

## **Agenda Item 11**

# **Annual Report of the Chief Social Work Officer 2020 – 2021**



## Falkirk Integration Joint Board

18 March 2022

### Annual Report of the Chief Social Work Officer 2020 – 2021

For Consideration and comment

#### 1. Executive Summary

- 1.1 The Annual Report provides an overview of how the statutory responsibilities have been fulfilled by the Chief Social Work Officer (CSWO) during 2020-21. CSWO's are required to submit an annual report in accordance with Scottish Government guidance.
- 1.2 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 consider and comment on the contents of the CSWO's Annual Report, which is attached at Appendix 1
- 2.2 acknowledge the commitment, skills and experience of social work staff in continuing to deliver high quality services during an unprecedented year.

#### 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
  2. Service Quality and Performance
  3. Resources
  4. Workforce
  5. COVID-19.
- 3.6 The Council approved the report at their meeting in December 2021 and it has since been submitted to the Chief Social Work Adviser at Scottish Government.

#### **4. CSWO Annual Report 2020-21**

- 4.1 The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and social care services. This applies whether these are provided by the Local Authority, the Health and Social Care Partnership or purchased from the private or voluntary sectors.
- 4.2 The landscape for all public service will continue to change over the coming years and social work will be required to adapt to meet the growing demands associated with protecting and caring for those most vulnerable and at risk in our community.
- 4.3 The CSWO is not intended to provide a full report of the performance and activity of the entire Social Work function. Throughout the year there are reports to the Education, Children and Young People Executive; Integration Joint Board; Public Protection Chief Officers Group; and other governance groups. This report presents an overview of performance primarily in terms of the specific role and functions of the CSWO as set out in legislation and guidance.

- 4.4 The impact of COVID-19 is considerable. It has created new challenges for families who have been 'just managing', deepened the impact of poverty, reduced opportunities to meet people and sustain good relationships and demanded our workforce adapts to changed ways of working.
- 4.5 Social Work services have been in full response mode since the start of the national lockdown period and the pressures have been relentless. Our workforce and our partners have continued to offer person centred, respectful and compassionate care every day. They have kept those in need of support feeling loved, fed and comfortable. They have also had to support people at the end of life and be with them when their relatives couldn't.
- 4.6 The landscape for all public service will continue to change over the coming years and social work will be required to adapt to meet the growing demands associated with protecting and caring for those most vulnerable and at risk in our community.
- 4.7 This annual report thanks and commends the outstanding commitment from our social care workforce.

## 5. Conclusions

- 5.1 The CSWO's Annual Report covers the period from 1 April 2020 to 31 March 2021 and provides an overview of how the responsibilities related to the role have been carried out.
- 5.2 The CSWO is not intended to provide a full report of the performance and activity of the entire Social Work function. Throughout the year there are reports to the IJB for this purpose. This report presents an overview of performance primarily in terms of the specific role and functions of the CSWO as set out in legislation and guidance.

### Resource Implications

There continues to be a significant 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

The delivery of Social Work and social care services is in line with the Strategic Plan.

### Directions

This is not required for the report.

### Legal & Risk Implications

By preparing an Annual Report, this complies with national requirements.

### Consultation

Consultation with 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

This is not required for the report.

## 6. Report Author

Sara Lacey, Chief Social Work Officer

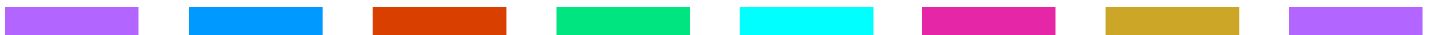
## 7. List of Background Papers

N/A

## 8. Appendices

**Appendix 1:** Chief Social Work Officer Report 2020-21

# CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020-2021



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### Foreword

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## Foreword

This is my fourth annual report as Falkirk's Chief Social Work Officer.

This report provides a summary overview of social work activity across Falkirk over 2020/21 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 and it does not replicate other governance arrangements which scrutinise service performance throughout the year. This is the second year that Scottish Government has provided a reduced template for completion given the considerable pressures being faced as a result of the implications of the global pandemic.

Last year's report afforded me an opportunity to highlight some of the early indications of impact of COVID-19 on the workforce and services. The content of this year's report is set entirely against the backdrop of COVID-19. The breadth of social work service delivery has been revealed over this reporting year. Every activity undertaken across the whole social work and social care system has been impacted beyond measure. New ways of working have been adopted at pace, mistakes have been made, lessons have been learned, partnership working has been strengthened, tensions have emerged, new connections forged, there have been hardships and new risks to navigate, there have been surprising successes. Social work has never been more challenged, nor has it ever been as important than in these last 18 months.

In the early stages of the pandemic our focus was on capacity within the workforce; concerns about availability of staff as result of the call to work from home, staff testing positive or isolating, the need to shield for those with underlying health conditions. We were challenged with how we would retain adequate staffing levels in residential settings and for those with care and support needs in the community. Soon enough, there were a myriad of complex challenges to contend with and we started to think about the longer-term impact of lockdown with closed services and reduced support from key partners in the protection of children and adults.

During the first national lockdown, referrals to social work slowed down and our thoughts moved to hidden harms and what the demand for support might look like when restrictions ease. As we concentrated on the unprecedented "here and now" we used data, local and national intelligence, and the expertise of our workforce to adapt and prepare for the future. A challenge throughout for the social work service has been the need to respond to the pandemic related pressures whilst working towards recovery and amongst a changing policy and legislative landscape.

Our frontline social work staff have gone above and beyond to meet the demands placed upon them. Our workforce has had to balance their own concerns for their health and the safety of their own families with the needs of our service users. Although some services had to close to comply with Government guidance and some interventions moved to telephone support and on-line solutions, a sizeable part of our workforce was donning PPE and stepping into people's homes and working in residential settings. Health and social care staff had to grapple with the implications of the pandemic whilst working face to face, caring for others. Staff have had to work remotely and on the front line of COVID-19 care, with less informal support available from their colleagues and formal management support made available but provided differently than our staff are familiar with.

This report provides insight into how social work and social care services operated during 2020/21. It highlights the challenges and the adaptability and professionalism of our workforce. I have heard remarkable accounts from practitioners on the frontline about how they have ensured the people of Falkirk receive the care and support they need.



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I have listened to difficult accounts from our people and partners who describe how relentless this last year has been, the impact it has had on their personal lives and wellbeing and some have made the decision to leave the profession. Staff safety and wellbeing has been a big priority for our Council, Health & Social Care Partnership, Trade Unions and partners. New ways of retaining and supporting our staff and teams is a focus for our future sustainability of services.

Staff across justice, adult services and children's services deserve very special thanks for the work they have done and that they continue to do. I hope this report reflects the commitment and the dedication of the social work and social care workforce across Falkirk. I also hope this report illustrates that even when the challenges being faced felt all consuming, innovation and new developments to improve the experiences of our service continued.

Sara Lacey  
Chief Social Work officer



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## 1. Governance and Accountability

### 1.1 Role of CSWO

The overall role of the Chief Social Work Officer (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. There is a statutory requirement for all Local Authorities to appoint a professionally qualified 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 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 services are provided in partnership with a range of stakeholders, including people who use or benefit from them. 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 CSWO provides professional governance, leadership and accountability for the delivery of social work and social care services whether provided directly or delivered by the independent or voluntary sector on behalf of the Local Authority or the Health and Social Care Partnership (HSCP). The Third and independent Sectors are key partners in service delivery and service user experience.

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. 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 2020/21, 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 all 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 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 social work service.



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The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of the Local Authority's statutory functions as they relate to social work services. The CSWO fulfils the functions for 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 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, the 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. The CSWO and Chief Officer of the IJB meet regularly to support social work in the HSCP.

As a member of the Corporate Management Team, the CSWO has the opportunity to contribute to policy development and ensure that senior leaders are advised on social work matters.

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

The CSWO is a member of a number of other boards, committees and groups:

- Integration Joint Board
- Chief Officers Public Protection Group
- Child Protection Committee
- Adult Protection Committee
- MAPPA Strategic Oversight Group
- Children's Commission Leadership Group
- Alcohol and Drug Partnership
- Care Home Assurance Group
- HSCP Strategic Leadership Group

On 1 April 2016, Health and Social Care functions per the integration scheme were formally delegated to the Integration Joint Board. Therefore, financial year 2020/21 represents the fifth 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 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.

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. CCGC met 5 times during 2021 and amongst other areas of business, considered reports on the following:

- Care Home Assurance
- Complaints and feedback performance
- Hospital acquired infection
- Duty of candour

### 1.5 Public Protection Chief Officers Group (COG)

Public Protection Chief Officers Groups 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. Chief officers are responsible for ensuring that constituent agencies, individually and collectively, agree and disseminate a clear vision, shared values and aims that promote work to protect children, young people, vulnerable adults, the wider community and reduce reoffending as effectively as possible. Chief officers are expected to demonstrate effective collaborative working to discharge their responsibilities and consistently promote effective joint working within and across services. COGs are collectively accountable for public protection across local authority areas. There are key routine areas COGs should focus on but they have freedom to scrutinise any areas of public protection they deem relevant.

The COVID-19 response meant that Local Authorities and their partners had to prioritise their essential duties, which includes protecting the vulnerable with a whole systems approach to the protection of our most vulnerable people. In late March 2020 Scottish Government reminded partnerships that COG has a central role in the oversight of risk management in respect public protection during the COVID-19 national response, suggesting frequency of meetings may require to increase and supporting oversight by introducing a weekly data set. To harness full collaborative advantage and to be suitably efficient of time in the midst of such relenting demand, the three Forth Valley CSWO's recommended that Falkirk and the Clackmannanshire/Stirling Public Protection Chief Officer Groups are combined into one overarching COG.

In April 2020 the Falkirk COG merged with the Stirling/Clackmannanshire COG. The Forth Valley COG met 6-weekly for the first few months of 2020 moving to 8-weekly later that year. The Forth Valley COG was chaired throughout by Falkirk Council's Chief Executive. A specific COVID-19 remit and dedicated risk register was developed to ensure group focus, assurance and scrutiny was on the right areas such as staffing levels, changes in demand, capacity to protect children and adults, information sharing, resilience and domestic abuse. Scottish Government introduced a weekly data set for both child and adult protection and this was reported to every meeting of COG.

The Forth Valley COG discontinued in December 2020 with consensus reached that the construct had been a suitable arrangement during the height of the pandemic a return to local COG's allowed for deeper scrutiny and assurance a local level. Local focus was needed as the data scrutinised at COG illustrated increasing demand which we anticipated would be sustained.

## **1.6 Falkirk Alcohol and Drugs Partnership (FADP)**

The Falkirk Alcohol and Drugs Partnership Delivery Plan was developed in consultation with significant input from social work services and other key partners. A requirement from Scottish Government was that ADP's develop a three-year delivery plan for 2020-2023. This plan superseded the previous Falkirk ADP plan.

The plan carries forward key action points from the previous ADP plan which were pertinent to our priorities. The plan included the action points for key areas such as:

- key findings from the strategic service review.
- key findings from the local research into Non-Fatal Overdose.
- priority areas for development that relate to prevention of substance use in young people, and,
- a continued focus on prevention of all substance related deaths.

The ADP has made significant progress as a partnership during 2020/21. Some of the key points to note include:

- The National Taskforce funding used to increase weekend coverage capacity within Forth Valley Royal Hospital for the Hospital Addiction Team is now supporting operational delivery 7 days a week. The additional investment to support an improvement in the timescales relating to the investigation of drug deaths and suicide, saw recruitment of a lead officer to support the review and learning process and additional investment has been made by NHS Forth Valley Public Health Department to develop a strategic post for suicide and substance related death prevention. These posts work closely with services to identify learning and drive forward change.

- The Falkirk ADP has successfully implemented a referral pathway from the Emergency Department / Mental Health Unit at FVRH.
- Work has progressed on provision of naloxone (opioid reversal drug) on discharge from ED/MHU, with additional training for front line social work staff in the use of naloxone and the signs of opiate overdose.
- Falkirk ADP, children's and adults' social work services agreed a three-year contract for Forth Valley Family Support Service (Substance Use).
- An additional three-year contract for Forth Valley Recovery Community agreed.
- Working closely with the ASP Committee, the FADP was instrumental in the development of our response to Early Indicators of Concern. A primary function of the EIC group is to target the unwise decision-making behaviours of any non-fatal overdose cases that do not meet the statutory requirements for ASP processes, in the hope that a multi-agency supportive response will work to prevent and/or reduce risk taking behaviours.
- The FADP revised delivery plan is inextricably linked to the strategic plans of the Health and Social Care Partnership, Community Justice Partnership and the Council's priorities.

## 1.7 Child Protection Committee (CPC)

Child Protection Committee relies on the support and commitment of everyone across the partnership. In the last year this has been fully embraced to ensure children's rights to safety and protection have been upheld during the COVID-19 pandemic. Health, education, police, Scottish Children's Reporter Administration, third sector, social work, and other Council services have pulled together so that children in need of protection have been seen, not only physically but through everyone remaining alert to harms that might be hidden.

In March 2020, new supplementary child protection guidance was published by Scottish Government with the result that committee quickly altered its approach for all vulnerable children in Falkirk. [CPC COVID Action Plan – Practitioner Pages \(glowscotland.org.uk\)](https://www.glowscotland.org.uk). Of the 19 themed areas in the COVID plan, it's encouraging to report 17 have been completed and 2 remain longer term priorities.

During 2020-2021, committee was chaired by the CSWO; it met 6 times and the workplans from 6 Committee sub-groups progressed well. These subgroups function to deliver on: Continuous Improvement, Learning and Development, Inter-agency Referral Discussions (IRD), Child Sexual Exploitation, Policies and Procedures and Public Information, Engagement and Participation.

Committee agendas and a forward planner were developed to satisfy key strategic objectives. Committee received presentations and held discussions and activities including:

- The shared learning from two Significant Case Reviews
- The Care Inspectorate Link Inspector role for Council and partnership staff
- Family Participation Project
- National Consultations such as the Age of Criminal Responsibility Guidance on Investigative Interviews, Raising the Age of Referral to the Principal Reporter, Forensic Medical Services Act 2021, Child Protection Guidance, Learning Review Guidance
- An improved analysis of statistical data with consistent linkages made to national information allowing for benchmarking

## Child Protection Data

The number of children on the Child Protection Register in Falkirk, as a rate of population, remains significantly higher than nationally. The highest weekly register number in the year was 150 and the lowest 117. The average number of children on the register over the reporting year was 134. It should be said however, that there's no 'right' level for children on the register. There has been diligent scrutiny of contributory factors and this examination has given assurance that children receive the right multi-agency decision at the point of registration. The proportion of child protection re-registrations within 18 months was 4.9% in 2020/21. This is slightly higher than the 3.8% recorded in 2019/20. Based on weekly data, social work staff carried out visits to an average of 95% of those registered during the reporting year. This is slightly lower than the 97% reported in Scotland, but it should be noted that, since Falkirk's rate of registration is so much higher than in Scotland, this results in a much higher CP workload.

### Key achievements from workplans over 2020- 2021

- **Self-Assessment/ Quality of Service**

Two new notifications were made to the Initial and Significant Case Review Panel. One led to a comprehensive initial stage and immediate actions were taken to initiate improvements to multi-agency assessment. The other is leading to a Learning Review.

Committee participated in work with the Care Inspectorate to draw together findings from 3 years of learning reviews from across Scotland. Two examples of Falkirk's positive practice changes are included in the published report- the development of a clear pathway for pre-birth planning and assessment and the self-evaluation champion's group to build engagement with operational staff in peer and themed audits to help embed learning (refer to pages 51-52) [triennial-review-of-initial-case-reviews-and-significant-case-reviews-2018-2021.pdf \(careinspectorate.com\)](https://www.careinspectorate.com/publications/2021-2023-triennial-review-of-initial-case-reviews-and-significant-case-reviews-2018-2021.pdf). Challenges emerged achieving a regular programme of self-evaluation due to the circumstances of the pandemic and 'audit champions' and data helped deliver a realistic calendar for 2021.

Events took place to share local learning from two aforementioned Significant Case Reviews, including very well received multi-agency locality-based sessions which are set to continue as forums for feedback and sharing practise experience.

The Closer To Home Strategy workstream called 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.

In a unique initiative, committee is tracking workforce capacity specific to child protection. This is important as there is a need to work across organisational boundaries to ensure a shared understanding of resource pressures. There is now combined reporting with a view to shared mitigations and solutions.

- **COVID-19 Response**

Committee proceeded to increase awareness of child protection issues. Members are fully behind the messages in campaigns - 'if you're worried about a child's safety and wellbeing, it's better to say something than do nothing' and 'many children have been online for longer during the pandemic, so more children have been at risk of online abuse'.





Children's Services have been alert to new and emerging needs for families in Falkirk as a result of the pandemic. Many families who have been "just coping" are likely to have been negatively impacted and their support systems disrupted. The Information and Support Line for Falkirk Families has been developed in partnership with Barnardo's and Aberlour. The line has operated during the potential tough times for families to make a range of supports and a listening ear available.

- **Operational Guidance**

Whilst services individually have made flexible adjustments to support the delivery of child protection processes, the Partnership has also driven forward new pieces of work on the Child's Plan Transfer Guidance, Equal Protection from Assault and GIRFEC Pre-birth Pathway.

Inter-agency referral Discussion (IRD) Guidance has been updated and opportunities are underway to implement an electronic IRD recording system which brings significant improvements and mitigates growing administrative demands.

### **Key challenges and opportunities ahead**

The national Child Protection Improvement Programme continues to trigger an important change agenda for local services. The most sizeable is the implementation of new child protection guidance over 2021-2023 whilst demand for services post pandemic has the potential to endure for months, even years to come. Relationships between partners are strong however budgets and recruitment needs are challenging and there is recognition that high quality child protection is best accompanied by high quality GIRFEC, meaning there is also a focus on preventative, family centred, early support.

## **1.8 Adult Protection Committee (APC)**

The Adult Protection Committee consists of a diverse range of partners who are committed to upholding the rights 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. 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. During 2020, committee was chaired by the CSWO.

Committee is continuously improving and evolving and now has four industrious subgroups who drive forward our strategic work. The subgroups include Continuous Improvement, Learning and Development, Communication and Engagement and Escalating Concerns.

Since April 2020 APC have convened remotely using video conference and continue to do so. We have learned to adapt using this new way of working and developing new skills and ways of working to ensure we continue to provide effective and visible leadership. Linked to this we have put in place mechanisms to ensure we listen to the workforce, adults at risk of harm and where applicable their carers and learn about their experiences of support during the pandemic to shape our future work.

## **Key Achievements from work plans over 2020/21**

- **New Multiagency Escalating Concerns Protocol**

Multiagency partners have been convening as an escalating concerns working group over the last year to develop an escalating concerns protocol whereby partner agencies come together to convene an escalating concerns case conference where an adult is at risk of ongoing harm however statutory pathways are not applicable or agreed.

The protocol has been developed in response to multiagency commitment to supporting all adults in need in Falkirk in an inclusive and trauma informed way. The protocol has been designed for all adults within the Falkirk area who are identified as at risk of harm through their contact with partner agencies. It has been informed by independent consultation with service user groups who have experience of repeat referral or where it has taken them some time to be supported with or find the right intervention. Multiagency staff at operational level have been introduced to the new protocol during new 'Referral, Professional Curiosity and Duty to Inquire' training. This has evaluated well, and we have trained over 130 operational staff since March 2021. The multiagency group who developed the protocol now form our new escalating concerns subgroup of APC who will have a remit focussed on its implementation and continuous improvement towards our early and effective interventions.

By learning more about the common characteristics of the cases being managed through the protocol and the difficulties faced by the adult and intervening professionals we can report these themes into public protection committees and develop actions and improvement plans to assist all. We anticipate that this new training, protocol, continued strategic support and overview and focus on a collaborative partnership problem solving approach will provide a landscape for earlier and more effective interventions for all adults at risk of harm in Falkirk.

- **Improving our adult protection practice for adults who experience self-neglect and hoarding**

Committee set up a short life working group to develop local self-neglect and hoarding policy and guidance following feedback from practitioners and in response to an increase in referrals, we have committed to improve our multiagency knowledge, skills and interventions where the source of harm is self. Again, this is a multiagency piece of work involving, housing, the fire service, social work, the independent sector, health and police. We have finalised the policy and guidance and plan to implement this through new training for all levels of the workforce. We have commissioned external advanced training for our intensive adult protection workforce and are planning a 2-year pilot to evaluate the positive engagement and best practice outlined in the new policy and guidance. We hope to be able to contribute to research in this area through the pilot and share our learning and findings nationally. The organisation providing us with the advanced training have tested and tried these longer-term supportive interventions and an evidence base is emerging. We hope to learn from work they have carried out and apply this to our own practice.

- **Digital Learning and Development**

The Learning and Development subgroup have been busy responding to the need to deliver adult protection training on digital platforms. We have achieved this for all our existing courses delivered routinely and in addition have also managed to carry out other improvement activity linked to making training more multiagency and developing new courses for the intensive workforce.



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The roll out of Microsoft 365 in Falkirk has enabled us to use these enhanced tools to facilitate quality online learning experiences and ease of access for practitioners to explore opportunities and set continuous improvement goals. Overview of all courses and online enrolment is now possible through our Public Protection Practitioner Pages. These pages have been developed alongside other public protection committees and are the 'go to' place for all our procedures, guidance, training and much more. You can access the pages [here](#) and our training plan is available to view [here](#).

We have added new courses including Referral, Professional Curiosity and Duty to Inquire Training, Initial Referral Discussion Training, Early Indicators of Concern Training, Risk Assessment and Chronologies Training and Supporting adults at risk of harm with alcohol related brain injury (ARBI) or suspected ARBI. The courses are evaluating highly and the reach that we are getting from the practitioner pages is resulting in a good diversity of participants on each course which is making for a richer learning experience. We intend that this shared learning will improve communication and collaboration between partner agencies when the learning is applied in practice.

- **Development of our new Communication and Engagement Subgroup of APC**

Our Communication and Engagement Subgroup was newly formed when we reported on it last year. The group has really built momentum and the membership is now strong. We focus on getting our communication and engagement right with three key groups including; the ASP workforce, adults at risk of harm and where applicable their carers and the general public. We managed to achieve delivering an 'ASP week of digital events' for these three key groups in the lead up to National ASP Day on 20<sup>th</sup> February 2021. This included sessions on topics such as the Six Legal Must Do's for the Over 50's – Solicitors for Older People, Keeping you Safe from Frauds and Scams, The Herbert Protocol, Fire Safety tool for carers and Signs of mental distress and routes to support to name a few. This will be an annual activity of the sub-group.

The sub group is committed to the Connecting Scotland initiative and has supported many applications for adults at risk and their carers. More recently we have work with the Scottish Chamber Orchestra to put their online resource Reconnect on to DVD's for the use of our care home communities and carers and those living with dementia in Falkirk Communities. We are interested in use of the arts to communicate important messages and assisting us with our communication and engagement going forward.

- **Joint work of COVID-19 Care Home Focus Group and Early Indicators of Concern Group**

We used the Coronavirus (COVID-19): Additional National Adult Support and Protection Guidance for Chief Officers and Adult Protection Committees to influence our collaborative approach, essentially that ASP practice is SAFE, EFFECTIVE and PROPORTIONATE. Out of necessity, visiting to care homes was reduced to essential visits and therefore there was less opportunity for the recognition of EIOC and the recognition and reporting of adult protection referrals.

We quickly mobilised to ensure that those who were visiting care homes to provide oversight were trained and briefed on the EIOC framework, our NHS colleagues provided feedback that this framework was an excellent tool for framing some of their conversations with our care home colleagues. We have carried out multiagency ASP Large Scale Investigations in care home settings when these have been called for however as we did prior to the pandemic a partnership problem-solving approach is the first step to early concerns.

We stepped down our EIOC group when daily Enhanced Professional and Clinical Oversight care home focus groups were necessary and stepped these back up when these daily meetings reduced in frequency. Both assurance structures have worked harmoniously and this has been possible due to shared membership across both groups. We will continue this important work going forward and apply our learning to future strategic work.

## **1.9 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)

## 1.10 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.

## 1.11 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 revised Community Justice Outcomes Improvement Plan was published in April 2021, outlining five thematic workstreams for 2020-2023 under the themes of: - learning and development; enabled and inclusive communities; information sharing and communication; service mapping and evaluation; and supporting transitions. Responding to emerging challenges within the justice system and population as a result of the Covid-19 pandemic became a key focus for partners over the past year.

### Key achievements:

- Participation in a national service mapping exercise to ensure prisoners being offered early release into the Falkirk area would have adequate support for housing or substance use needs.
- A close working relationship between the Scottish Prison Service, NHS and Falkirk Council continued throughout to improve systems for release during a period of rapid change.
- Reinstatement of the Tackling Inequalities, Improving Outcomes Project with funding from the Integrated Care Fund. The service is colocated within justice services and aims to address the issues impacting on the individual's health and wellbeing to support their engagement with Community Payback Orders and licence interventions.
- Continued support to the delivery of the Social Inclusion Project which supports individuals who face barriers and exclusion from universal services.
- Unpaid work teams provided support to community projects, albeit this was restricted during the year with squads only able to operate to a small scale when not in full lockdown.
- Development and delivery of the Arrest Referral Service within Falkirk custody suite which allows those who come into Police custody opportunities to be signposted to drug and alcohol support.

### **Key challenges:**

- Funding remains one of the key challenges for the sustainability of services and projects. The partnership receives limited funding from the Scottish Government with the expectation that resources are pooled by partners for common aims. While there are some projects where this has been successful, partners face a range of budgetary challenges and competing priorities which affects the sustainability of funding streams.
- Friday prison liberations continue to present issues for many services in providing support to prisoners over the weekend immediately after release.
- The Covid-19 pandemic presented various challenges including:-
  - Changes to staffing arrangements due to an increased proportion of the workforce working from home, self-isolation and sickness and temporary role changes to respond to emerging challenges. This presented capacity issues for partners and therefore a temporary reduction in partnership meetings.
  - Temporary closure of some services, reduced service capacity or move to online services which presented disruption to service users and/or a need to increase rapidly digital access.
  - Suspension of visits across the prison estate.
  - Significant backlog of court cases presenting challenges for the justice workforce for years to come as well as the justice population.

### **1.12 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 Plan. For this reason, we have aligned our planning cycle to ensure that we review our progress and plans together.

### **1.13 Integration Joint Board (IJB)**

Falkirk IJB has responsibility for the strategic planning and commissioning of delegated health and social care functions. NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners, through the HSCP, to deliver services in line with this plan.

The governance framework includes the integration scheme, IJB standing orders, risk management and clinical and care governance. These frameworks set out the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff and residents of the Falkirk Council area.

The range of IJB board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers in particular has been of importance and value to the board. During 2020-2021, meetings continued online.

A key statutory duty of the IJB is to develop a 3-year strategic plan which reflects the national health and wellbeing outcomes framework and delivery of agreed local priorities. The strategic plan is now set against a backdrop of the COVID pandemic which has resulted in a significant and rapid change in the configuration of health and social care services across Scotland.

This detailed Delivery Plan is underpinned by an integrated whole systems approach, which identifies the specific work streams and actions required to progress our strategic priorities. The Delivery Plan has recently been reviewed to ensure it is fit for purpose in a post COVID context and remains aligned with the pandemic response in terms of the current remobilisation, recovery and redesign of services.

The IJB is confident that the Delivery Plan continues to reflect the appropriate direction of travel for adult health and social care services in Falkirk and notwithstanding the operational disruption and financial risks arising from COVID-19, it is recognised that the pandemic presents a unique opportunity to accelerate key elements of the Delivery Plan.

#### **1.14 CHART Team**

The social care CHART team was established as a test of change to respond to the pandemic and support residents and staff working within care homes. The permanency of this team is now going through due process. As part of the work, the structure of the team is being reviewed and considered. The social care CHART team plays a key part in ensuring accurate information is available to share at the Care Home Strategy Group. The team have a central role in gathering and monitoring intelligence from the 32 care homes across the Falkirk HSCP from the Safety Huddle tool as well as through local processes for engagement with care homes on a daily basis. This information is vital to support decision making within an operational and strategic setting, and pivotal in understanding the support needs of the care home on a regular basis and implementing / requesting the appropriate support.

The CHART team, working collaboratively with other clinical health teams considers the following priorities and deliverables to ensure a robust, comprehensive and efficient response to supporting care homes, residents and staff during this period. These include:

- care home assurance and reviews
- contributing to workforce development
- adult support and protection (legislation and early indicators of concern input)
- care home intelligence, exploring appropriate supports and information sharing with operational and strategic oversight groups

The CHART team, working collaboratively with other clinical health teams considers the following priorities and deliverables to ensure a robust, comprehensive and efficient response to supporting care homes, residents and staff during this period. Since November 2020, there has been over 300 CHART assurance visits to our local care homes.

The Scottish Government shared communications around support for care homes on 15 January 2021, where it requested that “Local Authorities should review care plans for all residents commencing in the first quarter of 2021 if that has not happened in the past 6 months”. The CHART team are progressing these reviews, and are ensuring robust review of resident views, outcomes, care needs, environment, family views, as well as assessing the impact of Covid-19. Additional assessment tools have been created to ensure a robust scrutiny of COVID-19 visiting plans, as well as isolation support plans as part of the pandemic impact.

New visiting guidance is also incorporated into daily discussions, and there is work being considered as to how to measure meaningful contacts for residents in light of new guidance. The CHART team continue to be involved at a strategic and operational level in supporting care homes to risk assess their visiting arrangements and planning for future visiting.



This is a crucial aspect of resident's social lives, and safe visiting and assessing the risks around this. The care home visiting task group is considering how to gather qualitative data in relation to visiting for residents, (such as feedback mechanisms and views) to support and influence further Government policy, information and advice moving forward.

Partnership working also includes colleagues from the independent sector such as Scottish Care who play a key part in supporting the private sector and providing information and intelligence into operational and strategic oversight groups. Since the creation of the social care CHART team, feedback from team members and care homes is that there is greater opportunity for shared learning across professionals and a more coordinated approach to assessment and support.

The social care CHART team liaise with care homes and their inspectors when required to share information. Examples of partnership working have been supporting care homes within the inspection process, as well as sharing concerns with the care inspectorate to work together with the care home to improve outcomes for residents. The team also review any released inspection reports for care homes within the partnership area and adjust their practice and visits accordingly and as required.

The CHART team have been vital over the pandemic months, in ensuring accurate information and intelligence is gathered. The pandemic has likely changed the way we support and monitor care homes moving forward, and the social care CHART team has the ability to be resilient and flexible when considering this. The benefits of CHART have been clear and as such, the HSCP has committed to establishing the model on a permanent basis which has been included in the development of the new social work adult service structure within the HSCP.

### **Care Home Assurance**

The Cabinet Secretary for Health announced on 17 May 2020 that all Health Boards, and Health and Social Care Partnerships were to take responsibility for clinical support in all care homes within their Health Board area. In Forth Valley we were required to establish a multi-disciplinary team to oversee care homes whilst ensuring that an enhanced professional, clinical and care approach was in place for the areas. The team comprised of the following professional roles:

- The NHS Director of Public Health
- HSCP Chief Officer
- Executive Nurse Director
- Medical Director
- Chief Social Work Officer

This group of senior leaders are responsible and accountable for the provision of professional oversight, understanding issues, development and implementation of solutions required. This ensures care homes remain able to sustain services during the pandemic and can access expert advice regarding the implementation of infection prevention and control and secure responsive clinical support when needed.

### **Assurance Group (AG)**

To manage and support both the delivery of new and existing responsibilities, a Strategic Oversight and Assurance Group had been agreed and convenes weekly on a Forth Valley basis. The AG is chaired by the Executive Nurse Director and membership is detailed below:

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- Director of Public Health
- Director of Nursing
- Medical Director
- Chief Social Work Officer
- H&SCP Chief Officers

The overall remit of the AG is to seek assurance about the professional support and quality of care being provided to care homes. The AG ensures the national reporting requirements and operating framework as set out in Annex 1 and 2 of the Terms of Reference [www.gov.scot/publications/coronavirus-covid-19-care-home-oversight](http://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight) are being delivered, specifically:

- Agree the data/information it requires to be able to assure the Health Board and Local Authority Chief Executives that:
  - Care needs of residents are being met.
  - Adequate IP&C measures are in place.
  - Staffing levels and skill mix to meet the care needs of residents are appropriate.
  - Testing arrangements including contact tracing are in place in line with approved guidance.
- Provide expert oversight and scrutiny of the care home data and information (as set out above) received from both Partnerships, Health Improvement Scotland and the Care Inspectorate in relation to COVID-19 in all Forth Valley care homes.
- Oversee a programme of Care Home Assurance visits led by jointly by the Partnerships, Infection Control and Nursing.
- Authorise mobilisation of additional resources to ensure the quality of care being provided to residents is person centred, safe and effective.
- Enact the escalation process should standards of care and/or Infection Prevention & Control not be met to the Health Board and Local Authority Chief Executives who in turn will inform the Scottish Government and Care Inspectorate.
- Agree and submit weekly assurance reports to the Scottish Government copied to Local Authority and Health Board Chief Executives.

## 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 areas 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 also made to other scrutiny and performance bodies and groups.

There are a number of areas where legislation confers decision making functions directly on the Chief Social Work Officer by name. 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:-

- 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.

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 within 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

	2018/19	2019/20	2020/21
Referrals	557	576	805
Investigations	68	64	76
Protection Plans	19	19	20

The table represents a significant increase in adult support and protection referrals received during the COVID-19 pandemic. The weekly reporting during the pandemic has allowed Adult Protection Committee to provide timely analysis of real time data and thereafter channel actions where they need to be. Our adult services practice teams have continued to respond to the increased level in demand in line with our procedural timescales and have ensured that our adult support and protection activity is safe, effective, proportionate and that adults at risk of harm are supported and protected to be safe and living the life they want.

## 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.

The number of active guardianships has increased year-on-year from 2018/2019. From 2019/20 to 2020/21, there was an increase from 390 to 414. After consultation with the Mental Health Services team, there is insufficient evidence overall to suggest COVID-19 has had a direct impact on these numbers.

	As at 31 March 2019	As at 31 March 2020	As at 31 March 2021
Number of active guardianships in place:	379	390	414

## 2.5 Mental Health Act Orders

The number of Mental Health Act Orders from 2019/20 to 2020/21 have seen a general increase, except for the number of Compulsion & Restriction Orders granted, which remained at zero.

Mental Health Officers were involved in the following work under statutory legislation (2020/21):

- **75** Emergency Detentions (Section 36, Mental Health (Care & Treatment) (Sc) Act 2003).
- **142** short-term Detentions (Section 44, Mental Health (Care & Treatment) (Sc) Act 2003).
- **41** Compulsory Treatment Orders (Sections 57, 63 and 86, Mental Health (Care & Treatment) (Sc) Act 2003) granted; 82 in place on 31st March 2021.
- **3** Compulsion Orders (Section 113, Mental Health (Care & Treatment) (Sc) Act 2003; Section 57A, Criminal Justice Act 1995) granted; 14 in place on 31st March 2021.
- **0** new Compulsion & Restriction Orders (Section 113, Mental Health (Care & Treatment) (Sc) Act 2003; Section 57A, Criminal Justice Act 1995) granted; 5 in place on 31st March 2021.

## 2.6 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 the implementation of the order. If this does not happen, the order will lapse.

During 2020/21, **4** young people were placed in secure accommodation, with one young person being placed on 2 occasions.

Individuals in secure care	2019/20	2020/21	Direction of travel
Individuals in secure placements during the reporting year	7	Less than 5	▼

In 2019 Children and Young People's Commissioner Scotland initiated a national secure care investigation. The findings from that investigation were published in June 2021.

The Secure Care Pathway and Standards Scotland were published by Scottish Government in October 2020. These standards set out a vision for transformational change which will have a positive impact on the experience and outcomes for the very vulnerable group of children in secure care, or those at risk of being secured. Children's rights and the principles of dignity, compassion, being included, responsive care and support, and wellbeing are central to the Standards. As a direct result of the investigation, its findings and the new Standards we are refreshing our guidance for staff and our processes for young people.

## 2.7 Emergency Transfers

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. **22** transfers took place under Section 143 of this Act in 2020/21.

We consider this rate of emergency transfer to be too high and work is taking place currently to understand the reasons for placement breakdown. Placement changes are very difficult for children and young people and impact on their wellbeing.

## 2.8 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 term benefits. 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.

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. The Living Well Falkirk service has been given additional funding to not only re-establish the model, but to expand it over the three HSCP localities.

In 2019, the number of overdue OT pending assessments was 315, this decreased to 122 in 2020 before increasing once more to 226 in 2021.

Overdue OT Pending Assessments	At 31 Mar 2020	At 31 Mar 2021	Direction of travel
The number of overdue 'OT' pending assessments at end of the period	122	226	▲

## 2.9 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 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. 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.

SDS Forth Valley is a 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 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 SDS 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 demonstrates 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.

Self-Directed Support (SDS) options selected: People choosing		Mar 2019	Mar 2020
37	SDS Option 1: Direct payments (data only)	35 (0.8%)	27 (0.6%)
38	SDS Option 2: Directing the available resource (data only)	192 (4.5%)	101 (2.2%)
39	SDS Option 3: Local Authority arranged (data only)	3,875 (90.1%)	4,009 (88.8%)
40	SDS Option 4: Mix of options (data only)	197 (4.6%)	376 (8.3%)

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.



		2019/20	2020/21	Direction of travel
60	Percentage of service users satisfied with their involvement in the design of their care package	99%	98%	▼
61	Percentage of service users satisfied with opportunities for social interaction	91%	89%	▼
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%	◀▶

## 2.10 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.

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.

## 2.11 Mental Health Officers (MHO)

We have developed a Pathway for Adults with Incapacity 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 delays. Throughout COVID-19, the MHO's have continued to work with the Integrated Teams to provide the service with advice from the Mental Welfare Commission.

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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.

## **2.12 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, 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 British Sign Language (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.

## **2.13 Justice Social Work Services**

Justice Services continued to deliver on their statutory services during the reporting year. Our community-based teams supported individuals subject to Community Payback Orders, Diversion from Prosecution, supervised bail and those subject to statutory throughcare licences as well as voluntary throughcare. Our service delivery was adapted in line with the requirements of lockdown and subsequent introduction of the Tiers system. We continued to work in partnership with our justice partners, MAPPA, our commissioned service providers including Cyrenians, Transform - Tackling Inequalities and Improving Outcomes (TIIO) Project, NHS Substance Treatment Service for those subject to Drug Treatment and Testing Orders (DTTOs), NHS Keepwell Nurse and Community Psychiatric Nurse.

The Courts were affected by the lockdown restrictions with trials being delayed, workers were unable to be physically present in the court building for periods of the year due to restrictions on personnel in the court building, and changes being made to the custody courts as Falkirk Sheriff Court became a 'Hub' court covering business for several other courts. Consequently, we noted a reduction in new orders being imposed within the reporting year compared to previous years and our supervised bail scheme was not utilised as it had been in previous years.

From 2019/20 to 2020/21, the number of Community Payback Orders imposed reduced from 657 to 246. The number of Criminal Justice Social Work Reports (CJSWR) completed was reduced from 1,056 to 549. The number of Drug Treatment and Testing Orders (DTTO) imposed reduced from 21 to 8. The number of Diversion from Prosecution cases increased from 71 to 92. The number of individuals released from custody on licence increased from 29 to 30. Finally, the number of MAPPA Offenders managed in the community by justice services decreased from 46 to 41.

COVID-19 has had a significant impact on the 2021 Justice Service performance data. The impact of COVID-19 on the procedural process of the court system has led to lengthy delays of both prosecutions and sentencing.

Number of Community Payback Orders imposed	246
Number of Criminal Justice Social Work Reports (CJSWR) completed	549
Number of Drug Treatment and Testing Orders (DTTO) imposed	8
Number of Diversion from Prosecution cases commenced	92
Number of individuals released from custody on licence	30
Number of MAPPA Offenders managed in the community by Justice Services as of 31/03/2021	41

#### 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.

#### **2.14 Home First**

Home First is a local initiative focussing on supporting people to avoid a delay in their discharge from hospital. Home First works with the person and their carer / relative to agree how they can support them to get home, without any delays. The team consists of social work professionals who work in collaboration with health professionals to determine people's needs to return home. The service has assisted over 1200 patients since January 2020.

Home First manages and facilitates discharges to Bo'ness Hospital, Summerford reablement, Falkirk Council care homes, Thornton Gardens and intermediate beds procured by the partnership. Home First is also involved in the discharge to assess model involvement. The service continues to have strong links with the reablement service within Summerford House care home, working within an integrated approach to facilitate discharges in order to assist patient flow and direction.

The role of Home First Team Practitioner has now been established. The purpose of this role is to work across Forth Valley Royal Hospital within all wards and at the Front Door (which includes a multi-disciplinary team of social workers, Occupational Therapy and home care Liaison workers).

Improving our delayed discharge performance is an area for improvement and remains an area of priority for the Partnership. It has been a challenging year for the service particularly through the Covid peaks and with the closure of Falkirk Community Hospital.

The Home First service continues to work throughout the pandemic in parallel with our health partners to promote capacity and flow within the system. The Home First team in Falkirk Community Hospital now serves and manages the intermediate beds identified to aid downstream delays within Forth Valley Royal Hospital and to objectively place the person with the correct outcome.



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## 2.15 Supporting Carers

The pandemic had a considerable impact on the number of Adult Carers Support Plans (ACSP) completed. At the start of the financial year fewer ACSP were completed in order to focus on individual support, emotional support, provision of information, benefits support and individual grants. Section 16 of the Coronavirus Act 2020 dispenses with the duty to complete Adult Carers Support Plans (under section 6 of the 2016 Carers Act) where it would not be practical to comply with the duty or it would cause unnecessary delay to the provision of support, in order to focus on providing urgent care and support to carers. Therefore, the Carers Centre focussed on supporting individual carers in need of support. Furthermore, at the start of the pandemic the Carers Centre did a lot of work around ensuring that staff had the tools, technology, systems and training to continue supporting carers while working from home. Covid-19 has caused a reduction in completed ACSP however the number of carers receiving individual support, the number of new carers identified and the number of contacts with individual carers throughout 2020-21 is comparable with the previous financial year.

Across 2019/20 and 2020/21, the number of carers who request or were offered an ACSP decreased from 451 to 263. Similarly, the number of ACSPs completed has decreased from 404 to 153. Finally, the number of ACSPs referred to for social work has decreased from 344 to 134.

Performance Indicators 2020/21	Yearly Totals
Number of carers who requested or were offered an ACSP:	263
Number of ACSPs completed:	153
Number of young carers who requested a YCS:	1
Number of YCS completed:	1
Number of ACSPs referred to for social work:	134

## 2.16 Carers Strategy

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. 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.

The arrival of the pandemic and subsequent national lockdown, in March 2020, interrupted the work of the Carers Strategy Implementation Group, including the continued development of the Carers Strategy Action Plan. The priority at this time was to communicate with carers regarding the disruption to carer support and the potential impact of this. By mid-June 2020 in-house respite provision had been realigned to offer emergency /urgent respite across all care groups. Locality teams have continued to prioritise to ensure that those carers most in need have been able to access respite care.

The Falkirk Carers Centre staff carried out a survey in June 2020 which showed that 78% of carers in Falkirk (who completed the survey) had not been able to have a break from their caring role during the lockdown period. Consequently, short break service provision was reviewed to enable carers to be supported in different ways using very flexible approaches.

Supporting carers through provision of information and support on how to keep themselves and the people they care for safe is a feature of carer support during the pandemic. This includes ensuring carers know where to access information on staying safe, COVID-19 guidance, access to PPE and information on the vaccination programme for carers. A delivery service is available locally to ensure all carers have access to appropriate PPE to enable them to deliver care safely – sometimes in more than one household.

A constant feature of the work is partnership with other parts of the social care sector, including NHS and third sector partners, as well as support providers. There is an increasing focus on a blended approach, combining support from a range of provision including community led models. There have also been increased efforts to ensure carers can focus on their own needs/health and wellbeing as they tend to focus primarily on the needs of the person/people they care for.

Despite the implications of the pandemic, in 2020-21 Falkirk and Clackmannanshire Carers Centre has:

- supported 833 new carers
- completed 151 Adult Carer Support Plans
- provided 34 health and wellbeing sessions
- provided 84 carers with a grant to purchase a short break (Creative Break fund and Carers Trust grants).
- delivered 90 Care with Confidence sessions with 447 carers attending
- provided 23 carer involvement opportunities with 489 carers attending
- delivered 2 carer awareness sessions for 39 professionals
- represented the views of carers at 26 planning group meetings

Young carers have continued to receive support and a range of short breaks were delivered including pamper/craft gifts, winter parcels and coffee shop cards.

## 2.17 Falkirk Council's Duty of Candour Annual Report 2020/2021

The organisational duty of candour provisions of the [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#) (The Act) and [The Duty of Candour Procedure \(Scotland\) Regulations 2018](#) set out the procedure that organisations providing health services, care services and social work services in Scotland are required by law to follow when there has been an unintended or unexpected incident that results in death or harm (or additional treatment is required to prevent injury that would result in death or harm). Organisations are required to apologise and to meaningfully involve them in a review of what happened. Organisations should have procedures to support notification, meetings, review, training and support requirements in a manner that is tailored to the particular services they provide. For social work services, local authority chief social work officers have to published a duty of candour report and notify the Care Inspectorate this has been done.

<b>Name and Address of Service</b>	Falkirk Council, Municipal Buildings, West Bridge Street, Falkirk, FK1 5RS
<b>Date of Report</b>	1 <sup>st</sup> April 2020 – 31 <sup>st</sup> March 2021
<b>How have you made sure that you (and your staff) understand your responsibilities relating to the duty of candour and have systems in place to respond effectively?</b>  <b>How have you done this?</b>	<p>Falkirk Council has developed a seven-minute briefing for staff which brings together key information, fact sheets and guidance available locally and nationally. This includes hyperlinks that take staff directly to relevant information. This also includes a hyperlink to the Duty of Candour E-learning resource produced by NHS Education for Scotland, The Scottish Social Services Council, The Care Inspectorate and Healthcare Improvement Scotland. A trainer resource is included and available to staff. This comprises a facilitator pack to run a Duty of Candour Workshop in an interactive and engaging way relevant to staff.</p> <p>Seven-minute briefings have been designed to assist busy managers to share and discuss key and essential information during team meetings. Staff are thereafter expected to ring-fence time to access the hyperlinked resources as part of their continuous professional development and to ensure they understand their responsibilities relating to and duties.</p> <p>There is often a follow up discussion in team meetings providing staff with opportunities to discuss learning and consider practice implications and any further training/ learning needs.</p> <p>The Duty of Candour E-learning resource is included in the induction of new staff, where appropriate. Managers and Social Work Workforce Development service jointly produced an induction checklist (which complements the Council and Health and Social Care Partnership induction) to ensure that all relevant introductory learning and development was captured. This was also shared with wider Council services.</p> <p>The seven-minute briefing and organisational guidance is located on the Practitioner's Pages. Whenever an opportunity arises, steps are taken to direct staff to the Practitioner Pages to access key information, guidance and resources.</p> <p>Our Learning Review process and guidance and our complaints procedure reference Organisational Duty of Candour.</p> <p>Duty of Candour training and education is also available through existing networks and communication channels. We target existing resources as an important element of implementation.</p> <p>Where relevant, our training programmes and development sessions reference Organisational Duty of Candour, responsibilities and support available to meet those responsibilities. The Scottish Government guide for staff and providers of health, Social care and social work services, Annex A Checklist is specifically highlighted as a helpful resource.</p>

	Scottish Government guidance leaflets have been sourced and distributed across services. This is available in Council reception areas.	
<b>Do you have a Duty of Candour Policy or written duty of candour? procedure?</b>	Organisational Duty of Candour is referenced in complaints procedures. A reporting template has been created to ensure the consistency of reporting across services.	
<b>How many times have you/your service implemented the duty of candour procedure this financial year? Zero</b>		
A person died		0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions.		0
A person's treatment increased		0
The structure of a person's body changed		0
A person's life expectancy shortened		0
A person's sensory, motor or intellectual functions was impaired for 28 days or more		0
A person experienced pain or psychological harm for 28 days or more		0
A person needed health treatment in order to prevent them dying		0
A person needing health treatment in order to prevent other injuries as listed above		0
Total		0
Did the responsible person for triggering duty of candour appropriately follow the procedure? If not, did this result in any under or over reporting of duty of candour?	Not applicable due to zero incidences.	
What lessons did you learn?		
What learning & improvements have been put in place as a result?		
Did this result in a change / update to your duty of candour policy / procedure?		
How did you share lessons learned and with whom?		
Could any further improvements be made?		
What systems do you have in place to support staff to provide an apology in a person-centred way and how do you support staff to enable them to do this?	Duty of candour is part of our overall approach to managing incidents and complaints and is integral to our approach regarding transparent and open practice. Staff would be supported by a senior manager and all apologies would be offered verbally and in-person. Support would also be offered to provide a written apology if the service team required it.	
What support do you have available for people involved in invoking the procedure and those who might be affected?	We know that adverse events can be distressing for staff as well as people who receive a service from the Council. Support is available for all staff through line management structures as well as through Occupational Health and Workforce and Organisational Development.	



### 3. Resources

#### Financial Pressures

#### 3.1 Adult Social Work Services

**Total expenditure on Adult Social Care Services amounted to £93.952m during 2020/21 (an increase of £5.639m compared to 2019/20).**

During the course of 2020/21, the key financial pressure area related to Home Care Services, due to ongoing increases in demand for packages of care, resulting in a £4.4m budget overspend and a 10% rise in costs compared to the same period in the previous year (primarily in relation to external providers). The Home Care overspend was offset by savings reported against residential care services (reflecting continued low occupancy rates compared to pre-COVID levels), respite services, housing aids and adaptations and the assessment and care planning team due to delays in recruitment to vacancies.

With respect to COVID, significant service redesign was undertaken in response to ongoing social distancing requirements, enhanced infection prevention and control procedures and new ways of working as lockdown restrictions were gradually eased during the course of the year. This included increased use of technology enabled care and provision of alternative support mechanisms, particularly in relation to day care services which were suspended for the vast majority of the year in line with national guidance. Additional costs of £5.1m were incurred during 2020/21 as a result of the pandemic. This covered costs of Personal Protective Equipment (PPE), enhanced infection prevention and control arrangements, financial sustainability support for external Social Care Providers, temporary staffing costs due to absence through illness, shielding or self-isolation requirements, funding to offset the loss of income due to the temporary pause in non-residential charges due to the suspension of day services and non-personal care and support and provision of additional equipment to support discharge and care of patients at home (e.g. beds, hoists etc via the Joint Loan Equipment Service). These costs were fully funded by the Scottish Government.

#### 3.2 Children & Families Social Work

**2020/21 Net Revenue Budget - £26, 649m (year-end position - £2, 329m 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 and 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.

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The children and families budget in 2020/21 has been significantly further impacted by the implications 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 services are creating costs that we could have never anticipated. COVID-19 represents a significant financial risk going forward.

### **3.3 Justice Social Work**

**2020/21 Net Revenue Budget - £3, 423m (year-end position underspend £0.056)**

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.

In the reporting year the Scottish Government provided additional monies to support COVID-19 recovery however the monies were only notified in December 2020, were tightly ringfenced to third sector spend only and were required to be spent by March 2021. Due to the tightly restricted nature of the funding and the short timescale for spending it Falkirk justice services, like many other local authorities, were unable to accept the funding as it could not be spent on anything that would have supported our needs within the time frame and criteria specified.

During the reporting year adaptations were made to commissioned services such as the Cyrenians contract to help us deliver services under lockdown restrictions. The adjustments saw the introduction of more online and telephone support. We employed additional sessional supervisors to assist us with Unpaid Work delivery during the periods we were able to operate.

During the reporting year, due to ongoing 'flat-cashing' of monies attributed to the delivery of the Caledonian System, work commenced to disaggregate the Forth Valley Programmes Team (FVAPT) hosted by Falkirk Justice Services. FVAPT delivered the Caledonian Programme, as well as 'Moving Forward: Making Changes', the sex offender treatment programme, on behalf of Stirling and Clackmannanshire Justice Services. However, the costs of running both MF:MC and the Caledonian Programme as a Forth Valley model became unsustainable in the face of a grant that simply did not cover the running costs.

Falkirk were carrying the risk in terms of staff resources and employer liabilities, and recruitment and retention of sufficient suitably qualified staff continued to be problematic. FVAPT disaggregated on 31<sup>st</sup> March 2021 with Falkirk Justice Services moving forward with an 'in-house' programme delivery model for Caledonian and MF:MC which better met the needs of individuals within our service.

Work is underway nationally to review funding to the criminal justice system, Justice Social Work Services and the Caledonian System.



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### 3.4 Children's Services Transformation

The Closer To Home Strategy aims to safely transform the balance of care whilst improving outcomes for young people and delivering financial efficiencies. Closer To Home was launched in 2018 following a full-service review within Children & Families services. The Strategy was initially developed as a 5-year approach, however given the impact of the pandemic, the strategy and its corresponding medium-term financial plan has been re-profiled over a 7-year period.

The strategy currently has 6 active projects:-

- Alternative Family Placement
- Best Practice in Child Protection
- Family Support Services
- Procuring for the Future
- Supported Accommodation
- Young People at the Centre of Residential Care

#### Vision

The Strategy is ambitious and forward looking in relation to improving the outcomes for children, young people and families. The Strategy aims to safely reduce the number of children looked after away from home, ensuring all our children, including the most vulnerable, will achieve in learning, life and work, with families being central to decision making and planning for their children.

The vision of the Strategy aims to improve outcomes for children, ensure sustainability of services, with an emphasis on preventative approaches and early help and support to families. "Strong families, safe children, and brighter futures". The ambitions of Closer To Home resonate with key findings and overarching messages identified within "The Promise" and aims to enable children, young people and their families to be at the heart of decision making and service planning within a rights-based approach.

#### Strategic Objectives

##### Alternative Family Placement

We aim to Increase our family-based care so that 90% as a minimum of our looked after children are cared for in community placements aligned to Scottish national average. We have aligned our kinship assessment and support with fostering and adoption services to promote improved assessment timescales and enhanced support and training opportunities for our kinship carers. We have developed our Falkirk foster care framework to increase our contracted providers and developed our Falkirk Facebook page to attract and recruit local carers.

##### Best Practice in Child Protection

We have developed an Initial Response Team (IRT) to ensure timely early assessment of needs and risks to children embedded in GIRFEC principles to ensure children and families receive the right help at the right time. We have revised our assessment frameworks in pre-birth, child protection and in the national practice model to improve the quality of assessments for children to better consider their lived experience and impact on them of the family's circumstances.



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We have engaged the workforce in promoting self-evaluation and peer review across the service to promote improvement and learning and align to workforce development. In addition, we are supporting our transformational approaches with the implementation of a new IT system to support service delivery. We are preparing for implementation of the new national child protection guidance and the opportunities both in terms of continued focus on early help and strengthening the voice of the child's lived experiences at the centre of our child protection systems.

### **Family Support Services**

We are amalgamating our family support teams and developing an integrated single referral pathway for family support to strengthen ease of access and offer of support to Falkirk families. We are working closely with early years colleagues in planning services that are accessible to parents and their families within community and nursey settings.

We are working towards the development of a family support strategic approach including commissioned, grant awarded and council services to ensure ease of access to services, minimising duplication of provision and ensuring we have services aligned to identified local needs so that families receive the right help when they need it. A refresh of our GIRFEC Guidance and learning and development for staff has been developed this year and our commitment to early help and support for families is being strengthened.

### **Procuring for the Future**

Children and families services have worked closely with procurement colleagues and have created efficiencies with our contracting arrangements utilising the Scot Excel framework and working closely with partner providers. We aim to ensure that 100% of our contracted services are subject to outcome-based monitoring arrangements. We have embarked on a process of reviewing all our third part public body spend beyond £10K to ensure our expenditure is aligned to service provision and need. We have developed a standardised monitoring tool to support contract reviewing arrangements and are developing a resource directory for practitioners in relation to all our third sector and contracted provision to support practice and enabling families to access services which they may require.

### **Supported Accommodation for Care leavers**

We have increased the range of accommodation and support options available to care leavers by increasing the number of available supported accommodation places to enable young people to successfully transition from care. We have developed systems to better measure and report on transitions for young people and are now scoping our second project for supported accommodation having successfully developed and delivered co-designed project with young people, housing, procurement and the third sector.

### **Young People at the Centre of Residential Care**

We have increased our care options for young people and increased our sustained care options for young people requiring care in Falkirk children's houses by 100% across our two children houses, with young people remaining supported and cared for as long as they need it.

We are moving forward to reduce our reliance on temporary staff and developing our compliment of FTE, permanent staff within our houses to improve consistency and strengthen relational practice.



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We have consulted with young people with lived experience to improve rota arrangements and ensure young people are at the centre of our delivery model.

## Key challenges and opportunities

Preventative approaches to best meet the challenges experienced by families, children and young people in our communities is key. Shifting the balance of care requires to be done safely and at a pace services can plan and deliver on. The Closer To Home Strategy is working to a plan over the next four years to transform services and reflect the commitments we have made to keep The Promise. The strategy has engaged our workforce, partners and local members in understanding the need to do things differently and enabling, listening to, and co-designing services with young people and families. We are currently developing an approach to self-directed support going forward across our wider children & families service and anchoring the principles of families being their own experts in the challenges they face and enabling them to identify solutions.

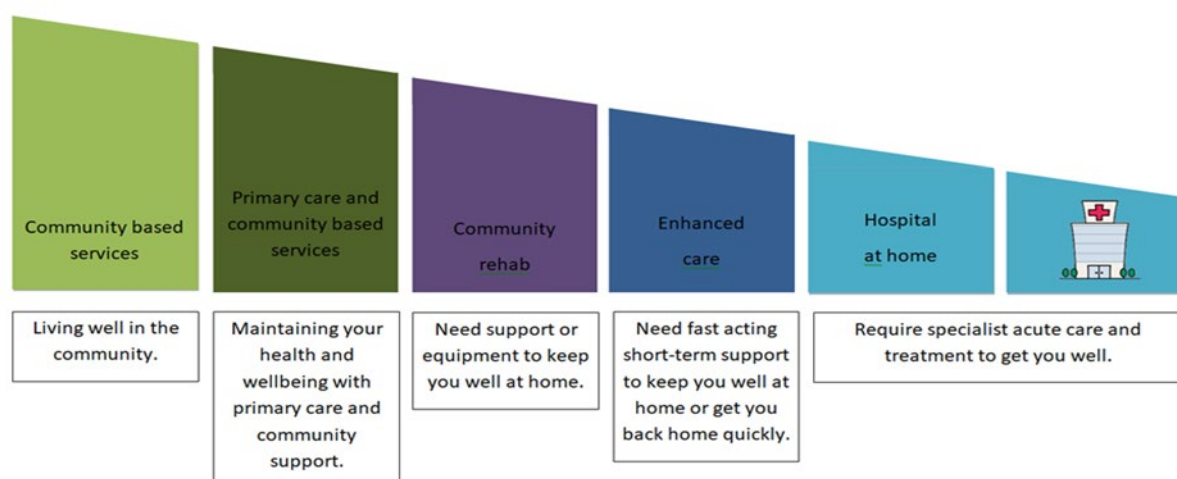
### 3.5 Social Work Adult Services (SWAS) Transformation

SWAS has undertaken two large scale reviews of major service areas over 2020/2021.

#### Care at Home transformation

Whilst considering the model of the most efficient and effective use of the internal care at home workforce, alongside opportunities for development and the principles of the enhanced model of care (figure 1), the IJB considered that the inhouse Homecare service should be reshaped to focus on three specific areas of service delivery.

Figure 1.



**Dedicated reablement teams** supporting the flow of discharge from the hospital and prevention of admissions to acute or indeed residential care establishments. Reablement Home Care provision will work with individuals over a number of weeks to ensure they build resilience, and skills to achieve and/or maintain their maximum levels of independence. In terms of benefits for service users, reablement is a highly flexible model which can work with people on a wide range of issues aimed at reducing the need for ongoing care unless absolutely necessary.

The model seeks to support and develop community integration to ensure people can build and maintain the networks necessary for meaningful social engagement. As such, the model is more sustainable in terms of meeting the future needs as it does not generate dependence.

In terms of staff development, this presents an opportunity to train reablement home care staff in relation to all aspects of reablement provision, ensuring appropriate qualification and on-going development. Close links with Allied Health Professionals and others within the integrated Locality model, will promote the wider benefits of integration and realisation of the benefits of partnership working for our service users, their carers and families.

**Urgent Response provision:** With the development of Home First, the need to support and maintain people within their own homes insofar as possible and the need to reduce demand on emergency residential placements and hospital admissions, there is a need to establish an urgent response care at home service to support the model. This service will be able to respond to service requests at short notice, when necessary to support hospital discharges, short term support at home at time of crisis or for those pending allocation for on-going maintenance care provision. Furthermore, urgent response services could respond to developments across the partnership in terms of Hospital at Home and provide support to the home first model, with quick access to temporary care and support provision. Thereby reducing the need for step up placements or other high-cost interventions, whilst supporting people within their own homes.

**Maintenance Care provision:** It is acknowledged that this in-house service will be required to retain an element of maintenance provision, to ensure that there remains adequate provision for those care packages that have historically proven difficult to allocate a service, either due to geographical location, or where the partnership has struggled to provide care for some other reasons. The internal service must ensure it can provide care as a provider of last resort. It is anticipated that this aspect of service will be relatively low level in terms of staff numbers, as the final aspect of the model would be to outsource the bulk of maintenance care provision to the external market. The tendering process for external care at home provision is due to conclude in September 2022, so there are real opportunities to reshape both internal and external provision to ensure high quality, responsive care.

Whilst the model for internal home care outlined above will enable us to maximise the benefits of an in-house service, by ensuring that any downtime could be used to support the ongoing reablement process and enable staff to provide urgent response to care needs. It will also support the development of truly integrated locality teams working together to support the needs of individuals within the area on a multi-disciplinary level thus improving outcomes for our citizens. Furthermore, it will enable work to progress in terms of workforce training and career progression across the partnership for our care at home staff group, hopefully in turn addressing the historic recruitment issues.

To deliver this model our homecare carers will need to be proficient in an array of specific caring methods and social care interventions and as such, specialised training will be needed for the various elements of the workforce. Workforce development and training features as a key aspect within the review and it is believed that a focus on learning and development could contribute to longer term staff career development and career progression opportunities. This combined with the requirement for our staff to work as part of an integrated locality staff group, would open up further opportunities for staff development.

It is anticipated that the new model of Homecare will take time to embed and would need approximately 18 months to become fully operational. The process of specific consultation and engagement with staff and a fuller review of the operational aspects of the in-house care service model has begun and it is anticipated that the new model will be operation by October 2022.

### **Older Adults Day Services**

Similar to the review of our internal home care services, SWAS undertook widespread engagement with key stakeholders looking at the model for day services. In the main, day services for older adults in Falkirk, tended to be more traditional building-based services rather than aimed at meeting specific individual needs across a wide range of settings. Given the views expressed during the engagement and consultation processes, it was agreed by the IJB, that we develop a mixed model for day opportunities for older people. This is underpinned within the enhanced model of care which is critical to ensuring the Partnership can deliver the IJB's strategic aims and objectives. The enhanced care model seeks to ensure people live well, maintain their health and wellbeing, are supported to live well at home when needed, can access support when needed and can access appropriate treatment when and where required.

This model will have three main elements: Inclusion and Independence Programme, Reablement Day Services and Maintenance Day Services

**Development of a Community Inclusion and Independence Programme** which combines the benefits of community navigator and befriending interventions, building on the work of the Community Link workers. The service will provide a practical low-level support to those typically aged 65 and older, using a volunteer service delivery operational model and approach, supported by a dedicated staff team. Those accessing the service would generally be at risk of experiencing loneliness and isolation and seeking/willing to accept support to alleviate this. Examples include persons experiencing low mood, anxiety, depression, limited mobility issues, recent bereavement, having had a fall, or returned home from hospital. These factors will have contributed to them becoming socially isolated, disconnected or disengaged.

There is a great deal of scope within the Independence and Inclusion Programme to develop a wide range of resources which will improve well-being and inclusion.

### **Reablement day services**

Reablement day services provision will work with individuals over a number of weeks to ensure they build resilience, and skills to achieve and/or maintain their maximum levels of independence. This model will work directly with our new care at home services and the wider integrated locality team model to ensure it supports the enhanced care model.

In terms of benefits for service users, reablement is a highly flexible model which can work with people on a wide range of issues aimed at reducing the need for ongoing care unless necessary. The model seeks to support and develop community integration to ensure people can build and maintain the networks necessary for meaningful social engagement. As such, the model is more sustainable in terms of meeting the future needs as it promotes independence.



## **Maintenance (Building Based) Day Services**

It is recognised that we need to retain some specialist building based day services that can provide intensive support to individuals that require this level of service, either as a consequence of their own care and support needs or as a form of support to their carers.

It is worth noting that the challenges of COVID-19 have already begun to create the change in how we deliver support, with communities, third and independent sector and the statutory sector working collaboratively to support older people in new and innovative ways. That said, the continued need for tight restrictions relating to COVID-19 create difficult conditions for the sustainable development of socially inclusive opportunities for older people, as the risks associated with any form of reduced/restricted social interaction can be significant.

In terms of developing the model, the Inclusion and Independence Programme will work closely with the Living Well Falkirk Steering Group, which has a key role in developing community-based services through co-production, supporting changes to how we provide services. The work of the Community Learning and Development Link Workers in each locality will form a significant part of the development of socially inclusive, community services and strengthening relationships with a wide range of low-level services. This includes work with GP practices to ensure referral pathways are clear and easy to access.

We have begun to review the community care needs of everyone who had been receiving support through a formal day care placement to both ensure their needs are being met in alternative ways due to the pandemic and also gain valuable learning around how people are managing following the closure of traditional day care last year.

The model for individualised day opportunities will be underpinned by community led support and the developing locality hubs would form the foundations for easy access to and delivery of this service.

## 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 to 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.

Justice, children and adult social work services are reporting concern about recruitment and retention of experienced, registered social workers. Teams are experiencing churn which is very challenging for managers and colleagues alike. Given the rising demand for social work services and the increasing complexity of the work, experienced social workers are under growing pressure because of the skill they bring to assessment and intervention. We are attracting newly qualified registered social workers to Falkirk and they bring with them fresh perspective, enthusiasm and are a greatly valued part of our workforce. There is need to have balance in the social work skill set, we must be in a strong position to retain our experienced staff by being an employer who offers competitive pay and career development and progression opportunities. Various strategies are being developed for our local requirements and the issue has been highlighted nationally as this is a broader issue across Scotland and one which requires immediate attention.

Recruitment within the care at home workforce is also proving very challenging. Interest in vacant posts has not been as strong as 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.

### **Student Social Worker Placements throughout the pandemic**

The pandemic has had a significant effect on the ability of all organisations to provide learning opportunities for students. Despite this, in Falkirk we have been able to rely on colleagues working within locality Adult Services to make sure that we fulfil our commitment to social work education and assist our local University. We have provided 8 placements since February 2021, and another 2 being offered later in the year.

Students have reported that “I have felt very lucky to have been able to get into the office a couple of times per week during Covid 19”.

They have all said that they felt very supported by their teams with all team members making the effort to welcome them in difficult circumstances.

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One team manager commented “As a SW and manager I am extremely committed to supporting SW students on placement and supporting existing staff to undertake link worker/practice teacher training. It’s great that we can work together on this”

This kind of support and effort has made placements possible during this time. It’s a positive view that encourages the student placement practice assessor/coordinator to build on this to create the learning organisation that we can be proud of with the help of such committed colleagues.

Students appreciate our efforts with one offering excellent feedback to the team which included: “My placement experience within the East locality community care team was exceptional. The practical experience I gained provided me with a platform to explore and develop a deeper understanding of my University learning.

It was an opportunity to build my confidence, to be able to learn from a wide range of professionals and identify future areas of development. I observed first-hand the benefits of teamwork, and I was continuously impressed by the level of support and knowledge sharing within the team”.

The above is what leads to a balanced professional outlook for the future.

### **Newly Qualified Social Workers (NQSWs)**

**24** NQSWs were supported over the last year. Several are moving into their 2<sup>nd</sup> year; however, the majority are in their first year with some starting as recently as March 2021. NQSWs were based in both adult and children’s services bringing opportunities for learning across the life span.

This supported our commitment to shift siloed thinking and practice in recognition that the people we work with live in families and will often have needs and experiences that cross service remits.

Restricted working practices due to COVID 19 have had a direct impact on induction, practice learning and time settling in to working as a member of their teams. This includes limited opportunities for introductions to colleagues, both within the council and across the partnership, enabling them to gain an understanding others’ roles and the remit of their service.

To provide increased support and learning opportunities and create conditions to meet colleagues across the partnership we increased the regularity of meetings to weekly. Colleagues from a wide variety of services were invited to come along and introduce themselves and give an overview of their service, referral process and contact information.

The group also welcomed the opportunity to speak with the Chief Social Work Officer, who listened to their practice experience, the challenges they faced and the support they had received during this unprecedented time.

With practice learning being restricted and limited opportunity for peer support from their teams, we worked with the Team Managers and Seniors to lead practice learning sessions on practice areas identified by the NQSWs e.g.

- Duty – Process and expectations
- Using Chronologies and key documentation
- Parent Capacity Assessment

We encouraged the group to bring to the meeting a case they were allocated to share learning and support practice development and/or identify areas for further learning and development.

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We also arranged the following training/learning and development sessions specifically for this group:

- Pre- birth assessment and planning
- Introduction to Safe and Together Model (addressing the impact of domestic abuse on children and families)
- Role of Education Psychological Services
- Permanence Process (meeting the needs of care experienced children and young people)
- Adult Support & Protection training
- Multi Agency Public Protection Arrangements (MAPPA)

As more learning and development became available online the NQSWs had the opportunity to attend virtual training which included, Significant Case Review practice learning sessions, online e-modules, Safe & Together Core training and Risk Assessment training.

This has been a particularly isolating time for all workers, however for new workers this was felt more acutely as they had not had the opportunity to develop a support network and/or relationships with members of their team. As a means of supporting the development of relationships with their peers we ensured that time was available at the start of the meetings for check-ins and at the end the group had time to chat informal without the presence of the facilitator of the meetings.

Team Managers also created regular informal meeting forums for members of their team to meet regularly to support the development of peer relationships.

### **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](#).



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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.

## **4.2 Workforce Development**

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 and service users in projects and pilot initiatives 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.

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.

## **Induction**

The social work workforce development team has prioritised high quality induction training and ensured that it is accessible. Induction comprises face to face elements, following appropriate COVID19 guidance, and via digital platforms, such as the Council's eLearning platform, OLLE, and NHS Education for Scotland Turas platform. Additional instructional videos are also accessed via You Tube and other digital platforms. An example of one of the Induction & Training flowcharts can be accessed here: [Induction-and-Training-Flowchart-Version-6.pdf \(glowscotland.org.uk\)](https://glowscotland.org.uk/induction-and-training-flowchart-version-6.pdf). The flowchart includes linked documents to assist staff and their line managers to track and record progress through the induction process.

## **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.

### **Developing a digitally literate and connected workforce**

Over the past year, our plans for significant investment in digital technology received increased and focussed attention. This has assisted us in achieving our priority to make better use of technology to support the delivery of health and social care services.



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Not only to maintain service delivery, but also to ensure that the workforce had access to necessary high-quality training, learning and development opportunities whilst adhering to government guidance on social distancing and where possible, remote working.

Plans to upskill the workforce in using digital technology were fast tracked and workforce development staff responded creatively to the changing and unpredictable environs.

Our approach to training, learning and development delivery has become adaptive, ahead of schedule. We have been utilising a blend of traditional face to face, self-directed, guided, webinar, and range of digital delivery. This has ensured our core scheduled programmes of training have continued to be delivered in some form and have continued to be coordinated to meet statutory and regulatory body requirements alongside responding to local identified needs.

### **Home Care Services**

Monthly induction sessions for Home Care services have been running throughout the pandemic. The increase in volume of induction training has been necessary to:

- address issues related to staffing capacity and retention
- adhering to restrictions on the number of staff who can attend the face-to-face elements of induction to maintain social distancing.

Arrangements have been made for all staff to access IT equipment that has enabled them to complete a wide range of online learning such as, Dementia Awareness, Understanding Epilepsy, and Delivering Reablement Services that promote independence.

### **Adult Care Homes**

At the outset of the pandemic mandatory training required to be transferred to the online environment. Some of this was developed inhouse and some sourced and commissioned. This included moving and handling theory, safe administration of medication and behavioural support strategies (BSS) courses.

Falkirk Council is registered with the Restraint Reduction Network (RRN) as an affiliate provider of Behavioural Support Strategies Training (BSS). The council require adhering to the RRN training standards in their delivery of BSS training. The courses focus mainly on workers using proactive approaches in supporting individuals who challenge services, reducing the need for physical interventions. An open dialogue has been maintained with RNN throughout the pandemic to ensure practice, during these unprecedented times, is consistent with standards.

Training needs have been identified in relation to:

- embedding our Reablement ethos and approach.
- upskilling Social Care Officers in assessing for and the use of small pieces of equipment to support independence and self-management and,
- building confidence with sensory awareness.

## Building confidence with Sensory Awareness

The British Sign Language (Scotland) Act 2015 and the **British Sign Language National Plan 2017 - 2023** required public bodies in Scotland to publish local action plans by October 2018 and on a six-yearly basis, thereafter, showing how they will promote and support British Sign Language (BSL).

Our local action plan commits to raising awareness for workers who support individuals with sensory impairment. Sessions have been developed aimed at increasing workforce confidence about sensory impairment issues with the following learning outcomes:

- To learn how to interact with someone who has a sensory impairment
- To learn how a sensory impairment can affect someone's communication, access to information and mobility
- To learn how to adapt working practice to meet the needs of those with a sensory impairment and keep a positive attitude
- To learn about the wide range of services within Falkirk Health and Social Care Partnership that are available to support those with a sensory impairment.

## Moving and Handling (M&H)

At the outset of the pandemic, Social Work Workforce Development team developed and produced film resources on M&H techniques and managing continence care to support blended and flexible learning. These resources were made available to staff both on OLLE and via YouTube.

These clips are being during induction and are included in moving and handling refresher activities. Staff have evaluated them as useful as they can be revisited in full or in part at any time to refresh knowledge.

Practical M&H training resumed in February 2021 with restricted numbers due to the 2-metre social distancing control measure. Health and Safety colleagues supported the training team to complete a risk assessment and to assist in taking this through the consultation process and sign off. The risk assessment incorporated many control measures that needed to be applied at the venue to minimise risk of COVID-19 transmission.

The risk assessment has been reviewed regularly in line with government guidance.

To build capacity in the provision of M&H refresher training opportunities, there has been focussed efforts to increase the number of Moving and Handling Liaison Workers. This has been expanded to include additional Occupational Therapists. Steps are being taken to recognise this commitment and upskill Liaison Workers through access to an Intro to Trainers City and Guilds certified course. This will in turn support their continuing professional development and provide them with a range of transferable skills.

Planning is underway to have Falkirk Council registered with the Scottish Manual Handling Passport scheme. This is a joint venture for adult and children's services delivering M&H training to direct care workers. This will enable consistency and transferability of M&H training being provided within and across the services.

## Face Fit Mask Testing

Our workforce has access to appropriate PPE including fluid resistant face masks. There may be occasions however where it is required for them to wear a FFP3 face mask. This is identified through clinical assessment and is worn to provide protection from respiratory borne pathogens. The current COVID-19 pandemic has highlighted the need for some workers to wear these FFP3 face masks when necessary. Workers must be 'face fit tested' to ensure that these types of masks fit and provide the required efficiency. Proactive steps have been taken to 'face fit test' some identified workers to prevent any delay for those workers in needing to wear the masks suddenly.

The Partnership invested in the purchased of a Portacount machine which is used to carry out the face fit testing for the FFP3 face masks. Three members of Social Work Workforce Development team have been trained as Face Fit Testers.

To date, Face Fit Testing has been carried out within seven residential care homes, two of which were local authority provision.

Workforce development staff have also assisted Falkirk Council Education Service with face fit testing for workers.

51 workers have now had successful face fit tests undertaken. These numbers will increase as the team continue to respond to face fit testing requests.

## Public Protection Training

Essential public protection training has been adapted for digital delivery using the Microsoft Teams platform. Flexibility and innovation have been key in developing a growing raft of digitally delivered adult and child protection related training and making this accessible to staff across the health and social care partnership. New eLearning packages have been or are being developed with ongoing work continuing to make the Council's eLearning platform accessible to partner agencies, particularly within the third sector.

There is a strong commitment towards supporting innovative and creative thinking. This has led to the development of an electronic, multiagency training plan for public protection. Staff are also able to access up to date information about planned training scheduled to the end of 2021 and into 2022. This training plan is interactive and allows staff to gain some detailed information about individual courses and learning sessions as well as electronically book themselves a place on any event. The training plan is located on the re-developed Practitioner Pages, available to all partner agencies across the Forth Valley. The plan can be accessed here: [2021-Training-Plan-Practitioners-V4.pdf \(glowscotland.org.uk\)](https://www.glowscotland.org.uk/2021-Training-Plan-Practitioners-V4.pdf)

## Supporting people affected by hoarding disorder

Policy and guidance have been developed for multi-agency partners to assist with the execution of supportive and effective interventions with adults who experience self-neglect or exhibit hoarding behaviours. It is important that our practice is collaborative, proactive, and informed by evidenced based practice. Where this is the case, the adult and their families receiving our interventions will have a better experience and feel empowered to make the changes they want; to live the life that they want, feel safe and realise their potential.

Depending on the extent of the self-neglect and/or hoarding behaviours the adult is experiencing there will be different levels of interventions indicated and in some instances application of legislation will be indicated. It is important that all partner agencies are alert to the signs of self-neglect and hoarding and offer supportive early and effective interventions. While awaiting final “sign off” of the policy and guidance, multiagency training is being developed and will begin to be rolled out in the Autumn of 2021.

The Learning and Development Subgroup of the Adult Protection Committee is responsible for ensuring that all levels of the workforce have access to an appropriate level of Adult Support and Protection training this includes in the area of self-neglect and hoarding. This training is proportionate to their job role and responsibilities and advertised on the training calendar.

### **Falkirk Council Social Services Assessment Centre is virtually on your doorstep!**

The Centre has continued 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.

The pandemic has impacted on candidates in different ways. For candidates shielding and self-isolating, opportunities have been taken to increase time spent on reflection and producing evidence for portfolios. For others, awards were put on hold or deadlines extended for evidence submission supporting candidates to prioritise essential service delivery.

In addition to their roles as assessors and verifiers, Centre team members have supported the recruitment and induction of new and redeployed staff into essential frontline services. They adopted a key mentoring role working closely with service-based mentors to address challenges in delivering comprehensive induction and flexible support online and in the workplace.

The team have been working remotely, following government guidance, providing online support that has brought benefits both to themselves and candidates through being able to engage flexibly whilst paying attention to wellbeing needs.

As part of the commitment to modernise services through making best use of technology, the team have adapted assessment delivery by utilising electronic portfolios. They have also developed and facilitated online Scottish Vocational Qualifications (SVQ) inductions and online support meetings via Microsoft Teams to continue supporting new and existing candidates.

## **4.3 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.



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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.



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## 5. COVID-19

### 5.1 Impact on Workforce and Services

Scotland's social work and social care staff have worked in the most challenging of circumstances during 2020; they have gone above and beyond to meet the demands placed upon them. The issues which emerged during the initial period of the pandemic revealed the breadth of the role that social work plays in society. Social work occupies a unique place amongst a wider landscape of support, crossing the boundaries of education, health, housing and welfare.

March 2020 brought the start of national lockdown and the introduction of emergency legislation (Coronavirus Act 2020, Coronavirus (Scotland) Regulations), regulatory adjustments and changes to statutory duties. The new legislation had implications for the planning and provision of social work. In those earliest stages of the pandemic, CSWO's focussed on how essential services would be continued and discussions to determine this took place locally and nationally. The focus of these first conversations covered how to support and protect the most vulnerable children, families and older people in our society.

From the outset it was very difficult to keep everyone fully informed and up-to-date with the requirements to keep them and others safe. The array of new national guidance which required to be understood and implemented was in equal part helpful and challenging. We utilised support from Social Work Scotland, Scottish Government and the Council's Health and Safety team and Human Resources to ensure we followed the national position in every circumstance; the guidance has been the bedrock of our journey along the route map.

There have been 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. 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 but we needed to provide them in different ways. Front-line staff, support staff such as cleaners and cooks worked alongside colleagues to respond and adapt to the new circumstances.

Adults, justice and children's staff worked from office bases and from home, operating from rotas and being responsive and flexible to pressures and need. Staff consistently demonstrated how driven they are by their professional ethics and commitment to the relationships they have with children, adults and families.

From March 2020, 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, has been 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 prevention and 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 time to access appropriate IT platforms to support online meetings and video call contact with service users. For many weeks, we relied 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 have been 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 acknowledge the need to be supportive and to recognise the impact of less cohesive team working on morale. 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 those working from home and for those who can't due to the critical service they deliver.

Staff absence was exacerbated by COVID-19 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. Where services were reduced, we maintained regular (at least weekly) contact with families/service users to ensure their needs continue to be met.



## 5.2 Workforce Wellbeing

The past year has seen our communities easing their way out of varying degrees of lockdown, which has required people once again, to adjust to a new way of living. The capacity to adapt in times of adversity and ultimately seek to grow and flourish has, at different times, challenged everyone's capacity for emotional resilience.

Despite this, service priorities have continued to focus on person centred practice that reflects the importance of relationships, making connections, compassion, empathy, and empowerment. There has been no shortage of examples of continued commitment to working creatively and effectively to ensure social work values remain evident in thought and action alongside steps being taken to ensure individuals rights are respected.

In March 2021 we recognised World Social Work Day. This year's theme was Ubuntu: I am Because We are. An African phrase reflecting a concept and philosophy that resonates with the social work perspective of the interconnectedness of all people and their environments. We created space for cross service reflection upon the importance of a healthy work culture. Our main aim was to focus on workforce wellbeing and support staff to stay engaged with their primary purpose. Time was given to discussion on compassionate leadership; intentional approach to culture development; sustainable workload and sustainable wellbeing initiatives. Participants shared what they were passionate about and gave suggestions on how to improve work culture.

Many of these suggestions were picked up or remained in focus in team meetings that followed under the standing item of workforce wellbeing. This became more crucial as teams geared up to focus attention on our response to the pent-up demand and new emerging vulnerabilities, coming at a time when resources are stretched or depleted.

Our teams continually highlight the need to sustain team cohesion and how important it is to have opportunities to come together as a whole team face to face. Virtual water cooler sessions, online team meetings, supervision, reflective sessions, and induction have been well utilised, but we recognise they don't replace banter across the room or ability to spontaneously run something past a colleague or supervisor and ultimately meet the need for psychological safety and containment. The latter being essential for frontline social work staff engaged with people and families affected by trauma and distress.

Social work as a profession, has a strong tradition of valuing supervision that focuses on supporting workers in their key tasks, reflecting on practice to support professional development as well as considering worker wellbeing. Social work supervision serves multiple functions including ensuring safe practice within professional guidance, reflection and ongoing learning including development of skills and practice. Focusing on staff wellbeing is a key function to support effective practice in the social work role.

The ever-growing complexity of demands on our services can bring challenges for our workforce, whilst attending to the support and wellbeing needs of frontline staff, in a consistent manner.

During the past year we have taken steps forward in our commitment to become a trauma informed workforce in line with recommendations in The Promise, the Adult Social Care Review, Justice in Scotland and Mental Health Strategies. Staff training is one key element to becoming trauma informed and responsive. We have commenced roll out of a programme of trauma skilled training, open to staff across all services. This requires completion of the NES online learning Trauma Informed module as a pre-cursor to attendance. The programme includes a module on self-care and worker wellbeing.

This acknowledges the need to retain a focus on worker wellbeing and support, including space to reflect to avoid secondary traumatisation. Leaders training is also being made available to ensure they are able to retain workforce wellbeing and support as a high priority.

Having listened to staff from across services we appreciate the skills and traits that support resilience such as: self-esteem, self-awareness, autonomy, optimism, humour, positivity, enthusiasm, critical thinking, and social skills are unlikely to engender high levels of personal resilience without external support. To strengthen these skills, we have committed to creating the conditions for team development sessions. These require to be bespoke to reflect the different needs of teams across all services. To make the most of this opportunity, team members are encouraged to engage in the design of their development session.

For many this will be ringfenced time to focus on some or all the following: have some breathing space, connect with one another and their values, celebrate what they have achieved and the importance of team; form and norm with new colleagues and develop confidence in prioritising, decision-making and having difficult conversations. Each team will agree a plan of action that gives a collective sense of future.

It is anticipated that these will include organisational, team and individual actions. Where there are themes emerging from team action plans, steps will be taken to bring these together, where appropriate, to ensure best value, avoid duplication, share practice wisdom and innovative ideas. Team goals and objectives will also respond to actions outlined in the recently launched corporate employee experience action plan which has a focus on mental health and wellbeing.

Adult services goals and actions can also be shared using IMatters, an NHS designed staff experience continuous improvement tool for use with health and social care staff. This was recently rolled out across social work teams to help employees; teams and the Health and Social Care Partnership understand and improve staff experience. This includes a focus on culture, management, health, and wellbeing.

Through investing in this time, it is intended that this will reinvigorate members of the workforce effective coping skills and strategies and help to protect them from the adverse effects of working in isolation and the pressures of the increasing demand we are experiencing. When we are committing to our own resilience, we are better able to flourish in our profession and support the best possible outcomes for our service users.

We continue to promote the wide range of national supports available to our workforce such as the Wellbeing Coaching and Workforce Specialist Service via the Wellbeing HUB, the Social Work Professional Support Service and Pilot Workshops for People Working in Adult Social Work & Social Care to Manage Their Wellbeing.

### 5.3 PPE

PPE in Falkirk has been well co-ordinated from the early days of the pandemic. The Council's Chief Executive requested that a PPE Co-ordination Group be established, chaired by the CSWO, covering the needs of all services and organisations across Falkirk. The group met weekly for the first 6 months of the pandemic 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.

## 5.4 Public Protection

COVID-19 situation meant that local authorities and their partners 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.

## 5.5 Child Protection

Falkirk has a higher rate of children with a Child Protection Plan than in Scotland as a whole. 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.

## 5.6 Adult 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.

## 5.7 National Data Reporting

In mid-April 2020 Scottish Government established national datasets for Children and Adult Public Protection for weekly reporting during the period of the COVID-19 pandemic.

This level of social work data is normally only submitted to the Scottish Government on an annual basis. At a local level, this data is usually reported only on a quarterly basis (housing data is submitted on a monthly basis). However, this means that much more detailed data is being collated and reported and this impacts on both the numbers of events being reported and on the meaning of the data. So, reporting data on events that have occurred each week means that many of the events reported are in single figures. They are also prone to fluctuations from week to week that are not necessarily significant. It is also possible to interpret this detailed data in different ways, demonstrating a need for caution when analysing it.

However, a benefit of this dataset being recorded on a weekly basis is that it has supported us to refine and improve our internal recording processes to further ensure that consistent data recording approaches are being taken across all service areas. As such, management oversight of performance in these areas has been improved.

It is possible to take some reassurance from the small numbers and the minor fluctuations of the events being reported each week, since they seem to confirm we are not experiencing major spikes in demand or need at this exceptional time. This applies also to the fact that, with the exception of a few subject areas within the datasets, our data shows we are broadly consistent with the rates of activity shown in the national data.

These reports have provided a national picture of relevant activity and an opportunity to see where Falkirk compares and contrasts. 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.

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

Recognising the significant impact of lockdown and restrictions on children and families, children's services wanted to be 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 was developed during the first lockdown in partnership with Barnardo's and Aberlour, who already deliver services to many Falkirk families. Falkirk Council supported the use of 5 operational communication lines with one central contact number for callers. Appropriate connections were made with the Support for People Service and Falkirk's COVID-19 Emergency Community Food Project. The new Information and Support Line added 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 2021. 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.

This service, although developed swiftly as a reactive response to the impact on family life from COVID-19, has been 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.

## 5.9 Justice Services

Justice services response to the pandemic reflected both local and nation requirements in terms of following the lockdown restrictions and tiers, as well as complying with guidance issued by the Chief Medical Officer. At the onset of the lockdown the justice building was closed to the general public, and service users subject to supervision of orders or licences were assessed based on risk/needs level with priority for face to face appointments being given to the most high-risk individuals or those in crisis. Those with medium to low level risk / needs were managed via telephone contact. Our Unpaid Work Service and our programmes delivery ceased in line with government guidance, with those individuals also moved onto telephone contact where appropriate. Staff in the main worked from home with a skeleton duty cover rota implemented in the office.

Our workers stepped up to the challenges of working through the pandemic, there were some absences attributed to the virus, however for the most part we were able to maintain service delivery due to the commitment and dedication of our workers. Staff however were impacted in terms of mental wellbeing, fatigue, being unable to see family and friends, as well as the health and safety concerns associated with being a frontline worker in a pandemic.

Renovations were undertaken on the building including adaption to the interview and programme delivery rooms, the main door to change it from sensor access to buzzer operated access, and the fitting of sanitising stations throughout. Staff were issued with laptops to enable and support home working.

Delivery of interventions were adapted for example the introduction of online modules and workbooks to support 'other activity' for unpaid work service users, and the Caledonian System produced a 1:1 programme that could be delivered in the absence of groupwork. Meetings moved onto the Webex and Teams platforms.

During the lockdown periods when we were unable to attend to community projects with groups of service users, our supervisors supported the community response by supporting the foodbanks with deliveries and undertaking tasks to support community groups. Our Justice Community Psychiatric Nurse and our Keepwell nurse were moved to support the NHS frontline response during the lockdown periods. Our third sector partners supported our service users through phone contact and directing to additional services as required, enabling our social work staff to concentrate on statutory work.

Priorities during the year were focussed on maintaining a level of service delivery to those subject to community orders and licences whilst working to adapt our methods of delivery to enable us to operate during the pandemic. We worked in partnership with our community justice partners, commissioned services and universal service providers to ensure we met individuals needs as best as we could given the restrictions we were all working under. By September we were able to restart unpaid work in the community, albeit on a restricted basis, before a further lockdown period required the squads to be closed down again. Of concern has been the knowledge that a backlog of cases is sitting within the criminal justice system waiting to be heard in the courts.

The potential for a significant increase in workload will have implications for the service on our already stretched resources. Whilst the Scottish Government have made some provision for additional monies to support pandemic recovery this money is only for the financial year 21/22. As such there will be considerable pressure on recruiting temporary workers when there is recognition of a shortage of experienced social workers nationally.

Our prison-based social work team at HMP&YOI Polmont were moved out of the prison at the request of the Scottish Prison Service (SPS) during the early stages of lockdown and worked from home. There were issues initially with technology as staff had to be provided with laptops and there was considerable delay in SPS being able to provide access to their databases remotely. However, good partnership working between Falkirk Council ICT and SPS ICT teams enabled these difficulties to be overcome. A rota system was introduced to enable staff to be based in the prison for part of the week to assist with access to individuals in custody for the purposes of report preparation and pre-release work. As restrictions eased staff were able to increase their presence in the establishment.

## 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 we 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 will 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.

### **5.11 Health and Social Care Partnership**

The Health & Social Care Partnership's COVID-19 Incident Management Team (IMT) was stepped down in July of 2020 to reflect the changing nature of the COVID-19 pandemic, and the move into recovery. However, the IMT infrastructure remains and several elements have continued to run in the background allowing the Partnership to respond effectively as the pandemic has evolved.

Sadly, we have seen at first hand the tragic impact of Covid within care homes in the Falkirk area. The very nature of these services, providing care to some of the most vulnerable people in our communities, made them susceptible to infection despite the best efforts of Public Health, the Health & Social Care Partnership and Care partners. There has been a marked decrease in the number of Covid related deaths in care homes locally and nationally as the roll out of the Covid Vaccination programme. While we still see Covid in care homes, it has been far less widespread and the number of people becoming seriously ill has markedly reduced.

Care Assurance visits to care homes, carried out jointly by senior staff from health and social care, has continued to ensure that all guidance was being followed and residents and staff were kept as safe as possible at this time. Additionally, the Partnership's CHART team has been undertaking a programme of resident reviews as per Scottish Government requirements.

However, the health and social care system continues to be seriously challenged by the impact of covid especially among some of the most vulnerable individuals and staff who provide the care and support. Hospital presentations are at a high level and staffing shortages are impacting across the sector.

Key priorities for recovery:-

- Remobilisation and remodelling of day opportunities

The Covid pandemic has required a significant remodelling of day services with the risk of transmission significantly greater indoors. Buildings based day services were suspended for lengthy periods and provision had to change when limited services were allowed to resume. The direction of travel for day services had been outlined in plans agreed by the Partnership Integrated Joint Board and these will now be enacted as we move forward.



Services will become more individually focused and more tailored to the desired outcomes of individual service users. Greater use will be made of opportunities within the wider community, there will be a renewed focus on reablement and development of specialist resources for those with the highest needs.

- Reviewing packages of care and support to ensure that these continue to meet the outcomes required.

The pandemic has put an intense pressure on existing homecare type services. Increased levels of demand and a shortage of suitable applicants for care positions are expected to continue for some time. In addition, there is a recognition that more needs to be done to enable service users to regain their skills, confidence and independence wherever possible. The Partnership has embarked on a programme of individual reviews aimed at ensuring package of care meet the outcomes of service users; using trained reablement carers to help individuals regain skills and reduce their dependence on care services to meet their needs. Over the next 12 to 24 months this approach will become embedded into mainstream homecare practice across Falkirk.

- Support for Informal Carers

The pandemic has hit the families and informal carers of many vulnerable people in the community particularly hard. Buildings based respite and day services have been suspended or significantly restricted resulting in fewer and shorter breaks for those who provide unpaid care. While changes in the way carer funds have been made available to support unpaid carers have helped to bridge this gap, many unpaid carers have been adversely affected to a significant extent.

The Partnership is committed to providing a wider range of short breaks and alternative supports for unpaid carers as part of their remobilisation plans.

## Conclusion

It is recognised that the long-term impact and unintended consequences arising from the pandemic are uncertain and likely to require development of new services and enhanced support for existing services such as mental health and various local community initiatives. At the same time, demand linked to ongoing demographic change, is increasing as people are living longer into old age, often with multiple long-term conditions which require more complex multidisciplinary care and support.

The age profile of our workforce is also rising (and this is more prominent in certain staff groups) which presents a number of risks in terms of succession planning and our ability to provide sustainable services. This is also exacerbated by ongoing recruitment and retention difficulties particularly in relation to social work services where turnover is high.

The content of this report reflects the commitment, drive and passion for improvement and transformation that exists in our workforce and we are further strengthened by the relationships we have with our partners. Despite being stretched and presented with new challenges daily, social works' ability to change and adapt and to persist is constantly demonstrated.

I extend my thanks to all of my colleagues who have provided me with contributions to this report.