. Establishment of a lunch club has assisted support agencies to access this hard to reach group of young people, building trusting and helpful relationships with health, housing and Department of Work and Pensions (DWP).

Criminal Justice

1.3.14 Community Justice Partnership

The Community Justice (Scotland) Act 2016 places planning at the local level where decisions can be made by people who know their area best. Our Community Justice Partnership is made up of partners who are committed to sharing information, providing advice and assistance, co-ordinating activities and funding activities together.

2017/18 has been the first full year of the new Community Justice Partnership arrangements.

With the provision of Scottish Government funding, a Community Justice Co-ordinator was appointed to support the work over the transition period. The support provided from this temporary funded post provided considerable support to the partnership, facilitated the core of all activity and has ensured various reporting requirements were met.

The partnership has identified its priorities and these are outlined in the Falkirk Community Justice Outcomes Improvement Plan. During 2017/18 the work of the partnership has been particularly focussed on relationships/making connections and supporting transitions.

We want to safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens. As the Community Justice Partnership moves into its second year, there is a need to request that all partners share equal responsibility to ensure the work is progressed vigorously.

1.3.15 Relationships and Making Connections

In Falkirk we have an established mentoring system for people on community sentences which allows people who have been through the criminal justice system to offer support and guidance to those at the start of their journey. The mentor receives comprehensive training culminating in an SQA accreditation.

We also have an established Public Social Partnership operating out of HMP Low Moss where people in custody are supported in their reintegration to their communities by peer supporters, and the Alcohol and Drugs Partnership supports mentoring for people in recovery. We want to learn more about the experiences of both mentors and mentees in reducing the risk of reoffending.

1.3.16 Service Re-design

In advance of a funding formula change which impacted on the grant allocation received by Falkirk's Criminal Justice Service, a restructure was implemented. Over the course of 2017, some management and team changes were made to ensure service delivery continued to meet need and be high quality despite a reduction in funding.

1.3.17 Community Justice - "Tackling Inequalities Improving Outcomes"

In June 2017 the Scottish Government launched the Employability, Innovation and Integration Fund and invited bids for projects aimed at helping vulnerable people find work. The proposals needed to demonstrate an integrated approach to employability, linking training programmes with access to health and social care, and justice and housing services.

Thirteen projects across Scotland were awarded funding, including a successful bid made on behalf of the Falkirk Community Justice Partnership. The proposal aims to reduce health inequalities and improve the health and wellbeing of people in the criminal justice system by identifying and addressing the health - related factors that impede their access to, and ability to engage in, volunteering, training further learning and employment. We have called our project "Tackling Inequalities Improving Outcomes".

Many people in contact with community justice services have multiple barriers to accessing and participating in employment such as poor physical health, mental health, substance misuse issues and poor access to health services appropriate to their needs. Almost every health problem, social and economic disadvantage is over-represented in the criminal justice cohort. This project aims to positively target those with a history of offending to tackle health inequalities and improve outcomes.



The project builds on a model of practice that is already established in Falkirk for our female clients. A registered mental health nurse provides holistic support including working with women with mental disorders, delivering anticipatory care through Keep Well assessments, liaising with other health professionals over compliance and changes to medication, and working with criminal justice and employability services to identify appropriate action plans creating supported pathways to employment. The project aims to extend this model to our male clients.

The project aims to deliver improved outcomes across a number of key policy areas including community planning, community justice, health and social care and homelessness.

The project is managed via a steering group which has representation from Health and Social Care Partnership, Criminal Justice Service, NHS Forth Valley, Employment and Training Unit, Housing, Signpost Recovery, Addictions Support and Counselling, and Cyrenians. The project will report to the Community Justice Partnership. Regular progress updates will be shared with the Public Protection Chief Officers Group, the Integration Joint Board, Falkirk Economic Partnership, the Alcohol and Drugs Partnership and the Forth Valley Health Improvement and Health Inequalities Group.



2. Partnership Working - Governance and Accountability Arrangements

2.1 Governance

The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a Local Authority's statutory functions as they relate to Social Work services. The CSWO fulfils the functions of both Council and the Health & Social Care Partnership.

The CSWO assists the Local Authority, IJB and their partners in understanding the complexities and cross-cutting nature of Social Work delivery – particularly in relation to issues such as:-

- corporate parenting
- child protection
- adult protection
- the management of high risk offenders

The role also contributes to supporting overall performance improvement, management of corporate risk and a wide range of national and local outcomes.

The CSWO undertakes the role across the full range of Falkirk's Social Work functions for professional leadership and governance. In Falkirk the role is undertaken by the Head of Social Work Children's Services, which includes the Criminal Justice service.

The CSWO has a good working relationship with the Head of Social Work Adult Services, which supports the role functions. To further support the role, which is demanding, a decision was made by Falkirk Council in 2015 to introduce a Senior Service Manager role which has specific deputised responsibilities and undertakes the function during the CSWO's leave period. The CSWO responsibilities may be called upon at any time – outwith office hours, weekends and during public holidays.

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.

As a member of the Corporate Management Team, the CSWO 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 managing the Social Work budget. I 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.

The Community Justice Partnership reports to the Public Protection Chief Officers Group, who in turn have a direct reporting line into the Community Planning Leadership Board.

The Falkirk Community Justice Co-ordinator works closely with the Community Planning Partnership in the development of the area's locality planning process. Locality planning groups will focus on the resource allocation and service redesign necessary to tackle inequalities and progress local outcomes. Community Justice data and information is reflected in the Community Planning Partnership locality profiles.

- 2.2 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 2.5).

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.

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

- 2.4 On 1 April 2016, Health and Social Care functions per the Integration Scheme were formally delegated to the Integration Joint Board. Therefore, financial year 2017/18 represents the second year of operations for the Falkirk Integration Joint Board.

2.5 **Integration Joint Board**

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.

2017/18 has been a challenging year for the IJB in relation to the development of the integrated structure and support services arrangements.

Responsibility for the operational delivery of “in scope” Adult Social Work Services was transferred to the HSCP on 1 April 2016. In February 2017, the planned transfer of the responsibility for the operational management of Community Mental Health and Community Learning Disability services to the Chief Officers of the HSCP was completed.

Plans for the transfer of the next phase of “in scope” services has been delayed due to a number of factors. Two years after the establishment of the IJB, Falkirk HSCP has fewer community based health services and less integrated resources than the Community Health Partnership it was designed to replace.

Within the challenges relating to the transfer of “in scope” services exists need to agree suitable, appropriate transfer of appropriate level management resources. Appropriate dedicated capacity must transfer to the HSCP to ensure the delivery of service to Falkirk citizens is safe and high quality.

The Chief Officer and Chief Executives from Forth Valley NHS and Falkirk Council are working together to progress these matters and reports detailing activity and developments are taken to the IJB.

Integration of health and social care services is the driver to ensure services are joined up, seamless and sustainable. The main purpose is to improve the wellbeing of people who use health, social work and social care services, in particular whose needs are complex.

There are many examples where health and social care integration in Falkirk is proving to improve service delivery and planning for our citizens. It must be our collective aim to harness maximum opportunity that comes with the full integration of health and social care.

Consultation with the public, workforce and the third and independent sector is a key element of achieving the HSCP vision and is becoming embedded practice.

The CSWO is a non-voting member of the IJB. The CSWO has responsibility to jointly develop the Clinical & Care Governance Framework with the NHS Medical Director and this was refreshed and updated in 2018.

2.6 Clinical and Care Governance

Each Integration Joint Board (IJB) requires to have a Clinical and Care Governance (CCG) group or committee.

Throughout 2016/17 the CCG group met 3 times and, although very much in its infancy, some progress was made and priorities were identified. Over 2017/18 there were 2 development and planning meetings of the CCG group.

The Local Authority and Health Board continued to undertake their necessary governance functions throughout this time period, albeit separately. CCG meetings did not happen during this period whilst a sequence of meetings took place and papers were taken to the IJB with recommendations for a way forward. At the IJB in April 2018, it was agreed that the Falkirk IJB would move to a CCG committee structure and a chair and vice chair were appointed. The CSWO, Medical Director and Nurse Director held a meeting, and most recently a workshop, to develop the agenda and agree membership for the newly formed Committee which meets for the first time in September 2018.

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.

2.7 **Public Protection Chief Officers Group (PPCOG)**

In June 2015 the Council established a Public Protection Chief Officers 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 has a reporting structure which includes:-

- Child Protection
- Adult Support & Protection
- Multi-Agency Public Protection Arrangements (MAPPA)
- Gender Based Violence
- Community Safety Partnership
- Community Justice
- Alcohol & Drug Partnership

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

2.8 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); ensures there is a strong connection between the ICSP, the Strategic Outcomes and Local Delivery Plan (SOLD), and the Children's Service's Plan.
- agrees and reviews partnership projects (for example PACE and the Realigning Children's Services project).

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

2.9 Child Protection Committee

The Child Protection Committee Improvement Plan 2017/18 reflected key priorities as outlined in the national Child Protection Improvement Programme.

A local strategy to identify and address childhood neglect was developed. Recommendations from our multi-agency file reading exercise on early identification and response to neglect carried out in spring 2017 formed the basis of focussed activities. A Neglect toolkit was rolled out across agencies and early adopters were enlisted to help promote its use and also to contribute to the development of standards in relation to its application. One of these standards relates to the expectation that the toolkit is used with families prior to a referral to the Children's Reporter to provide detailed evidence if neglect is an identified concern. Awareness raising with Children's Panel members was delivered in advance of the launch of the toolkit to ensure there was a shared understanding of its use. The toolkit has been designed to be very accessible for use with families and guidance has been informed by feedback from families and multi-agency frontline practitioners.

In line with national developments, the Committee has prioritised a review of systems and processes that underpin our approach to carrying out learning reviews.

A working group comprising representation from partners across Adult and Children's Services has met regularly and used our recent experience of conducting two Initial Case Reviews to identify areas for improvement, including engagement with all relevant services and providing timely feedback to staff. There have been a number of challenges for us in meeting tight timescales and in sensitively involving practitioners who have been impacted by trauma and who remain involved in active casework. Plans are in place to commission training on the Social Care Institute for Excellence (SCIE) learning together model to build local capacity for carrying out learning reviews. We are also keen to engage with the SCIE learning network to benefit from partnership working and practice wisdom.

The Committee also contributed to a number of national consultations in relation to leadership, governance and accountability, the development of a shared data set and self-evaluation in relation to our progress in translating the national trafficking and exploitation strategy and Child Sexual Exploitation action plan into local guidance, training and practice. We can demonstrate significant activity in each of these areas, demonstrating good partnership working and a sustained commitment to improving the quality of multi and single agency data being gathered, scrutinised and used to drive forward improvement.

We have focussed on our successful multiagency practitioner forum sessions which are an effective means to share our developing knowledge and experience of working with people engaged in harmful practices such as trafficking and exploitation. A recurring theme for our forum events has been a focus on relationship based practice where participants reflect on their practice and learn what children, young people and families expect and want out of their engagement with us.

Each session is introduced by a Child Protection Committee member who delivers a leadership message that reflects a commitment to privileging “being” alongside “doing”, ring-fencing time to think about what really matters and how to get the best out of partnership working.

2.10 **Adult Support and Protection Committee**

The work of the Falkirk Adult Support and Protection Committee has achieved most of the goals of the 2016/2018 Improvement Plan. Committee meets every two months, has attendance from a wide range of agencies and is supported by four “sub groups”; Public Information & Communication, Learning & Development and the Continuous Improvement group. The Service Users and Carers reference group has not developed as planned and will be a new focus of work over the next two years.

Major achievements include improvements to the performance management information available to Committee, continued auditing of specific junctures in the response to Adult Support and Protection referrals and we plan to undertake a large multi-agency audit of practice covering all stages of the Adult Support and Protection journey.

The Forth Valley Multi-Agency Guidance (the overarching guidance to every agency) was updated and issued in April 2018, along with fourteen briefing sessions for a wide range of staff. Renewed efforts to inform the public of adults at risk was carried out in October 2017, including the first service users and carers conference in Falkirk, this related to preventing financial harm.

An induction pack for new Committee members has been developed and the previous developments of Practitioners Forum and intranet pages have been improved.

At the annual development day in June, the Committee's future priorities were identified. This includes the agreed goal of increasingly preventing harm occurring. Nine new priority areas have been identified and these, along with findings of the multi-agency audit of practice, will combine to inform the Committee's priorities for the work going forward.

2.11 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.

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 and the Community Justice Partnership Board in the delivery of services.

2.12 Multi-Agency Public Protection Arrangements

Multi Agency Public Protection Arrangements (MAPPA), were introduced in 2007 under the requirements of The Management of Offenders (Scotland) Act 2005, Sections 10 and 11, and are delivered under National Guidance which was revised in 2016. MAPPA brings together the expertise and resources of key agencies to develop and deliver plans to protect the public from being harmed by sexual and violent offenders, including restricted patients.

Legislation defines the Responsible Authorities within Forth Valley as:

- Falkirk Council
- Clackmannanshire Council
- NHS Forth Valley
- Police Scotland
- Scottish Prison Service
- Stirling Council

- The State Hospitals Board for Scotland

These agencies are responsible for the assessment and management of risk presented by offenders who are subject to MAPPA. NHS Forth Valley and The State Hospitals Board for Scotland are Responsible Authorities in respect of Restricted Patients only.

The overarching objective of MAPPA is to protect the public from harm. This includes having the correct resources in place to enable people who have committed offences to meaningfully work on changing their behaviour. This is where multi-agency public protection arrangements are not just about restrictions and the management of risk. They also focus on ensuring people have access to the services they need, whether these be related to health, housing, substance misuse or reducing their offending.

Any person assessed as presenting a high risk of harm to the public is subject to very strict supervision and monitoring to help reduce that risk. This can include living in approved accommodation, being subject to restrictions about visiting certain places or having contact with specific people.

Offenders subject to MAPPA must report regularly to the police or their supervising criminal justice Social Worker, alongside unannounced visits to their home address.

MAPPA is directed and overseen by the Forth Valley MAPPA Strategic Oversight Group. It consists of senior representatives from each of the Responsible Authorities, with representatives of the Duty to Co-operate agencies attending as appropriate.

The group meets 4 times per year and is driven by strategic priorities and a business plan which addresses the areas of responsibility identified in MAPPA National Guidance 2016.

The disestablishment of Community Justice Authorities on 31st March 2017 has not impacted upon the delivery of multi-agency public protection arrangements. The same arrangements for the use of MAPPA to protect the public and support desistance from offending remain. The successful joint planning and management of offenders across both prison and community settings continues through MAPPA.

People subject to MAPPA are from the following categories, set down in Law:-

- Registered Sex Offenders (Category 1)
- Restricted Patients (Category 2)
- Other risk of serious harm offenders who meet certain criteria (Category 3)

2.13 Strategic Planning and Partnership Working

We have set up governance for Community Justice under the Falkirk Community Planning Partnership, which will oversee the progress of this plan. Each partner understands the expectations placed upon them to share information, provide advice and assistance to each other, and to co-ordinate and fund activities together.



The Community Justice Partnership has a significant role to play in support of the strategic priorities and local outcomes set out in the Community Planning Strategic Outcomes and Local Delivery Plan 2016-2020. This contribution will be made through the Community Planning Partnership's public protection arrangements.

2.14 **Duty of Candour**

We have prepared for the implementation of the Duty of Candour, which came into effect on 1 April 2018.

The overall purpose of the new duty is to ensure that organisations are open, honest and supportive when there has been an unexpected event or incident that has resulted in death or harm that is not related to the course of the condition for which the person is receiving care. This requires organisations to follow a procedure which will include notifying the person affected, apologising and offering a meeting to give an account of what happened. The procedure will also require the organisation to review each incident and offer support to those affected (people who deliver and receive care).

- 2.15 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.



3. Social Services Delivery Landscape

3.1 Falkirk Council is the 11th largest Local Authority in Scotland, with a current population of 160,130 which continues to grow.

The peak in birth rates in 2008 led to an increase in the number of primary school age children and this is still impacting on school rolls.

There has been a 9.6% increase since 2012 in the number of people aged 75 and over. Projections suggest this figure will rise by a further 9.5% by 2022. There is also an increasing number of people with multiple conditions, many of whom are older people.

These factors lead to increases in demand for both Children's and Adult Services.

Figures based on 2017 mid-year population estimate for Falkirk/Scotland

Age Group	Male	Female	Total	% of All Ages (Falkirk)	% of All Ages (Scotland)
0-15	14,587	13,742	28,329	17.7%	16.9%
16-17	1,773	1,643	3,416	2.1%	2.1%
18-24	6,687	5,986	12,673	7.9%	8.9%
25-64	42,019	44,163	86,182	53.8%	53.5%
65-74	8,101	8,725	16,826	10.5%	10.4%
75-84	4,099	5,399	9,498	5.9%	6.0%
85+	1,130	2,076	3,206	2.0%	2.2%
Total population			160,130	100.0%	100.0%

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.

This work continues in each locality and it will be important to identify resources to assure the continued necessary momentum of this work.

3.3 Adult Services have 5 in house residential care homes, of which one, Summerford, has been redesigned to offer intermediate care.

3.4 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
- 3.5 The Children & Families service provides 2 residential children's houses for children and young people, with capacity for 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.
- 3.6 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.
- 3.7 **Realigning Children's Services (RCS)**

In 2016, Falkirk Community Planning Partnership joined the Realigning Children's Services (RCS) programme – an initiative sponsored by the Scottish Government to support effective commissioning of children's services. A key aim of RCS is to improve the availability and use of evidence about local needs and services. Although local planners and practitioners often have access to good information about those already in contact with targeted or specialist services, less is generally known about the characteristics, needs and perceptions of the wider population of children and young people.

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 (2014) Parts 1 and 3.

In late 2016 and early 2017, Falkirk Council school pupils in years P5-7 and S1-4 participated in a health and wellbeing survey, carried out as part of Realigning Children's Services programme.

The surveys were conducted in class, under exam-like conditions, using an online questionnaire (the content of which differed for pupils in primary and secondary schools). Pupils' responses were subsequently linked – securely and anonymously – to a limited range of additional information held by Education and Social Work services. In total, 4,147 primary pupils and 4,448 secondary pupils took part in the exercise, representing a very sizeable proportion of all eligible pupils.

Some key themes from the surveys are:-

- Most children in Falkirk appear happy, consider themselves healthy, like the areas they live in and have good relationships with family, peers and teachers. However, there are always children who do less well and there are some important specific areas of concern.

- Cyberbullying appears to be a presence in the lives of a significant minority of young people. For example, 16% of pupils in primary school said that they had been bullied by other children “sending emails, text messages or posting something online”. Experience of - and engagement with - school itself is a powerful predictor of wellbeing outcomes.
- Efforts to improve attainment and wellbeing agendas need to remain closely aligned. Girls appear to have poorer mental and emotional wellbeing and are less likely to engage in physical activity, especially as they get older.
- Services are not always reaching the right children.

Children’s Services and the Community Planning Partnership continue to work with the RCS programme to ensure that the survey information and the other elements which sit alongside, what is in effect, a strategic needs assessment is used to best effect to inform and develop services that meets the needs of Falkirk’s children and young people. There are various tests of change ongoing in the East of the area.

Scottish Government and the Realigning Children’s Services 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 identified through the 3 questionnaires to determine the alignments between service delivery and need. Scottish Government then assists Community Planning Partnerships to develop service plans which take account of the data derived from the Realigning Children’s Services programme and existing information and priorities contained within the Single Outcome and Local Delivery Plan and Integrated Children’s Services Plan.

A multi-agency working group has been set up to make sure that the issues raised within the full RCS programme report are included in the future planning of services for Falkirk children and families.

3.8 The Criminal Justice Service operates from one site in central Falkirk and provides services across the whole Council area.

- Court and Probation Team
- Community Service
- Accredited Programmes Team (which delivers services across Forth Valley)

3.9 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.

Social Workers in prison and community settings carry out offence focused work with people in order to unpick the factors most likely to lead to further criminality. Analysing and challenging patterns of offending behaviour, attitudes and associates is at the heart of offence focused work and Social Workers engage with individuals, families and communities to address the underlying causes of offending.



Social Workers use their skills to build relationships and assess risks and needs and their knowledge of individuals is critical to other justice professionals making decisions about a person's progression through the criminal justice system. We want to make sure that processes are in place to share and utilise this knowledge and professional assessment in order to improve outcomes for people.

- 3.10 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.

3.11 **Crime**

Our area has a lower crime rate than other parts of Scotland and the majority of our citizens report feeling safe in their local area during the day. Most crime types are below the Scottish average and the clear up rate for crimes is well above. Over the past 3 years, there has been an increase in the number of domestic abuse incidents recorded in our area and the current number is above the Scottish average. Crimes of non-sexual violence and sexual crimes also rose this year and antisocial behaviour, including incidents of fire raising, possession of drugs and vandalism, remain a concern for our communities.

Domestic abuse has been recognised as a serious public protection issue in Falkirk and receives special focus because of this. A dedicated Domestic Abuse Investigation Unit has been established by Police Scotland which ensures any incident of domestic abuse has comprehensive and thorough investigation by the officers attending, with a special focus on the safety and wellbeing of the victim. This will often involve directing victims to partner agencies which can offer a range of support and assistance, both in the short-term and the long-term. Partnership work supports the high risk victims of domestic abuse through the Multi Agency Risk Assessment Conference (MARAC) process.

- 3.12 There are 2 Social Work service support teams hosted within Children's Services but continuing 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 or streamlining of parts of the team with Children's Services Education staff and closer work with NHS staff.

A major role for this team is supporting the whole Service in the business transformation involved in the implementation of a new Social Work information system. The system supplier has been appointed, system configuration work has

started and the system will be implemented across the whole of Social Work over the next year.

The Workforce Development team has also continued to provide a Social Work wide service. A newly appointed Workforce Development Service Manager took up post in late 2017. This cross service post provides opportunities to ensure all opportunities are maximised to create links, reduce duplication and maintain a strong sense of Social Work identity within integrated landscapes.



4. Resources and Finance

4.1 Available Budget Resources 2017/18

In 2017/18, Social Work services had £91.337m of net revenue budget resources distributed across 3 Divisional Areas:-

Divisional Area	2017/18 Net Revenue Budget	2017/18 Year End Position
*Adult Services	£66.072m	£0.920m (underspend)
Children & Families	£21.914m	£1.328m (overspend)
** Criminal Justice	£3.351m	£0.029m (underspend)
TOTAL	£91.337m	£0.379m (overspend)

* 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 placements.

4.2 Financial Pressures

Social Work Adult Services

4.2.1 The main pressure areas continue to be related to:-

- residential care placements, the strategic intent being to rebalance towards more people being supported within the community.
- significant increase in Adult Support & Protection work.
- upward cost pressure in Home Care provision linked to new demand and new Home Care contracting framework.
- 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 and developing individual budget calculator to deliver better targeting of resources.
- adopting reablement-based and outcome-focused assessment process.
- review of high cost care packages in partnership with external providers.

- improving in-house service efficiency to mitigate the demand for procuring care.
- proactive engagement in negotiation of external provider's price rates.
- shift of resources towards early intervention and prevention.
- full rollout of real time monitoring for in-house care at home staff.
- planning around improvement initiatives on delayed discharge.

With all of the above initiatives, Adult Services have successfully maintained the underspend budget position in 2017/18.

Children & Families

4.2.2 During 2017/18, the main pressure areas relate to:-

- reliance on external residential care placements
- reliance on external fostering provision
- the costs of providing continuing care and 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 2017/18, 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.

4.2.2.1 Continuing Care

In the last year we increased the upper age for registration at our in- house long term children's house, Tremanna. We also increased our registered capacity within the house with the addition of a spare room with a sofa bed, allowing our ex residents to come back for visits, including over nights to enhance their sense of belonging and sustain relationships with staff and other residents.

Whilst locally we remain fully committed to Continuing Care, the national deficient in funding implementation remains a significant challenge for us. Over the past 5 years we have reduced the number of young people we are accommodating, however, our over- all figures of those accommodated continue to rise as a result of young people remaining in placement for longer that they previously would have.

A significant piece of work is currently being progressed alongside care leavers and those still in care, developing local, sustainable, supported accommodation options for the future.

4.2.2.2 Young People and Poverty/Universal Credit Preparation

In advance of full service roll out of Universal Credit, the Leaving Care team has forged strong links with the local Job Centres to ensure the DWP Care Leavers Strategy is well embedded. This strategy ensures a flag is placed on the system which alerts DWP staff that the claimant is care experienced and the claimant commitments are eased. Training was also provided to DWP staff to raise awareness of some of the barriers care leavers may face in accessing benefits.

Full service roll out of Universal Credit requires claimants to activate and maintain claims entirely on line. Access to IT equipment is an issue for care leavers so the Leaving Care team obtained funding from Fairer Falkirk to purchase two P.C.'s and two tablets for use by the young people to fulfil the benefit requirements.

Benefit levels for single claimants have not been increased since 2015 with under 24 year olds receiving £57.90 per week. This annual income of £3,010.80 means all care leavers in receipt of benefit are in absolute poverty. Fairer Falkirk funding of £10,000 was awarded to the Leaving Care team which enabled 45 care leavers on benefits to receive an additional £25 per week food allowance over the winter months. This ensured they could both "heat and eat". Initial evaluation findings show improved physical and mental health as well as increased engagement with support services as a result of this intervention.

When care leavers have exhausted external sources of funding, the extended aftercare duties in the Children and Young People (Scotland) Act 2014 gives local authorities a duty to assess and respond to care leavers "eligible needs "up to the age of 26. Services are noticing additional demand for emergency payments and this situation needs carefully monitored.

A positive has been council tax exemption for care leavers up to the age of 26. If on benefits this represents a saving of approx. £200 per annum and if in employment, a saving of approx £1,000 per annum. Care leavers are being encouraged to save this or make payments to previous rent and council tax arrears.

4.2.2.3 Kinship Care

Children and Young People (Scot) Act 2014 introduced new duties requiring Local Authorities to financially support a wider range of kinship carers than previously and to backdate this support to October 2015. Falkirk has fully complied with this, and fostering equivalent allowances are now payable to approved kinship carers, i.e. those where the child being cared for is subject to a Supervision Order from the Children's Hearing, and to kinship carers who have a Section 11 Court Order where the child was previously Looked After or placed with the involvement of the Local Authority.

At 31 March 2017, there were 82 kinship carers with a Section 11 Residence Order being supported financially by the Council and a further 24 where the children are Looked After. Carers of Looked After children are formally assessed and approved in a process which mirrors that for foster carers.

Falkirk has traditionally actively promoted children being permanently secured in kinship care by encouraging and supporting carers to obtain a Section 11 Residence Order. This takes the child out of the formal care system, and provides legal security within the extended family. The annual CLAS return collects statistics for Looked After children but not currently for those who are supported on a Section 11 Order. While Falkirk's Looked After in kinship care figures are lower than the national average, where the numbers supported overall are included the Council is slightly above the national average, with more children in permanent stable placements.

The Local Authority is required to provide support and assistance to eligible kinship families, such as assistance with legal fees.

The funding implications of kinship care are extensive, and will increase as Universal Credit is rolled out. Currently, kinship carers may access child benefit and child tax credit which is deducted from the fostering equivalent allowance, but will be unable to do so once Universal Credit is applied. This will result in additional expenditure to the Council.

Criminal Justice

- 4.2.3 Criminal Justice funding is largely ring-fenced and it is carefully managed to ensure it is fully maximised.

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

4.2.3.1 Substance Misuse Services

Traditionally, substance treatment services for people subject to probation has been provided by way of a co-funded service involving NHS Forth Valley, Falkirk, Stirling and Clackmannanshire. Where other Local Authorities started to use DTTOs, Forth Valley continued to favour probation with treatment. The Section 27 funding formula changes in 2017/18 have led to a need to carefully examine the areas impacted by reduction in budget and to reconsider and renegotiate our terms of funding and our models of practice. We will be increasing our use of DTTOs in Falkirk as they are funded in a different way from the Scottish Government, and this will ensure we are adequately resourced for this important area of work.

- 4.2.4 Analysis of risks in relation to all of the above has been an ongoing exercise, both in terms of financial risk and reputational risk to the Council, but equally risks for individual service users. Risks are regularly reviewed and reported on by service management teams in accordance with corporate risk management procedures.

5. Service Quality & Performance Information and Statutory Functions

5.1 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. The performance information in this section relates to the CSWO's statutory functions.

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.

5.2 Inspections

Registered services are regularly inspected by the Care Inspectorate and services are being supported for readiness for the implementation of the new Health & Social Care Standards in April 2018. Progress is being made via improvement action plans stemming from the Children's Services Joint Inspection and the Home Care Inspection.

Scrutiny by the Care Inspectorate is welcomed as we consider learning and improvement as a key component for the delivery of high quality services.

- 5.3 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.

5.4 **Adult Support and Protection**

	2016/17	2017/18
Referrals	540	706
Investigations	47	81
Protection Plans	31	33

The above table on adult support and protection activity demonstrates a significant increase in the number of referrals of 31%. While this increase may partially reflect changes to recording, the information provides evidence of an increase in overall activity in the field of adult support and protection. However, the service is getting better at prioritising and deciding what level of response is required.

5.5 **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.
- 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.

	As at 31 March 2015	As at 31 March 2016	As at 31 March 2017	As at 31 March 2018
Number of active guardianships in place	232	277	312	353

The steady upward trend in numbers of guardianships, in part reflecting demographic change, also suggests there is greater awareness amongst the public and professionals of how this intervention can support better outcomes for service users. The service was able to respond effectively to this increasing demand which requires additional input from our Mental Health Officers.

5.6 Mental Health Act Orders

Mental Health Officers were involved in the following work under statutory legislation (2017/18):-

- **92** Emergency Detentions (Section 36, Mental Health (Care & Treatment) (Sc) Act 2003)
- **145** short-term Detentions (Section 44, Mental Health (Care & Treatment) (Sc) Act 2003)
- **44** Compulsory Treatment Orders (Sections 57, 63 and 86, Mental Health (Care & Treatment) (Sc) Act 2003)
- **8** Compulsion Orders (Section 113, Mental Health (Care & Treatment) (Sc) Act 2003; Section 57A, Criminal Justice Act 1995).
- **6** Compulsion & Restriction Orders (Section 113, Mental Health (Care & Treatment) (Sc) Act 2003; Section 57A, Criminal Justice Act 1995)

5.7 The CSWO undertakes the function of Agency Decision Maker. This involves providing the final decision post Panel recommendation in relation to foster care registration and de-registration, kinship registration, prospective adopters registration and permanence plans for children. Timescales apply to decision making and the Local Authority's performance in relation to these are considered by the Care Inspectorate during scrutiny of fostering and adoption services.

Type of Panel	Number of Panels	Number approved within 14 day timescales	Number approved outwith 14 day timescales
Data relates to ADM activity during 2017/18			
Foster Carer Registration	8	8	0
Short breaks (CWD) Registration	0	0	0
Prospective Adopters Registration	4	3	1
Registration of child for adoption	8	8	0
Registration of child for permanent fostering	2	2	0
Registration of child for long-term fostering	1	1	0
Match for adoption	8	8	0
Match for permanent fostering	4	3	1
De-registration	8	8	0
Appeal	0	0	0
Review of registration	0	0	0
Kinship Carer Registration	11	9	2
Kinship Advice Panel	6	6	0
Kinship Appeal Panel	1	1	0
Kinship De-registration	5	4	1

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

5.8 Secure Transfers

The Children's Hearing (Scotland) 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 2017 and 31 March 2018 where the Chief Social Work Officer has not agreed to implement the secure authorisation component of the Order.

During 2017/18, **7** young people were placed in secure accommodation (2 of these young people had 2 separate secure placements in the year).

5.9 Transfer of Children to a Different Placement

In addition, the Chief Social Work Officer has powers under the Children's Hearing (Scotland) 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 2017/18 is **3**.

5.10 Criminal Justice Service

- **98.6%** of Criminal Justice Social Work reports were submitted to Court by the due date.
- **96%** of individuals on new Community Payback Orders with supervision requirement were seen by a supervising officer within one week.



6. Workforce

a) Planning

b) Development

a) Planning

6.1 Workforce planning is an important element of Council and HSCP Strategic oversight and management. As at 31 March 2017, 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.

Social Work Adult Services

6.3

- 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.
- 49% of the workforce is 51 years and over.

6.4 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.

Children & Families

6.5

- 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.

6.6 The age profile of our workforce creates a low to medium term risk due to 19% of the workforce eligible for expected retirement 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 transferred 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.

6.7 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. We must ensure that any additional pressures are taken into account when managing staff absence.

Criminal Justice

6.8

- 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.

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

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

6.11 **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 posts and are being positively supported into employment through our move towards implementation of a "family firm" approach.

Criminal Justice employed one MA in 2017/18 but also employed several previous service users as peer mentors.

6.12 **Succession Planning – Mental Health Officers**

The national Mental Health Officer (MHO) report 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.

b) **Development**

6.13 We have ensured that our workforce is appropriately developed by:-

- funding 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.
- ensuring 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.
- providing reflective sessions for unqualified staff (e.g. Social Work Assistants/Family Support Workers).
- operating student groups, newly qualified Social Workers group each year, Practice Teacher and link worker group, Occupational Therapist forum, Adult Support & Protection forum, Child Protection Practitioner forum and GIRFEC workshops.
- training across the board has continued to be prioritised, but in-house as far as possible.

6.14 Supervision and Annual Development Reviews continue to be a priority, but with a particular emphasis on regular and formal supervision.

6.15 **Registration of the Workforce**

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).

Once the final group has become fully registered (Support Workers in Care at Home and Housing with Support services commenced in 2017), we will 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.

- 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.

6.16 MAPPA

To further ensure that MAPPA meetings are as effective as possible, Forth Valley MAPPA delivers a number of training opportunities:-

6.16.1 Forth Valley Public Protection Awareness Training

MAPPA is part of a one-day introductory-level awareness event for staff involved in working with vulnerable groups across Forth Valley, in both statutory and third-sector settings. MAPPA Awareness is delivered alongside child protection, adult support & protection, substance use and gender based violence.

This is a product of the collaboration between public protection lead officers across the Forth Valley and is delivered quarterly.

6.16.2 MAPPA Chairs Training

A standard set of training materials is used to deliver training to new chairs as / when required on a 1:1.

6.16.3 MAPPA Chairs Event

This annual, half-day event provides Chairs with an opportunity to share experiences and learning to complement their skills as MAPPA Chairs.



6.16.4 MAPPA Meeting Training

This is a half-day event for Standing Members and practitioners new to MAPPA, covering information needed to deliver their MAPPA responsibilities including the origins of MAPPA, key legislation and guidance, risk management and how to use MAPPA paperwork. This is delivered every six months.

6.17 **Safe and Together**

November 2017 saw the launch of the Safe and Together approach in Falkirk. This initiative is jointly supported by the Health and Social Care Partnership and Falkirk Child Protection Committee and is focussed on addressing the harmful impact of domestic abuse on children, young people and families and communities.

The approach provides a means of assessing and describing the impact of domestic abuse on family functioning and children's wellbeing and development. It supports a move away from a broad recognition of how domestic abuse tends to impact on individuals and children as a group, to an understanding of how the specific abuse within that particular family has impacted on the individual child's wellbeing.

Safe and Together is an approach to intervene successfully with domestic abuse victims (survivors) to:

- create non-blaming partnership.
- recognise the victim's strengths and parenting capacity.
- strengthen the relationship between the non-abusing parent and child.

An approach to intervene successfully with perpetrators of domestic abuse to:

- assess risk.
- assess impact on children's wellbeing.
- assess capacity to change.
- hold them to a high standard of parenting.
- ensure they are visible within Child Protection processes and the Child's Plan, including safety planning.

The approach supports the need to change the way we view domestic abuse; to think differently about how we currently respond and what we do in practice. As the approach is being embedded across services in Falkirk, this is helping to inform and achieve culture, systems and practice change.

Partnership Funding was used to bring and launch the *Safe and Together* approach to Falkirk and this includes evaluation of the impact of using the approach on practitioners, managers and families. Practitioners who attended 4 days multi-agency core training in the approach act in the role of mentor to support wider awareness raising, use of shared language and embedding practice based on key principles. There is already a growing body of evidence in relation to culture, systems and practice change across services.

- 6.18 This annual report concludes on the summary of Safe and Together, which is an example of good practice, with the Health and Social Care Partnership and the Council working together to develop the Social Work services workforce; Adult Services, Children's Services and Criminal Justice. More initiatives like this, coupled with our commitment to ensure we are maximising the strengths of our communities, workforce, third sector and independent partners will significantly help us to continue our collective aims to provide high quality services to the people in Falkirk who rely on Social Work services.



