

CLACKMANNANSHIRE COUNCIL

Report to People Committee

Date of Meeting: 25 March 2021

Subject: Chief Social Work Officer Report

Report by: Lorraine Sanda, Strategic Director, People

1.0 Purpose

- 1.1. The purpose of this report is to provide the People Committee with the Annual Report of the Chief Social Work Officer (CSWO) on the statutory work undertaken on the Council's behalf. The report also provides an overview of regulation and inspection, and significant social policy themes current over the past year. The report was completed by the previous Chief Social Work Officer, Fiona Duncan, before she left Clackmannanshire in December last year.

2.0 Recommendations

It is recommended that the People Committee note the contents of the CSWO Annual Report (Clacks).

3.0 Considerations

- 3.1 The requirement that every local authority should have a professionally qualified CSWO is contained within Section 45 of the Local Government (Scotland) Act, 1994. The particular qualifications are set down in regulations and this is one of a number of officers, roles or duties with which local authorities have to comply. The role replaced the requirement in Section 3 of the Social Work (Scotland) Act, 1968 for each local authority to appoint a Director of Social Work.
- 3.2 CSWOs produce Annual Reports, based on a template agreed with the Office of the Chief Social Work Adviser, for relevant Committees and/or the full Council, Integration Joint Boards and Health and Social Care Partnerships.

3.3 This year, given the workload implications caused by the COVID-19 pandemic, Scottish Government has produced a reduced template to enable CSWOs to present shortened reports for local governance structures. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector.

3.4 The revised template focuses on governance arrangements, service delivery, resources, and workforce. The focus is mainly on high level and key issues and challenges over the 12 months to 31 March 2020.

3.5 Chief Social Work Officer Annual Report 2019-21

3.5.1 Due to the continuing impact of COVID-19 on all public services, a revised and reduced template for the Chief Social Work Officer Annual Report 2019-20 was created. Within this, the following information was requested:

- Governance and Accountability
- Service Quality and Performance
- Resources
- Workforce
- COVID-19

3.5.2 Within Clackmannanshire, Children’s Service and Justice Service are managed and governed by Clackmannanshire Council, sitting within the People’s Directorate. Adult Social Work Services are delegated to the IJB which spans Clackmannanshire Council and Stirling Council. Clackmannanshire Adult Services are delivered and managed by the Health and Social Care Partnership (HSCP).

4.0 Sustainability Implications

4.1. None

5.0 Resource Implications

5.1. *Financial Details*

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. N/A Yes

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

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)

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all	<input type="checkbox"/>
Our families; children and young people will have the best possible start in life	<input checked="" type="checkbox"/>
Women and girls will be confident and aspirational, and achieve their full potential	<input checked="" type="checkbox"/>
Our communities will be resilient and empowered so that they can thrive and flourish	<input checked="" type="checkbox"/>

(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 N/A

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.

Appendix 1: Chief Social Work Officer Annual Report 2019-20

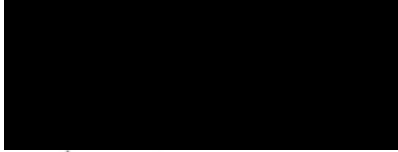
11.0 Background Papers

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)

NAME	DESIGNATION	TEL NO / EXTENSION
Lorraine Sanda	Strategic Director of People	

Approved by

NAME	DESIGNATION	SIGNATURE
Lorraine Sanda	Strategic Director of People	



**Clackmannanshire
Council**

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Comhairle Siorrachd
Chlach Mhanann

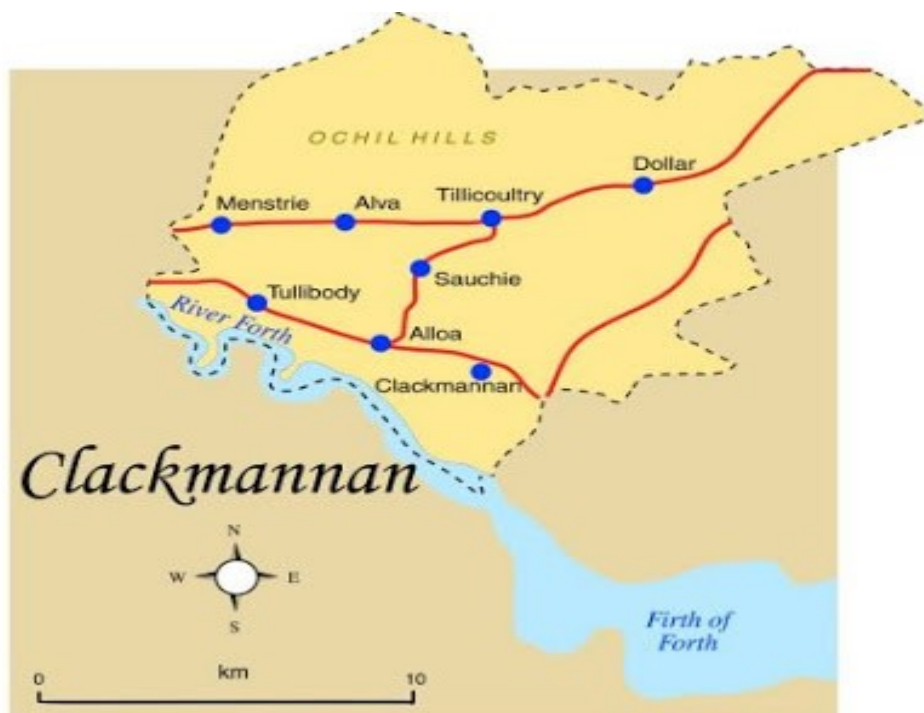


**Clackmannanshire & Stirling
Health & Social Care
Partnership**

CLACKMANNANSHIRE

CHIEF SOCIAL WORK OFFICER

ANNUAL REPORT 2019/20



1. GOVERNANCE AND ACCOUNTABILITY

- 1.1 Due to the continuing impact of COVID-19 on all public services, a revised and reduced template for the Chief Social Work Officer Annual Report 2019-20 was created. Within this, the following information was requested:
- Governance and Accountability
 - Service Quality and Performance
 - Resources
 - Workforce
 - COVID-19
- 1.2 Whilst this template is reduced, it will still ensure that local reporting arrangements continue whilst also enabling the immediate effects of COVID-19 to be commented on. The impact on service delivery moving forward is significant which is highlighted in the COVID-19 section.
- 1.3 The role of the Chief Social Work Officer (CSWO) was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions as described in Section 5 (1B) of the Social Work (Scotland) Act 1968. There are also certain functions conferred by legislation directly on the CSWO by name and specific statutory responsibilities are discharged by the CSWO. These specifically relate to decisions about the curtailment of individual freedom, as well as assessing and responding to risk and need for vulnerable people. Examples include placing children in secure accommodation; applying for welfare guardianship for adults with incapacity.
- 1.4 The CSWO undertakes the above role across the full range of a local authority's social work functions including those delegated to the Integration Joint Board (IJB). Further, the CSWO provides the focus for professional leadership and governance within these services.
- 1.5 Within Clackmannanshire, Children's Service and Justice Service are managed and governed by Clackmannanshire Council, sitting within the People's Directorate (which includes Education Services). Adult Social Work Services are delegated to the IJB which spans Clackmannanshire Council and Stirling Council. Clackmannanshire Adult Services are delivered and managed by the Health and Social Care Partnership (HSCP).
- 1.6 The CSWO is a member of the Council's Senior Management Team (Extended Strategic Leadership Group) and has direct access to Elected Members, the Chief Executive, Leader of the Council and Chief Officer for the IJB. They are also a non-voting member but professional advisor to the IJB.
- 1.7 Social Work and Social Care Services play a vital role in championing and addressing the impact of poverty and inequality in people's lives. This includes

helping to inform the prevention and early intervention agenda within strategic groups and partnerships. Within Clackmannanshire and across Forth Valley, these include:

- The Clackmannanshire Alliance - this provides the strategic vision and direction for community planning as well as monitoring the implementation of the Local Outcomes Improvement Plan 2017-27. This Plan sets out partners' 10 year vision for tackling inequalities and poverty in Clackmannanshire
- Clackmannanshire and Stirling Chief Officers Group (pre-COVID_19)

(Note: The above was amalgamated into the Forth Valley COG during COVID-19)

- Clackmannanshire and Stirling Child Protection Committee (pre-COVID-19)
- Clackmannanshire and Stirling Adult Protection Committee (pre-COVID-19)

(Note: The above two committees were amalgamated into the Clackmannanshire and Stirling Public Protection Committee during COVID-19)

- Children and Young People's Strategic Partnership
- Community Justice Partnership
- Clackmannanshire Violence Against Women Partnership
- Clackmannanshire and Stirling Alcohol and Drugs Partnership

1.8 The CSWO is also a senior manager within the Council managing Children and Justice Services. Consequently, they have to balance managing services (ie budget decisions; effective and efficient service delivery; line management; etc) alongside being accountable for practice standards and the safety and wellbeing of clients. This includes:

- being the Agency Decision Maker for fostering and adoption panels and endorsing decisions of these panels
- authorising secure care placements
- overseeing all welfare guardianship applications
- monitoring MAPPA business and being a member of the Strategic Oversight Group
- having input and oversight into all Large Scale Investigations; Initial Case Reviews and Significant Case Reviews

1.9 The CSWO is a member of both the Child and Adult Protection Committees. As such, the CSWO advises, develops and enables others to deliver the highest level of operational practice while remaining accountable for the attainment of excellent professional standards across social care and social work services.

1.10 Through Lead Officers for Child and Adult Protection, the Independent Chair for MAPPA, and the Independent Chair of both committees, the CSWO has direct contact regarding professional standards and scrutiny and assurance of practice. In turn, this gives assurance that clients are being protected from harm by decisions being informed, safe and accountable.

- 1.11 The CSWO is responsible for ensuring appropriate governance processes are in place which support effective evidence-based decision making, particularly in relation to the assessment and management of risk. The focus is very much on learning and development in this particularly challenging area of child and adult protection, to ensure that services are robust and result in the promotion of best outcomes for people.
- 1.12 Strategic oversight of Adult Support and Protection (ASP) arrangements and Child Protection arrangements – during COVID-19 - are provided by the Public Protection Committee. This is an interim Committee arrangement created as a consequence of the Coronavirus and the sudden departure of the previous independent chair of the Adult Protection Committee. This is a Clackmannanshire and Stirling joint committee.
- 1.13 Our adult protection arrangements continue to focus upon the following themes which inform our delivery planning:
- Leadership and Governance
 - Continuous Improvement
 - Improving Skills and Knowledge
 - Improving Support for Service Users and their Carers
 - Promoting Awareness of ASP and Collaboration across Public Protection
- 1.14 Partnership working is the mechanism for the effective delivery of these plans which are measured collaboratively through our Committee substructure which has continued despite challenges associated with the pandemic and includes:
- Forth Valley Financial Harm Group (collaboratively with Falkirk Adult Protection Committee)
 - Local Operational Group
 - Learning and Development Group
 - Practitioners Forum
- 1.15 During this year, the HSCP has recruited two Heads of Service – Community Health and Care (all operational services across adults and older people within the HSCP) and Head of Strategic Planning and Health Improvement. Further, to help meet clinical support needs the HSCP has a Clinical Nurse Lead and is the process of developing further the management team to include clinical lead within AHP services and Primary Care. All parties, along with the CSWOs for Clackmannanshire and Stirling, are core members of the Clinical and Care Governance Group.
- 1.16 Two Locality Managers have also been appointed within the HSCP to have operational and strategic oversight of adult care services across Clackmannanshire and Stirling. The creation of this new management structure creates capacity and resilience across the HSCP to effectively manage, develop and deliver statutory functions within adult care services. The CSWO meets with the Clackmannanshire locality manager on a monthly basis to discuss, assess and scrutinise work activity, highlighting any patterns, concerns or gaps.

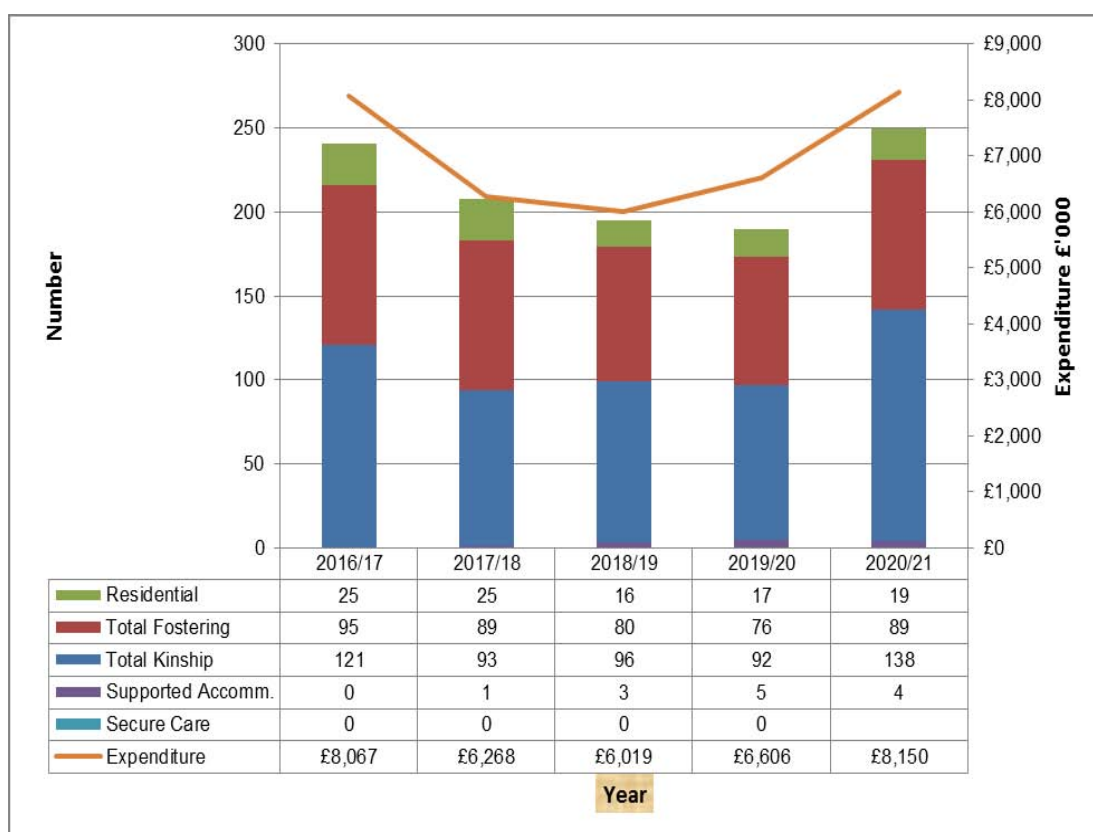
1.17 The HSCP has created a Transformation Plan which reflects legacy commitments linked to local care home capacity as well as new activity to further integrate community health and social care services. This Plan has been presented to and agreed by Stirling Council Future Board. The Transformation Plan also aligns with Clackmannanshire Council transformation programmes and NHS Forth Valley.

1.18 During COVID-19, a number of enhanced governance arrangements - particularly for care home and care at home services – have been introduced. Across Forth Valley, the Care Home Strategic Oversight and Assurance Group consisting of strategic leaders (ie CSWOs, Executive Chief Nurse, Director of Public Health, Chief Officer, etc) meets weekly to analyse and interrogate data, guidance, plans, etc. The CSWO role has helped enhance this meeting by ensuring that emotional and psychological wellbeing of residents within care homes are key factors to consider alongside infection control measures. Ultimately, this has ensured that when analysing and discussing quality of care and of life, that all wellbeing factors are considered.

2. SERVICE QUALITY AND PERFORMANCE

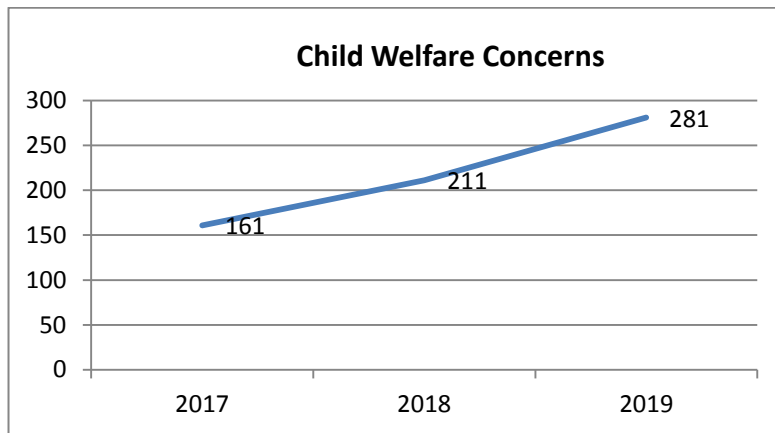
2.1 In 2017, Children’s Service began a significant improvement journey with focus on strong leadership to drive forward change within the service; developing and embedding quality assurance and performance measures; and to examine how best to recruit and retain staff within the organisation, thus building stability and consistency.

2.2 Key to the above was the promotion and development of relationship based restorative practice with the long-term rebalance of care strategy to safely maintain children with families and communities – known as Family 1st. By enabling children to remain in their own communities, connected to their friends and families, health professionals, and schools, our aim was to help them develop their sense of wellbeing, identify and belonging.



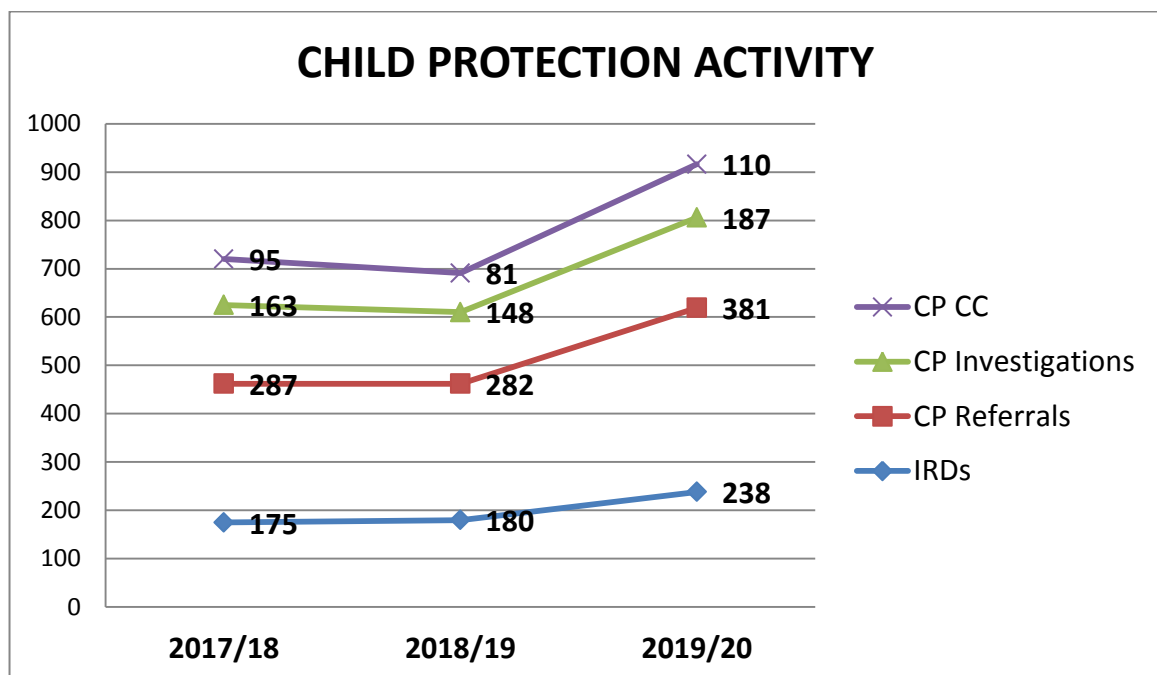
2.3 During the past 3 year, progress has been made. The chart above highlights the significant reduction in the reliance on residential care and the developments of alternatives including Kinship, Fostering and Supported Accommodation, as part of the Re-balance of Care Strategy. Our Family 1st approach - to safely place children with family in kinship care - evidences significant growth in the first half of 2020 with us forecasting continued growth as highlighted.

Activity



2.4 During the past few years, we have seen increasing demand across all areas of Children's Services. Following a 74% increase in Child Welfare Concerns - which are received from a range of professionals (e.g. Health, Police & Education) – we have undertaken refresher training with partner agencies to ensure that we are all following GIRFEC processes and have a mutual understanding of the thresholds that we are working to.

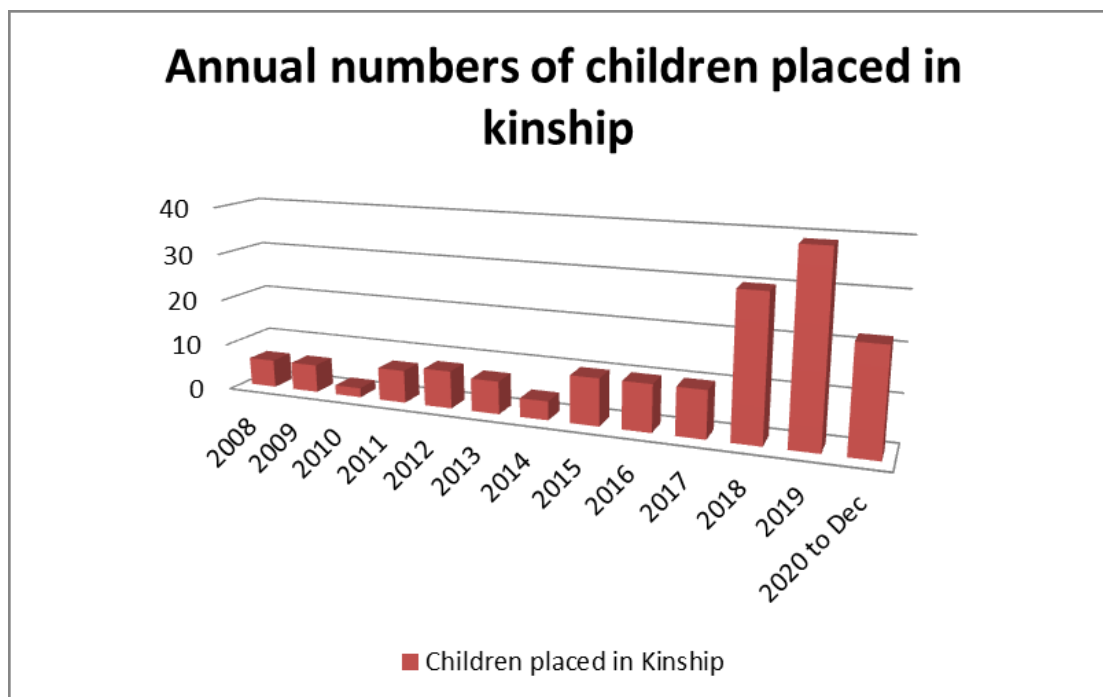
2.5 However, we have also seen a rise in child protection matters which in turn, increases activity and workload due to the various processes. The following graph illustrates this:



2.6 Of concern is the fact that the majority of staff we recruit are newly qualified. Not being able to take on child protection cases, or having a significantly reduced caseload due to limited experience, creates capacity issues.

2.7 The above also raises questions as to why increasing numbers are presenting in crisis and/or complex situations. It would suggest that opportunities to engage with children and families before crisis, is being missed – at earlier stages and by a variety of organisations. This is an area that we all have to look at as the opportunity to engage earlier is crucial if we are to move from crisis intervention to early intervention and prevention.

Kinship Care



2.8 The number of children placed in Kinship Care has risen year on year. However, since 2017, there has been a dramatic three fold increase. Due to the growth in this area, we need to develop a kinship team to ensure that we have a clear and robust referral and assessment process; a review system that monitors and charts continuing service growth and to ensure national policy and guidance is understood and translated into local policy and practice. The forecasted figures can be used to ensure that the budget is increased to appropriate levels.

Fostering

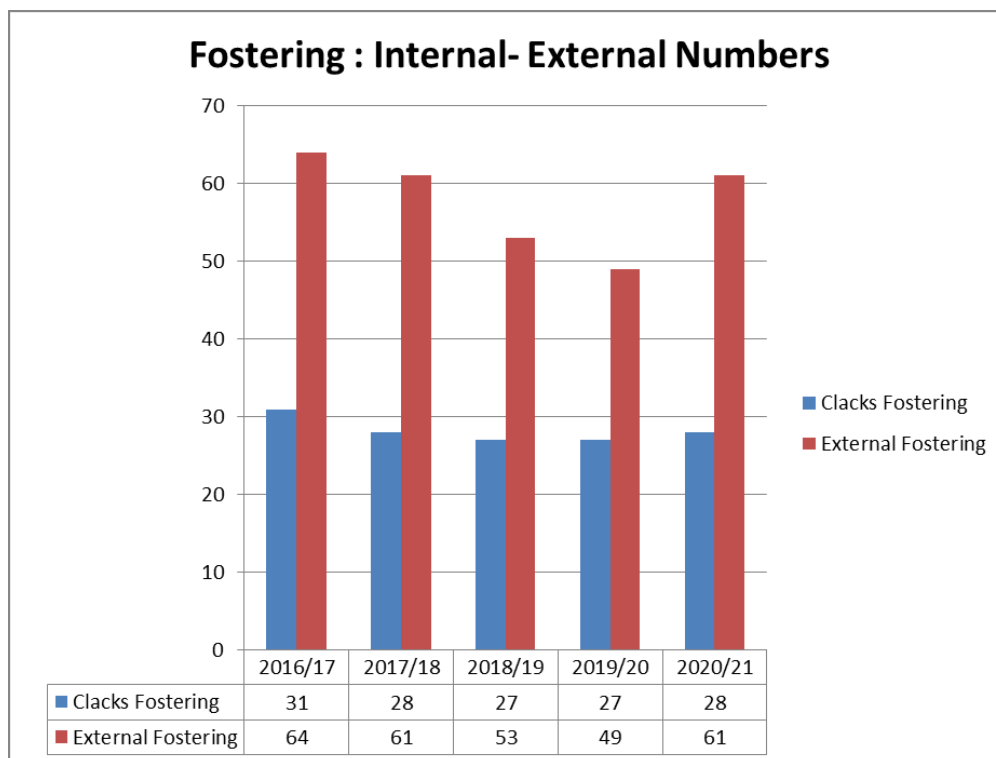
2.9 Data from the Scottish Government evidences that Clackmannanshire has over double the number of children placed out of area in high cost purchased fostering

provision compared with other local authority areas. There is no doubt that the small size of the county has contributed to the availability of potential foster carer numbers.

2.10 In November 2019, the Fostering Service held a consultation event and invited all foster carers to this. Approximately 12 carers turned up which helped inform a lively session. The focus was on how the service could be improved; the quality and range of service expected from the social work team; and the type and frequency of training and development available to carers to support them in developing skills and knowledge to meet the needs of our looked after population.

2.11 To try and address foster carer numbers, in 2019/20, the Council invested money to outsource recruitment to a specialist agency. Progress has been made in the approval of three new foster carers in 2020. These foster carers currently have 7 children placed who would have otherwise been placed with external purchased foster carers. There is an additional group of 7 prospective foster carers in the pipeline. Initial savings targets of £60k have been achieved.

2.12 Unfortunately, whilst our strategy to grow local foster carers is proving successful, the pace of demand is outstripping the strategy to safely 'supply'. As a result, we are having to use a number of external foster carers which brings additional costs (approximately £25,000 per annum, per placement, more expensive than internal).



Out of Area Residential Placements

2.13 During the past 4 years, the focus has been on reducing the number of out of area high cost residential placements by developing and imbedding the re-balance of Care Strategy. Those who require this type of care are generally, the most 'acute' risk as a result of multiple breakdowns of care with parent(s) in Kinship or Fostering, or both, linked to complex trauma based behaviours. Some of these children and young people have also been in our own residential house - Woodside.

2.14 This strategy was making considerable progress each year moving from 21 children in 2016/17 down to 15 in 2019/20. From the original 21 young people in 2016, all bar 2 had moved on. However, from the end of 2019 to the onset of COVID-19, there has been a spike in high risk referrals with 13 young people being placed in external residential care. This brings our current total to 16 placements.

2.15 Options for Reducing External Placements

- a) increase foster carer numbers:

Whilst a challenge, consideration is being given to actively asking those foster carers who are looking after children on a permanency order (17 young people at moment), to move over to become Clackmannanshire foster carers. To move this forward there will be further work required in relation to policy, the quality of service given to foster carers, and a review of all our fees and allowances. Whilst this will require some financial output, the significantly reduced costs would be substantial helping to reduce the external fostering budget. Further, this would align with our Family 1st policy of keeping young people in our area.

- b) Develop supported accommodation options for those 16 years plus to enable them to return to their home area but with appropriate support built around their needs
- c) Build on the work that the newly formed Family Group Decision Making Team started in 2019 to actively review all external high cost placements - as part of deep extended family network searching to determine if there is anyone in the broader extended family who would be able to provide a home for the young person.
- d) Review our commissioning strategy including current contracts, to ensure that we are targeting appropriately. The third sector play a key role in enabling preventative spend due to their involvement at both ends of the spectrum - early help and working with the most high risk children and families, many of whom are at the cusp of care.

2.16 These potential options need to be strategically developed, planned and project managed. So whilst they could have significant positive impact, they would not be achieved immediately due to the extensive planning involved. Again however, they play a key role in our working practice and model delivery we have been implementing. This also aligns with the ethos of 'The Promise'.

Woodside Children's Home

2.17 Woodside Children's Home is designed to provide care for 5 young people. In October 2019, we witnessed a breakdown of care for 3 young people all having to leave the house and be placed elsewhere. This triggered an internal review as historically, the house had been a very stable and positive environment for both young people and the staffing group.

2.18 From this review, we were able to identify a number of priorities that were required to be addressed and the need for a considered and appropriate action plan was highlighted. To create and take forward this plan, a permanent manager was successfully recruited, with them starting in November 2019.

2.19 In February 2020, an unannounced Inspection took place and we were graded:

- How well do we support children and young people's wellbeing?
5 - VERY GOOD
- How well is our care and support planned?
4 – GOOD

2.20 The Inspector acknowledged the work that was being done including the improvement plan drawn up by the new manager.

2.21 The Inspector spoke to a relative of a young person who told us that the staff were excellent and very kind and that it was:

"more than just a job to them as they really care about the kids".

2.22 Further, this relative was of the view that her young person had made significant progress in all areas of her life.

2.23 The number of young people in the House was temporarily reduced to 4 to ensure that the staff were able to work through the improvement plan whilst also having to deal with the impact of COVID-19. Due to progress, we have now agreed to return to a 5 bedded house which we will use for a Clackmannan child as and when required.

Corporate Parenting

2.24 Clackmannanshire does not have a Champions Board for its care experienced population. However, we have two vibrant and active groups – Oor Wee Clacks Voices (for our younger children) and Oor Clacks Voices (13yrs +) – who are all care experienced young people. We commission Who Cares ? Scotland to provide advocacy services as well as provide support and advice to all our Corporate Parents via the Corporate Parenting Board and the Children and Young People's Strategic Group.

2.25 Along with Who Cares ? Scotland, we had organised a Corporate Parenting Event for the end of March 2020. This was to target senior strategic leaders as well as front line practitioners, to come together to explore their roles and identify the potential impact they could have in driving forward this agenda and 'making a difference'. Unfortunately, this event had to be cancelled. We are however, planning to hold a virtual event in early 2021.

Children's Service Joint Inspection

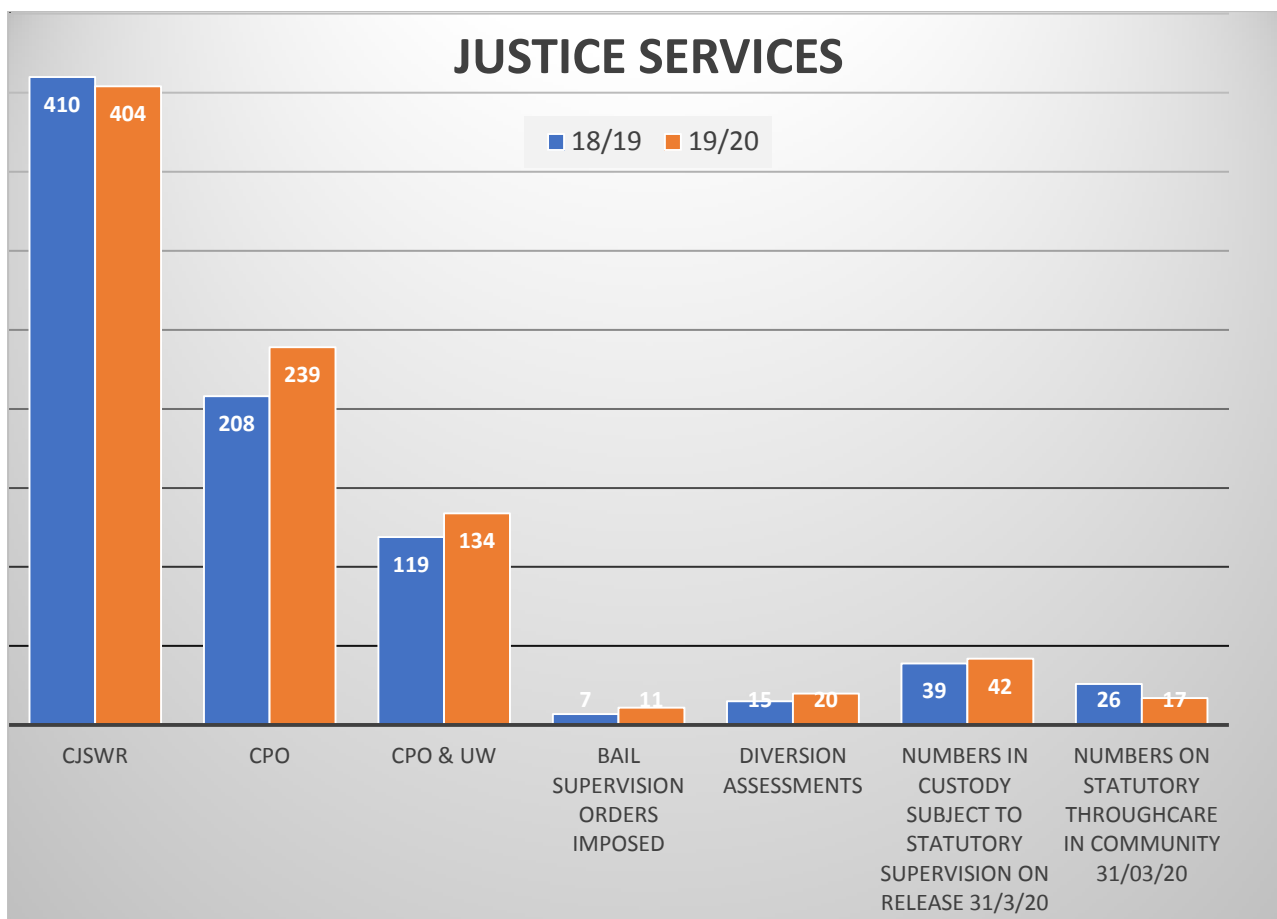
2.26 On the 27th January 2020, we received a letter from the Care Inspectorate advising of the forthcoming Joint Inspection of Services for Children and Young People in need of care and protection in the Clackmannanshire Community Planning Partnership Area. During the next two months, time was spent circulating questionnaires as well as drawing up the plan for inspection activities. However, due to the COVID-19 lockdown that started at the end of March 2020, the Inspection was suspended.

2.27 We received formal notification in November 2020 that the Inspection was ceased.

JUSTICE

2.28 The Criminal Justice Service had comparable demand figures in 2019/20 compared with the previous year. The slight reduction in Court reports translated into an increase in Community Payback Orders which demonstrates the positive use of community orders.

2.29 The Service successfully managed and supported 11 individuals subject to the Early Release programme. This process has assisted greatly in improving the relationship and activity undertaken by the SACRO Public Social Partnership.



2.30 The Justice Service has traditionally benefitted from a very stable staff team. However, from September 2019 onwards, the Service was faced with almost 80% absence amongst unpaid work staff and 48% absence amongst social workers due to long term non-work related medical conditions. Whilst this deficit was managed through redeploying social work assistants, employing an agency worker for report writing and the general goodwill of all team members for taking on additional tasks and workload, it emphasised the limited resilience that a small local authority has when faced with unexpected and significant absences.

Community Justice

2.31 Clackmannanshire has a very active and vibrant community justice partnership. In January 2020, a 'Knowing Clackmannanshire' event was held in Alloa to bring statutory and community resources together. Over 100 people attended this event with constructive and useful links being made. A directory of contacts is being taken forward.

2.32 The Recovery Community café in Alloa continues to grow in strength and numbers. During the year, a variety of leaders and managers of services in the county were actively targeted and invited for tea and a chat to help understand what was happening within the recovery community, and how they could support this. Links have been developed with local sports organisations and there are now a

range of physical activities on offer. The opportunity to engage in supported activities has allowed recovery members not only to improve their physical and mental wellbeing but it has also provided important opportunities for personal development, training and work.

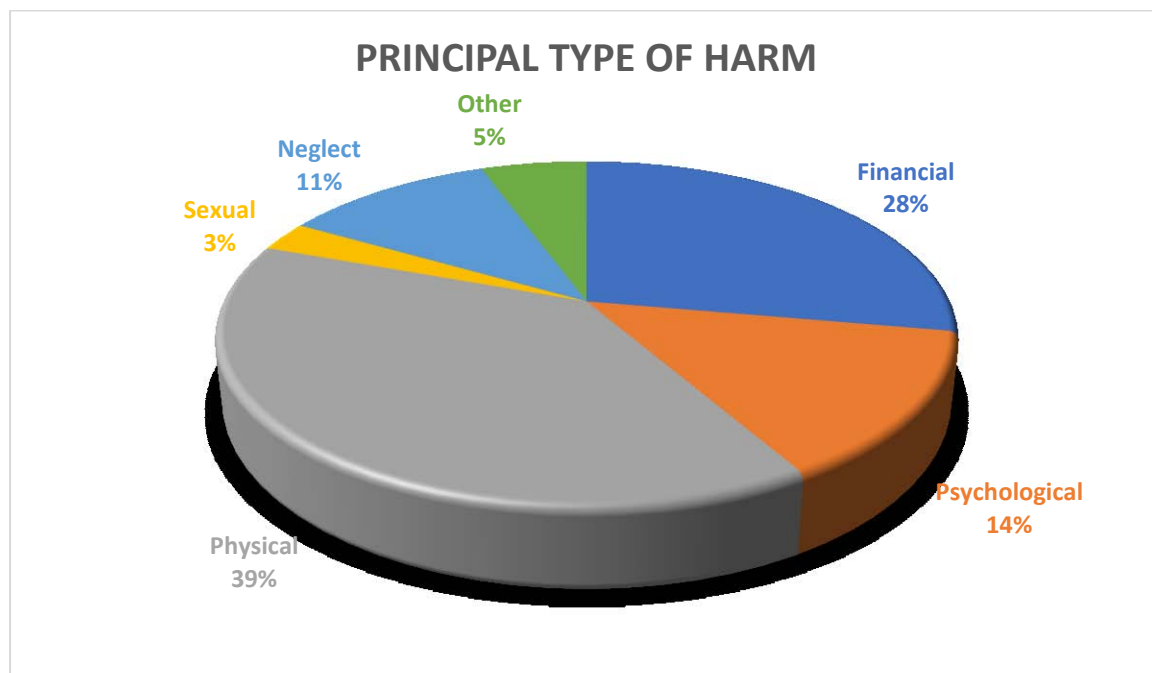
Adult Support and Protection (ASP)

2.33 The number of referrals has increased significantly over the year which is attributable to a combination of revised recording processes and increased awareness of ASP throughout our community and partner organisations. Our processes are now consistent across both Council areas covered within our Health and Social Care structure.

ASP activity

	2017/18	2018/19	2019/20
Number of referrals	94	143	296
Number of investigations	25	39	36
Number of case conferences	3	3	3

2.34 There were 36 ASP investigations in 2019-20 with the main type of harm investigated being physical harm (39%). The main client group was physical disability, with the majority of harm occurring within the adult’s own home.



2.35 Reports of physical harm upon adults within their own homes were predominantly from Care at Home services and Community Nursing services. We

have invested considerably in ASP training with staff associated with such services which has accounted for a significant proportion of increased referrals of harm in the home. We have developed easy read service user leaflets for adults and their families to provide clarity of process and expectations from the outset of an ASP investigation together with understanding of the case conference process.

2.36 A review of operational practice of the management of ASP within the community is underway. Whilst processes and systems are clear an evaluation of current performance and the delivery of statutory functions is required. This will bring assurance with regard process and ensure that we continue to reduce risk of harm across community services including care at home and care homes.

Mental Health Officers (MHOs)

Adults with Incapacity

2.37 Local Authorities have a duty, where someone over the age of 16 who has a mental disorder is deemed incapable of making decisions to safeguard his/her welfare and/or property or finances, to carry out an assessment and make recommendations as to whether someone else should be given the legal authority to make decisions on their behalf. Mental Health Officers undertake these assessments. Any person with an interest in an individual's welfare including a family member may make an application to Court to be appointed as their guardian.

2.38 Most welfare guardianships orders are private applications, where an adult with a relevant interest in the subject of the order e.g. a relative or friend, is appointed. Where there is no one who is willing or able to act, then the Chief Social Work Officer may be appointed to act as Welfare Guardian.

2.39 There have been continuing challenges in 2019-20 for the MHO workforce in managing the year on year increase in guardianship applications under the Adults with Incapacity Act 2000. This increase reflects a national trend for all Local Authorities.

Guardianship Orders

	2018-19	2019-20
Existing Guardianships Total (private and local authority)	135	139
Local Authority Existing Guardianships	27	28
Private Guardianship Orders NEW	21	11
LA Guardianship Orders NEW	6	7

Rates of Detention under the Mental Health (Care and Treatment) (Scotland) Act 2003

Category of Detention	April 18 - March 19	April 19 – March 20
Emergency Detention Certificates	29	28
Short Term Detention Certificates	57	35
Compulsory Treatment Orders	41	38

HSCP

2.40 A review of Adult Social Care has been carried out and an Improvement Plan is being developed which will progress the recommendations laid within the final Review Report. A process of engagement with staff has been undertaken and their feedback will inform the next steps.

2.41 The Improvement Plan is focused on the ethos of choice and control and asset based assessment within adult social care and will result in new assessment tools & training which will ensure assessment processes take account of re-ablement, self-management and person centred care. This forms a part of the new model of care being developed by the HSCP across Clackmannanshire and Stirling.

2.42 In line with the new model of care being developed, a TEC first approach is being explored with a lead officer being seconded to map current activity & approaches. We will seek additional funding and resource through the national TEC Programme to support appropriate investment in TEC. In turn, this will support SDS and person centred care, particularly in rural areas of Clackmannanshire.

2.43 Based on the Home First model of care a Hospital to Home model of integrated care in community is being developed to support prevention of unnecessary admission, keep people safely at home / homely setting and/or effective & successful discharge planning.

2.44 The Care Home Assessment and Review Team (CHART) was in its infancy as COVID-19 hit. However, the response to the pandemic has focussed and accelerated this approach. The multi-disciplinary team works with independent sector care homes on issues of infection control, environment, clinical and care assurance and quality of care, providing where necessary additional nursing and social care staff within the home as well as identifying where other practitioners are required including pharmacy and AHPs. The Team has been recognised nationally by the Cabinet Secretary and the Care Inspectorate as a model of good practice.

Learning Disability

2.45 Learning Disability services have been working with the Housing sector in Clackmannanshire to create appropriate, flexible and bespoke housing as a direct alternative to residential care. The preferred model is a combination of 24/7 group

and individual supported living with Technology Enabled Care, in line with the requirements of the Scottish Government's Coming Home Report.

2.46 This work will continue for the foreseeable future with lead in times for planning and building of the specific new build of 16 units, by the end of 2021. Plans are at an advanced stage to support 7 individuals who are currently in Lochview Hospital, Larbert, to transfer into these units once built.

2.47 Learning Disability Day Services, both in-house and externally commissioned, continue to redesign. Greater focus is being placed on community outreach support as an alternative to building based services as well as developing supported models of employment via the Social Enterprise model.

2.48 There are regular bi-monthly meetings taking place via a providers' forum to discuss and debate the details of the preferred models of care and how best to implement them.

Mental Health

2.49 As with Learning Disability Services, Mental Health Services have also been working with the Housing sector regarding appropriate housing models to encourage community living. This embraces our model of care. We are actively engaged with carers and partners agencies regarding community resources as resilience needs to be increased within communities to help address issues as we move forward.

2.50 During 2019/20, Community Nursing and Social Work Staff, Learning Disability & Mental Health teams moved to a model of single line management. It is expected that this will improve workings between the teams and ultimately, a better service for clients.

3. RESOURCES

Children's and Justice Services Overview

3.1 At the end of the financial year 2019-20, the Service expenditure for Children and Justice came to £14.388m against a revised budget of £13.6685m. This equated to an overspend of £0.720m.

	Full Year Budget 2019/20	Actual Expenditure	Variance Actual to Budget	Variance - Actual to Budget
Children's Care and Support	8,657	8,732	75	-216
Criminal Justice	1,451	1,499	48	22
Management and Service Strategy	1,902	1,782	-121	-147
Residential Placements	1,658	2,376	718	52
Grand Total	13,668	14,388	720	-288

3.2 During the past 4 years, the focus has been on reducing the number of out of area high cost residential placements by developing and imbedding the re-balance of Care Strategy. This strategy was making considerable progress each year with the number down to 15 in 2019/20.

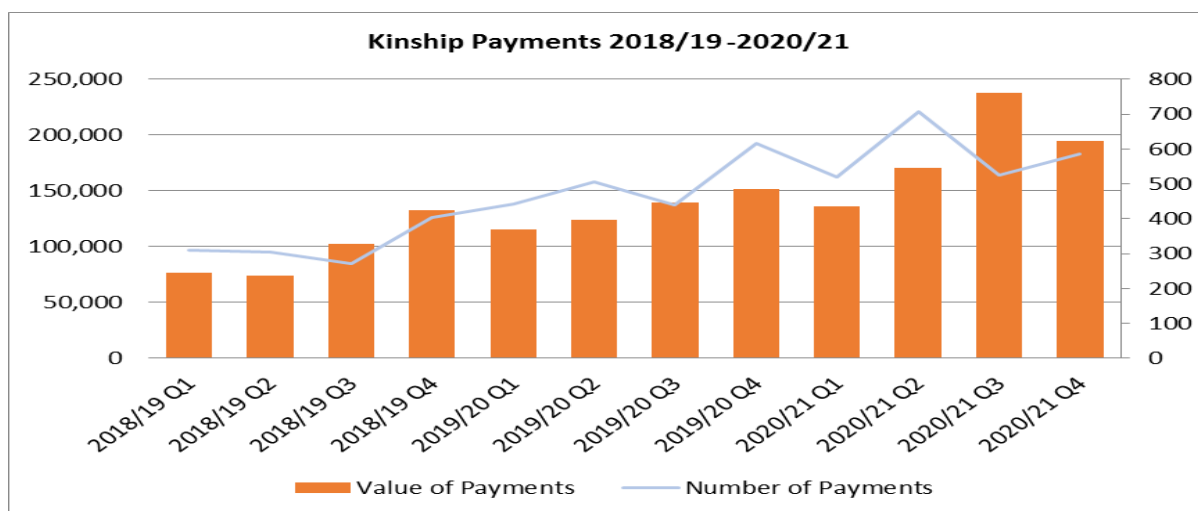
3.3 However, from the end of 2019 to date, there has been a spike in high risk referrals. We saw 13 C&YP being placed in external residential care at the onset of COVID-19 and now have a total of 16 placements. As the cost of external placements are significant (anything between £2,500 to 6,000 per week per child), this has placed considerable budget pressures on the service.

3.4 As can be seen from the above table, we achieved an overspend of nearly £720,000 on external placements for 2019/20. There is no doubt that the impact of COVID-19 detailed above, will have a major impact on the 2020/21 budget with these additional placements.

3.5 Within the fostering provision considerable work and focus has gone into increasing the number of foster carers. However, it is questionable whether the county will ever have appropriate capacity to align with our benchmarking group of local authority areas. In these areas, internal to external carer provision is 74% to 26%, whilst in Clackmannanshire, it is 31% to 69%. As an external foster placement costs approximately £25,000 more, this brings considerable additional cost to the local authority.

3.6 Kinship care is an area that has grown considerably over the years and is something we are committed to. Over the past 4 years, there has been an 86% growth of children and young people being placed in kinship care, with our current figure sitting at 173.

3.7 The following graph charts Kinship Payments costs over the last 2 years with us forecasting costs to take us to the end of the 2020/21 financial year:



3.8 As can be seen, Kinship Care comes at a significant cost. However, this cost is substantially less than if these children had followed the previous placement patterns, where they would have been placed in external fostering or residential provision.

3.9 The local infrastructure of commissioned services play a critical role in meeting the significant socio-economic and demographic challenges in Clackmannanshire. All services need to focus on early intervention/prevention - and work collaboratively - if we are to shift the balance of care. Our partners play a key role in helping us address service demand - both at the intensive and high risk end, as well as the welfare and support end.

3.10 With the impact of COVID-19 and emerging concerns and issues, the time is appropriate to review our commissioned services to ensure we are using this budget as effectively and efficiently as is possible, as well as achieving our identified outcomes.

3.11 We must consider alternative models of delivery – but which are focussed around collaborative working - for fostering resources; children’s residential arrangements; and joint commissioning for targeted intensive family support services. This would offer alternative opportunities to reduce spend on our high cost pressures, namely:

- External fostering
- External residential packages
- Commissioning budget

3.12 Whilst Clackmannanshire Children’s Services will continue to face significant budgetary challenges due to its small size, there are real opportunities to build on and develop commissioning arrangements with our partners across Forth Valley. This could potentially offer more cost effective contracts whilst also aligning with Scottish Government policy and associated funding streams. This work is currently in the very early development phase but is a priority area within our transformational programme.

Adult Services

Health and Social Care Partnership

	Annual Budget 2019/20	Actual Spend 2019/20	Underspend
HSCP	£17.085m	£16,187m	£0.897m

3.13 Health and Social Care functions delegated to the IJB show a total spend for 2019/20 of £16.187m compared to the budget of £17.085m, an underspend of £0.897m. This underspend mainly relates to staff turnover and the deferral of plans to recruit to vacant posts, in addition, the costs of purchased care have been lower than anticipated.

3.14 The impact of the Covid19 pandemic is the great risk facing the IJB. It will continue to affect the demand for and delivery of Health and Social Care services and the cost of these for a considerable period.

3.15 It does however, also bring opportunities to accelerate the redesign and transformation of service delivery. This, along with the social work review, will help drive forward the service so that it can meet the demands and pressures of a changing demographic landscape.

4. WORKFORCE

a) Workforce

- 4.1 Throughout the year, there has been a mixed picture of staffing vacancies within the various services:

Vacancies between 01/04/19 – 31/03/20

Service	Closed / Filled	Open	Unfilled	Withdrawn	Grand Total
Adult Provision	41	1	2		44
Assessment Care Management	7		3		10
Children's Services	17	1	3	1	22
Criminal Justice	1		3		4
Grand Total	66	2	11	1	80

Children's Services

- 4.2 Children's Services continue to see a regular turnover of staff within the service. Whilst we are actively trying to attract people into the service, our main issue relates to retaining staff on a long term basis. Due to the location of Clackmannanshire, we are in direct competition with numerous local authorities for staff recruitment. Further, the majority of staff do not live within the county which brings the issue of travelling to the workplace (cost and time) as additional factors we have to contend with.
- 4.3 It is pleasing to see however, that as a direct result of two years of intensive work in developing and building student placements within the service – including a strong induction programme - this has translated into a significant increase in applications when adverts are posted. We continue to build on our links with Stirling University where our reputation in investing in people and talent is increasing.
- 4.4 Of caution however, is that running alongside this positive are the resulting issues that emerge from the majority of applications for vacant posts being

from newly qualified social workers. This has resulted in an imbalance of experience within the team which in turn has significantly impacted on the choice and availability of appropriately skilled and experienced staff to allocate child protection work to. It has also created substantial time requirements and additional tasks for line managers who are supervising recently qualified staff.

- 4.5 Multi-agency child protection training has been delivered throughout 2019/2020, and has included:
- An Introduction to Child Protection for all staff who come in contact with children and families;
 - Child Sexual Exploitation, more specialist training which focusses on identifying and supporting victims and their families
 - Children affected by Domestic Abuse, Parental Substance Use and Parental Mental Health Issues, training which identifies the links between these issues and their impact on children and families.
- 4.6 The above training will not only assist with multi agency understanding of child protection issues, but will assist the new workers to build relations with colleagues. Staff changes can bring instability so we are carefully monitoring when new workers are coming in, and when relevant training is required.

Criminal Justice Services

- 4.7 Within Criminal Justice, the service has again been able to function within a stable team environment which helps build consistency and experience. There have been some long-term absences which have impacted but these have had to have been managed within budget restraints.

Adult Social Work Services (Health and Social Care Partnership)

- 4.8 As the Health and Social Care Partnership (HSCP) includes Clackmannanshire and Stirling, there were workforce changes across the partnership as a whole, not just Clackmannanshire. Additional capacity has been established at Senior Leadership level within the HSCP and with a new Locality Manager post created in Stirling, whilst the Clackmannanshire post was recruited into. An additional post of Organisational Development Officer - to support ongoing workforce development and support the integration of teams across Clackmannanshire and Stirling – has been created.
- 4.9 During the year a review of Adult Social Work took place. Whilst this concluded just as COVID-19 commenced, the work to reorganise and restructure is continuing. At the heart of this is to enable professionals to do their key statutory tasks and raise practice standards. As such, rather than

have generic manager posts, these will be filled by social work managers who can actively take forward assessments and practice tasks within their teams.

- 4.10 To help drive forward the social work review within the HSCP, a joint Staff Forum continues to develop. The aim of this is to provide a dedicated forum for staff and trade union issues to be raised and discussed. The Head of Community Health and Care has, in addition, established monthly meetings to encourage communication and dialogue.
- 4.11 Mental Health Officers (MHO) numbers remain appropriate. Whilst the Council currently has 7 accredited MHOs, one new Community Mental Health Officer post has been created to manage the increasing need for this critical role in service delivery. As we plan for 2020 onwards, we are aiming to train one further MHO via the Edinburgh University award which would increase the workforce to 8. This increase in MHO staffing will assist in sustaining the service in the future.

b) Staff Development

- 4.12 In February 2019 the Council approved its Strategic Workforce Plan (2019-22). This plan outlined how the Council would develop its workforce to achieve:
- A positive and inclusive organisational culture;
 - A sustainable and resilient workforce;
A workforce which feels supported, empowered, respected and engaged;
and
 - A workforce which has the knowledge, skills and behaviours capable of meeting future demands.
- 4.13 Included within this workforce plan was a commitment to develop and roll out a more detailed, directorate based approach to workforce planning. The aim was that these directorate based workforce plans would take cognisance of service areas specific workforce issues, and identify the actions required in order to meet demand from communities, address supply issues within the staff base, or issues with staff health, wellbeing, communication, or training.
- 4.14 To support the development of these plans, a directorate based workforce planning toolkit was developed, in addition to workforce planning becoming a key strategic enabler of the business planning cycle via guidance, and alignment of key deadlines.
- 4.15 Additionally, whilst the Council's Strategic Workforce Plan is a key enabler for workforce development within Social Services, it is also complemented by the Clackmannanshire and Stirling Health and Social Care Partnerships Strategic Workforce Plan, which identifies a baseline for future workforce development for those staff working across local authority and NHS boundaries.

- 4.16 As there is varying team mixes of experience and skills across services communication between service managers and learning and development staff is crucial in ensuring that appropriate practice learning activities are targeted for the right staff group, at the right time.
- 4.17 Keeping People Safe in Forth Valley: A Shared Commitment. This was a multi-agency public protection training session which included child protection, adult protection, gender-based violence, substance use and MAPPA, and was delivered for staff to highlight the interconnected issues and promote an understanding that there is a shared responsibility to identify and seek appropriate help for all vulnerable people in contact with services
- 4.18 Due to the close working relations within Forth Valley, and the single agencies that work across 3 local authorities (ie Police Scotland and NHS Forth Valley), we need to ensure that training and staff development opportunities are balanced so that we are able to develop both internally, AND, on a Forth Valley basis.

5. COVID-19

- 5.1 Whilst COVID-19 has affected all social work services, services have shown flexibility and agile thinking and planning to ensure that the most vulnerable in our communities have been protected. Responding to Scottish Government guidance, we have ensured that critical services have been maintained throughout this period.
- 5.2 With the majority of staff working from home, managers had to introduce mobile duty teams to ensure that those presenting the greatest risk - either through referrals for child or adult protection concerns, or those already on statutory orders and licences – were seen as and when required. The availability and supply of PPE has been appropriate ensuring that these tasks can be carried out in compliance with health and safety guidelines.
- 5.3 The biggest challenge for all services has been the shift from face to face contact to virtual contact. Unfortunately, the vast majority of the workforce in Clackmannanshire was not equipped for mobile working when COVID-19 hit. This has had a detrimental affect on staff being able to effectively work from home, as well as having reduced resource availability.
- 5.4 As a result of the above, we have not had access to a fully functioning workforce to assist in carrying out all tasks. Further, those with IT equipment have had disproportionately more work to complete raising stress and fatigue as major issues. For those able to work but not having appropriate equipment, there has been a significant feeling of frustration.
- 5.5 Although the office has been used during COVID-19, numbers have been capped for health and safety reasons. Again, this has impacted on numbers available to actively take on work tasks.

Children's Services

- 5.6 Children's services are facing increasing demands. Although part of this relates to a three year upward trend, there is no doubt that the impact of COVID-19 has resulted in a substantial increase in referrals. Whilst we have prioritised our statutory duties, demand pressures are putting significant strain on service delivery
- 5.7 During the first 6 months of COVID-19, the service received 565 referrals. Of these a significant number (138) were screened out requiring no further action or role identified for Social Work Services. However, 127 were Vulnerable Person's Database (VPD).

- 5.8 We analysed the above and found that the GIRFEC model was not being fully followed by some partners resulting in inappropriate referrals. The Children's Service Duty Team are currently reviewing the referral pathway into the Duty Service to ensure the GIRFEC Practice Model is being robustly applied by partners and stakeholders. It is anticipated this will ensure early intervention is being identified and targeted and that a rights strength based approach is being applied prior to referral into the service.
- 5.9 We did find that significant progress had been with both Police Scotland and Education Services. We worked closely with the Police regarding referrals earlier in the year and as a result we are now seeing agreed thresholds across the Public Protection Unit and Social Work Services being demonstrated.
- 5.10 At the start of lockdown, Clackmannanshire Education Vulnerability Group was established with Social Work becoming a key partner. Here, discussion focussed on ensuring a GIRFEC approach to reducing risk, meeting need and diverting families from Social Work was at the heart of what we were doing. This has had a positive impact on reducing service demand within social work services with children and families being able to receive the appropriate help and support required rather than simply referring to social work.
- 5.11 Our pilot project STRIVE (Safeguarding through Rapid Intervention), is designed to target early intervention/prevention on a multi-agency basis for those people identified as requiring help and support that does not meet statutory thresholds. We are currently working with partners to increase the STRIVE role in tackling the rising welfare referral numbers detailed above.
- 5.12 Many trauma informed approaches and interventions are being identified to progress plans to mitigate risk and meet needs. However, due to the personal and emotional work this entails, this usually cannot be undertaken in the family home or via virtual platforms. Unfortunately, the availability of appropriate office space is reduced due to COVID-19 restrictions being in place. We are actively looking at all options, with partners, to see if alternatives can be found as we do not want to see registrations continue for longer than is required.
- 5.13 In summary, Clackmannanshire has, and continues to experience, two different pressure points since COVID-19 began. Firstly, a significant rise in welfare referrals. Secondly, a substantial rise in complex, child protection cases. Both of these are on top of the increasing demand which we had been experiencing over the previous years.

Children with Disabilities

- 5.14 Workers within the Children with Disabilities Team have maintained regular contact with families, particularly those identified as likely to struggle during this time. All of the carers have mobile phone numbers for individual social workers and these have been utilised well by carers.

5.15 Carers have contacted the Children with Disabilities Social Work Team at times of difficulty to seek extra support. For families who are struggling financially food parcels have been delivered by The Gate.

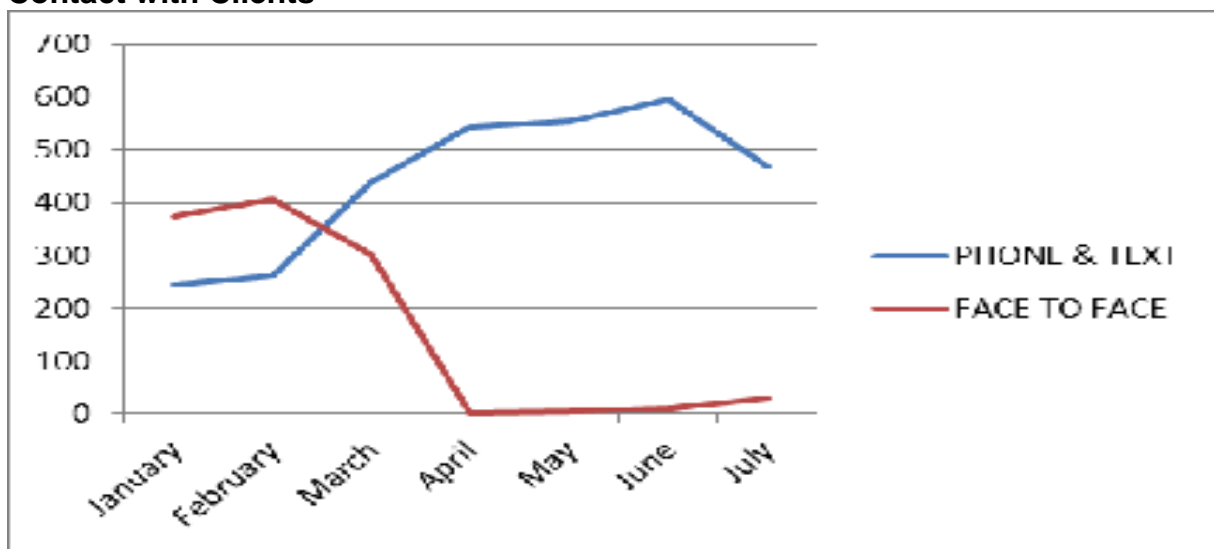
5.16 Many carers have also established links with the Carers Centre in Falkirk, making direct contact with them for advice and support. Some carer providers have continued to deliver a service and in some cases the use of 'holiday hours' has been increased to help with any crisis that has arisen.

5.17 Providers such as Play Alloa have maintained weekly contact with children and have created virtual games and groups including supporting peers to set up their own groups. Play Alloa have also provided Wellbeing boxes (funded by the Government Wellbeing Fund) for the children with whom they are involved with. Boxes include Amazon Fire Tablet with Apps loaded, arts and crafts material, fidget/sensory toys, Lego and various games suitable for the child's ability.

Justice Services

5.18 The impact of COVID-19 has brought change in both demand for Justice Services and the way the service is delivered. The chart below demonstrates the dramatic impact on contact:

Contact with Clients



5.19 A National Justice Recovery Plan was created which helped the service to establish a local recovery plan. This ensured that the needs and demands of Clackmannanshire clients and service were considered.

5.20 As the pandemic has progressed, we have been able to see a gradual (but controlled) re-introduction of face-to-face contact. The priority focus has been placed

on clients presenting the highest risk as well as those with significant needs and vulnerabilities.

5.21 In terms of volume of work, COVID-19 saw the numbers of report requests drop from 87 in the first quarter of 2020 to 18 in the second quarter. Similarly, the number of CPO's imposed dropped from 74 in the first quarter to 3 in the second quarter. Court Business has still not returned to normal levels but is expected to increase from 1 September. Of note however is from July onwards, the number of Court Report requests we received asking for Caledonian assessments (specifically related to offences involving domestic abuse) has continued to rise.

5.22 Unpaid Work has been significantly impacted on with no activity until the incremental resumption of this service from August 2020 onwards.. The traditional workings of a 'supervisor, squad and vehicle' have not been possible due to health and safety guidance. As such, the service has had to work closely with partners to identify small, more bespoke activities. Whilst time consuming, this potentially offers real opportunities to work with a variety of partners in identifying better outcomes for the service and our clients.

5.23 For Unpaid Work the biggest challenge will be to accommodate new CPO Orders and hours when there is already a backlog of over 10,000 hours outstanding from the point of lockdown. The service has developed an action plan that includes the following key developmental activities:

- Ongoing discussions with 3rd Sector interface to look to increase number of singleton CPO unpaid work placements available
- Maximising "other activity" opportunities by utilising increased on-line opportunities being provided by APEX and other key partners
- To progress a partnership/commissioned arrangement with a social enterprise company to provide a further unpaid work squad to complement our existing service and increase Unpaid Work activity by 33% This would be funded by our Community Justice Partnership

5.24 The Social Work Team based in HMP Glenochil has continued to be office based due to significant delays in accessing IT equipment. Whilst there was a reduction in demand due to the closure and suspension of key business activities (ie Parole Board), this is once again increasing as the national justice system re-starts.

5.25 The MAPPA team has operated throughout the year with a blended model of office and home working. IT capacity to support this approach has been provided by Police Scotland. Virtual meetings have taken place for all MAPPA cases as well as strategic assurance via the SOG.

Adult Services

5.26 The HSCP submitted the Mobilisation Plan to Scottish Government in March 2020 and reports monthly against the spend for mobilisation of the response to COVID-19. A Renewal Plan and a Re-Mobilisation Plan have now been compiled.

5.27 COVID-19 has accelerated some activity particularly integrated community services and working closely with Care Homes to provide support and assurance.

5.28 The HSCP has worked with the third sector including the carers centre to ensure emergency plans were in place for carers and those isolated and shielding had access to food and medicines as required.

5.29 For community health and social care there was a business as usual ethos as individual service users continued to seek support and care throughout the pandemic. However, some individuals asked for their packages of care to be withdrawn and family members / friends took on the role of unpaid carers. We are now actively reviewing cases to ascertain if packages of care are still required or whether needs have changed and additional/different supports now need to be put in place.

5.30 The HSCP has participated in Lessons Learned sessions with the Care Inspectorate and with Integration colleagues at Scottish Government as well as Healthcare Improvement Scotland Community Engagement Team.

5.31 The key priorities for recovery are focusing on doing things differently based on an ethos of choice and control as well as Home First; increased capacity to deliver TEC across communities; and the development of Hospital to Home. Each of these priorities support, extend and maintain independence at home.

MHOs

5.32 The Mental Health Tribunal Service (MHTS) for Scotland paused all face to face tribunals and moved to telephone conferencing. This has caused challenges for all parties affected – but particularly Advocacy Services - who have been unable to visit individuals confined within restricted wards.

5.33 The above presents a risk with regards to Human Rights as patients have been unable to develop relationships with Forth Valley Advocacy. Advocates play a key role in referring individuals to solicitors who could appeal their detention in hospital. MHOs have been alert to this and have sought to maintain a level of engagement with patients and staff to sign post and promote the rights of those affected.

5.34 MHOs who have been home working have focussed on reviewing private guardianship orders.

5.35 There are a number of non-urgent Welfare Guardianship Orders which require to be renewed via the Courts but we await guidance from the Scottish Government on when the pausing of these applications will cease.

5.36 Of note, in the last 6 months we have seen an increasing number of people not known to the Mental Health Service presenting for the first time. It appears that these presentations have been influenced by the pandemic and various social factors resulting in some needing to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Staff Wellbeing

5.37 The Clackmannanshire COVID-19 Staff Wellbeing Survey undertaken in May 2020 found that of the 1006 responses received:

- 90% felt their mental well being was between fair and excellent
- 62% had accessed the health and wellbeing section of our website
- 60% responded positively when asked whether they felt support by the Council to balance work and caring responsibilities
- 80% felt supported by their manager or supervisor
- 82% indicated they were having regular contact with their manager and, in general, respondents felt that homeworking had not negatively impacted on their productivity

5.38 The 2020 Staff Survey which will be live during the last quarter in 2020 and due to report in early 2021, will offer a useful benchmarking exercise to ascertain if staff's wellbeing has changed since the COVID-19 survey was completed. Any areas of concern will need to be identified quickly, with appropriate supports being put in place.

5.39 There is no doubt that COVID-19 has affected the whole workforce both personally and professionally. It is for this reason that we will consider the findings of the staff survey carefully as the workforce is our biggest asset and we need to ensure we are protecting one another.

Fiona Duncan
Chief Social Work Officer
December 2020