
Integration Joint Board
15 November 2018

Subject: **Chief Social Work Officer Annual Report**

Purpose: To provide the report of the Chief Social Work Officer to the Integration Joint Board (IJB) as required by the Scottish Government's Guidance.

Recommendation: That the IJB note and endorse the report set out at Appendix 1.

1. EXECUTIVE SUMMARY

- 1.1 There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. (Scotland) Act 1994.
- 1.2 In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
- 1.3 Given all social work and social care functions have been formally delegated to the Integrated Joint Board, it is vital that the Board is sighted on the CSWO annual report and is aware of the key issues.
- 1.4 This is the ninth annual report covering the period of April 2017 to March 2018. It is attached as Appendix 1.

2. BACKGROUND

- 2.1 In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE, the then ADSW and others, identified a more standardised approach to prepare the annual reports.
- 2.2 The report provides an overview by the CSWO of the partnership structures, robust governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery of Social Services. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking, reviewing the preparation for key legislative changes that will impact on our delivery and reviewing the key challenges the service will be facing in the forthcoming year.

- 2.3 The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally. Of particular note, the following three areas should be highlighted:
- The most recent SIMD figures (2016) show a worsening position in North Ayrshire in the domains of Income, Employment, Education and Housing. All of these domains are likely to impact on the demands for Social Work interventions and this appears to be borne out particularly in relation to increased Adult and Child Protection activity, Mental Health, Disabilities and Destitution presentations. There are significant challenges due to a combination of the financial pressures, demographic change and the cost of implementing new legislation and policy.
 - The Audit Scotland Report of 2016 on 'Social Work in Scotland' concluded that *"Current approaches to delivering Social Work Services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for Social Work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use Social Work Services and carers to commission services in a way that makes best use of resources and expertise available locally. They also need to build communities' capacity to better support vulnerable people to live independently in their own homes and communities"*.
 - The new Health and Social Care Partnership structures create possibilities to take a whole system approach to delivery of services and the Social Work role and function within this environment will remain a vital one if these possibilities are to be realised. Throughout this annual report, examples are given of new and innovative approaches to delivery of Social Work Services.

3. PROPOSALS

- 3.1 It is proposed that the IJB note the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1. The key themes and challenges are:
1. The impact of poverty, Welfare Reform etc.
 2. Increasing demand in child protection activity
 3. The capacity of CSWO's to carry out their required functions as well as carry out the work of their substantive posts
 4. The increase in digital technology which requires to be balanced with the need to build relationships with service users.
 5. The cost and impact of new legislation
 6. Addressing the balance of care
 7. The recruitment and retention of Mental Health Officers
 8. The rise in drug deaths
 9. The suicides of young people

3.2 **Anticipated Outcomes**

That the IJB and the Scottish Government are made aware of the significant challenges facing Social Work Services in North Ayrshire.

3.3 **Measuring Impact**

Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.

4. **IMPLICATIONS**

Current models of delivering Social Work Services will change.

Financial :	There are none.
Human Resources :	There are none.
Legal :	There are none.
Equality :	There are none.
Environmental & Sustainability :	There are none.
Key Priorities :	This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire IJB Strategic Plan.
Risk Implications :	There are risks that reducing costs further could affect the quality of services.
Community Benefits :	Anticipated greater community and service user involvement in the design, commissioning and reviewing of Social Work Services.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	✓
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5. **CONSULTATION**

- 5.1 Members of the Extended Partnership Senior Management Team across the partnership have been consulted on this report.

6. **CONCLUSION**

- 6.1 The CSWO Annual Report sets out, for the IJB, the extent of the delivery of Social Services in North Ayrshire and summarises significant aspects of performance in relation to the statutory interventions carried out by the Registered Social Worker and Care Services delivered on behalf of the Local Authority.

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Chief Social Work Officer Report

2017–18



V7.0 working

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Introduction

The CSWO is one of the five statutory officers to the council, appointed by the Chief Executive, and gives professional governance, leadership and accountability for the delivery of safe and effective social work and social care services, both provided directly by the local authority and those commissioned or purchased from the voluntary and private sectors.¹

In April 2015, Integration Joint Boards (IJBs) were established and Health and Social Care Partnerships (HSCPs) formed across Scotland. North Ayrshire Health and Social Care Partnership (NAHSCP) is one of three Ayrshire partnerships formed with NHS Ayrshire & Arran and has lead partnership responsibility for Mental Health and Learning Disability Services as well as Child Health Services.

Since 2015, all Local Authority Social Work responsibilities were delegated by North Ayrshire Council to North Ayrshire Integration Joint Board. The appointment of CSWO is not delegated to the IJB. I was appointed to the role in March 2017, having had a period as Interim CSWO and, previous to that, acting as Deputy for three years. My post within NAHSCP is as Senior Manager for Justice Services. During my 24 years working in North Ayrshire, I have been Area Service Manager and Senior Manager for Children's Services.

Social work services are diverse, from social workers involved in statutory roles and responsibilities across children and adult services, our residential and day care services, care at home and teams delivering targeted interventions to vulnerable groups in all age ranges. All share the same core values focussed on promoting enablement and participation, understanding each individual in the context of family and community and looking at opportunities to build on the strengths of individuals and communities.

In 2015, Scottish Government Social Services Strategic Forum published a Shared Vision and Strategy 2015–2020. The vision of this strategy is 'a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement'.

Achieving this vision cannot be done by working in isolation and social work services have a long track record of working with other agencies and disciplines to support, care for and risk manage (or control) elements of behaviour.

This year's report looks at social work services performance over the past year. However, it is presented in the template format requested by the office of the Chief Social Work Adviser.

¹ Section 3 of the Social Work Scotland Act 1968 , as amended by Section 45 of the Local Government (Scotland) Act 1994

1. Key challenges, developments and improvements during 2017/18

This legislative backdrop sets the framework and expectations of the delivery of social work and health services. It sits alongside the current financial constraints on both local authority and health board funding, the UK Government's ongoing austerity programme and significant changes in welfare reform.

In reviewing the content of this report, there are many areas where I can highlight the contribution and at times, leading role, of our social work teams in supporting NAHSCP in taking forward a significant change agenda. These are:

- Service users and engagement – with many examples of effectively working together on an individual and collective basis.
- Commitment to early intervention and prevention – with a range of initiatives across services that have been established by re-organisation of our workforce rather than separate funding.
- Motivation – to do things differently, and our readiness to work with partners to achieve better outcomes for the people who use our services.

The significant challenges we are facing are:

- Financial constraints – impacting on the sustainability of current models of service delivery in the face of rising demand and complexity.
- Time – to establish sustainable and effective alternative models of care that require to be supported to achieve the desired outcomes.

2. Partnership structures/Governance arrangements

Previously, the CSWO was normally the Director of Social Services a convergence of roles that was widely recognised as being the most straightforward way in which the requirements of the Scottish Government's guidance on this role could be met. The post is one of professional leadership and accountability, but should assist authorities in understanding the complexities of social work service delivery and the role that social work plays in contributing to the achievement of local and national outcomes. The post provides professional advice to local authorities – elected members and officers – in the authority's provision of social work services. In that way, the director's inclusion in all aspects of local authority planning and forums allowed for the CSWO role to be exercised in full.

Since the advent of HSCPs, the linearity of this arrangement has become more complex given the diversity of governance and accountability structures. The responsibility for the operation of social work services was devolved to the IJB and in reflection of the continued importance of this role, the CSWO is a standing member of the IJB as one of the professional advisors. The Director of the HSCP is similarly listed and cannot act in both roles. It is therefore a role that, as in many authorities, has been appointed variously in the HSCP's structures to Heads of Service, or, as in NAHSCP, if none have the appropriate registration, to an experienced officer of the wider senior management team who does meet the requirements.



Currently, the establishment of professional boundaries and clarity within partnership roles is proving to be challenging. Health colleagues require advice from the CSWO in terms of their role, remit and responsibility for the social work tasks undertaken within their integrated teams. Conversely, social workers, rightly demand the support and clarity provided by their lead professional. This has resulted in increasing demands on the time of the CSWO. I now face difficulties in trying to balance the demands of my senior manager role in Justice Services with the professional leadership role within the partnership.

Within NAHSCP, I am a member of the Partnership Senior Management Team (PSMT) alongside Heads of Service, Principal Officers and other professional leads for health disciplines. The PSMT meets on a weekly basis. Out-with these meetings, I meet regularly with NAHSCP Director and Heads of Service and contribute fully to any matters relating to social work quality and performance.

Attendance at forums of the local authority and Community Planning Partnership (CPP), which would previously have been fulfilled by the Director of Social Services (also then CSWO), are now fulfilled by the Director of NAHSCP. It is through regular meetings with the Chief Executive, to whom I am directly accountable, as well as within NAHSCP that communication and consultation is managed allowing me to deliver the functions of the CSWO in North Ayrshire.

Partnership working is the key to the delivery of social services against local and national outcomes. The CPP 'Fair for All Strategy' delivers the Local Outcomes Improvement Plan 2017–2022. This identifies four priorities, all required to build stronger communities for the people of North Ayrshire to live safely, in better health, without poverty, and by giving our children and young people an opportunity to have the best start in life.



As CSWO, I sit on a number of steering groups and strategic partnership forums that look to deliver on CPP's priorities.

The **Children's Services Strategic Partnership** has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Our [Children's Services Plan 2016–20](#) makes promises to the children of North Ayrshire and we are meeting those promises through partnership working and the development of supporting strategies and actions to realise the intended outcomes.

The **Corporate Parenting Strategy** places responsibility on partners for working together to meet the needs of looked after children and young people.

The **Positive Family Partnership Strategy** facilitates engagement with parents and children who are facing difficulties and introduces interventions that are evidence based, such as CEDAR and the SNAP project

Over and above this I am an advisor to North Ayrshire's Chief Officers' Group for Public Protection and am a member of the Child and Adult Protection Committees. I am also a member of the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. In this way, a comprehensive overview is maintained of all issues relating to public protection and of risk management arrangements.

As lead officer for social work in NAHSCP, I chair a monthly Social Work Governance Board that focuses on the quality and support required by our social work staff, both registered and non-registered to ensure we deliver effectively to the people in North Ayrshire. The onset of partnerships has seen this governance board sit amongst one of many that have been set up to establish necessary accountability in the health professions. As health and social care services have become integrated, it is important to maintain a forum in which the professional integrity of a discipline is a key focus. However, it is equally important to have mechanisms by which learning can be shared and scrutiny robustly delivered on any cross cutting issues. I am currently working with the other lead professionals to establish these processes. The Clinical Care and Governance Board is the overarching governance group to which all others report.

3. Social Services delivery landscape

North Ayrshire has a population of 135,890 living across a mix of town and rural communities on the mainland and two island communities, Arran and Cumbrae.

In North Ayrshire, 39% of residents live in 20% of the most deprived areas of Scotland, the fourth highest incidence of deprivation in Scotland; a third of our children live in poverty, a situation second only to Glasgow. Deprivation is directly linked to a higher prevalence of complex individual problems such as mental ill health, increased drug and alcohol problems, criminality, lower life expectancy, illness in later life and poorer outcomes for children.

Social Services provision in North Ayrshire is a mix of in-house services and those commissioned from the third and independent sectors. Over 2017/18, HSCP Social Work Teams commissioned social care services from 217 different providers **and external agencies** at a cost of **£57million** across the full range of service user groups. We have an established Quality Management Framework in place used to both support providers and ensure that any service delivery issues are addressed in an agreed and managed way.

Our partners in the independent and voluntary sectors make a valuable contribution to health and social care provision in North Ayrshire. They ensure ongoing communication and engagement amongst the independent, voluntary and public sectors is of key importance in terms of meeting service user outcomes. Services commissioned by the Council are subject to North Ayrshire Health and Social Care Contract Management Framework which places the interest of service users at the heart of decision making. It focusses on joint working and adopting positive, open relationships in order to meet the needs of service users and their carers.

A number of provider forums have been developed over recent years in response to the desire amongst the independent, public and third sectors to work together to develop and provide high quality, responsive health and social care services. The main forum in operation is North Ayrshire Health and Social Care Providers Forum which meets quarterly and its remit is to discuss any matter relating to the development of delivery of

According to Scottish Index of Multiple Deprivation (SIMD) 2016, **39%** of North Ayrshire's residents live in areas identified as amongst the **most deprived in Scotland**;

39% equates to almost **53,000** people.



Levels of multi-morbidity

(people with more than one chronic medical condition) are higher in the most deprived areas. For example North Coast locality has lower levels of deprivation compared with other areas in North Ayrshire and as such, have lower levels of people with multi-morbidities (**11% for those 65 and over**) compared with areas with higher levels of deprivation, such as Three Towns, where multi-morbidity levels are much higher (**36% for those 65 or older**).



The number of children living in poverty

is increasing each year: In 2016 the Child Poverty Action Group (CPAG) reported that **7,051 (30.4%)** children in North Ayrshire lived in poverty, the second highest level of child poverty in Scotland (Glasgow City has the highest).

care and support services in North Ayrshire. A number of smaller service specific forums are also in operation which meet as and when necessary, e.g., the Children's Services Providers Forum and the Care Home Forum. All forums are directed by representatives from the voluntary, independent and public sectors and feedback indicates that all providers, regardless of how they are funded, find attending the forums a productive use of their time. A review of how effective forums are will take place 2018 to ensure they remain a useful tool in terms of promoting and enhancing partnership working.

Procurement of services can be a lengthy and protracted process in order to meet all legislative requirements. The complexity of procuring the right service in social services can have a serious impact on the quality of life and health of people who use these services and their carers.

We are working with our partners to design a Services Delivery Options Framework. Part of this work will be looking to clarify the different procedures/options alongside details of where, in line with procurement legislation and NAC Standing Orders for Contracts, it is appropriate to choose a particular procedure or contract route.

Finding the right solutions in North Ayrshire, with geographic diversity and two island communities demands that we work on a locality basis. A full review of health and social care services on Arran, our larger island with a population of 5058, has involved comprehensive consultation with partners, service users, carers and community and is drawing to a conclusion. A workforce on the island with social work services integrated in a hub model of delivery is planned. A more recent review is being undertaken in partnership for the smaller island of Cumbrae, with a population of 1,280.

However, the market for social care provision is also being adversely effected by the increasingly significant challenge presented by the ongoing financial constraints on public services and the UK Government's austerity programme. Following the closure of North Ayrshire Citizens Advice Service (NACAS) in March 2018, NAHSCP and North Ayrshire Council agreed that Money Matters would provide a welfare rights service to all North Ayrshire residents and not just HSCP service users. Further resources are being given to Money Matters in 2018 to meet the additional demands on the service. The closure of NACAS resulted in Better off North Ayrshire (BONA) providing debt and financial inclusion services previously provided by Money Matters.

4. Resources

In December 2016, Scottish Government published the Health and Social Care Delivery Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of care and support from hospital to community care settings, and to individual homes when that is the best thing to do. This provides a clear impetus to the wider goal of 50% of the health budget being spent in the community by 2021.

Availability of funding for public services correlates with economic growth which continues to be weak and the ongoing uncertainty on the impact of Brexit.

Other factors impacting on funding for local government services include the protection of other public sector portfolios, implementation of new policy initiatives and the lifting of the public sector pay cap.

Issues of austerity, public sector reform, higher demand for care and support, increased complexity in personal situations presented as well as raised expectation from the public about how that care and support is delivered. The context that social work and social care currently operates in is challenging. Audit Scotland stated in their 2016 report on social work, that social work services are not sustainable in their current form.

NAHSCP established a Change Team in 2015 using the Integrated Care Fund (ICF) monies made available from Scottish Government. This team has supported significant developments across health and social care since that time, generating savings of £1.192million and cost avoidance of £1.299million in partnership services.

With continued demand growth, particularly in community care services for older people, children and families services and learning disability services, savings required have not been achieved and the deficit has increased.

North Ayrshire Council, during the 2017–18 budget setting process, approved the establishment of a Challenge Fund. This is an 'invest to change' programme which is an innovative approach in Scotland and has attracted the attention of Scottish Government.

The Challenge Fund created an opportunity for services, using a change approach, to realise both the required North Ayrshire Council savings and additional savings which could be re-invested in a newly designed service to support future sustainability.

However, during 2017–18 the IJB approved use of £1.4m of the Challenge Fund to alleviate in-year cost pressures. Care home placements were allocated £0.977m and learning disability care packages, £0.423m, leaving £2.6m for Challenge Fund projects.

Whilst a number of the projects in phase 1 are on track and delivering the transformation and savings anticipated, a number of them have not happened in the timelines planned or realised the amounts envisaged. This



**Challenge
Fund**

**£1.4
million**

will be an area of focus during 2018–19 to ensure phase 1 projects are delivered and phase 2 is developed.

A number of services experienced significant in-year budget pressures during 2017–18.

The partnership will continue to face high levels of demand for services, however, it is imperative that services are commissioned within the resources made available and this will be the highest priority during 2018–19.

We have reviewed our Transformation Board that is the governance group for the Challenge Fund. The process of management and scrutiny has been streamlined, and now the Board has a core group that includes the Director, Heads of Service, CSWO and professional clinical leads. The group meets on a monthly basis.

We are undertaking reviews of our current models of care to establish more sustainable approaches to allow us to meet our statutory duties. This inevitably has included the use of assistive technology to enable people to live as independently as possible. However, we recognise the health and wellbeing advantages of reducing social isolation and loneliness (as well as delivering other outcomes). In that way we must remain mindful of not relying solely on new technology, but of creating within communities, opportunities for social inclusion.

5. Service quality and performance including delivery of statutory functions

We work within a framework provided by NAHSCP second strategic plan published in 2018.

Our vision and priorities were endorsed through extensive consultation with the public. They are aligned to those of the Council and the CPP.

‘All people who live in North Ayrshire are able to have a safe, healthy and active life’

North Ayrshire Health and Social Care Partnership priorities

- Tackling inequalities
- Engaging communities
- Bringing services together
- Prevention and early intervention
- Improving mental health and wellbeing

The [annual performance report](#) reflects the overall progress in meeting national outcomes. I shall consider the performance of social work in achieving these priorities and delivering on local and national outcomes.

5.1 Tackling inequalities ...

5.1.1 by addressing poverty:

Service Access dealt with 5,132 individual referrals over 2017–18. Of these 12% were noted as Welfare Rights Destitution, a 44% increase from last year, with 842 referrals in 17/18 compared to 584 in 16/17. 74% of these presentations were from people living in the 20% most deprived of our areas.

Money Matters, throughout 2017–18, continued to tackle inequalities and poverty by ensuring service users receive their legal entitlement to benefits. The team generated over £8.6m in benefits to service users. This included providing advice, assistance and representation at appeals, tribunals to 666 service users. From the cases which progressed to appeal Money Matters achieved a 73% success rate resulting in service users receiving over £1.8m in benefits.

Money Matters also provide a helpdesk service which received 4453 enquiries / referrals. Alongside these services, the team provide financial assessments for non-residential charges in community care packages, kinship care assessments and support to all HSCP teams and management.

Recognising the excellence of what this team achieves, Money Matters received the Herald Society Team of the Year 2017 award in November 2017.



5.1.2 by improving access to work

Users of social services are amongst those who are most stigmatised and disadvantaged in our communities. Particular support is required to assist people to realise their strengths and ambitions as well as engaging with partners to provide opportunities for employment.

Mental Health teams recognised the need for further support for people engaged with their services to access and sustain paid employment. The Individual Placement Support (IPS) (employability service) was piloted by Scottish Association for Mental Health during the past year. Outcomes have exceeded targets, with 20 people accessing jobs – IPS has now been commissioned for a further 3 years.

Justice Services – The Employability Mentor Programme was established in September 2017. The aim was to improve the lives of service users by offering advice about local training and employability support and encouraging service users to build on their individual capacity to find routes into employment.

The following objectives have been achieved by the programme:

- The development of assessment tools and procedures to ensure appropriate levels of support and advice for service users.
- The establishment of data recording mechanisms to reflect service user engagement and uptake of internal/external employability provision.
- Creation and maintenance of positive working relationships with partners across the existing North Ayrshire employability pipeline.

Throughcare – As part of the Corporate Parenting Strategy, our Throughcare team has worked with Ayrshire College on a care leaver event to identify opportunities for young people and to support them through transitions. There is an identified member of staff on each of the three Ayrshire campuses who will support care leavers during their time as students. Furthermore, Throughcare staff liaise with Corporate Parenting staff at colleges and universities outwith Ayrshire to identify supports on offer to care leavers. A further seven young care leavers gained modern apprenticeship positions within North Ayrshire. One young person in residential care has successfully gained an important role as Participation Worker with Who Cares?

These initiatives underline North Ayrshire Council's commitment to being a child centred council. All directorates and the HSCP have integrated this commitment into their work. For instance, from 1st April 2018, all care leavers are exempt from paying Council Tax. These kind of actions help to mitigate the impact of inequalities experienced by young people in North Ayrshire.

Rosemount – The Activity Agreement Programme is well established working with looked after young people who are leaving school to help clarify and support future planning for them. The programme assisted 83.5 % of the young people to transition to a positive destination. These positive destinations included college placements and full time employment, with one young person securing a Modern Apprentice place.

5.1.3 by co-production

Café Solace initiative demonstrates what we would all hope to achieve through engagement with service users and co-production. The first Café Solace was established in Ardrossan in 2015 and is now extended to a further two localities in North Ayrshire,

providing nutritious meals for less than £3 to 4,745 people. I am also happy to report Café Solace won the Tackling Inequalities and Improving Health category at the COSLA 2017 awards.

5.2 Engaging communities

In line with the Christie Commission Report (2011) on the reform of public services, we know that effective services must be designed 'with and for people' and we recognise that meaningful engagement takes us nearer to this goal and will lead to the successful co-production of services.

NAHSCP has benefitted from a full time Engagement Officer who sits within the Change Team. The Change Team has supported and enhanced the further development of our HSCP Locality Forums. This again is reported in our annual report. For the purpose of this report, I shall give examples of how NAHSCP social work teams take an inclusive and consultative approach with carers and service.

Mental Health – The Involved! Group has continued to provide a means of engaging people using services and staff in the development of service user involvement within mental health services, becoming a constituted group in its own right during the past year. The link with the Mental Health Change Programme has resulted in members of the Involved! Group being central to developments in community mental health services in North Ayrshire. The mission statement for the group is:

The Involved! Group is a safe place where people are respected and feel empowered to share ideas and different viewpoints confident in the knowledge that they are listened to by the people that can make a difference in developing services that are of benefit to the people who use them.



this is
my story

Children and Families teams regularly consult, and involve children and young people, supported by representatives from Who Cares?, the national voluntary organisation working with care experienced children and care leavers across Scotland. Children and Families teams have helped give a voice to young people, for example, young people are involved in recruitment panels for residential care workers. In addition, support is provided for children and young people at Looked After and Accommodated Reviews and Child Protection Meetings to enable them to express their views, whether this be verbal, or written or via an Advocacy Worker.

Justice Services – As well as providing the range of core Social Work Justice Services in North Ayrshire, we have seen significant developments in the last year in terms of our engagement with service users and the support we have been able to offer them to find employment. In recognition of this work, and other developments in Social Work Justice Services, our Justice Fieldwork Team received NAHSCP Innovative Team Award in March 2018.

We embarked on a Service User Engagement Project with Strathclyde University in 2016–17 which has been hugely successful. We have developed a User Engagement Council, collectively named the 'MAD' (Making A Difference) Group, all involved have worked hard to co-produce, improve and develop a range of services within North

Ayrshire Social Work Justice Services. To date the involvement and attendance has been significant and progress has taken place on a number of fronts, including:

- Revamping the Justice Social Work reception area, to include a positive thoughts board, book club and suggestions box
- Formulating a Justice Social Work service user entrance questionnaire, to capture the voice of service users from the outset of their involvement in the system
- Creating a Justice Social Work social media account, through twitter and Facebook
- Starting a weekly walking group and gym club
- Using peer mentors within Justice Social Work Services
- Creating a specific 0.5 Desistance Officer post to promote desistance based practice within our service. Our Desistance Officer has lived experience in the justice system and will continue to develop the MAD Group as well as providing group work support for former long term prisoners

5.3 Bringing services together ...

Our workforce is our major resource and the reconfiguration of teams has been geared towards the goals of moving towards a focus on early intervention and prevention and ensuring that intervention is by the right person, in the right place, at the right time and that it is doing the right thing.

Reconfiguration of teams and partnership working can both help realise the desired outcomes for service users and also ensure that social work resources are used efficiently and effectively.

Some examples of this from across the services are given below:

5.3.1 by partnership working

Multi Agency Assessment Screening Hub (MAASH) – We have spoken in previous reports of the development of the Multi Agency Domestic Abuse and Response Team (MADART). This partnership model, working with police, housing, social workers and third sector organisations (Women's Aid and Assist) has undoubtedly helped better support victims of domestic abuse in a more effective and timeous way. The MADART team, alongside social work justice services (notably the Caledonia Programme working with perpetrators of domestic violence) has been a major contributor to reducing levels of domestic abuse in North Ayrshire. There has been a 49% decrease in individuals reported as victims of domestic violence in the past five years and an astonishing 39% reduction on last year's figures.

In 2016–17, the model was extended and MADART now sits within MAASH (Multi-Agency Assessment and Screening Hub). MAASH deals with all concerns referred to and by the police. North Ayrshire has higher numbers of children referred to the Scottish Children's Reporter Administration (SCRA) than other areas of Scotland at 2.3% of all children compared to 1.5% nationally. The highest number of referrals to SCRA were from the police. By establishing MAASH, this has helped to reduce the number of police



referrals to SCRA by 47% this year. MAASH screens and assesses referrals, and support is offered at the earliest time to avert situations escalating to the point where statutory intervention may be required. This kind of approach is in the best interests of families and also averts unnecessary work for our limited registered social worker resource.

We have expanded the role of the hub to include Adult Support and Protection referrals which similarly see a high incidence of referrals from our police colleagues.

Community Alarm and Scottish Ambulance Service – In 2015–16, we piloted a service wherein social care workers from our Community Alarm Service responded to 999 calls via telecare alongside the Scottish Ambulance Service. Evidence of 7,670 bed days saved and over 74% of people remaining in their own homes supports the roll out of this pilot.

5.3.2 by building teams around the child

During 2017–18 we took a targeted approach following identification of two schools, Greenwood Secondary and one of its feeder primary schools, Elderbank. These schools had a particularly high incidence of children referred to the reporter. We located social workers at Greenwood and created a multidisciplinary team drawing on specialist knowledge and expertise in a whole systems approach to work directly with the children and families at risk of escalation to the hearing system.

Early indications, eight months into the project, have shown that targets set have been achieved and in some cases exceeded. Within the two schools there have been no children looked after away from home and a reduction in children and young people being placed on statutory measures. Increased attendance for those children whom the team are working with has also been reported.

Anecdotally, this dedicated approach from social work suggests that both children and families have benefitted from the accessibility and time spent with them. Forging relationships as a vehicle for effecting social change is well versed in social work.

Building on this, we are establishing teams of professionals in each of the six localities in North Ayrshire to work together and, as far as is possible, they will be co-located. This is a major challenge. Accommodation has been secured within Kilwinning Academy and, after building works have finished, social work staff and universal early year staff will move there in January 2019. The learning from this model will then be used to implement teams around the child in the other localities.

The locality team around children and families should ensure that it is more likely that services will be delivered by professionals whom children and their families are familiar with and who are known in the community for their particular role. There will also be improved information sharing across services as the locality teams share concerns in order to develop well informed plans to meet identified needs.

As a response to recent child suicides the Child Protection Committee set up a strategic suicide prevention group as well as an operational group. The primary objective is to reduce the number of incidences of suicides by young people in North Ayrshire. In order to achieve this objective we are:

- Establishing specific multi-agency governance arrangements for partnership working
- Monitoring risk factors including incidences of suicide and attempted suicide

- Developing effective response mechanisms for emerging risk factors
- Establishing an overarching Suicide Prevention Community Action Plan and monitoring this development and implementation
- Ensuring best practice information sharing and benchmarking with partners across Scotland

5.3.3 by creating multi-disciplinary teams around Primary Care

We have been busy building on the success of introducing Community Link Workers to the GP practices in North Ayrshire and are utilising the locality approach to developing teams around practices to better access community based services sooner rather than later. We shall be piloting this approach in one locality in North Ayrshire. Fortnightly, a range of professionals from health, social care and housing meet to discuss patients referred by their GP who have a range of needs. The outcome is that the appropriate service/ person is identified and support/ intervention actioned without delays caused by uncertainty of referral routes or, indeed, if it is made to the correct person.

5.3.4 by integrating our services

Addiction Services – North Ayrshire has a high incidence of drug and alcohol misuse. In 2017 there were 25 confirmed Drug Related Deaths (DRD's) compared to 32 in 2016. Whilst this indicates a decrease, we have to acknowledge that at the time of this report in 2018 there has already been a high number of reported suspected DRDs this year.

Every drug-related death is a tragedy and has devastating impacts on families and children affected. We seek to learn as much about the circumstances through our local Ayrshire and Arran Drug Death Review Group, which is made up of specialists from across NHS Ayrshire & Arran, Police Scotland and the health and social care partnerships. Most drug-related deaths involve multiple-substances. An across Ayrshire framework has been agreed that identifies key improvement areas.

In addition, North Ayrshire ADP Strategic Management Group have agreed to create a North Ayrshire multi service Drug Death Prevention Group reporting directly back to the local Alcohol and Drug Partnership. This will provide a local multi-agency forum aimed at implementing agreed actions at preventing drug related deaths.

Our local North Ayrshire Drug and Alcohol Recovery Services (NADARS) is the first fully integrated social work and health service in North Ayrshire. There are significant and excellent outcomes from this service which consistently exceed national targets in delivering a variety of drug related interventions.

The small social work resource in the service is vital in ensuring that the role and task of the registered social worker in all aspects of child and adult protection activity is realised and the NADARS service works closely with other social work services to ensure a comprehensive system of care and support is in place.

Mental Health and Learning Disabilities – Both teams have an integrated management structure, but face challenges in finding accommodation to enable them to be co-located.

The mental health social work team seconded a team manager to the Change Programme to take forward the visioning, integration and development of the service for the future. A pilot of a single point of access has been carried out to streamline the process for people accessing the service and this will be further developed and implemented when the services co-locate in 2019 to a building now identified.

5.4 Early intervention and prevention ...

Early intervention and prevention is at the core of shifting the balance of care. In children there is a recognition of Adverse Childhood Events (ACES) impacting on social, emotional and behavioural wellbeing that, if not addressed, will lead to further problems and demand on health and social care services. In adult and older peoples services this is probably reflected in the development of services that help the person at an 'earlier' rather than 'later' stage. Without adopting this kind of approach, we will not be able to provide sustainable services in the future.

5.4.1 by targeting our services

Children and Families have an excellent programme of Intervention Services that continue to deliver positive outcomes:

Young Persons Support Team (YPST) has a remit that covers 8–16 year olds and a large portfolio that covers individual support, delivering accredited intervention programmes, and developing programmes that meet identified need. They have continued to run a summer programme supporting young people from areas of deprivation through school summer holidays. The young people are involved in a range of activities during what has historically been a difficult time for both parents and children who live in deprivation. This early intervention has seen none involved being referred to the Children's Reporter on either welfare or offence grounds.

The YPST deliver the 2016 COSLA Bronze Award winning SNAP (Stop Now and Plan), a programme aimed at 8–11 year olds and their parents to improve children's resilience and their ability to deal with their emotions. All children involved in SNAP in 2017–18 maintained attendance at school. This achievement is reflective of the joint work and commitment of parents as partners, by engaging in a complementary group work



programme. The programme is evaluated centrally in Canada, demonstrating the North Ayrshire programme has 92% fidelity in its evidenced based interventions. At the end of the programme 98% of parents reported improved relationships with their children.

Rosemount Project successfully supported **91%** of the young people involved with the crisis intervention intensive support service to remain within their families on a long term basis. This was achieved via the delivery of creative and intensive support packages tailored to meet individual need that includes parenting programmes, individual counselling sessions and issue based group work.

5.4.2 by innovation in our services

YPST – Dedicated workers in the YPST developed CHARLIE, a 30-week group work programme for 8–12 year olds who are living with, or have lived with, parents who have misused substances. The programme reflects the social work values of being non-judgemental and taking a holistic view, as well as understanding the person in their

situation. It uses a peer approach to share experience and structured approaches through mindfulness, theatre and activity. Resilience is built in social and emotional capabilities and the young people are supported to achieve significant and sustainable improvements. Some 43 young people were involved during 2017–18. All the group suffered from high stress levels due to the unpredictable nature of their lives. The young people reported a significant reduction in stress and anxiety from a 10 out of 10 on a daily basis to a 1 out of 10 at the end of the 30 weeks, with only a slight increase to 3 out of 10 at the yearly evaluation. A reduction in anxiety in a non-clinical setting is an encouraging move to early intervention to address issues of mental health and wellbeing.

In our second year of the programme (2016) CHARLIE won the North Ayrshire Achieves for promoting wellbeing and in 2017 were runners up in a national competition for Young Person Programme of the Year through the Herald Society Awards.

Programme Approach Team – The social work team has well established processes in place to ensure that children involved in offending behaviours are getting the right help at the right time through early and effective Intervention. The team offers diversion from prosecution and full implementation of Scottish Government's Whole Systems Approach. Over the course of the last eight years, there has been a 76% reduction in children referred to the Children's Reporter on offence grounds and North Ayrshire has moved from the position of 6th highest referrer to the Reporter to the 12th highest in Scotland.

The dedicated work of the team had identified an increasing number of children referred for potentially harmful sexual behaviours. Research identified that by the time these children were brought to our attention, they had already displayed sexualised behaviours at a much younger age. However, their behaviours were not picked up or identified as problematic at the time.

The team have developed a training programme for all professionals involved with young people that covers awareness raising and developed clear guidance and information to enable services to feel confident and skilled to deliver effective and proportionate responses to children displaying potentially harmful sexual behaviours. It is a first in Scotland and is already drawing attention from Scottish Government

Pathways to a Positive Future – One of our goals is to minimise the number of times a child has to move placement when they become accommodated. We know that multiple placement moves lead to attachment difficulties and social and emotional problems for children that can result in mental ill health, and behaviours that can place children or others at risk. This is especially true for infants. To avert this we established Pathways to a Positive Future a dedicated resource based in Dreghorn which works with parents over a 12 week period, providing parenting capacity assessments which contribute to timeous decision making about a child's future. Although aimed at children aged 0–1 year, 20% of the 46 assessments involved older children due to delays in the permanency process, e.g.:

- Complex legal challenges to the original parenting capacity assessment
- Inadequate parenting capacity assessments completed by external assessors
- Significant change to parental circumstances

Final outcomes have seen nine children return to parental care, five to kinship care and eight children who have had their futures secured by adoption. At recent permanency training, solicitors from the Council Legal Services used examples from a Pathways Parenting Capacity Assessment as good practice in evidential assessment. This has

enabled clarity for Sheriffs in making conclusions deemed to be in children's best interests.

Mental Health – The Recovery College Model is already evidencing positive outcomes in England and Ireland. It has been developed in North Ayrshire with people with lived experience as well as a range of mental health professionals working in the NHS, social work, the voluntary sector and education. Recovery Colleges take an educational approach to mental health with options of tutor courses available. It provides 11 courses in all six localities and it is hoped that the creation of a Public Social Partnership will support a co-production approach and will embed the model in North Ayrshire

5.4.3 by services that maintain older people at home and in good health

Care At Home – Demand for the service has seen an increase of 18% since last year, with 2021 people supported in their own homes. The service is delivered every day of the year and the admirable dedication of staff saw it overcome many challenges that the 2017–18 winter brought, particularly in our rural communities. It is little wonder that the service has maintained Care Inspectorate gradings of 'very good' across all quality themes.

The Reablement Service achieved 50% successful outcomes in that service users were either fully reabled, requiring no further service, or had a reduction in Care at Home services as a result of the intervention. The service has been enhanced by social work assistants and occupational therapists moving into the service. This has resulted in an effective and efficient way in bringing the right people together to provide necessary support at the right time. Of the people who received the service, 84% have rated it as 'excellent' or 'very good'.

5.5 Improving mental health and wellbeing ...



This priority was identified as the most important for the people of North Ayrshire and endorsed by locality forums over the course of 2017–18. Examples of what we have done so far are as follows:

5.5.1 by developing peer support services

North Ayrshire Drug and Alcohol Recovery Service – has pioneered this approach for many years and continues to see that opportunities of sharing common experiences and learning from peers how they overcome problems has enormous benefits.

Mental Health – A new peer support service for adults with mental health problems has been commissioned during the past year in response to feedback from service users about the kind of support they would like to receive. The service will be run by Penumbra

and will support people to connect with others in their local communities to reduce isolation and promote recovery.

5.5.2 by supporting young people to become confident adults

The **YPST programme** has supported six young people to achieve the Duke of Edinburgh awards in all categories and a further young person achieved the John Muir Award for outdoor activity.

The **Rosemount team** has continued to deliver the innovative partnership work with the National Galleries. Young people use art to address their own lives and sketch out what kind of society could exist if the future was in their hands. They have been working on a conceptual skill project called 'Art of the Future'.

5.5.3 by nurturing

Children's Residential Services – have undergone a review over this past year. They prepared to close one of the houses that was no longer fit for purpose and enhance the environment, skill mix and set of staff in the remaining four houses. Each provides care and support for eight young people, many of whom who have experienced trauma and uncertainty in their lives. Staff have been supported by an educational psychologist regarding the benefits of appropriate communication with young people and the adoption of a nurturing approach. This approach is already adopted in our schools.

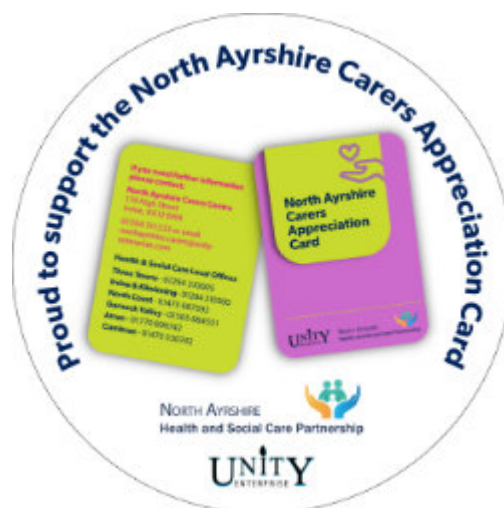
5.5.4 by supporting carers

Many people in North Ayrshire who have a disability or infirmity are cared for by family without any recourse to social work services. At the last census 13,900 identified themselves as carers, yet this is not reflected in the numbers who registered at a carers centre. Whilst carers' assessments have been routinely offered by social work to family carers, the take up remains very low.

Ahead of the Carers (Scotland) Act 2016, implemented in April 2018, we knew we had to increase carer awareness and identification and help build a carer community. NAHSCP introduced our Carers Appreciation Card in 2016. This currently has 41 local businesses offering discounts and other benefits to 430 carers. The card can also be used to identify an individual as a carer to their doctor, when visiting their pharmacy or even in school or at university.

From this early initiative, 1,344 carers are now registered with Unity (Carers Centre) and 107 of these are young carers aged 8–18 years.

Carers (Scotland) Act 2016 places further duties on social services. This includes; the duty to offer and prepare an Adult Carer Support Plan or Young Carer Statement, a duty to set and publish local eligibility criteria, a duty to support carers where eligible need has been identified, a duty to involve carers in the process of discharge planning, a duty to prepare a local carer strategy, and a duty to prepare and publish a short breaks statement.



We have worked with our Corporate Parenting partners and young people to design a Young Carer's Statement. It has been agreed that the Named Person will support the preparation of a Young Carers Statement. We have worked with Unity and adult carers to establish a new Carers Support Plan. We have agreed eligibility thresholds and the data set has been agreed for the first carer census report to be collated from April to September 2018 and reported back in November 2018. A final report will be published in January 2019 detailing the initial impact of the implementation of the Carers Act.

In terms of funding, a small pot of money (£532k) has been given to NAHSCP for the implementation of the Act. According to the Financial Memorandum issued by Scottish Government this amount will increase year on year. NAHSCP needs to ensure this money is used effectively and efficiently for carers in line with our local eligibility criteria and thresholds and that we have established the governance around this. As with all new legislation, the full impact and cost has still to be quantified.

5.6 Statutory duties

Only registered social workers can undertake certain statutory roles, often ones which require to balance competing needs, risks and rights. We have seen a large volume and pace of legislative change within our statutory framework. Many social workers specialise in particular areas of service and become experts in a particular sphere.

5.6.1 *Children and Families Social Work Teams*

Our Children and Families area teams have been involved with 1,897 young people over the course of the past year, just under half of these are in terms of statutory orders made by the Children's Hearing, termed Looked After in statute. As at the end of 2017–18 we have 32% who are looked after at home, 54% looked after in foster care or with friends/relatives, and 12% in residential care. The balance of care is an important and vital consideration for young people. As far as possible we seek to maintain the young person in their own home and community

With the support of the Challenge Fund, we have been able to undertake further significant work to allow this to happen. Under the paradigm of Teams Around the Child, staff redeployment has enabled a focus on moving children from external residential placements back to their own community. There had been 23 young people in external placements. The project sought to identify 12 of these with a target of returning five to their own community. By end of April 2018, we exceeded that target, and six have been successfully returned, achieving approximately £800k saving.

5.6.2 *Child protection*

Child protection continues to remain at the heart of our practice. It is a priority across all multi-agency working, enhanced by good relationships and processes with teams in adult services as the individual's situation demands. In 2016–17, we recognised that time scales for completing child protection work were slipping due to competing demands on the area teams. We therefore realigned our workforce resources and, in October 2017, a dedicated Child Protection Fieldwork Team was established.

An increase of 32% of children on the register has been noted since the establishment of the team and this appears to have uncovered a previously unmet need. Previously, we only completed 2% of CP1's within the 14 day time scale from notification of concern. We

are currently completing 90% of CP1's within the 14 day time scale in the child protection team. We are also seeing the value of workers being able to spend more time with families and children during this process and make more effective plans for better outcomes. This is reflected in the rise in children remaining at home and de registered due to improved home circumstances. There is also evidence that fewer children are being de registered due to the fact they are accommodated.

5.6.3 Fostering and adoption

I have already commented on the value of the Pathways Project in regard to ensuring that children are placed for permanency timeously. The fostering team has run successful campaigns to recruit over the past year and our total numbers of carers stand at 103.

5.6.4 Children with disabilities

There is undoubtedly a significant increase in families caring for children with complex disabilities requiring social work support. Current figures are nearly double that of 2013 with 239 families currently receiving services and at the point of March 2018, 54 were awaiting assessment or reassessment. The reasons for this are manifold, but in no small way linked to the increase of diagnosis of conditions associated with autism and also the advances in health in maintaining young people with significant childhood disorders.

The dynamism within this team is evidenced through their application of the ethos and principles of the Self Directed Support (SDS) agenda. They have, over the years since the legislation was introduced, developed systems and paperwork that meet the needs of open and transparent engagement with families in the process.

We are reviewing our systems and processes regarding SDS in adult services as part of phase 2 of the Challenge Fund.

5.6.5 Community care teams

Adults with long term conditions and older people receive assessment for services from our reformed Locality based teams. There were 3,439 individuals receiving a service in 2017–2018, an increase of 6% over the previous year. Increased demand due to a growing ageing population is well documented as is the multi-morbidity of health conditions they face and the increase in organic mental health conditions such as dementia. The level of support required to maintain people at home is significant.

Dirrans Centre, supporting those who have long term conditions, was awarded 'excellent' grades in this year's inspection. This achievement must be applauded alongside their Platinum award as Employer of the Year from Investors in People for the work done in 2016–17 in maintaining a motivated, skilled team.

Care inspections carried out during 2017–18 on our services such as Care at Home and Day Services for older people, were graded 4 (good) or above. This represents 83.3% of NAHSCP's inspected services and reflects the high quality of services available.

The advances in telecare and assistive technology have enabled many people to remain at home and retain independence. They do so in the security of knowing that help can be summoned when required outwith any dedicated support hours. In essence, these innovations complement planned direct contact and gives them confidence in remaining in their community. However, we need to balance advances in new technology with the value of building relationships with service users to help them fulfil their full potential.

5.6.6 Learning disability services

A huge amount of transformational work has been undertaken by our learning disability teams.

The learning disability team has undertaken specific engagement work with carers and service users as they have worked in collaboration with the Challenge Fund to review sleepover provision. The team has also undertaken a review of respite services to generate additional capacity for new service users transitioning into the service from children's services. This has required detailed negotiations with current service users and their families to reconfigure their respite allocations.

It is clear when reviewing the demand on the service that during 2017–18, we provided 61 new packages of care, 16 of these were for young people who had moved from children's services into adult services, the others were required for a number of reasons, often reflected in ageing carers of a learning disabled adult, or a significant change in the circumstances of the adult. We required to increase 38 packages of care for similar reasons and it is clear that these ongoing demands on the service will increase. Conversely, there are much fewer opportunities to decrease or stop packages given the improvements in life expectancy.

Going forward, the social work service has worked closely with our housing colleagues and have looked to housing solutions that will in future help to alleviate demand for costly packages when delivered in individual but dispersed tenancies. A core supported model of housing will be first realised through the Tarryholme Drive Project in May 2019. This will be followed by further planned initiatives with housing in relation to new builds in all our localities. These will include supported accommodation for adults with disabilities (including mental health and physical disabilities) as well as extra care housing for older people. The current programme is due to be completed by 2022.



5.6.7 Mental health services

The recovery approach adopted within this service and applicable to many people who suffer from mental health problems has enabled the team to work with users of the service to manage care package costs.

However, for the purpose of this report I highlight the significant demand on this service on Mental Health Officer Service which is co-ordinated by the mental health team. In North Ayrshire, the need for the MHO service continues to grow (in line with trends across Scotland) and as the largest group of MHO's sit within the mental health team and also have care management responsibilities, we have seen the team having to prioritise statutory MHO work at times of pressure. This has led to a waiting list for assessments currently sitting at 21. Similarly, they have continued to hold a waiting list for allocation of MHO to provide the report for private guardianship applications. This currently sits at 31.

To alleviate some of this pressure, the team appointed to a full time MHO role and have also negotiated with other teams to take on the supervisory role of private welfare guardians where the adult is care managed by other social work teams. They continue to support and recruit new MHO's to the service, but funding is only for two trainees a year. Balancing that with the ageing profile of the MHO workforce, and the loss through retirement, the situation is not yet stabilised. Over and above that, it is evident that pressures on other social work teams has resulted in them not being in a position to free up their registered social workers to undertake this intensive course. For several years, Children and Families or Justice Services have not been able to provide social workers for MHO training.

The activity of the MHO service is seen at Appendix.

5.6.8. Adult Support & Protection

All our registered social work staff across adult and older peoples' services are classified as council officers in terms of the Adult Support and Protection legislation. I was invited to give a presentation on the role of the CSWO to council officers, which was very well received. See the appendix for the activity undertaken in 2017–18.

During 2017, the Adult Protection Committee took forward an ASP stakeholder's evaluation exercise which led to several changes to further improve ASP practice in North Ayrshire. The evaluation work included interviews with service users and their supporters, who had been supported and protected under the ASP legislation. The innovative approach taken to this work, which involved using peer/volunteer evaluators to conduct the interviews, was widely praised and a research paper on this work will be published in the June 2018 edition of the Adult Protection Journal.

In summer 2017, North Ayrshire put their name forward to volunteer to be included in the very first Joint Thematic Inspection of ASP. This intense process involved sending our self-evaluation ratings along with a variety of evidence to support these, from different sources, to the Care Inspectorate and their Inspection Partners. A variety of additional information was sent off-site to be inspected and this was followed by a week of on-site scrutiny activity.

The resulting inspection report rated North Ayrshire as the top performing area for Adult Support and Protection of the six local authority areas inspected across Scotland. The inspectors agreed with our self-evaluation ratings as follows:

- | | |
|--|-----------|
| • Outcomes for adults at risk of harm | Good |
| • Key process to support ASP practice | Very Good |
| • Leadership and governance in relation to ASP | Very Good |

The very good inspection result has led to five other local authority areas contacting North Ayrshire to request that we share information on our processes and supporting paperwork or to arrange to visit us to discuss how we organise and report on our various processes and our leadership in respect of ASP.

The North Ayrshire Report was generally highly complimentary, typical statements from within our section of the national report included:

- **Outcomes:** *Adults at risk of harm whom we met attested that they were treated with dignity and respect at every stage of their adult support and protection journey.*

- **Processes:** *All of our evidence pointed to the partnership's decisive and consistent operational management of adult support and protection.*
- **Leadership:** *There was ample evidence of a positive culture at all levels in the partnership, from the senior management and leadership teams to the frontline staff. This positive culture was an important contributory factor to the positive safety, support, and protection outcomes that the partnership delivered for adults at risk of harm.*

5.6.9 Public Protection

On 15 December 2015, Scottish Government ministers commenced section 10(1)(e) of the Management of Offenders etc. (Scotland) Act 2005, which took effect on 31 March 2016. This extended the scope of MAPPA to include other Risk of Serious Harm (ROSH) offenders managed in the community, where the responsible authorities assess that a risk of serious harm to the public exists and which requires an active multi-agency response. New paperwork was also produced which helped focus on the ROSH and the risk management plan required to manage the identified risks effectively. This closer adherence to ROSH has resulted in a clearer understanding and agreement of thresholds of risk, and has led to a reduction in MAPPA Level 2 cases and a corresponding increase in MAPPA Level 1s (see Appendix).

ViSOR (Violent and Sex Offender Register) is a database of records of those required to register with the police under the Sexual Offences (Scotland) Act 2009. The vetting required by the UK National ViSOR Standards for access to this database has changed, and has resulted in a significant proportion of Justice Social Workers who are not vetted at the new required levels of NPPV2/3 (Non-Police Personnel Vetting). This creates a risk regarding Police Scotland's compliance with Home Office data protection requirements. NAHSCP Justice Social Work Services have actively addressed issues in regard to ViSOR. All staff have agreed to be vetted at the appropriate level and we have recently been informed that North Ayrshire have the most staff trained in ViSOR in Scotland. We are encouraging routine use of the system by all appropriate members of staff.

6. Workforce

6.1 Professional development and qualifying the workforce

North Ayrshire, unlike many other authorities continues to embrace in-house training as opposed to commissioning from external sources. This arrangement has enabled us to respond quickly to the needs of services. For example, North Ayrshire Social Services Assessment Centre (NASSAC) devised bespoke development sessions with learning disability staff in response to Care Inspectorate Report in Day Services. Key Themes are Medication practice (this will be assessed practice through SVQ), Dignity and respect, positive behaviour support, outcome focused goal planning, positive risk assessment. As mentioned previously, as part of Residential Childcare service redesign, NASSAC provided training for Stage 1 Nurture and Relationship based practice aligning with Nurture Practice and Approaches in all schools

North Ayrshire Social Services Assessment Centre (NASSAC) supported approx. 95 Candidates to achieve an SVQ Award in order to meet registration requirements (SSSC). We deliver SVQ Social Services and Health Care Awards and the Leadership and Management Care Award.

The register for SSSC registration of Care At Home Assistants (CAHA) opened in October 2017. NASSAC are working in partnership with Care at Home services and we are progressing with a 10 year plan to meet SSSC registration requirements for our 700 plus CAHA. Together with Care at Home staff we had a Celebration of Achievement, where 50 staff were given their awards for gaining SVQ levels 2,3 and 4 as well as Leadership and Management qualifications.



We also supported six modern apprentices to achieve their award.

Continuous professional development increases skills and confidence in delivering quality services. We have 65 different course titles that are available to staff through NAHSCP's learning and development calendar. Based on demand and identified learning needs, 57 courses ran with 1825 delegates attending over 2017/18.

6.2 Practice teaching

Practice learning is an essential component of social work training and NAHSCP is committed to providing Practice Learning Opportunities (PLO) for social work students via the Learning Network West (LNW). North Ayrshire Health and Social Care Partnership is well regarded as a source of good quality learning opportunities and we value the partnership working and knowledge exchange activities with our colleagues from the relevant universities, the LNW, Institute for Research and Innovation in Social Services (IRISS), the Social Work Scotland Learning and Development subgroup and the SSSC.

We supported 15 students during autumn and winter 2017–18 to successfully complete their placements. New placement opportunities took place in a homeless hostel (housing) and housing support. Staff from these services completed link worker training alongside HSCP social work staff. Both placements evaluated well and with some consideration given to feedback they could be used again

We have continued to promote and facilitate the Practitioner Forums for practice teachers and link workers to encourage a learning exchange culture across North, South and East Ayrshire. We have also facilitated monthly student groups on a Pan-Ayrshire basis during the peak placement period of September to May where a variety of speakers give input.

6.3 Workforce planning

We continue to experience difficulties in recruiting care at home workers and are working with local colleges and schools to promote a career pathway in social care. Despite there being high levels of unemployment in North Ayrshire, care working is not an option suitable to everyone as it requires skills, resilience and dedication to complete what can be very demanding work both physically and emotionally.

HSCP is sponsoring two workers per year to complete BA Honours degree Social Work (Open University). Service users from Learning Disabilities and the Executive Youth Council were part of the interview process, they chose their own questions, directly spoke to applicants and scored them accordingly. A fantastic example of engagement.

NAHSCP has a workforce that numbers 3,252 split NAC (53%) and NHS (47%). Of these staff, we have 38 registered social workers as Team Managers and 160 registered social workers. At a senior management level, there are just three qualified social workers in a staff group of 13 senior managers. This situation clearly has created difficulties in terms of providing professional social work cover at holiday periods and in succession planning for the CSWO role into the future.

This issue has been raised at the Social Work Governance Board and by the Chief Social Work Officer at the PSMT. Agreement has been given for us to look at the recruitment of qualified social workers, the induction and support structures in place for social workers, career pathways and succession planning. This is a major piece of work which it is hoped will raise the quality of our workforce and encourage and equip qualified social workers to take up promoted posts within the Partnership.

Appendix

MHO service

<i>Mental Health (Care and Treatments) 2003</i>	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>
Emergency detentions	30	29	24	44	44
Short term detentions	71	72	75*	87	69
Compulsory treatment	48	40	54	25	52
Warrants undertaken	2	1	3	1	2

<i>Criminal Justice Act Scotland 1995</i>	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>
CORO	4	4	4	4	4
Compulsion orders	4	4	6	5	6
Hospital directions	1	1	1	1	1
Assessment orders	4	1	2	2	2
Treatment orders	2	1	1	2	2
Transfer for treatment	1	0	3	3	3

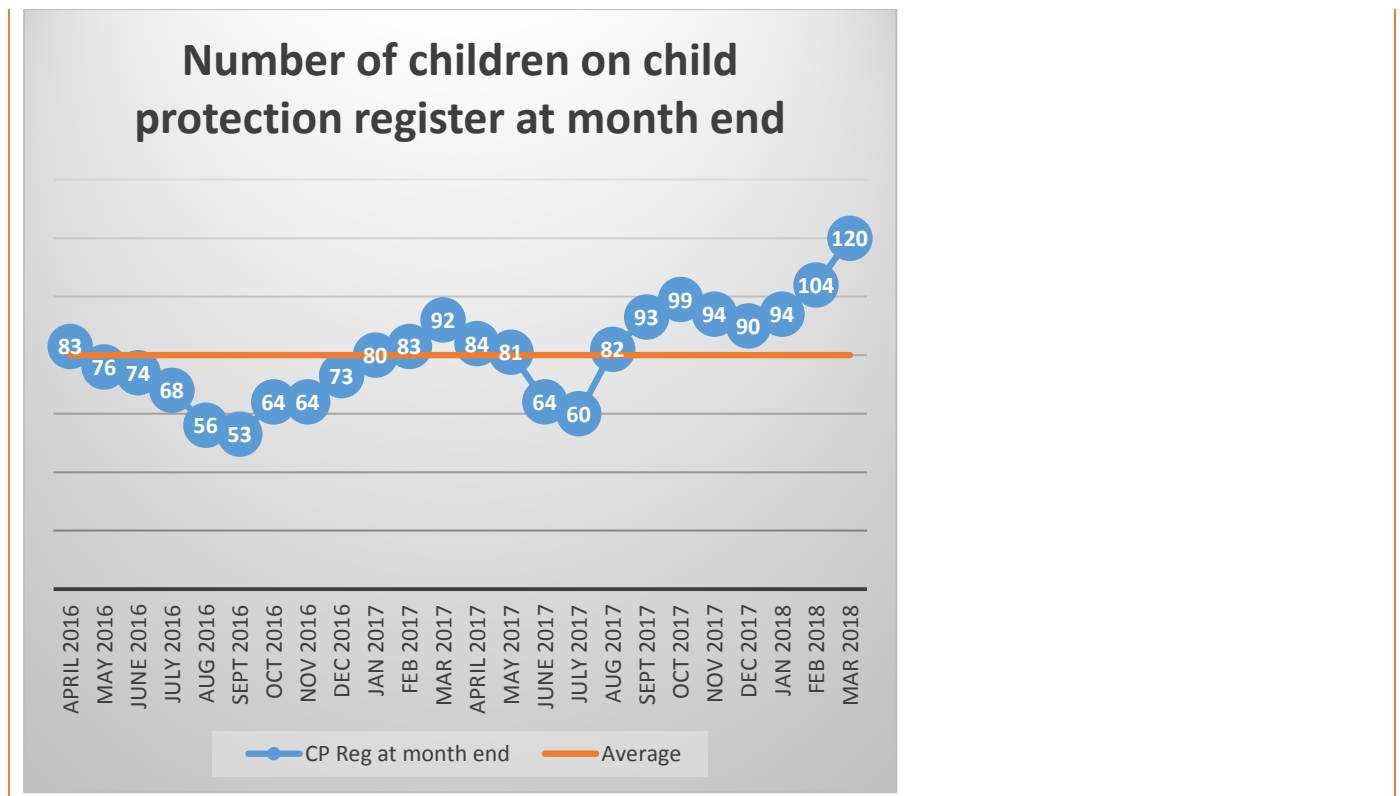
<i>Adults with Incapacity Act (Scotland) 2000</i>	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>
Private Welfare Guardianships *	204	291	255 (60)	287 (67)	367 (92 new)
CSWO Guardianships **	44	47	59 (19)	52 (21)	46 (8 new)
Financial Intervention Order (LA) ***	42	58	53	41 & 21 in process	57
MHO report: PWG application	79	86	68	96	100

Adult protection

	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>
ASP referrals	631	812	697	654	512
ASP case conferences	24	44	73	48	40
Protection orders	9	7	6	4*	4**
Adult concern reports	0	1039	1349	1446	1609

Child protection

	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>
Child protection concerns	885	858	901	835	
Child protection investigations (CP1s)	578	526	430	469	474
Child protection initial conferences	81	176	162	133	136
Pre-birth conferences	26	32	31	16	18



Looked after children

	2013–14	2014–15	2015–16	2016–17	2017–18
Children newly accommodated in North Ayrshire	100	91	81	64	72

	2013–14	2014–15	2015–16	2016–17	2017–18
Foster carers		85	97	100	103

<i>Permanency planning</i>	2013–14	2014–15	2015–16	2016–17	2017–18
Number of permanency plans approved	25	38	22	37	35
Adoption – approved and placed	3	15	13	10	10
Adoptions granted	9	3	15	13	8
Permanence orders approved	27	7	11	16	14
Permanence orders granted	12	14	6	9	12

Emergency placements

	2015–16	2016–17	2017–18
Child Protection Orders	13		15
S143 of the Childrens Hearing (Scotland) Act 2011	21	24	-

Secure placements

	2015/16	2016/17	2017/18
Number of secure placements	3	1	0

Criminal Justice

	2016/17	2017/18
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	844	826
Number of home leave and background reports submitted	118 (64 leave reports, 54 background reports)	102 (44 leave reports, 58 background reports)
Unpaid Work Orders	579	480

Multi-Agency Public Protection Arrangements (MAPPA)

	2014/15	2015/16	2016/17	2017/18
Level 1 Mappa	130	142	155	153
Level 2 Mappa	10	14	4	7
Level 3 Mappa	1	1	1	2

David MacRitchie

Chief Social Work Officer – North Ayrshire

29 September 2018