1.0 Purpose

1.1. Section 5(1) of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government, etc (Scotland) Act 1994 requires every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO). In March 2009, the Scottish Government published national guidance on the role of the CSWO: Principles, Requirements and Guidance. Overall, the role is to provide professional governance, leadership and accountability for the delivery of social work and social care services, whether these are provided by the Local Authority or purchased from the private or voluntary sectors.

1.2. The report is an overview by the Chief Social Work Officer and provides an assessment of the key issues of the activities related to the delivery of the statutory social work services, over the last year (2012-2013). It is designed to compliment the performance management and governance systems in existence across shared services covering Clackmannanshire and Stirling Council areas. It outlines challenges faced in 2012 and both the challenges and opportunities faced in 2013/14 onwards.

1.3. This report is submitted annually to Committee for consideration and information.

2.0 Recommendations

2.1. It is recommended that the Committee note the Chief Social Work Officer's Annual Report as set out in Appendix 1.

3.0 Considerations

3.1. The report outlines the activity undertaken by individual service areas over the last year and encompasses both challenges faced and opportunities taken. Overall, the report identifies a number of key themes:

- continued and increased activity in the areas of public protection - child protection, adult protection and the management of offenders
- increased demand for mental health interventions
• increasing demand for alternative family placements - adoption / fostering and kinship care
• the introduction of additional scrutiny of significant cases in an attempt to support staff with challenging cases and create a cultural learning and continuous improvement
• Shared Services update
• service challenges in 2013
• forthcoming public sector legislative / policy changes in 2013/14
• areas of transformational change related to budgetary constraints and creating a modern service
• emphasis on early identification/ intervention and prevention in both child care and adult care services.

3.2. The report also highlights some key pressures that Social Work and Social Care Services face in the coming year brought about by rising demand in many areas; new legislation and new and increasing National Policy demands including Health and Social Care Integration; Children’s Bill, Self Directed Support Legislation and the redesign of the Criminal Justice Service.

3.3. Finally, the report highlights the evaluation and improvement work which has been undertaken across social work services as demonstrated by both self-evaluation, external scrutiny, regulations and inspection, and complaints evidenced from the last year.

4.0 Sustainability Implications

4.1. N/A

5.0 Resource Implications

5.1. Financial Details

5.2. There are no financial implications associated with this report. Yes ✓

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ✓

5.4. Staffing

There are no additional staffing implications associated with this report.

6.0 Exempt Reports

6.1. Is this report exempt? Yes □ (please detail the reasons for exemption below) No ✓

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.
(1) **Our Priorities** (Please double click on the check box ☑)

- The area has a positive image and attracts people and businesses  □
- Our communities are more cohesive and inclusive ☑
- People are better skilled, trained and ready for learning and employment  □
- Our communities are safer ☑
- Vulnerable people and families are supported ☑
- Substance misuse and its effects are reduced ☑
- Health is improving and health inequalities are reducing ☑
- The environment is protected and enhanced for all  □
- The Council is effective, efficient and recognised for excellence ☑

(2) **Council Policies** (Please detail)

8.0 **Equalities Impact**

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations? Yes ☑

No □

9.0 **Legality**

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ✓

10.0 **Appendices**

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 Chief Social Work Officers Annual Report 2012-2013
11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☑

Author(s)

<table>
<thead>
<tr>
<th>NAME</th>
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Approved by

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<tr>
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<td>Head of Social Services</td>
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<td>Nikki Bridle</td>
<td>Director of Finance and Corporate Services</td>
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</tr>
</tbody>
</table>
CLACKMANNANSHIRE AND STIRLING COUNCILS

CHIEF SOCIAL WORK OFFICER

ANNUAL REPORT

December 2013
CONTENTS

1. Introduction
   • Role of Chief Social Work Officer
   • Key Areas of Responsibility for Chief Social Work Officer

2. Regulation, Inspection and Improvement Activity

3. Complaints

4. Workforce Planning & Development

5. Key Challenges faced in 2012 / 2013 and Significant Issues for 2013/14

6. Capacity for Change / Leadership

7. Conclusion

Appendix 1: Statutory Social Work Complaints Procedure – Annual Reports
1. INTRODUCTION

Local authorities have a statutory responsibility\(^1\) to promote social welfare, and linked to this is the requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO). The Scottish Government published national guidance for local authorities on the appointment and responsibilities of Chief Social Work Officers, including related reporting arrangements. The arrangements in Clackmannanshire and Stirling Council areas are consistent with this guidance. The role has defined principles and requirements\(^2\) to ensure the discharge of local authority’s statutory social work duties, whether provided directly or purchased\(^3\) on behalf of the authority.

Role of Chief Social Work Officer (CSWO)

The role of the CSWO is to oversee social work services and ensure the delivery of safe, effective and innovative practice that meets national standards and provides best value. It should be positioned at a level of seniority\(^4\). The post assists authorities in understanding the complexities of social work service delivery. The CSWO is responsible for providing professional leadership as well as playing a part in overall performance improvement, and the identification and management of corporate risk, insofar as they relate to social work services.

The CSWO is also responsible for preparing an annual report to the local authority although the guidance does not prescribe the format or content.

Key Areas of Responsibility For CSWO

1) Promotion of social work values and standards / professional leadership

Alongside other key professions, social work has an important contribution to make to realising notions of citizenship, inclusivity, fairness and outcome focussed improvement.

The service communicates and reviews its effectiveness in these areas on a regular basis and the CSWO has had a key role in the following:

- Regular bulletins to staff
- Leadership events, at service, senior management and team manager level
- Workforce development activity to ensure that workers meet the requirement of SSSC Codes of Practice
- Support and advice to managers in maintaining and developing high standards of practice and supervision. This will be monitored through the recent introduction of an audit process of supervision
- Sharing good practice and learning through practitioner forums
- Regular “Open Door” Sessions

2) Effective governance arrangements

The Chief Social Work Officer is the Head of Social Services across Clackmannanshire and Stirling Councils. The Lead Authority for Social Services is Clackmannanshire and line management of the Head of Service / CSWO is to the Chief Executive of Clackmannanshire although the shared service arrangement requires the post holder to report to and be accountable to both Chief

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\(^1\) as contained within Section 3 of the Social Work (Scotland) Act 1968

\(^2\) section 5(1) of the Social Work (Scotland) Act 1968

\(^3\) includes purchased services from the private and voluntary sector and the CSWO has responsibility to advise on the specification, quality and standards of services commissioned.

\(^4\) and demonstrate extensive experience at a senior level of both operational and strategic management of social work and social care services
Executives and elected members in both Authorities. In addition to regular one to one sessions The Chief Executive of Clackmannanshire has recently set up meetings with the Head of Service / CSWO to overview the role and performance of the CSWO.

Within the social work service there is a need to manage the complex balance of need, risk and civil liberties, in accordance with professional standards. This has been undertaken in Clackmannanshire and Stirling through the implementation of a series of frameworks designed to improve performance and quality assure service provision.

- Social Services Performance and Quality Assurance Framework
- Child Protection Performance and Quality Assurance Framework
- Audit and Quality Assurance model (Practice Governance)
- Service Development Plans at team level with Service Management Accountability

The contribution of social services to the strategic priorities of both Clackmannanshire and Stirling Councils is expressed through the Social Services Business Plan. Both a management team and a performance forum serve Criminal Justice, Child Care and Adults’ services, with overall quality assurance monitored through a social services wide forum. The service development plans represent the services contribution to this and are the vehicle through which staff should be meaningfully engaged and key actions are noted. These plans contain a number of ‘non negotiable’ key management actions to ensure appropriate governance. These include performance monitoring, absence management, budgetary management and engagement of the workforce. Individual work is overseen through supervision, annual appraisal and audit practice.

3) Statutory decision making in Social Work matters

The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work services. In addition, there are a number of duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom responsibility has been appropriately delegated.

The Council’s scheme of delegation provides for senior social work staff to make certain decisions on behalf of the local authority in the following areas:

- **Mental Health**, encompassing the role of the Mental Health Officer (MHO) and working with/ enacting the Mental Health and Treatment Act and the Adults with Incapacity Act
- **Adoption**
- **Secure accommodation** and emergency placement of children.
- **Protection and Risk Management**
  - Child Protection
  - Adult Protection working with the Adults Support and Protection (Scotland) Act 2007
  - Multiagency Public Protection Arrangements (MAPPA) – includes the risk management of sex offenders and certain violent offenders

**Mental Health**

Mental Health (Care and Treatment) (Scotland) Act 2003

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances, and this Act applies to individuals of all age’s not just adults.
Local Authority Mental Health Officers have a statutory role in preparing applications, reports and care plans in relation to people who are or may be subject to compulsory care and treatment in hospital or in the community. Servicing the Tribunal arrangements, which have the power to authorise compulsory measures, represents a substantial proportion of Mental Health Officers’ workload. There is a much smaller number of compulsory measures, which relate to mentally disordered offenders. Though smaller in number, the legislative requirements are critical and complex and the risk factors can be significant.

### Table 1

<table>
<thead>
<tr>
<th>For period April 2012 to March 2013</th>
<th>Clacks</th>
<th>Stirling</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Rate (where available) per 100k population</td>
<td>No Rate</td>
<td>No Rate</td>
</tr>
<tr>
<td>Emergency Detention Certificates – Sec 36</td>
<td>3 N/A</td>
<td>25 N/A</td>
</tr>
<tr>
<td>Short term Detention Certificates – Sec 44*</td>
<td>26 51</td>
<td>47 52</td>
</tr>
<tr>
<td>Compulsory Treatment Orders (existing)*</td>
<td>7 14</td>
<td>19 21</td>
</tr>
<tr>
<td>Compulsory Treatment Orders (new applications)</td>
<td>12 N/A</td>
<td>21 N/A</td>
</tr>
<tr>
<td>Statutory Assessments (e.g. Sect 86, 92, 95)</td>
<td>3 N/A</td>
<td>23 N/A</td>
</tr>
</tbody>
</table>

Source: *Mental Welfare Commission For Scotland* all other figures provided by local authority.

Generally short-term detention, rather than emergency detention, should be the usual route into compulsory treatment and although practice within Clackmannanshire and Stirling appears consistent with the spirit of the 2003 Act, across Scotland the rate of emergency detention certificates are on the increase and this aspect is something which will continue to be monitored locally, on account that it is recognised individuals have no right of appeal under emergency provision and because there is some concern expressed by the Mental Welfare Commission that the increased use of emergency detention certificates might reflect increasing pressures on psychiatric emergency services and/or reduction in the capacity of services to cope with demands.

Where an individual needs to be admitted to hospital on a compulsory basis, then mental health officer services delivered by Clackmannanshire and Stirling Council Social Services help to explain processes and make arrangements to make admissions less traumatic as well as take steps to safeguard individual property and possessions, as necessary.

Notably, a mental health officer must be actively involved with services users where there are compulsory measures in place and under section 26 of the 2003 Act there is a legal requirement for Local Authorities to provide an appropriate range of community supports for individuals who are affected, or who could be affected by the Act. This is key in terms of supporting individuals who suffer from fluctuating mental health difficulties, including enduring/complex to mild/moderate conditions who might be susceptible to compulsory measures as well as informal interventions.

In recognition of statutory requirements and responsibilities the Integrated Mental Health Services have extended community services in an effort to ensure greater choice and alignment with service user preference. This service is delivered in partnership with NHS Forth Valley and focuses on early support, self-management where appropriate and employability. In Clackmannanshire there has been a reduction in referrals to clinical psychiatric services and this offers a real measure of success. It is anticipated that this approach which was introduced in Stirling more recently will also have similar outcomes in going forward.

---

5 Compulsory measures of care and treatment fall under the remit of the Mental Health (Care and Treatment) (Scotland) Act 2003
Compulsory Treatment Orders (CTO) may be extended annually. A Mental Health Officer must be actively involved with service users where there are compulsory measures in place.

Section 26 of the act is the Local Authorities responsibility to provide an appropriate range of community supports for individuals who are affected, or who could be affected by the Act. This is key in terms of CTOs. The Integrated Mental Health Services have extended community services and ensured greater choice and alignment with service user preference. This service is delivered in partnership with NHS Forth Valley and focuses on early support, self-management where appropriate and employability. In Clackmannanshire there has been a reduction in referrals to clinical psychiatric services and this offers a real measure of success.

**Criminal Procedures Scotland Act 1995**

If an individual has been involved in a criminal offence, but was suffering from a mental illness at the time, the court has the power to ensure the person receives care and treatment under the Mental Health Act. A Mental Health Officer will contribute to the assessment of the person and provide reports to court.

If an individual is convicted of an offence, for which the punishment is imprisonment, instead of imposing a prison sentence the court may detain the person in hospital using a Compulsion Order, or impose strict conditions, which would allow the person to receive treatment, while living in the community. If the court makes an individual subject to a Compulsion Order, it can also add a Restriction Order, if it considers this necessary. This will restrict the person’s movement to the extent that s/he may not be transferred to another hospital or be granted leave from the hospital without the consent of the Scottish Ministers.

The table below shows the total number of orders under the Criminal Procedures:

<table>
<thead>
<tr>
<th>Total</th>
<th>Clacks</th>
<th>Stirling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsion Orders/Restriction Orders</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

This level of activity reflects the interface between Criminal Justice legislation and Mental Health Legislation.

**Adults with Incapacity**

Under the Adults with Incapacity(s) Act 2000, Councils have a duty to ensure that when someone over the age of 16 is deemed unable to make decisions to safeguard his/her welfare and/or property or finances, the local authority carries out an assessment of the needs of that individual, and makes a decision as to whether someone else (a relative or the local authority) should be given the legal authority to make decisions on behalf of the person. Inability to make such decisions is usually the result of a learning disability, acquired brain injury or dementia.

Any person with an interest in an individual’s welfare, including a family member, may make an application to Court to be appointed as welfare and/or financial guardian. If the need for guardianship is established and no interested person is willing or able to take on the role, the local authority has a duty to make an application for the Chief Social Work Officer to be appointed as welfare guardian.

There is a duty to make applications for necessary Intervention Orders (one off statutory authorisations) or Guardianships (on-going authorities to make decisions) in relation to Welfare or Financial matters where no one else is able to do so. The Law also requires the Councils to undertake an investigative function, into allegations of neglect, exploitation or abuse against those who do not have or have lost capacity. The following table indicates assessments undertaken:
According to the Mental Welfare Commission's overview report 2013/13 regarding the use of Adults with Incapacity (Scotland) Act 2000 the number of new and existing orders continues to rises. In the past year there has been an increase in local authority applications across Scotland. Significantly, this development represents particular challenge for local authorities in managing the workload of mental health officer services.

Interestingly, the granting of orders on an indefinite basis has fallen for both private and local authority approved applications. Also, the percentage of orders granted where the cause of the adult's incapacity was dementia reduced from the previous year. Conversely, there was a reported increase of orders granted where the incapacity was caused by a learning disability.

In real terms there has been just over a 9% increase in approved applications across Scotland with considerable variations noted across the country. Notably, five local authority areas saw increases in approved orders of 40% or greater, with the highest increases evident in Clackmannanshire, Midlothian, East Lothian, Renfrewshire and Eilean Siar. The trend in Stirling like elsewhere in Scotland observes an increase in applications which services are continuing to support operationally.

The relevance of the figures illustrate how difficult it can be for local authorities to plan ahead and ensure adequate mental health officer response.

Given the on-going statutory requirements and levels of activity relating to this area of practice social services remains vigilant to the need to monitor the use of the various provisions of the 2000 Act and relative trends which might have implications for future workload management and service planning. There is growing concern nationally about the reduced number of MHOs being trained. This is being monitored closely in Clackmannanshire and Stirling.

The majority of welfare guardianship orders are known as ‘private’, whereby an adult with a relevant interest in the subject of the order, and who has no statutory role, is appointed as guardian. The Chief Social Work Officer is required to both advise and supervise all private welfare guardians in the discharge of their functions.

Duration of guardianship orders granted to Local Authorities 2012-2013

Table 5
Adoption

This legal process breaks the tie between a child and his/her birth family and recreates it with adoptive parents.

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Duration of Orders in Years</th>
<th></th>
<th></th>
<th>Indefinite</th>
<th>Total</th>
<th>Indefinite %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Years</td>
<td>0 to 3</td>
<td>4 to 5</td>
<td>Over 5</td>
<td>No.</td>
<td>No.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No.</td>
<td>No.</td>
<td>No.</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Clackmannanshire</td>
<td></td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Stirling</td>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Total average</td>
<td></td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Table 6

<table>
<thead>
<tr>
<th>Total for period April 2012 to March 2013</th>
<th>Clacks</th>
<th>Stirling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children placed for adoption</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Step parent adoption with Council approval</td>
<td>1</td>
<td>No data available</td>
</tr>
<tr>
<td>Registered for adoption at panel</td>
<td>4</td>
<td>13</td>
</tr>
</tbody>
</table>

Source: Local Authority

The figures for step parent adoptions are low across both areas and this reflects the national picture. Currently due to different data recording systems these are not recorded for the Stirling areas, this will change with the introduction of the planned single case management system.

Securing early permanent alternative family-based care for children unable to remain with their birth family is one of the most important factors in their healthy emotional development. It is recognised that there are alternatives to adoption, which can secure this permanence including permanence orders; permanence orders with the authority to adopt and kinship care arrangements.

Within Clackmannanshire, there have been improvements in the matching of children with prospective adoptive families linked to the use of the Scottish Adoption Register, The North East Consortium for the placement of children and the Forth Valley Permanence Group. This has reduced the timescales for children from Clackmannanshire waiting for substitute care.

Secure accommodation of children

In very limited circumstances, when children are considered to present a serious risk of harm, either to themselves or to others, the Chief Social Work Officer may authorise their detention in secure accommodation. These decisions must be confirmed by a Children's Hearing and must be kept under close review. Courts also have the power to order the detention of children in secure accommodation. Emergency placement of children is subject to statutory provisions: Children's Hearings may impose conditions of residence on children subject to supervision requirements. Only a Children's Hearing may vary such conditions. The local authority must ensure that these conditions are implemented. If a child who is required to reside at a specified place must be moved in an emergency, the Chief Social Work Officer may authorise the move, following which the case must be referred to a Children’s Hearing.

Close support provides vulnerable young people with a safe structured setting to either prevent the need for them to enter into secure care or as a follow on from them leaving secure to assist in the transition back to their communities.
The numbers for young people in secure care and close support tend to be very low, less than 1% of all Looked After and Accommodated young people. This makes comparisons between authorities less meaningful however there has generally been a decrease in secure care across Scotland with Clackmannanshire’s figures more in line with this national trend. Given the numbers are very small any changes tend to be linked to individual circumstances rather than external factors. It should be noted that with the extension of the Whole Systems Approach to youth offending by the Scottish Government to now cover 16-18 year olds there may be an increase in the use of secure as these young people remain within the child care system rather than moving on to Criminal Justice Services.

Table 7: Number and rate of young people admitted to secure care and close support accommodation\(^{(1,2)}\) 2010-2012, by local authority

<table>
<thead>
<tr>
<th>LA of young person’s home</th>
<th>Secure Accommodation</th>
<th>Close Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year ending 31st March</td>
<td>Year ending 31st July</td>
</tr>
<tr>
<td>Clacks</td>
<td>No</td>
<td>Rate</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>Stirling</td>
<td>5</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Number and rate per 1000 pop aged 10-19

Source: Scottish Government

Protection and Risk Management

- Child Protection
- Adult Protection
- Multiagency Public Protection Arrangements (MAPPA)\(^{(10)}\)

Careful and complex decisions taken within the service, as to when and how there may be intervention in the lives of individuals and families may have far-reaching consequences for those concerned and fundamentally affect the future course of their lives. The assessment and management of risk posed to individual children, adults at risk of harm and the wider community are part of the core functions of the social work service.

Social workers are trained to make assessments taking account of factors including identifying and balancing need, risk, and rights; to deal with behaviour that is abusive; and to intervene to assist and to protect individuals or communities. They make judgements on intervening in families to provide protection. This includes making judgements about depriving individuals of their liberty for periods of time.

The effective management of risk depends on a number of factors, including:

- Qualified, trained and supported staff, with effective professional supervision. Clear policies and procedures and use of agreed or accredited assessment tools and processes
- Consistency of standards and thresholds across team, service and organisational boundaries
- Effective recording and information sharing

\(^{(1)}\) From 2010 to 2012 Centres have opened and closed and total capacity has changed. Please refer to footnotes 1 and 5 in Table 5.1 for more information on this. There was a change in reporting period for 2010/11 (from August to July). Previous years ran from April to March. (2) Information on close support accommodation was collected for the first time in 2010. Reported usage relates only to close support care provided in dedicated close support units, and does not include any close support provided in alternative settings. (3) Based on National Records of Scotland mid year population estimates. (4) Data revised for 2010/11. (5) 2010/11 - includes 1 unknown in ‘outwith Scotland’ (6) Young people can be admitted more than once during the year. (7) http://www.scotland.gov.uk/Topics/Statistics/Browse/Children/PubChildrenSocialWork/ChildrensSocialWorkStatistics2011-12AdditionalTabl (8) Includes the risk management of sex offenders and certain violent offenders.
• Good quality performance management data to inform resource allocation and service improvement
• Multi-disciplinary and inter-agency trust and collaboration.
• Local audit of case files, practice and supervision.

Reflecting the importance of joint working, the following multi-agency mechanisms are well established in both Clackmannanshire and Stirling:

• Chief Officers Group – referred to as the G5 across Forth Valley. This is comprised of the Chief Executive of NHS Forth Valley, the three local Authority Chief Executives and the Chief Constable

• Shared Child Protection Committee, across Stirling and Clackmannanshire. This Committee has an Independent Chair which provides independent scrutiny, support and challenge

• Shared Adult Protection Committee across Forth Valley. This Committee also has an Independent Chair that provides independent scrutiny, support and challenge. This Committee also strives for a high degree of consistency across Forth Valley, which assists the NHS and Police Scotland in driving standardised, collaborative practice.

The Chief Social Work Officer is a member of each of the above groups. Membership of the Chief Officer’s Group allows the Chief Social Work Officer to give an overview of related risk management activity, both within the Council and across agency boundaries.

**The Senior Officers Group**

In 2012 the CSWO set up a forum with multi-agency Senior Officers, including the Independent Chair of the Child Protection Committee (CPC), to overview Child Care cases where there have been particular challenges, concerns and / or areas requiring further review / scrutiny and learning. It is now a subgroup of the CPC. The key focus is to identify and create the conditions for embedding learning from challenging, high-risk cases. The Senior Officers Group meets approximately every two months, but can meet as an issue arises that requires more immediate attention, and can be requested by any agency. It also acts as the decision making forum for cases where an internal / external review or significant case review may be required. Cases can be referred to the group by the Child Protection Committee or elsewhere but will always be discussed by the CPC. Since the group has been set up it has considered 5 cases, 4 cases (Stirling) have been discussed actions agreed / action plans have been produced, actions completed and learning embedded in practice; 1 case is the subject of an external Significant Case Review (Clackmannanshire). This Review should be completed within the next three months.

**Child Protection Activity**

A summary of the volume of protection related activity is detailed below:

**Table 8**

<table>
<thead>
<tr>
<th>Children</th>
<th>For period</th>
<th>Clacks</th>
<th>Stirling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection referrals</td>
<td>April 12</td>
<td>225</td>
<td>255</td>
</tr>
<tr>
<td>No subject to a initial case conference</td>
<td>to March 13</td>
<td>34</td>
<td>86</td>
</tr>
<tr>
<td>Children on child protection register</td>
<td></td>
<td>45 average</td>
<td>66 average</td>
</tr>
<tr>
<td>Children looked after at home</td>
<td></td>
<td>62</td>
<td>141</td>
</tr>
<tr>
<td>As at 31st March 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children looked after away from home</td>
<td></td>
<td>130</td>
<td>120</td>
</tr>
</tbody>
</table>
Adult Support and Protection Activity

Below is an indication of the adult support and protection activity in the Stirling/Clacks area.

Table 9 Adult Protection referrals for the past four years

<table>
<thead>
<tr>
<th>Year</th>
<th>Number Clacks</th>
<th>Number Stirling</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>52</td>
<td>108</td>
<td>160</td>
</tr>
<tr>
<td>2010/11</td>
<td>101</td>
<td>162</td>
<td>263</td>
</tr>
<tr>
<td>2011/12</td>
<td>51</td>
<td>249</td>
<td>300</td>
</tr>
<tr>
<td>2012/13</td>
<td>73</td>
<td>220</td>
<td>293</td>
</tr>
</tbody>
</table>

The number of referrals over the last four years has risen and now has levelled in Stirling Council area. There is an improved understanding of the legislation amongst staff in all agencies and there is also increased public awareness since the Adult Support and Protection (Scotland) Act was implemented. This has meant an increase in referrals of adults who may be at risk of harm. In Clackmannanshire Council area, there has been a fluctuation in the levels of referrals with a peak in 2010/11. Large-scale investigations involving a number of adults (for example in Care Homes) have lead to a higher than average number of referrals in particular reporting periods. The appointment of one Adult Support and Protection Lead Officer who undertakes an operational role and one Adult Support and Protection Coordinator across Clackmannanshire and Stirling Council areas is helping to embed consistent practice standards.

The number of referrals over the last four years has risen and now has levelled in Stirling whilst fluctuating in Clackmannanshire. Large-scale investigations (for example in Care Homes) involving a number of adults at risk have inflated numbers for that reporting period. As more training is rolled out and has a wider impact on awareness it is expected that more cases will be reported to adult care for adult protection inquiry and intervention, this preventative rather than reactive focus would be considered good practice.

Table 10 Adult Protection activity 2012/13

<table>
<thead>
<tr>
<th>Year 2012/13</th>
<th>Number Clacks</th>
<th>Number Stirling</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>73</td>
<td>220</td>
<td>293</td>
</tr>
<tr>
<td>Inquiries</td>
<td>67</td>
<td>220</td>
<td>287</td>
</tr>
<tr>
<td>Investigations</td>
<td>18</td>
<td>77</td>
<td>95</td>
</tr>
<tr>
<td>Case Conferences</td>
<td>10</td>
<td>22</td>
<td>33</td>
</tr>
<tr>
<td>Review Case Conferences</td>
<td>1</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

In the coming year efforts will be made to include views of people who have been through the adult protection process in the management information. This will give the councils and adult protection partnership an indication whether the activity detailed above is having a positive outcome for people who are supported and protected under the legislation.

Multi-Agency Public Protection Arrangements (MAPPA)

The management of dangerous offenders in the community is one of the highest priorities for criminal justice social work and police working together. Housing and health services also play a significant role in the detailed multi-agency procedures, which are followed in both areas. This activity requires to be reported to Scottish Government.
When subject to statutory supervision on release from prison, offenders require to comply with any conditions attached to their release. They are subject to as close monitoring and control by social work, police and health as legal circumstances allow. If the offender breaches the conditions of release, or re-offends, they may be subject to a recall to prison, either by Scottish Ministers or the Parole Board.

Multi-Agency Public Protection Arrangements (MAPPA) are defined in legislation and national guidance and currently apply to the management of all registered sex offenders. These arrangements are well established in Fife and Forth Valley, and ensure effective joint management for this group of offenders.

A planned audit to determine the quality of the practice interface between childcare services and the MAPPA process is currently being undertaken. This activity has been jointly commissioned by the Child Protection Committee and the MAPPA strategic oversight group. The outcomes of the audit once complete will be considered by both strategic groups and any necessary adjustments or improvements to operational practice will be implemented.

Table 11 MAPPA cases assessed by risk \(^{11}\) for period 2012-2013

<table>
<thead>
<tr>
<th>Managed by risk</th>
<th>Clacks</th>
<th>Stirling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Medium</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>High</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Very High</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

During 2013/13 the MAPPA process across Stirling and Clackmannanshire was subject to increased standardisation of defined risk level based upon the assessed risk assessment undertaken on a multi agency basis.

This has enabled a reconfiguration of risk levels of clients and has ensured that we allocate resources appropriately on a multi partner basis and reflect and manage the actual perceived risk that offenders pose.

The Stirling and Clackmannanshire risk levels are similar to the Risk Categorisation Matrix in other Criminal Justice Authorities.

Clackmannanshire and Stirling Councils are part of the Fife and Forth Valley Community Justice Authority (CJA)\(^{12}\), which provides a co-ordinated approach to planning, and monitoring the delivery of community based Criminal Justice Social Work Services. The CJAs bring together representatives from statutory partners (including CSWO) to agree 3 Year Area Plans and Annual Action Plans, to allocate the annual Section 27 Criminal Justice Social Work funding to local authorities, and monitor performance and progress against the actions and spending. The aim of CJAs is to target services to reduce reoffending and to ensure close co-operation between community and prison services to aid the rehabilitation of offenders. Routine CJA partnership working also takes place around MAPPA (Multi Agency Public Protection Arrangements), and links with Community Planning Partnerships, Alcohol and Drugs Partnerships, and Community Health Partnerships. CJA Chief Officers are members of Local Criminal Justice Boards, and link in with national multi agency groups around specific issues.

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\(^{11}\) MAPPA Risk Levels
Low – No current indicators of risk of harm, Medium – Has the potential to cause harm but currently unlikely to do so unless a change of circumstances occurs, such as non-compliance with medication, High – The offender has caused serious harm and there are current risk indicators which indicate that the offender may do so again, Very High – High likelihood that offender will cause serious harm very soon.

\(^{12}\) The 8 Community Justice Authorities (CJAs) across Scotland are statutory bodies created by the Management of Offenders etc. (Scotland) Act 2005 and have been fully operational from April 2007.
Table 12

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Clacks</th>
<th>Stirling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation orders(^{13})/Community Payback Orders with a requirement for supervision</td>
<td>Cl 63</td>
<td>Cl 16</td>
<td>79</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>St 67</td>
<td>St 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community service orders(^{14})/Community Payback Orders with a requirement for unpaid work</td>
<td>Cl 118</td>
<td>Cl 18</td>
<td>136</td>
<td>139</td>
</tr>
<tr>
<td></td>
<td>St 126</td>
<td>St 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug treatment and testing orders</td>
<td>Cl 8</td>
<td>Cl 2</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>St 12</td>
<td>St 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bail supervision</td>
<td>Cl 23</td>
<td>Cl 9</td>
<td>32</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of individuals subject to Statutory Through Care</td>
<td>Cl 61</td>
<td>Cl 3</td>
<td>64</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>St 83</td>
<td>St 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The figures for Community Payback Orders, outlined reflect the sentencing preferences of the two courts. Historically the court based in Alloa proportionally utilises community disposals at a higher rate than other disposal options such as custodial sentences.

In relation to Bail Supervision the court in Stirling has chosen not to utilise the option of Bail Supervision. The service however continues to engage with the court and make them aware that Criminal Justice Social Work can support this service.

### 2. REGULATION, INSPECTION & IMPROVEMENT ACTIVITY

During 2012-2013, there were a total of 9 (Clackmannanshire) and 13 (Stirling) routine Care Inspectorate scrutiny visits of registered services. The table below shows the % of services that achieved a standard of 4 or higher (good) across the chosen areas.

<table>
<thead>
<tr>
<th></th>
<th>Clacks</th>
<th>Stirling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/12</td>
<td>12/13</td>
</tr>
<tr>
<td>Adult</td>
<td>100%</td>
<td>94%</td>
</tr>
<tr>
<td>Child</td>
<td>100%</td>
<td>93%</td>
</tr>
</tbody>
</table>

It is acknowledged that these tables indicate a drop in performance since 2011. More recent inspections are starting to attain higher grades and it is expected that this will continue to improve with further progress within the shared service. The outcomes from inspection reports are considered and where appropriate action plans are established to address any specific

\(^{13}\) Under Criminal Procedures Scotland Act 1995 Probation Orders and Community Service can still be made on offences committed before February 2011.

\(^{14}\) Under Criminal Justice and Licensing (Scotland) Act 2010, which introduced the new Community Payback, orders and replaced Probation and Community Service Orders for offences committed after February 2011.
recommendations. These are routinely reported to elected members who have the opportunity to scrutinise progress, assisting management who hold responsibility for the quality of service delivery. The social work service has a range of internal mechanisms to monitor the quality of provision and any improvement activity required.

These include:

- Direct supervision of front-line practice by senior practitioners and Team Managers
- Individual reviews of care plans and packages by case managers
- Analysis of social work complaints
- Monitoring of service level agreements and contracts for the purchase of care
- Case file audits
- Routine performance monitoring via both Adult and Child Care balanced scorecards
- Self evaluation such as Customer Service Excellence Accreditation, Clackmannanshire Improvement Model, ISO
- Quarterly Covalent Performance Reporting to the service, relevant committees, Corporate Management and Council.

Fostering and Adoption: In 12/13 both Fostering and Adoption services in Clackmannanshire were inspected and one element fell below the expected standard. Performance in this area did not improve and following further inspection in June of 2013 a number of recommendations were received from the Care Inspectorate. An action plan was drawn up and additional support put in place from CELCIS (the Centre for Excellence for Looked After Children in Scotland) to ensure that work progresses to address these recommendations.

It should be noted that following the recent inspection considerable progress has been made within the team in relation to obtaining feedback from foster carers, the development of a monthly training programme with crèche facilities at minimal cost to the local authority. Progress has also been made in terms of the development of weekly resource meetings, monthly team meetings and staff supervision. A Foster Care Panel has been developed which will review all existing foster carers by March 2014 as well as assuming responsibility for Kinship Carers reviews. CELCIS will meet with the Foster Carers Group to provide information in relation to the work of CELCIS, provide feedback following the completion of the foster carer questionnaire and develop a shared understanding prior to new foster carer recruitment activities. Training materials in relation to life story work are also being developed by CELCIS for foster carers. A joint meeting of both the Stirling and Clacks adoption and fostering teams is planned in line with the single/shared service agenda.

Care inspections of Council services have met with some success since the inception of shared services. In older peoples care Ludgate Care Home respite provision has recently been inspected and will be maintaining a grade of 5 with possibly a 6 (excellent) in the areas of environment and leadership. Wellgreen Care Home has retained its “very good” / grade 5s, which evidences a sustained improvement from the previous grades of 4 (good) in 2011. Menstrie House has again maintained very good / 5s, but again it has been recognised in the themes of quality of care and support and leadership as being a grade 6.

In Learning Disability services Riverbank has seen an improvement to grade 5 (very good) in two out of four areas over the past year. Equally Streets Ahead, previously awarded poor grades (2, 2, 2 and 1) has risen over the last year to adequate and good grades (3, 3, 4 and 3)

The Care Inspectorate decides how much scrutiny a local authority's social work services will need by carrying out an initial scrutiny level assessment (ISLA). This considers potential areas of risk at strategic and service levels. The lead inspectors then monitor through regular meetings the associated action plan. Clackmannanshire and Stirling were last inspected in 2011 and 2012 respectively. The Clackmannanshire ISLA has been signed off as complete with the Stirling ISLA
yet to wholly complete its actions in relation to Through Care and Aftercare. The view of the Inspectors in November 2013 was that significant progress was being made in this area.

3. COMPLAINTS

The Service remains committed to ensuring that complaints are responded to thoroughly, respectfully and sensitively and ensures that learning from complaints is integrated into the Services’ on-going development. The Complaints Officer is accountable to the Chief Social Worker and the principle of operating at ‘arms length’ from the service is an important aspect of the independence of the role and it’s remit to reflect on the services’ performance as evidenced by Complaints.

Complaints therefore continue to be investigated with a high level of transparency and consultation with staff and managers. All relevant staff receive a copy of outcomes letters, as do Service Managers. On occasions the Complaints Officer will supplement this with separate commentary and recommendations to the Service. There also continues a good working relationship with NHS complaints staff with an agreed protocol in place, which provides a framework for liaison. The complainants’ right of appeal to a Complaints Review Panel (CRP) remains a powerful mechanism for challenging the conclusions of a complaint investigation with recommendations from the CRP going before Council for approval.

There is an increasingly close interface between complaint handling and staff involved in contracting and monitoring services provided by the private and voluntary sector. This is likely to continue if more services are contracted out. Equally we anticipate that there will be improved complaints handling at first point of contact and stage 1. The Complaints Officer continues to be involved in Induction Training for new staff and updating training for existing staff.

In 2012 / 2013 The Complaints Officers in Clackmannanshire and Stirling reviewed existing complaint handling procedures and practices in both areas. These had evolved slightly differently over time and there appeared an opportunity to update and develop new procedures, which would standardise best practice across the integrated Service. Elected Members also requested a more robust response to complaints. In addition it was thought that a revised procedure across both Council Areas would allow similar and comparable data to be collected for performance, quality assurance and management purposes. Despite this increasing integration there still remains distinct corporate accountabilities to the elected members in each Council area. This ensures that we continue to reflect the differences and needs of each community.

A revised complaints procedure with a cross referencing note of guidance for staff has now been approved by the CSWO and Senior Management Team and has been implemented along with comprehensive staff training. The review of the procedures across shared services has allowed us to empower staff to deal with issue at the earliest opportunity and to ensure staff are adequately supported. A process is now also in place to not only monitor Stage 2 complaints dealt with by the statutory complaints officer, but also those by front line practice. It is hoped that this will make a significant impact on the quality of complaint handling and take full advantage of the opportunity presented by the Shared Service.

The CSWO has instigated quarterly meeting with the statutory complaints officer to discuss standards, patterns and any areas of concern.

The Council’s social work services are required by statute to report annually on complaints received from service users, would-be service users, their carers and representatives. This report meets that requirement and Appendix 1 sets out detailed performance data and commentary.
A competent, confident workforce is the cornerstone of effective, high quality services. The Council invests heavily in the support, training and professional development of its social work and social care staff. It is recognised that there will be a continuing need for staff to be able to adapt to change and be influenced by earlier intervention strategies, demographic changes and legislative changes, in the context of growing demand and further significant constraints in finance.

Social services is in a period of significant change, nationally, in the local authority and within the service itself. There is a corresponding need to ensure that staff are meaningfully engaged, are given clear expectations and can contribute to the future direction of the service. This area is recognised both being a priority and requiring further attention. A number of initiatives have been progressed and will be built on during the following year:

- Leadership development events for Service Managers
- Leadership development events, extending the same themes, for Team Leaders
- A planned series of events for the New Year to roll the programme out to all staff
- Quarterly meetings for Childcare and Adult Care Team Leaders
- Improvement events for childcare and Adult services allowing staff to shape future provision
- Workshops and engagement in key areas: Health and Social Care Integration, Child Protection Focussed Improvement Event, Child Care Case Management, Learning Disability Redesign, Adult Care Pathway with Health.

It is essential that opportunities for involvement are not restricted to one off events, but there is a more systematic approach. To this end the Service Development Plans carry the principle of shared leadership and encourage staff to progress areas where they have a specific skill or interest, regardless of their role in the organisation. The service development plans have recently been implemented and this element will be closely monitored to ensure compliance.

**Staff Survey 2013**

Social Services undertakes an annual staff survey which is used to gather the views of employees and to identify key issues raised (for services as a whole and in individual service areas) so that managers can respond with agreed actions for improvement. This was the second Shared Services survey across Clackmannanshire and Stirling Councils.

Challenges identified were around improving:

- Effective communication on all levels
- Staff Morale
- Staff engagement and consultation especially around service planning and delivery
- Team meetings to ensure they remain regular, purposeful and effective.

We asked about our capacity for improvement. This is an area that has been identified as a priority for the senior management team in the next year as outlined above. Examples of responses are as follows

- 76% of respondents are satisfied with their job, this is 1% less than the previous year. However the majority (42%) do not feel that their working conditions will improve over the next year.
- The majority also feel that there is room for improvement and that they have the ability to improve the service their team provides.
- The majority of respondents agree that the most important factors in enabling improvement lies with staff and team support (79%) and strong leadership (65%).
5. KEY CHALLENGES FACED IN 2012-13 AND SIGNIFICANT ISSUES FOR 2013-14

Key Challenges faced in 2012 - 2013

The service has experienced significant challenges in the last year; senior management uncertainty and changes, childcare challenges particularly in Clackmannanshire, challenges with constraining finances and the on-going work to develop and progress the Shared Service. Many of these challenges have been the subject of regular reports to the (Housing) Health and Social Care committee. It is a measure of the commitment of the staff that services have been delivered to a high standard and that services are becoming increasingly robust and safe, for both service users and staff.

Significant Themes for 2013/14 and beyond

- **Delivery of national and local outcomes**: Social Services and the CSWO play a key role in the delivery of the Single Outcomes Agreements across Clackmannanshire and Stirling. The objectives of the SOAs are clearly linked to the service priorities and the senior management objectives for the Service. Outcomes based approaches to service delivery are actively developed and implemented in line with nationally and locally identified outcomes.

- **Shared Services**: The shared service arrangement across Stirling and Clackmannanshire commenced in October 2011 for both Social Services and the Education Service. Stirling is the lead authority for the delivery for the education service and Clackmannanshire is the lead authority of Social Services. The approach to Shared Services has been incremental. Social services has a shared senior management team and it is progressing gradually to share and develop integrated service delivery models across more services, and indeed deeper into the service. Shared services is both driven and supported by an officers Programme Board and an executive and elected members Steering Group. It has cross party support. The service continues to report separately to each council. Each year an independent “stock-take exercise” is undertaken with a wide range of stakeholders. In the last two stock-take exercises much attention has been given to exploring more streamlined working with business partners in finance, human resources and legal services in order to align policies, procedures and practice across the two authorities. In addition further work now requires to be undertaken to agree an approach to tackling differences in pay / terms and conditions which may need to explore alternate delivery models. This will create considerable opportunity for greater integration and capacity building across the service and will contribute to greater workforce buy in and satisfaction. It is anticipated that the experience gained from working with the shared service will be very helpful in the implementation of Health and Social Care Integration.

- **Priority Based Budgeting / Stirling and Making Clacks Better**: Stirling Council has introduced a process called Priority Based Budgeting (PBB). This is a means through which the Council can make decisions on efficiency savings whilst protecting its strategic objectives and safeguarding the needs of local communities. PBB is based on the principle of transparency where potential areas for savings (service options) are all shared and full engagement takes place. Equally ideas can be developed and are encouraged by those outwith the council to contribute to the process. Broadly speaking there are three categories of service options, Transformational Change, Efficiency savings and Stop / Reduce. The aim of PBB is to achieve positive change and financial efficiency through the first two categories and prevent the need for service reduction or cessation. All options are risk assessed, explored in full and have an equality impact assessment undertaken so informed choices can be made. Social services are fully engaged in this process and are finding it supportive of its required strategic direction

  **Making Clacks Better** (MCB) Making Clacks Better is Clackmannanshire Councils’ ambitious, wide-ranging transformational programme. The council recognises that customer
needs are changing and the authority is now focusing on how customer needs can be better met through improved access and experience. There is a corresponding need to improve performance, reduce costs and achieve the best possible outcomes. As with Stirlings’ PBB programme, Making Clacks Better assists the alignment of efficiencies with the services strategic direction and safeguards core provision. A notable consultation exercise has taken place across the county asking the people of Clackmannanshire for their views and the opportunity to shape the Council as it moves forward.

- Partnership Activity (Delayed Discharge) and Budgetary impact; Both Clackmannanshire and Stirling are experiencing increased pressure regarding delayed discharges despite significant investment in intermediate care, employing hospital based staff to support early intervention and considerable work around information exchange and communication. Regardless of these challenges the authority’s are working hard, at this time, to remain on a positive trajectory to meet the target reducing to zero. It is essential the service strives to improve its response but the pressure is very much seen as a symptom of increased referrals and demand on provision. This can be described as the 'tipping point' at which population demand meets the reducing delayed discharge target. Correspondingly, budget pressures are increasing with notable care packages, higher support needs and a greater incidence of frailty within the ageing population.

Adult care entered this period with an overspend position in Stirling and has recently developed an overspend position in Clackmannanshire. It has been challenging to manage two such conflicting demands. There is however an opportunity available to the shared service to develop a new service model based on prevention, partnership and promoting independence. Work has begun and will form the services response to Self Directed Support, the integration agenda and future financial stability. It is believed that without this development, the service as it stands will no longer be fit for purpose. The route to change is captured in the PBB and MCB processes

- Absence / Attendance Management; Absence rates continue to be challenging with figures in both authorities above corporate targets. Nationally, Adult Provisions/ Resources tends to experience greatest disruption as workforce numbers are high, Clackmannanshire and Stirling follow this trend / pattern. It is fair to say however that all teams have been above target at some point within the calendar year, so the solution requires to be service wide. A number of initiatives have been implemented and some progress has been made. Absence is seen as a symptom of service 'health' and as such efforts to address it have been two fold. 1) There is evidence that absence procedures are not always followed so Human Resources have offered targeted support to highlight management accountabilities and when actions are required. Performance reports to Team Manager level to support this are available in Stirling, and Clackmannanshire are tailoring reports to our needs to support improved management. Absence has been introduced as a priority within service plans, with each Service Manager being accountable for reducing absence in their area. This progress is monitored though supervision and through the performance forum. 2) In parallel to this there is an awareness of the role of morale on absence and as such a number of initiatives have been introduced to improve workforce engagement, these are noted within the report. A key aspect is the development of service development plans, a vehicle through which staff can be meaningfully engaged and shape their service future. It should be noted that workforce engagement is also a priority for both Stirling and Clackmannanshire Councils.

- Early intervention and prevention; Changing Lives, the Report of the 21st Century Social Work Review demands a different response from social work services. It states that to meet the challenge of personalisation and increasing demand, social work will need to engage with individuals and families in new ways, with a focus on prevention. Principles to work to include; prevention, flexible service delivery, more effective use of social work skills, empowered service users and increasing community capacity. Some current examples...
partnership work to improve the lives of children. The **Early Years Collaborative** is a national agenda that offers structure to this intention and supports learning across the country. The process is embedded in Community Planning Partnerships. The Childcare service is responding by fully engaging in this programme to facilitate local change. In parallel it is revisiting its service model and its relationship with partners to better support early care and support children to stay in the family environment where possible.

Adult social services are formally required to integrate with the Health service in 2015. Significant work is underway to review adult care provision and its focus. The aspiration is to provide more accessible, locally based care where at all possible, empowering individuals and communities and correspondingly reducing demand on social care. This approach is not about service withdrawal, but providing support in a different way. This agenda is particularly advanced in older peoples services with the use of **anticipatory care** packages where an individuals’ needs can be predicted and early assistance to retain independence given.

Work continues in respect of establishing an adult **Integrated Mental Health Service** for Stirling\(^\text{15}\). A single referral pathway offering one point of access to Health, Psychology and the third sector is in place. Current activity has been benchmarked with the aim of ensuring services both provided and commissioned are meeting the needs of the local community. An increased **focus on prevention** has seen progress in the areas of employability and work with individuals who are homeless. It is hoped that the success on the Clackmannanshire partnership can be replicated within the Stirling area.

- **Child Care in Clackmannanshire;** The Child Care Service in Clackmannanshire has been under significant scrutiny in the last 18 months. Substantial investment, cross party support and concerted efforts by the service has resulted in significant improvements in the service. The journey of improvement can be evidenced in both documented outputs and outcomes in the Child Care Transitional Plan. The service has been fortunate to have secured the support of the Centre of Excellence for Looked After Children In Scotland (CELCIS) who have worked in partnership with the Team over the last year particularly on practice and processes around the complex area of permanency planning for children. CELCIS has also extended its support to the Stirling Child Care Teams who have been very welcoming of the support and stretch in their practice. In recognition of the growing complexity of permanence work (across Scotland and locally) a dedicated solicitor has been appointed to advise and support the service in Clackmannanshire. This model may be extended to Stirling in the future. Clackmannanshire continues to experience challenge from a small number of external stakeholders but on the whole the feedback from stakeholders has been extremely positive. The service is clear that there is more work to be done, particularly on building a stable workforce, embedding a high standard of practice and shifting aspects of behaviours and culture that have been unhelpful in the past. Strong, consistent leadership to continue this journey of improvement is a priority for this service.

- **Integrated Children Inspection;** In January 2014, the Care Inspectorate will commence a joint inspection of services for children and young people in the Clackmannanshire and Stirling Council areas. This will be based on a new model for scrutiny developed by the Care Inspectorate during recent pilots, which is designed around GIRFEC, joined up scrutiny involving Community Planning Partnerships\(^\text{16}\) and focuses on children and young people. The model aims to; improve outcomes for all children and young people; build capacity for improvement; and, while it is not a child protection inspection, it will provide independent assurance about the effectiveness of services for children and particularly the most vulnerable children and young people.

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\(^{15}\) not inclusive of all mental health services

\(^{16}\) Community Planning Partnerships
The inspection and the lead up to this will be aligned with the Care Inspectorate’s self-evaluation guide: This includes a set of 22 quality indicators, which will be used both in the self-evaluation and the inspection.

A multi-agency team across Clackmannanshire and Stirling has been established in order to support the process of evidence gathering and coordinating self-evaluation leading up to the inspection, and any subsequent planning and response. It is expected that a joint approach will be taken with the Care Inspectorate although separate submissions and final reports will be produced by Council area. It is hoped that the inspection process will be proportionate, taking account of what is already known about the quality of individual and joint services and has already been referred to in this document (e.g. annual inspection of regulated social care services, complaints, ISLA). Furthermore, multi-agency partners already engage in regular evaluation of how our services impact on the wellbeing of children, young people and their families. A recent example of this was the self-evaluation of services to protect children in Stirling and Clackmannanshire, which was undertaken in Spring 2013.

We will use the inspection as an opportunity to continue to learn and work together to improve outcomes for children and young people.

Welfare Reform remains a concern for social services, and there is active participation at the Corporate Welfare Reform Working Groups in Clacks and Stirling. Possibly due to the incremental nature of the implementation of Welfare Reform the true impact on Social Services workload directly attributable to Welfare Reform remains, at this point unknown. There has however been a rise in “section payments” reflected in budget overspends that may be attributable to Welfare Reform. The service has developed new guidance for Section 12, 27 & S22 (categories of hardship/need) aimed at promoting consistency in application when considering provision of emergency loans or assistance in kind to those presenting in need. This was issued to staff in December 2013. Notably, reports from colleagues within Revenues suggest that demands for Discretionary Housing Payment (DHP) and the Scottish Welfare Fund (SWF) have not been as much as first anticipated and this has allowed eligibility criteria to be revised locally to help militate further against the impact of changes, at least in the short-term.

Corporate Parenting

Stirling Council’s revised Corporate Parenting Strategy remains placed within the strategic context of the Children and Young People (Scotland) Bill and the Getting it Right for Every Child Framework. The strategy reflects the Stirling Outcome Agreement 2013-2023, Stirling Council’s key priorities and implementation of GIRFEC.

The Strategy presents an agreed direction of travel for community planning partners to improve the outcomes of our looked after children and young people, and expresses a common commitment to action under five strategic priority areas, namely:

- In care and leaving care
- Education, training and employment
- Accommodation
- Participation
- Foster Care/Permanence

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17 How well are we improving the lives of children and young people? A guide to evaluating services using quality indicators, October 2012. This document can be found at: http://www.careinspectorate.com/index.php?option=com_docman&task=doc_download&gid=831&Itemid=100175

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The vision of the Strategy is to ensure that the wellbeing of our looked after children and young people is of the highest priority, and that we nurture, support and expect the very best of and for them.

The Strategy is predicated on early intervention and prevention in the recognition that understanding needs and responding appropriately at the early stages in the lives of our looked after children and young people, will have the most beneficial impact on their life outcomes.

The revision of Stirling's Strategy has prompted discussion across the Shared Services and in the wider Clackmannanshire Council. There is initial agreement that a shared strategic framework across the two community planning partnerships is worthy of further development, given the degree of strategic commonality across both areas.

- **Public Sector Changes – new legislation and policy directions;** Social Services faces unprecedented change in the next two years with the introduction of Self Directed Support (April 2014), Health and Social Care Integration (April 2015); the Children's and Young Peoples Bill (April 2015) and the implementation of the redesign of the Criminal Justice social work service (2016).

- **Self-Directed Support;** From April 2014 Clackmannanshire and Stirling Councils will implement Self Directed Support (SDS) through the enactment of the Social Care (Self-Directed) (Support) Act 2013.

Significant activity is underway across Clackmannanshire and Stirling Social Services and SDS is a key driver in the development of a more personalised and sustainable model of service delivery. The SDS legislation will be enacted in April 2014 and as such there is significant work left to be completed. Several work-streams have been established to look at promoting outcomes, commissioning, finance, processes and systems. The experience of other Local Authority areas is also being sought with a number of visits to Councils who have achieved some early success.

We are embarking on a training and awareness plan, which will support front line staff and team managers in preparation for the full implementation of SDS by reinforcing outcome focussed assessment and planning. In partnership with a provider, we are embarking on a pilot project to help identify more creative and innovative supports for services users to achieve their outcomes, have a greater awareness of wider community supports and resources and identify areas for improvement.

Staff have been seconded to support pilot activity and practice development with a particular focus on front line assessment and care management. The postholder's will act as SDS champions, supporting the embedding of outcomes based approaches and will assist with the development of required procedures in order to fully implement SDS. SDS includes a small amount of money allocated nationally and this will allow key posts to be filled to assist implementation. Recruitment has not always been easy and as such progress in some areas has been challenging.

- **Integration Health & Social Care Legislation-Public Bodies (Joint Working) (Scotland) Bill 2013:** The Scottish Government has published the Public Bodies (Joint Working) (Scotland) Bill, which sets out the legislation, which will underpin the move to new partnership arrangements between Councils and Health Boards across Scotland. It is expected that Partnerships will have new arrangements in place by enactment in April 2015.
The Bill is based on the following principles of integration:

- Social care and Health services are seamless at the point of delivery
- The Specific needs of service users are taken Into account
- Services are appropriate to the needs of each local area
- A high level of community and professional involvement
- A focus on prevention and early intervention
- Adheres to the principles of best value

The Bill highlights four permitted models for integration. These are defined below:

- Body corporate model: authority and resources delegated to a joint board overseen by a jointly appointed Chief Officer
- Lead Authority Model: delegation of functions to a lead or host agency, whether Health or Local Authority.
- Cross Delegation: Each partner serving as the 'lead authority' for a specified range of functions on behalf of the partnership.

A decision on the governance model to support formal integration is yet to be made. The council has maintained a focus on client care and directed the Joint Management Team to consider appropriate service delivery models to achieve improved outcomes for service users. Considerable work has been progressed to develop a joint adult care pathway with the NHS and to seek ways to provide and commission care more effectively.

The quality assurance of statutory social work practice will be central to any new approach and this will be led by the role of the Chief Social Work Officer. Each Local Authority will be required to maintain the role and seniority of the CSWO. A proposal will be developed when the governance model has been agreed.

- **Children and Young People's Bill**: In 2012 a consultation on a Children and Young People Bill" was launched\(^\text{18}\), and findings published later that year\(^\text{19}\). It is the Scottish Governments' intention to introduce phased elements of the Bill to Parliament from late 2013 onwards. The Bill declares a new, central goal for the public sector: "*a shared dedication to the wellbeing of children and young people. It is no longer a matter of public agencies seeing the needs of children and young people in isolation*". It proposes that there is a commitment to the whole development of children and young people, one that must be coordinated across different agencies and taken forward with families and communities.

Areas of focus include:

- Children's rights
- Named Person and single, coordinated plan for children who require support from services
- Provision and flexibility of free early learning and childcare
- Support to young people leaving care
- Role of kinship carers
- Corporate parenting
- National Adoption Register.

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\(^\text{18}\) http://www.scotland.gov.uk/Publications/2012/07/7181
\(^\text{19}\) http://www.scotland.gov.uk/Publications/2013/03/9148
**Integrated Children’s Services Plan**

Both Clackmannanshire and Stirling have produced “Children and Young People’s Integrated Service Plans”. The vision is "that every child and young person has the best possible start in life and achieve their potential." The plans are set within the GIRFEC principles are as follows:

1. GIRFEC principles are embedded in all partner organisations.
2. Improve targeted services for vulnerable children especially in the early of early intervention with an emphasis on pre 5s and those affected by parental substance misuse.
4. Drive forward the integration of services across Clackmannanshire and Stirling to improve outcomes for children.

Work is currently underway to create a Clackmannanshire and Stirling, Shared Service, Integrated Services Plan.

- **Criminal Justice Reform:** The Scottish government during 2012/13 undertook a process of public consultation as to future shape and organisation of criminal justice social work in Scotland. Both councils have responded to the consultation process following detailed engagement with staff and elected members. The considered preference by Stirling and Clackmannanshire council was that criminal justice social work service should be returned to the full control of the local authority with aspiration that this structural change will enable a more joined up and integrated local authority approach to reducing reoffending within our communities.

The government has indicated it will confirm its decision on the future shape of services by December 2013.

The government has recently published its response to the 2012/13 consultation process. The Government has indicated its intention to return Criminal Justice to the full control of local Government and has indicated that the key outcome of reducing reoffending should be integrated into the remit of Community Planning Partnerships. The Government, during 2014, will seek further consultation on this matter and has indicated that any structural change will not be implemented until April 2016 at the earliest.

**6. CAPACITY FOR CHANGE / LEADERSHIP**

Over the last two years the Social Work service across Clackmannanshire and Stirling has created the conditions for substantial change and improvement. In many ways the senior team, new to managing many of the services has now grown familiar with the staff groups, services, practice, cultures and behaviours across both authorities. It has experienced considerable disruption within the senior management team and has shown significant resilience in sustaining the service throughout this period. The service has also been subject to change and review in order to meet the challenges of service improvement and re-design, demographic change, inspections of regulatory services, and is now preparing for the changes in statute and organisational change presented by the integration agenda.

The strategic direction for the service is underpinned by 5 key principles

1. Meeting statutory duties and responsibilities
2. An emphasis on Early Intervention / Identification, Prevention and Health Improvement
3. Extending and enhancing collaborative working with all partners and communities
4. Shaping the market, reviewing commissioning practice
5. Managing demand for services and where possible, constraining demand
**Priorities for 2014 onwards**

Given the level of change anticipated and the emphasis on service improvement the service is moving to a different Senior Management structure. The new structure is introducing a dedicated Assistant Head of Service for Child Care to create the required senior management capacity and leadership to consolidate service improvement, to progress the shared service, to plan for and implement the Children and Young Peoples legislation and to ensure Stirling and Clackmannanshire sustain a robust Child Care service in the wake of Health and Social Care Integration.

The revised structure will also see the appointment of a fixed term (2 years) Assistant Head of Service for Adults / Operations. This post will create senior management capacity to address service challenges (budget and absence) whilst also contributing to the deeper integration of the shared service and the preparation for Health and Social Care Integration. It is anticipated that the current post holder Assistant Head of Service for Strategy, Performance and Partnership will take a lead role in Health and Social Care Integration.

This structure will provide much needed capacity to both support the delivery of robust operational activity and to drive the changes before us. The team will be prioritising a) staff engagement and change management b) increasing management activity around personal development plans and attendance management c) seeking shared service solutions d) working year round on Prioritised Based Budgeting (S) and Budget Challenge (C) and e) creating a learning culture of continuous improvement and f) addressing transformation change along with our community partners.

In October 2013 a series of Leadership and Management seminars were held with all the Team Managers across the service. The purpose of these days was two fold; to launch the shared service performance framework and to create the leadership challenge for all members of staff in the organisation. These events were very positively evaluated as evidenced by the following quotations

"The day provided a real opportunity to discuss quality assurance and have open and honest discussion."

"The day offered a good chance to network and build on professional relationships. It offered an opportunity to share and hear about good practice being carried across shared services"

"The discussions were invaluable; it offered the opportunity to discuss a range of issues around quality assurance"

The social work service, that is, the staff resource across the shared service is in a good place to meet / take on the challenges of the next year

**7. CONCLUSION**

This is a time of considerable change and challenge across the public sector and for social services in particular. Clackmannanshire and Stirling councils as a shared service are in a unique position nationally to maximise the opportunities that all integrated, joint and shared agendas afford. Over the next few years, whilst the public sector manages transitional and transformational change it will be crucial for the service to keep a focus on the robust delivery of frontline services, to care for and protect the vulnerable people in our communities.

Val de Souza
Dec-13
APPENDIX 1


The following report relates to the period 1 April 2012 to 31 March 2013. The total number of Stage 2 complaints received by the service in 2012/13 was 3 (an average of 4 complaints per annum since 2008/09). Of the 3 complaints received, 2 complaints were fully upheld (66%), and 1 complaint was partially upheld (33%).

In 2012/13 66% were responded to within target timescales (28 calendar days), whilst 33% were subject to extension due to complexity. Where timescale extensions are applied, complainants are regularly updated on progress and anticipated completion date.

Of the 3 complaints received, these can be broken down into service sectors as follows:

- Services to children 1 (33%)
- Services to adults 2 (66%)
- Criminal Justice 0 (0%)

Service Sector Breakdown

Breakdown of Complaint Categories

- Waiting time for service response/provision
- Resources not available / not adequate / not suitable
- Communications – Staff or Service Response
- Staff Decisions / Staff Conduct
- Other (not readily codified as above)
Over the last five-year period Stage 2 complaints have ranged from 10 in 2008/09 to 1 in 2011/12, an average of 4 per year. The majority of complaints received over this period cite dissatisfaction with the Quality of service, Staff attitude and to a lesser extent Policy decisions. This can be broken down further on investigation to include poor communication, or a sense of not being listened to, services falling below expectations, poor responses to initial concerns raised and anger and resentment at the way in which the complainant and/or their loved one has been dealt with.

The introduction of lessons learned reports and more recently staff Briefings has been a proactive approach to shift both 'culture and attitude' to complaints placing it with in the context of learning and service development. The introduction of the National Complaints Handling Procedures at a Corporate level has also provided a wider forum for discussion, learning and the promotion of a 'customer' focus. Whilst the Social Work Process continues to be debated at Government level and was not included with in the revised procedures, where possible there has been a synergy with corporate Complaints handling.

The implementation of the revised corporate complaints data base has assisted the task of improving recording of complaints at both stage 1 and stage 2, this will enable a more routine examination of complaints with in performance frameworks. The emphasis upon performance and learning should also increase frontline managers’ confidence in dealing with complaints. The Complaints officer’s role in managing the processes, policy and guidance has been more clearly stated as has the role in advising, guiding and supporting Managers dealing with stage 1 complaints. New Procedures and Guidance has been issued to all relevant staff, he implementation will also be supported by skills workshops.

The 'Independence ' from operational responsibilities and direct link into performance improvements continues to allow for a degree of flexibility in managing and responding to complaints which are not specific to Social work including undertaking developing procedures with Prison based Criminal Justice workers following an increase in complaints as a result of the change in prison population at Glenochil. Clarifying the Local Authorities role in multi -agency decision-making and application of DWP Regulations.

Moving forward it is hoped that greater attention can be given to auditing the progress made with respect to recommendations following complaints, the experience of the process and following up with Complainants. This will be part of the shared services agenda and will build upon the collaborative work undertaken by the Complaints Officers in Stirling and Clackmannanshire.

Valerie Corbett/Social Work Complaints Officer
The following report relates to the period 1 April 2012 to 31 March 2013. The total number of complaints received by the Service in 2012/13 was 35 (72 in 2011/12, 54 in 2010/11). No compliments were formally registered. Of the 35 recorded complaints 31% were upheld in full, 23% were upheld in part and 46% were not upheld. 54% of all complaints were either upheld in full or in part.

In 2012/13 65% were dealt with within target time scales (28 calendar days). The remainder were extended for a variety of reasons including Complaint Officer workload, complexity of investigation, non availability of the complainant or key staff due to illness, annual leave etc. Where investigations were allocated out to operational managers, compliance with performance targets often proved problematic due to their workload and competing priorities. Complainants were kept informed of progress when extended time scales applied.

Of the 35 complaints received these can be broken down into service sectors as follows:

- Services to children 14 (40%)
- Services to adults 20 (57%)
- Criminal Justice 1 (3%)

In 2012/13 there were two appeals to the Complaints Review Panel. One appeal was not upheld. The second appeal recommended that one aspect of child protection practice be further considered.

**Details of Complaint Outcomes - Breakdown of Complaint Categories**
Comments
The number of complaints received in 2012 / 2013 has significantly reduced from previous years. This can be partly explained by increased attempts to resolve complaints at the first point of contact, which is good practice and avoids the complaint being registered for investigation. It does not however fully explain the reduction in complaints registered and investigated. The reduction in complaints is balanced by the increasing complexity of complaints, which are investigated. Complaints increasingly are challenging and complex and in Adult Services often have legal, contractual and financial elements.

In terms of complaints received the majority relate to communications (38%) and Service decisions (37%). On occasions communications may relate to complex and disputed issues but they can also reflect simple issues such as ensuring a promised return call is in fact made. The Service needs to ensure that simple communications with citizens are successfully achieved.

Adult Services attract the highest level of complaints but this is to be anticipated given the volume of cases and referrals, the increasing age of the population and the number of people with complex needs. Many of these, often very vulnerable people, have family members who are well able to advocate on their behalf and access the Complaints Procedure if not satisfied.

The Service in Stirling area has a total of 5344 cases across all sectors of service. When compared to this figure the number of complaints registered equals only 0.65%. This is a very low level of complaint referral but the figure whilst significant needs to be viewed with caution. Whilst the Service seeks to make access to the Complaints Procedure as easy as possible there are still issues, which may inhibit complaints being made. Never the less it can be assumed that the level of complaints to service activity remains relatively small.

Gavin Burt
Social Work Complaints Officer