

## **Agenda Item 16**

### **Annual Report of the Chief Social Work Officer 2019-20**



## Falkirk Integration Joint Board

19 March 2021

### Annual Report of the Chief Social Work Officer 2019-20

For Noting

#### 1. Executive Summary

- 1.1 This Annual Report provides an overview of how the statutory responsibilities have been fulfilled by the Chief Social Work Officer (CSWO) during 2019-20. CSWO's are required to submit an annual report in accordance with Scottish Government guidance. This year, given the workload implications caused by the COVID-19 pandemic, Scottish Government has proposed a much-reduced template is completed to enable Chief Social Work Officers to present shortened reports for local governance structures. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector.

#### 2. Recommendations

The Integration Joint Board is asked to:

- 2.1 note the contents of the CSWO's Annual Report, which is attached at Appendix 1
- 2.2 agree to its onward submission to Scottish Government and the Integration Joint Board
- 2.3 acknowledge the commitment, skills and experience of social work staff in continuing to deliver high quality services to Falkirk citizens.

#### 3. Background

- 3.1 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 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 reduced template provided for this year's report has the following sections -
- 1. Governance and Accountability**  
Overview of governance arrangements and role of the CSWO.
  - 2. Service Quality and Performance**  
Overview of how services are performing – Children, Adults and Justice.
  - 3. Resources**  
Financial pressures  
Modelling for service delivery
  - 4. Workforce**  
Staffing and recruitment issues  
Workforce development
  - 5. COVID–19**  
Early indications of impact on workforce and services  
Key priorities for recovery
- 3.6 An additional section has been added to Falkirk's annual report to highlight the joint innovation across the entire social work sector.
- 3.7 If approved by Council, the report will be submitted to the Chief Social Work Adviser, Scottish Government and the Integration Joint Board.

## **4. Conclusions**

- 4.1 The CSWO's Annual Report covers the period from 1 April 2019 to 31 March 2020 and provides an overview of how the responsibilities related to the role have been carried out.

### **Resource Implications**

None

### **Financial Implications**

There continues to be a real challenge for social work services to meet demanding efficiency savings targets. An overview of the financial

challenges is reflected within the CSWO Annual Report, as are many of the transformational 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.

COVID-19 has increased budget pressures for all service areas. There are considerable additional costs attributable to the challenge of managing staff absence, PPE, delayed plans to return children to Falkirk from out of authority placements and operating alternative staffing models.

#### **Impact on IJB Outcomes and Priorities**

Does not impact on IJB outcomes and priorities

#### **Directions**

No amendment to Directions required

#### **Legal & Risk Implications**

None

#### **Consultation**

Consultation with key stakeholders has taken place as part of the development of this report but wider workforce consultation has not been possible with the pressures faced in our response to the pandemic.

#### **Equalities Assessment**

None

## **5. Report Author**

Sara Lacey, Chief Social Work Officer

## **6. List of Background Papers**

None

## **7. Appendices**

**Appendix 1:** Chief Social Work Officer Annual Report 2019-2020



**Falkirk Council**

**CHIEF SOCIAL WORK OFFICER  
ANNUAL REPORT  
2019-2020**

**Child Protection  
stops for nothing**



**Falkirk 01324 506070  
Out of Hours 01786 470500  
[www.falkirk.gov.uk/childprotection](http://www.falkirk.gov.uk/childprotection)**



**Adult Protection  
stops for nothing**

**01324 506070  
[asp@falkirk.gov.uk](mailto:asp@falkirk.gov.uk)  
[www.falkirk.gov.uk/adultprotection](http://www.falkirk.gov.uk/adultprotection)  
[www.actagainstharm.org](http://www.actagainstharm.org)**



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

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## Foreword

I am pleased to present my third Chief Social Work Officer's Annual Report for Falkirk Council.

This report provides a summary overview of Social Work activity across Falkirk over 2019/20 including key developments, challenges, and 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 year, given the workload implications caused by the COVID-19 pandemic, Scottish Government has proposed a much-reduced template is completed to enable Chief Social Work Officers to present shortened reports for local governance structures. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector.

I consider this annual report an opportunity to highlight the many areas of innovation, transformation and joined up working taking place across Social Work services. Although I have taken the opportunity offered to provide a shortened report this year, I do feel that, if ever there was a year where a light should be shone on Social Work and the outstanding commitment of the people who are part of it, it's this year.

This annual report covers activity over 2019/20, which seems a lifetime ago given the onset of COVID-19 which has changed the shape of lives and services and created new areas of demand and complexity. It would be remiss not to reference the implications of COVID-19 in this report, therefore Scottish Government has acknowledged the need for this annual report to extend beyond the 2019/20 timeframe. Section 5 of this report outlines some of the early indications of impact on the workforce and services. In all my working life, I have never been more challenged by the need to navigate and lead Social Work services through what is an ever changing, unknown landscape. Thankfully, I haven't had to navigate the challenges alone and I am extremely thankful for all the committed people in my own team, across Council Services, the Health & Social Care Partnership, National Health Service, Police Scotland and third sector partners. Through the most challenging times, great things do emerge; this has been evident in the strengthened partnership working and the incredible community response supported by volunteering.

The commitment, compassion and utter professionalism of our staff working in front-line services must be acknowledged as extensively as possible. When the pandemic drove the country into lockdown, not one moment was lost to indecisiveness from the front-line staff that led to even one day being missed of critical service delivery. Children were visited at home where they needed to be seen; people were cared for within their own home; and residential services for the young and old continued to ensure those we look after had their everyday needs met and did not suffer as we stopped to ponder over what all of this really meant for us.

Keeping staff as safe as possible has been a big priority for the Council, the Health & Social Care Partnership, our Trade Unions and partners. We have committed to ensuring we understand and carefully follow Government guidance, and that we provide our front-line workforce with the PPE and management support they need. Whilst Government messages have strongly advised those who can work from home to do so, for those who can't, because doing so would leave so many at risk, we must recognise the pressures this has placed on people. We must continue to hold what they do for others in high value; they are nothing less than extraordinary and I thank each one of our front-line staff and the managers who work alongside them.

Although Children's, Justice and Adult Social Work services can appear to be separate sectors with their own priorities and service user focus, they are actually very closely connected. This close connection between each of the service areas recognises the value Falkirk places on the person or the family at the centre. People in need of care, support, or compelled to work with Social Work, need to have the right service at the right time and often need services across much or all of their lifetime. One of the best aspects of my role as Chief Social Work Officer is my wide span of responsibility across every aspect of social care; I can support the creation and development of strong links between all of the service areas and collectively we can strengthen the commitment and opportunities to improve outcomes for people in need of care and protection.

It was my intention to highlight some of the cross-cutting developments underway in this year's annual report. I have decided to keep this section in (Section 6). Despite the enormity of the pressures we continue to face as we respond every day to the impact of COVID-19, innovation and transformation is firmly embedded in Falkirk's Social Work services. Our commitment to co-production, good outcomes and sustainable services remains our priority.

I would like to express my thanks to everyone who has contributed to this report.



Sara Lacey  
Chief Social Work Officer

On behalf of the partnership, I thank Freda McShane for her expertise and commitment as Independent Chair of both Adult and Child Protection Committees. Sadly, Freda passed away in February 2020. Since joining Falkirk in 2015, our Protection Committees have gone from strength to strength. Freda is greatly missed by all.



## 1. Governance and Accountability

### 1.1 Role of CSWO

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; and people working with Children, Adults 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 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 Heads of Integration. To support the role of CSWO and to ensure this statutory responsibilities and decision making are undertaken at all times, a Senior Service Manager undertakes a delegated function.

A matrix management arrangement is in place, with the Chief Social Work Officer reporting to the Director of Children's Services within the role of Head of Children's Service Social Work, and reporting to the Chief Executive in relation to Chief Social Work Officer responsibilities.

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.

There are governance arrangements within the Council, Health & Social Care Partnership and also with partner agencies.

The Council governance structures include:-

- 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
- Child and Adult Protection Committees

- Community Justice Partnership
- MAPPA Strategic Oversight Group
- Children's Commission Leadership Group
- Alcohol and Drug Partnership
- Integration Joint Board

Within Children & Families, Justice Services and Adult Services, there are a number of strategic leadership groups which the CSWO is a member of.

On 1 April 2016, Health and Social Care functions per the Integration Scheme were formally delegated to the Integration Joint Board. Therefore, financial year 2019/20 represents the fourth year of operations for the Falkirk Integration Joint Board. The CSWO is a non-voting member of the Integration Joint Board.

### 1.3 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).

### 1.4 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 agendas and forward planner are developed to satisfy key strategic objectives.

In 2019/20 Committee has discussed and noted the following annual reports in relation to Public Protection Governance:-

- Healthcare Associated Infection – Quarterly Report
- Healthcare Associated Infection – Winter Performance Report
- Quality and Safety of Care in Falkirk Community Hospital
- Quality and Safety of Care in Bo'ness Community Hospital

The Committee has received presentations on:-

- Public Health Profile of Falkirk IJB Population
- National Interim Framework for Adult Protection Committees for conducting significant case review

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 publicly. 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.

### **1.5 Public Protection Chief Officers Group (PPCOG)**

Chief Officers Groups (COGs) have a statutory duty to protect the most vulnerable by providing leadership, governance and effective oversight of public protection arrangements within each local authority area. COGs are collectively accountable for public protection and have, as a minimum, Chief Officer representation from the Local Authority (Chief Executive of the Council); Police Scotland (usually the Area Commander); NHS Board (Chief Executive or designated Chief Officer); Health & Social Care Partnership (usually the Chief Officer/Director); and the Chief Social Work Officer for the Council. Through the committee structures reporting into COGs, critical relationships are also maintained with Education and the Third and Independent Sectors.

The key routine activity areas overseen by COGs are:-

- Child Protection
- Adult Support & Protection
- Multi-agency Public Protection Arrangements (offender management for sexual and violent offenders)
- Violence Against Women Partnerships
- Alcohol & Drug Partnerships
- Human Trafficking
- Evidence based prioritisation of action in order to respond proactively to emerging data

The group has the freedom to scrutinise any area of public protection which they deem relevant.

### **1.6 Falkirk's Children's Commission**

Falkirk's 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 subgroups 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 2019/20 Children's Commission achievements include:-

- The group meetings had excellent partnership representation to oversee delivery and implementation the ICSP priorities.
- The Integrated Children's Services Plan (ICSP) - Children and Young People (Scotland) Act 2014 Part 3: Children's Service Planning (progress report for 2019-20 submitted to CPP Board and Scottish Government June 2020).
- Children's Rights Plan was developed - Children and Young People (Scotland) Act 2014 Part 1: Children's Rights; and to contribute to the Local Child Poverty Action Report - Child Poverty (Scotland) Act 2017 (part of Fairer Falkirk).
- A Joint Strategic Needs Assessment (JSNA) commissioned to develop the new ICSP. The JSNA will identify needs/ priority areas and ensure the priorities for the ICSP 2020-23 are based on communities/ children's views and actions improve outcomes for children and families.

- The Children's Commission Children's Rights & Engagement Group ensured children's rights and voices inform the JSNA and are central to Children's Services planning on an ongoing basis.

The ICSP priorities bulleted below have been identified from a number of sources: initial JSNA activity, Children's Commission engagement events with practitioners, local and national data and feedback from children and young people via the 'Lockdown Lowdown' survey. The ICSP priorities are listed here and more detailed explanation has been provided for some:

- Children's Rights
- GIRFEC
- Corporate Parenting
- Family Support
- Mental health & Wellbeing
- Poverty - Supporting the delivery of the LCPAR via the CPP Fairer Falkirk Group

#### Children's Rights - improving engagement of children and young people in strategic planning

In February 2019, a Commission Leadership Subgroup was accepted onto the Scottish Government Children and Young People Improvement Collaborative programme to improve engagement of children and young people in strategic planning. The project has focussed the work of the Children's Rights & Engagement Group and ensured co-production consistently underpins planning moving into delivery of ICSP 20-23.

#### Family Support

Family support has been identified as a priority by Scottish Government and to be included in ICSP. A partners briefing took place March 2020.

An important new family support and advice telephone line was set up during the pandemic to support vulnerable families. This is supported by our third sector partners, Barnardo's and Aberlour.

### **1.7 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

#### ADP Performance

Over the past year ADP Performance relating to Treatment Waiting Times- For drug and alcohol services has been maintained.

The delivery of Alcohol Brief Interventions within Primary Care, Drug and Alcohol Services, Keep Well and Sexual Health Services has also been maintained and exceeded the national target. The programme was expanded to include all Adult Social Work teams.

The Naloxone Programme (opioid reversal drug for overdose) is available to all our service users and family members within all of our localities. The number of kits provided has grown steadily, with plans in place to increase coverage to all of those who attend the acute hospital that are affected by drug use.

### Strategic Service Review Outcome

A review of the services in place for people with a drug and or alcohol problem across the Falkirk Council area resulted in many recommendations being made, these are now included within the revised three-year FADP Delivery Plan 2020-23. Findings from the research which focussed on the impact of Non-Fatal Overdose on those who have experienced this type of trauma will also be taken forward via the delivery plan. Work also began to develop the Adult Social Work response to people affected by substance use. Significant work has been developed in partnership with the ADP and APC to strengthen the Social Work response for those at risk of harm due to their substance use.

### Forth Valley Recovery Community

Recovery Cafes - We continue to see growth in this area of our work. Links made are now starting to flourish, engaging with community regeneration projects in Denny and Grangemouth. We continue to report increased employability for those who engage with Forth Valley Recovery Community. Continuation of employment for two Falkirk residents who secured jobs with FVRC and Change Grow Live (CGL). This was the result of the project which was delivered by the Cyrenians in Falkirk, funded by FADP. The Locality Social Work teams have developed strong links with these organisations and continue to develop links and supports.

### Drug Related Deaths

FADP Continue to focus on the prevention of drug related death. Additional investment was put in place at the start of the COVID-19 pandemic by the Health & Social Care Partnership to allow for more Peer Harm Reduction and Recovery Support Workers. These workers transitioned from various nurture projects including the Cyrenians Peer Support project and FVRC. An Effective and Early Intervention Subgroup has been established, a report on the work of this group will follow in 2020/21.

### Commissioning

Alcohol Related Brain Injury Service continues to develop and liaison with adult social work has significantly improved. Social Work are key partners on the Steering Group. Much work has been done to improve the alcohol pathway of care.

Change Grow Live- There has been notable positive change arising from the presence of the new third sector drug and alcohol service, they have been responsive and flexible to both wider community and town centre issues as they emerged.

During the COVID-19 Pandemic and to date, there is much evidence of excellent partnership working with statutory services and very strong links with locality Social Work teams.

### Family Support

During this period the FADP have re commissioned our family support service for those affected by another person's substance use this work spans both children's and adults social work service users.

FADP negotiated for a dedicated resource to progress the Social Influence Programme within our secondary schools. There was also additional investment made for a specialised Young Persons Addiction Nurse. This work has proved to be extremely effective in promoting behaviour changes in relation to substances.

## **1.8 Child Protection Committee**

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 2019/20.

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 subgroup 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 approach has developed during 19/20 it has improved benchmarking opportunities and allowed for improved analysis of statistical data.

### Key achievements from work plans over 2019/20

- Formation of multi-agency review teams and case groups to produce learning from 2 significant case reviews. All key agencies were involved and comprehensively analysed practice.
- Aligned to the significant case reviews, improvement plans have been created with clear governance and scrutiny arrangements in place.
- The workstream, *Best Practice in Child Protection* continues with the aim of delivering better outcomes to children and young people who are on the edges of care or are care experienced. In relation to risk assessment and recording of investigations, new assessment tools and guidance have been developed. This workstream also includes improving quality assurance and oversight. A recruitment process has led to the appointment of a Service Manager to support this work.
- Casefile audit of 36 cases was undertaken in August 2019. Findings identified gaps around integrating information to inform planning and interventions for children and young people. Arising from this, the Integrated Child Assessment and Plan has been developed.
- Implementation of a pre-birth assessment tool and guidance to provide frontline practitioners with a consistent approach when a child protection concern is identified that has the potential to affect a parent's ability to care for their baby.
- Audits have become routine for all children who have had a second child protection plan put in place within 2 years of their child protection plan ending and also for all children whose child protection plan ends within 3 months.



### Examples of partnership work

- Escalation guidance. This is being used where staff have not reached a consensus or one agency is concerned that progress is not being made as a result of service input, or perceives children to be at additional risk.
- Forced Marriage and Human Trafficking Guidance has been developed and launched across Forth Valley.
- Monthly dataset of child protection information. This dataset allows greater management scrutiny of performance.
- Child Protection Committee partnered 2 young people on foundation apprenticeships in digital and creative media.
- Multi-agency managers received bespoke training in the methodology of conducting case reviews to strengthen local expertise and leadership.

### Key challenges for public protection

- Our learning reviews have highlighted common themes around recognising risk factors in children's lives and how services under pressure impact on one another. The challenge is to collaborate, hand in hand, across all levels of practice and decision making to bring about positive improvements. Our investment in multi-agency training and staff development for risk assessment and Getting It Right for Every Child (GIRFEC) is key to this.
- During the health pandemic, continual campaigns have run to promote messages to the public to report their concerns for adults or children to social work.

## **1.9 Adult Protection Committee**

The Adult Protection Committee consists of a diverse range of partners who are committed to upholding the right of all adults at risk of harm to be safe and protected, living the life they want and through intervention better able to protect themselves into the future.

The Adult Protection Committee meets bi-monthly to fulfil a range of duties linked to what is happening in Falkirk to safeguard adults. These include: reviewing adult protection practices, improving co-operation, improving skills and knowledge, providing information and advice and promoting good communication. The Committee has three industrious subgroups who drive forward our strategic work. The subgroups include Continuous Improvement, Learning and Development and Communication and Engagement.

The Committee has reviewed membership over the course of the last year and has been delighted to welcome a new member from the Scottish Ambulance Service. The subgroup structure and their membership were also reviewed to ensure the key partners were represented and participating.

A new Lead Officer was also appointed in July 2019.

The Committee responded positively to feedback from our third sector representatives that the balance of activity was weighted heavily on case file audit activity which was affecting their motivation for attendance and sense of membership. Agendas since this time have offered balance and this is demonstrated in work plans.

Another key development area linked to how Committee is convened has been linked to improving our links with governance structures and the adult support and protection workforce. There has been increased reporting into our chief officers' group and clinical care and governance committee.



Committee have reflected that the most positive development has been the representations of practice teams at all of our committees over the last year. These have included team presentations, subsequent discussion on key areas of adult support and protection practice and agreed actions to committee work plans. The topic of presentations has included:-

- Joint working between lead worker and psychiatry on use of the capacity screening tool ensuring that timely, robust and collaborative capacity assessments are carried out for adults at risk of harm who need them (west locality).
- Discharging statutory duties in a COVID-19 climate (east locality).
- Multi-disciplinary presentation of a case where adult support and protection and MARAC proceedings were progressing in tandem including use of an easy read domestic abuse disclosure (Learning Disability Team).
- Another multi-disciplinary case presentation is on our December Committee agenda relating to the use of a protection order (central locality).

#### Key Achievements from work plans over 2019/20

- **Improved 'real time' analysis of data** The Performance and Information Team have been completing a weekly Scottish Government Survey: Adult Public Protection Data Report: Scottish government and Solace. Whilst the purpose of this has been to gather data nationally regarding the impact of the COVID-19 outbreak in relation to adult support and protection it has enable Committee to improve its timely analysis of and use of data to drive forward improvement activity with some immediacy. We have been able to use our 'real time' analysis to facilitate interesting discussions with our front-line operational managers. This has offered increase leadership support to the workforce at a time when this has been especially important.
- **Early indicators of concern framework** Committee with the support of the partnership and sharing of practice experience from Dundee City have implemented an Early Indicators of Concern Framework. This is a multiagency group who provide support and scrutiny to all Falkirk care homes aimed at prevention of harm. The EIOC group have devised and delivered guidance for visiting staff, a reporting tool, training for visiting staff and the care home sector and have worked jointly with Police Scotland and Scottish Fire and Rescue Service to marry up linked strategic work.
- **eIRD implementation group** Tripartite Committee members have been working hard to provide evidence to Chief Officers related to the improvement and significant benefits an investment in a shared eIRD database would bring to our current process IRD. This work has been fruitful and support has been given to move ahead with developing this system. It is anticipated that this system will bring a host of benefits to this key process and subsequently adults at risk of harm and their families.
- **Older adults experiencing domestic abuse and familial harm** Responding to the evidence base Committee has carried out review and appraisal of adult protection practice in this area with a keen focus on service user experience. Initial work has resulted the delivery of training and focus groups aimed at improving skills and knowledge and promoting good communication between operational partners. A separate strategic group has been convened to continue to develop our practice in this area given its incidence. At senior level across all partner agencies funding has been agreed to recruit additional 3<sup>rd</sup> sector support work to assist adults experiencing this harm to connect with their communities, build resilience and live the life they want. This planning and commissioning will be taken forward and actioned in early 2021. Committee are also working with Stirling University to produce qualitative data in this area both from experienced adults and the workforce intervening.
- **Joint strategic work with Child Protection Committee and Falkirk Alcohol and Drug Partnership** Committee has been strengthening and working together with other key public protection committees over the last year.

Key achievements have included a robust and multifaceted Falkirk Child and Adult Protection COVID-19 Public Information, Engagement and Communication Strategy, Development of 'Getting it Right for Every Community' Pages, Digital Inclusion and the ongoing development of an Escalating Concerns Protocol.

### **1.10 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.

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)

### **1.11 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 group work 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.

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

### **1.12 Community Justice Partnership**

The Community Justice Partnership in Falkirk has responsibility for planning and delivering initiatives to prevent and reduce further offending by addressing its underlying causes. The partnership reports to the Public Protection Chief Officers Group, who in turn have a direct reporting line into the Community Planning Leadership Board.

A range of work was undertaken throughout the year to deliver the Community Justice Outcomes Improvement Plan and prepare a revised plan for 2020-23. Partnership activity highlights included:-

- Self-evaluation of the partnership, with a focus on “planning and delivering services in a collaborative way”; “effective use and management of resources”; and “leadership of strategy and direction”.
- Consultation with Falkirk residents, the wider workforce of partner organisations, third sector, victims of crime and families affected by imprisonment to improve understanding of needs and access to local services.
- An initial service mapping exercise to identify availability of support and potential barriers to those with an offending history.
- Preparation of a Community Justice Strategic Needs and Strengths Assessment, evaluating findings from the above and analysing data and information from a range of local and national sources to identify partnership priorities.
- Closer working with the third sector, through representation at partnership meetings and at the third sector led Safer Communities Forum.
- Improving the visibility and public confidence of Community Payback Orders by working with Communications to highlight local projects and the community benefits.
- Partnership working in the development and delivery of various projects and services, such as:-
  - Arrest Referral Service - allowing those who come into Police custody opportunities to be signposted to drug and alcohol support.
  - Social Inclusion Project – supporting individuals who face barriers and exclusion from universal services.
  - Tackling Inequalities, Improving Outcomes Project – aiming to reduce health inequalities and improve the health and wellbeing of people in the criminal justice system by identifying and addressing the health-related factors that impede their access to, and ability to engage in, volunteering, training, further learning and employment.

### **1.13 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. 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.

## 2. Service Quality and Performance

### 2.1 Statutory Functions (Chief Social Work Officer)

The performance of the service, for the purpose of this annual report, principally focusses on those which relate directly to those conferred to the Chief Social Work Officer. Some other areas of performance have been included to provide further information on service activity. Reference is made to other scrutiny and performance bodies and groups.

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

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

In addition, other duties include:-

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

Chief Social Work Officer functions can be delegated. Within Falkirk Council, a decision was reached in 2015 to appoint a Senior Service Manager who would have specific responsibility to undertake delegated duties of the Chief Social Work Officer to provide appropriate cover where necessary. However, with agreement and forward planning, some of these duties can also be delegated to the Head of Adult Services and to Senior Managers who hold a relevant Social Work qualification.

### 2.2 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. Regular reports detailing inspection activity are presented to the Clinical Care Governance Committee and annually Children's services social work-related inspection activity is reported to the Education, Children and Young People Committee.

We continue to embed self-evaluation in the organisational culture. 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 and are the bedrock of key planning groups and committees.

### 2.3 Adult Support and Protection

	2017/18	2018/19	2019/20
Referrals	706	557	576
Investigations	81	68	64
Protection Plans	24	19	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.

### 2.4 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.

	As at 31 March 2018	As at 31 March 2019	As at 31 March 2020
Number of active guardianships in place	353	379	390

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.

## 2.5 Mental Health Act Orders

Mental Health Officers were involved in the following work under statutory legislation (2019/20):-

- **61** Emergency Detentions (Section 36, Mental Health (Care & Treatment) (Sc) Act 2003)
- **119** short-term Detentions (Section 44, Mental Health (Care & Treatment) (Sc) Act 2003)
- **37** Compulsory Treatment Orders (Sections 57, 63 and 86, Mental Health (Care & Treatment) (Sc) Act 2003) granted; 90 in place at 31<sup>st</sup> March 2020.
- **2** Compulsion Orders (Section 113, Mental Health (Care & Treatment) (Sc) Act 2003; Section 57A, Criminal Justice Act 1995) granted; 12 in place at 31st March 2020.
- **0** new Compulsion & Restriction Orders (Section 113, Mental Health (Care & Treatment) (Sc) Act 2003; Section 57A, Criminal Justice Act 1995) granted; 6 in place at 31st March 2020.

- 2.6** 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 Data relates to ADM activity during 2019/20	Number of Panels	Number approved within 14-day timescales	Number approved outwith 14-day timescales
Foster Carer Registration	6	4	2
Short breaks (CWD) Registration	0	0	0
Prospective Adopters Registration	4	3	1
Registration of child for adoption	3	1	2
Registration of child for permanent fostering	9	5	4
Registration of child for long-term fostering	0	0	0
Match for adoption	2	2	0
Match for permanent fostering	6	4	2
De-registration (Foster Carers)	3	2	1
Appeals (Adoption and Fostering)	1	0	1
Review of registration	2	2	0
Kinship Carer Registration	13	8	5
Kinship Advice Panel	5	4	1
Kinship Appeal Panel	0	0	0
Kinship De-registration	0	0	0
Foster Carer Reviews	21	19	2
Short breaks (CWD) Reviews	3	3	0

## 2.7 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 2019/20, **7** young people were placed in secure accommodation, with 1 being placed on 2 occasions.

## 2.8 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. **17** transfers took place under Section 143 of this Act in 2019/20.

## 2.9 Health & Social Care Partnership (including Social Work Adult Services)

### Living Well Falkirk Centre

When people identify that they have difficulty with daily living tasks, for example bathing or managing the stairs, it is important that they receive the right support at the right time. The aim of the Living Well Falkirk Centre is to assess people quickly and where there is a need, provide equipment or adaptations to help maintain independence.



The first Living Well Falkirk Centre opened in April 2019 within the Forth Valley Sensory Centre, running three days a week. People meet with an experienced worker who, using the Living Well web-based assessment, can give personalised advice on healthy ageing and on keeping active and independent for longer results. As a result of this more efficient way of meeting with people, the waiting time for this type of assessment reduced to typically 2 weeks. Over the year, Living Well Falkirk Centre assisted 250 people with assessments. This has also had an impact on the waiting times for Occupational Therapy (OT), as noted in local indicator 85 below.

A successful official launch event was held on 4 October and was attended by Provost Buchanan, IJB members, elected members, some of the first people to use the Living Well Falkirk Centre and managers and staff of the Health & Social Care Partnership, Falkirk Council and NHS Forth Valley.

Living Well Falkirk Centre appointments are suspended in line with government advice, but it is hoped that we will be able to re-start at least some service in the Autumn.

		At 31 May 2019	At 31 May 2020	Direction of travel
85	The number of overdue 'OT' pending assessments at end of the period	315	122	▲

## 2.10 Self-Directed Support (SDS)

Progress towards full implementation of Self-Directed Support continues. Significant effort is being made to keep abreast of evidence-based learning and resulting developments. Continuous improvement is a central aim within the implementation process. At the same time, trying to ensure communication, engagement and participation of individuals, carers and staff across all partners, including Third Sector partners and care and support providers, remains current and accessible.

The SDS team works across Adult Services and Children's Services to support assessment and care management, workforce development, finance and contracts and commissioning teams.

The Social Care (Self Directed Support) (Scotland) Act 2013 ensures that people with eligible support needs and their carers can exercise choice and control over the support they receive, in line with their agreed personal outcomes.

SDS Forth Valley is a local user-led support service and are strategic partners for SDS implementation and assist with development of local SDS policy and procedures. The local Carers Centre is also a strategic partner and is fully involved on policy development for carers. These partnerships are collaborative and ensure consistency and clarity of approach; a good understanding of the local and national guidance, with positive working relationships.

Staff continue to discuss and promote the options during assessment and support planning. They are encouraged to carry out joint visits with SDS Forth Valley to ensure a full explanation of the nature and impact of each of the Options is given to enable individuals and carers to make an informed choice. Online/telephone support is being provided during COVID-19.



During the pandemic the SDS team has been working closely with SDS Forth Valley to implement the new national guidance. This includes more flexibility in the use of funding during the restrictions of COVID-19 and less bureaucracy for setting up support arrangements, where possible. This joint working is also ensuring that individuals can continue to meet their responsibilities in managing their support.

Our performance against local indicators 37- 40 demonstrate the choices made by individuals under each of the four Self Directed Support options shown. People assessed as requiring a social work services will be able to take more control over how their support is provided. They will have more choice about who provides their support, what is provided and when it is provided. We measure the options that people have chosen. A slight increase in the past year highlights that now 9 out of 10 people have selected option 3 for the local authority to arrange a care and support package for them.

Self-Directed Support (SDS) options selected: People choosing		Mar 2018	Mar 2019
37	SDS Option 1: Direct payments (data only)	30 (0.7%)	35 (0.8%)
38	SDS Option 2: Directing the available resource (data only)	192 (4.8%)	192 (4.5%)
39	SDS Option 3: Local Authority arranged (data only)	3,522 (87.3%)	3,875 (90.1%)
40	SDS Option 4: Mix of options (data only)	292 (7.2%)	197 (4.6%)

Local indicators 60 – 63 demonstrates the satisfaction levels of people who use services and their carers in the services they receive from social work adult services.

		2018/19	2019/20	Direction of travel
60	Percentage of service users satisfied with their involvement in the design of their care package	98%	99%	▲
61	Percentage of service users satisfied with opportunities for social interaction	90%	91%	▲
62	Percentage of carers satisfied with their involvement in the design of care package	93%	93%	◀▶
63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	91%	91%	◀▶

## 2.11 Mental Health and Well-being

### Community Mental Health Team

Mental Health Services provide secondary care assessment, diagnosis and treatment for a wide range of mental health conditions. These include severe and enduring mental illnesses and caring for those receiving treatment in the community under the mental health act.

The Community Mental Health Teams (CMHTs) see people who are referred with mental health problems from GPs (and other healthcare professionals) and provide assessment, diagnosis and treatment for a wide variety of illnesses as well as providing follow up for people discharged from inpatient services. During the financial year 2019/20, these services in Falkirk provided over 25,000 appointments for people of all ages (*data does not include April 2019 due to migration to TrakCare*).

Mental health services work as a multidisciplinary team to coordinate and provide a variety of treatment interventions to support people in the community with mental disorder. These include out-patient appointments and home visits with mental health nurses, occupational therapists, mental health officers and consultant psychiatrists, psychological therapy sessions, such as group therapy and support around managing medicines. The CMHTs are made up of many different professionals including nurses, doctors, occupational therapists, arts therapists, social workers and psychologists. The CMHTs provide brief interventions and management of long-term conditions and take a holistic view of the person and in some cases, provide monitoring of aspects of physical health, working closely with primary and secondary care.

For those referred to the adult mental health services based at Woodlands Resource Centre, the average time to wait to be seen for routine initial assessment was 39 days and those referred urgently are seen within 5 days and for older adults being referred to the older people's mental health team the average waiting time was 35 days.

## **2.12 Mental Health Officers (MHO)**

We have developed a Pathway for Adults with Incapacity legislation that allows effective and timeous decision making in the use of the legislation. The pathway streamlines the legislative process and minimises delays in discharges from hospital. MHO's attend all case conferences where Guardianship for Adults is under consideration. MHO's also attend Delayed Discharge meetings in all localities to minimise any delays.

Through COVID-19, the MHO's have continued to work with the Integrated Teams to provide the service with advice from the Mental Welfare Commission.

With partners across Forth Valley, the team is completing a comprehensive review and updated guidance on the use of Care Programme Approach. This continues to promote effective multiagency management of significant risk and ensure people are fully involved in decision making.

## **2.13 Emergency Assessments**

When an emergency mental health assessment is required, this is provided by the Mental Health Acute Assessment and Treatment Service (MHAATS). The total number of assessments undertaken was 3,891.

## **2.14 Mental Health Admissions**

Where it is not possible for people with mental ill health to remain at home for treatment, either by the CMHT or by MHAATS, the Mental Health Unit at Forth Valley Royal Hospital provides inpatient mental health services. These are delivered across five wards, catering for people of all ages across the Forth Valley area. In the financial year 2019/20 there were a total of 120 admissions to these wards from people living across the Falkirk area.

## 2.15 Sensory Team

The Sensory Team is based in the Forth Valley Sensory Centre in Camelon. The team offer support to both adults and children and work closely with colleagues in health, staff within the centre, local schools and other children's services.

The team has specialist training to support people with a sensory impairment and aim to promote continuing independence, reduce risks, make the home environment and going out safer and to reduce isolation and anxiety. A range of services are available including, Translation Service, Visual Rehabilitation and Habilitation, Deaf Rehabilitation and the Support service.

Since the start of 2020 the Sensory Team has had its own social media pages on Facebook and Twitter. This has enabled the team to reach more people with a sensory impairment and provide information in British Sign Language. This resource proved to be invaluable during the COVID-19 pandemic as they were able to provide daily updates of the First Minister's briefings and statements in BSL to ensure the community were kept informed. Social media has also been used as an educational platform to inform others about sensory impairment and to raise awareness during Deaf/Blind week.

Over the past 6 months we have reached over 10,000 people including our deaf and sensory impaired community, other local authorities, the Third sector and charities.

## 2.16 Supporting Carers

We have been working with carers and carer organisations to implement the Carer's (Scotland) Act 2016. Our Strategic Plan 2019 – 2022 has prioritised support for unpaid carers as a key issue. We recognise the need to support carers in a range of ways to meet the projected increase in the older population and people with complex needs.

The work we are doing is consistent with the main direction of the Act, which extends and enhances the rights of unpaid carers. It aims to consistently support carers to continue to care, if they wish, and to be able to do so in good health and with a life alongside their caring responsibilities.

Our Carer's Strategy, *Getting it Right for Carers in Falkirk*, was co-produced with carers and carer organisations and covers both young carers and adult carers.

In partnership with carers' organisations, we have agreed a shared local vision:

*'everyone has freedom to live their own lives while they are caring'*

We have reviewed the Short Breaks Services Statement, which sets out information about local short breaks provision. It describes a variety of ways carers can access short breaks through funded support from the local authority or through access to community-based support. This will be reviewed each year to make sure the information it contains is kept up to date.

We have continued to support carers through the completion of Adult Carer Support Plans and Young Carers' Statements. Progress in relation to Adult Carer Support plans and young Carer Statements is as follows:-

Performance Indicators 2019/20	Yearly totals
Number of carers who requested or were offered an ACSP	451
Number of ACSPs completed	404
Number of young carers who requested a YCS	40
Number of YCS completed	41
Number of ACSPs referred to Social Work	344

Over the past year work has continued with carers and carer organisations on implementation of the Carer's (Scotland) Act 2016. The Act extends and enhances the rights of unpaid carers, both children, young people and adults. It aims to support carers to continue to care, if they wish, and to be able to do so in good health and to have a life alongside their caring responsibilities.

## 2.17 Justice Social Work Services

Justice Services delivered a wide range of statutory justice social work services to support the risk management and assessed needs of those serving either community or custodial sentences. Through partnership working and commissioning of services we have worked to bring a number of health and wellbeing support services such as a Community Psychiatric Nurse, Keepwell Nurses and workers in our Tackling Inequalities and Improving Outcomes (TIIO) Project together to be based within the Justice Services building.

This approach has enabled a quicker access to services for vulnerable, often hard to engage individuals who have a range of complex health, wellbeing and social care needs.

As such, Justice Services and their partners are able to provide a holistic, needs led approach to addressing individuals offending behaviour and the factors contributing to it. Justice Services work in partnership with NHS colleagues from the Community Addictions Substance Treatment Service to provide interventions and treatment to individuals on drug treatment and testing orders (DTTOs).

Our Unpaid Work Service has continued to provide support to a wide range of projects, agencies and individuals throughout the year. One such example in partnership with Cyrenians, Friends of Dollar Park and the Rotary Club our services users participated in the planting of the Floral Clock at Dollar Park.

Through strong partnership working and taking account of public protection we deliver services as part of the wider community justice approach to support those involved in offending behaviour to address their issues, reduce their risk of further offending and re-integrate into their local communities.

## Stats

Number of Community Payback Orders imposed	657
Number of Criminal Justice Social Work Reports (CJSWR) completed	1056
Number of Drug Treatment and Testing Orders (DTTO) imposed	21
Number of Diversion from Prosecution cases commenced	71
Number of individuals released from custody on licence	29
Number of MAPPA Offenders managed in the community by Justice Services as of 31/03/2020	46

## Prison based social work

Justice Services provide a prison-based social work service to HMP & YOI Polmont. Our social workers provide a statutory social work service which includes the provision of reports, advice, guidance, risk assessment / management planning and interventions to individuals being released on licence in partnership with Scottish Prison Service, Parole Board for Scotland, Third Sector and community based social work colleagues.

- 2.18** 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).

### 3. Resources

#### Financial Pressures

#### 3.1 Adult Social Work Services

**Total expenditure amounted to £88.259m during 2019/20 (an increase of £4.565m compared to 2018/19)**

During the course of 2019/20 the key financial pressure area related to Care at Home Services, largely due to increased demand for packages of care, resulting in a £3.5m budget overspend and a 13% rise in costs compared to the same period in the previous year (primarily in relation to external providers). This was partially offset by non-recurring underspends in other areas (including vacancies within the assessment and care planning team). As a result, Adult Social Care Services recorded a net overspend of £0.759m at 31<sup>st</sup> March 2020 which required to be managed through risk sharing arrangements with Falkirk Council. In line with previous years, the format of the risk sharing agreement meant that Falkirk Council made an additional payment to the IJB in order to deliver an overall breakeven position on Adult Social Care Services.

The emerging impact of COVID-19 resulted in additional costs (£0.154m) being incurred during the month of March, primarily in relation to local care home contingency measures and provision of personal protective equipment (PPE). These costs were fully funded by the Scottish Government. In addition, a range of services were temporarily suspended in order to enable frontline staff to focus on immediate COVID-19 priorities and provide additional social care capacity.

Looking ahead to 2020/21, it is clear that the forthcoming financial year will be dominated by the ongoing financial and operational impact of the pandemic. A number of services are gradually being reintroduced and it is recognised that significant service redesign is likely to be required in response to ongoing social distancing requirements and new ways of working. Given the level of inherent uncertainty in terms of the duration of the pandemic, the impact on demand and the magnitude of the potential costs involved, COVID-19 represents a significant financial risk going forward. The IJB is working closely with the Scottish Government to estimate costs and associated funding requirements, including the impact of potential unachieved savings during 2020/21.

#### 3.2 Children & Families Social Work

**2019/20 Net Revenue Budget - £24, 926 (year end position - £2,110m overspent)**

The Children & Families Social Work budget is overspent; this has been a legacy position for many years and relates to the reliance and overuse of external residential and foster care placements. The overspend position has been further exacerbated due to the impact of young people remaining longer in placement (Continuing Care) and the introduction of Aftercare. The Children and Young People (Scotland) Act extends the age that support is provided from 18 to 26; this has a significant impact on the Children & Families budget but is a much better position to ensure good outcomes for care experienced young people. Secure care placements are also required at times and these are high cost.

Creating a shift in the balance of care is fundamental to the aims of the Closer To Home Strategy. Reducing the numbers of children looked after away from home, and increased access to internal foster care rather than residential care, are critical factors. Targets to reduce the overspend and go on to deliver savings are embedded with the Closer To Home Strategy which is underpinned by a 5-year Medium Term Financial Plan. During 2019/20, Closer To Home targets were met but this budget remains volatile and unpredictable due to the fact that children will continue to need protection away from home.

There is no doubt that the Children & Families budget in 2020/21 will be significantly further impacted by the impact of COVID-19. New ways of working, managing the requirements of social distancing, provision of PPE and use of agency staff to ensure the need to provide more than critical service are creating costs that we could have never anticipated. COVID-19 represents a significant financial risk going forward. Children and families submit frequent COVID-19 cost reports to COSLA; there is criteria to follow and unrealised savings are detailed within the return. Any additional funding received from Scottish Government has not been specifically referenced to Children & Families Social Work.

### **3.3 Justice Social Work**

#### **2019/20 Net Revenue Budget - £3, 239m**

The majority of Justice expenditure is funded by ring-fenced Section 27 grant. The current funding formula for Justice Social Work was introduced 4 years ago and is based on current workloads, rurality and the social and economic costs of crime. The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector. This means we are only able to enter into short-term contractual arrangements, which undermines our ability to recruit and retain suitably qualified and experienced Justice staff. The need to review funding and establish the true costs of service delivery is essential, particularly in respect of our core work such as Community Payback Orders and the associated delivery of programmes such as the Caledonian System for perpetrators of domestic abuse and Moving Forward: Making Changes (MFMC) for sex offenders. Justice Services do not have the ability to reduce demand on our statutory services therefore a robust funding model is essential.

## 4. Workforce

Workforce Planning - staffing and recruitment issues

Workforce Development

**4.1** Recruitment across Adult Services teams within the Health & Social Care Partnership has focused on enhancing the proportion of qualified social workers, particularly within locality teams. Initially, due the onset of COVID-19, the recruitment and induction process was more of a challenge than previously experienced, necessitating a move to remote interviewing and socially distanced induction programmes. However, the process was successfully completed with vacant posts filled by suitably qualified social workers over the summer. This round of recruitment resulted in several younger social workers gaining posts within the service which helps to address longer term issues, such as an ageing workforce but brings with it a loss of valuable experience. A further round of recruitment is currently underway, with a high level of applications indicating that there is strong interest in these posts.

However, recruitment within the care at home workforce is proving more challenging. Interest in vacant posts has not been as strong as was expected, a feature noted across external service providers as well. Recruitment is ongoing and work is being undertaken by managers to improve the effectiveness of recruitment activity locally.

Initial discussions with staff around the development of Adult Services has taken place within the Health & Social Care Partnership. A 'Test of Change' is currently underway with the HomeFirst model being rolled out. A second 'Test of Change', known as CHART and combining both social work and nursing input, is in inception with a view to improving the assurance of care home provision and support to care homes. A number of further 'Tests' involving specific areas of service delivery are at earlier stages of consideration and will be reported on in due course, potentially as part of a restructuring of Social Work Adult Services within the Partnership.

### 4.2 How do we support our workforce?

#### Putting learning at the heart of transformational change

Our workforce remains the single most important resource in delivering high quality services and the transformation required to ensure the delivery of health and social care integration, an integrated Children's service and a shift to a One Council ethos.

Our approach to training, learning and development is underpinned by our ambition to be recognised as a *Learning Organisation*. We strive to follow the five golden rules in this respect:

1. Encouraging experimentation
2. Thrive on change
3. Reward learning
4. Facilitate employees to learn from one another
5. Encourage learning from our surroundings

Alongside the scheduled programmes of training developed, delivered and coordinated to meet statutory and regulatory body requirements that are designed to ensure our workforce is competent and confident; there is a strong commitment towards supporting innovative and creative thinking.



In the past year this has included a growing interest in Service Design and in empowering individuals and communities receiving public services by involving them in the design, and delivery of services they use.

Our commitment to Involving members of the workforce in projects and pilots focused on collaboration between services has enabled us to focus on reducing duplication and share services where possible across public, third and private sectors. Examples of this work is evidenced here and throughout this report.

### Impact of COVID-19 pandemic

In the early part of this year, training, learning and development activities were significantly impacted by the COVID-19 pandemic. All face to face sessions were cancelled or postponed. Our preparation work to increase the availability of a range of digital learning was propelled forward to ensure continued access to essential learning. The main emphasis of workforce development has shifted to supporting staff induction for those delivering essential frontline services, directing and signposting staff to a wide range of approved online flexible learning. This includes some of our own *in-house* training which continues to be adapted and transferred into online format.

Capacity to deliver on this work has been impacted by the temporary redeployment of some workforce development staff to frontline services. There are however recognised benefits in those staff directly experiencing views from practice.

### Workforce Wellbeing

Both Council and Health & Social Care Partnership are committed to organisational and employee wellbeing. Significant attention is being paid to the key threats in the UK workforce, particularly the increase in mental ill health, stress, 'presenteeism' and 'leaveism', as well as potential risks to well-being as a result of technological advances, in particular the 'always on' culture. Taking action to identify and reduce stress in the workplace has seen us increase awareness of mental health issues and provide learning and development opportunities aimed at building personal resilience and offering employee assistance programmes.

We recognise there is always room for improvement. For us to remain proactive in our approach to wellbeing we need to maintain our investment and continue to provide opportunities to actively listen to employees across our services and use findings to inform our workforce development strategy and plan.

The impact of the current pandemic on employee morale alongside the significant shift in using technology as the primary means of communication brings multi-faceted challenges which requires significant engagement with the workforce to address. Workforce development opportunities are supported in a range of different ways.

We provide people focused services that to be meaningful, depend on culture and systems that support relationships-based practice. It's critical that we find the ways and means going forward, in these uncertain times, to ensure this remains at the heart of our thinking and actions.

### Further Education

Sponsorship for academic study is available, ensuring frontline managers and practitioners have access to current research and teaching that meets the learning requirements of contemporary practice. Course assessment is focused on application of learning in practice.

We have well established and strong working relationships with our colleagues in *Further Education* and appreciate the many mutual benefits to our working collaboratively. For example, supporting student placements, external marking of assignments, contributing to one another's training and teaching programmes, collaborating on the development of tools and resources and a common interest in the promotion of career pathways.

We are proud of our track record in recruiting Social Work and Social Care students previously on placement with us into permanent employment across our services. Over the past year we have worked on strengthening our approach to mentoring and have a pool of mentors committed to developing the young workforce and supporting adult returners into employment through the provision of modern and foundation apprenticeships alongside inducting new staff into services.

It is our intention to extend our sponsorship opportunities to re-establish our aim of supporting existing staff to obtain professional qualifications and reward learning by recruiting them into ring-fenced vacant posts through the 'grow our own' strategy.

Partnership working with Forth Valley College has enabled us to translate aspects of *Scotland's Digital Health and Care Strategy* into improving local services and supporting person centred care through the development of online learning for the workforce. A joint project funded by the Scottish Funding Council resulted in a new [Digital Skills Transforming Care course](#). This flexible online course is a blended approach to learning combining the knowledge and skills required by staff to comply with sector standards with a requirement to demonstrate competences using digital technology within the workplace. This has given us the appetite to collaborate further and work towards the development of a Training Passport in partnership with independent and voluntary sector partners.

### Vocational Qualifications

Our Social Services Assessment Centre continues to support employee candidates and modern apprentices to achieve Scottish Qualification Awards (SQA) to meet either registration requirements as outlined by the Scottish Social Services Council or as required as part of the Modern Apprenticeship programme. A pilot programme designed in partnership with our Employment Training Unit and supported by Social Work Adult Services now gives Modern Apprentices the opportunity to secure permanent employment whilst they complete their vocational training.

The Centre has continued to perform very well as evidenced via External Verification visits by Scottish Qualification Authority verifiers. The team thrive on change and moved swiftly into adopting a key mentoring role in supporting the recruitment of new and redeployed staff into essential frontline services at the outset of our response to the impact of COVID-19 pandemic and lockdown. This has ensured a sustained focus on staff wellbeing during this time of uncertainty working closely with service-based mentors to address challenges in delivering comprehensive induction and flexible support online and in the workplace.

The Centre has also been able to extend the programmes which are approved by SQA to deliver to include British Sign Language (BSL) Scottish Vocational Award Level 2 and 3. In the past year a pilot programme has been developed in partnership with the Forth Valley Sensory Service. A small group of staff representing a range of local services began the programme in the weeks leading up to lockdown. Lessons learned from the delivery of the pilot will be included in the review of the implementation of our first BSL Plan.

### 4.3 Workforce Development Demonstration Projects

#### Quality Improvement Workshops

Working in partnership with Scottish Government Leading Improvement Team, workshops were delivered and planned based on using Improvement methodology, Appreciative Enquiry and story- telling.

Members of the workforce working across Adult Social Work Care Homes and Day Services came together to develop their knowledge and understanding of the Three Step Improvement Framework for Public Services with plans to return for a follow up session to reflect on their experiences of building will, creating the conditions for change, developing and carrying out tests for change. This work was paused because of the COVID-19 pandemic.

In support of developing locality integrated practice across adult services, members of Health and Social Care workforce working or soon to be based in the West Locality came together to plan a workshop. As a group the aim was to carry out a collective analysis of stories from service professionals focused around 3-4 selected cases, in order to generate insights for future service design and delivery.

Building on the learning from this workshop, further similar sessions were anticipated to be facilitated for the workforce in the two other locality areas as part of the inclusive, evidence-based approach being taken to shaping new service delivery. This development work was also impacted by COVID-19.

#### Whole System Training and implementation

Safe and Together approach.

Developed in the United States which provides a framework for partnering with domestic abuse survivors and intervening with domestic abuse perpetrators in order to enhance the safety and wellbeing of children. It partners with the non- abusive parent and holds the abusive parent accountable for their violence which is framed as a parenting choice.

Each year Scottish Government issues a national bulletin presenting the statistics on domestic abuse based on details of incidents and recorded crime supplied by Police Scotland. It is acknowledged that not all incidents of domestic abuse are reported to the police. Falkirk has consistently sat at the high end of the list of Local Authority reporting domestic violence. Local data gathered in relation to adult support and protection referrals and child protection registration provides additional information about the incidence and nature of domestic abuse in Falkirk.

A need for a whole system approach to achieve the necessary culture, systems and practice change was undisputed. In 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.

A rolling programme of training has been delivered annually by fully accredited local trainers. Participants are drawn from Children and Adult Social Work Services, Education, Health, Third Sector and Community Justice Services. Trainers also support ongoing workforce development post training and awareness raising.

Members of the workforce who successfully complete four-day core training are automatically signed up to the mentors group. This group meet bi-monthly to consider the model further, reflect on practice and gather examples of good practice. Mentors also have a role in actively promoting the model across Falkirk.

During 2019 Safe and Together surgeries were established to offer frontline practitioners not yet trained in the approach the opportunity to experience reflective discussion related to their specific cases. Feedback has evidenced that these opportunities are helpful as they include, hearing about the model and time to network with services that could potentially assist current and future survivors of domestic abuse.

Falkirk Children and Adult Social Work Services and trained mentors participated in research in 2019 undertaken by Social Work Scotland to assist the bid to Scottish Government for a Scottish Safe & Together Institute. This resulted in an ESRC funded project “Developing the evidence base for innovation in social care for children and families affected by domestic abuse”. Falkirk Council were 1 of 3 Scottish Local Authorities chosen to participate, the others being Edinburgh and Fife. This research will span from December 2019 to early 2023.

## 5. COVID-19

### 5.1 Summary of Impact on Workforce and Services (impact to the end of June)

The majority of Social Work services are considered to be critical, therefore they continued to operate during the national lockdown period which commenced at the end of March 2020. There were, however, a range of complex new challenges to navigate and all services were impacted in numerous ways as we worked together to continue to offer critical support for both the care and protection needs of children and adults. The array of new national guidance which required to be understood and implemented was in equal part helpful and challenging. In the early days, it was very difficult to keep everyone fully informed and up-to-date with the requirements to keep them and others safe. We utilised support from Social Work Scotland, the Government and the Council's Health and Safety team to ensure we followed the national position in every circumstance; the guidance has been the bedrock of our journey along the route map.

Children & Families Social Work services quickly moved away from locality-based offices and have operated out of Sealock House in Grangemouth since April. Adults, Justice and Children's staff worked both from office bases and from home, operating from rotas and being responsive and flexible to pressures and need. Staff demonstrated how driven they are by their professional ethics and commitment to the relationships they have with children, adults and families.

Children and adults' residential services remained operational whilst adjusting to new guidance and new ways of working. Day services stopped and some other organisations paused their operations. Supports to vulnerable people were still required; we needed to provide them in different ways. Front-line staff, support staff such as cleaners, and Human Resources worked alongside managers to respond and adapt to the new circumstances.

From March 23rd, the Health & Social Care Partnership established a COVID-19 Incident Management Team (IMT) with representation from all partners. As a result, the Health & Social Care Partnership response to COVID-19 was well co-ordinated and operated as 'Bronze Command'. This was stepped down in July to reflect the changing nature of the COVID-19 pandemic, and the move into recovery.

Residents within our care homes are some of the most vulnerable people in our communities, as such they are more susceptible to infection. The consequence of contracting COVID-19 for this group of people, as seen nationally, is an increase in deaths. The Health & Social Care Partnership implemented a robust mobilisation plan for COVID-19 outbreaks across Falkirk care homes which was carefully co-ordinated via our mobilisation centre. Care homes were each asked to submit an electronic return each morning, providing an update including staffing levels, symptomatic or positive residents and staff, and access to PPE. All care homes demonstrated that they had appropriate continuity plans in place which all staff members are aware of; including their responsibilities in these plans and when different stages of the plan should be implemented. The mobilisation centre provided updates on all policy guidance as well as direct support with staff training, PPE and infection control. All of this was underpinned by a rolling programme of Care Assurance visits carried out jointly by senior staff from health and social care to ensure that all guidance was being followed and residents and staff were kept as safe as possible at this time.

It took some time to access appropriate IT platforms to support online meetings and video call contact with service users. For many weeks, we relied heavily on teleconferencing technology which for some worked well, less so for others. Efforts were made to ensure adults, children, parents and carers were informed and involved in decisions and plans.

Staff were very creative in their efforts to stay engaged with service users. Throughout the early stages of the pandemic, a focus on collaborative working with partners, providers and community groups was essential to maintaining supports to those most in need.

Working from home presents challenges and our workforce has had to develop new ways of working, and both the Council and Health & Social Care Partnership are recognising the need to be supportive. Working from home suits some more than others. For those who have caring responsibilities, share accommodation, live alone or rely on the company of colleagues for social contact, the impact can be negative. It is essential that we ensure our communications to the workforce and our offers of support are equally focussed on for those working from home and for those who can't due to the critical service they deliver.

## **5.2 Staff Absence**

COVID-19 sickness absence was quite low at 1.5% of working days during 2020/21 Q1, but this was about a sixth of all sickness absence in the quarter. However, the impact was exacerbated by COVID-19 related absences due to individuals self-isolating and/or having underlying health conditions, shielding or carer responsibilities. Staff absence is a significant and ongoing concern; there are a number of complexities within this which include the need for staff to self-isolate when advised to do so, the impact of Test and Protect, typical sick absence reasons and high levels of absence due to stress.

Reduction in staff capacity was, however, almost matched by an initial reduction both in new demand and in some existing support packages. From the beginning of March 2020 to the end of June 2020, there was a short term drop following lockdown and a slow steady increase for both in the following weeks, though numbers remained below pre-lockdown levels. The need to visit children on the Child Protection register and support contact for children with their families was a distinct challenge as a result of the restrictions and the impact of absence on capacity. Reports of children and adults considered to be at risk of harm were investigated as they would usually; local procedures were followed.

Operational guidance was developed to support the delivery of services during the pandemic, these linked strongly to national guidance and have been updated as required.

Adult Social Work activity decreased in the lockdown period compared to the pre lockdown 2020 figures. However, this was not across all users and services. The proportion with higher priority increased as did those receiving home care. Eighteen people had home care packages cease permanently due to COVID-19 related reasons to the end of June and 130 had their care package suspended. Many of these were due to family-based requests because of family members working from home and being able to provide direct support themselves or wishing to ensure external contact is reduced to prevent risk of COVID-19 transmission. Where services were reduced, we maintained regular (at least weekly) contact with families/service users to ensure their needs continue to be met.

## **5.3 Shielding**

6,833 shielding letters had been sent out to people in Falkirk area. 11% of these were current Social Work cases; 47% either current or past cases.

## 5.4 PPE

PPE in Falkirk has been co-ordinated from the early days of the pandemic with the Chief Executive requesting that a Co-ordination Group be established, chaired by the CSWO. This group has met weekly for months, carefully considering national guidance alongside the requirements of our staff, volunteers, providers and those in receipt of care. Collectively we have worked to ensure any risks to stock levels or distribution are mitigated and been forward thinking in our approach to ensure our people have what they need to protect themselves and others.

## 5.5 Public Protection

The COVID-19 situation has meant that Local Authorities and their partners have had to prioritise their essential duties. Public Protection Chief Officers Groups (PPCOGs) have a central role in the oversight and direction of risk management in respect of vulnerability and public protection during our response to the pandemic. In April it was decided to merge the Falkirk PPCOG with the Stirling/Clackmannanshire PPCOG to form the Forth Valley Public Protection Chief Officers Group. The group has met frequently and is chaired by Falkirk Council's Chief Executive.

Both the Adult Protection and Child Protection Committees recognised the need to develop COVID-19 specific work plans and increased the frequency of work group meetings, utilising data to identify emerging vulnerabilities and risks and mitigate harm. Each group moved quickly to adapt to the changes to the National Guidance for Child and Adult Protection as well as that relating to Violence against Women and Drugs and Alcohol.

## 5.6 National Data Reporting

Since mid-April for vulnerable children and mid-May for adult public protection, Social Work has contributed to weekly activity reporting to Scottish Government and SOLACE. These reports have provided a national picture of relevant activity and an opportunity to see where Falkirk stands in its activity. The Falkirk Public Protection Chief Officers Group and the Forth Valley Public Protection Chief Officers Group have used the national data reports to scrutinise areas of emerging risk and to ensure attention is paid to areas where we see change in uptake, referral or investigation.

## 5.7 Child Protection

Falkirk has a higher rate of children with a Child Protection Plan than in Scotland as a whole and a higher rate of Looked After starts during lockdown. This requires the support of regular professional contact with vulnerable children and, despite these higher rates, Falkirk has maintained the percentage contact that is achieved across Scotland. However, this volume has been more difficult to support weekly, where the percentage is lower than across Scotland as a whole. The hubs operating out of our schools during lockdown and Easter provided much needed support for children and their families.

## 5.8 Adult Public Protection

Adult Protection referral rates are lower in Falkirk compared to Scotland as whole. We have looked into this and have identified that our screening may be slightly more refined than other Local Authorities in that many report all their adult well-being concerns from the Police as adult protection referrals. We regularly monitor our activity and are comfortable with, and confident in, our screening practice in Falkirk. However, through May to the end of June, Adult Protection referral rates were maintained in Falkirk whilst falling nationally. Investigations have fluctuated above and below the Scottish rate.



## 5.9 Justice Services

Justice Services remained operational during the pandemic. During the lockdown period, the vast majority of service users on Community Orders or licences were moved to phone contacts, with face-to-face contacts and home visits implemented where the level of risk and needs dictated additional measures were required. The Unpaid Work service was suspended, however the Unpaid Work Supervisors provided ongoing support to the community, working with partners such as the Food Bank and Cyrenians by utilising our vans to support the supply chain and delivery of food parcels. Our supervisors also continued to provide support to partner agencies to undertake manual labour tasks such as maintenance of the Walled Garden at Dollar Park, site clearance as well as individual requests for support from members of the public.

Voluntary Throughcare support continued to be made available to those being released from custody having served a short-term sentence, with contact made with individuals whilst in custody to identify support needs and ensure a package of support was put in place prior to their release. We worked closely with Housing colleagues to ensure those requiring accommodation were provided with it at the point of release.

In partnership with Falkirk Sheriff Court and Falkirk Scottish Welfare Fund colleagues, we introduced a travel voucher scheme administered by staff at the Court to ensure those who were appearing from custody without means to get home were supplied with travel vouchers. The scheme has now been replicated across other Courts in Scotland.

Work has been done at National level in respect of the introduction of emergency legislation to support the delivery of Justice Services during the pandemic. Justice Services are gradually opening back up again in line with the Government strategy and national guidance. Work has been done to the Justice Services building to ensure it is compliant with social distancing and health and safety. Our Court and prison based Social Workers have returned to duty in those settings.

## 5.10 Recovery

From the very outset of the pandemic, we have been very alert to the likelihood that there would be pent-up demand support in the weeks following on from the initial lockdown. With the loss of income some families and individuals are experiencing resulting from unemployment, poverty and the impact on mental health, we know we need to carefully consider the type of supports people will need post COVID-19.

Adult, Children and Justice Services have already committed to service transformation which aims to improve outcomes, make efficiencies and ensure services are fit for the future. All areas will develop their transformation plans now in light of what have learned and continue to learn from the impact of the pandemic. There is pressure to deliver on the transformation agenda whilst the challenges of COVID-19 response are in full flight and continuing to introduce complexity to the social work landscape. There are concerns about the financial impact of COVID-19 which are significant.

We know from surveys and research that people with disabilities have been much impacted from changes and reductions of services. Carers who provide so much to those they care for are tired and we must find new ways to support them. We will continue to work closely with carers and service users to re-design together.



It will be essential to embed learning into service redesign and new operating models, and that plans address both existing priorities and areas of emerging need arising from the pandemic as well as the substantial backlog in demand on Social Work services arising from emergency measures such as the initial shutdown and ongoing restriction of Court and Children's Hearing business.

Going forward, there will also be a need to have direct face-to-face contact with a wider range of people, including those whose needs have been negatively impacted during the crisis, to ensure a focus on a rights based approach to life decisions and interventions and in recognition that relationship based practice remains key to support. Staff are utilising technology well and feedback from many service users is that they have liked the new ways of keeping in contact. Social Work requires a blended approach to contact. We need to embrace the new whilst continuing with the direct contact and visits to homes. Assessment of risk requires face-to-face work and time spent with people in their own home settings. Relationship based practice is at the heart of our engagements and we need to preserve this.

The transformation programmes highlighted earlier in this report already have a focus on working in more preventative and integrated ways; empowering individuals and families, working closely with community groups and co-designing services. All of which will be important as we move through the recovery period.

There are a number of significant national policy and legislative programmes which impact on Social Work over the course of the next year: The Promise, arising from the Independent Care Review; new legislation on the Age of Criminal Responsibility and Equal Protection; the impact of justice reform including the presumption against short sentences, redress for the survivors of historic abuse; and the review of Adult Social Care which was announced in September 2020. These are all significant and the full impact is not known but likely to be substantial.

The Justice Service is developing arrangements to support the safe resumption of unpaid work (specified by the Court as part of a Community Payback Order) but this is dependent on restrictions in place at the time. The service needs to accommodate the existing backlog of hours alongside meeting the requirements of new Orders imposed by the Courts.

Social Work services are all planning for recovery whilst in full response mode. Coupled with the legislative, policy and local priority programmes, Social Work finds itself needing to be responsive to the past the present and the future all at the same time.

## 6. Examples of collaborative social work – working together across boundaries to improve outcomes for children, young people, adults and families in Falkirk

### 6.1 Supporting Carers and Young Carers

The local carer's strategy, 'Getting it Right for Carers in Falkirk', was approved by the Integration Joint Board and published in April 2019. This includes an action plan for implementing the 2016 Act. One of the underpinning principles is that the approach taken within adult and children's services should be the same. This is particularly important as the needs of both carers and the cared for person span all aspects of both services with significant cross over.

Short breaks and a carer's entitlement to this where assessed as a need, has led Falkirk Council and Falkirk Health & Social Care Partnership to review the Short Breaks Services Statement, which sets out information about local short breaks provision. This is reviewed and updated annually.

Joint working continues with Falkirk and Clackmannanshire Carers Centre to maintain services for carers including:-

- completion by the Carers Centre of Adult Carer Support Plans and Young Carer Statements. Where a need for a funded service is identified this is passed to adult or children's services.
- provision of information and advice about carers' rights and advocacy
- income maximisation
- education and training
- health and wellbeing support and bereavement support
- emergency and future care planning.

A number of Carers Fund projects have also been commissioned to help deliver support:-

- Falkirk Citizen's Advice Bureau - provide an outreach clinic to support with financial issues, including benefits.
- Falkirk District Association for Mental Health - support to carers / families who are caring for someone impacted by mental illness, including crisis support.
- Falkirk Council/ Health & Social Care Partnership – policy and practice development to support implementation of the 2016 Act and access to flexible short break options for carers of all ages through the Falkirk Short Breaks Bureau.
- Falkirk and Clackmannanshire Carers Centre – completion of Adult Carer Support Plans and Young Carer Statements

Work continues with NHS Forth Valley to involve carers in hospital discharge, another key provision of the Act. The focus is on planning for when the person they care for is going home. This work is supported by the Carers Centre staff.

All of this work links with the strategic aims included in the Falkirk Health & Social Care Partnership Strategic Plan and the Children's Strategy 'Closer to Home'.

The onset of COVID-19 has increased the pressure on carers and the people they care for. Measures have been put in place to try to reduce the impact of this by:-

- Encouraging a flexible use of respite budgets to purchase of equipment to help carers e.g. laptop to enable carers/families to be online, garden seating to create a safe space to relax while isolating, exercise equipment to improve wellbeing.
- Many carers have undertaken additional caring responsibilities and Personal Protective Equipment (PPE) is being delivered to carers to enable them to do this safely.

Implementation of the Carers Act requirements is a complex process. A Strategy Group with membership from across education, children and families, adult care and health work together to oversee this. As we move into the latter stages of the implementation stage, this group is reviewing and updating the plan, including training needs for staff.

## 6.2 Relationships First Project

One of the most important things in life is our relationships: they can enhance and change our lives. Yet some young people leaving care, and people who work for local authorities, describe a range of barriers which mean they find it difficult to maintain connections. Falkirk Council has taken the bold step to explore what these barriers look like in their organisation and what they could do differently. The Council is hosting Designed by Society and the Relationships First project, asking us to challenge ourselves and current systems to better and more frequently enable reciprocal relationships that enable care leavers to flourish. The Project's vision is Falkirk's Corporate Parents care for Care Leavers like they would their own children. The challenge is to translate this vision into sustainable practice.

Relationships First is a participatory design demonstration project funded by The Life Changes Trust. It supports 8 care leavers and 10 members of the workforce from Falkirk Council to collaboratively design services that put love and relationships at the heart of leaving care service provision. The Co-Design Crew has conducted and drawn together experiential research that identifies good practice and focuses on barriers and enablers to the workforces' capacity to put relationships first. The Crew is in the process of developing a range of ideas and service designs under the themes of 'Humanising the System', 'Nurturing the Nurturers' and 'Being Yourself at Work'.

An independent interim evaluation of the project (<https://bit.ly/2ZGkQdi>) has highlighted impacts, drivers, tensions and enablers in this work so far. As an experiential learning process, it has not only offered a range of transferable training opportunities (such as systems leadership and service design practices), but also enabled participants to *be the change* they'd like to see.

*"It's definitely shown me how to treat other people ... I've learned to self-control. I've learned to think of other people's feelings. I've learned that personally and I've learned that I'm not alone when it comes to being alone, if that makes sense. So, I've learned loads here, really deep things over the year. Like when to talk, when to open up. I've learned about emotion" (care leaver)*

*"So, I was maybe not prepared for the depth of training that we would have, but now at this stage that we are at, I'm glad we've had that, because at every stage I've questioned my own perceptions of things, I've questioned the way things are. It makes you really curious. Now when we've come together, we've been totally ready to come together" (workforce)*

The Project reports to the Corporate Parenting Strategy Group and its findings gathered through research discovery stages are aligned with those outlined in the [Independent Care Review](#).

The project's timeline has been significantly impacted by the COVID-19 pandemic, being paused in March 2020.

At that stage the Co-Design crew had just completed research interviews with employees working across a wide range of services and gathered rich information on workforce behaviours associated with their role as a Corporate Parent. Project findings highlight systems, relational and personal barriers and enablers to developing and sustaining relationships which support Care Leavers. This work will guide the next stage of this project as the Co-Design Crew focus on co-designing service which build on enablers while addressing barriers. This will include prototyping designs and collaborating with members of the wider workforce.

### 6.3 Action 15

The Action 15 Planning and Monitoring Group oversees the effective planning and evaluation of projects funded under Action 15 of the National Mental Health Strategy. Action 15 funding is designed to increase the number of Mental Health workers in General Practice, Emergency Departments, Police Custody and Prisons. The membership of the group includes representatives of both Health & Social Care Partnership, Justice Services, NHS FV.

Justice Services in partnership with NHS colleagues were successful in a bid to the Scottish Government Action 15 Fund designed to increase the capacity of the mental health workforce across Scotland. We secured permanent recurring monies to fund a Community Psychiatric Nurse (CPN) to be based within Justice Services. The CPN came into post in March 2020. The CPN will assess the needs of individuals requiring mental health support, whether that be through a licence condition or referral from the individual's supervising social worker and engage them with the most appropriate resource to meet their needs. The CPN will provide advice and guidance to Justice staff and support joint working with individuals where necessary. The CPN will also liaise with the Scottish Prison Service mental health teams to provide a throughcare support pathway to individuals who require mental health support upon release from short-term prison sentences. The introduction of this post will provide a better pathway to treatment for our often hard to engage service users and, through early and effective intervention, we would hope to reduce the likelihood of individuals receiving a custodial sentence whereby poor mental health was a contributing factor to their offending behaviour.

### 6.4 The Falkirk Learning Disability Team's Commitment to Support Social Care Staff Resilience and Wellbeing

The Falkirk Learning Disability Team (FLDT) are committed to and invested in supporting one another to promote wellbeing and a resilient workforce. The team manager has committed to working alongside colleagues to build a culture of kindness, where people feel supported and engaged. The Resilience Engine piloted by the FLDT in 2019 provided a springboard to the team adopting new ways of promoting personal and team resilience. This is a virtual platform which offers ways to promote personal and team resilience.

In January 2020, the team delivered a presentation to the Councils' leadership group titled 'Supporting Resilience within our Team'. The presentation outlined how the team have acted in key areas to promote staff wellbeing, resilience and essentially a positive culture in our team. These areas are briefly described below:

**Culture.** Fun and kindness.

**Language.** It's ok to talk about resilience and self-care. Opening up dialogue around this-bringing discussion into supervision and team meetings. Making this a standing item on supervision and team meeting agendas.

**Inspire.** Encourage knowledge sharing.

**Leadership.** Leadership at all levels-encouraging sharing of knowledge. Celebrating success and learning from each other.

**Partnership.** Collaboration and coming together to develop new ideas.

“When COVID-19 hit-it knocked the wind out of our sails. We were on a roll and all of a sudden the world stopped. The team had to shift gears, adapt quickly and jump into survival mode. I believe that our strong culture and solid foundation allowed us to be flexible and adapt quickly to the changes around us. When we were asked by our Service Manager if we could help with staff wellbeing across the partnership the team rallied with support from the Mental Health Team and put forward a plan.

From there the Staff Wellbeing Contact Centre was born. This commenced on April 27, 2020 and ran until the end of June 2020”. (Stephanie, TM)

The Staff Wellbeing Contact Centre offered:-

1. A phone line Monday to Friday 9-5pm.
2. An email inbox was available to enable communication.
3. ‘Wobble’ Bulletins published weekly.
4. Virtual Staff Catch ups on Web-ex. The purpose of these Catch ups was to offer peer support, share and connect.

Resources about wellbeing were collected and circulated as far and wide as possible. The ‘Wobble’ Bulletins and the Virtual staff catch ups proved to be very popular. There were 17 Bulletins issued in total. These were circulated across the Health & Social Care Partnership, Justice and Children’s Social Work. There were 11 Virtual Staff Catch up sessions held over Web-ex. Topics discussed during the Virtual Staff Catch up sessions included:-

- A discussion around Mental Health Awareness Week with a focus on kindness
- How are you being kind to yourself?
- How can we be kind to each other?
- What do we need in the workplace to promote kindness?

## 6.5 Transitions

For young people with additional needs (and their families) the natural move away from childhood into adulthood is a time when many aspects of life change, particularly the shift from school into the wider world. Expectations, responsibilities and opportunities all become different. Management of this transition period involves not only the family and young person but also a range of services. These services are often organised in a traditional manner, focusing on either children or adult support adding an additional aspect of complexity to the transition. Along with other areas, Falkirk over recent years have been looking at how we can improve families experience of this transition stage and over 2020/21 have seen real progression of plans to achieve a smoother pathway into adulthood for our young people.

Over the past year plans to improve transitions have made good progress. We are particularly pleased that a key, new post of Transitions Coordinator was finalised, approved and advertised. This has been the culmination of a joint approach across adult and children’s services to improve transition planning and adopt a lifespan approach to this milestone in the lives of young people. It builds on the Principles of Good Transitions and is guiding ongoing developments.

In line with this approach, this joint adult/children's post spans both services with oversight held by a transitions steering group with membership from key stakeholders in social work, health and education.

Over 2019/20 we have benefited greatly from the secondment of a social worker with experience and interest in transitions to work in a dedicated manner on scoping need, and working with children and adult social work staff and our ASN school provision. The funding of this post came from the Looked After Children Attainment fund from the Scottish Government. This allowed the groundwork for the role of the Transitions Coordinator to be completed while the process of grading and advertising the post took place.

Achievements over the year include:-

- The establishment of networks and relationships to raise the profile of transitions, including highlighting the importance and impact of assessment, education and facilitation.
- Early development of a central information hub on transitions with provision of advice to the wider children and adult service. This is informed by engagement in national groups, and local networking and is enhanced by local transitions resources which were updated with SALT colleagues e.g. resources pack, professional's booklet, social activities booklet.
- A draft Transitions Pathway is in place.
- Analysis of need and implementation of systems ensured initial assessments were in place for all 2020 and 2021 school leavers from Carronrange High School, and other specialist hubs across Falkirk and further afield.
- Blurring of the traditional boundary between children and adult services which has facilitated a more person-centred approach to working with school leavers with additional needs at the appropriate time and at a level appropriate to their individual situation.
- Increased integrated assessment and work between health and education colleagues as well as our own children and adult social work services and including services such as SLT and psychology.
- An initial database of children with disabilities in the Falkirk area from the first year of secondary school has been developed and early work on records of children with additional needs from birth is underway to inform and support the lifetime transitions approach.
- Underlining the commitment to relationship based and person-centred practice, positive relationships have been built with families, particularly during difficult times. Of note is the level of engagement during the COVID-19 crisis and the high number of young people still able to achieve a positive destination.
- Development of links with local colleges and other resources is increasing the opportunities for young people.

Children's services, health and adults' services will develop are now developing a five-year vision for transitions and seamless provision of support from birth to adulthood. The aim is to minimise barriers, develop a system for smooth transitions over the lifespan focusing on the core principles of the Closer to Home Strategy and build on existing progress to achieve excellence in practice and provision.

## 6.6 Self-Directed Support

The Social Care (Self Directed Support) (Scotland) Act 2013 ensures that individuals with eligible support needs and their carers can exercise choice and control over the support they receive, in line with their agreed assessed need and personal outcomes. This applies to support funded by local authorities (and health where there are jointly funded support arrangements) and applies to both children and adults.

Falkirk has continued to progress towards improving implementation of SDS taking account of national and local evidence for improvement, including:-

- 2017 Audit Scotland Report on progress towards SDS implementation.
- 2019 Care Inspectorate thematic inspection recommendations (across 6 local authorities in Scotland).
- 2019 Change Map produced by the Scottish Government that outlines priorities for people, workforce, leaders and systems.
- Social Work Scotland's dedicated project to develop a Framework for SDS implementation in late 2020.

Alongside the national priorities, SDS implementation in Falkirk is aligned with the Falkirk Health & Social Care Partnership Strategic Plan and the Children's 'Closer to Home'.

Combining the recommendations and aims of all of the above has led to a review of the local strategy for SDS implementation and a refresh of the local action plan is underway. This is underlined by:-

- Joint working with SDS Forth Valley, a user-led charity that supports people to understand the different options and to ensure they have the right information at the right time to make an informed choice about their support.
- Regular staff briefings are offered to ensure staff can keep up to date with developments and raise any issues/questions they have in relation to SDS.
- Workforce development activity to ensure access to the training and professional development activities for staff across social care.
- Improvement to systems and processes are being made to support staff with implementation.

The impact of COVID- 19 has been significant for families. New SDS guidance was provided by the Scottish Government to provide increased flexibility. This has been used to enable people to adjust their support options where needed including:-

- Purchasing technology to keep in touch with friends/family, access online hobbies/activities.
- Purchasing items that make life easier during COVID-19, particularly for carers e.g. garden chairs to create a safe space at home during lockdown, exercise equipment, online courses.
- Reducing paperwork where possible to access SDS.

A number of other supports have been put in place including regular supply of Personal Protective Equipment (PPE) delivered to people employing personal assistants (through direct payments) and unpaid carers.

This will continue during 2020/21 as the COVID-19 pandemic progresses, along with the work related to the wider SDS implementation. Alongside this, the council are developing a Family First project within Children's Services as part of the Closer to Home strategy.

This will further embed SDS within children's services and particularly seek to increase choice, flexibility and creativity in how assessed needs and outcomes are delivered.

## **6.7 Falkirk Families Information and Support Line**

During these unprecedented times with the Coronavirus pandemic affecting all our lives, Children's Services have been alert to new and emerging needs for families in Falkirk.



Many families who have been “just coping” prior to lockdown are likely to have been negatively impacted either through financial disadvantage, isolation, loneliness, unemployment or loss of support networks. For the majority of families with nursery and school aged children, their support systems have been disrupted and families are experiencing increased pressures. All of these issues compounded have likely consequences of increased stress and disruption to daily routine which support healthy family life

The Information and Support Line for Falkirk Families has been developed in partnership with Barnardo’s and Aberlour, who already deliver services to many Falkirk families. Falkirk Council has supported the use of 5 operational communication lines with one central contact number for callers. Appropriate connections have been made with the Support for People Service and Falkirk’s COVID-19 Emergency Community Food Project. This new Information and Support Line adds to the network of support already available and aims to strengthen the range of supports for children, adults and families in Falkirk.

The service will continue as a minimum till 31<sup>st</sup> March 2022. Through evaluation of the needs of those using the service and considering outcomes for families, we have identified that the top 3 reasons families are seeking support is due to challenging behaviour of children, isolation and poor mental health of parents and carers, and financial hardship. The service is open and accessible on a universal basis however includes a targeted offer to more vulnerable families, many of whom may have had a reduction or disruption to their children’s plans.

A refreshed, co-produced communication strategy is under development with Aberlour and Barnardo’s actively seeking the views of families and young people to ensure that the reach and impact of the service is maximised through these continuing challenging times. This service, although developed swiftly as a reactive response to the impact on family life from COVID-19, is an important part of our family support delivery within Falkirk and we would want to continue to build on this innovative and early intervention approach.

## **6.8 Public Protection Awareness Raising “Adult and Child Protection stops for nothing”**

Lead officers continue to acknowledge our ongoing COVID-19 context which impacts on a reduction in professional contact and visibility of both children and adults who may be at risk of harm. Since March, it has been vitally important that a rigorous and ongoing public ‘call to action’ campaign was implemented. Three phases of this campaign are now complete accumulating with a concentrated multimedia campaign over a two-week period from 17<sup>th</sup> – 31<sup>st</sup> August 2020.

The strategic objectives have been clear and shared by all Committee partners, these have included: -

- Continue to get important ‘call to action’ information out to the public using a variety of methods.
- To have a fluid and evolving strategy which will respond to changing social behaviours as government social distancing and lockdown measures change.
- A coordinated approach from all Committee partner agencies to share information on their platforms to achieve maximum impact.

The activities carried out in each phase of the campaign have included use of social media, text messaging, Central FM radio campaign, Poster, flyers and a partnership ‘talking heads’ video. All committee members have used their communications resource and networks to make our communications as far reaching as possible. We are confident that our coverage has been far reaching, for example, Central FM have 47,500 weekly listeners and one single partner had a reach of 30,000 on their social media channels.