



# Annual Report by Chief Social Work Officer April 2018 – March 2019

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## INTRODUCTION

This report provides an overview of Social Work activity, performance and achievements during the period April 2018 to March 2019. 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.

It goes without saying that the continuing financial climate and the pressures this brings, continues to put strain on Social Work Services at a local level, Scottish Borders is no different to many other Authorities in this respect. Despite this, efforts are being made to be innovative with service delivery and to look at how we can improve outcomes for those who require services. As mentioned above, this report is not exhaustive, but does give a flavour of what is being done in Scottish Borders to achieve this.

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

2018/19 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 the outcome of this will provide local Social Work Services with a stable platform from which to continue to develop and improve. This is embedded within the Council's full review of all services called 'Fit for 2024' which will involve a systematic approach to the review and redesign of all services and functions delivered by the Council to make them as efficient and responsive as possible. Social Work services are the focus of the initial roll out, with staff engagement being at the centre of the approach.

Following the publication of the Joint Inspection of Older People's Services in 2017, work has been ongoing to progress the multi-agency improvement plan with some significant changes to practice to improve outcomes and ensure that the recommendations are delivered.

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Children and Families Social Work were restructured 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. In line with the 'Fit for 2024' approach, these structural changes will be reviewed to ensure that the changes are delivering the required improvements to practice and are improving outcomes for those who use services.

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

### **2. Partnership Working - Governance and Accountability Arrangements**

The CSWO is a member of the Council's Corporate Management Team and as such, has direct access to elected members, the Chief Executive and senior managers in other Council services. The governance of Social Work Services is undertaken through two separate but interconnected structures. The Children and Families, Justice and Public Protection services are directly managed through internal Council structures whereas all other services are now governed by the Integrated Joint Board (IJB). These arrangements bring a measure of complexity in ensuring that the Social Work function is being undertaken to the highest possible standards. To aid this, the CSWO attends the IJB as a non-voting member and is there to offer professional advice and guidance on matters pertaining to Social Work service delivery.

In all Social Work services there are a range of multi-agency operational and strategic groups that add significant value to the work of Social Work locally. There is a strong emphasis on partnership working in all of these forums and given the co-terminus nature of the Local Authority with the local Health Board, this is proving to be a critical element of the improvement journey.

In Children's Services, the CSWO chairs the multi-agency Children and Young People's (C&YP) Leadership Group which oversees the development and implementation of the Children and Young People's Plan. In 2018-19 the key focus of work was keeping children and young people safe, improving health and well-being and reducing inequalities, targeting support to maximise life experiences, opportunities and inclusion and increasing participation and engagement. The C&YP Leadership Group is accountable to the Scottish Borders Community Planning Partnership whose vision is that by working together with our communities and through targeted partnership action, the quality of life will improve for all who live, work or study in the Scottish Borders. There are 5 Locality Plans for each area of the Scottish Borders which enable a local, targeted approach to achieving the agreed priorities.

Within children's services there are 2 vital strands of partnership work where we particularly invest time and energy in order to achieve the best possible outcomes for our children and young people. These are the work of the Child Protection Committee and the Corporate Parenting Operations Group. Further details of the work undertaken by these groups is contained in the Service Delivery Section.

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### 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.

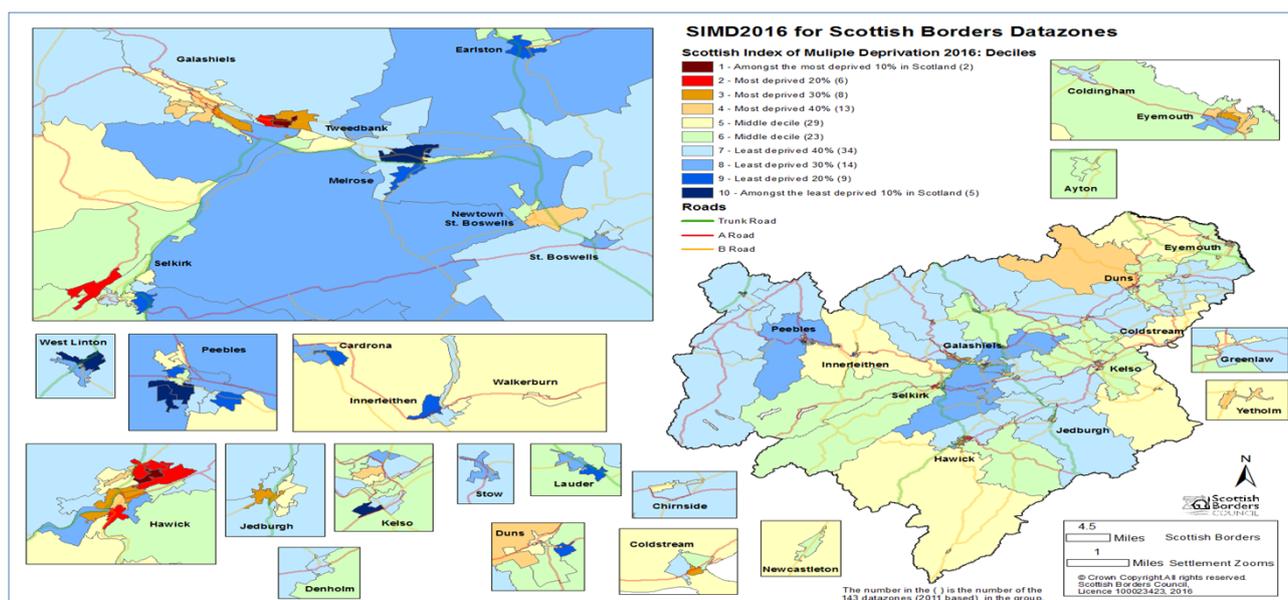
Between 2016 and 2026, the population of Scottish Borders is projected to increase from 114,530 to 116,777. This is an increase of 2.0%, which is lower than a projected increase of 3.2% for Scotland as a whole.

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.

**The Scottish Index of Multiple Deprivation (SIMD)** is the official tool for finding the most deprived areas in Scotland<sup>1</sup>. 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.



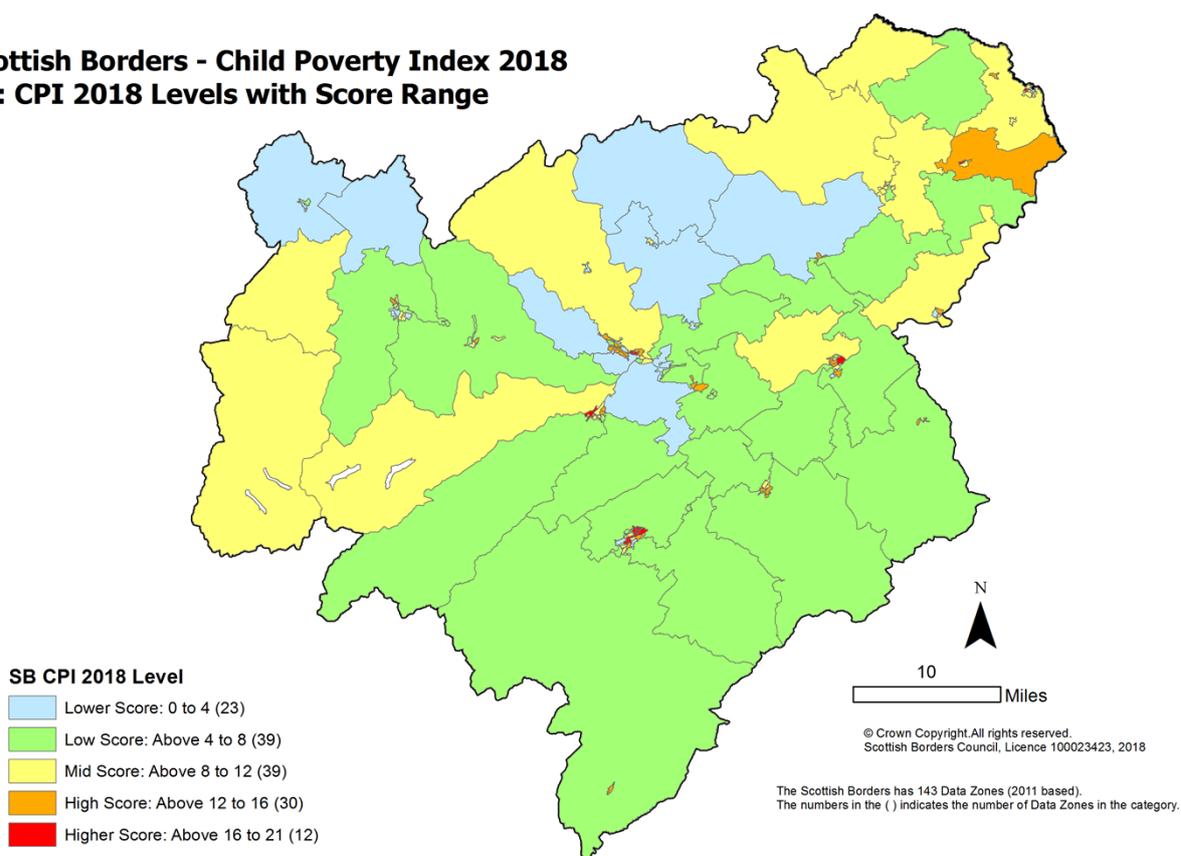
<sup>1</sup> <http://www.gov.scot/Topics/Statistics/SIMD>

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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.

The Scottish Index of Multiple Deprivation (SIMD) is a good tool for identifying areas of deprivation but it has been found not to be the best tool for identifying areas of child poverty. As a result, we have started using the Scottish Borders Child Poverty Index to inform our strategic thinking regarding children's services. The graph below provides an overview of child poverty across the Council area.

**Scottish Borders - Child Poverty Index 2018**  
**SB: CPI 2018 Levels with Score Range**



Further information can be found in the Scottish Borders Strategic Assessment<sup>2</sup>.

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.

<sup>2</sup> [http://www.scotborders.gov.uk/downloads/file/7249/2014\\_strategic\\_assessment](http://www.scotborders.gov.uk/downloads/file/7249/2014_strategic_assessment)

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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. Several of these posts are being considered as part of the wider review of structures across the organisation, to ensure that the leadership of Social Work services is sustainable in financially challenging times. This work is being led by the Chief Social Work and Public Protection Officer (who has all CSWO responsibilities) and the Chief Officer for Health and Social Care Integration, in conjunction with the Chief Executive and colleagues from Human Resources.

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 the Emergency Duty Team, Community Safety and Community Justice Services (which include anti-social behaviour and Violence against Women and Girls). 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. The CSWO also leads, on behalf of the Council, on Public Protection services 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.

In addition to the roles and functions just described, the CSWO also holds the position of Interim Service Director Children and Young People, this entails responsibility for the delivery of the Council's Education services and the operational delivery of Children & Families Social Work services.

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### **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 at 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 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).

### **Public Protection**

The work on the review and redesign of Public Protection services in Scottish Borders is reaching its conclusion, significant changes are planned with regard to improving the service at a local level. The changes include:

- The enhancement of co-located services, to aid the communication and profile of risk across the authority. This includes the move to have Domestic Abuse and Anti-Social Behaviour based in the co-located unit as well as improved links with Justice services and enhanced operational links between drug and alcohol services
- Changes to the governance arrangements with a move to a single Public Protection Committee
- Changes to practice, specifically with regard to Adult Protection and the introduction of a clearer role and function for the centrally based Adult Protection Officer's (APO's) who will have an overview of all Adult Protection referrals
- We are also moving to a more holistic approach to the management of risk with a 'Think Family' approach being introduced
- Enhancing the existing coverage of different professions within the centrally based Public Protection Unit with the addition of a member of staff from Education and a potential new post

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covering the health aspects of Adult Support and Protection to augment the existing Child Protection / Looked After health provision

- Reviewing the existing performance and outcome measurements to ensure that we can more accurately evidence the reduction in risk and improved outcomes for those at risk

This has been a significant undertaking with a high degree of collaboration across agencies, all with a view to improving the delivery of services and crucially, improve the outcomes for those at risk in our communities.

It is anticipated that the new service will be launched by the end of the calendar year.

### Justice Service

The work of the rebranded Justice Service is now firmly embedded within Scottish Borders Community Justice Local Outcome Improvement Plan 2017 – 2020.

Section 27 Grant funding, generated a small reduction in income for the year. Part 2 of the grant, Specific (Non-Discretionary) funding, specifies targeted funding for key programme and service delivery, under the broad headings of The Caledonian System Men's programme, Visor, Community Sentencing and Women's Services.

The service continues to deliver the Caledonian System Men's Programme to those with a Court mandate and history of engagement in domestic abuse. The two-year 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 service has been involved in the development of an Information Sharing Agreement with the National Co-ordinator. It is hoped that this will be signed off mid-2019.

Qualified Justice service staff are present in the two functioning Sheriff Courts on Mondays for key sentencing sittings. Due to low numbers, a social work service for presenting cases out with the substantive Court business presented on a Monday is delivered by a duty system. This facilitates the production of "stand down reports" and provides real time information to the Sheriff, as required. Post sentence interviews are undertaken with those sentenced to a Community Payback Order, where reporting instructions are re-enforced.

A Justice Service Team Leader attends the Court Users Group Meeting, where representation from all Court services discuss and work toward ensuring a cohesive solution focused delivery of court services.

**The Unpaid Work Team** has carried out a variety of Project Work for a range of Community Groups, Charities and other not-for-profit organisations across the Borders. The service has undertaken a wide range of work enhancing the local environment, including path work, fencing and groundwork, improvements to school play areas and the manufacture of playground equipment and other furniture in our Workshop.

The service experienced challenges in delivery of service in 2018/19, stemming from staffing issues caused by ill-health. This challenge to maintain service delivery coincided with the undertaking of a service review triggered by poor performance results over 2017/18 and continuing into 2018/19. The

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findings from the review resulted in a decision to restructure the service which has placed it in a stronger position to move forward.

Over 2018/19 the number of Fiscal Work Orders issued, continued on the previous year's trend to fall by 66%. In order to seek a reversal of this trend the service has increased the number of Criminal Justice Officers, expanding the role to develop links with the Procurator Fiscal and develop the delivery of focused outcome options for those suitable for Fiscal Work Orders and Diversion from prosecution.

ReConnect women's service provides a 12-week group work programme for women who are at risk of offending and/or women who have a number of complex social, emotional and psychological needs. The programme is utilised for all women subject to CPO with a Supervision Requirement. Between April 2018 and March 2019, 36 women were referred.

The Right Track employability support service is an ESF grant funded service. 76 service users were offered support between 2018 / 2019 and of these, 67 actively engaged in the support provided. The future of the service is uncertain because sustainable funding has not been identified.

The effective management of sex offenders under the **MAPPA** arrangements is a multi-agency responsibility. An Offender Management Committee chaired by the CSWO is in place, enhancing governance at a local level. In March 2019 a total of 97 offenders were being managed, with 32 subject to statutory supervision.

The multi-agency **Early Effective Intervention** (EEI) screening meeting aims to divert young people away from Court through diversionary measures from partner agencies including Skills Development Scotland, Quarriers Borders Resilience for Wellbeing Service and direct referrals to the Social Work Youth Justice Team. In 2016/17 a total of 17 16-18 year olds were discussed at EEI and this increased to 24 in 2018/19. A total of 39 referrals have been made to the Offence Resolution Programme, an early intervention programme to divert young people away from referrals to Scottish Children's Reporter Administration. Of the 39 referrals received 6 of these were re referrals following a further offence. The programme is based upon Restorative Justice in which victims and perpetrators meet in a controlled environment to discuss the motivation and effect of the crime.

The **Community Justice Board** is a partnership group that aligns under the Community Planning Partnership (CPP). Social Work is an active partner alongside Housing, Police Scotland, NHS, DWP, Scottish Prison Service and several other agencies. The Scottish Borders has a relatively low crime rate and corresponding prison / community sentence numbers. Rurality remains a key consideration when developing arrangements particularly when trying to commission services.

Scottish Borders Council have signed up to the Scottish Prison Service Data Sharing Agreement facilitating the flow of admission and release information to Social Work and Housing staff. The next stage in this process is to develop the necessary information sharing arrangements with agreed consent. Momentum Scotland have been commissioned to deliver the Fair Start Programme in the Scottish Borders aimed at adults who are struggling to find employment. In addition to employability skills there are sessions on self-esteem, coping with stress, health and communication. Representatives are present within the Job Centre each week and referrals can be made by the Department of Work and Pensions Work Coaches. While this is a voluntary scheme it is open to people in the justice system. Part of the role of the new ADP Assertive Engagement Service is to engage with key agencies, including Justice services, to raise awareness of barriers to access and

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reduce stigma. This builds upon existing ADP services and referral processes in custody facilities and important interface points.

Access to suitable housing is a key part of Community Justice. Rapid Rehousing is an element of a whole-system approach whereby the responsibility for tackling homelessness lies not just with Local Authorities but with housing providers, Health and Social Care Partnerships and the broad range of organisations that provide support. Housing First is a key component. Housing First provides general settled housing as a first response for people with complex needs, recognising that a safe and secure home is the best base for recovery, and offers personalised, open-ended, flexible support for people to end their experience of homelessness and address wider needs.

### **Joint Learning Disability Service**

The Joint Learning Disability Service has embarked upon a review of its existing Commissioning Strategy which is due to expire at the end of 2019. Key themes of work/development during 2018/19 have been:

The completion of a Transition pathway for young people with a learning disability through to adult health and social care services has resulted in the publication of a transitions pathway and associated information accessible to young people with a learning disability, their carers and staff across agencies who provide support. We have also successfully piloted a link worker role enabling young people and their families to have a point of contact well before reaching the age of 18 to help inform and navigate through the process.

Project Search continues to successfully train young people with a learning disability into work. Placements are provided at Borders General Hospital, educational support from Borders College and employment support from Scottish Borders Council. The course is now in its 3<sup>rd</sup> year.

Continuing the success of the Local Area Coordination service within learning disabilities we have now expanded the service user group to include adults with Mental Health problems and older adults. The relevant service areas are providing additional staffing resource to allow additional numbers to be supported. This more integrated model allows co working within localities and reduces the likelihood of duplication.

Continuing with our drive to ensure most adults with a learning disability are supported within their own community, we are working with an RSL and support provider to convert premises into a bespoke supported living tenancy for a person with specific support requirements. We are also working with the Health Board and Council to identify suitable premises for a Complex Care unit within the Borders, a need identified within our current Commissioning Strategy.

We have also had agreement from our Integrated Joint Board along with start-up funding to commission a Shared Lives scheme within the Borders to provide up to 25 placements for adults with a learning disability. The commissioning service will also look to develop services for other client groups once its core services have been established. The service will be in place by the end of 2019 and we envisage providing the first placements from Spring 2020.

The service has also been successful in its application to Public Health for funding to deliver a health screening programme. This will be a 2-year programme and will assist in our continued drive to tackle health inequalities for people with a learning disability.

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For Learning Disabilities week this year, we focussed on the opportunities and barriers for people with a learning disability keeping active and connected within the community. This also formed the theme for our second Continuing Professional Practice Day. This theme will be one of the objectives for our next Commissioning Strategy.

### **Mental Health Services**

The Mental Health Strategy: Scottish Borders (Scottish Borders Health & Social Care Partnership 2017) set out the framework for the delivery of activities and services designed to improve Mental Health of all age groups. The Scottish Borders Mental Health Services Integrated Care Pathway (Adult) forms part of a wider programme of integration across a range of Health & Social Care Services mapping a tiered care pathway showing availability for different levels of need.

Integrated Mental Health Services have been embarking upon Mental Health Transformation for the last 18 months. Around 200 stakeholders have been involved in the consultation culminating in a first phase option appraisal process focussing on inpatient care and community rehabilitation, Community Mental Health Teams and crisis services, liaison services and dementia care. Specific working groups have now been formed to take this forward during October and November 2019. Specialist inpatient dementia services are nearing the end of a redesign in line with the national report on specialist inpatient dementia care “Transforming Specialist Dementia Hospital Care Report” - June 2018 and our strategic direction to transfer the balance of care from hospital to community. This has involved: developing a specialist multi professional team focussing on supporting care homes and community hospitals in supporting more effectively adults who have a dementia diagnosis; commissioning specialist care home beds for adults with a dementia diagnosis and high support needs; employing social workers to provide the capacity and expertise to admit and discharge patients from our dementia in patient ward more effectively and reducing inpatient beds but ensuring that the remaining beds are provided in a specialist environment with the correct level of expertise.

Social work services continue to be provided within our integrated community mental health teams. We are currently recruiting to a mental health social work manager post to support social workers in their professional role.

Other priorities are to: expand mental health primary care services allowing a range of services aimed at prevention, early intervention and resilience e.g. expanding our Doing Well Service, commissioning a Recovery College, increasing access to post diagnostic support and continuing to deliver Local Area Coordination.

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.

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### **Children and Families Service**

The current service delivery configuration of the Children and Families Service was introduced in August 2017. The key drivers for change were the need for (a) more consistency in our initial response to concerns about children and (b) improvements in the quality and timelines for permanence planning. The operational structure comprises a Duty/Intake Team, four Locality-based Teams undertaking longer term work – mainly children on the child protection register and looked after children, a Throughcare and Aftercare Team working primarily with care leavers, a Youth Justice Team providing specialist assessment and support for young people who have committed offences and a Resources Team which includes a 5-bedded residential home and a team of staff involved in the recruitment, assessment and support of foster carers and assessment of kinship carers. The changes have resulted in evidence of improvement in permanence planning and in the quality of chronologies, assessments and plans for children and young people. However, there is still scope for further improvement in these areas. There have also been challenges created by the changes in terms of the volume of workload for the Duty/Intake Team, a loss of early intervention capacity at local level alongside our partners in Education, NHS and the third sector and increase in changes of social worker. These challenges have been exacerbated by on-going issues regarding the recruitment and retention of social workers and first line managers and an increased use of agency workers on short-term contracts. Specific improvements in services have been the development of procedures and practice guidance relating to our services for children with disabilities – in particular the establishment of a multi-agency panel to ensure greater consistency and transparency in decision-making regarding packages of support for individual children and their families. In 2018-19, we also established a satellite flat connected to our residential provision which is a two-bedroomed property where residents on the pathway to independence can get a higher level of support during the transition period than is available in our other supported accommodation provision.

All aspects of the service will be reviewed in 2019-20 within the Council's Transformation programme "Fit for 2024". Combining the need for improvement alongside the need for significant savings will be very challenging. The main themes for the review will include the introduction of our new Public Protection arrangements, exploring the potential for introducing evidence-based empowerment models of practice, reviewing our current fieldwork delivery model and exploring possibilities for expanding our Whole Systems Approach to addressing offending by young people.

### **Child Protection Committee (CPC)**

In 2018-19, the CPC has been reviewing how services are working together to protect Children. As a result, a number of actions have been taken forward including a joint protocol of agreement about how the social work recording system can map when there are changes in adults and children's lives of which both the adults and children's workers need to be aware.

Through audit activity the CPC heard from children affected by domestic abuse. It also reviewed referrals to Social Work which didn't progress to the Child Protection process. This helps to satisfy us that children are receiving the right service and are not being left in unsafe situations. We have also reviewed and strengthened our protocol for speaking to children who go missing from home and jointly with the Adult Protection Committee reviewed the Vulnerable Young Person Protocol. Our Social Work Child Protection and Reviewing Officers continue to evaluate the impact of Child Protection Case Conferences. Social Work continues to report the outcomes from their audit activity to CPC for information. The CPC has been looking outwards at Significant Case Reviews from elsewhere which is discussed with Social Work Team Managers.

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CPC became aware that there was a delay in concluding the inter-agency referral discussion (IRD) paperwork. CPC were advised this resulted from the introduction of a formal Risk Assessment template which caused delay due to Social Work staffing issues, however CPC was reassured that the work to ensure children's safety was taking place, although the follow-up paperwork was sometimes delayed. CPC has monitored this and seen an improvement over the year, although the staffing issues do continue to impact at times.

There have been no Initial or Significant Case Reviews in this period. CPC is proud of the work completed jointly by a group of Young People from S2/3 at Galashiels Academy who have developed materials to raise awareness about on-line grooming and the importance of speaking to a trusted adult about any concerns. The group were successful in producing an animation and posters in their own words which they piloted in some classes and have now rolled out to all schools. CPC's work on Public Information and training has continued. Our focus this year has been on reaching out to places where children spend time for example Caravan Parks, Horse Riding establishments, Castles and Large Houses with public access, and people with whom they have contact, such as taxi drivers, street pastors, Live Borders and many others.

### **Corporate Parenting**

Is now firmly established across the Scottish Borders as the multi-agency approach to improving services and outcomes for Looked After Children and young people receiving Continuing Care and Aftercare services. 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. Following a comprehensive self-evaluation, the Strategy and Action Plan were reviewed and updated and cover the period 2018-2021. Significant areas of work in 2018/2019 included the development of a 'Virtual School' for Looked After Children and Young People which aims to be relentless in driving forward educational progress through attainment and achievement; significant work with young people and key professionals in addressing self-harm and mental health issues, and implementing the 'See Me' training across all 9 high schools in the Scottish Borders; full implementation of the Housing Options Protocol for looked after children (involving all Registered Social Landlords); and, increased participation opportunities for children and young people looked after away from home, in Continuing Care and Aftercare. Multi-agency data management systems, and multi-agency auditing, have been developed to better track outcomes for Looked After Children and are improving on an on-going basis. A priority action for 2019-20 is to re-establish a Corporate Strategy Group which will ensure that all partners with a corporate parenting responsibility are actively engaged in hearing the voices of care experienced children and young people and responding positively to suggestions for improving our services for them.

### **Adult Services**

Following a review of the structure and responsibilities, the service appointed a new Group Manager in January, who undertakes the line management of the Hospital Social Work service, the Cheviot and Berwickshire Social work teams and areas of service planning and commissioning. There are now two Group Managers and an Interim Head of Service giving additional capacity and stability to the service.

**Self-directed support** is our approach to social care and from April 2017, with the introduction of the Carers (Scotland) Act, 2016, carers who are now receiving support in their own right have been

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making a choice about their support and how it is delivered. 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 SDS approach. By the end of March 2019 85.6% of people receiving support were recorded as using the SDS approach compared with 77.6% 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
263	5	1453	96

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.

### Homecare

The challenge of securing 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; but as previously reported in the more rural areas of Tweeddale, Berwickshire and Cheviot it has proved difficult 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 Matching Unit based in Hawick has acted to speed up the process of securing care and has acted as a central point for requests which also enables the response to care package requests to be monitored and any excess delays to be managed. Care capacity over the 18/19 winter held up well and there were no significant pressure points.

SB Cares remains the largest care at home provider in all areas of Scottish Borders and we have worked with other providers to increase their capacity in particular in areas of high need. One existing provider of care at home withdrew from the services, but did so in a planned and proportionate way which enabled a seamless transition to a new company.

The Health and Social Care Partnership is developing a set of commissioning intentions for all areas of care and a very successful IJB workshop session was held in March 2019 which led to the creation of an initial 'Vison' for services going forward. This proposal was taken forward to finalise a set of commissioning intentions in 2019/20.

### Care Homes

Since the last report the overall service performance in the care homes sector has sustained moderate improvement. There have been less services requiring immediate improvement as a result of poor performance measures. The reduction in Adult Protection Large Scale Inquires within the care home for older people which from around 4-5 per annum in 2015/16 to around 1-2 per year has been sustained and 80 % of the homes have majority good or very good Care Inspectorate reports.

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A high proportion of homes are using anticipatory care plans and we are working to roll this out to all homes.

Overall the capacity in the sector remains stable, Queens House care home has increased its capacity by 18 beds and this service is providing much needed capacity in complex dementia care.

Waverley and Garden View care homes both run by SB Cares have continued to play an important role in the provision of interim support to people who are being discharged from hospital. The utilisation of these beds and the mode of operation are the subject of regular review. A review of activity in Waverley and Garden View identified that both were acting as very effective step down resources.

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.

The level of occupancy in care homes is still very high and that leads to significant pressure on the system.

As identified in the last Chief Social Workers Annual Report the pressure of retaining and recruiting Nurses in Care Homes is being addressed. A proposal to explore an in-reach model of nursing was agreed by the Health and Social Care Partnership and is being worked up. On a practical basis, in one home experiencing recruitment and retention issues, we have worked with the home and District Nursing to ensure that people with nursing needs received the service they required.

The Council has adopted a long term strategy for Extra Care Housing which envisages 5 extra care schemes over the next 5 years. The first 2 in Duns and Galashiels are due to open in Summer 2020 and early 2021, the 2 schemes will bring an additional 70 units into commission. Initial meetings were held in Duns in January 2019 with professionals and the community.

### **Physical Disability**

The Scottish Borders Physical Disability Strategy, "A fairer Scottish Borders for people with a physical disability or long-term condition and their carers", outlines the way in which SBC, NHS Borders and the third sector partners aim to provide support for people with a physical disability or long-term condition to contribute, live and thrive in the Scottish Borders. It has been developed following a review of national and local strategies for people with a physical disability or long-term condition. A consultation on the draft strategy was carried out during the summer of 2018.

Full use was made of all standard SBC and NHS Borders communication channels to deliver key messages and encourage engagement. Six Stakeholder engagement events were carried out via the Ability Borders Road shows. All individuals and organisations were encouraged to respond via the electronic survey widely publicised as part of the consultation process.

There were identifiable themes emerging from the Physical Disability Strategy consultation. These comments, when compiled, outline a clear request from people with Physical Disability; they wish to be fully involved and consulted with in planning and wish to keep organisations accountable for

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actions and undertakings. Due to the strength of this message council officers approached Ability Borders to further engage with users and explore how they might wish to do this. A reference group was formed and the group, supported by Ability Borders and council officers came up with a request to be fully involved in the review of consultation feedback, amending the strategy and writing a delivery plan.

This request was proposed to senior health and social care managers as it would require more time than originally set out in the delivery plan. The approach was approved. The PD reference group met for 6 days spread over a three-month period for in depth discussion on actions to deliver the strategy. The reference group have proposed three changes and actions. Firstly, the splitting of ambition 3 into two separate ambitions; Transport and Housing. Secondly an overarching engagement approach and three-year plan. Thirdly a more detailed delivery plan to deliver changes around themes emerging from the consultation. The final plan which fully incorporated the ideas was published in April 2019 and implementation is ongoing.

### **Day Services and Community Capacity Building**

The Scottish Borders Health and Social Care Partnership (H&SC) Strategic Plan was launched on the 1<sup>st</sup> of October 2018. The Strategy gave a focus on providing more access to opportunities and activities within our communities. This is being delivered by Local Area Co-ordinators providing access for the frail and elderly to a wider range of community services and support provision beyond traditional day centres catering solely for elderly people. This provision is bringing our older people back into our communities and maintaining the right to a community life.

The Local Area Co-ordination approach has a fundamental focus on communities as sources of mutual support and creative solutions. Local Area Co-ordination is a two-pronged approach working with individuals and communities. To deliver Local Area Co-ordination, each locality will have a Local Area Co-ordinator and Community Link Workers. These resources will be allocated flexibly according to local demographics and demand. The team will hold a case load of people who are in need of day time opportunities and work with existing clients and new referrals from locality Social Work teams. Local Area Co-ordinators engage with people and discuss what interests they have and what activities they would like to be involved in. With their knowledge of the locality, Local Area Co-ordinators build up a range of opportunities for older adults to get involved with and contribute to their local community. If they identify a gap in provision, they engage with partners to develop new ideas and groups that meet communities' needs. Community Link Workers will offer practical and emotional support to people to engage and access their chosen pursuits and activities with a focus on facilitating supportive social connections/networks and natural supports as well as utilising social capital. This will be offered through a combination of short and medium term support provided by the Local Area Co-ordination team and long term care support identified in the Social Work assessment process.

This Local Area Co-ordination approach will be utilised across the whole of the Borders. The assessed needs of the current service users will be addressed before their day centre is decommissioned. There may be a small number of people whose needs are so complex that they cannot benefit from community based support and we will ensure that appropriate alternatives are developed for these people.

The first phase of transformation resulted in a joint enhanced day unit between Health and Social Care at Eyemouth Day Hospital with all service users transferred from Saltgreens Day Centre, Eyemouth. All users have subsequently moved to community based activities using community

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transport arrangements. The Local Area Coordinators/Community Link Workers continue to support the 4 original service users as well as receiving referrals for new service users in the Berwickshire area.

### **Emergency Duty Team (EDT)**

Close working with Police and Health colleagues 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 the Public Protection Unit. For example, EDT participated in 95 Child Protection IRDs in the relevant period.

Other work undertaken by EDT in this period included 39 Mental Health Officer assessments, the identification of Adult Protection concerns in 52 instances and responding to requests from the Police for an Appropriate Adult on 30 occasions.

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 works closely with Out of Hours Health colleagues to support safe discharge of patients and prevent unnecessary hospital admissions.

EDT supports daytime colleagues, where possible, to contribute to quality assurance and efficiency, completing case file audits. This also maximises the efficiency of EDT since the demand on the service is unpredictable and there can be capacity to undertake such tasks.

## **6. Resources**

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 2018/19 is detailed below:

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	£'m	£'m
Children & Families Social Work		14.8
Services in the Criminal Justice System*		0.0
Functions Delegated to the Health and Care Partnership		
Integration Joint Board:		
Older People's Services	20.8	
Adults with Learning Disabilities	17.5	
People with Physical Disabilities	3.6	
People with Mental Health Needs	2.1	
Generic Services and Staff Teams	4.9	
		48.9
Other Adult Services		1.9
<b>Total</b>		<b>65.6</b>

\* Fully funded by Scottish Government Grant to Lothian and Borders Criminal Justice Authority in 18/19.

The total 2018/19 spend of £65.6m represents a net increase of around £2.8m from 2018/19. This is the result of a general increase in spending, amounting to £0.1m in Children and Families, £0.4m in Other Adult Services and a material increase of £2.3m within IJB delegated services. It should be noted that this increase is largely comprised of increases in Older People and Adults with Learning Disabilities services. The remaining three delegated functions, showing a net decrease of £0.1m.

Although this increased spend was £2.8m greater than in 2018/19, an underspend of £0.27m was reported against the final approved budget. This was comprised of unanticipated contribution from SB Cares, reflecting their operational surplus for the year of £0.21m as well as small underspends in other areas resulting from staff turnover and in some cases the holding of vacancies.

It should be noted, however, that this £0.27m underspend was against the last approved budget. An overspend amounting to £2.9m was incurred against the base budget detailed in the Scottish Borders Council Financial Plan, approved by Council on 20 February 2018.

Although net expenditure increased in 2018/19, as the outturn position shows, considering base budget, significant financial pressures were experienced in the year. These were experienced in the Adult Health & Social Care functions and required remedial action. They included:

- Meeting the increased costs of service provision in areas such as care at home as a result of increased market pressures
- Continuation of a range of Scottish Government policy initiatives such as the Scottish Living Wage of £8.75 per hour for all Adult Social Carers

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- Increasing demand for services above levels budgeted across functions such as residential care, care at home and the provision of equipment
- Increasing demographic pressures in the Adults with Learning Disabilities service due to increasing client numbers as well as increasing complexity of care needs
- 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 £7.3m of its 2018/19 Scottish Government Social Care funding allocation, largely on a recurring and full-year basis.

Children and Families Services Social Work pressures, whilst underspending against base budget, reported an overspend against final approved budget of £136k, largely as a result of significant increases in the number of secure external residential placements, particularly in March.

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

- The impact of expected ongoing austerity and continued uncertainty regarding 'Brexit' and restricted funding allocation and settlements from the Scottish Government will require further savings to be identified by the Local Authority which in turn will require a further contribution from Social Work Services
- Scottish Borders Council's 'Fit for 2024' programme is required to generate in excess of £4m per year for the next 4 years. Continued transformation in the way services are delivered is required to ensure these services are delivered within a constrained budget.
- Further cost pressures may emerge during 2019/20 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 complexity of need (demographic)
- Further legislative and regulatory requirements including the possible increase to the Scottish Living Wage in 2019/20 and the financial consequences of the implementation of Carers' legislation as well as 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 pressure has been experienced in 2018/19 and continues to be 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 have 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, aligned with the Council's 'Fit for 2024' programme, 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.

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### In summary

Significant financial pressures have been experienced in the year, particularly across those services delegated to the Health and Social Care Partnership. These pressures are primarily attributable to demand; greater numbers of clients as well as the need for more intensive care packages being required. Savings have been identified and realised in order to mitigate the level of corporate support required, primarily in homecare packages for Older People. These pressures are unlikely to disappear in 2019/20 but have been lessened by additional Scottish Government funding for Health & Social Care services across Scotland.

Children & Families continues to experience financial pressure, particularly in relation to the cost and volatility of external residential placements. The service targeted 2 tranches of efficiency savings delivery of which, is going to be highly challenging. A number of secure external residential placements in March increased the financial pressure in this area. Continuing recruitment difficulties requiring the use of agency staff has also put pressure on the C&F budget and will continue to be an area requiring management going forward.

### 7. Service Quality and Performance including delivery of statutory functions

#### Justice Service

In September 2018 the Care Inspectorate identified Scottish Borders Justice Service as the inaugural authority to be inspected, in the ongoing round of Inspections. The published Inspection Report identified 6 key findings.

Individuals residing in Scottish Borders subject to community payback orders “experienced strong, respectful and consistent relationships with staff”. Informed by the use of the national assessment framework tool, LS/CMI and ongoing national and local training, the Inspection found “the assessment of risks and needs to be a strength”. Weaknesses identified due to the lack of a comprehensive needs assessment tool within the Unpaid Work Service, were at that time, in the process of being addressed.

Operational managers were found to be supporting their staff well, enabling them to deliver statutory supervision requirements.

The Inspection Report concluded that “the organisation and delivery of the unpaid work service is not operating effectively to provide a reliable community-based disposal”. The findings echo the Unpaid Work service review findings with action being taken, to address failings through a service restructure, the recruitment of staff and the development and implementation of a comprehensive Health and Safety training programme for staff.

“There is no clear and effective governance structure for justice services”. Within the broader context of a review and redesign of Public Protection Service delivery across Scottish Borders, initiated in 2018, the Justice Service will gain a strengthened governance framework.

“Leaders do not have a sound enough understanding of the performance of the justice service to inform improvement priorities, planning and activity”. Considerable work has been undertaken, over the last year to enhance and develop performance management systems and information recording.

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### Mental Health Service

Emergency Detention Certificates (EDC's) have shown a slight decrease over the period 2018/19, from **(30)** in 2017/18 to currently **(25)**. This could be viewed as the assessment skills of the Psychiatric Crisis Service based within the Borders General Hospital and the support that is given to the general medicine ward and the A&E department that have minimised the need for statutory intervention for those brought to the Borders General Hospital.

Short Term Detention Certificates (STDC's) have shown a marked increase over the period 2018/19, from **(71)** in 2017/18 to currently **(81)**. This increase could be an indicator of several possible factors such as the rise on a national level of younger people reporting mental health difficulties, better awareness resulting in primary services referring into psychiatry, socio economic and environmental impacts both for individuals, local authorities, NHS and voluntary sectors.

Compulsory Treatment Orders (CTO's) have shown an increase over the period 2018/19, from **(24)** in 2017/18 to currently **(32)**. This again could be reflective on the aforementioned factors pertaining to STDCs. Other more local factors could be that the above figures do not address specific overall types of orders. For example, section 86 extensions, Community based CTO's. As a means to rectify this we are currently looking to develop a more robust system of data collection that enhances and gathers this specific information, inclusive of reflecting gender, age, type of mental disorder and the specific type of orders granted to the MHTS.

### Adults with Incapacity

Private Guardianships have, as expected, continued to show a sharp increase as experienced on a national level throughout local authorities. Over the period 2018/19 the number of Private Guardianships is currently **(164)** this is up from **(137)** over the same period 2017/18. This ongoing rise in applications could be viewed positively as incapable adults become more protected and proposed guardians legally accountable. However, this increased demand on the completion of MHO reports within the 21 days of notification from solicitors does pose significant demand on the service to meet this deadline and again this is a concern and challenge that is currently experienced by all local authorities.

### CSWO Guardianships

For the period 2018/19 there is a small increase from **(35)** in 2017/18 to **(46)** for the current period. Whilst this is an expected rise, by comparison to private application increases this highlights that less restrictive and preferred statutory applications are being taken forward by members of the public in accordance with the Act.

In regards to data collection which does not currently reflect all CSWO interventions under the Act, this will be addressed in a similar manner as proposed for the gathering of CTO applications in that type of disorder and nature of intervention will be highlighted and collected more accurately. For example, one off interventions such as tenancy agreements and inability to communicate guardianships, this will ensure an accurate reflection of the CSWO responsibility and tasks undertaken by the CSWO in all matters pertaining to the Adults with Incapacity legislation.

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### Children and Families Service

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 (August 2018) 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 year, full and 'specific' case file audits were carried out on a range of case types on a systematic basis. To ensure an increasingly comprehensive range of quality assurance information to be gathered, the case file audits over the last year 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:

- June 2108 – Risk and Needs Assessment (and comparison)
- August 2018 – Plans (and comparison)
- September 2018 – Looked After Children
- December 2018 – Permanence Planning
- February / March 2019 – Children Affected by Disability (CHAD) cases

It should be noted that audit findings are directly linked to practice developments and staff training to ensure we continue to improve.

The Council has one residential child care unit for young people aged 12-18 years (Wheatlands) and in the Service's Inspection in February 2019, the service was awarded:

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

Wheatlands have been awarded 6 – Excellent for all assessed Quality Indicators since April 2015. 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 Child's 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.

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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 2018-19 there were continuing improvements in educational attendance and achievement for all children, including those who are looked after and those who experience deprivation. The development of a 'Virtual School' to manage and track looked after children on both an individual and group basis has been particularly beneficial in this area.

The Care Inspectorate inspection of the Scottish Borders Council Fostering Service in July 2018 said 'We saw that the agency was child focussed, the stable staff team worked well together and children enjoyed good quality relationships with their foster families. These good quality relationships supported children to feel safe and to thrive in their day to day lives'.

### Complaints:

A total of 101 complaints regarding Social Work Services were closed during this period. This equates to approximately 14.4% of the complaints closed by Scottish Borders Council and is a 5.2% increase compared to the previous year. Of the 101 complaints closed 27 were upheld, 43 were not upheld and 31 were regarding matters that did not fall within the remit of the Complaints Handling Procedure (invalid).

Some key themes arose from the complaints including:

- Actions of staff
- Charging for services
- Provision of service
- Delay in service

A range of actions were recommended to improve the quality of the services provided and this will remain a focus going forward.

## 8. Workforce Planning and Development

The primary task for the Professional Development Team continues to be the provision of all the mandatory training needs of Social Work Services staff, and to ensure that there is appropriate support and funding for additional CPD and career progression opportunities. Additionally, 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. The intention remains to support and resource staff to be skilled and confident in their operational roles and positively contribute to improving outcomes for people using services.

Practice learning and coordinating student placements is also central to the core work of the team, which includes supporting and building the infrastructure of Link Workers and Practice Educators and liaison with the various universities.

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NQSWs are well catered for and NQSW group meets every 6 – 8 weeks. This offers the opportunity for NQSWs at Scottish Borders Council to:

- a) Obtain support from the learning & Development Advisor from professional development team/peers with PRTL;
- b) Read and discuss social work articles on a range of different themes (i.e. integration, domestic abuse, social work identity, social work theory in practice etc.);
- c) Obtain peer support from other NQSWs from different areas of the service;
- d) Find out about other interagency teams and external agencies who may support their work through visits from agencies (i.e. Child Protection Officer, local addictions service, CAMHS service etc.)

This year in Adult Services there has been two main areas that have required considerable input, namely Risk Assessment, Analysis and Planning Training and the continuation of Community Led Support (CLS). Firstly, Scottish Borders Adult Health and Social Care Services for Older People were inspected in September 2017. There were a number of recommendations which identified learning and development needs for the workforce. In May 2018 the Professional Development Team were requested to deliver training to address the practice shortfalls highlighted in the inspection of standard risk assessments for general, non-protective type risks. The course content was designed to include the inspection recommendations, and support staff to develop a consistent standard when completing the risk assessment forms. The main aim of the training sessions was to build on existing skills and knowledge to support practitioners to develop a consistent shared framework that promotes an accountable, defensible and ethical risk assessment practice through the 3 Pillars of Chronology, Risk Assessment and Outcome based plan. The sessions will remain mandatory for new staff as they join the service, but established staff will also have the opportunity to attend the course again. The case materials will change annually, to ensure staff who are re-attending engage fully in the session. Secondly, Community Led Support (CLS) provides locally based hubs as the first point of contact for health and social care services. Instead of asking “what’s the matter?” customers attending Hubs are asked “what matters?” This is very unique to the Scottish Borders and it is how health and social care have chosen to implement this person centred model of support within the community. An integral part of the programme, and ensuring a “culture shift” within health and social care, has been the delivery of “What Matters” sessions to health and social care staff. Throughout 2018, the Professional Development Team, has provided further learning and development opportunities, to ensure new and existing health and social care staff, staff from across SBC, the voluntary sector and community volunteers, have the opportunity to explore the Effective Conversations model. This was facilitated by providing ‘What Matters’ training sessions, ‘Train the Trainers’ sessions for the CLS model and supporting the facilitation of CLS Practitioner Leads meetings.

There has been a very comprehensive ‘menu-of-options’ provided for staff in Children and Families. Here are some key elements/events:

- a) Involvement in the ‘What’s the Harm’ multi-agency training and linked in with the publication of the new multi-agency guidelines on working with young people who self-harm;
- b) Developing the training opportunities for foster carers and thinking more specifically about the training needs of carers working with older young people as part of continuing care support and involvement in the running of the foster carers Solihull Approach training and

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- fostering conference, so inputs like sexual health, Getting It Right for LGBT Young People awareness training;
- c) Effective supervision skills and Effective Practice course;
  - d) Focus on permanence training for staff and managers through in-house training;
  - e) Working Agreements training;
  - f) Annual fostering conference and involving young people in the planning and delivery of this as part of the year of young people;
  - g) Involving young person in planning and delivery of internet safety training;
  - h) Bespoke session for C&F managers on Adverse Childhood Experiences which links in with wider training on working with trauma, i.e. adult Solihull training;
  - i) Ongoing children's Solihull training.

Given that recruitment and retention is a particular issue within the Scottish Borders, the Professional Development Team have been liaising with Group Managers to explore the possibility of reinstating an OU trainee scheme. A survey was created to ask SBC staff, with at least three years' practice experience, if they would be interested in a social work traineeship. The scheme being considered is for both undergraduate/BA (Hons) and graduate/PG Dip/MAs pathways. The survey received 27 responses, and positive expressions of interest, with nine workers stating that they would be interested in both types of study. Many years of service and experience within Children & Families and Adult Social Care & Health was the norm and the biggest issue or barrier identified in the survey for career progression was the financial side and taking unpaid leave for placements and/or using annual leave. The intention is to present a formal proposal for the Council Management Team in the next financial year; reintroducing a scheme in the Borders could be viewed as a positive investment in the future workforce.

Signature:



Name: Stuart C. Easingwood

Position: Chief Social Work and Public Protection Officer

Date: 18.10.2019