

# **Agenda Item**

**13**

**Title:** Annual Report of the Chief Social Work Officer 2018/19  
**Meeting:** Integration Joint Board  
**Date:** 6 December 2019  
**Submitted By:** Chief Social Work Officer  
**Action:** For Noting

### **1. PURPOSE OF REPORT**

- 1.1. This Annual Report provides an overview of how the statutory responsibilities have been fulfilled by the Chief Social Work Officer (CSWO) during 2018/19. CSWO's are required to submit an annual report in accordance with Scottish Government guidance.

### **2. RECOMMENDATIONS**

IJB 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 2018/19 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 27 September 2019.

#### **4. CSWO ANNUAL REPORT 2018/19**

- 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.

#### **5. CONCLUSIONS**

- 5.1. The CSWO's Annual Report covers the period from 1 April 2018 to 31 March 2019 and provides an overview of how the responsibilities related to the role have been carried out.
- 5.2. 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.
- 5.3. **Consultation**  
Consultation has been undertaken across Children & Families, Justice Services and Social Work Adult Services to encourage staff to contribute to this report.
- 5.4. **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.
- 5.5. **Resource Implications**  
None
- 5.6. **Legal Implications**  
None
- 5.7. **Risk Implications**

None

**5.8. Equalities Implications**

None

**5.9. Sustainability/Environmental Impact Implications**

None

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Chief Social Work Officer

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Date: 27 September 2019

**Appendices**

Chief Social Work Officer Annual Report 2018 - 2019

**List of Background Papers**

None



**Falkirk Council**

**CHIEF SOCIAL WORK OFFICER  
ANNUAL REPORT  
2018 – 2019**



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

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## Foreword

I am pleased to present my second Chief Social Work Officer's Annual report for 2018/2019. This report provides a summary of social work activity across Falkirk, including key developments and challenges, information on statutory decisions made by the Chief Social Work Officer and an overview of service quality and performance information. This report is not intended to cover every element and dimension of social work practice; it does not attempt to replicate other governance arrangements which scrutinise service performance throughout the year. This report is an opportunity to highlight the many areas of innovation and transformation taking place across the sector. Whether it be adult, children's or justice services, staff are working in partnership with service users and other agencies to reduce inequality and promote good outcomes for those who need care, support and protection.

Social work services are being delivered against a challenging economic and financial backdrop. Budget pressures are providing a strong context for necessary transformational change across the Council and the Health & Social Care Partnership. Managing these large scale changes safely is not to be underestimated within complex operational delivery landscapes. As Chief Social Work Officer, I am satisfied that the changes required will ultimately improve services to our communities and this is the strong focus for the workforce. We must modernise our approaches, respond to calls for change from our service users and take joint responsibility for ensuring social work services in Falkirk are sustainable in the future.

As leaders in social work services, we are committed to strategic developments to support the ambitions and priorities of the Council. We must be empowered to ensure services for those in need and those who are legally compelled to engage with us have their voices heard. No matter the focus of the engagement with social work, we can have strong, respectful relationships with service users. Every service area across social work is focussing new strategies on strength based practice, the power of good relationships and truly person centred practice. This year and going forward, we will support Falkirk's workforce to develop these skills and support the creation of the conditions necessary to practice "with" people, not "for" people.

Within my annual report, I take the opportunity to shine a light on a number of key developments being implemented and embedded by our staff, teams, partners and service users. Despite the challenges I outline, the creative and innovative approach being taken ensures that social work remains a profession to be proud of, where we embrace changes required of ourselves to improve outcomes for those who rely on us now and in the future.

This year I have spoken with many of our staff, partners and those who use our services. Some of these interactions are detailed within this report, they exemplify good practice and what can be delivered by doing things differently and asking the question, "what will it take?" to support good outcomes. I want to thank all of our social work and social care staff who work so hard to provide the range of services delivered across Falkirk, your dedication is appreciated.



Sara Lacey  
Chief Social Work Officer



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

- 1.1 There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who is registered with the Scottish Social Service Council (SSSC). This regulation is set out in Section 45 of the Local Government (Scotland) Act 1994. The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Integration Joint Boards, Elected Members and Officers in the provision of Social Work Services whether directly provided or commissioned.

The CSWO has responsibility for overall performance improvement and the identification and management of corporate risk in so far as these relate to Social Work Services. 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 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 SSSC Codes of Practice.

Social Work protects and supports people from pre-birth to end of life, working with families and individuals and groups. It does so by providing or purchasing services designed to promote the dignity, safety and independence of people who need or use services, and to contribute to community safety by reducing re-offending. The Third and independent Sectors are key partners in service delivery and service user experience. Social work services are provided 24 hours each day of the year. They are provided in partnership with a range of stakeholders, including people who use or benefit from them.

The social work services workforce is diverse, and includes social workers, occupational therapists, residential and day care staff, home care staff, mental health officers, people working children, adult and justice services. 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 effective leadership to undertake complex and often challenging work.

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 2018/19, as well as an overview of the work undertaken by social work services and the achievements recognised during this period.

On receipt of annual reports from 32 CSWO's, the Scottish Government's Chief Social Work Advisor prepares a report which provides a national overview of the key challenges and developments across all local authorities in Scotland.

## 1.2 Key Challenges

The context within which the sector is operating is significantly impacted on by external and internal drivers and factors. These include the significant impact of diminishing budgets, stress and morale issues for staff, demographic changes, welfare reform and public service reform. There is a strong leadership focus ensuring that services, whilst challenged, develop, transform and deliver the right services at the right time and seek to support people to have good outcomes.

### 1.2.1 New Legislation and Policy

Social work services continue to be subject to significant new legislation and policy. Implementation plans and monitoring impact is necessary in each case. Once new policy or legislation is enacted, services measure impact and ensure our compliance to the new duties and monitoring is reported to Committees, governance groups or the Integration Joint Board.

During 2018/19, activity has focussed on the implementation and embedding of significant new policy and legislation:-

- Carers (Scotland) Act 2016
- Community Justice (Scotland) Act 2016
- Health and Social Care Standards
- Children and Young People (Scotland) Act 2014
- Mental Health Strategy (2017-2022)
- Mental Health (Scotland) Act 2015
- Community Empowerment (Scotland) Act 2015

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 a positive approach which undeniably supports 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. This year we have focussed on the longer term needs of our care experienced population and consulted them on their preferred housing options.

### 1.2.2 Drug Related Deaths

We face significant challenges across Scotland around alcohol and drug harm, with the steep increase in drugs related deaths and consistently high levels of alcohol related deaths. Falkirk is no different, with drug related deaths continuing to rise and similarities to the national picture. Opioid and benzodiazepines continue to feature in the deaths and there is a rise nationally in stimulant drug related deaths, mixed with other drugs. Poly drug use is a key feature both locally and nationally. Although most deaths occur in the over 35 age group, there has been a rise nationally in drug related deaths in younger people. Physical health problems in the “older” age group are common i.e. respiratory, cardiac and liver conditions. Mental health issues are also a common feature, as are Adverse Childhood Experiences and Adverse Adult Experiences. A report on the 2018 local deaths is currently being compiled. Harms extend far greater than the individual in terms of offending and victims of crime, impact on welfare of children, domestic violence and community cohesion.

Alcohol and drug harms are preventable. Effective prevention requires a whole systems/placed based approaches (in line with Public Health reform), alongside effective treatment and support. Both require the involvement of those with lived and living experience and their families.

Over the last year the Alcohol & Drug Partnership has focussed on seeking to understand why drug related deaths in our area have risen significantly while also progressing the key priorities within the Strategic Outcomes Local Delivery (SOLD) in relation to substance use. The priorities are:

- address the stigma of seeking support;
- promote and provide opportunities for recovery;
- seek to prevent Foetal Alcohol Spectrum Disorders and to understand and meet the needs of young people affected by FASD;
- supporting older people with alcohol related brain injury;
- challenging harmful perceptions of substance related norms within our communities;
- reduce the number of drug related deaths and near fatal overdoses.

The priorities take account of national priorities and reflect the updated national strategies: Rights, Respect and Recovery <https://www.gov.scot/publications/rights-respect-recovery/> which is the Scottish Government’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths and: the Alcohol Framework <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/> which sets out the national prevention aims on alcohol. An example of this is Minimum Unit Pricing, which has now been in place for over a year.

The national priorities are set out in a new delivery framework and will guide the work of the Alcohol & Drug Partnership over the coming years.

Over the last year, a number of key pieces of work have been commissioned in support of the Alcohol & Drug Partnership work, including an updated strategic needs assessment. New recovery housing has been established in Grangemouth, further developments around the provision of support for older people with alcohol related brain injury have been established and the recovery community cafes have been expanded across the area, with the Sunday Grangemouth Recovery Café now being well established. The cafes are drug and alcohol free environments that provide support for recovery in an informal setting. Each café provides some recreational activities from music and entertainment to home cooking, gym based circuit training and Tai Chi, Yoga and holistic therapies. The range of peer support activity has also developed and mutual aid support opportunities have increased. The Recovery Community also run a range of activities designed to support recovery, such as Recovery Ramblers and recovery in the Wild.

There has been additional investment in assertive outreach provision, which is targeted to areas of most need in order to reach our citizens who are at most risk of substance related harms. We also continue to support the national naloxone programme and target the provision of the opioid reversal kit to where it is most needed.

This year also saw the Forth Valley Getting Our Priorities Right Guidance for Children and Families affected by Parental Alcohol and Drug Use being refreshed, with input from a range of key partners. This was accompanied by GOPR training.

NHS Forth Valley undertook a tendering exercise for community support services with a well-established company from England winning this contract. This new provision is currently being established and will start in October taking over from Signpost and ASC in some areas of service.

A task group to review drug related deaths has been set up. The Alcohol & Drug Partnership leads this work and key partners have examined areas where we could improve in both intelligence and service. As a result of this work we have taken forward 4 key areas:

- a strategic review of all services being delivered in Falkirk;
- a research exercise focussing on people who have had near fatal overdoses – the purpose is to try to get an understanding of where we could have provided support or service that may have made a critical difference;
- examining our vulnerable persons harm reduction protocols;
- services and support to children and young people affected by their own or parental substance use.

Work on all the above areas is underway with reporting on each in late 2019. In addition, the Government has recently established a drug death task group. This work will also inform the Alcohol & Drug Partnership's future approach to service delivery.



### 1.2.3 Other Key Challenges

- sustained increase in Subject Access Requests
- demands on staff due to the implementation of the new social work information system
- delayed discharge from hospital settings
- information sharing post GDPR
- pressures being faced by partner organisations
- digitalisation and the move towards mobile and flexible working

## 1.3 **Key Developments**

### 1.3.1 Social Work Information System (SWIS) Replacement Project Board

Falkirk Council currently use an in-house developed system (SWIS) to record Social Work case management information. In addition to this multiple additional systems, databases and spreadsheets are in use by social workers. The business case to proceed with the replacement of our current system was approved in 2015. In November 2017 our Tender for a new case management and integrated finance system was published to suppliers on a Crown Commercial Services framework. In August 2018, Falkirk Council awarded the contract for its case management and integrated finance system to Liquid Logic.

A project team has been created to implement the new system which has multiple modules including case management recording for Adults, Children and Justice Services, integrated finance system and portals for partners, providers and clients. One of the objectives of the project is to carry out a review of processes when implementing the new system to ensure that we were not simply replicating the current processes as are these were designed around the functionality of our legacy system. A considerable amount of work has gone into reviewing our social work processes and redesigning these in line with best practice. This work has involved staff from all areas of social work including support services. The project team works with Liquid Logic to ensure their system relates to Scottish legislation and has the ability to produce Scottish statutory reports. As Liquid Logic did not have a Justice solution, our teams have worked with them, in conjunction with East Ayrshire Council, to specify and design this new module. We are replacing our financial systems and work has been ongoing to identify the multiple data sources of information that will require to be transferred to the new integrated finance system.

In order to ensure that our new system manages our data better in the future we have carried out work to review and agree our retention schedule for all areas of social work. We only want to move current data to our new system, meaning that which has not yet met its retention date. As there is still a moratorium on destruction of social work data in place we are looking at options for keeping historical data without impact on our new system.

The new systems will ensure that information relating to clients are held in one place and this will be complemented by work on our “Anytime, Anywhere” project which will see mobile devices introduced to allow our social workers to access the new systems from any location.

The project is posing significant challenges, the main ones being poor data quality and limited resources. The project board meet regularly to review progress on the project and agree solutions to any challenges being faced. Initially we were working towards a “go live” date of the end of 2019 however this has been extended until April 2020 to allow more time to deal with data quality issues.

## **Social Work Adult Services**

### **1.3.2 Design of Day Services for Younger Adults**

The Partnership has continued to take forward a programme of work to redesign day services for younger adults. This involved engagement with people who use services, their carers and staff about what changes should happen to develop alternative community based services.

The redesign work reflects Self-Directed Support principles to empower and enable people to have choice and control over the design of their own support. People identify through their reviews and reassessments opportunities to use their existing care differently. For example, people can access more community based activities, rather than in-house care, with day service staff supporting them where this is needed. People can use their hours of support more flexibly and have control over their personal outcomes. This promotes and supports personal independence and social inclusion.

The Partnership hosted a successful event on 23 April 2018. The purpose of organising the “Believe and Achieve” event was to demonstrate the many opportunities there are for people with a disability and their carers in the Falkirk area. On the day, 179 people attended the event where there was information available from 25 exhibitors. These covered a range of services from Falkirk Community Trust, Third Sector organisations and other services.

The Partnership has invested in a range of community based supports to provide alternative choices to people. We have been able to reinvest money from the closure of Camelon and Bainsford Day Centres to do this.

These community supports include dates-n-mates in Falkirk ([Dates n Mates Falkirk](#)). This is Scotland’s national dating and friendship agency run by and for adults with learning disabilities. People can become members and will have opportunities to make new friends through invitations to social events and activities. These could be from cinema and shopping trips, bowling to Halloween Parties and much more. There are also volunteer opportunities to help other members. Dates-n-mates launched in Falkirk in early 2019, and held a pre-launch Christmas Party at the Falkirk Stadium on 20 December 2018.

### 1.3.3 Specialist Dementia Services

During 2018 - 2019, work has progressed to support the transformation of services for Post Diagnostic Support (PDS), and to deliver the commitment in the National Dementia Strategy to provide a continuum of support for patients, their carers and families, after diagnosis. The service improvement includes the integration and co-location of the NHS Dementia Outreach Team (DOT), Alzheimer's Scotland Post Diagnostic Link Workers and Social Worker support.

The integrated team will operate on a Forth Valley basis. Nursing staff, supervised by a Consultant Psychiatrist, will work along with locality based support provided by the PDS Link Workers and dedicated Social Work support. The team will provide enhanced support for the shared assessment and ongoing support for people with dementia and their carers

### 1.3.4 Free Personal Care

Free Personal Care is available to all adults who are assessed by Social Work Adult Services as needing this service. This started from 1 April 2019.

The Partnership has responded to the Scottish Government statutory guidance issued in December 2018. This guidance outlines the provision of free personal care to those both over and under the age of 65. Since the guidance was issued, we have done work, including the implementation of revised eligibility assessment and criteria, to prepare to introduce these changes.

### 1.3.5 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. This involves co-ordination within and across services including Education, Children's Social Work, Health & Social Care Partnership, Health, Housing, Employment Services and the Third Sector. There is optimism about the future and enthusiasm around how good transitions can be achieved.

As part of a new model, a Transitions Co-ordinator will work alongside young people and social workers in Children & Families and the Health & Social Care Partnership. The co-ordinator will ensure that young people are identified early, and that plans are in place for a smooth and appropriate move into adulthood. This is a new post and will be advertised later in 2019.

In the interim, adult services have ring fenced the time of a community care worker to plan for S5 and S6 young people and begin development of a transitions data base. Alongside this Children's Services are using Attainment Funding, which is aimed at closing the attainment gap, to fund a social worker post in Carrongrange School until 2021. Once in place, one aspect of the remit of this worker will be transitions not only into adult services but also from primary to secondary education.



The Health & Social Care Partnership and Children's Services have adopted the Principles for Good Transitions to guide service delivery and practice and signal our commitment to excellence in transition planning.

#### 1.3.6 Improving Mental Health and Wellbeing

The Partnership continues to work with partners to deliver and redesign services in line with the national Mental Health Strategy. The Falkirk Mental Health Planning Group (MHPG) brings together service providers from statutory and third sector organisations to analyse data, identify areas for improvement and deliver on Community Planning Partnership, Integration Joint Board and Children's Commission priorities on mental health and wellbeing. These priorities include suicide prevention, emotional regulation, trauma and substance use and mental health

#### 1.3.7 Mental Health Acute Assessment and Treatment Service (MHAATS)

Since 31 January 2019, MHAATS have been providing pre-hospital triage for people who come to the attention of Police Scotland or the British Transport Police (within the Forth Valley area). The service is available where there is a suspicion that the person is suffering from a mental disorder, or where the individual discloses symptoms which warrant an emergency mental health assessment, for example reporting suicidal intent.

The aim of providing this service is to:

- reduce unnecessary Emergency Department (ED) attendances
- reduce the time spent by Police Officers waiting in the ED
- improve the experience of patients accessing mental health assessment.

During the time from 31 January to 7 July 2019, a total of 264 referrals have been made to MHAATS by Police Scotland. There have been 22 cases where redirection to ED has been necessary. The provision of the Pre-Hospital Triage Service has helped avoid 242 ED attendances (91.7% of all referrals to the service). This means that people are receiving access to the right service.

Exact figures are not available to demonstrate efficiencies for Police Scotland, however it is estimated that there are significant benefits to the Police by minimising time taken to attend ED.

#### 1.3.8 Community Based Provision

In addition to the range of statutory services provided, Partnership Funding supports projects delivered through Falkirk's Mental Health Association (FDAMH). These include:

- Immediate Help Service - aims to provide people with the opportunity to get immediate access to speak to an experienced mental health practitioner either on the telephone or in person.



- Social Prescribing Service – has 3 staff. One is based in a GP practice taking referrals from the GP's and accepting self-referrals from patients of the practice. One is based in FDAMH taking referrals primarily from the Immediate Help Service and the other provides a range of therapeutic groupwork.
- Social Spark – is a modern approach to befriending that helps people who use the service form friendships in a safe environment. The impact of the service has been
  - reduction in social isolation and loneliness
  - forging new friendships outwith group meetings
  - supporting and learning from one another
  - supporting early intervention / prevention of deteriorating mental health and wellbeing
  - providing some respite for carers.

### 1.3.9 Supporting Discharge from Loch View

Loch View is NHS Forth Valley's Inpatient Learning Disability Assessment and Treatment Unit. Work is ongoing to support people to move from there to a homely setting when they are ready for discharge. This has involved working in partnership with health, social care, housing and providers to find suitable accommodation and community based supports to meet their needs.

Through supporting people to move from the unit, there has been a reduction in the number of required in-patient beds. The savings from this have been reinvested to develop a proactive outreach treatment service model which will provide an alternative to inpatient beds.

## Children & Families

### 1.3.10 Getting It Right For Every Child – the Closer To Home Strategy

Falkirk Council's Children's Services have developed a 5-year strategy aiming to deliver better outcomes for children and young people who are on the edges of care or care experienced. Closer To Home focusses transformational approaches to support children and their families with a clear intention to shift the balance of care. A whole systems approach is required to ensure success of the strategy; early identification, early intervention and provision are essential for sustainable transformation. Better outcomes and family decision making are central to Closer To Home.

**Our vision is** strong families, safe children, bright futures.

#### **Our priorities:**

- **Early help that is locally delivered:** providing the right help in the right place at the right time.
- **The best start in life for all children:** children of all ages will thrive through loving and consistent living arrangements supported by access to early learning and childcare.



- **Family First:** recognising the impact of adult behaviours and the importance of tackling inequality, we will promote the right to family life; valuing relationships with siblings, the wider family and community.
- **Outstanding services for children:** Our work will be of the highest quality and developed alongside children and families to meet their needs and wants.
- **Effective transitions into adulthood:** our children will become valuable members of our communities with fair and equal access to housing, employment and lifelong learning.

#### **Our ambitions:**

- Safely reduce the number of children looked after away from home.
- All our children, including the most vulnerable, will achieve in learning, life and work.
- Families will be central to decision making and planning for their children.

#### **Our approach:**

- Support families to care safely for their children at home or within the wider family network.
- Identify risk and provide support as early as possible to minimise any child's exposure to harm.
- Identify local care placements where children can't remain safely within their own family.
- Support children, young people and families for as long as needed.
- Search for and build on the strengths of families and allow them to flourish.
- Children attend local schools.
- Provide our workforce with the time and tools to make and sustain trusted relationships with families.
- Nurture children's development with increased early learning and childcare provision.
- Work in a timely, innovative and solution focused manner to prevent relationship breakdown within families.
- Our vision, strategy and plans will be consistent with our partners and the wider council.
- Target services to reduce attainment gaps and enable our children and young people to realise their potential through and beyond school.
- Know what we have done and how it has made a difference.
- Our children will be included and engaged in all aspects of life and their wider community.

There are a number of established projects which report to the Enabled Communities workstream, they are fundamental to the success of the overall strategy.

- Family Support Services
- Foster Carer Recruitment
- Supported Accommodation - Options for care leavers



- Procuring for the Future
- Family First Approach
- Permanence and Care Excellence (PACE)
- Best Practice in Child Protection Systems

#### 1.3.11 Family Support Services

The creation of Children's Services has led to opportunities to align resources in family support provision. As part of a review of family support, a wide scoping exercise looking at referrals across statutory social work teams, in-house and third sector family support provision was undertaken and highlighted unmet need. Children in complex and potentially risky circumstances were not always receiving support when they needed it, whilst those with lower level needs that could potentially be met by universal services were being prioritised. This contributed to escalation of need for some families and the requirement for increasingly intensive and expensive interventions.

Alongside contracted third sector family support provision, the Council has an in-house early intervention family support team, managed by Education and an intensive family support team which sat within Children and Families Social Work. Both teams have been co-located and are now managed by the same Team Manager. Service user feedback was sought from parents and this is being used to develop a new referral pathway and single point of referral.

Staff within the service are provided with professional development opportunities to enhance their assessment and intervention skills. This helps ensure that families receive the right help at the right time in the right place to enable them to continue to care for their children safely at home. This has not been without its challenges as different working practices and values have been brought together and extensive communication and consultation with Trade Unions and staff continues.

A comfortable, safe and suitable venue, offering families an alternative to their home environment to have contact and be supported individually and in groups, has been identified and is being refurbished.

The alignment of the council's family support provision forms Stage One of the family support project under Closer To Home whilst Stage Two addresses the wider provision of family support.

#### 1.3.12 Foster Carer Recruitment

A core element of meeting our commitments in Closer To Home and shifting the balance of care is the recruitment of an additional 30 foster carers over the 5 year lifespan of the strategy. This will improve outcomes for our looked after children by allowing more children to be placed in their local community, and reduce our reliance on expensive out of Council provision. Falkirk Council faces very specific challenges in terms of recruitment, due to our geographical position, resulting in most independent agencies recruiting in this area.

Our approach to recruitment has taken into account how we compete with the marketing power of these agencies to attract new carers to foster for Falkirk, ensure we retain our current carers and manage natural retiral losses. Recruitment developments include:

- A review of carer “conditions of service” including fees was undertaken and implemented to ensure Falkirk could compete fairly for foster carers.
- Funding has been provided to bring in a marketing firm for 18 months. They have worked with the team to maximise the use of social media, utilising material and videos from existing foster carers and young people. As a result, enquiries have increased from 6-8 per month to 3-4 per day. 19 assessments are underway.
- A steering group is overseeing development work related to recruitment including how the work of the fostering team changes over time to meet new demands and approaches.

This is an exciting and impactful piece of work, linked closely with the work of the Champions Board and workforce development.

#### 1.3.13 Supported Accommodation Options for Care Leavers

Following the approval of the Care Leavers Housing Options Protocol in March 2018, the Council’s housing and social work services have enjoyed a very positive and productive period of working in partnership. Alongside the Champions Board and the Leaving Care team, care experienced young people have been consulted on a range of housing options to meet their housing and support needs. Housing colleagues have identified a number of potential properties for development and service specifications for provision of different intensities of support have been drafted for the consideration of support providers.

#### 1.3.14 Procuring for the Future

To ensure Children’s Services have the right services in place for children and their families, the development of a procurement and commissioning strategy aligned to early intervention and prevention principles is central to Closer To Home and is at the heart of reshaping service delivery.

In phase one of the Closer To Home Strategy, all third party expenditure is being analysed against current contractual arrangements to enable prioritisation of commissioning requirements. Procurement and commissioning colleagues have worked closely with Children’s Services, Housing and young people over the past year in contracting high quality support for care leavers moving into supported accommodation tenancies which will be available in October 2019. The review of all Family Support services is nearing conclusion which included consultation with services user and third sector partners to inform commissioning of services in 2020.

A market facilitation approach across all Falkirk's social work services means commissioners work closely with providers, service users, carers and their internal colleagues, procurement, legal and financial to encourage development of sustainable, effective, flexible and responsive services.

#### 1.3.15 Family First Approach

We have contracted Barnardos to support our family first approach in putting children and young people and their parents at the centre of planning and decision making. In promoting the approach that families are experts in their own lives, Barnardos have been tasked to move from a model of Family Networks to the more empowering Family Group Decision Making (FGDM) approach. This approach is supported financially to enable families to access money or services when they have identified that this will make a difference to their circumstances and help them to continue to care safely for their children either at home or within their wider family network.

Falkirk has been chosen by the Family Rights Group as the next pilot site for the Life Long Links project, alongside Perth and Kinross. Life Long Links is established in Glasgow, Edinburgh and West Lothian. The project aims to help young people who have lost their family connections to reconnect with people who have been important to them and can remain in their lives. We are developing the project which will be extended to 5 years and will sit within the FGDM approach.

A variety of hurdles have been overcome over the past year, with some significant progress bringing our commitment to developing training and work opportunities for our looked after children and young people coming closer to fruition. Elected Members have agreed the approach to be developed, assisted by work of the Champions Board. This encompasses a range of opportunities and commitments. A Family Firm Co-ordinator has been appointed to develop opportunities within the council, and, as part of our transitions work, priority supports are in place for looked after young people as they move in to senior phase of school and into further education, training or employment.

#### 1.3.16 Permanence and Care Excellence (PACE)

In partnership with Scottish Government, the Centre for Excellence for Looked After Children in Scotland (CELCIS) are delivering the PACE programme. PACE is an innovative and rigorous whole-systems approach to improving permanence processes for looked after children which works with all local agencies involved in improving the wellbeing of these children. Scotland is committed to improving permanence for all looked after children living in their area. Permanence is an inherently complex process and each child's journey and experience can be different. The aim of the PACE programme is to bring all partners who have a responsibility for achieving permanence for looked after children together to improve the process for all children. It is important that all agencies participate in the programme, thus the emphasis on a whole-system approach.

Resource pressures on Children & Families teams, senior managers and partners has meant that leadership for tests has not been sustainable. Our Celcis advisor has been off long term which has further reduced capacity to move the tests forward. A single set of processes and process map has to be agreed by the PACE leads to ensure consistency in permanence practice across the teams. Despite this, commitment to PACE is still strong and managers continue to be committed to the project which is now under the Council of the Future Workstream and Closer To Home Strategy.

#### 1.3.17 Best Practice in Child Protection

The aim of the Best Practice in Child Protection work stream is to review and update key processes in child protection to ensure that vulnerable children living within our communities are identified early and actions taken to keep them safe. We intend to strengthen our planning and risk management processes, in particular for the most vulnerable children who are subject to child protection plans. We are striving to build on the strengths of families and deliver timely interventions that will meet needs and reduce risks to allow children to safely remain living with their families and within their own communities.

The project plan focuses on a number of different areas including the initial response to concerns and how these are assessed and managed, improving the quality of assessment of risk and need and information sharing to promote effective multi agency working.

#### 1.3.18 Corporate Parenting

Falkirk's Corporate Parenting Plan is embedded in the Integrated Children's Services Plan. The current plan has 3 priorities; detail of each is outlined below.

##### 1.3.18.1 Development of a Champions Board

Falkirk's Champions Board has been in operation for 3 years, it is funded by the Life Changes Trust. Over 2018/19 the approach of a weekly participation group with a formal Champions Board meeting taking place 4 times a year, has become embedded. The extensive participation work undertaken with our young people is making progress with the Champions Board developing their understanding of their role in influencing policy and practice and becoming an increasingly core aspect of the council's approach. Developments of note are:

- The decision to have a care experienced young person on Education Children and Young People Executive Committee.
- The role of the young people in developing the specification and criteria for supported accommodation.
- Young People on the Board authorised the Care Leavers Housing Options Protocol and referral pathway.
- Young people have influenced priorities for development and how to maximise capacity and positive impact e.g. in relation to accessing leisure opportunities as part of improving mental health and wellbeing.

- Membership of the Champions Board has extended to include a wider group of corporate parents which is more representative.
- Links with Children's Rights Services is allowing development of a wider rights based service.

The initial funding has ended and we have been awarded limited funding for a further 2 years, supplemented by support from one of our corporate parents. Work over the coming year will take forward the links with children's rights, develop options for core funding, and embed the Champions Board as a core aspect of our improvement work. Our work is being enhanced by our commitment and involvement in the Relationship First project.

#### 1.3.18.2 Awareness Raising

With the pivotal position of our embedded Champions Board, raising awareness of what corporate parenting means for all services has progressed over the past year. The young people:

- created and acted in a silent movie which was premiered at the Silent Film Festival at Hippodrome Bo'ness;
- hosted an event to sign the Care Leavers Covenant; show cased art work "Colours of Care" depicting care experiences;
- created and produced songs on the theme of care; and given interviews to local media and presentations at conferences/events.

Alongside this, training modules describing what it means to be a corporate parent have been developed with further training scheduled for autumn 2019.

#### 1.3.18.3 Development of a Family Firm Approach

A variety of hurdles have been overcome over the past year, with some significant progress bringing our commitment to developing training and work opportunities for our looked after children and young people closer to fruition. Elected Members have agreed the approach to be developed, assisted by work of the Champions Board. This encompasses a range of opportunities and commitments. Our foundation is MCR pathways, and agreement has been reached to bring them to Falkirk beginning autumn 2019. Alongside this a Family Firm Co-ordinator has been appointed to develop opportunities within the council, and, as part of our transitions work, priority supports are in place for looked after young people as they move in to senior phase of school and into further education, training or employment.

### Justice Services

#### 1.3.19 Community Justice Partnership

The Community Justice Partnership was established in April 2017 under the legislation of the Community Justice (Scotland) Act 2016.

The purpose of the Partnership is to place planning for community justice at a local level and requires statutory partners to work together to share information, resources and funding to ensure the delivery of community justice services in the Falkirk area.

The first annual report from the Falkirk Community Justice Partnership was sent to Community Justice Scotland in September 2018. The report was embargoed until March 2019 at which time Community Justice Scotland laid their first overarching annual report before Parliament for ratification. The Falkirk Community Justice report noted that, based on the initial learning from the first year of operation, over the next 12 months the Falkirk Community Justice Partnership intends to:-

- refine their approach to reporting to:
  - develop a programme of self-evaluation;
  - finalise partner datasets;
  - increase the qualitative evidence base;
  - incorporate trend analysis and comparisons into quarterly reports;
  - develop a set of indicators to support local priorities.
- subject to evaluation; secure mainstream funding for the Tackling Inequalities Improving Outcomes project.
- develop a Communication Strategy that outlines plans to raise awareness of community justice issues to communities and local media, as well as local decision makers such as the judiciary. These plans will include a strategy for the use of social media and will make explicit reference to reducing stigma.
- in conjunction with Forth Valley colleagues, hold a Health and Justice conference to consider health and justice service delivery to vulnerable individuals who may face multiple deprivation factors; targeting homelessness, substance misuse, poor mental health and offending behaviour.
- establish a public protection lead officers group to enable the delivery and monitoring of a shared public protection delivery plan within the Community Planning Partnership governance structure.
- support the commissioning and development of effective mentoring and “through the gate” models using a range of mixed-method approaches to help manage effective transitions for people on liberation from custody.
- finalise the information sharing protocol between Scottish Prison Service and Falkirk Council to allow the sharing of information about people on admission to and liberation from custody.
- establish a community justice service provision map.
- prepare an updated strategic needs assessment in preparation for a new iteration of the community justice outcomes improvement plan in 2020.

The challenges encountered during 2018/19 relate to the retirement of the Service Manager, Justice Services in April 2018 and the Community Justice Co-ordinator leaving post a few months later. This resulted in a lull in community justice partnership activity in relation to the plan noted above. A new Service Manager for Justice Services took up post in the latter part of 2018 and a new Co-ordinator was appointed early 2019 enabling the Partnership to re-commence and the action plan to be taken forward.



The second annual report from the Falkirk Community Justice Partnership is due for completion in September 2019 and will update on progress against the actions noted above.

### 1.3.20 Tackling Inequalities and Improving Outcomes (TIIO) Project

The National Strategy for Community Justice was published in November 2016 ahead of the royal assent of the Community Justice (Scotland) Act 2016 5 months later. The strategy makes reference to cyclical links between offending, poor health and wider socio-economic inequalities. To improve health and wellbeing, there is an expectation that community justice partners, led by NHS Boards, plan and work collaboratively to ensure that every contact in the community justice pathway is considered a health improvement opportunity.

The TIIO project emerged from the development of the Falkirk Community Justice Outcomes Improvement Plan as a vehicle for progressing this in a strategic and collaborative way. The project was considered to be an opportunity to uphold statutory duties for partners to work collaboratively to improve access to financial and welfare advice services and the development of employability skills, training and lifelong learning.

The focus of the service is on a “whole person response” which encompasses a wide ranging and co-ordinated effort to deliver effective and responsive care, to address both the cause and effect of the issues experienced. The TIIO model brings multi-disciplinary agencies and/or services together to work in partnership to support individuals who are currently involved with Falkirk Council Criminal Justice Service, systematically eradicating the inefficiency of services working in isolation.

TIIO staff use a person centred approach and tailor support and interventions to meet each individuals needs which is more likely to lead to sustainable change as the foundations are put in place for the future. Throughout engagement with the service advocacy support is provided to give Service Users a voice, enable them to express their views and make their own contributions and decisions.

The one year pilot funded by the Scottish Government had a significant focus on employability outcomes. However, as the pilot progressed it became apparent that the key focus of the project needed to be on helping individuals to:-

- connect to their communities and feel less socially restricted and isolated;
- optimise their levels of physical and emotional health & well-being;
- achieve economic well-being - ensuring that people’s income is maximised, debts are managed;
- access a wide range of opportunities to support their non-offending behaviour;
- be supported to be independent and manage their long term conditions;
- have increased social skills; and
- better manage their recovery.

In the pilot year 314 individuals voluntarily engaged with TIIO (233 men, 81 women); approximately 58% were engaged with drug and alcohol services and 70% were receiving support in relation to their mental health. 52% of the service users were supported to access accommodation, 47% were supported to access benefits and manage debt, 100 men and 57 women had an Initial Keepwell Assessment. In comparison only 12% of service users were able to engage with employability support.

Research Scotland has completed an external evaluation of the project. The evaluation reported positively on the project and concurred with the change of direction from employability to person-centred, holistic health and social care support.

There were challenges encountered during the pilot year relating to recruitment firstly of NHS staff which resulted in a delayed start to Keepwell (July 2018) and then being unable to move to recruit a replacement Signpost Healthcare Assistant due to time limited funding to March 2019. Further anticipated challenges were in engaging a cohort of justice clients with complex social and healthcare needs, who are generally hard to engage and who can have a distrust of professional intervention in a new project. However, the challenges of engaging the cohort were gradually overcome due to the dedication and commitment of the staff within TIIO and justice services working in partnership to encourage and support clients to access the project.

Towards the end of the funding period Justice Services and Signpost Recovery submitted a funding bid to Integration Joint Board Integrated Care Fund. The decision regarding future funding is awaited.

#### 1.3.21 Lighthouse Project

The Community Justice Partnership, led by the Cyrenians, made a successful bid to the Scottish Government's "Aspiring Communities" Fund, to carry out a piece of research to identify the main barriers people face when coming to the end of their statutory involvement in the criminal justice system. The resultant service ran as a pilot in 2018/19 jointly funded by Justice Services and the Employment and Training Unit. The Cyrenians Lighthouse Service focuses on helping people exiting justice services to navigate access into universal services with a particular focus on employment and volunteering. The service is also offering support to people whose employment is at risk because of a charge or conviction. Funding in 2019/20 has been provided by the Employment Training Unit.

## **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, Integration Joint Board and their partners to understand 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 Justice service.

The CSWO is a member of the Health & Social Care Partnership Leadership Group and has regular meetings with the Head of Social Work Adult Services. 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.

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.

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

2.3 Within Children & Families, Justice Services and Adult Services, there are a number of strategic leadership groups which develop policy, practice and procedures. The CSWO is a member of these groups.

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 2018/19 represents the third year of operations for the Falkirk Integration Joint Board. The CSWO is a non-voting member of the Integration Joint Board.

## 2.5 **Falkirk Integration Joint Board**

The Falkirk Integration Joint Board is responsible for overseeing the planning, management and delivery of all relevant functions within scope of health and social care integration. This involves the delegation of functions and services by Falkirk Council and NHS Forth Valley and these services are delivered through the Falkirk Health and Social Care Partnership. The CSWO is a non-voting member of the Integration Joint Board by virtue of office, and a member of the Audit Committee and Clinical and Care Governance Committee.

### 2.5.1 Progress with integration

Work has been ongoing, led by the Chief Officer, Chief Executives and a shadow management team to complete the necessary work on areas of work such as the proposed integrated management structure, support services arrangements, governance arrangements and principles for the co-ordination of FV wide health services across the 2 Integration Joint Boards. This included a report to the Integration Joint Board to provide assurance that the transfer of operational NHS services to integrated arrangements could proceed.

Progress has been made with the support of an active, engaged Shadow Management Team, and the CSWO has been a member of this group. Work is ongoing to conclude the appropriate delegation of authority from NHS Forth Valley to the Chief Officer and to implement the integrated management structure.

NHS Forth Valley proposes to transfer the in-scope functions in 3 phases:-

- Phase 1 includes district nurses, allied health professionals and 2 community hospitals.
- Phase 2 includes a range of co-ordinated services such as health improvement service, mental health services.
- Phase 3 includes primary care services.

Due to the retirement of the current Head of Social Work Adult Services in July 2019, agreement has been reached on the proposed senior leadership team structure for the Health & Social Care Partnership to include 2 Head of Integration posts. One of these posts will be a lead for social work, and the other will be an NHS lead. These posts were recruited to in July 2019. There was also agreement for 3 Locality Manager posts, with 2 of these posts recruited to in July 2019.

Although all Social Work Adult Services transferred to the Health & Social Care Partnership in April 2016 and the operational responsibility for the Integrated Community Mental Health Team and Integrated Community Learning Disability Team transferred in February 2017, there are still ongoing discussions about the transfer of all in-scope health functions and services. This has had an impact on the ability of the Integration Joint Board and Health & Social Care Partnerships to deliver the national integration priorities and health and well-being indicators, which the partnership is measured against.

The phased transfer of health services will enable to Integration Joint Board to realise the opportunities that integration offers in Falkirk and across Forth Valley. The Health & Social Care Partnership will work to create the environment for collaborative innovation by developing governance arrangements that satisfy the different organisational requirements. This will be informed through the self-evaluation in relation to the recently published reports by the Ministerial Strategic Group for Health and Community Care report and Audit Scotland on the review of progress with integration as noted below.

## 2.6 Health & Social Care Partnership Strategic Plan

Over 2018 – 2019, the Health & Social Care Partnership has worked with the Integration Joint Board, Strategic Planning Group and partners to review and prepare a refreshed Strategic Plan 2019 - 2021. The new plan sets out how the Integration Joint Board will plan and deliver local adult health and social care services over the next 3 years. The Board will use the integrated budgets under their control to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

The vision for Falkirk, set out in the Strategic Plan, is:-



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

***“to enable people in the Falkirk Health & Social Care Partnership area to live full and positive lives within supportive and inclusive communities”***

Strategic Plan priorities align with the national health and wellbeing outcomes and the national integration priority areas for Integration Joint Boards.

## **2.7 Working with the Third Sector**

The Falkirk Council area has a diverse and distinct third sector, ranging in size and scope. Local and national charities, voluntary organisations, social enterprises, community groups, co-operatives and individual volunteers provide a wealth of valuable services to people across the council area, and often those who are seen to be ‘vulnerable’. The sector is supported by CVS Falkirk, the local Third Sector Interface (TSI).

## **2.8 Clinical and Care Governance**

The Clinical and Care Governance Committee (CCGC) provides assurance to the Integrated Joint Board on the systems for delivery of safe, effective, person-centred care in line with the Integration Joint Board’s statutory duty for the quality of health and care services.

An important element of clinical and care governance is to ensure there is a robust system for assuring the quality and safety of health and social care delivered and for the Committee to drive a culture of continuous improvement. This includes having systems in place to identify and respond when standards are not being met and issues of poor performance are identified and addressed

The Committee has responsibility to oversee the processes within the Partnership to ensure appropriate action is taken in response to adverse events, safety action notices, scrutiny body reports and complaints. Importantly, it ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate. The Committee has agreed its meeting schedule for 2019; the agendas and forward planner are being developed to satisfy its key strategic objectives.

To date the Committee has discussed and noted the following annual reports in relation to Public Protection Governance and reports:-

- Health and Social Care Standards
- Healthcare Acquired Infection Quarterly Report
- Significant Adverse Events Report
- Complaints Performance
- Review of Strategic Outcomes from Health & Social Care Partnership

The Committee has received presentations on:-

- Adult Support & Protection
- Assuming Better Care

- Drug Related Deaths and Suicides
- Falkirk Adult Protection Committee

The Clinical and Care Governance Committee formally provides a copy of its Minutes to the Integration Joint Board as part of its assurance processes and are available publically. Regular reports go from the Clinical and Care Governance Committee to the Falkirk Public Protection Chief Officers Group and the NHS Forth Valley Clinical Governance Working Group.

## 2.9 **Public Protection Chief Officers Group (PCOG)**

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

## 2.10 **Falkirk Children's Commission**

Falkirk Children's Commission is the multi-agency strategic planning group for services for children across the Community Planning Partnership (CPP). It is one of the 6 SOLD sub groups under the CPP Executive. The Commission is a longstanding multi-agency partnership that is responsible for the implementation of GIRFEC across all of our services and produces the Integrated Children's Services Plan, a statutory plan under the Children and Young People (Scotland) Act 2014 – Part 3 Children's Plans.

In 2018/19 Commission achievements included:

- Completing the Re-aligning Children's Services (RCS) schools and parents surveys
- Use the RCS, Pupil Equity fund and locality data to host a workshop to identify the priorities for the ICSP based on our most up to date information.
- Using the RCS data to rewrite the ICSP, inform school improvement plans, CPP Locality Plans and target NHS work on substance and smoking.

- Commission partners highlighted nursery snack debt as a barrier to learning. Council agreed to fund all nursery snacks.
- Wider Children's Commission focussed on Poverty and Cost of the School Day with people with lived experience sharing their stories and influencing strategic decision making.
- Falkirk specific training for head teachers rolled out and several staff trained in the Scottish Coaching and Leading for Improvement Programme; education and social work.

## 2.11 **Falkirk Alcohol and Drugs Partnership (ADP)**

The ADP oversees a broad range of activity to minimise the harms caused by substance misuse.

The ADP priorities all support the aims and principles of the Integration Joint Board:

- improve health, early intervention and prevention
- reduce prevalence of alcohol and drug use
- promote and provide opportunities for recovery
- support children and families affected by substance use
- reduce the impact of substance use on communities
- provide high quality treatment and support services.

## 2.12 **Child Protection Committee**

Child Protection Committees have been operating across every part of Scotland since 1991. The Child Protection Committee supports Scottish Government's vision that Scotland is the best place in the world to grow up. For this to happen, all of Falkirk's children, including our most vulnerable, must have access to the support they need to help them have positive outcomes. Falkirk's Child Protection Committee provides a local, strategic partnership to achieve the best outcomes for all our children.

The Committee meets bi-monthly and fulfils the functions as defined in the National Guidance for Children Protection in Scotland 2014. Strong connections exist between the Committee and Falkirk's Children's Commission. This overview provides insight into the work of the Committee during 2018/19.

Improving the quality and timing of performance reports has been a key objective of committee for some time now. The content of performance reports has been reviewed and updated to ensure our indicators are relevant and inform improvement activity. Earlier this year Falkirk was chosen as one of 3 partnership areas to participate in the development of a national minimum data set for child protection. A small data sub group was established to take this matter forward. A clear structure has been devised for the 3 test areas and the first quarterly report was presented to Child Protection Committee in February 2019 and has also been considered by the Chief Officers Public Protection Group.





Committee recognises the importance of this work and the potential to provide greater consistency of information gathered across Scotland. As this develops it will provide improved benchmarking opportunities and allow for improved analysis of statistical data.

A review of the structure supporting Committee has taken place. Current groups that support Committee have been mapped and this identified connections to wider planning arrangements across Children's Services. The structure is considered to be appropriate and supports the aims of Committee.

The annual report in relation to Initial Referral Discussions (IRDs) provided a positive picture in relation to practice across Falkirk. This included positive findings in relation to information sharing and the quality of assessments undertaken. Findings reveal significant strengths in relation to the quality of discussion and the recording of decisions. In the majority of cases, the quality of decision making and timescales for interventions were rated good. The areas for further improvement relate to adherence to IRD process particularly in relation to summarising information and providing feedback to referrers. However, in overall terms good progress has been made.

Child Protection Committee commissioned bespoke training to support improvement in the chairing of planning meetings for children in need of care and protection. The aim of the training was to further develop the skills, knowledge and experience of chairs. This training provided the opportunity for staff to share knowledge and experience and consider improved approaches to ensure meetings were planned, structured and effective. Particular attention was paid to risk assessment, risk management and informed decision making.

The October Child Protection Committee was provided with a progress report from the Forth Valley CSE Board. The report identified key areas of work being progressed including the co-ordination of a regional CSE and Trafficking Workshops. The report highlighted the positive work that is being undertaken with young people and parents to raise awareness of the issue.

Evidenced based approaches have been introduced to raise standards of practice in relation to assessment and risk assessment. This has included the introduction of the Safe and Together Approach which addresses the matter of Domestic Abuse. Stirling University has been commissioned to undertake research a year after implementation. The Neglect Toolkit has also been introduced and provides a structured approach for staff in assessing the needs of children living in neglectful circumstances.

A group was established to review and improve the way in which Initial Case Reviews and Significant Case Reviews are conducted in Falkirk. The central aim is to review our practice and governance arrangements. The group examined the potential to train staff from Falkirk in the Learning Together Approach which is favoured across Scotland and plans are underway to bring this training to Forth Valley next year.



## 2.13 Adult Support and Protection Committee

The work of the Falkirk Adult Protection Committee has made good progress and achieved almost all the objectives set in the 2016/18 Improvement Plan. In January 2019 the Committee submitted its biennial report to the Scottish Government, outlining the achievements of the last 2 years and plans for continuous improvement of services in the next 2 years. The Committee's Improvement Plan for 2018/20 was submitted as part of that report.

The view that good progress is being made is evidenced by the findings of the Council's Internal Audit Public Protection (Children and Adults) Governance Review in June 2018. That internal audit concluded there was substantial assurance in respect of Adult Protection (and Child Protection) governance.

Various areas of work have developed in 2018/19, including a focus on improving the uptake of independent advocacy for adults who experience adult protection procedures and seeking feedback from adults on their experiences. There was further updating of Forth Valley wide public information leaflets and a focus on the use of social media options to help inform the public of what to do when concerned about an adult. Also, the Practitioners Forum continues to meet regularly and access to the practitioners pages containing wide ranging information on protecting adults now includes staff from every agency.

A substantial development was the conducting of a multi-agency adult protection audit in June 2018. This was completed in partnership with NHS FV, Police Scotland and the Care Inspectorate. It was the largest audit conducted in Falkirk, studying the actions and decision making in 51 case situations and was conducted largely by practitioners from these 4 statutory agencies.

The findings were presented by practitioners to the Adult Protection Committee in December 2018 and were largely positive. The early stages of protection work (the quality of referrals, initial inquiries, the way agencies share information and make joint decisions about how best to investigate matters) were mostly of a very good quality. Areas needing development included consistency in recording investigations, ensuring adults specific communication needs were always catered for, that adults are always included in meetings and that chronologies are compiled and used to assess ongoing risks and the best way to offer support and protection.

Overall the standard of work was of a good quality. An improvement plan was presented to Committee in April 2019 and areas of development are being progressed and reviewed continuously by Committee.

These findings are instrumental in helping all agencies continue to improve and to prepare for future independent inspection. In 2017 6 partnership areas were the subject of an adult protection "thematic" inspection by the Care Inspectorate and Her Majesty's Inspectorate of Constabulary for Scotland. The report into the individual areas and joint findings was published in July 2018.

In early 2019 the Scottish Government announced its decision that all remaining 26 areas in Scotland would similarly be the subject of such inspection within the next 2 years. Therefore, the findings of this audit assists all Falkirk agencies prepare for future inspection.

Other areas of audit have continued, including the long established audits of the Initial Referral Discussion stage where every 6 weeks NHS, Police Scotland and social work staff jointly audit the quality of response to adult protection referrals. Areas of specific audit work have taken place including a review of 60 Police Concern Reports where the findings were that the quality of police intervention and the response from social work services was consistently of a very high standard.

The work of the Committee continues to be reviewed and in June 2019 the annual development day decided new actions to ensure the overall Improvement Plan for 2018/20 continues to meet its objectives.

Regular reports are received by the Public Protection Chief Officers Group.

#### 2.14 **Multi-Agency Public Protection Arrangements (MAPPA)**

Multi Agency Public Protection Arrangements, 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, Stirling Council, Clackmannanshire Council, NHS Forth Valley, Police Scotland, Scottish Prison Service and 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)

#### 2.15 **Third Sector Partnerships with Justice Services**

Justice Services have firmly established partnerships with Third Sector partners in particular Cyrenians, Signpost Recovery and Richmond Fellowship.

Cyrenians provide a number of services to Justice Services clients including peer mentoring, employability support, the Lighthouse Project, facilitation of groupwork sessions to the men's group and partnership working between Cyrenians and Justice Services Unpaid Work Service in the Walled Garden and planting of the Floral Clock in Dollar Park.

The Richmond Fellowship provide Justice Services with a Challenging Behaviour Worker and a High Risk Tenancy Support Worker to support individuals whilst on community orders. Justice Services also fund the Richmond Fellowship to provide a worker who is based within the Social Inclusion Project.

Signpost Recovery are a long standing partner and have provided workers for the TIIO Project, and Addictions Workers under their Alcohol & Drug Partnership contract to support those experiencing substance misuse issues.

Our Third Sector Partners are represented on the Community Justice Partnership to support the planning and delivery of community justice within the Falkirk area.

## 2.16 Community Justice Partnership Governance

The Community Justice Partnership in Falkirk reports to the Public Protection Chief Officers Group, who in turn have a direct reporting line into the Community Planning Leadership Board, as illustrated in the organisation chart below. The Community Justice annual report is approved through the governance structure outlined above.

There is overlap between the Community Justice Outcomes Improvement Plan and the Falkirk Community Planning Partnership's local outcomes improvement plan (referred to locally as the Strategic Outcomes Local Delivery (SOLD) plan). For this reason, we have aligned our planning cycle to ensure that we review our progress and plans together.



### 3. Social Services Delivery Landscape

- 3.1 Falkirk Council is the 11<sup>th</sup> largest Local Authority in Scotland, with a current population of 160,340 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, with a slight reduction in the population under 15 years not expected until well into the 2020s.

There has been a 12% increase since 2012 in the number of people in Falkirk aged 75 and over. This compares to a national increase of 9%. Projections suggest the Falkirk figure will rise by a further 31% by 2026. 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 2018 mid-year population estimate for Falkirk/Scotland:

Age Group	Male	Female	Total	% of All Ages (Falkirk)	% of All Ages (Scotland)
0-15	15,376	14,471	29,847	18.6%	17.9%
16-17	1,787	1,619	3,406	2.1%	2.1%
18-24	6,568	5,990	12,558	7.8%	9.0%
25-64	42,047	44,304	86,351	53.9%	53.3%
65-74	7,920	8,586	16,506	10.3%	10.2%
75-84	3,840	5,127	8,967	5.6%	5.7%
85+	959	1,746	2,705	1.7%	1.9%
Total population			160,340	100.0%	100.0%

#### Social Work Adult Services

- 3.2 **Developing Strong and Resilient Communities**

During the year, partners have worked together to establish a framework to further enable the Health & Social Care Partnership to work with communities. The key driver for partners has been to develop and embed approaches within all 3 locality areas, that will help people to become actively involved in designing and delivering health and social care services that suit the specific needs of their local community.

The framework has been informed by work undertaken by the Integration Joint Board and SPG during the development of the Strategic Plan 2019 - 2022. The Strategic Needs Assessment noted that there remain inequalities within our communities that have a significant impact of health and social care services. It was also acknowledged that our communities are asset rich in terms of the skills people have and willingness to get involved. The Partnership will support this by working collaboratively with Community Planning partners and establishing a framework of support within localities.

The components of the framework are:

1. Health & Social Care Partnership Community Development Workers working within each locality will work with communities to identify local action plans and to support community capacity and resilience. This will include supporting individuals to form small action groups, focussing on improving and sustaining health and wellbeing. This will help create a sustainable foundation within communities.
2. Community Led Support is currently being developed to change and develop the way that services interact with services users. The focus being on 'good conversations' and providing advice and support to help people self-manage before crisis through the introduction of community led hubs. This support will be most relevant for people who have had initial contact with Social Work services due to a decline in their wellbeing.
3. Community Link Workers are generalist social practitioners generally based in a GP practice serving a socio-economically deprived community. They offer non-clinical support to patients, enabling them to set goals and overcome barriers, in order that they can take greater control of their health and wellbeing. They support patients to achieve their goals by enabling them to identify and access relevant resources or services in their community.
4. Engaged Partnership Processes: All of the areas of work described above rely on an empowered workforce supported by strong leadership. In addition, this work will be part of locality teams, to ensure that the support and services available are in line with local need and integrated within health and social care provision.

The whole system described above will be overseen by a Stronger Communities Steering Group, with representatives from each area of work. The structure will be implemented during 2019 - 2020.

### **Children & Families**

- 3.3 The Children & Families core service is provided by area specific teams and a number of specialist teams providing a Council-wide service for:-

- Fostering & Adoption
- Family Support
- Children with Disabilities
- Leaving Care

3.4 **Localities**

Children & Families social work have been preparing for moves from an area team model to co-location within a locality structure. The first planned move entails the closure of the Stenhousemuir Office and the co-location with the Denny team within Carronbank House, this creates the West Locality.

Later in 2019 Bo'ness and Grangemouth Children and Families teams will be co-locating within the Grangemouth Social Work Office to create the East Locality. The third locality is called Central, which will be formed by the co- location of the Brockville and Camelon teams. The timescales and location of the Central Hub have still to be determined.

Within the Locality structure we are moving towards more mobile and flexible working arrangements and lap tops and smart phones being provided to staff to help support this. Staff will share desks and storage space is very restricted. This is a significant change for social work staff, adapting to the changes takes time and exists within efforts to ensure day to day delivery to service users is not interrupted. Social workers do require to be present in office bases to provide urgent services when required.

This year there have been very significant challenges and pressures on teams due to increasing demand and staff shortages. Recruitment to qualified posts is becoming a new challenge for children and families social work and we are monitoring the situation carefully.

Despite these challenges we have continued to provide services to children and their families with an emphasis on relationship based practice and identifying and building on families' strengths. As part of the Closer To Home strategy we are actively promoting creative ways to engage and support families, working in partnership to explore and implement support that families themselves identify as helpful. This is moving away from the traditional model of service delivery where families are referred to support providers within their community, to a more flexible and individualised way of meeting children's needs and reducing risk factors. We are using preventative spend funding to intervene at an earlier stage to help prevent escalation and support children to remain safely cared for within their communities.

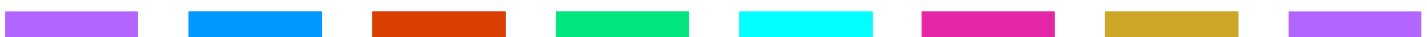
3.5 The Children & Families service provides 2 residential children's houses for children and young people, with capacity for up to 10 beds. The Council also commissions an additional 13 beds from 2 independent providers. These services are provided locally within the Council boundaries.

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.

3.7 **Relationships First Project**

This project is intended to enable young people and members of the workforce to design services in Falkirk that put love and relationships at the heart of service provision.

This 3 year Project 2018-21 is a partnership between Falkirk Council and Designed by Society funded by the Life Changes Trust. It is creating the conditions to embed transformational and sustainable change to young people's experiences of leaving care.





This project has been set up to identify and address cultural, perceptual and bureaucratic barriers that disable members of the workforce from continuing to have nurturing relationships with young people who are leaving care. Through its outputs and outcomes the project is expected to evidence a strong commitment to relationship based practice as reflected in our Closer To Home strategy. It is also in keeping with the Children and Young People (Scotland) Act 2014, the Care leavers covenant and the Independent Care Review 2016.

The Project has been designed to create opportunities for young people with care experience and members of the Council workforce, through their role as Corporate Parents, to learn about systems leadership and Service Design and be supported to create their own “Co-Design Crew”.

By learning together young people and staff relationships will be supported to grow and develop so they can lead together in ways that allow a range of ideas, energies and expertise to be enabled.

The initial project outcomes are:-

- There is an improved understanding of young people’s experiences when leaving care.
- There is an improved understanding by the workforce providing services.
- The capacity of people involved in this work is developed so they can innovate.
- Using existing knowledge, skills and assets and service design practices.
- The capacity of Falkirk Council has been developed so that service design work is replicable and sustainable post Project.
- The development and embedding of a range of service design projects (likely 6 or 7 projects) which include love and relational support when young people are leaving care.

The Project reports to the Corporate Parenting Strategy group and is part of the Council Transformational Enabler work stream. This provides regular opportunities for cross Council discussion and challenge to ensure actions are progressed timeously and solutions are identified through partnership working and co-ordinated activity. It also ensures that progress in relation to this exciting development remains visible to staff working across the wider workforce.

### 3.8 **Realigning Children’s Services (RCS)**

The aim of RCS is to support community planning partnerships to develop a local needs assessment and map service spend in relation to needs. In 2018 RCS data successfully informed:-

- a multi-agency workshop of Children’s Commission partners to consider integrated data from RCS, Pupil Equity fund and locality data to identify the priorities for the ICSP based on our most up to date information;
- a rewrite of the Integrated Children’s Services Plan – Statutory plan under the Children and Young People (Scotland) Act 2014;

- targeted work on substance and smoking in specific locality areas with Schools and NHS Forth Valley Health Improvement Team;
- the SOLD (LOIP) priorities for the SOLD MHWB Planning Group.

The national RCS team was not functioning during 2018 and Falkirk has still to complete the financial mapping exercise which will be completed this year. This will inform our Council plans and commissioning decisions as well as our forthcoming ICSP and SOLD (LOIP) due for submission to Scottish Government March 2020.

### **Justice Services**

3.9 Justice Services are based centrally in Falkirk town centre and operate across the Falkirk Council area. The service has a number of teams:

- Assessment and Case Management Team
- Court, Early Intervention and Unpaid Work Team
- Forth Valley Accredited Programmes Team
- Justice Services Business Support Team
- Prison-based Social Work Team – HMP & YOI Polmont

Justice Services teams comprise a mixture of social workers, officers (Unpaid Work, Bail and Diversion) and social work assistants who deliver a range of services to address the assessment, intervention work and risk management of individuals subject to community or custodial sentences. Justice Services social workers are highly skilled and trained in the use of accredited risk assessment tools which enable the assessment of risk/needs of individuals and the preparation of case management plans to address identified risk/needs.

They provide reports to Courts, Parole Board and Scottish Prison Service to assist those agencies decision making processes in relation to the sentencing, community and custodial management and suitability for release on licence of individuals. Justice Services workers contribute to public protection through their work which includes the supervision and management of high risk violent offenders, Registered Sex Offenders under MAPPA. Justice Services workers also work in partnership with colleagues in children's and adults social work services to contribute to child & adult protection work.

Justice Services have a Service Level Agreement in place with the Scottish Prison Service to govern the delivery of social work services within HMP & YOI Polmont. The current service level agreements are due to be replaced by a nationally agreed Memorandum of Understanding which will be underpinned by a Service Level Agreement to cover statutory service delivery as well as local operational requirements.

Justice Services in Falkirk are funded by the Scottish Government to deliver the Caledonian Programme for perpetrators of domestic abuse on behalf of Stirling and Clackmannanshire Justice Services via our Accredited Programmes Team.

We also deliver Moving Forward: Making Changes, the nationally accredited programme for convicted sexual offenders to the 3 Forth Valley Justice areas.

### 3.10 Crime

There was a minimal increase in recorded crime in 2018/19 though clear up rates had also increased. The majority of our citizens report feeling safe in their local area and the proportion who perceive same or less crime is both increasing and above the Scottish average. Some of the risks and threats which continue to present are: anti-social behaviour; missing persons; violence; local impact of serious organised crime groups and organised groups of shoplifters; concern calls linked to people with mental health concerns; and alcohol & drugs misuse. By their nature, these remain longer-term pressures and Forth Valley Division continues to focus on intervention and enforcement to address them.

Protecting people most at risk from harm continues to be a priority for Police, with a particular focus on vulnerable people, children and young people and victims of sexual crime and domestic abuse. 2018/19 saw a 5.9% drop in the number of sexual offences, although the clear up rates for sexual crime (-17.3%) and rape (-18.1%) have both decreased when compared with the same period in 2017/18. The Ask for Angela initiative saw police officers working with local partners to promote a 'Sexual Offending Preventions' campaign. The campaign targeted persons who were socialising during the festive period who do not normally socialise and may drink to excess increasing their vulnerability, including potential sexual perpetrators seeking access to victims through these means.

Domestic abuse has been recognised as a serious public protection issue in Falkirk and receives special focus because of this. 2018/19 saw a fall of 6.5% in the number of domestic abuse incidents reported to the Police when compared with the preceding year.

A dedicated Domestic Abuse Investigation Unit was 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.

### 3.11 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.

## 4. Resources and Finance

### 4.1 Available Budget Resources 2018/19

In 2018/19, Social Work services had £93.344m of net revenue budget resources distributed across 3 Divisional Areas:-

Divisional Area	2018/19 Net Revenue Budget	2018/19 Year End Position
Adult Services	£66.014m	£0.633m (underspend)
Children & Families	£24.088m	£1.904m (overspend)
Criminal Justice	£3.242m	£0.042m (underspend)
TOTAL	£93.344m	£1.229m (overspend)

### 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.

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:-

- 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 2018/19. Over the coming months the Service will undertake a systematic review of assessment and care management practice and processes to ensure a consistent strengths based approach is adopted.

## Children & Families

4.2.2 During 2018/19, 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

Throughout 2018/19, the number of children and young people who require to be accommodated at any one time continued to be both variable and unpredictable, leading to financial volatility. There continues to be financial challenges related to the implementation of the Children & Young People (Sc) Act 2014.

### 4.2.2.1 Young People and Poverty/Universal Credit Preparation

In advance of full service rollout 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 provided to DWP staff to raise awareness of some of the barriers care leavers may face in accessing benefits.

Full service rollout 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 2 PCs and 2 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 and very welcome development is the council tax exemption for care leavers up to the age of 26. If on benefits, this represents a saving of approximately £200 per annum and, if in employment, a saving of approximately £1,000 per annum. Care leavers are being encouraged to save this or make payments to previous rent and council tax arrears.

#### 4.2.2.2 Kinship Care

Kinship care continues to be a significant area of development, and a first choice for placement of children who are unable to live with their families, on either a short or long term basis. Falkirk has maintained a focus on promoting children being permanently secured in kinship care by encouraging carers to obtain a Section 11 Residence Order, thus removing the child from the formal care system and providing legal security within the extended family. While Falkirk's Looked After in kinship care figures remain lower than the national average, when those on a residence order are included the Council is slightly above the national average, with more children in permanent stable placements. At March 2019, 46 children were looked after in kinship care with a further 90 on Section 11 Residence Orders

The funding implications of kinship care are extensive, and 2018/19 has seen Universal Credit beginning to impact and increase the financial demand on the local authority as child benefit and child tax credit become no longer deductible from the fostering equivalent allowance. The challenges of the policy context continue to be debated at local and national level, and Falkirk have been extensively involved in this arena, including changes to local procedures and development of practice protocols.

#### **Justice Services**

- 4.2.3 Justice Services are funded from a ring fenced grant from the Scottish Government. Scottish Government changes to the Section 27 funding formula in 2017/18 lead to a real terms reduction to the grant available to Falkirk Justice Services for 2018/19. As with other services the Justice Service budget is under financial pressure due to increasing demands on service delivery and resources and as such we must make best use of our funding to ensure we can deliver our statutory responsibilities.

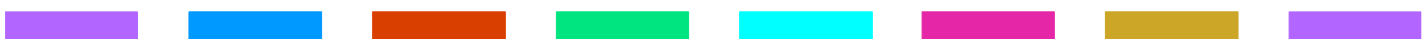
The Community Justice legislation places a duty on statutory partners to leverage resources to deliver community justice. Whilst Justice Services commission services from Third Sector partners we also provide accommodation and access to IT systems without charge to those agencies to support the leveraging of resources. In the climate of ever tightening finances the Community Justice Scotland annual report highlighted that Partnerships have to work together to improve their resource sharing, and as such this will be one of the priorities of the Partnership going forward.

#### 4.2.3.1 Substance Misuse Services

Due to the changes to the Grant Funding formula for Justice Services necessitating a reduction in funding to NHS provide drug treatments services to those subject to community orders development work between Stirling, Clackmannanshire and Falkirk Justice Services in partnership with NHS lead to a change to our model of delivery in 2018/19. A greater focus was placed on Drug Treatment and Testing Orders for higher tariff substance misusers and those who required less intensive treatment placed with either the Community Alcohol & Drugs Service (CADS) or Signpost Recovery/GP support.

The effectiveness of the model will continue to be reviewed to ensure we are able to meet the needs of this vulnerable group of service users. The Alcohol & Drug Partnership and Community Justice Partnership will continue to work in partnership to develop services to support individuals with substance misuse issues in the Falkirk area.

- 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 of the 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 Scrutiny – Inspection and Performance of Social Work Services**

The Care Inspectorate regulates care services for people of all ages in Scotland. Its work includes registering services, inspecting and grading them, dealing with complaints, carrying out enforcement action where necessary and helping services improve. All inspection reports are public documents and are available to read on the Care Inspectorate website - <http://www.careinspectorate.com/index.php/type-of-care>

Care services are registered and inspected to make sure they conform to the law as set out in the Public Services Reform (Scotland) Act 2010. Services must meet the National Care Standards, which set out standards of care that people should expect.



If a service is not meeting these standards, the Act gives the Care Inspectorate powers to make the service improve.

New Health and Social Care Standards came into effect in April 2018. The new Standards replace the National Care Standards and are now relevant across all health and social care provision. They are no longer just focused on regulated care settings, but for use in social care, early learning and childcare, children's services, social work, health provision, and community justice.

Since the 1 April 2018 implementation date, the new Standards are referred to in all Care Inspectorate scrutiny and improvement work. Staff have been briefed and prepared for the new Standards, over the course of this year we have been inspected against them. Inspection frameworks and models have been modified to reflect the commitment of the new Standards and the focus on experiences and outcomes. Inspection processes are an important indication of quality and service and help to strengthen improvement. Good grades are celebrated and areas for learning are captured and addressed in action plans within service teams.

Inspection grades and relevant progress against action plans are scrutinised within the appropriate governance structures throughout the course of the year.

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 approaches need to continue to be embedded within our meeting structures and supervision of staff to influence and improve practice and learning. Evaluative mechanisms, reflective activity and improvement groups are a feature of all social work services.

### 5.3 **Adult Support and Protection**

	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
Referrals	540	706	557
Investigations	47	81	68
Protection Plans	31	24	19

The table demonstrates a reduction in the number of referrals in 2018/19 following a significant increase the previous year. The service is getting better at prioritising and deciding what level of response is required. This included the introduction of a threshold matrix to assist Residential Care Homes provide a proportionate response.

### 5.4 **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 2016	As at 31 March 2017	As at 31 March 2018	As at 31 March 2019
Number of active guardianships in place	277	312	353	379

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.

## 5.5 Mental Health Act Orders

Mental Health Officers were involved in the following work under statutory legislation (2018/19):-

- **122** Emergency Detentions (Section 36, Mental Health (Care & Treatment) (Sc) Act 2003)
- **175** short-term Detentions (Section 44, Mental Health (Care & Treatment) (Sc) Act 2003)
- **121** Compulsory Treatment Orders (Sections 57, 63 and 86, Mental Health (Care & Treatment) (Sc) Act 2003)

- **9** 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)

5.6 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
Foster Carer Registration	9	9	0
Short breaks (CWD) Registration	0	0	0
Prospective Adopters Registration	8	7	1
Registration of child for adoption	3	3	0
Registration of child for permanent fostering	3	1	2
Registration of child for long-term fostering	0	0	0
Match for adoption	8	8	0
Match for permanent fostering	7	3	4
De-registration (Foster Carers)	6	6	0
Appeals (Adoption and Fostering)	0	0	0
Review of registration	1	1	0
Kinship Carer Registration	14	10	4
Kinship Advice Panel	3	2	1
Kinship Appeal Panel	0	0	0
Kinship De-registration	4	4	0
Foster Carer Reviews	28	21	7
Short breaks (CWD) Reviews	4	3	1
<b>Totals</b>	<b>98</b>	<b>78</b>	<b>20</b>

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).

## 5.7 Secure Care

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 2018 and 31 March 2019 where the Chief Social Work Officer has not agreed to implement the secure authorisation component of the Order.

During 2018/19, 4 young people were placed in secure accommodation.

## 5.8 Emergency Transfers

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. One transfer took place under Section 143 of this Act in 2018/19.

## 5.9 Criminal Justice Service

- **99.8%** of Criminal Justice Social Work reports were submitted to Court by the due date.
- **90.2%** of individuals on new Community Payback Orders with supervision requirement were seen by a supervising officer within one week.

### Justice Services Statistics 2018/19

Number of Community Payback Orders imposed	<b>585</b>
Number of Criminal Justice Social Work Reports (CJSWR) completed	<b>752</b>
Number of Drug Treatment and Testing Orders (DTTO) imposed	<b>20</b>
Number of hours of Unpaid Work Activity completed	<b>42,684</b>
Number of MAPPA Offenders managed in the community by Justice Services as of 31/03/2019	<b>49</b>
CJSWRs submitted to court by due date	<b>99.8%</b>
Clients seen within one week of CPO being imposed 2018/19	<b>90.2%</b>

## 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 2019, Falkirk Council employed the following staff members across Social Work service sections:-

Adult Services	709 FTE
Children & Families	140 FTE
Criminal Justice	56 FTE
TOTAL	905 FTE

#### **Social Work Adult Services**

- 6.2 705 FTE represents a headcount of 880.  
59% of the workforce is employed on part-time contracts.  
9% of the workforce is employed on a temporary basis.  
53% of the workforce is 51 years and over.
- 6.3 In relation to absence patterns, this has remained at around 8% over the last year, against a target of 5.5% agreed by the Council for this service.

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. Early 2019 saw a significant reduction in long term absences in care and support at home and adult care homes. However, trends associated with an ageing workforce, particularly those undertaking physical duties including moving and handling in these work environments, 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 will continue to be a challenge.

#### **Children & Families**

- 6.4 140 FTE represents a headcount of 154.  
24% of the workforce is employed on part-time contracts.  
53% of the workforce is aged 46 or over, with 23% being 56 or over
- 6.5 The age profile of our workforce creates a low to medium term risk due to 23% of the workforce eligible for expected retiral in less than 10 years. We have a great wealth of experience within our workforce, and we must ensure that this experience and knowledge is not lost before it can be transferred into the remaining workforce.

Flexible retirement offers options to encourage individuals to continue working but the likelihood is that most employees will retire in line with their normal pensionable age.

- 6.6 There is an increasing trend towards absence relating to mental health and wellbeing. This is not always related to work issues but this is a feature. Social work can be a stressful and emotionally challenging profession, external pressures on one's wellbeing can impact on a person's ability to provide service to others. Staff are encouraged to consider self-care and to be mindful of their own needs; support is available.

Over the course of 2018/19, additional, dedicated HR resource has been available to support the management of long term absence. Absence impacts on teams and service delivery. In residential settings, absence must be covered in order to maintain staff ratios agreed with the Care Inspectorate; this incurs additional costs. In social work teams, absence must be covered within the current team structures, which is challenging and puts pressure on managers, individuals and delivery.

### **Justice Services**

- 6.7 56 FTE represents a headcount of 62 employees.  
35% of the workforce is employed on part-time contracts.  
65% of the workforce is aged 46 or over, with 23% being over 56.
- 6.8 In relation to absence patterns is circa 3.7% being lower than the target of 4% set by the Council.
- 6.9 **Succession Planning – Mental Health Officers (MHOs)**

The Mental Health Officers (Scotland) Report 2018 from the SSSC showed the same trends as previous years; that there is a shortfall of MHOs and a rise in the number of vacancies throughout Scotland along with an aging workforce. In Falkirk we had 2 MHO retirements however we also trained 2 new MHOs. The number of MHOs looks healthy within Falkirk, however that is not a complete picture. Due to the demand from their substantive posts, a number of MHOs have been unable to take on any MHO work which increases pressure on other MHOs.

In terms of succession planning, we have been able to secure funding to train 2 new MHOs in partnership with Edinburgh Universities MHO programme, however the amount of work which these MHOs can take on is limited due to their substantive posts being within Community Care teams who are under pressure in terms of staff and resources. On a positive note, we have had no problem in recruiting people who wish to train as MHOs from social work teams within Falkirk Council.

The nature of the work is becoming increasingly complex. Mental Health Act and Adults with Incapacity Act related work is expected to continue to increase. This, in turn, causes continued pressure on the MHO service and affects other areas of health and social care provision, for example, delayed discharges where there are other statutory obligations to fulfil.



**b) Development**

**6.10 Preparing for the Future of Learning**

Over the past year Council Organisational Development and Social Work Training and Workforce Development services have continued to focus and reflect upon changing approaches to workforce learning and consider the skills workforce need for the future. Priorities identified are as follows:-

- The need to embrace the increasingly self-directed nature of today's learner.
- To harness the potential for learning innovation through technology.
- Modernise our approach to developing the skills needed to facilitate social and experiential learning.

Digital learning approaches are often suggested as possible solutions to the challenges of limited resources and reducing budgets. However, it isn't as simple as replacing face-to-face learning with online modules. There are a wide range of issues to think about to support this learning to be sure it is effective.

Within social work service provision the challenge is to ensure that relationship based practice is not compromised through using modern and digital technology but rather enhanced through the use of and access to authentic materials and resources by individual learners and their teams.

The Social Work Training and Workforce Development Team recognises that for Learning and Development staff to become role models in the new learning environment they required to address their own knowledge and practice, and to upskill themselves.

Currently 3 members of the team are enrolled on the new 2 year online Certificate in Higher Education Digital Learning Design course, delivered by University of West of Scotland. This represents a significant investment in time and resource which is expected to develop in-house skills for:-

- live online learning delivery;
- facilitating social and collaborative learning;
- supporting ongoing workplace performance.

This will assist Learning and Development staff to work towards a shift in role; to become more of a facilitator and creator of network connections and a social mentor and curator of knowledge and learning resources. This is essential to support transformational change however challenging in keeping up with a rapidly changing working environment.

To support the service on the journey towards becoming more modern and digital, the Training and Workforce Development team has also completed Made on a Mobile training, secured funding for a summer Intern Digital Media Assistant placement and entered in to discussions with Forth Valley College on supporting Foundation Apprenticeships from their Creative and Digital Design Course.

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

- funding places at Stirling University on Professional Supervision, Leadership 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 Professional Development Award in Leadership and Management in Care (SCQF Level 10) or the precursor Registered Manager Award required for their registration with SSSC; and that Senior Workers in residential child care have a minimum of Scottish Vocational Qualification Level 4 Health & Social Care (SCQF Level 9).
- facilitating student groups, newly qualified Social Workers group, Practice Teacher and link worker group, Occupational Therapist forum, Adult Support & Protection forum, Child Protection Practitioner forum.
- supporting attendance at seminars and workshops and reporting back on key learning in areas such as integration, embracing change and engaging in innovative practice.
- Supervision and Annual Development Reviews continue to be a priority and support the identification of areas for staff development and planning in relation to how these needs will be responded to and achieved.
- providing opportunities for conducting tests of change, collaborative working e.g. Action Learning Sets and working in partnership with further education bodies to pilot new courses e.g. Professional Development Award in Administration of Medication and Distance Learning in Mentoring.

## 6.12 Career Pathways

The current workforce plays a key role in the promotion of Social Work and Social Care as a career destination.

Services continue to routinely offer work experience and student placements, benefitting students, services and people accessing support and services.

Social Work Adult Services has this past year worked in partnership with FV College and Children's Services to provide a range of placements for Foundation Apprenticeship students across Residential Care Homes and registered services. Many of the staff supporting these placements have accessed the new online Mentoring module delivered and accredited through FV College which has enabled them to build knowledge and skills and contribute to their own continuous professional development whilst prioritising the Developing Young Workforce approach.



We continue to work with Forth Valley College in the development of flexible and accessible career pathways for new and existing staff and are or are soon to be involved in the piloting of a number of new professional development awards such as Professional Development Award (PDA) in Administration of Medicine and PDA in Reablement.

Nearly 100 people interested in entering the adult social care profession attended an event organised by the Health and Social Partnership working with Children's Services in March 2019 to coincide with World Social Work Day. The event, called Falkirk Cares, supported by Forth Valley College, provided secondary school pupils, college students and adult returners to work, with an insight into the world of care.

During the afternoon representatives from across the partnership, including Homecare, the Sensory Centre, Community Care teams, Integrated Learning Disability team, Community Hospital and Care Homes gave short talks on their roles and why they chose a career in care. Representatives from Workforce Development, Stirling University Social Work course and CVS Volunteering service were also in attendance.

Attendees were invited to take part in a series of short informal one-to-one sessions with the professionals to gain a better understanding of the different jobs available in the sector and signposted on where to access more information.

#### **6.13 Falkirk Social Services Assessment Centre – Scottish Vocational Qualifications (SVQs)**

The Social Services Assessment Centre supports employee candidates and Modern Apprentices to achieve Scottish Qualification Awards (SQA) to meet either statutory registration requirements required by Scottish Social Services Council or required as part of the Modern Apprenticeship programme.

The Centre has continued to perform very well as evidenced via External Verification visits by Scottish Qualification Authority verifiers. Inspections have been conducted in relation to Children's Services and Adults Services candidate progression towards awards and a systems inspection.

Reports following 3 Inspections carried out last year reflected "High confidence identified in the systems that support the maintenance of SQA standards within this verification group" and "High confidence in the maintenance of SQA standards in relation to resources, candidate support and internal assessment and verification".

The reports reflect a number of areas of good practice:

- Commitment from staff team to advancing their knowledge and skills and keeping up to date with new developments.
- Very thorough standardisation practice.
- Team working was excellent and clearly benefits the candidates.
- Assessor and internal verifier monitoring takes place on a regular basis with robust feedback recorded.
- The training sessions offered to candidates.

Centre staff have been working in partnership with colleagues from the Employment Training Unit to further develop the Social Care Modern Apprenticeship programme. Specific changes have been made in relation to recruitment and training aimed at matching apprentices to vacant positions within services in support of staff retention and to reflect a '*grow your own*' workforce approach.

Challenges experienced relate specifically to the Centre staff capacity to meet the demands related to registration of the workforce. A significant number of employees have registered with Scottish Social Services Council with SVQ conditions to be met within a timescale that has often required to be extended to take account of Centre staff capacity to support candidates through vocational qualifications. This situation will come under further pressure due to the volume of Support Workers in Care at Home and Housing Support services that require to be registered and achieve mandatory qualifications within a 5 year timescale.

#### 6.14 **Being Resilient Pilot Programme**

The resilience of the workforce, particularly in times of change is a priority. Flexible working and learning alongside collaborative leadership is supporting a shared approach to managing change.

In recognition of the many challenges currently facing the workforce, centred around culture, systems and practice change related to integration, financial austerity and the shift towards strengths based and risk enablement approaches; the Health & Social Care Partnership explored with members of the workforce piloting a Being Resilient programme.

Over the past year an evidence based programme focused on the promotion of resilience with groups of Health and Social Care staff was piloted. This was designed to support individuals and teams to sustain and develop meaningful strategies to address the impact of change and establish a space to reflect and learn from one another. The programme, primarily accessed online, included face to face workshops and group coaching for line managers. An evaluation of the programme will inform next steps.

#### 6.15 **Action Learning Set: Embedding Outcomes Focussed Practice**

A group of staff from the Health & Social Care Partnership, including Independent Sector frontline colleagues, worked together as members of an Action Learning Set facilitated by staff from Scottish Social Services Council. The group focused on addressing key challenges in embedding outcomes focused practice. This concluded at the end of March and learning is anticipated will impact on a far wider audience. Of significance, all participants reported feeling more confident practitioners and said they had a much better understanding of each other's, roles, responsibilities. Early evidence reflected willingness towards greater integrated practice based upon a clearer understanding of the benefits. Plans are in place to sustain this approach within the Partnership building on existing capacity.

Work continues towards the development of a training consortium involving Partnership and Independent sector workforce. Joint resource is being utilised and is focused on building capacity across the workforce as envisioned within the National Health & Social Care Workforce Development Plan Part 2. Whilst there continues to be challenges arising out of capacity to drive this work forward, there is a high level of commitment and interest in taking a solution focussed approach.

#### 6.16 **Safe and Together Model: Progress Towards Embedding the Approach in Practice**

November 2017 saw the launch of the Safe and Together approach in Falkirk. This initiative is jointly supported by the Health & Social Care Partnership and Falkirk Child Protection Committee. This 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. It holds the perpetrator to account for their behaviour and to a high standard of parenting.

Practitioners attend 4 days core training in the approach. Following this they act in the role of mentor to support wider awareness raising, use of shared language and embed practice based on key principles. They also meet bi monthly to share learning and influence change in culture, systems and practice. Line Managers attend a one day supervisors training and meet quarterly to share learning and contribute to change.

In December 2018 9 trained mentors from across Forth Valley completed a 5 day Training for Trainers course facilitated by the USA based Safe and Together Institute. This course is part of a rigorous process of certification which enables trainers to go on and deliver Safe and Together briefings, one day overviews of the model and 4 day core training courses. Full accreditation requires trainers to deliver 2 core training sessions, submit journals and video clips of their practice and take part in further learning sessions with the Safe and Together Institute over the following 2 years.

During this training, Falkirk Council's implementation of the model to date shone through as a good example of learning and development into practice. The work produced by the active group of mentors who promote and practice the model, share learning and good practice examples and record the impact upon families was recognised.

Over the past year it has become evident to mentors using the model that it is an approach that improves practice with all types of assessments. The model is person centred and fully compliant with the Children's Services Closer To Home Strategy through its aim is to keep children safe and together with their families. In addition, an important and necessary requirement of the model is to provide clear documentation of risks and strengths, this draws on improved recording, report writing and use of chronologies.



Thereby rolling out a programme of training over 2019 and thereafter affords us an opportunity to not only train on the Safe and Together model, it offers an opportunity to link supporting tools such as the Neglect Toolkit, Parenting Capacity Assessment Framework and chronologies as well as improve the way we record our assessments of risk and need for all children and their families.

In terms of evaluation of practice, learners who attend core training submit a pre-test and post-test to evaluate their learning. The Safe and Together Institute process the tests and provide reports. Falkirk participants (at 92%) scored higher on post-test compared to the average 86% test scores across all international core training sites.

Plans are in process for the Safe and Together Institute to conduct follow up evaluations with participants using Level 111 Kirkpatrick evaluation tool to evaluate the transfer of learning to practice over a 12 month period. This process will not only document the individual changes but will help to identify systems issues that need attention.

It has been agreed that a separate evaluation of impact upon families will be commissioned before the end of the year.

#### **6.17 Decider Skills Training- Caledonian Service Experience**

The Integrated Mental Health Service based at Woodland Resource Centre sourced Decider Skills training and opened this up to health and social care services across the Forth Valley area to provide a consistent approach to dealing with individuals in emotional distress.

Caledonian Service took up the invitation to take part in the 2 day training programme where 2 staff members were trained in the 32 Decider Skills.

As a requirement of the training, participants were asked to complete a non-health service evaluation of the Decider Skills. This involved staff and service users completing pre and post evaluation forms before and after commencing a 4 week Decider Skills training programme. Post evaluation forms were completed giving an indication of the positive impact that the Decider Skills had made on individuals lives.

Caledonian Service were one of the first services within Forth Valley to deliver this training to service users and now plan to build on its success by enrolling all our staff in future Decider Skills training. Following this we anticipate more of our service users will have the opportunity to learn future focused, positive, creative and life changing skills.

The Decider Skills are based on Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Therapy (DBT) for which there is a wealth of evidence to support their efficacy at treating mental health problems.

The emphasis is on helping individuals to deal with impulsive behaviours such as self-harm, avoidance, withdrawal and isolation, aggression, substance misuse and binge eating. These behaviours are often associated with anxiety, depression, anger, addictions, eating disorders and personality disorders and can have devastating consequences.

In order to make the skills more memorable and therefore more effective, each skill is simplified, has a visual prompt, and is taught in a fun and engaging style, including demonstrations and music.

#### 6.18 **Multi-Agency Public Protection Arrangements (MAPPA)**

To further ensure that MAPPA meetings are as effective as possible, Forth Valley MAPPA delivers a number of training opportunities throughout the year.



## 7. Good Practice Examples

### 7.1 “John’s Story of Coming Home”

John has a Learning Disability, and behaviour that challenges. He requires to be supported in the community.

Between 2001 to March 2008 John had numerous admissions to a local Learning Disability Hospital due to his increasingly challenging behaviours, often issuing verbal and physical threats of aggression to staff and threatening to harm himself.

In March 2008 he moved to a placement in the community. Due to escalating challenging behaviour, John was admitted to a hospital in the North of Scotland in 2011. A tribunal was held in 2012 and he was placed on a Compulsory Treatment Order under Mental Health (Care and Treatment) (Scotland) Act 2003. A place later became available at a local Learning Disability Hospital and John moved there in 2013. John enjoyed living in this facility but always expressed an interest in moving to his own home in his own community of Falkirk.

John, his family, advocacy worker, social worker, hospital staff were all involved with John’s support, working together to plan how best he could be supported in the community.

A one-bedroom flat and a support provider were identified. A transition plan was agreed by all involved and a speech and language therapist was consulted to ensure the plan was at a level of understanding for John. He was given a visual time line so he knew what to expect from a move from the hospital to his new home.

John visited the property a number of times with his new support staff and he really liked it. He began spending more and more of his time with his support staff, planning the décor of his new flat, purchasing items for the flat and he was supported to decorate the flat himself.

John was included in planning every step of the way and, when his tenancy was ready, an easy read tenancy agreement was discussed with him which he could understand and sign without legal intervention. He kept his keys safely tucked into his pocket and moved in a week later.

John is very involved in all of the elements of his support plan and discusses this with support staff weekly. John’s support staff are vigilant and ensure he has a good balance of emotional and physical support. He has a responder system in place in his flat overnight that he can activate if he wishes to speak to staff or requires assistance.

He recently participated in the Kilt Walk and raised money for charity. He hopes to do more charity work in the future. John has had a long road to get to where he currently is but he is now home and hopefully will continue to make progress throughout his life.

## 7.2 “Simple Changes – Big Differences”

Staff at the Audiology Clinic within the Sensory Centre identified a lot of time was spent carrying out minor repairs to hearing aids. With the help of See Hear funding some minor equipment was purchased and staff from the Audiology Clinic delivered practical training to frontline staff in local care homes. The Deaf Rehabilitation Officer based within the social work service was available to lend support. Each care home was given a small repair kit and training sessions were scheduled. The first session was well attended and it is hoped that other planned sessions will also be successful. The impact will be that those most in need will be seen at the clinics and any minor repairs can now be carried out locally and immediately.

## 7.3 “Rachel Stays at Home with the Family She Loves”

Rachel is a 6 year old girl whose early experiences were traumatic. Although originally in foster care with her sibling, the level of distress they had experienced meant that they were placed separately for adoption. Rachel moved to her adoptive placement at the age of 4 with a couple who had been assessed and approved as prospective adoptive carers by a voluntary agency.

Two years later, the couple had still not petitioned to adopt Rachel; something which had been expected within a few months of placement. Concerns were being raised about Rachel’s behaviour, attachment issues and the couple’s approach. Rachel’s behaviour was challenging, she was not bonding with the female carer, and was often behaving violently at school. Consideration was given to the placement being terminated, and the couple themselves were indicating that they could not continue as things were. Rachel clearly saw the placement as her permanent home and the carers as her parents, therefore making decisions to end the placement were challenging for everybody involved.

To remove the pressure and re-focus what Rachel needed, the pressure of adopting was removed from the situation and discussion took place about what support could be put in place to hold her and meet her needs. This was done on a multi-agency basis with psychology, education, social work and the couple all working together. As a result, a plan was agreed and implemented:-

- The carers were assessed by Falkirk Council as permanent foster carers, and a bespoke package of financial and practical support was placed around them.
- The specific supports include allowing the male carer to be available as the main carer.
- The looked after children psychologist provides consultation and advice to the carers on an ongoing basis to quickly respond to needs.
- Access to training such as therapeutic parenting and attachment was made available.

This package of support has now been in place for 9 months and is working well. The couple are open to adopting in the future, and Rachel is more settled and happy. Importantly, Rachel has not had to experience another placement change.

The outcome for the child is positive, and the placement costs are also significantly less expensive compared to a residential school placement - around £60,000 annually inclusive of day school placement, rather than £150,000.

#### 7.4 **“Helen’s Letter of Thanks to the Women’s Service”**

Helen was made subject to a 2 year community payback order in May 2018; the order included both supervision and unpaid work. Helen had issues with alcohol and this linked to her offending behaviour.

Helen met with the Signpost substance misuse worker at our specialist Women’s Service and together they discussed the issues around alcohol misuse. Helen went on to meet with a development worker and a plan was agreed which included the following:-

- A “keep well” assessment by the specialist nurse.
- A referral to the women’s health care assistant.
- Joining the cooking, music and drop in groups offered by the Women’s Service.
- Regular supervision at the Women’s Service.
- Referral to Shine, a mentoring service.

Helen engaged really well with all of the members of staff at the Women’s Service. She completed work with the health care assistant on diet, nutrition and healthy eating. Alongside this, they looked at coping skills Helen could use instead of misusing alcohol.

Helen attended the cooking group, drop in and the music group. She completed her unpaid work hours in full and participated in the Women’s Service Christmas Show. Helen attended the Pantomime Day out with the Women’s Service, enjoying the company of others.

Helen completed the elementary cooking skills course in November 2018; this is an accredited cooking skills programme that offers the participants a certificate on completion, which in turn offers units towards further education. The health care assistant runs the group on behalf of REHIS (Royal Environmental Health Institute of Scotland)

Helen was introduced to recovery cafes in the community and she attended the SMART (Self-Management And Recovery Training) group run at the Women’s Service office. Helen made use of the Cyrenians welfare benefit service to maximise her income, removing some of the financial pressures she faces.

Helen was assaulted by her ex-partner over the course of the order and received support from the Caledonian Women’s Service for safety planning.

In May 2019, Helen said she was keen to apply for employment. The focus of our relationship became employment and training opportunities.



The women's development worker assisted with this, helping her complete application forms and complete a personal statement. Helen applied for a part time kitchen assistant post and was successful!

Helen wrote a letter to the Women's Service thanking them for their support. This is an extract from her letter:-

"The team at the Justice Service have helped me immensely in gaining my confidence, socialising with others, and engaging in the music group and the cooking group. Putting me through the elementary cooking which I enjoyed very much".

Helen finished the letter saying "I can't thank them enough for my total life change and I look forward to my future with positivity and confidence".

