

Annual Report by Chief Social Work Officer April 2017 – March 2018

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INTRODUCTION

This report provides an overview of Social Work activity, performance and achievements during the period April 2017 to March 2018. The report also provides information on the statutory decisions made by the Chief Social Work Officer (CSWO) on behalf of the Council and highlights some key challenges in the forthcoming year.

1. CSWO Summary of Performance - Key challenges, developments and improvements during the year

2017/18 has been a further year of challenge and change for Social Work Services in Scottish Borders, but also a year where we continue to make improvements in practice. There is currently a review of the Social Work management structure following a period of temporary and interim management positions. It is envisaged that this will provide local Social Work Services with a stable platform from which to continue to develop and improve.

A Joint Inspection of Older People's Services took place in early 2017 and the outcome of this was published in September 2017. Work has been prioritised to implement the key recommendations of the report and a focussed multi-agency improvement plan has been established to ensure that the recommendations are delivered.

Similarly, work continues to progress on the improvements identified following the Strategic Children's Services Inspection from June 2016, with a continued focus on the improvement of chronologies, as well as specific training and development for staff on the assessment of risk and care planning.

Children and Families Social Work have undergone a restructure which was implemented in August 2017. The structure provides a focus on short term intake work whilst allowing longer term work to

be carried out by area based services. These structural changes are going to be reviewed to ensure that the changes are delivering the required improvements.

The Chief Social Work Officer has continued to monitor, review and advise the Council on Social Work matters, while providing effective leadership for all staff in Social Work and Social Care to provide high quality, safe services for people in the Borders.

There are a number policy developments and priorities which have taken place over the last year which will likely continue into the next year:

- Consultation on the Adults with Incapacity (Scotland) Act 2007
- Scottish Child Abuse Inquiry
- Age of Criminal Responsibility Consultation
- Amendments to the presumption of short term sentences, changing from 6 months to 12 months
- Review of Public Protection Services in Scottish Borders
- Scottish Government Consultation on pre-recording evidence for vulnerable witnesses

2. Partnership Working - Governance and Accountability Arrangements

The requirement that every Local Authority should have a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 45 of the Local Government etc. (Scotland) Act 1994. This replaced the requirement in Section 3 of the Social Work (Scotland) Act 1968 for each Local Authority to appoint a Director of Social Work.

The CSWO is required to ensure the provision of appropriate professional advice in the discharge of Local Authorities' statutory Social Work responsibilities and the role also needs to promote values and standards of professional practice to all Social Services Workers in relation to promoting equality, fairness and social justice.

The guidance is clear that “the CSWO’s responsibilities in relation to Local Authority Social Work functions continue to apply to functions which are being delivered by other bodies under Integration arrangements”. To support this, the CSWO sits on the Integrated Joint Board (IJB) as a non-voting member.

The role of CSWO provides professional advice to Local Authorities, including Elected Members and Officers to carry out the Local Authority’s legal duties in relation to Social Work. The CSWO assists the Council to understand their responsibilities and the complexities involved when delivering Social Work Services. Key to these are the Council’s role as corporate parent, ensuring effective child and adult protection arrangements are in place, the management of high risk offenders, carrying out statutory mental health functions and supporting vulnerable people through the Adults with Incapacity legislation for guardianships and Intervention Orders.

It is recognised that Social Work has a key contribution to the achievement of national and local outcomes. The CSWO also has a significant role to monitor and improve the quality of service provision and to advise on the identification and management of corporate risk insofar as they relate to Social Work Services.

In 2014 a new National Strategy set out a vision for Social Work Services across Scotland:

“Our Vision is of a socially just Scotland with excellent Social Services delivered by a skilled and valued workforce which works with users to empower, support and protect people with a focus on prevention, early intervention and enablement”

The principles and values of maintaining human rights, social justice and equality of citizenship are key to Social Work.

The vision re-emphasises the role of Social Work which is to:

- Empower individuals and families to take control of their lives and develop hope and aspirations for the future
- To support the most vulnerable and excluded members of our society to live fulfilling lives and play an active part in society
- To protect individuals, families and communities at risk of harm from themselves or others
- To harness and build on strengths within our communities

The key themes of professional leadership, ethics and principles, workforce development and service quality and performance are discussed in this report. Locally there has been good progress in developing Social Work professional workforce opportunities including practice teaching, Mental Health Officer training, Adult and Child Protection qualifications and quality assurance processes across Social Work.

3. Demographics

The Scottish Borders is located in the South East of Scotland and covers an area of 4,731 square kilometres, the sixth largest Local Authority in Scotland. It is a rural Local Authority with only two towns, Galashiels and Hawick, with more than 10,000 people.

Between 2016 and 2026, the population of Scottish Borders is projected to increase from 114,530 to 116,777. This is an increase of 2.0%, which is lower than a projected increase of 3.2% for Scotland as a whole.

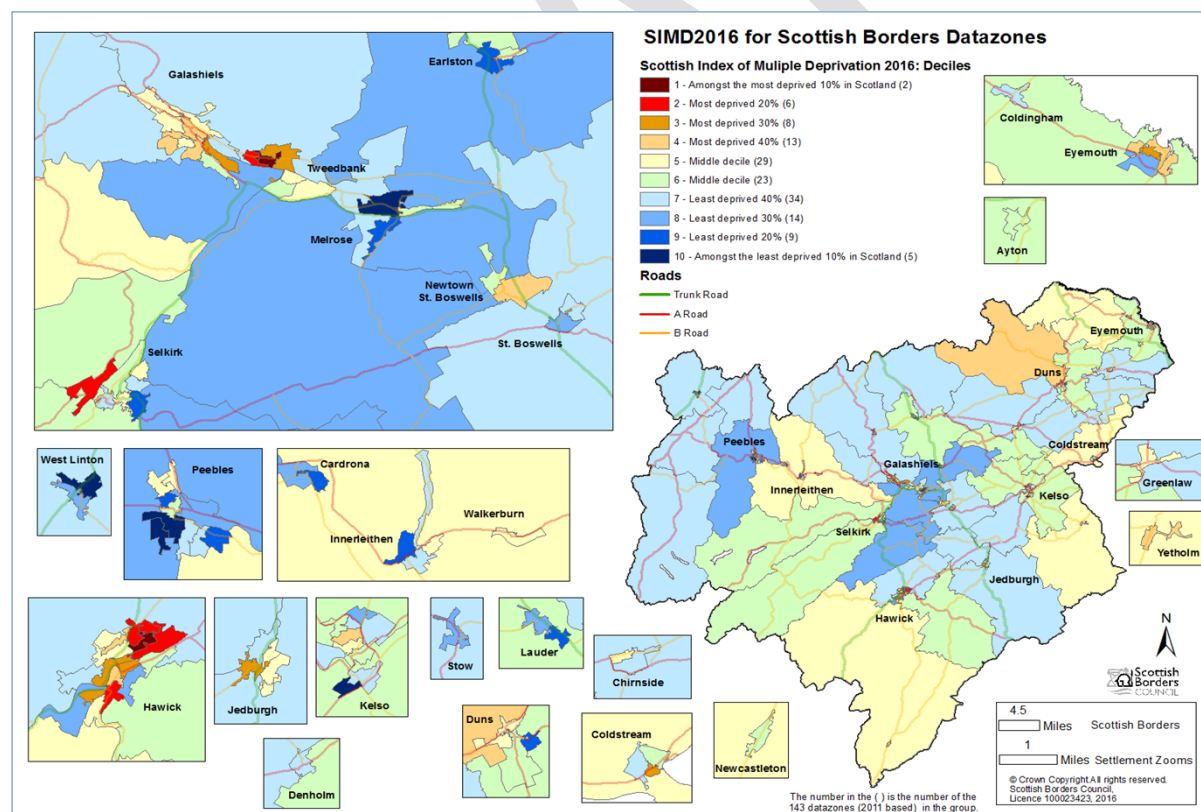
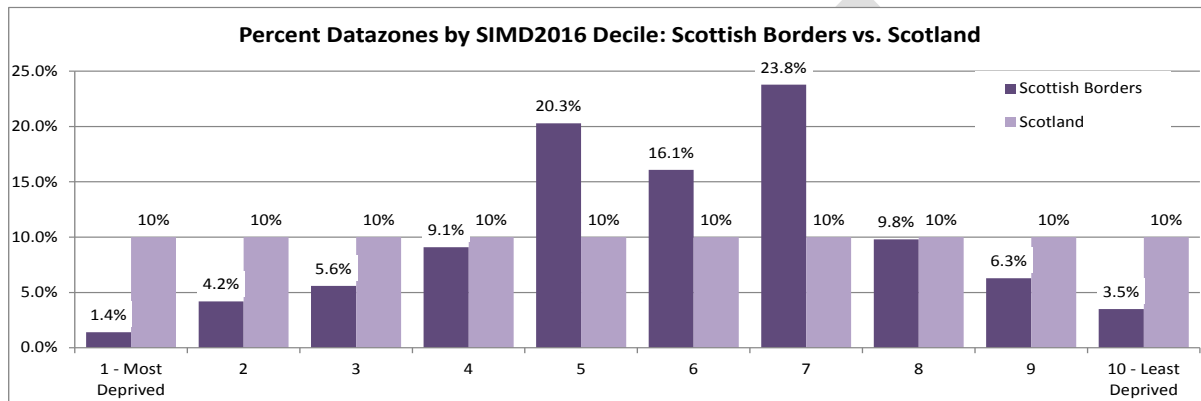
The population of Scottish Borders is unevenly distributed by age group, and the effects of the ageing population will become more pronounced in the next 10 years. The average age of the population of Scottish Borders is projected to increase as the “baby boomer” generation reaches retirement and more people are expected to live longer.

Between 2016 and 2026 in Scottish Borders, the 75 and over age group is projected to see by far the largest percentage increase and the 16 to 24 age group is projected to see the largest percentage decrease.

SIMD 2016 for the Scottish Borders Explained:

The Scottish Index of Multiple Deprivation (SIMD) is the official tool for finding the most deprived areas in Scotland¹. The SIMD consists of 28 indicators across 7 Domains: Employment, Income, Education, Health, Access, Crime and Housing.

The SIMD 2016 shows that the 6% (8) of the 143 data zones in the Scottish Borders are part of the 20% most deprived of all of Scotland. A further 15% (21) of the data zones in the Scottish Borders are amongst the 21-40% most deprived in Scotland. The distribution of the 143 data zones in the Scottish Borders can be seen the graph and map below.



When specifically looking at the income and employment domain, 10% of the Scottish Borders population is income deprived compared to 12% for Scotland. 9% for the Scottish Borders working age population is employment deprived compared to 11% for Scotland.

¹ <http://www.gov.scot/Topics/Statistics/SIMD>

Scottish Borders: Child Poverty Index 2017:

The Scottish Borders Child Poverty Index (SB CPI) is an experimental tactical index to provide additional insight into Child Poverty in the Scottish Borders. It was felt that the Scottish Index of Multiple Deprivation (SIMD), whilst a good tool for identifying areas of deprivation, it was not the best tool for identifying areas of child poverty. The SB CPI identified areas in the Scottish Borders where the level of child poverty is higher than identified when just using the SIMD.

The index is a score based on data related to four components for each of the 143 data zones in the Scottish Borders. These components are:

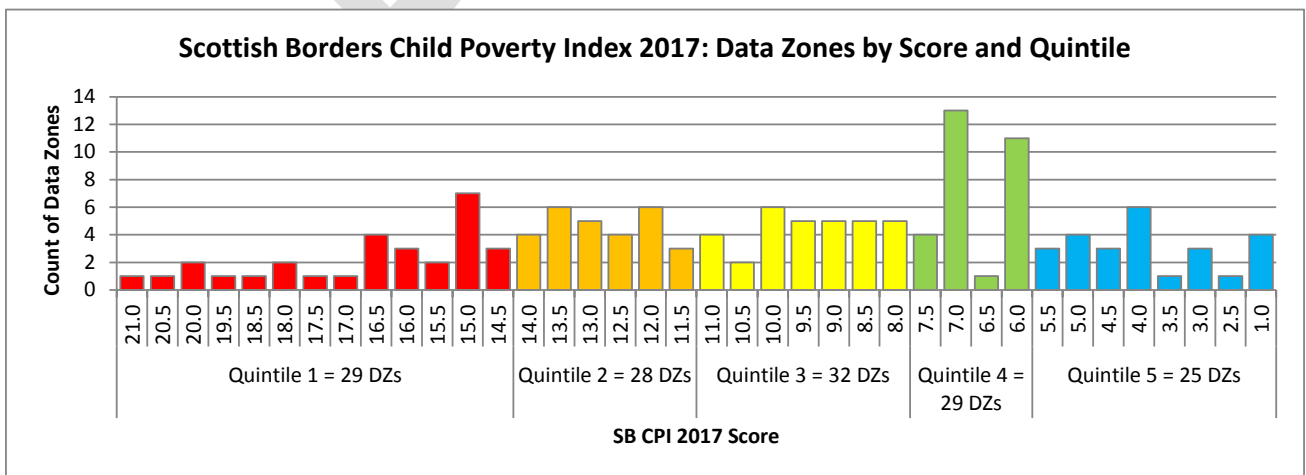
- Percent of Children in Low Income Families (CiLIF) 2014 from HMRC
- Percent of Pupils in Receipt of Free School Meals (FSM) 2017 from SBC's SEEMIS
- Percent of Pupils in Receipt of Clothing Grant (CG) 2017 from SBC's SEEMIS
- Percent of Pupils Aged 16+ in Receipt of Education Maintenance Allowance (EMA) 2017 from SBC's SEEMIS

The table below shows the score for each component based on the results for each data zone.

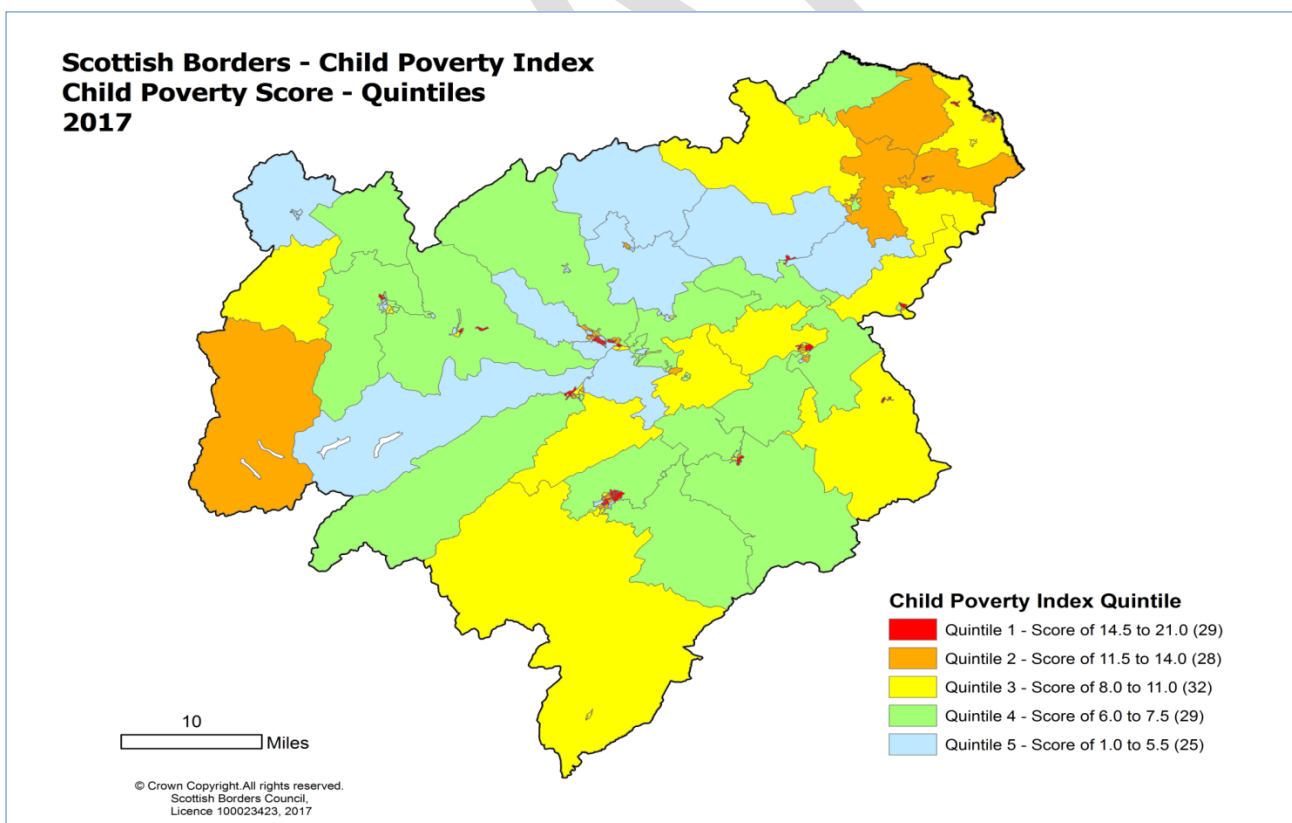
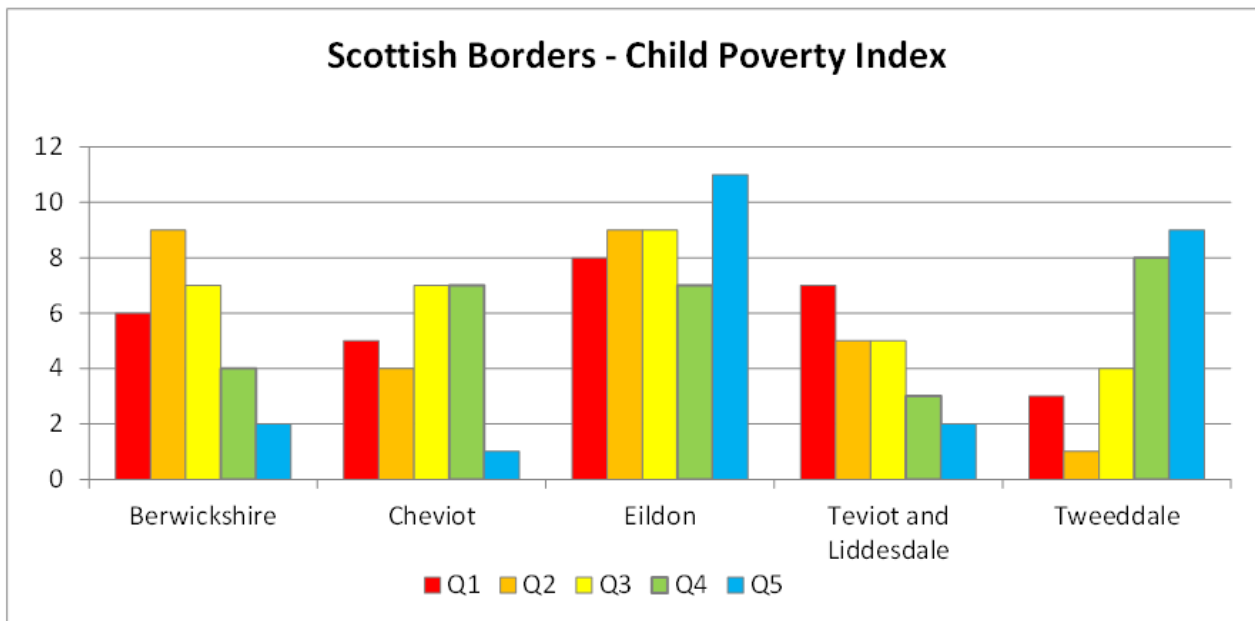
% Children in Low Income Families (2014 – HMRC)	% Pupils in receipt of Free School Meals (2017 – SBC SEEMIS)	% Pupils in receipt of Clothing Grant (2017 – SBC SEEMIS)	% Pupils Aged 16+ in receipt of Education Maintenance Allowance (2017 – SBC SEEMIS)
0 = 0 – None	0 = 0 – None	0 = 0 - None	0 = 0 - None
1 = Under 5%	1 = Under 5%	1 = Under 5%	0.5 = Under 5%
2 = 5% to Under 10%	2 = 5% to Under 10%	2 = 5% to Under	1.0 = 5% to Under
3 = 10% to Under	3 = 10% to Under 15%	3 = 10% to Under	1.5 = 10% to Under
4 = 15% to Under	4 = 15% to Under 20%	4 = 15% to Under	2.0 = 15% to Under
5 = 20% to Under	5 = 20% to Under 30%	5 = 20% to Under	2.5 = 20% to Under
6 = 30% or More	6 = 30% or More	6 = 30% or More	3.0 = 30% or More

Note that the EMA scores are half the other components reflecting the population size.

Allocation of the 143 data zones based on the point allocation:



Every data zone in the Scottish Borders has some element of child poverty. Areas with higher levels of child poverty can be found throughout the Scottish Borders.



Further information can be found in the Scottish Borders Strategic Assessment².

² http://www.scotborders.gov.uk/downloads/file/7249/2014_strategic_assessment

In general, Scottish Borders has a healthy and industrious population. Scottish Borders has a lower than average population of working age; 58.49% compared to the Scottish average of 62.79%. However, there are lower levels of unemployment than the national average, although these reflect a larger proportion of part-time employment than the Scottish average.

Both men and women within Scottish Borders have a longer than average life expectancy at birth than the Scottish average, and 84.1% of people in the Scottish Borders assess their health as being good or very good compared to 82.2% for Scotland.

There are a number of pressures on the provision of Social Work Services within Scottish Borders, including but not limited to:

- Demographic shifts, in particular increasing numbers of people in the older age groups, creating a need to increase capacity while maintaining quality and flexibility
- Increasing expectations and requirement to support people in their own homes and communities
- The financial pressure associated with complex or specialist service provision that cannot be provided locally within the Scottish Borders
- Ongoing developments for integrated services with partner services and organisations, across both Children's Services and Social Care services
- Managing rising complex needs of both children and young people and adults

4. Social Work Services Delivery Landscape

In Scottish Borders Social Work, the structures are being reviewed as there are a number of key posts that are occupied on an interim basis. This will be led by the Chief Social Work Officer, the Service Director Children & Young People and the Chief Officer for Health and Social Care Integration.

The CSWO has retained operational responsibilities for Criminal Justice Social Work, Mental Health Officer work, Quality Assurance and Professional Social Work training. In addition to this, the CSWO has responsibility for Community Safety and Community Justice Services which include anti-social behaviour, Violence against Women and Girls, Emergency Duty Team and input to Drug and Alcohol services for the Council. The CSWO is Vice Chair of the Alcohol and Drugs Partnership and Chair of the Community Justice Board and Offender Management Committee. The CSWO reports directly to the Chief Executive and has regular meetings with the Elected Members who hold portfolios relating to Social Work Services. Direct line management of the Children & Families Social Work Service is the responsibility of the Service Director for Children and Young People; however professional Social Work accountability and practice standards are reported to the CSWO. The CSWO also leads, on behalf of the Council, on public protection and ensuring professional leadership for Social Work across all service areas including commissioned services as well as a key role in quality assurance and professional social work standards.

Health and Social Care Partnership:

The Health & Social Care Partnership has reviewed its Strategic Plan and the IJB has ratified its publication which will be done in August. The plan has been refocused on 3 objectives:

1. We will improve the health of the population and reduce the number of hospital admissions;
2. We will improve the flow of patients into, through and out of hospital;
3. We will improve the capacity within the community for people who have been in receipt of Health and Social Care Services to better manage their own conditions and support those who care for them.

The use of the Integration Care Fund has been realigned around these objectives and whilst the challenge of people being delayed in hospital remains, we have seen an improvement. The IJB introduced a Discharge to Assess Policy in November 2017 and to implement this Policy, 2 major initiatives have been trialled – Step Down Facilities or Waverley Care and Crawwood, and a Hospital to Home service. These initiatives, plus an increased focus on Primary Care and Community work, are beginning to improve the overall health of the population and the flow of patients.

The Health and Social Care Partnership continue to have two fully integrated services; The Mental Health Service and The Joint Learning Disability Service. Both benefit from a single management structure, integrated budgets and strong Partnership Boards. The Partnership Boards are inclusive and have a wide representation from stakeholders, most importantly including service users. The Learning Disability Service has a particularly strong inclusion of service user and carer voices via the Locality Citizens Panels, one in each of the 5 localities. Each has a membership of service users and carers setting their own agenda's and having made positive changes in their local communities. Both services have integrated strategic plans delivered via the Commissioning Strategy (Learning Disabilities 2016) and the Mental Health Strategy Scottish Borders (2017).

Criminal Justice:

Court:

Enhanced relationships have been made with the Court. Qualified Criminal Justice Social Work staff are now present in Court on sentencing sittings, enhancing opportunities to provide “stand down reports” and provide real time information to the Sheriff. Initial appointments are issued to those in receipt of new Community Payback Orders at the time of sentence. This improves on previous use of unqualified staff. The introduction of an informal business meeting between the Sheriff and the Criminal Justice Group Manager has enhanced the ability to discuss and resolve service delivery issues or develop statutory services.

CPO: Unpaid Work:

Scottish Borders experiences challenges in the delivery of Unpaid Work and Other Activity opportunities due to the rurality of the authority and limited community resource availability. Looking to develop engagement opportunities, the Criminal Justice Service provide service users with travel tokens to cover the considerable distances and costs experienced by service users in attending appointments and project work. The use of collection and drop off transport is widely utilised across the authority.

Unpaid work project work includes:

The Green House project: this partnership project produces fruit and vegetables for projects in communities. Partners in delivery are Bosco and Healthy Living who utilise the produce for cookery and healthy diet courses. The Healthy Living project delivers REHISS training to those on UPW.

The Workshop: Produces a variety of goods, including playground and garden equipment and furniture for schools and community resources.

The Cycle Repair Workshop: The service collects repairs and maintains bicycles for Just Cycle. The repaired bicycles are distributed across the authority area.

Community Project Work continues to be a mainstay for community reparation. During 2017/18 service users were involved in salt deliveries to schools over the winter, snow clearing at schools or community areas, decking and path work (Paxton House), Path work (Coldingham Bay, Live Borders, St Abbs, Forest Hill), Hawick in bloom (Painting and tidying up), ground work (Netherdale FC, Eyemouth memorial, St Boswells green) and playhouse erection (Coldstream playgroup). In total the service delivered on 62 community / outdoor based projects.

While 1:1 placements are a challenge to identify and retain, for those who present with specific needs and who may encounter travel difficulties, placements have been provided by a number of local organisations including Sue Ryder, Cancer Research, Pet Rescue Centre, Stable Life, Salvation Army etc.

Opportunities for Other Activity hours include links with, Keys to employment (ESF funded training), Right Track (ESF funded), placements at Gala Works (employability programme), work with local college for preparation for college placement and Venture Trust.

Fiscal Work Orders:

Over 2017/18 the number of Fiscal Work Orders issued across the authority fell by over 50%. The reason for this drop is not known. A review and promotion of this diversion from prosecution option will be undertaken in 2018/19

Reconnect:

This service continues to strive towards the Commission on Women's Offenders recommendations. The referral criteria: any woman over the age of 16 who is at risk of offending.

ReConnect currently delivers two group work programmes. Stepping Stones, an upgrade of "Connections", a rolling CBT focused 12 week group work programme delivered in partnership with inputs from a variety of partners including, SFRS fire safety session, Welfare Benefits, Borders Addiction Service, Healthy Living Network, Borders College, Domestic Abuse Services and Right Track Employability Service.

Women attending the programme participated in the “Inside, Outside Exhibition”. As part of International Women’s Day, they engaged in a mindfulness afternoon and were sponsored to attend Stable Life to try horse riding.

During 2017/18, there were 41 referrals into the service, with 24 onward referrals made to other agencies.

“Survive and Thrive” a closed group fed in from ReConnect and Rape Crisis has been further trialled. This 10 week Psychological Education Group is aimed at educating women on the effects of trauma and symptom stabilisation. Psychological supervision is essential to the success of this programme. Due to a lack of psychological input in 2017 the group was withdrawn, however was reinstated toward the end of the year. In July 2017 Criminal Justice recruited a Senior Social Worker to oversee the development of the service.

Criminal Justice continues to be governed through the Offender Management Committee chaired by the CSWO. The Group Manager for Criminal Justice sits on several key Committees and Boards, including the Community Justice Board, Adult Protection Committee, MAPPA Operational Group, Violence Against Women and Girls Partnership, Drug Death Review Group and the Borders Addiction Service Steering Group.

Work to review and develop Public Protection Services:

A significant development over the last year has been the decision of the Critical Services Oversight Group to review the current Public Protection model (Child Protection, Adult Protection, Domestic Abuse Services and Multi Agency Public Protection Arrangements – MAPPA) with a view to improving the management of risk to vulnerable children, young people and adults at risk. Partner agencies in Scottish Borders are striving for excellence in delivering Public Protection Services and a multi-agency Executive Group has been established to ensure that we deliver consistency and quality in policies, procedures and practice locally. To aid this process, the post of Interim Chief Officer Public Protection was put in place, to help the review of existing services and to facilitate the development of options to improve and innovate multi-agency practice relating to risk.

The Executive Group consists of Senior Leaders/Managers across agencies with sufficient knowledge and influence to progress the development of a Public Protection model locally. The role of this Group is to progress the development of a multi-agency Public Protection model by promoting a shared understanding of risk and encouraging shared expectations of roles and responsibilities across different agencies and professionals. The Executive Group meetings are chaired by the Chief Social Work Officer and are focussing on the following objectives:

Objectives:

- Consider and critically evaluate business models for the delivery of Public Protection Services in Scottish Borders.
- Consider revisions or suggestions regarding current procedures regarding the development of a Public Protection model.
- Consider and recommend developments in line with national/local imperatives e.g. Scottish Government guidance, inquiry reports, changes in legislation and research findings pertaining to Public Protection services.

- Promote good inter-disciplinary co-operation in the prevention of all forms of harm.
- Promote the positive development of collaboration in developing practice.

Community Planning Partnership

The Scottish Borders Community Planning Partnership has three key priorities for delivering its vision:

1. Grow our economy
2. Reduce inequalities
3. Maximise the impact from the low carbon agenda

The Reducing Inequalities Plan contains specific actions to reduce inequalities for vulnerable groups and areas of disadvantages including reducing homelessness, increasing employment opportunities and reducing re-offending.

Partnership structures are in place to support the delivery of Social Work Services. A Children and Young People's Leadership Group is operating effectively, aiding the planning and delivery of multi-agency children's services locally. This group has continued to meet regularly and focus on the multi-agency Integrated Children & Young People's Plan which continues to set out the strategic direction for Children & Young People's Services in the Scottish Borders, focussing on priorities to create opportunities and conditions so that children & young people have the best start in life.

The five key priorities being:

1. Keeping children and young people safe
2. Promoting the health and wellbeing of all children and young people and reducing health inequalities
3. Improving the wellbeing and life chances of our most vulnerable children and young people
4. Raising attainment and achievement for all learners.
5. Increasing participation and engagement.

Corporate Parenting:

Corporate Parenting is now firmly established across the Scottish Borders as the multi-agency approach to improving services and outcomes for Looked After Children, Continuing Care and Young People and those in Aftercare. Corporate Parenting responsibilities are well understood and actively promoted across services. A Corporate Parenting Strategy and Action Plan has been in place in the Scottish Borders since 2009 and has been revised on a 3 yearly basis. The current Strategy and Action Plan is currently being reviewed and will cover the period 2018-2021. Significant areas of work in 2017/2018 included implementation of the Housing Options Protocol, jointly with Homeless and Housing Service and all Registered Social Landlords; increased participation opportunities for children and young people looked after away from home, in Continuing Care and Aftercare; and, establishment of a satellite unit at Wheatlands Children's Home for young people making the transition into adulthood. Multi-agency data management systems have been developed to better track outcomes for Looked After Children and are improving on an on-going basis.

Scottish Borders continues to work closely with Police and Emergency Planning Teams regarding care for people arrangements and the PREVENT agenda. This continues to be a priority during this year.

Social Work continues to commission Borders Voluntary Care Voice (BVCV) to provide support to user/carer groups to participate in planning structures and ensure the voice of people using services is central to decision making. Independent Advocacy is also used to very good effect and promotes user engagement, particularly ensuring that those service users with communication difficulties are supported to be as engaged as possible in their care and support. This will be critical in providing a foundation on the likely increase in the role of advocacy services from the Mental Welfare Commission and Scottish Children's Reporter Administration.

Child Protection Committee:

The Child Protection Committee (CPC) has led on the introduction of a Child Sexual Exploitation Strategy and the introduction of a Neglect Toolkit for staff. The CPC is benefiting from the involvement of a group of young people who are working on resources for young people to raise awareness of Internet and Child Sexual Exploitation. The initial roll out of Neglect Toolkit training in the Scottish Borders began in May 2017. This continued until October 2017 when the Scottish Borders Child Protection Committee, who were overseeing the adoption of the Neglect Toolkit, were provided with a progress report as well as a recommendation about future training, including sustainability. This initial training has been multi-agency and targeted namely at Children and Families Social Workers, Health Visitors, School Nurses, Pastoral Teachers, Head and Depute Headteachers and Locality Integration Police Officers. The expectation is that once practitioners have been trained, they will consider the use of the toolkit appropriately and proportionately when there are concerns in relation to child neglect, and will record their decisions accordingly.

At the training, practitioners have fed back that they are receptive to using the Neglect Toolkit for a number of reasons:

1. It gives them a clear and straightforward approach to talking about the possibility of child neglect with families, colleagues and other professionals
2. It helps them to be specific about what the concerns are that then helps them share their concerns with others
3. It directly informs the child's assessment
4. It supports multi-agency working together (they also relayed the value of this training being multi-agency)
5. They consider the tool as positively supporting their practice

A comprehensive evaluation of the use of the Toolkit took place in March 2018. The views of families and practitioners who have used the Toolkit were sought. The evaluations are currently being developed and will consider if, how and what impact using the tool has on achieving positive, sustainable outcomes for the child.

In the meantime we are actively requesting examples of positive outcomes from using the Toolkit.

As a result of learning from reviews of practice, guidance has changed to reduce removal from the Child Protection register at the first review conference which takes place within 3 months. This is to ensure that the support offered to children and families results in changes to the Safety of Children

which evidences that there is sustained improvement. The quality of information provided has also been improved by requiring written reports from all staff attending.

5. Social Services Delivery Landscape

Carers:

The Carers (Scotland) Act 2016 was implemented from 1st April 2018 and aims to improve the health and wellbeing of carers. Planning for this has been in collaboration with partners, particularly NHS, Borders Carers Centre, Borders Care Voice, carers and carer representatives. By 31st March 2018 the eligibility criteria for adult and young carers was published and new outcome focussed carer support plans had been tested by carers.

Joint Learning Disability Service:

The Joint Learning Disability Service continues to support a high proportion of people within supported living environments having very few residential placements. Working closely with an independent sector provider and a local Housing Association, we have been able to move our Intensive Support Service into new purpose built accommodation. We are also looking to work with the independent sector to expand our provision of accommodation and support for adults who have high support needs locally. Project Search, an employment training scheme run in partnership with Borders College and NHS Borders, is nearing completion of a second year successfully enabling students to gain permanent employment with an approximate 50% success rate. To provide opportunities for voluntary work, the service has also secured European Social Fund funding to recruit 2 Volunteer Co-ordinator posts.

The Learning Disability Service is also looking at how to support young people and parents through the transition from Children's to Adult Services. Working with Health, Education, Social Care, carers, services users, ARK and other stakeholders, we are nearing the end of the second year of a three year project. We have developed an integrated pathway with an information pack which is now being tested and evaluated during year three. The service has recognised the pressures upon Social Care within the Learning Disability Service and has recruited to two additional Social Workers following several lean working workshops and workforce planning events. Early intervention, prevention and building resilience within the community remains a priority of the service evidenced by the continuing significant investment into the Local Area Coordination service based within each of the five localities.

Mental Health Services:

The Mental Health Service continues to deliver against the aims set out within the Local Mental Health Strategy (2017). The service has developed a strong Local Area Co-ordinator (LACS) Service recruiting four full time equivalent posts aimed at early intervention and prevention. This fits well with the existing Mental Health Services within Primary Care such as The Doing Well Service, Distress Brief Interventions (one of the four national pilots across Scotland). We are looking to expand and ensure more equity across the five localities utilising the national Mental Health Strategy Action 15 funding. The service also commissioned a new Recovery College which will be launched in July 2018 and is provided by a third sector provider. The College aims to provide

learning opportunities for people experiencing mental health problems within a community environment.

Emergency detention certificates (EDC's) have shown a sharp decrease over the period 2017/18, from **(28)** in 2016/17 to **(13)** in 2017/18. This could be viewed as better availability of approved Medical Practitioners after 5.00pm to allow for joint assessments pertaining to short-term detentions. Secondly, the assessment skills of the Psychiatric Crisis Service based within the Borders General Hospital have avoided detention for many patients brought into the Accident and Emergency Department without necessary input from Mental Health Officers.

Short term Detention Certificates have shown a relatively small increase over the period 2017/18, from **(71)** in 2016/17 to **(75)** in 2017/18. As with the EDC's, this could be an indicator of the increase of short term detention assessments undertaken outwith normal working hours.

Compulsory Treatment Orders have shown a very small increase over the period 2017/2018, from **(28)** in 2016/17 to **(30)** in 2017/18.

Adults with Incapacity:

Private Guardianships have, as expected, shown an increase this year, as has been the year on trend since 2010. Over the period 2017/18 the number of Private Guardianships is currently **(136)** this is up from **(115)** over the period 2016/17. This ongoing rise in applications could be viewed positively as it could be indicative of a more aware public in their understanding of the legislative context to which are supporting and caring for a relative with incapacity.

Chief Social Work Officer Guardianships:

For the period 2017/18 there is a small increase from **(38)** 2016/17 to **(40)** for the current period 2017/18, however this number is expected to rise very slightly as some cases remain outstanding due to varying degrees of the legal complexity of a small number of individual cases.

Technology Enabled Care (TEC):

A significant issue that Scottish Borders Social Work Services faces is the challenge of delivering services in such a wide geographical area. It is recognised that in order to assist in the delivery of services, technology has a critical role in transforming, integrating and improving Health & Social Care Services. This potential has already been recognised and articulated, nationally, in Scotland's Digital Health & Care (April 2018) and, locally, in both the IJB Strategic Plan 2018-23 and the JOPs Action Plan.

Technology Enabled Care (TEC) is one of four projects sitting under the wider enabling Health and Social Care, IT Programme. It focusses on how technology can enable people to live longer, healthier and independent lives including:

- Supporting early intervention and prevention through tools and apps that encourage people to live fit and healthy lifestyles.
- Facilitating self-help and self-management through access to information, equipment, services, support and advice.
- Providing tools to:

- better enable communications with families, carers and Health and Social Care professionals
- monitor conditions (e.g. blood pressure, medicines, movement and location) and enable appropriate interventions (alarms and alerts)
- facilitate self-assessment and consistency of assessment

In the past year a role has been created to take forward the Technology Enabled Care (TEC) agenda across Health and Social Care. TEC will play an increasingly important role in the future. Partners will invest in TEC as an additional component of services to older people, and move to a more data-supported/intelligence-based service model to improve efficiency and effectiveness. While a community alarm system is in place in the Borders, limited progress has been made in developing and rolling out a more systematic telecare approach, whereby sensors provide data that Managers can use to deploy resources effectively and efficiently to support care provision. In the past few months the 'Just Checking' sensor system has been integrated into Mosaic and will be evaluated between July 2018 and December 2018.

'Attend Anywhere' is a web-based platform that helps health care providers offer video call access to their services as part of their 'business as usual', day-to-day operations. Apart from internet access, all people need to be able to use Attend Anywhere is the google chrome web browser on a computer or Android mobile device, or an app on Apple iPads or iPhones. Computer users will also need a web camera (usually build into the devices mentioned). The Attend Anywhere system will shortly be in place and will be used by out of hours NHS service specifically with those currently in residential care in the first instance. The use of Attend Anywhere will thereafter be scaled up across the partnership.

In the next near it will be important to build on the existing TEC work, while developing a strategy and work plan that meets the needs of service users going forward.

Care at Home:

Providing sufficient and flexible care at home provision has remained a priority for the Social Care and Health Partnership in the past year, especially in achieving a shift in the balance of care from hospital and care home settings while ensuring that older people remain in their own homes, safely and for as long as possible.

There has been an increase in the number of providers in the Borders; however the more rural areas of Tweeddale, Berwickshire and Cheviot have not attracted a provider who is able to sustain a robust workforce that is able to deliver the care required, especially where larger packages of care are required of more than 10 hours per week. The care at home providers continue to look at alternate ways of providing care including the use of TEC. This will be something that is built on in the next year.

SB Cares remains the largest care at home provider in all areas of Scottish Borders, however it is hoped that the market will be further stimulated and alternative providers found, increasing choice for those needing a care at home service. The partnership is currently developing its commissioning strategy for care at home and seeks to maximise value for money in commissioning while at the same time ensuring that older people of the Borders are able to remain safely at home with the level of care they require.

Sustaining and supporting a workforce for all providers has been a huge challenge over the past year and the introduction of workforce registration with SSSC continues to present issues for many, mostly in relation to the cost of training and the increase of carers moving between providers. This has a bigger impact on smaller providers who have a smaller margin for training. It is recognised that the partnership need to develop further health and care capacity, refining links with education, learning and employability bodies will be a key strand of the approach.

Care Homes:

Since the last report the overall service performance in the care homes sector has sustained a marginal improvement in the levels reported two years ago. In particular there have been less services requiring immediate improvement as a result of poor performance measures. There has been a reduction in Adult Protection Large Scale Inquires within the care home for older people sector in the last three years; from around 4-5 per annum in 2015/16 to around 1-2 per year at this point in time.

Positive examples of co-production between partner agencies has been the 100% take up of national early warning score (NEWS) training with Health providing the training, and Scottish Borders Council funding NHS Borders approved equipment for use across the Borders care home sector. Grangehall care facility is working with Health and the Council on developing a care home compatible version of the Health Improvement Scotland anticipatory care plan. There is growing use of telecare/telehealth with SB Cares trialling Attend Anywhere in St Ronan's; and also about to start in Waverley. Electronic care planning across the St Philip's homes has seen the introduction of soft wear to support care planning and aid auditing via hand held devices.

Overall the level of provision in the third sector has not changed, albeit that Peebles Nursing Home has marginally increased their bed numbers at Peebles Nursing Home, after their renovations post the flooding in Peebles. The expansion of Queen's House in Kelso will provide at least a further 18 nursing placements into the overall provision.

Waverley, a home run by SB Cares, has diversified with the development of the transitional care facility (re-enabling people to return to their own homes generally after being in hospital). SB Cares also, in collaboration with Eildon Housing Association, have utilised Craw Wood Care Home as a discharge to assess unit, as a further facility supporting people to effectively return patients home from hospital, therefore reducing pressure on the NHS and maximising the opportunity for people to live in their own communities with appropriate levels of support.

Council monies have been invested in the redesign and development of the Older Adult Psychiatric Liaison Service to support people with functional and organic illnesses in the care home sector, the objective being to prevent unnecessary admissions to the general and community hospitals and to help facilitate successful transitions from hospital settings (including the mental health wards, Cauldshiels, Melburn Lodge and Lindean) to care home provision.

Given little expansion in the care home market, homes continue to report comparatively high levels of occupancy, which despite other enabling service models, given the incrementally increasing demographical pressures is putting significant strain on the system.

A further pressure is the national shortage of nurses, particularly prevalent in the Borders with care homes offering nursing finding it increasingly difficult to maintain the levels of nursing to satisfy their registration. The majority of nursing homes offering nursing have had agreements to vary their registrations from the Care Inspectorate enabling them to deploy Senior Care Workers (with specific competencies and access to an on call nurse) at specific times. The Council is also working with the NHS and Care Inspectorate to address this continuing future challenge, plus lobbying at a national level.

In relation to increase in capacity, it is expected that the new Extra Care housing developments, two of which are due to be commissioned in the late spring of 2020, should alleviate some pressures for residential placements.

Children and Families:

The new structure of Children and Families Social Work Services was implemented in August 2017 and there will be a planned review to ensure that the changes that were made are continuing to deliver the desired improvements.

A revised Children and Young People's Plan has been agreed with actions to meet improved outcomes, including keeping children and young people safe, raising attainment of all children and increasing engagement and participation. Scoping of all partnership funding for Children & Young People has been completed and a new commissioning plan for these services, including service change, is being progressed.

Children Affected by Disabilities – Service Improvements:

Within Children and Families Social Work we are focussing on improving services to Children Affected by Disabilities and their families over the next year. This is already underway and to date has included the recruitment of a part time SDS Development Worker for one year. An important part of this role is to support the SDS methodology and concept across the Children & Families Service by reviewing and improving current procedures and guidance documents. Other key areas for improvement are the plan to introduce a multi-disciplinary panel to review all funded packages of support to try and ensure greater consistency and equity in decision making across the service and our aim to improve service user and parent/carer engagement in the process of reviewing and evaluating the service.

Comprehensive Parenting Assessment Framework – format, guidance and associated documents:

A revised and updated Parenting Assessment Framework was launched at the Children and Families Social Work Service Away Day on 29 March 2018. In developing the Framework the overall structure, assessment and analysis format was reviewed with parental capacity for change being incorporated into the assessment, as well as emphasise on the importance of assessing each child independently. This new Framework promotes consistent standards and continuity of practice when undertaking parenting assessments in the Scottish Borders.

General:

Over the past 12 months the CSWO has ensured that Social Workers and Social Care staff across all service areas have had opportunities to meet together and ensure that professional leadership and support is available to all staff across the Council and commissioned services. Key cross cutting themes such as public protection and transitions are therefore able to be progressed. In addition, all Managers responsible for Social Work tasks come together monthly in a CSWO meeting to consider practice governance including standards, quality and professional leadership and training across Social Work.

6. Resources

2017/18

The majority of Adult Social Care functions are devolved to the Scottish Borders Health and Social Care Partnership Integration Joint Board. The responsibility for the commissioning of Adult Social Care functions continues to be delegated to the partnership. Children and Families Social Work Services remain the responsibility of Scottish Borders Council, whilst responsibility for other Adult Services not prescribed for delegation within the Joint Working Public Bodies (Scotland) Act 2014 also remain with Scottish Borders Council.

The total expenditure on Social Work Services within Scottish Borders Council in 2017/18 is detailed below:

	£'m	£'m
Children & Families Social Work*		14.7
Services in the Criminal Justice System**		0.0
Functions Delegated to the Health and Care Partnership Integration Joint Board:		
Older People's Services	19.3	
Adults with Learning Disabilities	16.6	
People with Physical Disabilities	3.5	
People with Mental Health Needs	2.0	
Generic Services and Staff Teams	5.2	
		46.6
Other Adult Services		1.5
Total		62.8

* Excludes Additional Needs Services

- ** Fully funded by Scottish Government Grant to Lothian and Borders Criminal Justice Authority in 17/18.
- *** SB Cares is the trading name of Scottish Borders Council's Arms-Length Care Company

The total 2017/18 spend of £62.8m represents a net increase of around £0.6m from 2016/17. This is the result of a general increase in spending, amounting to £200k in each of the three main areas highlighted above, Children and Families, IJB and Other Adult Services. It should be noted that the £200k increase in IJB spending is a net increase with some areas spending more and some areas spending less. For example, spending on Older People increased by £1.7m, which was off-set by efficiencies in Learning Disabilities.

Although this increased spend was £0.6m greater than in 2016/17, against the final approved budget, an overspend of £0.4m was incurred. This included overspends of £0.1m and £0.6m in Children & Families and Older People respectively, netted off against underspends against budget in other areas.

It should be noted, however, that this £0.4m overspend was against the last approved budget. An overspend amounting to £1.3m was incurred against the base budget detailed in the Scottish Borders Council Financial Plan, approved by Council on 7 February 2017.

Although net expenditure increased in 2017/18, as the outturn position suggests, considering base budget, significant financial pressures were experienced in the year. This was across both Adult and Children & Young People Social Care functions and required remedial action. These included:

- Meeting the increased costs of service provision in areas such as care at home as a result of increased market pressures
- Implementing a range of Scottish Government policy initiatives such as the commencement of a Living Wage of £8.45 per hour for all Adult Social Carers
- The implementation of the Scottish Living Wage for all Adult Carers
- Increasing demand for services above levels budgeted across functions such as residential care, care at home and the provision of equipment
- Delayed delivery of Financial Plan savings, particularly in relation to commissioned services
- Staffing pressures

In order to meet these pressures and mitigate their impact, the IJB agreed to direct £6.5m of its 2017/18 Scottish Government Social Care funding allocation, largely on a recurring and full-year basis.

Pressures within Children and Families Services, largely as a result of slippage in delivery of planned commissioning savings, were met on a non-recurring basis by planned savings across wider Children & Young People Services. It is anticipated that these required savings will now be delivered in 2018/19.

The Future:

In the medium-term going forward, across both Adult and Children & Young People Services, the projected financial outlook remains challenging and there are a number of key areas of financial risk that require managing. These include:

- the impact of expected ongoing austerity and restricted funding allocation and settlements from the Scottish Government may require further savings to be identified by the Local Authority which will require a further contribution from Social Care Services
- further cost pressures may emerge during 2018/19 that are not yet projected or provided for within the Local Authority (and Integration Joint Board) financial plans – these include both market cost pressures (price) and those relating to sustained increases in demand and need (demographic)
- further legislative and regulatory requirements including the implementation of the Living Wage of £8.75 in 2018/19 and the financial consequences of the implementation of Carers’ legislation, the implementation of payment of the Scottish Living Wage for ‘sleep-ins’ and the COSLA Care Home inflationary uplift;
- the risk of loss of service provision as a result of market failure would result in additional costs as alternative supply is transitioned – this is an area of particular risk relating to Care at Home;
- the requirement to realign resources in line with priorities/demand and shift resource across the Health and Social Care pathway across functions will be required

Over the last three financial years, the transformation of models of Health and Social Care has begun, enabled by the Scottish Borders allocation of Integrated Care Funding. Over the medium-term future, a significant programme of transformation of Adult Social Care is planned which will have a considerable impact on the type and level of care and support provided, the outcomes achieved as a result and, importantly, cost and affordability.

7. Service Quality and Performance including delivery of statutory functions

The Chief Social Work Officer has statutory functions that are specific to the role and are referred to in legislation as well as Scottish Government guidance³.

Detailed performance data is contained in Appendix 1.

Performance Management in Scottish Borders is firmly aligned to the themes and priorities identified in the Scottish Borders Single Outcome Agreement and the Scottish Borders Council Corporate Plan. Social Work Services have a key role to play in the delivery of several national and local outcomes, and these are placed at the centre of strategic developments across the authority and in partnership planning. These reflect the national outcomes detailed below:

- Our children have the best start in life and are ready to succeed
- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- We have improved the life chances for children, young people and families at risk
- We live our lives safe from crime, disorder and danger.
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

³ <http://www.scotland.gov.uk/Publications/2010/01/27154047/>

- Our public services are high quality, continually improving, efficient and responsive to local people's needs

Performance is measured and reported at a variety of levels to Senior Managers within Social Work, to the Scottish Borders Council Corporate Management Team, and to the Scottish Borders Council Executive Committee, Critical Services Oversight Group and relevant partnerships, including the Integration Joint Board and Children & Young People's Leadership Group.

Joint inspection of older people's services (JOPS):

The Care Inspectorate and Healthcare Improvement Scotland undertook an inspection of Older People's Services between October 2016 and February 2017. These services are in large part managed or co-ordinated by the Scottish Borders Health and Social Care Integration Joint Board on behalf of Borders NHS and Scottish Borders Council.

The inspection report ^[1] was published on 28th September 2017. Across the nine key indicators of performance, inspectors found one i.e. 'impact on the community' to be 'good', five to be 'adequate' and three to be 'weak,' including 'delivery of key processes'; 'strategic planning and plans to improve services'; and, 'leadership and direction.'

There are thirteen recommendations for improvement in the report. An Action Plan has been prepared to meet these thirteen recommendations. This is monitored through the Joint Older People's Services (JOPS) Inspection Group and reports to the Joint Leadership Group and the Integrated Performance Group. There are 56 actions to meet the thirteen recommendations. All the actions to meet recommendations one, two, five, ten and eleven are now complete. Work is ongoing to ensure that the recommendations are sustained.

To date the progress is as follows:

Status	No.	%
Complete	39	70%
On Track	8	14%
Minor delay	8	14%
Significant delay	1	2%
Total	56	100%

Overall 70% of the actions have been completed, with only nine of the actions delayed.

Some actions have had their timescale extended due to amendment to the action that is required or complexity of the action requiring additional time. All other actions are progressing within timescale; the Action Plan has been submitted to the Care Inspectorate and Healthcare Improvement Scotland. The recent feedback from the Care Inspectorate/Healthcare Improvement Scotland is for more clarity on the indicators of success and on the measures that will be used to ensure that outcomes are met. The JOPS group is now ensuring this is incorporated into the Action Plan.

A recent review of the Action Plan identified that:

1. The Inspectors identified some areas of challenge which did not result in a specific recommendation, but which still need to be addressed. To date the Inspection Action Plan has focussed on the recommendations which provide the most challenge to the services.
2. The current Action Plan understandably focuses primarily on policies and processes that will help and support the challenges, but there are limited indicators used to illustrate that the underlying issue has been resolved.

To address both these issues, a Revised Improvement Plan has been produced with a set of indicators which seek to monitor performance against the policy imperative by setting a target that as far as possible encompasses the issue.

Physical Disability Strategy:

The Health and Social Care Partnership held a consultation on the Scottish Borders Physical Disability Strategy, A Fairer Borders for People with a Physical Disability or Long-Term Condition and their Carers. The strategy has been developed with the support of key local representatives including; service users and carers, Health and Social Care professionals, members of the third and independent sectors, and housing specialists. Key Message; By enabling and supporting people with a Physical Disability in all aspects of life, especially co production of services, the Scottish Borders will be become a fairer place to live. The consultation ran from 3 April to 2 July 2018 and comments and suggestions have been put in to the strategy. Interestingly, a common theme from the consultation was why the strategy was focussed on adults and it has now been agreed to bring together one strategic position for children, young people and adults.

Reimagining Day Services:

The Reimagining Day Time Support Project was initiated in February 2017. The eighteen month project works with partners from Leeds, Bradford and East Renfrewshire to explore what an alternative to day centres might look like. The reimagining process is supported and facilitated by National Development Team for Inclusion (NDTI) the transformation is delivered by a local core group. The project has successfully delivered a community based link worker service in the Berwickshire area and supported people with a physical disability to move away from a buildings based service.

Community Capacity Building Team:

The Community Capacity Building team (CCB) has been congratulated for winning silver at the finals of the iESE (Improvement and Efficiency Social Enterprise) Public Sector Transformation Awards 2018.

The Team made it to the shortlist of the three top nominations in the creating community capacity category, which recognises initiatives that do the most to engage with the local community and create greater resilience, better life chances and less dependency on public services, coming away from the ceremony in Westminster on 6 March with a coveted silver award.

The CCB team are currently supporting transformation projects and have expanded the team to include the community link workers in the Berwickshire area.

Further development of Housing with Care at Cornmill Court:

In partnership with Registered Social Landlord Trust, the Housing With Care Team have been developing four new elements of support:

1. The introduction of overnight support to ensure people do not need to move into a care home and provide the same level of support as Extra care Housing
2. Introducing short term accommodation to ensure that people who are delayed in hospital or at risk of admission due to a housing issue have a supported environment to live in
3. Opening the doors for other people to receive meals and support during the day
4. Finally delivering support in a satellite unit in Abbotsford court where the team are successfully delivering on site support in another housing complex, successfully reducing the number of providers from 5 to one single team.

Children and Families:

Following publication of the Care Inspectorate Report in June 2016, a Children and Families Quality Assurance Framework was developed. As part of the Framework, a systematic approach to case file auditing was established. The audits are carried out using an audit tool based on the Care Inspectorate Case File Reading Tool (January 2015) and provides comprehensive qualitative information on the management of cases and outcomes for children and their families. Rating of case files is informed by comprehensive guidance. Case file audits are completed by Children and Families Managers and Team Leaders. As part of our approach to auditing, feedback is provided to the relevant Team Leader by the Auditor. The Team Leader then has the responsibility to discuss the findings of the audit with the Social Worker and their Line Manager and for the completion and recording of any required actions.

Over the previous three reporting periods, full case file audits were carried out on a range of case types on a systematic basis. The sample of cases over the 18 months has provided a clear indication of areas of strength and challenge in terms of casework. To ensure an increasingly comprehensive range of quality assurance information to be gathered, the case file audits over the last 6 months have included some full case file audits on specific case types and, audits which focused on specific areas which have been noted as challenging for staff in previous audits and quality assurance approaches. The audit findings cover the following practice areas:

- October 2017 – Planning for children and young people
- December 2017 – Audit of completed actions resulting from previous audits
- February 2018 – Duty cases
- March 2018 – Kinship Care cases

The Council has one residential child care unit for young people aged 12-18 years (Wheatlands) and in the Service's Inspection in October 2017, the service was again awarded:

- Quality of care and support 6 - Excellent
- Quality of environment 6 - Excellent
- Quality of staffing not assessed
- Quality of management and leadership not assessed

This is a significant ongoing achievement for this service.

While workers will always consider all options for a child's care and will seek to make use of a child's family strengths and supports, at times it is not possible to place children in their own community. In particular, some complex cases require us to place children in specialist placements outside the area. Each of these young people has a comprehensive care plan and a team of professionals dedicated to helping to resolve their issues and, in a controlled way, bringing them back into less specialised and resource intensive placements.

Kinship care is a desirable outcome for children who are unable to be looked after by their birth parents, and enables children to remain and be cared for within their extended family and community, with clear benefits for their identity and sense of belonging as they develop. This reduces the need for Local Authority foster carers and promotes better outcomes for the children themselves. The percentage of kinship care placements in the Scottish Borders continues to grow year on year.

It has been recognised that throughout 2016 there were continuing improvements in educational attendance and achievement for all children, including those who are looked after and those who experience deprivation. Fewer children are being excluded from school with more being skilfully supported to stay in school.

Children and Young People who are unable to live at home, experience warm and nurturing relationships and stable environments provided to them by well supported foster carers, kinship carers and residential placements. (Care Inspectorate Services for Children & Young People in Scottish Borders, Inspection Report, 2016).

Self-directed Support (SDS):

Progress is continuing with Self Directed Support. Developments such as the roll out of community led support across the Borders with its focus on easy access, preventative support which is based on 'what matters' to the person has promoted the approach. By the end of March 2018 77.6% of people receiving support were using the SDS approach compared with 59% of people a year before. A breakdown of the options chosen is detailed below:

Option 1	Option 2	Option 3	Option 4
Direct payment	Individual Service Fund	Social Work Managed	A mix of the options
250	5	1333	79

Where people have chosen a mix of options they are not included under Options 1, 2, 3 but under option 4. For example there are nine people with an individual service fund but four of these people have combined this with at least one other option and are therefore counted under Option 4. The Individual Service Fund is the new option introduced under the self-directed support legislation and is taking time to embed. It gives people an opportunity to discuss their support directly with the provider of their choice, without having to manage the funding.

Children and Young People's Mental Health:

Regarding Children and Young People's Mental Health Services, work is underway to look at how we can develop upon existing service models to provide a more integrated young person's mental health and wellbeing service. Additional resources have been focussed in the short term upon our newly commissioned tier 2 service enabling enhanced support to young people within all our high schools.

Looked After Children:

There has been a small reduction in the percentage of Looked After Children and Young People requiring externally purchased placements. Three young people were placed in Secure Care during 2017/18.

The percentage reduction was very small – 0.4%.

The CSWO is the Agency Decision Maker approving Fostering, Permanence and Adoption arrangements.

Self-evaluation is embedded into all Social Work Services though the inspection process, performance monitoring, and a self-evaluation framework to which all services contribute. Multi-agency self-evaluation of services for children and young people has been an area of development prioritised by the Children and Young People's Leadership Group.

To provide clarity, a six monthly Quality Assurance Report is produced, reporting on a range of quality assurance and participation activity across Children and Families. The report also details service developments in response to its findings.

Closer integration of service evaluation and financial monitoring has led to more robust oversight of improvement activity across the Senior Management Team. In particular, the work to integrate financial records into the main MOSAIC management information system will allow improved scrutiny, authorisation and monitoring of the financial impact of care provision.

Public Protection Services:

The Council continues to have strong public protection multi-disciplinary arrangements from the Critical Services Overview Group, chaired by the Council's Chief Executive through the Child and Adult Protection Committees and Sub-groups. Key to this work is self-evaluation, performance monitoring and audit.

The Child Protection Committee has a self-evaluation calendar which is reviewed at the Quality Assurance and Improvement Sub-group on a regular basis.

Initial referrals to Adult Protection have increased with 206 concerns reported during this period. Older Adults continue to be the group at most risk of harm including those with dementia. Financial and physical harm continue to be the highest reported types of harm for adults at risk, there has been 60 concerns each in both of the categories. To address this there has been significant work undertaken with local banks to identify and report potential concerns relating to financial abuse.

Complaints:

A total of 96 complaints were received regarding Social Work Services during this period, a decrease of 12.73% from the previous year. A total of 94 complaints were investigated of which 30 were upheld, 6 partially upheld, 28 were not upheld, 6 complaints were I understand were withdrawn and 24 considered invalid.

Some key themes arose from the complaints including:

- Actions of staff
- Difficulty in accessing service
- Provision of service
- Delay in service

A range of actions were recommended and have been implemented to improve the quality of service provided and which are regularly reviewed to ensure continuous improvement.

Criminal Justice:

Throughout 2017/18, Community Justice further embedded itself within Scottish Borders, enhancing partnership delivery of justice services between statutory, third sector and community resources. The Criminal Justice Service is firmly embedded within Scottish Borders Community Justice Local Outcome Improvement Plan 2017 – 2020.

The implementation of the revised formula for the determination of Section 27 Grants Funding, provided Scottish Borders with an increase for the year 2017/18, of £52,592. Within the Grant Offer Service provision requires to discharge statutory duties and to work toward the prevention and reduction of further offending in addition to targeting delivery of community sentences and women's services.

The implementation of Visor by Criminal Justice Social Work presents ongoing challenge. Criminal Justice Social Workers and Team Leaders have been requested to submit to vetting on a voluntary basis, with new posts being advertised as requiring successful candidates agree to being vetted. The existing close working relationship between Social Work and Police Scotland Offender Management Unit continues to facilitate excellent communication and information sharing. It is recognised that there is a potential vulnerability in the management of information sharing for category 3 individuals who are Social Work led. It is hoped that resolution might be achieved through continued discussion with COSLA via representation on the Social Work Scotland Standing Committee and Police Scotland.

The Scottish Government's commitment to reduce the use of short term custodial sentences by extending the current presumption to 12 months, has resulted in Scottish Borders working toward the development and delivery of enhanced options available to the Procurator Fiscal and Sheriff Court. 2017/18 saw the introduction of a Bail Supervision Scheme pilot and the development of a framework to offer an arrest referral scheme to Police colleagues.

The authority's vision for a Woman's Hub plays a central role in the delivery of services to women. During 2017/18 significant work has been undertaken to plan and develop a multi-agency delivery

hub that will serve women across the Scottish Borders. The Hub will work with women at risk of entering and those already in the justice system to address issues, including offending and anti-social behaviours, trauma, domestic abuse and the development of self-care and stay safe skills.

Drug Treatment and Testing Orders (DTTO):

A streamlined procedure for Drug Treatment and Testing Orders (DTTOs) was introduced in April 2017 after consultation with staff from Criminal Justice Social Work and Borders Addiction Service. As well as increasing efficiency, the procedure is a single reference point for Health and Social Work staff.

Caledonian System:

The Caledonian System is an integrated approach to domestic abuse. The two year Caledonian Men's Programme uses cognitive behavioural techniques to encourage men to recognise their abuse and take responsibility for themselves and their relationship with their ex/partners and children. The Women's Service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. By working in partnership with the woman, workers aim to reduce her vulnerability. The Children's Service offers an intervention to support children who are living with or have lived with domestic abuse.

High Tariff Structured Deferred Sentence (HTSDS):

This disposal option was introduced as a means of testing the motivation to comply with a Community Payback Order Supervision Requirement where the individual is at risk of custody and has a history of non-compliance with community disposals. The assessment of suitability is completed routinely as part of the Criminal Justice Social Work Report (CJSWR) and the planned intervention is delivered by a Criminal Justice Social Worker with additional support from a Criminal Justice Officer. The CJSWR includes a request for special Bail conditions and any failure to attend appointments and / or comply with Bail conditions will result in disciplinary action and/or Breach action. A Completion Report is provided to the Court at the end of the period of the HTSDS with the expectation that, if the individual has complied, a Community Payback Order will be imposed.

Low Tariff Structured Deferred Sentence (LTSDS)

This disposal option is targeted at individuals who are at low risk of custody, where no behaviour change programme is identified and where criminogenic needs are health and welfare related rather than attitudinal. The assessment of suitability is completed as part of the Criminal Justice Social Work Report and a Case Management Plan identified. Monitored by a Criminal Justice Officer, the individual's engagement with the Case Management Plan and Support Services is required for successful completion of a LTSDS. The frequency of contact with the Criminal Justice Officer is expected to decrease as the individual establishes engagement with support services. A Completion Report is submitted to Court at the end of the period of the LTSDS.

MAPPA:

The effective management of sex offenders under the MAPPA arrangements is a multi-agency responsibility. An Offender Management Committee chaired by the Chief Social Work Officer is in

place, enhancing governance at a local level. In March 2018 a total of 92 offenders were being managed. Concern that this number might increase significantly following the implementation of MAPPA extension to serious violent offenders in April 16, has not occurred.

Emergency Duty Team (EDT):

EDT works closely with Out of Hours health colleagues to support safe discharge of patients and prevent unnecessary admissions – this was identified as positive in the Joint Inspection Report: “We saw some positive examples of Health and Social Work staff working well together to deliver effective care, support and treatment. This included joint working out-of-hours between Accident and Emergency staff, the out-of-hours Community Nursing staff and the Social Work out-of-hours Emergency Duty Team.”

Close working with Police and Health colleagues also continues out of hours in the identification of risk to children and adults, agreeing jointly how to manage risk quickly and effectively. Evidence of this would be the participation of appropriately trained and experienced staff out of hours in the IRD process, echoing the process followed in hours by PPU.

EDT also contributes to Protection Plans, particularly for children subject to CP registration, by readily responding to requests from daytime colleagues to undertake monitoring and assessment tasks out of hours in relation to safety of individuals and progress of the plan.

EDT supports daytime colleagues, where possible, to undertake tasks that contribute to quality assurance and efficiency, completing case file audits and seeking to review POCs. This also seeks to maximise the efficiency of EDT as a service where the demand on the service is unpredictable and there can be capacity to undertake such tasks.

The outsourcing of Bordercare was agreed by the Council as a means of sustaining quality of service and efficiency for users but presented some challenges for EDT, losing the colocation with Bordercare staff. However, there was close participation in ensuring a safe transition and developing working processes to attempt to predict and respond to any potential negative impact on service users and partner agencies. This process is continuing and further responses being developed to streamline communications for service users and agencies.

8. Workforce a) Planning b) Development
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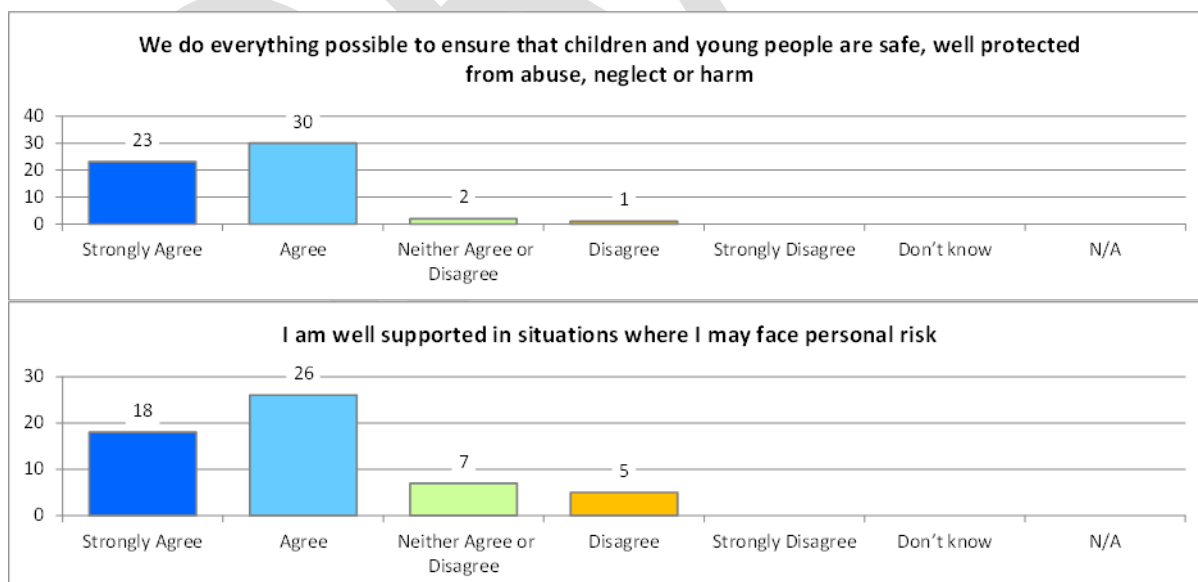
There continue to be challenges in the recruitment of experienced Social Workers across Social Work Services, including Children and Families, Social Care and Health and Criminal Justice Teams. At present, we are considering a recruitment event as well as exploring the possibility of developing Social Workers locally as a longer term strategy.

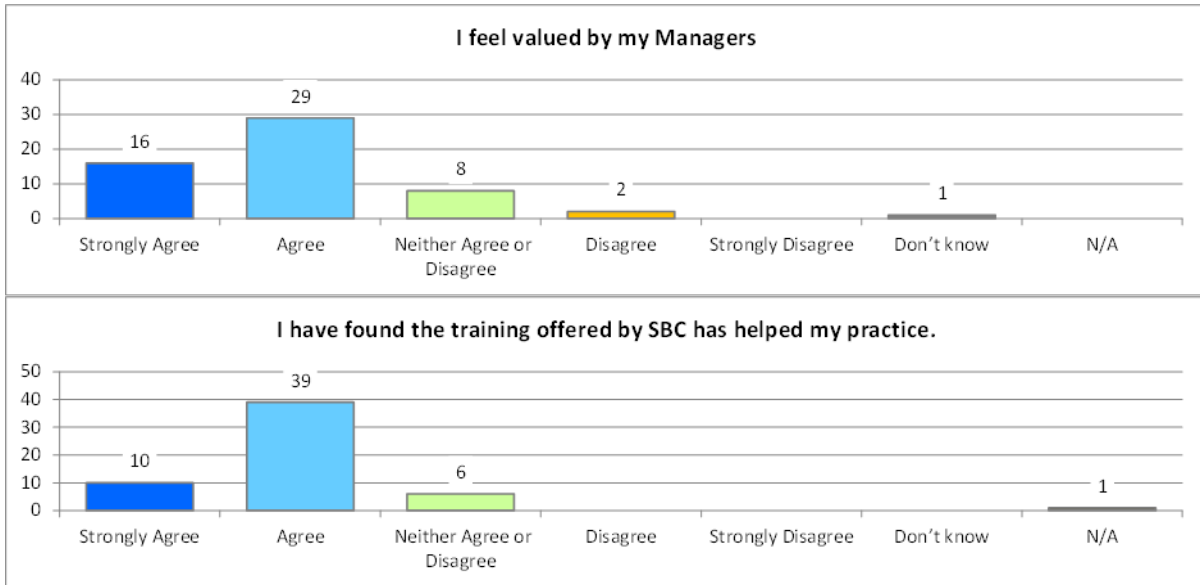
The Professional Development Team continues to ensure that the mandatory training needs of Social Work Services staff are met and there is appropriate support and funding for additional CPD and career progression opportunities. The Learning and Development Frameworks for both Children & Families Social Work and within Social Care & Health Service have been updated. The team commission, co-ordinate and/or deliver a wide range of essential professional development training and other CPD requirements, plus many bespoke specialist inputs, so the L&D Frameworks

provides a focus for work in this area and also signpost corporate mandatory courses, which all eventually contribute to improving outcomes for people using services. Clearly the intention is to engage effectively with the workforce to help workers understand how important their learning is to improving outcomes for people who receive services; supporting Social Service workers within Scottish Borders Council to become self-directing and self-managing learners and contribute to a trusted, skilled and confident workforce.

The two Practice Learning Advisors in particular have continued the task of building an infrastructure to support Social Work student placements, including regular meetings of a student's group. Building the infrastructure also means promoting and encouraging staff to become Link Workers and Practice Educators. The team also run six monthly Partnership Practice Learning Events with Mid and East Lothian and quarterly in house Practice Learning Group meetings. During this period we have had a very buoyant NQSWs group; following a large recruitment campaign Scottish Borders Council employed seven NQSWs to a number of vacant posts in Children and Families Social Work in summer 2017 so the existing NQSW group was greatly boosted. The range, or menu-of-options, of training and related CPD activities for staff is extensive, and some events are very specialised and bespoke. For example, there has been considerable interest in the new Resilient Practitioner Programme which is a collaborative effort between the Open University, Live Mindfully Ltd and staff from the Professional Development Team. The basic programme consists of eight (monthly) twilight sessions, and for those wishing to apply for the 'Award', then there is an additional requirement of a full practice day, three coaching sessions and one practical reflective essay. Given the level of interest in building resilience, and very positive feedback from participants, the intention is to make this a regular annual programme.

A staff survey of Children and Families took place in 2017, this was critical for Managers to be able to map out the views of the whole staff group. Some of the key responses are detailed below:





Training was delivered on the Neglect Toolkit, a practitioner's toolkit for assessment and direct work in cases of neglect, from July 2017 to October 2017. Training was done on a multi-agency basis, targeting professionals who work directly with families. 80 Children and Families Social Work staff attended the training (Social Workers, Social Work Assistants, SSWs, etc.). Evaluation of the effectiveness of the training will take place in 2018 with all staff who attended the training.

APPENDIX 1

PERFORMANCE REPORT

STATUTORY FUNCTIONS

Fostering and Adoption

Adoption is a positive route for a child where it is apparent that he or she is unlikely to be able to safely return to the immediate or extended family. There is a strong body of evidence to indicate that permanent and/or stable long term placements, including adoption, lead to better outcomes for the child where these placements can be put in place early enough to enable the child to form solid attachments with the carers. This is especially crucial in the early years of 0-3.

In the year to March 2017 there were 3 children adopted, which shows an increase on the previous year. 8 Permanence Orders were granted by the Courts (3 with Authority to Adopt and 5 without Authority to Adopt); 6 children were recommended for adoption via the legal route of a Permanence Order with Authority to Adopt; and, 1 Permanence Order (without Authority to Adopt) was recommended by Scottish Borders Adoption and Permanence Panel.

Senior Managers have identified a need to focus on robust decision-making for permanence cases to avoid drift and delay. A multi-agency Permanence Planning Group has been established to lead good practice in permanence planning and there is currently a multi-agency Development Plan addressing policy, procedure and practice in this area.

	2014-15	2015-16	2016-17	2017-18
<i>Children adopted during the reporting year</i>	5	1	3	
<i>Children placed with prospective adopters at end of year</i>	6	2	5	4

The Chief Social Work Officer is also the Agency Decision Maker (ADM) in terms of Fostering and Permanence decisions – Regulation 12 Children (Scotland) Act 1995.

It is the ADM's responsibility to make decisions based on recommendations by the Fostering or Permanence Panels. In Scottish Borders Council these panels are held on a monthly basis and consider the following:

- Fostering Assessments
- Kinship Care Assessments
- Foster Carers Reviews
- Assessment of Prospective Adoptive Parents
- Children being considered for Permanence (Long term fostering and Adoption)

- Matching of children with prospective adopters or long term foster carers
- Advice and guidance on complex situations that may be considered for permanence

The ADM receives Minutes of the meetings, meets with the Chair of the meeting, if required, and makes decisions based on the recommendations.

	2014-15	2015-16	2016-17	2017-18
Foster Carers approved	6	12	7	
Foster Carers de-registered	2	7	4	
Foster/Short Breaks Carers reviewed	48	31	44	
Long term (permanent) foster carers approved	4	2	5	2
Children registered for permanence	13	8	8	5 POA 5 PO
Prospective adopters approved	3	1	4	4
Prospective adopters not approved	0	0	0	0

Kinship care is a desirable outcome for children who are unable to be looked after by their birth parents, and enables children to remain and be cared for within their extended family and community, with clear benefits for their identity and sense of belonging as they develop. This reduces the need for Local Authority foster carers and promotes better outcomes for the children themselves. The percentage of kinship care placements in the Scottish Borders continues to grow year on year.

While workers will always consider all options for a child's care and will seek to make use of a child's family strengths and supports, at times it is not possible to place children in their own community. In particular, some complex cases require us to place children in specialist placements outside the area. Each of these young people has a comprehensive Care Plan and a team of professionals dedicated to helping to resolve their issues and, in a controlled way, bringing them back into less specialised and resource intensive placements.

The number of children placed outside of the Scottish Borders has remained at the same level, however the overall percentage has decreased over the reporting year due to the increasing number of Looked After Children.

	2015	2016	2017	2018
LAC placed outside areas as at 31 March	31 (16%)	29 (12%)	33 (13%)	34 (15%)
Kinship placements as at 31 March	55	72	72	47

The increase in Looked After Children placed outside the area in 2018 relates to the number of young people now being coded as 'Continuing Care'. When these are included, the percentage is slightly below 13%.

The total number of children and young people who are Looked After has continued to increase during 2017 and currently sits at the highest value for the past 3 years. This increase does not follow the Scottish average which experienced a reduction in the number of Looked After Children during 2016.

	2015	2016	2017
Looked After Children as at 31 March (SBC)	188	221	251
Looked After Children as at 31 July (Scotland)	15,404	15,317	tbc

To allow for comparison, these figures can be expressed as a percentage of the population aged 0-17, which shows that Scottish Borders has fewer Looked After Children than the general population for Scotland. It has to be noted that although we have a lower rate of Looked After Children (0-17) than the National figure, Scottish Borders has an increasing trend whilst the National figure remains consistent.

% of pop. Aged 0-17	2015	2016	2017
Looked After Children as at 31 March (SBC)	0.8	1.0	1.1
Looked After Children as at 31 July (Scotland)	1.5	1.5	tbc

Child Protection

2017/18 has been a year of consolidation for the Child Protection Committee (CPC), with continued work on issues highlighted by the last inspection of Children's Services, in 2016, following a three Year Business Plan which was largely based on the findings of the inspection.

Some good progress has been made, notably in the inclusion in case files of chronologies summarising the key events in a child's life so far, although there is still scope for further improvement, in relation to the multi-agency aspects of chronologies (i.e. the inclusion of key events which may not be known to Social Work staff) and to evidencing that staff are making effective use of the chronologies in assessment and planning.

The CPC has continued to hold regular joint meetings with colleagues from the Adult Protection and Offender Management Committees, and this collaborative working provides a strong foundation for the programme of work to assess the feasibility of introducing more Integrated Public Protection arrangements which was mandated by the multi-agency Critical Services Oversight Group (CSOG) in late 2017 and will continue into 2018/19.

Two Significant Case Reviews (SCRs) were completed in the year, under the auspices of the CPC, known as Child A and Child W, and Action Plans were prepared in relation to both SCRs, in order to ensure that effective action is taken on the learning points for improvements identified by the Reviews.

Work started on the comprehensive review of the use of the Neglect Toolkit mentioned in last year's CSWO Report, and will continue into 2018/19.

The number of children on the Child Protection Register reduced slightly during 2017/18 to 42 children at the end of March 2018.

The proportion of children who have been re-registered within two years has reduced, following two years at higher levels. The age of children on the register continues to fluctuate with 45% of children on the register aged 4 or under at the year end.

The length of time that children spend on the register increased again this year to 41 weeks.

	2015-16	2016-17	2017/18
Children on the Child Protection Register (31 March)	28	46	42
Children re-registered within 2 years (31 March)	14%	13%	7%
Children registered during the year	45	107	58
Children de-registered during the year	50	96	62
Children on register aged 4 or under (31 March)	61%	50%	45%
Average number of weeks registered (based on children de-registered during the year)	22	31	41

Secure Orders:

Secure Orders are used infrequently in Scottish Borders, however over the last year we have seen an increase in the use of this type of resource. Primarily this has been where a young person has been a risk to themselves through self-harming behaviours which are challenging to manage in other resource types.

Adult Protection:

There are differing levels of knowledge, training and experience of Adult Protection across partner agencies in Scottish Borders. This often happens because Adult Protection is a small part of what an agency may do and their levels of experience vary. The responsibility for screening all referrals lies with Social Work practice or specialist teams (Learning Disability and Mental Health). Every

referral about harm is screened and assessed into welfare or protection. Welfare issues are signposted to a Social Work response or referred to specialist teams such as Alcohol or Substance Misuse where a case is appropriate or requires a particular skill set. Of the 500 referrals reported by external agencies to be adult protection, 235 were graded as welfare concerns and dealt with accordingly.

Of the 500 referrals assessed to be possible protection cases, 265 proceeded as AP Referrals and were overseen by the Team leader/Team Manager of the locality or specialist team. The Team Leader/Team Manager will allocate, direct, oversee and sign off all work under the Adult Support and Protection (Scotland) 2007 Act, 204 cases proceeded as Protection work and therefore AP Referrals.

Below is a table of adult protection referrals over the last five years. Figures up to this year have been particularly consistent. The 25% rise in figures last year reflected more use of the Adult Protection duty to inquire to check the status of suspected adults at risk of harm and one complex Large Scale Investigation (LSI). The duty to inquire is a key function which is used when we suspect adults may meet the Adult Protection criteria. The majority of Adult Protection cases exit the Adult Protection process following inquiry or Interagency Referral Discussion (IRD) when we have established they are safe or able to safeguard themselves. However a complex LSI can add to Adult Protection numbers, particularly where many individuals have specific or different needs within any care environment.

The actual number of adults who were assessed as genuine concern cases was similar to previous years.

	2013-14	2014-15	2015-16	2016-17	2017-18
Adult Protection Referrals	190	169	171	206	265

Types of harm:

Financial and Physical harm continue to be the largest types of principal harm reported in Scottish Borders, these figures combined account for two thirds of Adult Protection referrals. Psychological and Emotional harm often go alongside Physical harm, however Scottish Government have requested that we only count the principal type of harm to inform the national Adult Protection landscape.

Large Scale Investigation (LSI):

Scottish Borders have had one LSI in the last year, into a private care home. The Local Authority will work alongside NHS Borders, Police Scotland, the Care Inspectorate and the Care Provider to identify practice gaps and improve the quality of care for residents. Issues that come up are staffing shortages, skills mix, task centred practice, medication issues and food and fluid intake. There is always an LSI Improvement Action Plan and regular case reviews until the care provider is stable and can evidence sustained evidence of improvement.

Client groups:

Scottish Borders is a large rural authority with many residents over the age of 65 years of age and what we know locally and nationally is that older adults have an increased risk of harm and in Scottish Borders over 65's have an increased risk of financial harm. Some of these perpetrators use computer and internet technology to fraudulently target adults. As technology becomes more sophisticated, older adults continue to be more vulnerable than other groups.

Clients with a learning disability have an assessed level of cognitive deficit, which makes some adults in the learning disability range more vulnerable than others to harm. In many of these cases it is an adult known to the client who becomes the harmer. Sometimes this is a so called friend or acquaintance targets the client for financial or material gain.

Adults with a Mental Health condition are another group of adults with increased vulnerability. Over the last twelve months we have seen an increase in this group being targeted by substance misuse users who often befriend them and then proceed to carry out financial or material harm.

Adults with a sensory loss figures are similar over the last few years. Bogus callers or workman have been a particular challenge to these adults, with some good examples of Trading Standards and Police Scotland reacting to this type of harm.

Trends:

Financial and physical harm continue to be the two most prominent types of harm reported in Scottish Borders. We are a large rural location with a large population of adults over the age of 65 years. Many of these adults may have retirement packages or savings accrued in preparation of retirement. As technology continues to change and progress some older adults find it difficult to keep safe from sophisticated scams and phishing e-mails.

Adults under the age of 65 face similar challenges from financial and physical harm, however there has been a marked increase in adults with addiction issues (alcohol or drugs) gravitating towards adults with vulnerability and exploiting them. We already know that most harm occurs by someone known to the victim, these friends and associations often start through low level petty crime and continue until their behaviour is challenged.

Allegations of harm in care home settings have featured heavily over the last few years, in 2015/2016 Scottish borders embarked on bespoke Adult Protection training into all our care homes. This training has seen a marked decrease in large scale inquiries, but a longer timeframe is required to effectively evaluate the impact of this training, but early indications are positive.

Drugs deaths continue to increase in Scottish Borders and nationally. Every drug death is a personal and family tragedy. What professionals highlight is the importance of keeping this vulnerable group linked and engaged in treatment and specialist support. This remains the strongest protective factors and more likely to reduce risk.

Criminal Justice Service Performance:

	<u>2017/18</u>
CJSWR :Completed	363
CPO : Supervision Only	52
CPO Level 1 UPW	77
CPO Level 1 plus Supervision	15

CPO Level 2 UPW	40
CPO level 2 plus Supervision	40
Total CPO's issued	224
Fiscal Work Orders	6 220 hours

MAPPA:

There are three levels at which risk is assessed and managed under MAPPA:

1. Level 1: ordinary risk management
2. Level 2: local inter-agency risk management
3. Level 3: Multi-agency Public Protection Panels (MAPPA)

On 31st March 2018 the total number of sex offenders subject to MAPPA within Scottish Borders was 92.

Level 1	90	RSO's	92
Level 2	2	Cat' 3 : Risk of Harm	0
Level 3	0	Restricted Patient	1
		Subject to Statutory Supervision by CJSW	27

A summary of Risk Management Meetings for the period 2016/17 is as follows:

Risk Management Case Conferences	16
Number of individuals considered at RMCC	16

Community Justice:

Community Justice within the Scottish Borders is delivered through a Community Justice Board consisting of statutory Community Justice Partners and forms part of the Community Planning Partnership (CPP) structure. The Board has responsibility for delivery of the Scottish Borders Community Justice Outcomes Improvement Plan as set out in the Community Justice (Scotland) Act 2016.

Alignment with the CPP is through the Scottish Borders Community Plan, there are three delivery themes and Community Justice sits within Reducing Inequalities. A broad range of partners participate in delivering against this theme, including the Third Sector. Planning to reduce inequality includes all the services that support a reduction in offending and re-offending. The Community Justice Board initially sat as a Project Board however, since publication of the three year plan, has become a Delivery Board. The Board meets bi-monthly and is chaired by the Chief Social Work Officer. Some examples of work supported by the partnership are:

- Recruit with Conviction, a not-for-profit company, have been commissioned using Scottish Government transition funding to work with local partners through a number of workshop

sessions. These sessions were themed for potential employers, employees and recruitment professionals on how to approach recruitment decisions when convictions are present.

- The Arrest Referral Scheme is currently being reviewed with NHS Lothian, Borders Alcohol and Drugs Partnership, Police Scotland and commissioned service representatives to take account of local and regional custody arrangements which will ensure people held outwith the local area receive appropriate contact and referral for addiction problems translating into local support. The aim is to ensure there is consistency across the regions custody facilities as people are often held out with their local area.
- Partners contributed to the Scottish Borders Local Licensing Forum Alcohol Profile 2016/17, a resource detailing alcohol related harm and supporting licensing decision making.

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