



SCOTTISH BORDERS COUNCIL'S
**CHIEF SOCIAL WORK
OFFICER ANNUAL REPORT**
2019/20



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Chief Social Work Officer Annual Report 2019/20

SECTION 1. Governance and Accountability

1.1 Background and context

Scottish Borders Social Work services have clear governance arrangements in place. The Chief Social Work Officer (CSWO) is a member of the Council's Corporate Management Team (CMT) and as such has direct access to Elected Members, the Chief Executive and senior managers of other Council services. The governance of Social Work Services is undertaken through two separate but interconnected structures. Children and Families, Justice and Public Protection services are directly managed through internal Council structures and all other delegated services are managed through the Integration Joint Board (IJB). The arrangements are embedded and provide assurance that the social work function is being undertaken to the highest possible standards. The CSWO is a non-voting member of the IJB and offers professional advice and guidance to the IJB on matters relating to Social Work Service delivery. The CSWO is a member of IJB Leadership Team and also attends the Executive Management Team (EMT) meeting between NHS Borders and Scottish Borders Council further strengthening the integration of services.

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

With the recent appointment of a new Service Director Children, Young People Engagement & Inclusion, close working between the CSWO and this new director continues to ensure that across services, we remain focussed on keeping children and young people safe, improving health & well-being, reducing inequalities, targeting support to maximise life experiences, opportunities and inclusion and increasing participation & engagement.

The CSWO has continued to monitor, review and advise the Council on Social Work matters, whilst providing effective leadership for all staff in Social Work and Social Care in providing high quality and safe services for the Borders. The CSWO assures the quality of social workers and of social work practice by ensuring that we have robust auditing processes, quality and performance indicators and quality assurance/improvement measures in place.

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

The leadership structure within Adult Social Work and Adult Social Care saw both interim and permanent change during the year, which stabilised the senior management structure across our five locality social work teams. The reintegration of the arm's length care organisation, SB Cares, into the Council's control from December 2019 again strengthened management to support the integration agenda. This also helps support the Councils Fit For 2024

transformation agenda and to galvanise the relationships across Social Work, Social Care, Communities and Health, to integrate both strategically and operationally.

Joint Health & Social Care priorities brought Health & Social Care leadership together to establish plans to improve patient/client experiences through and out of hospital by taking a “Home First” approach. Embedding a single governance structure over the hospital based social work team and hospital based patient discharge teams appears effective – however formal implementation has been delayed due to Covid-19.

In response to the Covid-19 pandemic, joint governance across key services was established to ensure a coordinated, whole system approach was managed effectively. This structure will continue to evolve as we develop our Locality model of operations.

1.2 Critical Services Oversight Group and Public Protection

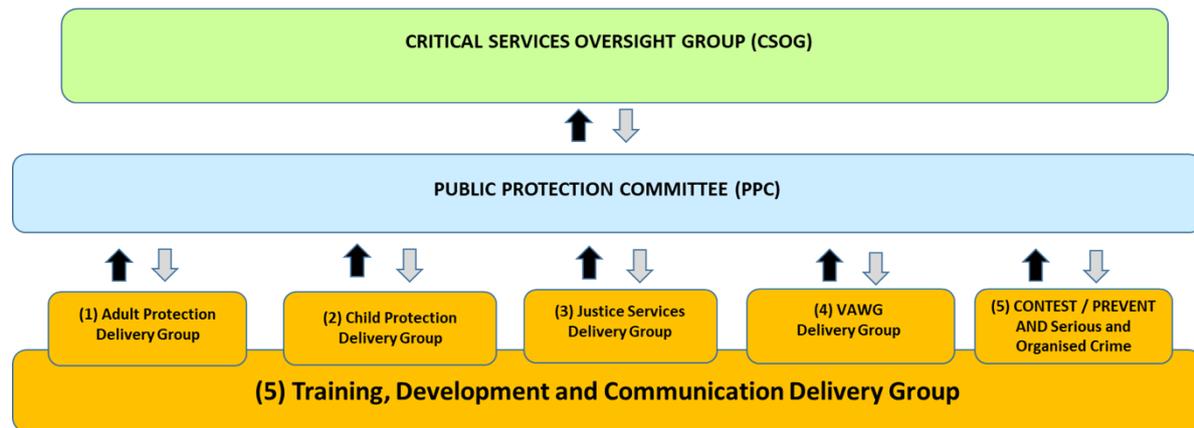
The Critical Services Oversight Group (CSOG) instructed a review and redesign of Public Protection services within Scottish Borders, to improve how Adult Protection and Child Protection Services respond to risk on a multi-agency basis. This was in response to Adult and Children’s Services inspections that identified the need to improve practice, streamline processes, to improve communication and to work more collaboratively in improving outcomes for the most vulnerable in our communities.



Two major challenges included the setting up of an integrated Public Protection Committee, with associated service groups bringing different staff, reporting patterns and timeframes into alignment, and of course the impact of Covid-19 on all services.

From the January 2020, the Public Protection Committee has fulfilled the statutory roles of the Adult Support Protection Committee and the Child Protection Committee as well as incorporating Justice Services, Violence Against Women and Girls, CONTEST/Prevent and Serious & Organised Crime. A small team of training and development officers support the training requirements identified for staff and the public. This is done via the Training Development and Communications Group, overseen by the Child & Adult Protection Lead Officer for the Council.

The revised high level governance and accountability structure for Public Protection services is shown in the diagram below:



SECTION 2. Service Quality and Performance

This section provides an overview of the service, the service performance and key risks broken down in the following areas:

- Children & Families Social Work
- Learning Disability & Mental Health
- Justice
- Adult Social Work
- Public Protection

2.1 Children & Families Social Work:

Delivery of Children and Families Social Work (CFSW) in the Scottish Borders is structured around 2x long-term teams operating in the East (Duns and Hawick offices) and the West (Galashiels and Peebles offices) of the region. A central Duty Team manages all duty and intake enquiries across the Borders. The Family Placement Team, Child Protection Unit (as part of Public Protection services), Youth Justice and Throughcare Aftercare also have this region-wide remit.

The strategic direction of practice and service developments within CFSW is driven by national policy, legislative direction and best practice. Within the Scottish Borders, the key strategic documents are the multi-agency [Integrated Children and Young People's Plan 2018-21](#); the [Scottish Borders Corporate Parenting Strategy 2018-21](#); and the Children and Families Social Work Service Development Plan 2020-22.

The CFSW development plan provides a framework of service development. It was developed following staff consultation and as part of the corporate 'Fit For 2024' transformation programme. The Plan has 10 priority areas for development:

1. Introduce a strengths-based approach in how we work with families, with a particular focus on the introduction of Family Group Decision Making.
2. Review and revise our approach to planning for children who require adoption or permanent placements out with their birth families.
3. Explore options for the future delivery of our services to children affected by disabilities and their families.
4. Develop proposals for the development of Whole Systems Approach for young people who offend.

5. Support staff to further improve the quality of recording – in particular chronologies, assessments and child plans.
6. Continue to develop initiatives aimed at improving our recruitment and retention of social workers and first line managers.
7. Contribute to the development of the Public Protection Unit to ensure good practice in Child Protection.
8. Improve performance and data information and its analysis and use across the whole service.
9. Ensure all Children and Families Social Work guidance, policies and procedures are reviewed and updated systematically.
10. Develop the use of Self-directed Support across Children and Families Social Work.

Each priority area is being taken forward by the service – with some elements more advanced than others.

In the Scottish Borders there is a commitment to support children and families on a voluntary basis where appropriate. In total **66%** of the cases (*excluding the short-term cases held by the Duty Team*) are managed on a voluntary, non-statutory basis. When including cases held by the Duty Team, this increases to **77%** (*figures as at September 2019*). The Getting It Right For Every Child (GIRFEC) principles of early intervention, multi-agency co-operation and communication; and a holistic approach to meeting the needs of children, young people and their families are firmly embedded in operational practice.

Early intervention, edge of care and reparative work for children and their families is delivered by both the Long Term teams and a range of third sector organisations.

In terms of statutory work, there has been a slight increase in the overall numbers of looked after children in the Scottish Borders. In comparison to last year, this has increased by **8 children** from 194 to 202 (a 4% increase). Residential placements increased from 22 to 30 placements, but there was a reduction in secure care placements from 3 to 1 young person. **33** young people are supported in Continuing Care placements in the Borders and **50** young people are also supported on an Aftercare basis.

Over the year, the number of children subject to child protection registration has ranged from **34 to 48** (*this reflects individual children and not whole sibling groups*) and there have been no spikes to indicate a rise in children at risk of significant harm in the Borders. The number of inter-agency referral discussions (IRD) have held ranged from **25 to 50** per month. The Child Protection and Reviewing Officers (CPRO) adhere to set timescales for holding and reviewing cases where children are subject to child protection registration; are looked after and accommodated; or are subject to the Vulnerable Young Person's Protocol. A wide range of information is provided to the Child Protection Delivery Group (*as part of Public Protection governance arrangements*) for the purposes of quality assurance. Response times to disclosures of harm are good and assisted by the ability to easily and quickly share information within Public Protection services and the close proximity of the Duty Assessment Team within the same building. The majority of child protection concerns raised are responded to by the Duty Assessment Team.

There is a systematic approach to quality assurance and service improvement within CFSW. Six-monthly quality assurance reports are compiled and include case file auditing approaches, multi-agency case file auditing and other formal audit & quality assurance

processes. Information on participation with children, young people and their families and resultant outcomes is also included in the reports. The findings of these reports directly influences training, staff and service development. Alongside ongoing service delivery and development, considerable effort is focused on improving aspects of our services to children young people and their families - this year there has been particular focus on the systematic use of chronologies, risk assessment, assessment and planning – and improvements in these areas can be demonstrated in audit reports.

Work has progressed to improve practice in providing permanence for children in the Scottish Borders and there has been demonstrable improvement in all aspects of permanence over the reporting period. The time between the formal ratification to pursue permanence at the S.31 LAC Review and presentation of the case at the Permanence Panel – has averaged **4 months**, which is the lowest figure since permanence timescale auditing began. There has been incremental improvement in the completion of permanence planning processes and there is still scope for improvement here. In order for CFSW and partner agencies to improve both operational practice and permanence planning timescales an independent consultation/review was commissioned from the Adoption and Fostering Alliance, Scotland (AFA). This consultation report was completed in February 2020 and the findings will inform developments and improvements in permanence planning throughout 2020-21.

The Scottish Borders Council Fostering Service remains the largest provider of care for looked after children and young people in continuing care, providing care for **74** children and young people. Recruitment of foster carers remains an area of priority for the service and over the course of the year, **6** new foster carers (*3 households*) were recruited. In the same period, **2** foster carers were de-registered as they had come to the end of their fostering career. The Family Placement Team is heavily involved in encouraging the participation of children and young people in service development and the team hosted the fourth annual half-day fostering conference in October 2019. A group of care experienced young people were involved in the planning and delivery of the conference. As well as delivering workshops and performing music and poetry, a selection of their artwork, stories and other achievements were on display. The theme of the conference was Continuing Care.

Kinship care has continued to be an area of growth and development in 2019-20. **53** children and young people were placed in kinship care by 31st March 2020. This is an increase of **5** over the previous year. All children and young people in kinship care in the Borders are placed there on a statutory basis as looked after children, ensuring they have the same rights to continuing care and aftercare as any other looked after child.

In terms of Throughcare Aftercare, one third of cases are now in continuing care rather than after care. This trend points towards young people remaining in placement longer and no longer leaving care at 16 years of age. In early April 2020, Albert Place (*which provides short term tenancies for care leavers starting out on the housing ladder*) celebrated 10 years of existence. The Albert Place accommodation is a joint Scottish Borders Council/Scottish Borders Housing Association (SBHA) initiative and data indicates that **92%** of care leavers who have lived in Albert Place sustain their tenancy for more than 12 months.

There are currently several risk factors affecting CFSW in delivering statutory functions including:

- The expansion of the wider remit Public Protection service has been interrupted on an operational level – the teams due to co-locate in the Langlee Complex were close to moving when lockdown and social distancing measures came into effect. This included DAAS, Safer Communities and representation from the Justice team.
- Independent advocacy services for children and families in the Borders are limited. Currently CFSW commission a service from ‘Who Cares? Scotland’ for looked after children, though the size of the contract means that service provision has to be prioritised for those children and young people looked after outwith the local authority. The Borders Independent Advocacy Service (BIAS) has recently been commissioned by the Scottish Children’s Reporters Administration to ensure children and young people receive the statutory support they require when attending a Children’s Hearing. These are the only specific independent advocacy services available for children and their families. Proposals have been put forward for the commissioning of a comprehensive independent advocacy for children.
- Continued increases in the requirement for supervised parental contact (*directed by Children’s Hearings and the court*) has eroded the efficacy of the early intervention support role of the Social Work Assistant. This has meant that the opportunity for quality early intervention, family and parenting support has decreased significantly and has, to an extent, created some disparity in service provision depending on the geographical area in which someone lives in (due to differing geographical demands in terms of supervised contact).
- Participation and involving children and young people and their families in service development is improving across CFSW. Participation is becoming embedded with children and young people in residential care, foster care, Throughcare Aftercare and in those attending statutory LAC Reviews, however consistent participation of children and young people in service delivery and development remains a challenge. Some areas have participation embedded in their service areas, but this is not universal. This is a clear risk to the service as there is a clear national policy expectation that participation is integral to all service delivery and development.

2.2 Learning Disability & Mental Health:

The Social Work elements Learning Disability and Mental Health (LD/MH) manages their waiting lists through a monthly prioritisation meeting and there continues to be a high level of Adult Support and Protection and Adults with Incapacity Act activity across LD and MH.

Transition planning is a particular area of challenge for the LD service (i.e.) when a child moves from children’s to adult services. This is a critical transition point for young people and their families and we have developed a Transitions Pathway with an aim to make improvements including capacity and as such there has been development of appropriate accommodation and support arrangements in line with needs of existing service user groups.

Services for Children Affected by Disability (CHAD) has been affected by vacancy and recruitment issues, but work has continued to review all CHAD policies and procedures and to support the CHAD Resources Panel. Over the past year CFSW have also worked in partnership with Aberlour Child Care Trust and SBHA to develop a residential resource in the Scottish Borders for children with complex needs.

The Integration Joint Board (IJB) recently considered the commissioning of a new ‘Shared Lives’ scheme. Shared Lives is a regulated form of social care where an LD adult who need support or accommodation are matched with an approved Shared Lives carer, who then

supports and includes the individual in their family and community life. Shared Lives provides long term live-in, but can also cover short breaks and day support options.

The mental health social work team are delivering social work/care management to service users who are known to community mental health teams, Borders Addiction Service (BAS) and by negotiation with Locality Teams.

The Care Home and Community Assessment Team (CHAT) were established to specialise in meeting the needs of older adults with mental illness and dementia, working within care homes and community hospitals across the Scottish Borders. The team works across the entirety of the Borders providing cover to 92 community hospital beds and 695 care home beds within Scottish Borders. The team has capacity to assess, plan treatment and intervene (where necessary) for 60-70 individuals per week. Additionally a rolling programme of training and implementation of stress and distress techniques is undertaken with each care home and community hospital throughout the year.

The team aims to provide proactive and responsive support to care homes and community hospitals to help them better meet the needs of their residents and patients with mental illness and dementia. Interventions offered by the team include carrying out mental health and memory assessments, advising on the best type of treatment for the individual and advising staff on managing the symptoms and behaviours of people with mental illness and memory problems. The team also provides training and education for care home and community hospital staff to provide them with the skills and knowledge to provide effective care for residents and patients.

The service can be accessed via referrals made by GPs, or senior care home/community hospital staff. All referrals are:

- Sent to a central CHAT referral inbox
- Screened on the same day and the referrer is informed of the outcome (if the referral is appropriate CHAT will contact the care home or community hospital by phone to arrange an appointment. If the referral is inappropriate contact will be made and advice given on how to proceed)

The CHAT team assess the individual looking at:

- Advice and treatment regarding specific mental health issues.
- A person-centred care plan that ideally involves the individual, family, carers and staff in maximising quality of life, physical health and comfort.
- The advice and training necessary to support staff in meeting an individual's care needs and maintaining them in their current care setting

2.3 Justice:

During the reporting year, **345** criminal justice social work reports (CJSWR) were submitted and of these **84** were for repeat offenders. This is an increase of 24 CJSWR's from the previous year (*a 7% increase*). Community Payback Orders (CPO) continue to be the most widely used social work managed court disposal with a total of **136** CPOs issued. Of this:

- 59 were for unpaid work and/or other activity with no supervision
- 44 were as above but with supervision
- 33 for supervision but with no unpaid work and/or other activity.

Conduct Requirement (CR) primarily used in domestic situations to restrict access to an address and a Programme Requirement (PR) to engage with either The Caledonian Men's Programme or the sex offender programme are the most common secondary requirement made alongside supervision. In 2019/20 there were with **12** CRs and **13** PRs imposed.

Scottish Borders was the first local authority in over 10-years to be inspected by the Care Inspectorate for the delivery of CPOs. The [report](#) highlighted positives including:

- Individuals subject to community payback orders experience strong, respectful and consistent relationships with staff but the service is not yet able to demonstrate the difference these relationships are making to improved outcomes.
- Assessment of risks and needs is a strength, driven by a national framework and training.
- Operational managers are supporting their staff well, enabling them to deliver statutory supervision requirements.

And also areas for improvement:

- The organisation and delivery of the unpaid work service is not operating effectively to provide a reliable community-based disposal.
- There is no clear and effective governance structure for justice services.
- Leaders do not have a sound enough understanding of the performance of the justice service to inform improvement priorities, planning and activity.

There have been several areas of development and good practice in Youth Justice over the year. The Scottish Government Whole Systems Approach refresh project has led to the development of cross-border and local authority protocols for dealing with young people aged 16-18 offending in areas other than their place of residence. A bail support scheme (in partnership with Police Scotland) for young people aged under 18 and an increase in preventative work with partner agencies (Education and the Scottish Fire and Rescue Service) has also been beneficial.

The Youth Justice Team also successfully implemented [Movement Restrictions Condition](#) (MRC) as a 'step down' alternative from secure care. This approach has been successful with no return to secure care and was sustained for 6 months.

When required, Throughcare Aftercare can support care leavers who are being released from custody and eligible for voluntary throughcare support post sentence.

A review and restructure of the Unpaid Work Service took place and the service has introduced a new full time service co-ordinator role and alongwith a dedicated full time Justice Support Worker to undertake the development of Other Activity and deliver the '[Outcomes Star](#)' identification of need tool; this tool can be used to inform appropriate work and other activity placements. The rurality of service provision coupled with limited opportunities to source and facilitate 1:1 placements remains a challenge, however it is anticipated that through increased promotion of service, presentations at community council meetings and regular articles highlighting work undertaken across Borders communities, in the council's community newsletter, that new and diverse opportunities can be identified.

Statistical evidence suggest that introduction of an increase in the Presumption of Short Term Sentences from 3 months to 12 months in June 2019 has not resulted in a significant increase in the Courts use of Community Payback Orders.

The Woman's Hub, set up in 2018 has continued to embed itself, with all women requiring to attend the service being seen from the hub. In addition to undertaking statutory work, the [Reconnect Programme](#) is well attended by women working through statutory orders, alongside those who engage on a voluntary basis. In addition to the base programme of work, sessional work also includes input from addiction support services, sexual and oral health, Healthy Living Network (cooking), Domestic Abuse Advisory Service, Rape Crisis, Victim Support, the Anti-Social Behaviour Unit, mindfulness work and various craft sessions. The Women's Hub has also been used by Psychology colleagues from Health to deliver the [Survive and Thrive](#) group programme to assist women address adult and childhood trauma. Both the Caledonian Programme Women and Children's workers are based at the hub.

The Scottish Borders Community Justice Board was established following the enactment of the Community Justice (Scotland) Act 2016. This places a duty on a number of statutory organisations to co-operate in the exercise of their respective functions in relation to community justice. The Board meets every 2 months and has an improvement action plan as part of their delivery process. Within community justice there are seven common improvement actions, the Board have specific activity against each.

A number of the risks and challenges for the service are as a result of the rurality of the Borders:

- Relatively low numbers of people in the justice system can make commissioning of services challenging, often statutory services offer the most credible option when considering best value and accessibility.
- Service users can face challenging travel arrangements impacted on by limited public transport options. While we seek to assist this by meeting with people in locations close to home and covering travel costs, the central base in Galashiels remains the most accessible location for service users to attend, due to the bus and rail hubs located in the town.
- Arrangements for the delivery of the Caledonian System Men's programme, in partnership with Lothians and Edinburgh City, are failing to meet the needs of many men who reside in the Borders but for reasons including employment and/or transport issues cannot attend groups. This can result in men waiting some considerable time for a suitable place or the need to return the order to Court.

In Spring 2020 a review of Caledonian programme was commenced with a view to securing a more accessible service for men and increasing safety for partners and children affected by domestic abuse across the Borders. This review will continue into 2020. One area being considered is to develop a better understanding of what the Sheriff would like to have available to then aid decision making for disposal. In contrast to other areas, few Caledonian assessments are requested by the local Court, with social workers using their professional judgment to inform decisions to assess for suitability.

Over the course of the year, **12** Drug Testing and Treatment Orders (DTTO) were recommended to the Court. Only **4** of these recommendations were converted into orders. It may be that this treatment option is not best placed to facilitate change and return positive outcomes for individuals placed on DTTO's or perhaps the low numbers reflects a feeling that the order fails to meet the courts expectation on outcomes. Delivery of this service will be reviewed going forward into 2020.

The number of people managed under MAPPA has shown a slight increase in comparison to the corresponding period last year, however numbers remain reasonably stable. Breach proceedings for those subject to supervision have remained very low throughout the reporting period.

Performance Indicator		Apr – Jun 18	Jul – Sep 18	Oct – Dec 18	Jan – Mar 19	Apr - Jun 19	Jul – Sep 19	Oct – Dec 19	Jan- Mar 20
1	Total Number of sex offenders subject to MAPPA.	93	94	95	97	98	104	104	104
2	No' of sex offenders in the community at end of period	95	95	97	94	103	101	103	104
3	No' of sex offenders managed at MAPPA Level 1	90	91	93	95	95	102	102	98
4	No' of sex offenders managed at MAPPA Level 2 at period end	3	3	1	2	2	2	2	6
5	No' of sex offender cases managed at MAPPA Level 3 at period end	0	0	0	0	1	0	1	0
6	No' of registered sex offenders on statutory supervision at quarter period end	30	27	31	37	36	32	35	32
7	No' of registered sex offenders assessed as very high risk of harm at period end	0	0	0	1	0	0	0	0
8	No' of registered sex offenders assessed as high risk of harm	2	4	5	7	6	8	6	8
9	Breach proceedings instigated against registered sex offender quarter	3	1	0	0	2	0	0	1
10	Probation order or Community Payback Order revoked due to breach	0	0	0	0	0	0	0	0

2.4 Adult Social Work:

The service is working well and meeting the statutory requirements for assessment, support planning and risk management. There is a focus on improving work practice and the quality of services to service users, whilst maintaining responsibilities in regard to public protection and statutory duties.

In regard to referrals, waiting lists continue to reduce in both numbers on the list and importantly waiting time. There is an overall downward trend on waiting times with any spikes being directly attributable to local and time specific staff gaps.

Locality modelling work has been accelerated due to COVID 19 and will be progressed throughout 2020. It seeks to put in place an integrated response that embeds the principles of community led support and builds on the work of our What Matters hubs. The 'What Matters Hubs' have proven effective in providing a local doorway into services and in delivering improved response times and reduced social work referral waiting lists. Pre-covid, the WM hubs operated in the main centres of Hawick, Peebles, Galashiels, Kelso, Duns and Eyemouth, with the total number increasing to 14, due to hubs setting up in smaller towns and villages and as pop-ups (e.g.) at the Kelso Show. During the year, the WM hubs were attended by approximately **940** people. Hub appointments can be made but the majority of people used the 'drop in' approach and feedback indicates that this has been valued by people using the hubs and by staff. The WM hubs provide easy access to informal and formal support, with third sector partners signposting to community options wherever appropriate, along with on the spot assessment. Perhaps unexpectedly, the hubs have also attracted a

number of complex clients with either mental health or addictions issues who otherwise would quite often be beyond the reach of traditional models of service delivery.

This local access to Social Workers, Occupational Therapists and support workers from across third and independent sectors has proved effective and has been identified as an area for service growth, with Community Led Support and Locality service modelling emphasised as a core model for transformation. Our Covid-19 response has further proved that a blend of physical, virtual and telephone based response is required for the future.

During the year there have been challenges in recruiting staff and in particular qualified social workers. Newly qualified workers continue to receive a range of individual and group support, including mentoring and a “grow your own” approach across the whole of Social Work to training selected staff to become qualified social workers has commenced in conjunction with the Open University to help ensure that we have a skilled workforce going forward.

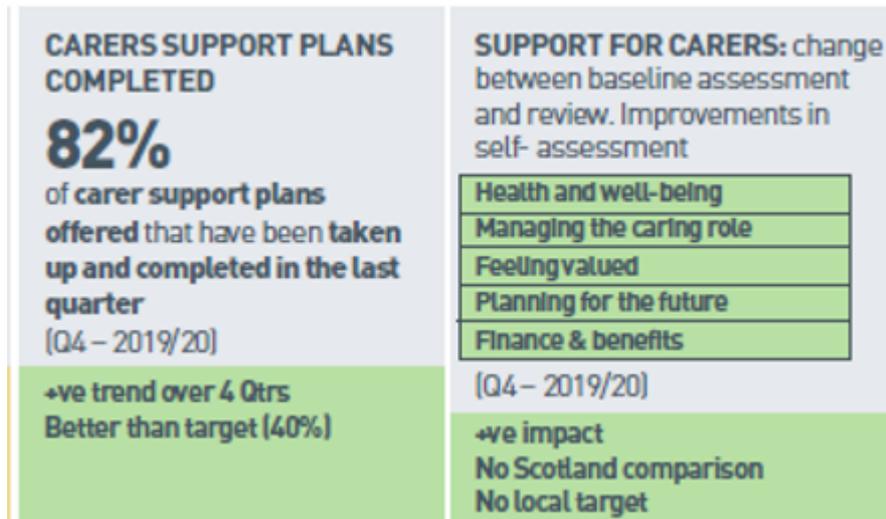
A Health & Social Care Quality & Performance Framework was developed to address the issue that existing performance indicators didn't sufficiently capture the performance of teams. The framework has been used to create performance and risk 'Dashboards'.

As of March 2019, **85%** of adults receiving social care support were recorded as using self-directed support (SDS). Reviewing capacity was increased in the short term to ensure that all people eligible for social care support have had a 'good conversation', with outcomes focussed support and the offer of the four SDS options. This work is now complete.

The SDS working group identified the lack of choice in the market limiting SDS options if there is no provider capacity or carers available. Commissioning conversations with stakeholders involved in designing and providing local supports commenced with a strong emphasis on collaborative and partnership contracting. Key messages from a follow up stakeholder conference in November 2019, indicated that the providers and third sector present were keen to look at working together and differently. This work will be built on in 2020/21 and will link up with Locality developments.

With carers and the Borders Carers Centre (BCC) a single pathway has been established for carers to access information and support. BCC staff provide information and early intervention, and through carer support plans arrange support for carers that meets the eligibility criteria. The number of carers being offered and accepting a carers support plan is steadily increasing as are the numbers of carers eligible for and receiving support.

There were **238** carer support plans completed in 2018/19 and **432** in 2019/20. There was also an increase in the percentage of carers who accepted the offer of a carers support plan. Information from carers indicates that carer support plans help carers feel more valued and more able to manage their caring role. A panel has been set up to consider the needs of replacement care under the Carers Act and staff have had guidance and training on this. Additional staffing put in place to respond to carers support needs continues to offer a responsive and focused service to unpaid carers across the Borders.



Within hospital settings there has been a continuing focus on reducing delayed discharges and shifting the balance of care from hospital (acute) to community – including ward restructuring and the reinvestment of resource into community based services. Episodic surges of patients into acute and community hospitals brought increased delayed discharges during winter as reduced social work resources worked hard to keep up with the pace of patient admissions and discharge.

The reintegration of SB Cares into the Council enabled the operational oversight of the hospital based social work team (START) to be supported under SB Cares. This allowed the START budget to be made permanent and, with SB Cares having several hundred staff, created opportunities to create a more adaptive response within hospitals and community.

Work commenced to develop a 'Trusted Assessment' model, enabling staff from across health and social care to carry out assessments which have historically only been undertaken by Social Work staff. Winter pressure and then the Covid-19 pandemic unfortunately interrupted this trial but it will continue during 2020/21, with the aim to:

- Improve patient flow across the H&SC system
- Improve the customer experience because one professional is able to undertake a single assessment of their needs – traditionally this may have required multiple interactions / assessments
- Create efficiency by freeing up time and unnecessary travel
- Reduce length of stay and delays in transfer of care
- Improve the speed at which people can access the service and support they require

Within our five social work locality teams changes were made to reduce waiting lists for services, to review packages of care and to maximise available capacity. The Matching Unit has continued to work effectively as a centralised 'broker' for packages of care to create a single point of contact between care providers and people requiring community based home care. Thus, improving the pace at which people receive the support they require as quickly as possible and enabling swift hospital discharge.

New processes were introduced to focus on reducing patient length of stays, better use of joint resources and greater partnership across health, social care and social work. A project

to combine four NHS Borders hospital teams into one hospital based social work team was slow to get traction operationally and was suspended due to pandemic. However, greater collaboration through daily hospital 'hub' discussions is seeing a re-set structure that reflects the locality modelling taking place across the Scottish Borders.

The introduction of a 'panel' to approve packages of care sought to ensure that capacity within home care services was maximised whilst also ensuring social work assessments for social care were scrutinised and quality checked prior to approval. Panel approval focused on slick and quick decision-making to ensure that people's care & support was not delayed.

Throughout Winter 2019, senior management and operational managers from within the hospital and Adult Social Work met, often daily, to agree actions and priority areas to maintain the safety of the hospital. This resulted in improved relationships and a better understanding of joint pressures. Therefore, at the beginning of the pandemic response these relationships that had been built up helped to deliver what was required and services were able to mobilise quickly.

2.5 Public Protection

In Scottish Borders, the newly formed Public Protection Committee (established January 2020) gave considerable thought to membership and chairing of the Adult and the Child Protection Delivery Groups. Social Work is represented at senior management level alongside managers from other agencies, stakeholders, advocacy and organisations that represent the views of service users where appropriate. The Adult Protection Delivery Group (APDG) has focused on:

- Updating AP procedures to reflect the important role of the Adult Protection Officers (APOs);
- Creating a Dissemination Strategy to ensure all relevant staff are aware of the work of the Group;
- Introducing a survey from the APO to assist the quality assurance role;
- Implementing improvements identified in the Joint Inspection and follow-up inspection reports;
- Agreeing/sharing contingency plans for service delivery during Covid-19;
- Developing effective engagement in IRDs from the Health sector.

In regard to Child Protection (as part of Public Protection services), data has been utilised to prioritise and to map families in most need in regard to domestic abuse, alcohol, drugs, poor mental health, neglect, and internet safety (potentially leading to Child Sexual Exploitation). An audit was undertaken on the use and impact of the Neglect Toolkit, including staff focus groups, feedback from parents and an amended survey format for parents having been in the child protection process, to try to increase survey responses. A practice review was also undertaken.

Operationally, the Child Protection Delivery Group (CPDG) has focused on:

- Regular audits, capturing critical information about the CP process and identifying emerging patterns and trends.
- Completion of Inter-Agency Referral Discussions (IRDs) and monitoring to ensure that IRDs are concluded within our 21 day target (from start to conclusion).
- Developments to the Neglect toolkit including practitioner improvements.
- Improving chronologies including proposals to develop multi-agency integrated chronologies.
- Methods to better capture the views of children/young people and parents in the child protection process. Approaches have focused on surveys to date including a CPRO survey, a parent survey and the survey for following up with a child after CP case conference who is over the age of 8.
- Creating a Dissemination Strategy to ensure all relevant staff are aware of the work of the CPDG and that there is opportunity for practitioners to feedback.
- Providing bespoke training for local groups and voluntary organisations (215 staff)

In regard to the surveys mentioned in the bullet list above, an online Practitioner Survey conducted in November to gain multi-agency practitioners' views and experience relating to Child Protection practice in the Scottish Borders had responses from 316 practitioners from a range of services including education, social work, health and others. Key findings included:

- Practitioners have confidence in the Child Protection service, structure and pathways.
- The majority of respondents indicated that they are able to access appropriate information, support and training.
- The general perception is that there is a lack of early intervention services and capacity in general. Practitioners expressed concern that this could potentially lead to more children and families experiencing Child Protection interventions and that earlier intervention should be prioritised.
- All respondent groups indicated that communication across agencies generally works well, but that systems to record chronologies should be standardised across agencies, with chronology training available to all new staff across all sectors. The introduction of an Education rep within Public Protection to provide consistent and regular feedback to schools was suggested by several respondents as a way to improve communication between key partners.

Adult Support and Protection has changed in Scottish Borders. On the back of the review and redesign of the services, a new role of Adult Protection Officer was placed within the Public Protection Unit. These posts sit alongside alongside Child Protection Reviewing Officers, Police and NHS colleagues, creating a 'think family' approach to the management of risk across the region. Due to Covid-19, colleagues from the Safer Communities Team and specifically Domestic Abuse services, have had their move to the collocated Public Protection Unit delayed but they will move as soon as it is safe and practicable to do so.

Adult Support and Protection auditing is completed jointly between the Adult Protection service and the Locality teams who undertake the investigation work. New Adult Support and Protection guidelines came into force early 2020. After some initial issues with the new processes, the operational guidance has been embedded quickly.

Following the 2017 inspection, AP risk assessment, chronologies, and quality assurance tools have all been reviewed. The follow-up inspection which took place in November 2019 noted improvement in the oversight of cases, increased use of Adult Protection (AP) risk assessment and chronologies, improved use of quality assurance tools for AP and non-AP cases and closer working with the Scottish Fire & Rescue Service in appropriate hoarding and fire safety cases. Areas identified as requiring further improvement were case timescales, the monitoring and improvement of performance, the need to evidence views of service users and their families and the quality of recording and evidencing.

Within Adult Protection, there were **3** Significant Case Reviews (SCR) and **7** Child Sexual Exploitation (CSE) meetings. As well as working to increase the safety of those involved, these meetings consider the local issues, including how to learn, improve and disseminate practice through various delivery groups. Work on a risk management process for people who do not meet the criteria for AP intervention has been undertaken.

Number of Adult Protection Referrals	330
Number of cases which required AP Intervention(Inquiry/IRD/Investigation)	330
Specific Intervention which required AP IRD (Crime or Serious harm)	108

Of the referrals reported by external agencies as adult protection:

- Financial harm and physical harm continue to be the two highest types of harm in Scottish Borders. This is a recurring trend over a 5 year timeframe and is mirrored in national figures.
- Alleged neglect figures are similar to last year but domestic abuse figures have increased around Adults at Risk of harm.
- The majority of harm occurs in an adult's own home, usually by someone known to them. The second highest setting of harm comes from private care homes. There continues to be ongoing training for care home staff around dementia, care home standards and Adult Protection.

SECTION 3. Resources

In general terms, the financial pressures and efficiency programmes within NHS Borders and Scottish Borders Council (Turnaround and FF2024 respectively) continue to put significant emphasis on establishing sustainable services across the Health & Social Care Partnership. All service areas have focused on financial sustainability. Operationally, the staffing budgets remained on target, however care at home and care home budgets continue to be exceeded. The need to reset the baseline budget is being modelled through the Social Work Delivery Group established for financial year 2020/21.

3.1 Children & Families Social Work:

The primary financial pressure for CFSW is, as in previous years, the cost of external, out of authority residential placements for young people. Current residential placements range in cost from £2,650 to £5,299 per week for young people with social, emotional and behavioural needs. Residential placements for children and young people with complex needs ranges from £2,763 to £4,226 per week. The financial plan commitment for out of authority residential placements for 2020/21 is £5.6 million and is projecting an overspend of approximately £200,000. Of note is the increasing proportion of the out of authority residential care budget being required for children and young people with complex needs. The budgetary constraints are also impacting on the delivery and development of key service areas, notably early intervention and provision of independent advocacy.

3.2 Learning Disability & Mental Health:

The use of specialist facilities for high risk, high need client's produces financial pressure.

The service continues to regularly review care plans and specialist service costs including out of area placements including projecting the anticipated cost for individuals from Scottish Borders, who are currently receiving NHS treatment in specialist resources elsewhere. These individuals will require local facilities when they are fit for discharge but we may not have anything available within Scottish Borders to meet their anticipated needs.

The quantity of time and endeavour to undertake work associated with clients for whom the Local Authority acts as their Appointee for welfare benefits has been an ongoing issue. We have actively used a CCA finance post to enable much of this work but it also takes a considerable amount of social worker time. The CCA finance post works proactively with the service users and in-patients. Delivering monies/support to corporate clients, visiting various places to access monies etc.

3.3 Justice:

Section 27 grants in 2019/20 saw a 1% reduction from the previous financial year. The grant did not reflect the local pay award of 3% in the year, requiring increased staffing costs to be covered at the expense of other service provision. Year-on-year monies allocated to the delivery of Caledonian Woman's and Children's Service have not increased, unlike the financial demands of service delivery. The service requires continued ongoing financial support from Section 27.

The Scottish Government has provided annual transition funding of £50,000 to deliver specific community justice related initiatives and to offset the time spent by the coordinator in the preparation of meetings, plans and annual reports.

3.4 Adult Social Work:

Budget pressures within Adult Social Work and Social Care were acknowledged from the outset of financial planning. The increasing demographic demands for the service, combined with pressure to meet those demands with reduced resource was, and remains, a significant challenge. The main financial pressures are as a result of increasing levels of needs, requirements for home based care and higher demand for care homes/nursing care.

The Community Equipment service fulfilled all equipment requirements, including stockpiling equipment, initially as part of BREXIT planning but now in relation to covid-19 service response. The equipment service is funded by a joint SBC/NHS Borders budget. In recent years the base budget has not met the needs of the service and this is evaluated year on year.

Our Borders wide sensory impairment team continued providing advice, support, training and a range of assistive equipment to people with sensory challenges. This service remains on budget and, as across our services, when COVID 19 lock down commenced staff and service users adapted to more remote support and management of key risks. For example, Social contact for deaf and hard of hearing service users has been maintained via video conferencing and contact with visually impaired service users via telephone support and prioritising critical risk through the continuation of smoke detectors for hearing impaired service users.

There are considerable financial pressures due to the numbers of young people transitioning from children's to adult services with high levels of support needs. Work is ongoing to increase local resources to reduce the number of people being placed out of Scottish Borders. We continue to work with NHS Lothian in the development of NHS in-patient facilities for AWLD to reduce the number of expensive private hospital placements and will continue to work to commission and deliver services as efficiently as we can.

3.5 Public Protection:

In terms of resources, the change to the public protection model has amalgamated the role of the CP and AP lead officer roles into one post that works directly with the single Public Protection Committee. Since this post has been filled by the CP Lead Officer, there is a need to increase the capacity in the PPC support team with a member of staff who has Adult Protection experience, this is underway. The addition of more Adult Protection Officer's and a move to have a dedicated operational Team Leader to oversee the Adult Support and Protection process will give a solid platform for oversight going forward, crucially bringing Adult Support and Protection in line with Child Protection and other elements of Public Protection.

The ability to have a fully functional collocated Public Protection Unit will be realised as soon as Covid-19 restrictions allow, giving us a true multi-agency hub for managing risk across the lifespan.

SECTION 4. Workforce

4.1 Children & Families Social Work:

Staffing has been an issue during 2019/20. There have been a number of vacancies at all levels of the service, including key managerial positions at Team Leader, Group Manager and Chief Officer levels. This has resulted in a number of posts being filled by temporary locum social work staff, leading to a detrimental effect on the continuity of support for children and families, for service morale and for staff development. This situation has been recognised for some time and unfortunately a planned comprehensive recruitment drive for social work staff across the service was delayed by the onset of Covid-19 and the resulting disruption to services.

Staffing and recruitment are also impacted by the age and experience of the workforce. Applications for vacant social work posts are predominantly made by newly qualified social workers. Whilst this is not an issue in itself it can lead to imbalances of experience within teams and require additional management time to supervise recently qualified staff. There is also an increasingly older age profile across staff teams.

CFSW is committed to workforce development on both an individual and service basis. The CFSW Learning & Development Framework details all mandatory training, post training qualifications and opportunities for career development and continuous learning for staff across all levels of the service. Development of the framework is directly influenced by the findings of quality assurance approaches, as well as other national and local service priorities.

4.2 Learning Disability & Mental Health:

Additional staff are required to deliver services for the increasing number of younger people accessing services having been given a neuro-developmental diagnosis (ADHD, ASD).

A workforce review would be beneficial to identify how best to meet the increasing demand and the peak that is anticipated in regard to the mental health impact of Covid-19. It is anticipated that there will be an increased demand overall for mental health support and in particular post-traumatic stress disorder. We need to determine and establish the right proportion of social worker time within the different teams and how much of this requires an individual with a professional social work qualification versus what could be undertaken by other staffing without this. This could ensure that demand is met and meets the needs of the clients.

The service also needs to undertake a significant training needs analysis to ensure the current work force not only has the skills, knowledge and experience required to meet the current demands but that we are also prepared for the anticipated demands we are aware of, including trauma informed practice, working with and interventions to support individuals with neurodevelopment disorders.

A more generalised approach to recruitment and attracting people to the Borders could be useful in addition to having mechanisms in place to rotate staff into different roles not only within the mental health service but also in Locality teams. This could help develop connections between teams, create more positive working relationships and a better understanding of respective services.

There is a significant need to upskill the team and the broader workforce in the legislative aspects of mental health. We need to work with our partners in Health to ensure that there is not only a plan of how to create a better integration model within Scottish Borders but also how to implement this plan and ensuring that social workers are truly integrated members of multidisciplinary teams.

There is a clear role for the whole team and the professional lead in ensuring that social workers are able, and supported, to assert and adhere to their social work values. That they are given the space and time to educate their Health colleagues to understand the role and statutory functions of social work as well as challenging the assumptions made based on the medical model, whilst also maintaining a strong connection with their employing authority and continue to work within the policies of the organisation and are able to fulfil their statutory duties.

4.3 Justice:

The Justice service has a good track record for the retention of qualified and paraprofessional staff. Staff who have joined the service have generally sought to develop their careers and remain in post for significant periods of time and as such the service does not have a high staff turnover. However the recruitment of staff, when the situation does arise, can be problematic with the service experiencing similar recruitment issues to other social work services, resulting in re-advertisement of posts and vacancies open for a considerable period, which then places pressure on the remaining staff. The service also attracts and recruits a number of newly qualified social workers who do not necessarily have the desired level of Justice experience to “hit the ground running”. On the positive side this has allowed the service to develop staff to meet the nuances presented in the delivery of service that result from the rural aspect of the Scottish Borders.

All social work qualified Justice staff are trained in the Level of Service Case Management Inventory (LSCMI) risk assessment and management tool and trained in nationally accredited assessment and service delivery tools such as Stable and Acute, Risk Matrix 2000, MF:MC case Management, SARA, Caledonian Men’s programme including, assessment, case management and group work delivery and Risk of Serious Harm.

The Justice service was represented at the ‘What Works: Creating a Culture of Trauma Responsive Practice in Scotland’ in November 2019. This learning further enhanced and build upon trauma informed practice.

In January 2020, a number of staff were trained in the use of Outcomes Star. This interactive needs identification tool will be used with all service users, including those on Community Payback Order with an Unpaid Work Requirement where no LSCMI has been completed. The use of the ‘Star’, was identified as a positive engagement tool for the identification of unmet need and measuring outcomes with service users. This view was endorsed during the Care Inspectorate CPO Inspection.

In January 2019 the Social Work Scotland Justice Standing committee recognised the need for a standard provision of training across all authorities for unpaid work paraprofessionals. Scottish Borders nominated themselves to deliver the pilot training, forming an east coast partnership with peers in the Lothian’s and Fife - the aim being to create a national

framework of training for unpaid work staff. Unfortunately, as a result of Covid-19 the training modules that were produced have not yet been delivered.

The service in partnership with Scottish Borders Community Justice Service help deliver 'Safe and Together' training in the Borders. A successful 4-day core training programme and manager overview day was delivered to Social Work, Health, Education, Homelessness Services and Third Sector colleagues.

The Justice service Group Manager engaged with other Group Managers and the Chief Social Work Officer to explore options to "grow our own" social work workforce, from existing employees. In partnership with the Open University, this has proved successful in other areas of council provision including education. It is anticipated that paraprofessional staff who apply will be more likely to reside in the Borders and will therefore remain within council employment following the attainment of their qualification.'

4.4 Adult Social Work:

Social Work recruitment is an issue due to natural turnover and a lack of applications for key posts, resulting in extended periods of staff resource pressure. As we embark upon a review of our structures, in line with the Council's Fit for 2024 programme, as well as learning everything we can from the development of the locality model as a result of Covid-19, we have temporarily filled some posts (for 6 months) to allow us to be as flexible as possible moving to the strategic direction of exploring Locality working and wider workforce planning.

4.5 Public Protection:

An online Practitioner Survey was conducted in November to gain multi-agency practitioners' views and experience relating to Child Protection practice in the Scottish Borders. An Adult Protection practitioner's survey was planned and is ready to be implemented, but this was put on hold due to Covid-19.

Three hundred and sixteen (316) practitioners from a range of services including education, social work (66), health and others, completed the on-line survey between mid-November 2019 and mid-January 2020. Despite the overwhelming responses coming from Educational practitioners, there were similar themes in terms of feedback from the variety of practitioners/services.

Key findings from the survey included:

- Overall, practitioners have confidence in the Child Protection Structure and Pathways in the Scottish Borders.
- The majority of respondents indicated that they are able to access appropriate information, support and training.
- The general perception is that services are under pressure and that there is a lack of early intervention services and capacity in general. Practitioners expressed concern that this could potentially lead to more children and families experiencing Child Protection interventions and that earlier intervention should be prioritised.
- All respondent groups indicated that communication across agencies generally works well. Although mention was made that chronologies in terms of training and systems to

record chronologies should be standardised across agencies, with training being available to all new staff across all sectors. The introduction of an educationalist based at the Unit to provide consistent and regular feedback to schools was suggested by several respondents as a way to improve communication between key partners.

- Clearer understanding of professional thresholds between services and training to support this with school partners was suggested as potentially beneficial utilising multi-agency training as a medium.

4.6 Workforce Development:

The Social Work Professional Development Team is a small team who manage the provision of mandatory training for Social Work Services staff, and ensuring that there is appropriate support and funding for additional CPD and career progression opportunities. The team also commission, co-ordinate and deliver a wide range of essential professional development training and other CPD requirements.

Practice learning is a core activity of the team; including the coordination of all student placements and supporting and building the infrastructure of Link Workers and Practice Educators and liaison with the various universities. There is on-going communication and liaison between Professional Development staff and SW Group Managers to ensure key learning and development is targeted to the right staff. Training such as:

- Borders Mentoring Partnership which is a joint mentoring programme with colleagues in NHS Borders. All new Team Leaders and Assistant Team Leaders can be offered a mentor for their first 18 months in post.
- Social Work Trainee Scheme to 'grow-our-own' social workers. The twin benefits of this is it helps with the on-going challenges of recruitment (in a rural context) and as part of a career progression pathway for experienced staff such as SW Assistants, Paraprofessionals and Community Care Assessors. The Trainee Scheme is linked to the Open University and offers both undergraduate/BA (Hons) and graduate/PG Dip/MAs pathways. The intention is to have up to six candidates per year.
- Social Work Focus Group is a group of ten volunteers from frontline staff from all service areas who focus on quality improvement and innovation in social work practice within the Scottish Borders.

The Child Protection training team have

- Piloted primary school training on the dangers of sexting and grooming using 'Always Be Wary' animation and working in partnership with the Chairs of the Parent Partners, a local Youth Group and High School pupils- 134 junior pupils trained.
- Delivered senior S6 school leaver Child Protection Awareness Raising across the secondary High Schools -238 senior pupils
- Delivered level 1-3 Child Protection training, including neglect and Child Sexual Exploitation (CSE), to 226 participants;

- In regard to Adult Protection (*as part of Public Protection*), there is a focus on risk assessment and management both in relation to Adult Support and Protection work and also relating to high risk and complex case work which sits below the threshold for statutory Adult Protection measures. Auditing and quality assurance approaches have been further embedded into key processes and these are also linked more closely to performance management and support the department's action planning following the outcomes of the [Joint Inspection of older Adult Services](#).

SECTION 5. COVID 19:

This section covers the early impacts of Covid and the priorities for recovery.

Children and Families Social Work

The move to home working and more agile approaches to practice were well managed in the early stages of Covid-19. Children and Families local offices did not close and were staffed (*albeit at lower levels*) from the beginning of the lockdown period, with appropriate social distancing measures etc.... in place. Staff working at home were well supported by their managers and generally, staff have managed the emotional impact of the situation. Some CFSW staff were redeployed to undertake other required tasks relating to the Covid-19 response (e.g.) contacting and supporting vulnerable people, shielders etc.

In regard to Child Protection, just prior to and for the 2 months following the Covid-19 lockdown, we saw a decrease in the number of IRDs. This was expected as a result of reduced reporting from all areas including schools, members of the public and from children themselves. Although outwith the reporting period, there was a rise in IRD's in May 2020 to more usual levels. Statutory supervised parental contact of home visits for looked after children and other situations were suspended due to the significant risk factors that Covid-19 presented in the circumstances were generally suspended. Child protection and Duty visits continued as required.

Covid-Recovery

Resuming suspended services is particularly challenging both in terms of logistics, health and safety considerations and the anxiety of staff, carers, families, etc... Changes in what is permissible, expected and required is incremental and subject to change and is not easy to manage on an operational or managerial basis.

With home-based working, virtual assessments and generally a greater use of technology – in home settings and in workplaces, the Council is currently reviewing what kit/technology staff require and this especially applies to newly qualified social workers when historically the physical team environment has been critical to learning.

Both the Children's Hearing and court systems were affected by the Covid-19 outbreak and services were seriously restricted. This has had an impact on decision making and case management in a number of areas. The resumption of these services is not to be determined by CFSW and the consequences are unclear.

Learning Disability & Mental Health

Most staff worked from home with core teams in office bases. Ways of working changed to mostly telephone or video calling to support people. Face-to-face visits were only undertaken if essential and carried out in full PPE.

All day support services and day time buildings based opportunities were closed which impacted **187** placements. All respite services were closed with **24** families affected. The local area coordination service were unable to deliver face-to-face community support and engagement – affecting approx. **350** people. LD Care Home service was closed to admissions –

carrying 2 vacancies and respite beds were closed. All supported living providers managed to cover all support arrangements - this was done with support from the LD service wherever required. Additional support packages and emergency respite out of area were purchased as a means to keep people safe.

We anticipate that the reduction in service delivery of daytime support and respite/short breaks will have a high negative impact on family carers and that it is likely to increase the incidence of breakdown in support arrangements.

Mental Health staff have reported a level of fatigue from dealing with a constant set of Covid-related variables. The relentlessness of the work has had an effect on this as well as the lack of predictability within the working day – however staff have responded amazingly by demonstrating significant flexibility and ingenuity. Staff were keen to get out and support clients at the earliest opportunity and to address some of the challenges of those who were most vulnerable or unwell. They all received training in PPE and undertook work often out with their job description.

The home working arrangements including software such as MS Teams and Attend Anywhere has been beneficial in keeping the workforce active and connected to their service users. It has become evident that meeting outside as a team, suitably distanced, has helped with morale of home workers including those who are shielded.

Equally from an IT perspective, a more reliable connection and functionality would have been beneficial. There have also been some incidences of being unable to carry out statutory functions because of poor IT and telephony connectivity and reliability.

We have been delivering assessments based on urgent referrals under Pandemic conditions since March. We are starting to look at recovery and how to manage referrals and reviews that have built up as a result of our inability to respond effectively during Covid 19.

The social worker ordinarily based within multidisciplinary teams has taken responsibility for the assessment and discharge of patients from Melburn Lodge and Lindean Wards (at Borders General Hospital) - a role and function usually completed by the START team (also based within the BGH).

We have continued to ensure the assessment and discharge planning has continued but the additional work coming out of Huntlyburn and East Brig has created additional work, complicated by the restrictions of the pandemic. We have prioritised work while balancing the challenges of vacancy/sick leave and staff shielding to ensure there has been the focus on creating capacity within mental health wards – and this work will be ongoing for the foreseeable future as we are already seeing an increase in the acuity and complexity of our existing caseloads and the demands of inpatient services.

We have recently recruited to a newly created post for the older adult mental health wards (funded through resource transfer) to support the particular challenges faced in older adult inpatient services and to ensure there is a minimisation of delayed discharges including the length of delay wherever possible.

We are concerned that from a mental health perspective we have not seen our peak yet. We are aware that the impacts on mental health are being witnessed within our community teams. The incidence of breakdown of care due to carer stress is increasing and as a result we are working imaginatively with colleagues wherever possible to try to develop community based solutions and prevent hospital admission. Some interim placements and respite support services would be beneficial but we do not have access to these services and do not have the same access to some services as our colleagues in acute service (START)

Whilst all statutory functions are being delivered it is being done in the context of Covid-19. This presents a number of risks which we are managing as best we can. These include continuing demand for residential and nursing care home placements and in particular specialist placements for individuals with complex needs associated with dementia or younger people with complex needs and challenges.

At present the demand for places outstrips the capacity of local places available, which puts the local authority at risk of challenge when looking to place for example older adults out with the Borders.

As a staff team we have undertaken a number of duties and responsibilities as a direct result of the Covid-19 response while also being challenged by the impact on other services for our service users (e.g.) access to funds for people whose monies are managed by the local authority.

Covid-Recovery

Resuming day-time support and respite services for adults with LD, reducing the impact on carer stress and supporting people with LD to re-engage safely in their communities are service priorities.

A Lack of face-to-face contact with commissioned services Penumbra, Streets Ahead and Carr Gomm, is impacting on service users and remobilising their services will be key to enabling us to ensure safe recovery of service. In addition our lack of interaction on a face-to-face basis has impacted on our communication with these services and we are keen to re-establish our contact and positive working relationship with them.

Re-prioritisation of developments/initiatives put on hold because of Covid-19 needs to be done including the Shared Lives service. In addition, improving the robustness of and access to remote working facilities/devices must be a priority as well as reviewing provider contracts in regard to service delivery expectation and the support that can be offered if/when lock down reoccurs.

Justice

Overall the Justice Service has not been significantly impacted by staff absence during the Covid-19 pandemic, but throughout lockdown 3 members of staff have been required to shield.

The more significant impact on service delivery has been the closure of the Courts and the need to suspend the delivery of Unpaid Work. A skeleton team covered the service throughout lockdown and initial route map to recovery. A RAG system was put in place, to identify high and

imminent risk and those who present as particularly vulnerable. Those falling into this grouping have continued to be seen throughout. Others have received telephone and text contact.

Justice staff who were not included in the skeleton team initially worked from home and a number of them supported the shielding process through Community Assistance Hubs and Locality Adult Social Care and Health Teams.

The impact of working from home has varied from person to person, however all Justice social work staff, have welcomed the recent return to their 'normal' role and the capacity to work from the Justice office base. Some of the challenges of working from home included: feelings of isolation; a lack of peer support; IT issues and in many cases the lack of an appropriate work station within their home environment.

Whilst the service has sought to maintain a level of accountability for the management of risk, for those on orders and licences, the local authority by default has had to carry a degree of vulnerability and risk. A return of the full complement of justice staff, all be it on a split team basis, working in rotation, is a positive development and enhances the management of risk for all service users and the Borders community.

Court services in the Borders returned to full function, all be it within Covid restrictions, from 10th August. This will generate a significant number of Criminal Justice Court Reports, new Community Payback Orders and progress reviews.

As a result of this, staff will be placed under significant pressure to adhere to court timescales and the management of orders. Additionally Links and new patterns of service delivery with partner services, including BAS, We are with you, community mental health supports and employment services require to be established.

As a result of Covid-19, the opportunity for national learning across all justice sectors was put on hold. Delivery of training, in particular LSCMI to new staff, is currently being reviewed by Community Justice Scotland who are looking to develop virtual and blended learning opportunities across the justice sector. This has not negatively impacted on staff training at this time, however will have an impact on new staff joining the service and those ready to progress to working with more complex case work.

Covid-Recovery

Unpaid Work has a significant backlog of outstanding hours; over **12,000**. Whilst the Emergency Coronavirus (Scotland) Act 2020 has facilitated extension periods for completion, it is difficult to see how these hours can be completed, alongside the expected influx of new orders, at a time when working groups are restricted in size, social distancing required within the workshop, limited public transport and fewer opportunities to develop new projects are in place. In a national response to resolve this, The Justice Secretary has forwarded a letter produced by the chair of SWS Justice Committee to the Justice Committee requesting consideration of a considered and proportionate reduction of hours via variation of orders utilising powers within the Act.

Some work has begun on the conversion of some SBC e-learning for the use of service users as other activity. The purchase of 3 laptops from section 27 funding, is required to facilitate this

and other online opportunities for service users to work through their hours, (e.g.) virtual first aid and employment preparation courses.

As previously stated the service is bracing itself for a significant increase in the number of Court Report requests and resulting CPO's.

Prison and Parole board business has continued, throughout the lockdown period. While this area is not expected to significantly increase the work volume for staff, it will require to be delivered in a different way. The service will see an increase in telephone and virtual conferencing, this will include ICM meetings, parole hearings and custody interviews. Demand for IT availability across all services will be significant with competing services at both local and national levels seeking to access limited availability.

At a local level access to reliable IT, video, phone and MS Teams conferencing facilities is essential.

Home visits are beginning to increase. Risk assessments require to be adapted to include Covid-19 guidance across all social work services.

PPE is not presenting as great an issue however it is vital that accessible pathways for access remain in place and do not cause a barrier.

The Community Justice Board has been functioning using MS Teams. Government guidance has been helpful in leading the recovery process which influences the partnership. The Partnership is keen to have their next community Justice Outcomes Improvement Plan published and to begin to deliver against the actions, in particular around health inequality and obtaining the views of those with lived experience.

Adult Social Work

As lockdown commenced assessment staff adjusted to a blended approach of telephone and video based contact, with face to face contact only for high risk and adult protection situations, adhering strictly to social distance and PPE guidance.

Intensive work was commenced in the setting up of Community Assistance hubs led locally by the Social Work locality managers and involving a range of NHS, third sector and resilient community partners to support the most vulnerable people such as shielded individuals, vulnerable service users and unpaid carers.

Support was reviewed and adjusted to take account of family situations and target those most at need, and most isolated. Statutory requirements were being met and existing contingency planning was utilised to respond to crisis and meet changing demand.

Whilst waiting lists for home adaptations was managed well throughout the year. The lockdown had a significant impact on this service. As lockdown commenced adaptation work by contractors was suspended leading to an increase to the assessment waiting list due to lockdown. The service has since focused on providing alternative supports and applying appropriate risk management.

Throughout the period of the pandemic there has been a strong understanding across the Health & Social Care Partnership of the need to consider the impact of lockdown on unpaid carers as respite care was suspended and usual supports were significantly different. As lockdown has eased social work and social care have maintained contact with Borders Carers Centre and the SDS forum and continue to look at opening services that will improve the situation for carers and the cared for person in a safe way whilst adhering to National guidance.

Adult Learning and Development staff have been redeployed to other areas of the service in response to meeting the needs of front line services during Lockdown. In terms of workforce development there is an anticipated higher training needs due to changing workforce using a variety of mediums to ensure appropriate engagement, due to lack of ability currently to deliver face-to-face training, causing significant pressure on existing staff. All training and development staff are currently working from home. Staff have had to diversify to looking at online platforms to deliver training and become familiar with Webex, Microsoft teams and Zoom.

In regard to Adult Protection, there have been difficulties carrying out all of the adult protection enquiries as quickly as we may have liked or more specifically within local policy due to the lack of trained council officers able (due to shielding) to respond to requests. As a result some preliminary enquiries have been carried out by experienced workers who have not been accredited as council officers as the level 3 training was cancelled at the start of lockdown.

Covid-Recovery

Social work and social care are heading towards a 'peak' in demand across a number of services that is more difficult to flatten or spread across a time.

The integrated approach taken during phase 1 COVID 19 has continued. Therefore, social work and social care have been able to engage with and receive understanding and support from NHS Borders on plans that aim to reduce pressures on social work teams.

Our priorities for recovery is seeing us reset our social work services, have communications with our workforce, our commissioned services and our communities to establish the assets in each locality and to put in place a resilient communities response for this financial year and beyond.

Furthermore, whilst we recover from COVID 19 response, we remain focused on our efficiency and transformation agenda that was set in 2019/20. By taking a Scrap, Keep, Innovate (SKI) approach we aim to come through COVID 19 stronger and ahead of our original timeframes for as many work streams as possible.

Our referral management software, STRATA, remains a key strategic enabler as it provides not only an integrated referral management system across Primary care, secondary care, social work, social care and communities. It provides a mechanism for aggregating data on population, need and demand. This will allow more effective service development, faster, more appropriate, local responses.

As part of recovery, the service will focus on reassessment and review, ensuring statutory requirements continue to be met and emerging need is responded using appropriate triage methods. In light of the fast pace of change implemented through COVID 19 we must also

review our policies, procedures and guidance and our communication with our locality based teams.

- Adopt of online training platforms
- Ensure that staff fully trained in online training systems
- Transference of existing face to face training into online delivery modes
- Staff accessibility to reliable and secure broadband to deliver training

Public Protection:

Since lockdown began, Public Protection services have continued to deliver services. Referral routes and the response to risk has remained the same, with the collocated services continuing to function and have oversight of high-risk cases. It will be imperative that all Public Protection services are collocated in the Public Protection Unit when it is safe to do so, thus galvanising the 'think family' approach to managing risk at a local level.

We will be looking to enhance the delivery of training and development across Public Protection services as well as developing our oversight of performance and quality measures.

SECTION 6. Summary

This has been a challenging year with significant pressure on services due to the current financial position, changing demographics and the changing needs of people who use our services. Throughout this, Scottish Borders staff have continued to work hard to deliver services to those we serve.

I am incredibly proud of the way that staff in Social Work and Social Care have supported our communities and were able to adapt and change the way we deliver services in response to the pandemic. All Social Work and Social Care services, in conjunction with partners, have demonstrated a high level of flexibility and commitment to keep the needs of our communities at the heart of everything we have been doing. By working across the corporate services of the Council and engaging with multi-agency partners, staff have shown that despite significant adversity, we can continue to deliver critical services.

At this time, nobody knows what the future will bring, however I am confident that the workforce will continue to be adaptable and flexible in delivering services to continue to meet need.



Stuart C. Easingwood
Chief Social Work and Public Protection Officer

Date: 25 September 2020