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<b>Report To:</b>	<b>Inverclyde Council</b>	<b>Date:</b>	<b>29 November 2018</b>
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<b>Subject:</b>	<b>CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of the report is to advise the Council of the content of the Inverclyde Chief Social Work Officer (CSWO) report for 2017/18 and seek approval for its submission to the office of the Chief Social Work Advisor to the Scottish Government.

## 2.0 SUMMARY

- 2.1 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer Report to the Chief Social Work Advisor to the Scottish Government.
- 2.2 The collation of Chief Social Work Officer reports from across Scotland by the Chief Social Work Advisor allows for the development of a picture of social work and social care practice across the country. This is important in benchmarking evaluations of performance in terms of implementation of legislation, development of innovative practice and addressing common challenges in delivering social work services across Scotland.
- 2.3 At a Local Authority level the report provides an opportunity to ensure members are fully sighted on the issues affecting the most vulnerable members of our communities and the action taken by social work services to address these vulnerabilities. A key theme of the Inverclyde CSWO report for the year 2017/18 highlights the ongoing challenges to our most vulnerable service users arising from welfare reform balanced however by the interventions of our advice and information services
- 2.4 The report also highlights the process of continuous improvement in social work services and the very positive outcomes of audit and scrutiny which identify Inverclyde Social Work Services as among the strongest in the country.

## 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Council notes the content of the Inverclyde Chief Social Work Officer Report for 2017/18 and approves its submission to the Office of the Chief Social Work Advisor in Scottish Government.

**Sharon McAlees  
Chief Social Work Officer  
Inverclyde HSCP**

## **4.0 BACKGROUND**

- 4.1 The Social Work (Scotland) Act 1968 sets out a requirement for all Scottish local authorities to submit reports on an annual basis from their Chief Social Work Officer (CSWO).
- 4.2 Revised guidance for Chief Social Work Officers and a new template for the production of the report were developed in March and May 2016 respectively by the office of the Chief Social Work Advisor to the Scottish Government. Both were subsequently endorsed by COSLA.

Each CSWO report is required to set out the local context within which social work services are delivered and give consideration to the following specific areas:

- opportunities and challenges
  - governance arrangements
  - partnerships
  - service quality and performance
  - resourcing
  - workforce planning
- 4.3 Local Authorities are democratically accountable for the role and functions of the CSWO. It was recognised by the Scottish Government that there was a need to support HSCP Committees and IJBs to be clear about the CSWO role in general and in particular in relation to the context of implementing the integration of health and social care and the Public Bodies (Joint Working) (Scotland) Act 2014. This is particularly the case given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in the delivery of social work services across Scotland.
  - 4.4 As Inverclyde HSCP goes forward as a fully mature integrated partnership, the report reinforces the achievements of the collaborative relationship established over the past 8 years in which social work practice and values have had a significant impact. Social Work has a vital role to play in the continued development of the partnership into the future.
  - 4.5 At a Local Authority level the CSWO report should serve to provide members with a broad understanding of the range of needs and challenges faced by Inverclyde citizens. The report should also contribute to ensuring a clear line of sight for members as to how social work services are contributing to improving outcomes for the most vulnerable citizens of Inverclyde.
  - 4.6 The Inverclyde Chief Social Work Officer's report for 2017/18 provides an outline of our current demographic profile, notes the key challenges that are evident in Inverclyde along with a review of our performance and description of improvements we have made during the past year. Partnership Governance structures and links to the Council and Health Board reporting processes are highlighted. Key public protection functions and performance are outlined. The report seeks to highlight the important contribution of social work and social care services on supporting the most vulnerable in our community.
  - 4.7 The report draws attention to areas of particular strength across the range of social work functions and specifically highlights areas of sector leading practice.
  - 4.8 The full CSWO report for 2017/18 is attached.

## **5.0 PROPOSALS**

- 5.1 It is proposed that the Council endorses the attached report and agrees its submission to the Office of the Chief Social Work Officer for Scotland.

## 6.0 IMPLICATIONS

### Finance

6.1 There are no financial implications from this report.

One off costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### Legal

6.2 There are no legal implications from this report

### Human Resources

6.3 There are no Human Resources implications from this report.

### Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore no Equality Impact Assessment is required.

### Repopulation

6.5 No implications

## 7.0 CONSULTATIONS

7.1 No consultations have taken place in the production of this report.

## 8.0 LIST OF BACKGROUND PAPERS

8.1 The role of the Chief Social Work Officer, Guidance issued by Scottish Ministers pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, revised version - March 2016.

8.2 Annual Report by the Inverclyde Chief Social Work Officer for the year 2017/18.



**INVERCLYDE  
CHIEF SOCIAL WORK OFFICER  
ANNUAL REPORT  
2017/18**



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## 1. Introduction

This year marks 50 years since the creation of the Social Work Scotland Act 1968. The Act was established following the publication of the Kilbrandon Report and is essentially the legislation that led to the formation of modern day social work services, at that time in the form of Social Work Departments and cemented social work as a profession.

Social work and social care has continued to develop and evolve since that time however, of its time, the 68 Act was a forward looking piece of legislation. This legislation placed the promotion of social welfare in statute in Scotland and provided the profession with duties and powers to protect and support the most vulnerable in our communities. Much legislation has been passed since, however the legacy of the Act is the way in which it has shaped how the social work profession has developed in Scotland.

That legacy is exercised every day in Inverclyde as our social work and social care staff anticipate and meet the needs of the most vulnerable in our own community, often in the most difficult of circumstances. Our collective efforts save lives, protect people from harm, help people to live more fulfilled lives and even in the most challenging of circumstances extends respect and restores individual dignity.

I would like to take this opportunity to extend my thanks to our service users, our staff and our partners for their collective contribution to achieving social justice in our community.

## 2. Achievements

### Developments, improvements and key challenges

The strong drive to develop and improve social work services has continued throughout the last year. There is a continuous cycle of self-evaluation, audit and external review that takes place across all service areas that informs our programme for improvement and development.

The programme of external scrutiny of our services informs us that service delivery across the range of our services is of a consistently high standard and indeed ranks among some of the best in the country. Recent inspection of our children's residential services describes them as sector leading and all inspection activity in our children's houses this year has resulted in a grade of excellent in all areas inspected. Our fostering and adoption services have been graded as very good and excellent. Our adoption services were winners in the "thought leadership" category by the Scottish Social Services Council for their innovative work in working with all service users affected by adoption. This work and the work of our Children's Rights and Participation Service will be featured at this year's Social Services Expo event in September.

Hillend Day Service were selected by the Care inspectorate to be filmed and service users interviewed regarding their participation with UK research to capture increased wellbeing outcomes to users of this service. The film will be used at the national conference for CAPA (Care About Physical Activity) which sits at the heart of all health and social care services promoting healthy life's and individuals levels of independence.

Inverclyde HSCP's performance against the Delayed Discharge target has been extremely positive and we are a leading HSCP when compared to other Partnerships across NHSGGC and Scotland. In the financial year 2017/18 Inverclyde has led other Partnerships across Scotland in terms of individuals recorded as delays (over 72 hours) at census point. This sustained reduction in the number of individuals delayed and the length of time they wait for discharge has resulted in a corresponding reduction in 'Bed Days Lost'. Achieving these targets has been made possible by transformation in service ethos and culture as we have developed our model of service based on the concept of home first which is detailed later in this report.

We are seeing continued improvements in outcomes for service users across many of our functions and this allied with strengthened partnerships across our area.

Poverty, deprivation and inequality continue to be defining characteristics for the Inverclyde area. Our advice services however are a powerful resource that works to mitigate the impact of poverty on our vulnerable population.

The intergenerational impact of inequality is only too evident in our community however. The prevalence of childhood neglect and domestic violence is a stubborn challenge. We have partnered with the Centre for Excellence for Looked after Children in Scotland (CELCIS) and have embarked on a five year programme that seeks to "address neglect and emotional wellbeing for children". This is a multi-agency project funded by the HSCP that will focus on strengthening our delivery of the GIRFEC agenda based on the use of implementation science.

We have been successful in obtaining a substantial grant from Big Lottery that will enable us to commence a five year programme of reform in our services for women involved in the criminal justice system. Led by criminal justice service this is however a whole systems approach that will be driven by service users, will reach across the services of the HSCP and have strong connections with the recovery movement.

Across Scotland we are seeing increasing incidences of drug related deaths and we are experiencing particular challenges here in Inverclyde. The HSCP has commissioned full reviews of services for those affected by addictions and of our provision of services for people affected by homelessness. The detail of these reviews are outlined later in the report but collectively they will result in transformed services for some of the most vulnerable and stigmatised individuals that social work services has a duty to.



Our learning disability services have been involved in a wide ranging service review. Engagement of service users, carers and family have been central to the review which is again driving forward fundamental and transformational change to the shape, structure and model of our services to this service user group. The review has been concluded and the direction of travel agreed by the council. A phased approach to implementation has been adopted and again this is being driven by service users.

Sitting across all of the improvement and development work in Inverclyde is the continued focus on organisational culture. This emphasises the importance of services that are driven by core values that are deeply respectful of individual dignity and actively promotes behaviours throughout the organisation that supports relationship based practice. Compassionate Inverclyde is a powerful illustration of this in practice and is detailed later in the report.

### 3. The Inverclyde context

The Inverclyde area stretches along the south bank of the river Clyde estuary and covers 61 square miles. It is one of the smallest local authority areas in Scotland with a population of approximately 78,760. As a small, post-industrial authority, Inverclyde is characterised by a strong sense of community identity. The past decade has seen a sustained focus on regeneration of the area with many positive outcomes for the population as a whole. However the impact of persistent socio-economic inequalities continues to be felt by a significant portion of the citizens of Inverclyde. These effects contribute to an array of challenges for our population as evidenced through national statistics, emphasising the important role of social work services working with partners to provide support to those feeling the worst effects of inequality including some of the most vulnerable and excluded in our community.

#### INVERCLYDE ALLIANCE

The Inverclyde Alliance (Community Planning Partnership) Vision for Inverclyde is **‘Getting it right for every Child, Citizen and Community’** and has developed the award-winning **“Nurturing Inverclyde”** approach. The intention of this approach is to make Inverclyde a place that nurtures all of our citizens, ensuring that everyone has the opportunity to have a good quality of life, and good mental and physical wellbeing.

The HSCP sits within the Alliance structure and has overall responsibility for the delivery of social work and social care services in Inverclyde with the core aim of “Improving Lives”. As a result of the challenges faced by our community a focus for the HSCP in changing poor outcomes is identifying, preventing and taking action to mitigate our high levels of inequality.

#### INEQUALITIES IN INVERCLYDE

Inequalities are a significant issue for people living in Inverclyde. A key priority for the HSCP is protecting and promoting the health and wellbeing of our most vulnerable children, citizens and communities as well as supporting the work of the community planning partnership in its fundamental approach to reducing inequality and improving the health and wellbeing of the whole population. Health and social inequalities start early in life and persist not only into old age but impact on subsequent generations. We recognise that some of our communities experience higher levels of these poorer outcomes, and we are committed to working to find ways to respond by improving lives; preventing ill-health and social exclusion; protecting good health and wellbeing and promoting healthier living.

#### LOCAL OUTCOMES IMPROVEMENT PLAN (LOIP)

Inverclyde’s Outcomes Improvement Plan 2017/22 sets out the outcomes that the community planning partners in Inverclyde are seeking to improve with a particular focus on reducing inequality and poverty that dominates our area.

The LOIP will run on a five year rolling basis, while being subject to annual review. The LOIP has been, and will continue to be, developed in consultation and through engagement with all relevant stakeholders and the communities of Inverclyde. We want to get it right for every child, citizen and community in Inverclyde, but recognise that there are particular communities that require targeted attention. Those areas which are identified as being subject to multiple deprivation and experiencing the greatest inequalities will receive targeted interventions in regard to housing, health, community safety, environmental improvements and community capacity building etc. We have developed Locality Plans for those areas in Inverclyde which experience the greatest level of inequality and deprivation.

The HSCP, as a key Community Planning Partner, has aligned its locality planning to the Inverclyde Alliance Local Outcomes Improvement Plan (LOIP). The HSCP is recognised as a key vehicle through

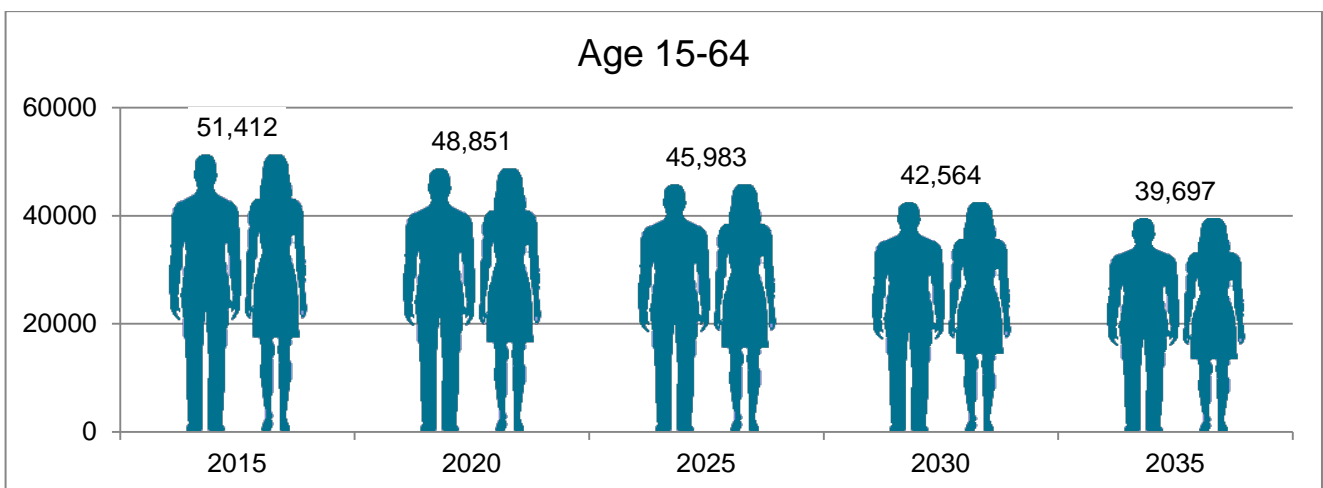
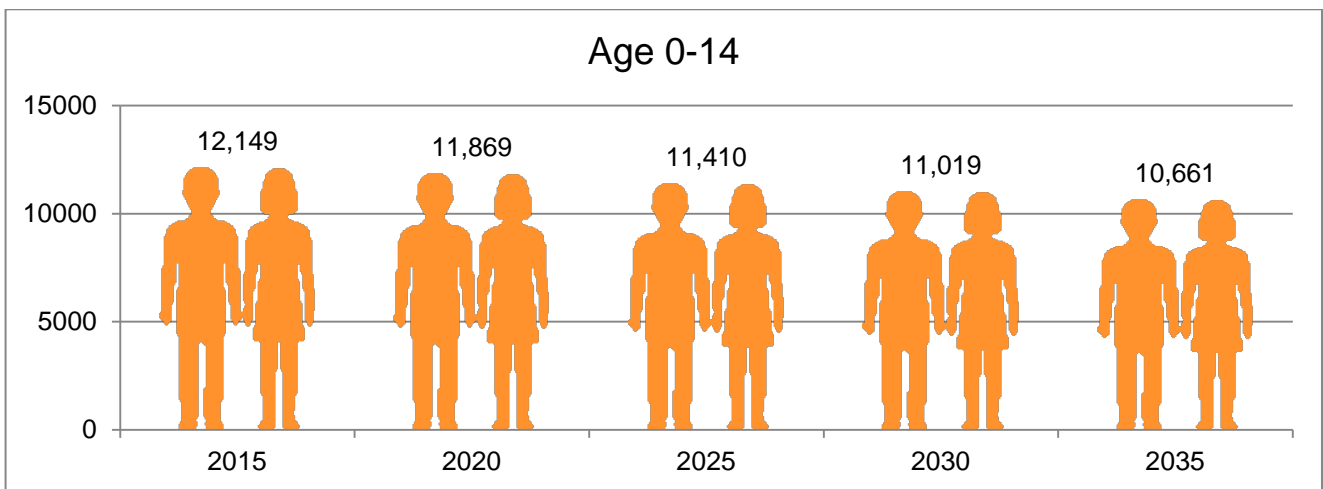
which community planning partners can maintain a clear line of sight to the most vulnerable and the most excluded citizens in our community.

### WHAT WE KNOW ABOUT OUR CHILDREN, OUR CITIZENS, OUR COMMUNITIES AND THEIR NEEDS

Our most recent information estimates Inverclyde's population at approximately 78,760 people, of whom 16.1% are children under 16 years and a further 3.3% are young people aged 16-18 years. By 2039, our population is projected to be 70,271 - a decrease of 12% from 2014. This decrease is a significant improvement on previous population estimates and reflects the success of the Alliance's commitment to repopulation and regeneration, within its Nurturing Inverclyde programme. While our under 16s population is projected to decline by 16% over the next 25 years, we are aware that national projections predict an increase in the percentage of children who are deemed vulnerable.

A declining and aging population presents challenges for how future services within Inverclyde should be delivered. In particular, the projected decline in the numbers of young people and working age population, coupled with the substantial increase in the numbers of over 60s will place additional pressures on those services required by an ageing population. Social work services has an important role in supporting partners build the social capital that will contribute to Inverclyde being an area that is attractive to live in.

### POPULATION PROJECTIONS (2015 TO 2035)



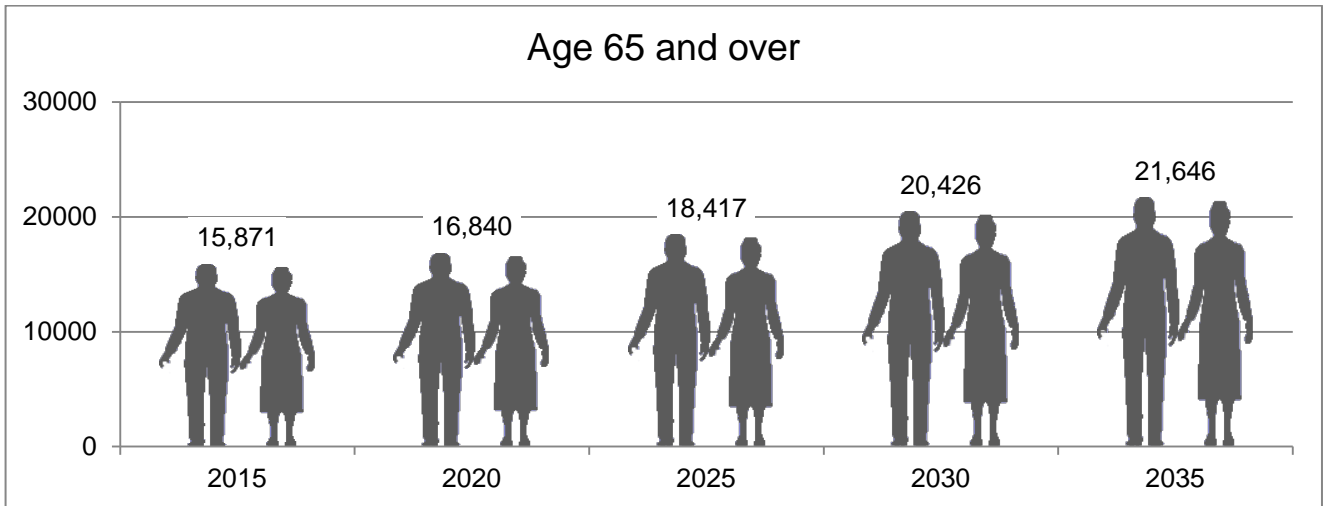


Figure 01: Population Projections (Source: NRS)

There are more females than males in every age group except for those aged 0-15 and 16-29. Inverclyde's population is an increasingly elderly population with the percentage of the population in older age groups higher in Inverclyde compared to the rest of Scotland.

## DEPRIVATION, POVERTY AND CHILD POVERTY

A major consideration in everything we do includes tackling the effects of our high levels of poverty and deprivation.

The Scottish Index of Multiple Deprivation (SIMD) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

The SIMD identifies concentrations of multiple deprivations across all of Scotland in a consistent way. The SIMD ranks small areas (data zones) from most deprived to least deprived. Inverclyde HSCP has 114 data zones, 50 of which are in the 20% most deprived areas in Scotland. 'Deprived' does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The 2016 SIMD rankings combine 38 indicators across 7 domains, namely:

- Income
- Employment
- Education
- Health
- Access to Services
- Crime
- Housing

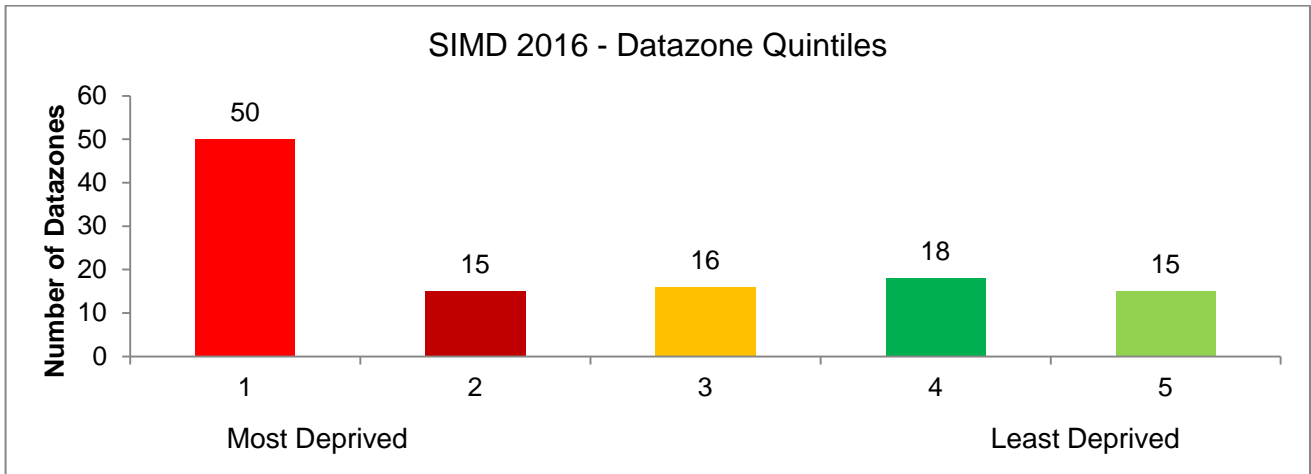


Figure 02: Inverclyde Data zones (Source: SIMD 2016)

- Income, employment and health deprivation, as measured by the SIMD16, remain a significant issue for a large number of people living in Inverclyde. Deprivation levels vary significantly across communities in Inverclyde with the most deprived area being Greenock Town Centre
- Child poverty in Inverclyde has increased in recent years, with more than 1 in 4 children now estimated to be living in poverty
- Fuel poverty is growing and those in our most deprived areas are spending a higher proportion of their income on fuel

### Economy

Employment for the people of Inverclyde remains heavily reliant on the public sector. With public sector budgets reducing resulting in a shrinking workforce in this sector, this will put additional pressure on the local employment market. Taken together with the reduction in the working age population of Inverclyde tackling entrenched rates of dependency on Employment Support Allowance and Universal Credit remain a stubborn challenge for Inverclyde

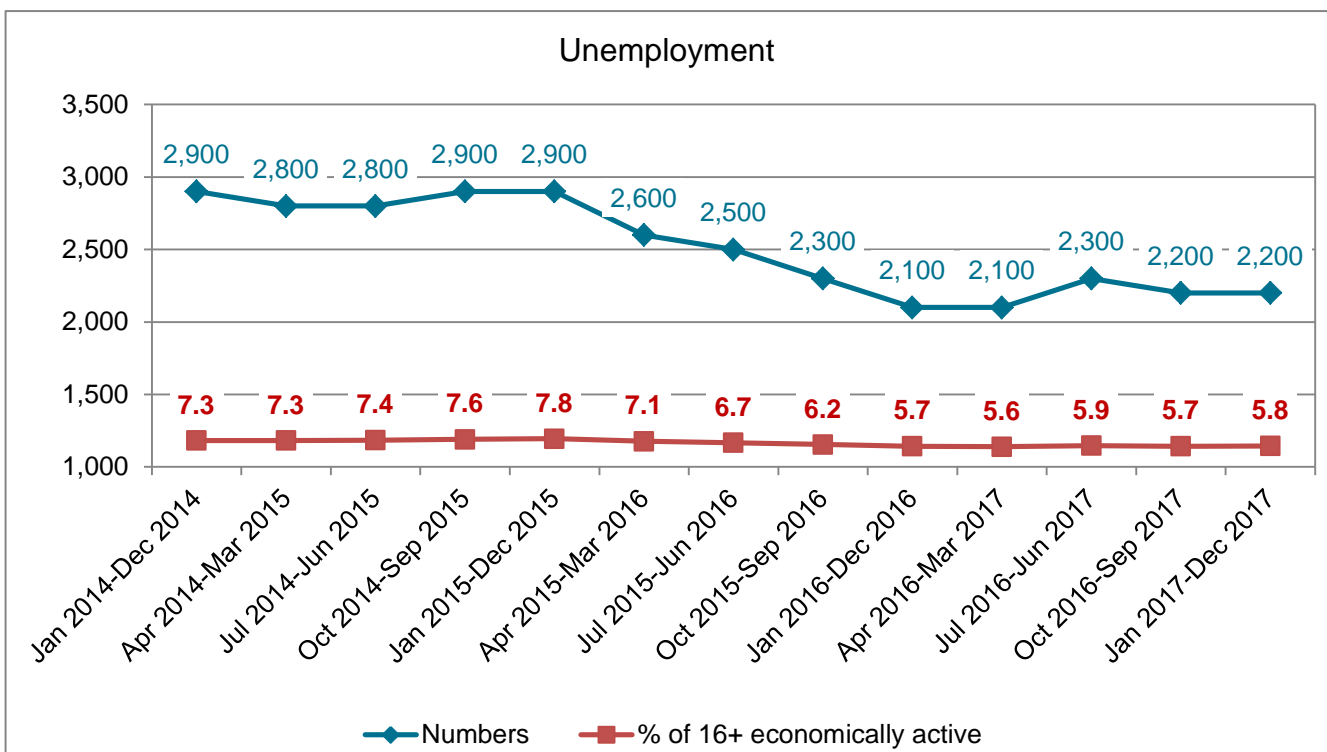


Figure 03: Unemployment (Source: Office for National Statistics)

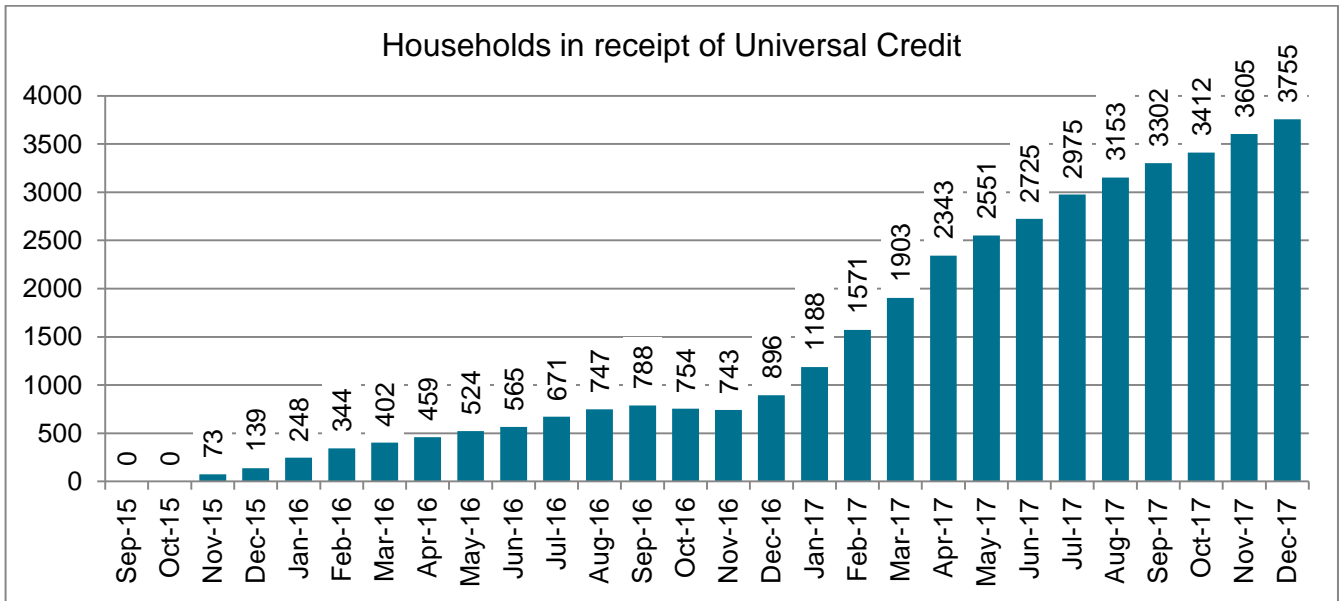


Figure 04: Universal Credit (Source: Department for Work and Pensions)

**Health**

There is a welcome improvement in life expectancy for both males and females in Inverclyde, although longer life expectancy does not always translate to healthy life expectancy. Stark health inequalities continue to exist in life expectancy and other health outcomes across communities in Inverclyde.

Based on current trends, an ageing population will result in a continued increase in the number of hospital admissions as well as increased demand for home care services. It is anticipated that as the population ages, growing numbers of Inverclyde residents will be at risk of developing dementia.

Alcohol and drug misuse continues to be higher than the national levels and targeted approaches through the work of the Alcohol and Drug Partnership will continue to be important.

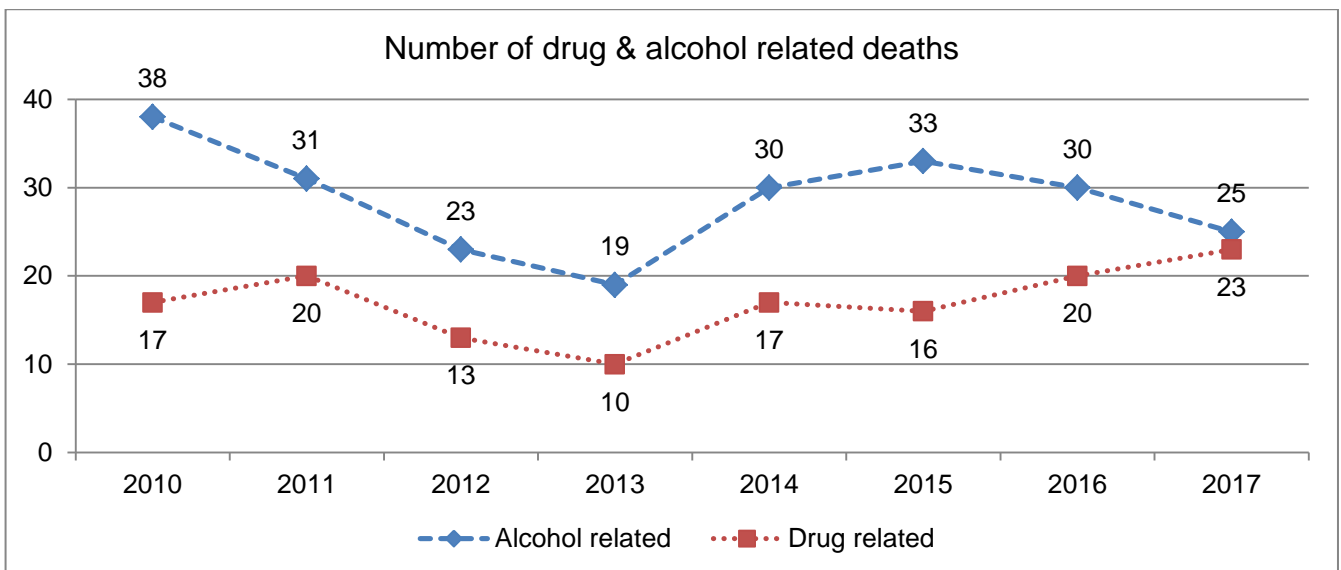


Figure 05: Inverclyde drug and alcohol related deaths (Source: NRS)

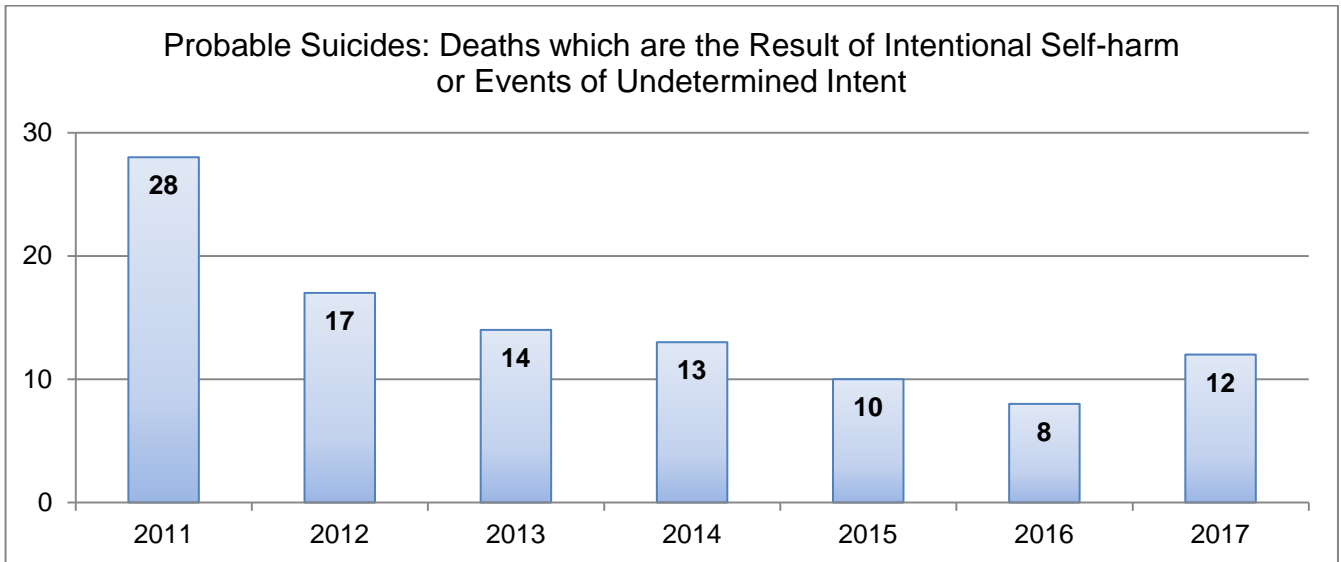


Figure 06: Inverclyde probable suicides (Source: NRS)

Within this challenging delivery landscape Inverclyde HSCP has made strong progress in moving from a position of being data rich to becoming data informed. Each service area in the HSCP has been involved in developing a specific needs analysis relative to service user needs. These have informed our global needs analysis, our strategic plan and our strategic commissioning themes. As a consequence of this work we are in a better position than ever before to target our activity to our service user needs and the improved outcomes we are seeking to achieve.

The HSCP is in the process of reviewing our strategic plan and this plan will set out the unique contribution of the HSCP in supporting the ambitions of the Inverclyde alliance in taking forward a plan to fundamentally change the intergenerational patterns of inequality that has affected the Inverclyde area and its citizens.

## 4. Governance

In Inverclyde social work services fully integrated with health services in October 2010, initially as a CHCP. This has meant that the integrated arrangements in Inverclyde were at an advanced stage of maturity before transferring to the HSCP model and the full establishment of the Integration Joint Board (IJB). From the diagram below it can be seen that in Inverclyde formal reporting structures to council have been retained in the form of the Health and Social Care Committee reflecting elected members concern to continue to exercise strong governance of statutory social work matters and especially those relating to the public protection agenda.

In order to assure elected members on matters relating to the governance process for externally commissioned social care services a governance report providing a strategic overview of performance, quality and contract compliance of services provided by external independent, third sector and voluntary organisations is presented to the HSCP Committee. The governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle.

The CSWO meets at regular intervals with the Chief Executive of the council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the strategic planning group.

In representing the unique contribution of social work services in the delivery of public protection the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the adult protection committee.

One very positive aspect of integration has been the strengthening of governance arrangements overall as a consequence of the development of the HSCP-wide clinical and care governance structure. The social work practice and care governance group is an integral part of this governance structure. To assist the CSWO in supporting the development of social work practice across the HSCP the terms of reference and membership of this group has been refreshed ensuring reach across all service user groups and importantly includes representatives from the third and independent sector so that the CSWO can provide support and guidance to organisations that deliver social care services under these organisational arrangements.

The Groups terms of reference is based on three priority themes:

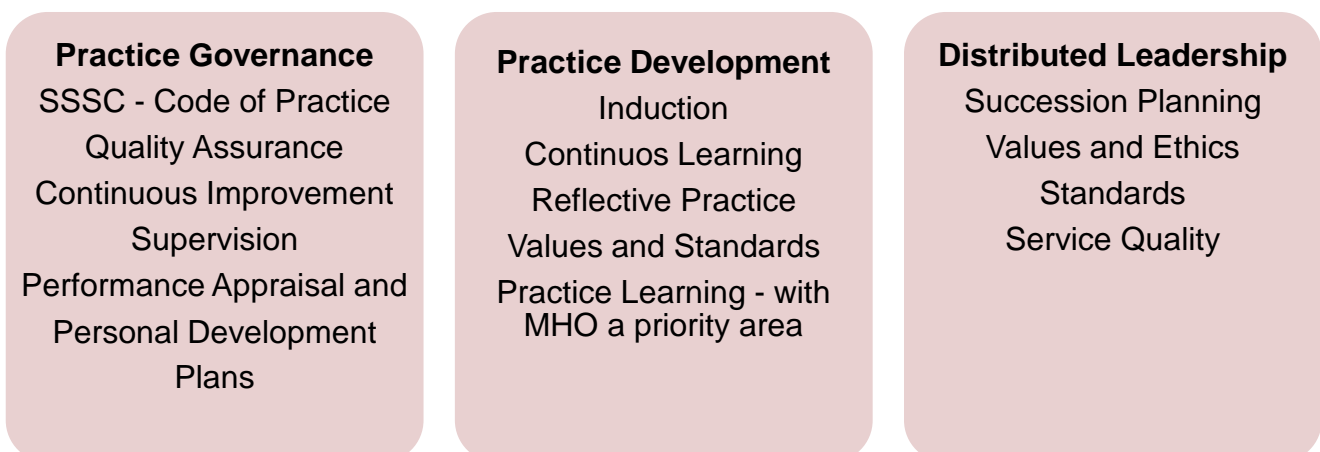


Figure 07: Governance

Work streams, led by Group members deliver on the priority themes. In 2017/2018 this has been the development of a local SSSC Code of Practice Protocol to be assured that there is compliance with the registration requirements and the Health and Social Care Standards (2018).



Another area of development has been training for Team Leads and Service Managers to be assured that the principles of our Supervision Policy for Social Work and Social Care Staff is being delivered. This will be discussed further in section 5, but at its centre is the exploration of how coaching skills can be used to support strengths based practice.

The HSCP Practitioner Forum is being developed to lead on practice areas; a model that has been established through Inverclyde's Child Protection Committee.

Inverclyde has a strong tradition of active participation and engagement of service users and carers. We work closely with a local Third Sector organisation – Your Voice – which leads on many aspects of our engagement work, and fulfils a role of critical friend in advising us about how to improve our service-led engagement. In 2018 practice locally was been commended as sector leading in relation to children and families by the Care Inspectorate.

## 5. Partnerships

A defining characteristic of social work is that it recognises, promotes and supports the central importance of working in partnership in order to bring about improved outcomes. Inverclyde HSCP works in a broad range of partnership arrangements: internal and external, independent and third sector, national and government body's, to deliver services. Some of these partnership arrangements are highlighted here.

### **PUBLIC PROTECTION**

In Inverclyde the Chief Officers Group (COG) is the mechanism through which all public protection matters are governed. Chaired by the Chief Executive of the Council the COG has oversight of the work of the Adult protection Committee, the Child Protection Committee and the MAPPA. The work of these partnerships is outlined in more detail below.

The CSWO is a member the COG and has a role in ensuring oversight and connectivity between and across the range of public protection functions. To support this important function the CSWO has established a Public Protection Forum which brings together the lead officers from the various strands of public protection. Indeed the Public Protection Forum has developed to include representation from other important agendas, specifically the Violence against Women Partnership, the Alcohol and Drugs Partnership, the New Community Justice Partnership and Prevent. To ensure that these areas of public protection are properly reflected in other fora, the CSWO is a member of both the Clinical and Care Governance Group and the wider Community Safety Partnership.

### **ADULT PROTECTION**

#### **Adult Protection Committee**

The Inverclyde Adult Protection Committee has been meeting for eight years with representation from all relevant public agencies. Additionally the committee has service user and carer representatives with one being a member of the HSCP Integrated Joint Board. The work of the Committee is progressed through a number of working groups and is reported through a Biennial Report and business plan. The Independent Chair is also a core member of the Chief Officers' Public Protection Group. The Committee is supported by the Coordinator and administrative staff hosted by HSCP. The CSWO is a member of the APC.

#### **Adult Support and Protection**

The Adult Support and Protection (Scotland) Act 2007 aims to protect people from being harmed. There are people who might find it more difficult to stop harm happening to them and the Act calls people in this situation 'adults at risk'.

'Adults at risk' include people over the age of 16 whom:

- find it difficult to keep themselves, their money or property safe
- might be being harmed by other people or who are harming themselves
- are more vulnerable because of illness, disability or mental disorder (this could mean people with mental health problems, people with dementia and people with a learning disability)

This does not mean that all people with an illness, a disability or mental disorder are always at risk. Some people in this situation at some point in their life can find it more difficult to keep themselves safe and need help to do so.

Where it is known or believed that an adult may be an 'adult at risk' of harm the legislation provides measures to identify and support individuals who are more vulnerable to being harmed as a result of their own or someone else's conduct.

## **Quality Assurance**

### **Audit**

Two single agency adult protection case file audits have been undertaken in respect of 53 cases. One in respect of Mental and Addiction Services and the other in respect of Assessment and Care Management and Learning Disability Services.

Continuing to build on a case learning exercise and audit with Scottish Fire and Rescue, work is ongoing to steam line Adult Protection and Adult in Need referral pathways.

### **Self-Evaluation**

A key strategic priority of the Inverclyde Adult Protection Committee is to ensure people are safer as a result of our activity. In order to support continuous improvement towards this aim the APC held a Multi-Agency Self-Evaluation Day.

The aim of the day was to create an opportunity for staff across agencies and organisations to engage together as representatives involved in the support and protection of adults at risk of harm.

- To give a national and local perspective of current adult support and protection issues and to consider the issues and potential implications for Inverclyde
- To critically reflect on work undertaken in Inverclyde in respect of adult support and protection
- To identify gaps, actions and priorities for the Inverclyde Adult Protection Committee for 2018-2020

This event evaluated extremely well and provided very useful feedback.

The APC Business Plan 2018 – 2020 has been reviewed to incorporate actions required based on this feedback and the audit findings noted above. Service areas are using the audit findings to inform improvement plans.

### **Communication and Engagement**

All adult support and protection professional and public information developed in conjunction with service users and carers and published by the Adult Protection Committee has been reviewed and reissued. The adult support and protection website pages have also been refreshed. This is to ensure that information is current, relevant and as accessible as possible.

### **Learning Events and Workshops**

In addition to training there is continued commitment to creating other learning opportunities for staff on a multi-agency basis. During this period there has been a focus on consideration of the learning from Significant Case Reviews and the implications and impact in an Inverclyde context.

### **ICR/SCRs**

The Adult Protection Committee has commissioned one SCR and has two ICRs under consideration. A key priority will be to take forward the learning from these. Given this the Adult Protection Committee in conjunction with the Child Protection Committee has developed an ICR/SCR Communication Plan. The aim of the plan is to ensure a collective ownership of the issues by all the agencies and an individual responsibility to implement the outcomes in the immediate and on an ongoing basis. The plan identifies:

- the key messages and learning themes
- audience and stakeholders
- communication channels
- roles and responsibilities of key agency reps

- debriefing and support for staff
- debriefing and support to families and relevant others
- arrangements for wider staff group
- improvement plans ,actions and review mechanisms
- proactive media plan where required

## **Priorities**

In addition to taking forward the learning from ICR/SCRs and in line with functions of the Adult Protection Committee as laid out in statute the key priorities are:

- ongoing programme of single, joint and multi-agency audit and in addition a service user and carer evaluation of their experience of adult protection
- implementation of the Multi-Agency Learning and Development Strategy, Standards and Programme 2018-2020
- ongoing review of single agency procedures and joint protocols, guidance and good practice agreements

## **Child Protection Committee**

The Inverclyde Child Protection Committee has been effectively progressing the strategic partnership and planning to improve our services for Inverclyde's most vulnerable children. The committee is chaired by the CSWO.

The work of the committee has been advanced significantly in 2017 by an increased focus on self-evaluation which was aided by the process of Joint Inspection of Children's Services in 2017 and the Joint Strategic Needs Assessment commissioned by Inverclyde Alliance. This intelligence is now an integral part of all planning and delivery of Inverclyde's Children Services and the focus of all improvement activity by the Child Protection Committee. We have achieved an in-depth knowledge of the health and wellbeing needs of the children residing in the Inverclyde area and we continue to develop our performance management information to allow us to understand the difference we are making.

As a result of this use of data and evidence the Child Protection Committee has re-organised its focus to create a more dynamic and need responsive approach to meeting its core functions of strategic planning, continuous improvement, public information and communication and participation. The CPC has developed an outcome focused plan that targets priority areas of need through the focused work of task groups.

The Committees current priorities include improving the early response to risk by improving multiagency Initial Referral Discussions, to improve multi-agency assessment of risk and need, particularly identifying accumulating concerns relating to domestic abuse and neglect, and to continuing to improve our use of data and evidence.

The Child Protection Committee itself has a development plan to ensure the strategic partnership continues to maximise its effectiveness and this has resulted in the production of an induction and annual self-evaluation process. In conjunction with the chair and with the support of the lead officer each member considers their skills, experience and contribution to the strategic partnership and identifies areas for individual and collective development.

The Committee held their 10th Annual Conference in May 2018 focusing on Getting it right for every child in Inverclyde which involved feedback from the Care Inspectorate on the strengths and areas of development for Inverclyde. The conference engaged the attendees in gathering their views on areas for improvement in their agencies and also consolidated practice skills within 4 workshops.

The Child Protection Committee produces an annual report and within this summarises the achievements of the previous year and sets out its aims and priorities for the year ahead. The plan for 2017/18 and Outcomes Plan for 2018/19 can be viewed at <http://www.inverclydechildprotection.org/>.

The priorities for the Child Protection Committee for the year ahead are to continue to improve services to address the children most at risk and to continue to strengthen the committee's strategic partnerships and governance arrangements. This will be informed by the work emerging from the national review of child protection.

## **MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)**

Multi Agency Public Protection Arrangements (MAPPA) was established under Sections 10 and 11 of the Management of Offenders (Scotland) Act 2005. It is a process by which key partnership agencies coproduce a risk management plan for individuals representing a risk of sexual or violent harm towards others. Agencies have a duty to cooperate and share information to inform risk management. Risk management is an ongoing process and risk management plans are reviewed on an ongoing basis. MAPPA is a key public protection mechanism.

The North Strathclyde MAPPA operates a governance structure which consists of the MAPPA Operational Group (MOG) which reports to the MAPPA Strategic Oversight Group (SOG). The CSWO is a member of the SOG which is the key strategic mechanism through which oversight of this area of public protection is exercised. These Groups meet 3 times a year respectively and are attended by partners from the Responsible Authorities (Councils, Police, Health and Scottish Prison Service) and in the case of the MOG Victim Support is also represented. The MAPPA Unit itself is hosted by Inverclyde HSCP.

Where issues or concerns are identified by partner agencies the MOG will create a Short Life Working Group (SLWG) to progress the matter. Membership of such groups will be drawn from representatives of the MOG and attention is given to ensuring all Responsible Authorities are represented.

In addition there are also established sub-groups which include the Quality Assurance subgroup and the Training subgroup.

The Quality Assurance subgroup has been engaged in a range of activities to support the effectiveness and efficiency of the MAPPA process. This has included reviewing and refreshing the document set used at MAPPA meetings; annual case audits; and surveys of both staff and individuals managed by MAPPA. The activities of this subgroup have also led to the establishment of a MAPPA Chairs Forum to provide peer support for those engaged in this critical role.

Significantly, the Quality Assurance subgroup have also been engaging with individuals whose convictions would require them to be managed through MAPPA to ask if they would voluntarily agree to take part in a service user survey. The purpose is to gain an understanding of their knowledge of the MAPPA process and to identify from their perspective any issues or areas for improvement. This work which commenced in February 2018 is on-going. To date feedback has been generally positive.

The Training subgroup plans, co-ordinates and reviews all MAPPA training events, including MAPPA Development Day, Awareness Raising Events and Chair training. They have conducted a number of awareness raising events which provide an insight into the MAPPA process, the role of the MAPPA unit and also includes an interactive exercise framed to meet the needs of the particular audience at any given event. This training helps to dispel any myths around what MAPPA is and is not, identifies the roles of key staff and aims to facilitate the exchange of information to support public protection. Training has been provided to a range of partner agencies including: Registered Social Landlords', Library, Education and Community Payback Unpaid Work staff. In total 16 Awareness events have taken place.

Serious Incident Reports (SIR's) are also an important learning resource. Inverclyde HSCP has a duty to notify the Scottish Government of any harmful behaviour likely to result in trauma enacted by individuals currently subject to statutory Court Orders. Since 2015 a total of 6 SIR's have been undertaken. There has been a wealth of good practice identified from these investigations within the

Criminal Justice Service including evidence of evidence informed practice, use of regular risk assessment and use of accredited risk assessment tools to inform decision making, collaborative partnership working and detailed case note recording. The Criminal Justice Service is committed to addressing violence in the local community.

Recently the North Strathclyde Multi Agency Public Protection (MAPPA) Unit successfully facilitated a multi-agency workshop within Inverclyde to explore learning from a Serious Case Review (SCR). The SCR had been the result of further sexualised offending by an individual in central Scotland. The workshop was attended by a number of professionals from a health and social care background, including those from neighbouring local authorities.

## **INVERCLYDE COMMUNITY JUSTICE PARTNERSHIP**

Following a shadow year, the Inverclyde Community Justice Partnership was established on 1<sup>st</sup> April 2017. The definition of community justice is:

*“The collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. Local communities and the Third Sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship.”*

The first annual report of the newly established partnership has been drafted and is on schedule to be submitted to Scottish government in October. The report notes the successful establishment of the partnership with commitment from a wide range of stakeholders. A strong governance structure and identification of local priorities specifically informed by those affected by the community justice agenda have been developed. In addition a range of awareness raising and community engagement activities have taken place raising the profile of the needs of service users and strengthening working partnerships across agencies.

Two specific areas of progress made over the last year include:

Success in securing funding from Big Lottery Early Systems Change for Women Involved in the Criminal Justice System. The funding will support a five year project of firstly undertaking research to understand the system with the second phase being implementing changes to the system and tests of change.

Success in securing the Scottish Government Employability Innovation and Integration Fund to pilot an “Inverclyde Resilience Project”. This will target employability support to people involved in the criminal justice system who may also have homelessness / housing issues and / or an addiction problem.

While being a new partnership; it is evident that there is a strong commitment from all partners to work together in tackling key local priorities. The community justice agenda is embedded into strategic community planning, recognising the ripple effect of crime involves not only the person committing the offence; but extends to the impact on their families; victims and their families and the impact on wider communities. In adopting whole-system thinking to the community justice journey; there are crucial transition points that offer opportunities for prevention and early intervention that will be progressed further over the coming year.

## **THE ALCOHOL AND DRUG PARTNERSHIP**

The ADP delivery plan outlines how we support healthy lifestyle choices raising awareness across the community of risk associated with substance misuse. The ADP adopts a whole population approach to prevention through alcohol and drug education being provided throughout the primary and secondary school system, to the wider population and to the “alcohol and drug” workforce providing a better understanding of their role in supporting needs associated with alcohol and drug misuse. The ADP

considers harm reduction strategies as an important part of preventing and reducing alcohol and drug related harm - this includes working to reduce drug related deaths, and alcohol related deaths.

The ADP is a strong partnership within Inverclyde with well-defined governance routes within the HSCP and with strong links to the community planning partnership. Key developments during this last year include work with the Scottish Drugs Forum who are providing assistance with the development of our recovery oriented system of care (ROSC) and associated workforce development. Recognising the role of ROSC in providing the range of supports and interventions people in recovery may require, this work is not restricted to alcohol/drugs-badged services but includes a wide variety of partners representing different services and supports. This will continue over the forthcoming year.

## **MENTAL HEALTH IN PARTNERSHIP WITH SERVICE USERS**

Recovery Inverclyde brought together service-users, carers, service providers and community members to celebrate and discuss mental health recovery in Inverclyde and was funded by the Health and Social Care Partnership (HSCP).

A key aim of the event was to highlight the importance of consultation: Talking Together and collaboration: Working Together; with people interested in mental health from across Inverclyde coming together to share their knowledge, experience and ideas for building recovery focused services. The event was co-produced with a dynamic steering group of service users, third sector agencies and the HSCP, designing, planning, implementing and analysing the event and importantly working together to produce the outcome report.

During Recovery Inverclyde many important themes which affect mental health recovery emerged: the role of communication, the importance of self-management, the promotion of mental health awareness and early intervention, the need for an increase in mental health education and training, the impact of stigma, the provision of out of hours/emergency support, the role of medication and access to high quality in-patient treatment.

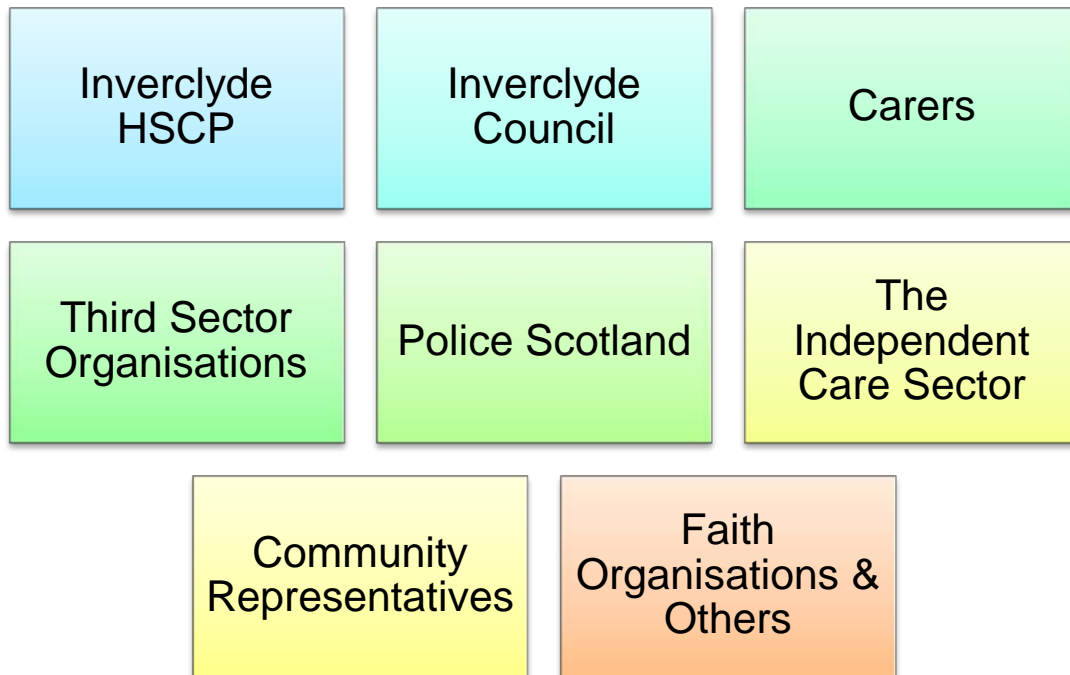
The prevalence of these themes in our recovery conversations mirrors many recently published policy documents, legislation and research.

We intend to build on this approach within the service development work around recovery both within mental health, and for people recovering from alcohol and drug problems.

## **COMPASSIONATE INVERCLYDE**

Compassionate Inverclyde is an innovative, multi-agency, community wide initiative which aims to build a compassionate community in Inverclyde. Based on the basic tenants of compassion and kindness by encouraging an ethos that end-of-life care is the responsibility of the whole community and not just one part of it (such as the NHS). A number of agencies are signed up to Compassionate Inverclyde, including:





There are many strands to the initiative, including No One Dies Alone (NODA) and Absent Friends which focus on deploying and training volunteers to develop community led responses to palliative care.

### COMMUNITY CONNECTORS PROJECT

The purpose of the Community Connectors funded by Inverclyde Health and Social Care Partnership (HSCP) is to provide information, support and advice about local activities, facilities, resources and connections for local people, patients, service users and carers. The aim is to encourage and support people to make local connections and participate in local activities to support their health and wellbeing, reduce their social exclusion and live as full an independent life as possible.

The connectors followed a community development approach by sourcing out what was available in the community building on the assets available in communities across Inverclyde. This is key to the overall success of the work to ensure that there are strong and sustainable organisations, networks and activities in place so that individuals can access the support and activities to meet their needs.

The project by December 2017 had made contact with over 500 people and assisted them in making over 967 connections to a range of groups and activities.

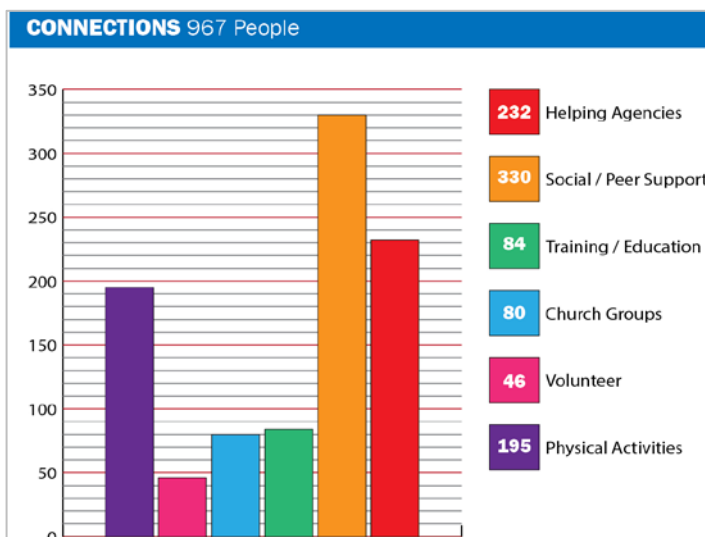


Figure 08: Community Connections



## **PARTNERSHIP WITH CARERS**

The Carers (Scotland) Act 2016 commenced from 01 April 2018. The aim of the Act is to ensure better, more consistent support for carers so that they can continue to care, if they so wish, in better health and to have a fulfilled life alongside caring. For young carers the intention is to ensure that they are supported to ensure that they have a childhood similar to their non-carer peers.

Inverclyde has established collaborative approaches between services, carers and carer organisations. To support the implementation of the Act an Officer was appointed. Scottish Government Carer Information Strategy funding has been used in collaboration with partners to:

- support Your Voice to develop a range of carer engagement opportunities on various duties within the Act until full implementation
- support Inverclyde Carers Centre to develop Equal Partners in Care Training (EPIc) to promote the rights of carers across the workforce as we move towards full implementation
- fund a Carer Privilege Card to support increased identification of carers, linking to a “Carer Friendly Inverclyde” by encouraging local organisations to offer community/commercial discounts for carers
- raise awareness of young carers and issues, and increase capacity of Young Carers support from Barnardo’s Thrive Project
- support Financial Fitness to provide an outreach advice service for Carers engaging with Inverclyde Carers Centre
- support Inverclyde Carers Centre to provide emotional support to carers

## **HOUSING PARTNERSHIP GROUP**

Recognising the importance of good quality and affordable housing for the wellbeing of the local population, Inverclyde HSCP included a Housing Contribution Statement within the Strategic Plan. This was a summary of what housing providers could do to improve outcomes for individuals and families.

Subsequently a Housing Partnership Forum was established to take responsibility for the implementation, monitoring and review of the Housing Contribution Statement by producing and agreeing on a specific plan with detailed activity to achieve desired outcomes.

The Housing Partnership Group (HPG) is chaired by a senior manager from within the HSCP with membership from Inverclyde Council and representatives from each of the local and national (who have a presence in Inverclyde) Registered Social Landlords (RSLs).

The Housing Partnership Group (HPG) reports into the HSCP Strategic Planning Group (SPG) and also feeds into the Strategic Housing Investment Plan (SHIP) and the Local Housing Strategy (LHS) processes. Examples of related activity are to:

- Exploring models of support and intervention to prevent Multiple Exclusion Homelessness (MEH)
- Using telehealth/telecare to enable older people to remain independent at home for longer
- Increase the suitability of existing housing stock in meeting disabled people’s needs through provision of adaptations across tenures
- Strengthen existing partnerships to ensure people are pro-actively supported to enable them to maintain their accommodation
- Improving housing outcomes across a range of measures for young people, young people in pregnancy and young parents, including care leavers
- Include Health and Social Care Partners in the planning processes for the Affordable Housing Supply Programme

The ultimate aim being to work in partnership to develop housing options for every Inverclyde citizen.


## 6. Service Quality and Performance


### How social work services are contributing to better outcomes for the most vulnerable in our community

Social Work Services in Inverclyde are progressing steadily along a continuum of integration firstly as an HSCP but also as part of the wider community planning partnership. This recognises that the task of improving outcomes for our most vulnerable citizens is a partnership one and it is only when agencies and services come together as a whole system that we are likely to have optimum impact. The section above outlined some of the key partnership forums that social work services either lead, commission or are core members of. In this section of the report, consideration is given to the important contribution of social work and social care. This section of the report outlines how social work services are delivering services to the Inverclyde community both in terms of performance and quality and contributing to better outcomes. Information in relation to how statutory services are being delivered is also contained here.

### How social work services are contributing to better outcomes by tackling poverty and inequality in our community

Our **Advice First Service** handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution. Over the last 3 years we have provided:

	Advice First Calls Handled	Face to Face Appointments Scheduled	Home Visits
2015/16	10,945	2776	214
2016/17	12,435	3414	222
2017/18	11,209	3390	166

	Vulnerable Groups New Clients (e.g. homeless, Mental Health)	MacMillan Clients	Welfare Rights appeals scheduled	Welfare Rights Cases with final outcome decision in favour of the appellant
2015/16	315	370	698	74%
2016/17	444	384	591	70%
2017/18	278*	329*	1033	75%


	Money/debt interventions carried out with clients	Amount of multiple debt managed by Money Advice Team	Total verified financial gain
2015/16	258	£1,393,712	£4,782,663
2016/17	824	£2,098,655	£7,480,660
2017/18	1021	£2,178,052	£3,963,931

Figure 09: Advice statistics

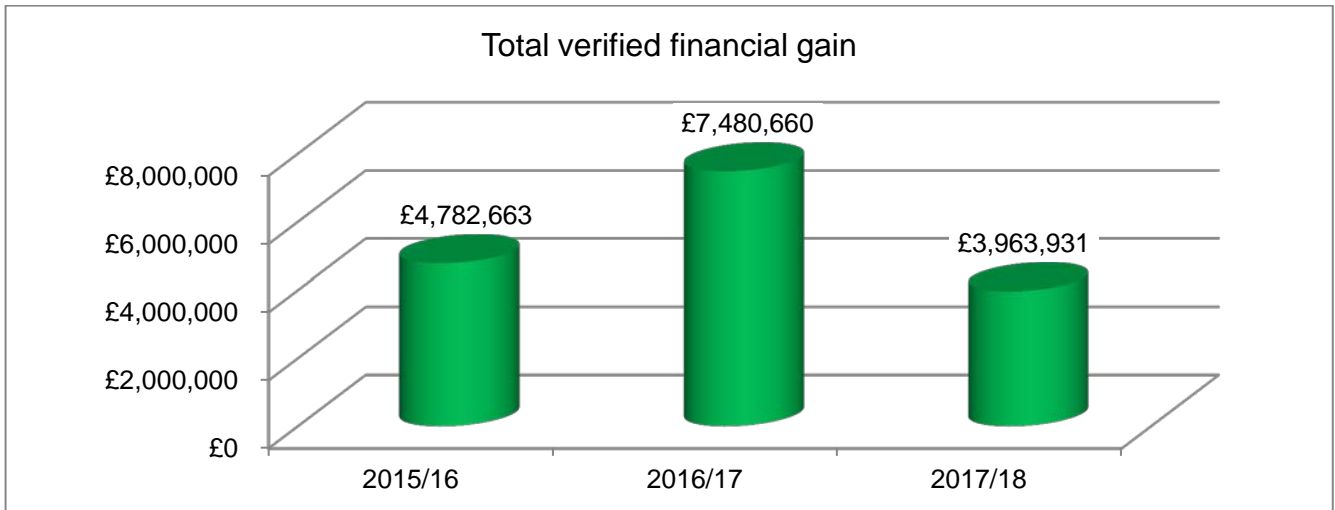


Figure 10: Financial gain

Working with local people and other organisations we gained significant amounts for Inverclyde Residents. This constitutes an important part of our work to prevent or mitigate the impact of inequality. The Advice Service is predicated on a rights-based approach that contributes to the alleviation of poverty and effects of debt in the community, and aims to have a transformative effect on the lives of those it works with. It plays a vital role in working to protect the well-being of vulnerable claimants and consumers; and also supports the wider Inverclyde economy by ensuring residents receive the support they require during these times of change and uncertainty.

The challenges facing Inverclyde residents are diverse and vary from the effects of continuing austerity, growing reliance on personal debt and continued welfare reform.

The provision of an effective one stop, holistic advice service is an effective method of delivering advice and is relevant to the statutory duty of Inverclyde Council to deliver advice and assistance to promote the social welfare of Inverclyde residents.

The Child Poverty (Scotland) Act requires local authorities in conjunction with the relevant Health Board to prepare and publish a local poverty action report. The Report 'must in particular describe income maximisation measures taken to provide pregnant women and families with children with information and advice as to eligibility for financial assistance to apply for that support. Inverclyde HSCP will take this as an opportunity to revisit our Healthier Wealthier Children income maximisation model currently operating to explore how we can strengthen and improve referral pathways and extend the reach and effectiveness of our current model of income maximisation for this client group. Universal Credit Full service roll out commenced in Inverclyde on 23 November 2016 with a case load as at July 2018 of approximately 5,000. This will increase significantly with the planned managed migration of existing legacy benefit claimants to Universal Credit from 2019.

The introduction of Universal Credit has changed the nature of advice interventions from one off to ongoing intensive support to clients over many months to make, manage and establish a settled claim to Universal Credit. Claiming Universal Credit and dealing with the social security system in general can be a challenging process. Having the support of an Advice Worker who understands DWP terminology and complexities of the system can be pivotal in securing timely and fair outcomes for service users and is a vital service for the most vulnerable in our community.

## **How Social Work Services are improving outcomes for Children and Families**

### **GETTING IT RIGHT FOR EVERY CHILD IN INVERCLYDE**

The Children and young people Act 2014 put the Scottish Government flagship policy for children's service on a statutory footing. Despite the challenges to the statutory basis of some aspects of the legislation from the Supreme Court, Inverclyde social work services with strategic partners have been making steady progress in realising the ambitions of the principles of GIRFEC.

In October 2016, from work commissioned by the Scottish government, Inverclyde was selected as one of three local areas to partner CELCIS, in developing new approaches aimed at reducing childhood neglect and enhancing children's wellbeing. The partnership agreed to be guided by CELCIS in the use of Active Implementation science for up to five years. Implementation science is at the centre of this work. Following a period of exploration it became clear that the focus of this work would include support to significantly enhance key aspects of our GIRFEC pathway and especially our offer of early help.

#### **Creation of a Request for Assistance Team**

Associated with our work with CELCIS, our self-evaluation, case file auditing, data analysis and feedback from children's services inspection, it became apparent that the front door of Children and Family services, where referrals are received and the risk of harm is assessed, was in need of review.

Following a process of consultation and review involving service users and staff the establishment of a request for assistance team was agreed. This team has been established and standard operating procedures developed. The team are responsible for receiving and responding to all new requests for assistance to social work services. The emphasis for this team is on ensuring robust initial assessment of need and risk and timeously identify pathways for children to meet those needs.

As part of the establishment of this team we have developed rigorous data capture processes that are intended to assist us in deepening our analysis of the patterns of need of our service users and at the same time support us in evaluating the quality of service we are providing.

From the table below it can be seen that the volume of referrals to children's services have remained relatively constant over the past three years. At the time of writing our data capture is not sufficiently robust to allow us to interrogate this data in a way that helps us to understand the trends and patterns that sit behind this.

The subsequent table however tells us that the number of children who are subject to compulsory measures of care is declining year on year. This is consistent with the national picture.

A central finding for Scotland of a new study funded by the Nuffield foundation (2015-2017) is that there is a strong association between the level of deprivation and proportion of children likely to be looked after or subject to the child protection register. It is crucially important for areas like Inverclyde where we have the second highest levels of deprivation in the country, to better understand the complex relationship that are reflected in this and to establish the strategic and practice implications that this presents.

Figures for referrals to children and families:

	2015/16	2016/17	2017/18
Contacts to Children & Families	4721	5006	4570
Domestic Abuse	589	668	741
Total	5310	5674	5311

Referrals to the Reporter:

	2014/15	2015/16	2016/17
CSO continued	136	114	99
CSO made	47	42	56
CSO terminated	48	50	36
CSO varied	124	113	67
Interim CSO	24	20	15
Interim variation CSO	1	1	0
<b>TOTAL REFERRALS</b>	<b>380</b>	<b>340</b>	<b>273</b>
<b>Number of Unique Children</b>	<b>235</b>	<b>221</b>	<b>193</b>

## Child protection

Our data tells us that the most common child protection concerns in the area of Inverclyde are Domestic Abuse, Parental Mental Health, Parental Substance Misuse and Neglect. In most families involved with Children and Families Social Work a combination of these concerns are present when concerns are raised about children. Parental substance misuse continues to contribute to significant harm causing neglect. Child protection concern related to parental alcohol use remains prevalent but has fallen consistently since 2014 while concern over parental drug misuse has risen.

Addiction services have an increasing trend of women accessing services. Inverclyde has high and increasing levels of children living in poverty impacting on family stress and child development opportunities.

In recognition of the complexity of the casework and based on feedback from the care inspectorate relating to the need to further improve our assessment of need and risk we are increasing our support to Children and Families Social Workers to enhance their skill set in assessment and analysis of need and risk.

In 2016/17 221 Children, from 140 families, were referred to the Children and Families Social Work Team due to Child Protection Concerns. 88% of these Child Protection referrals received resulted in an Initial Referral Discussion between Social Work, Health and Police and 90% of these Initial Referral Discussions resulted in a Child Protection Investigation.

34 Children were on the Child Protection Register in Inverclyde on the 31st March 2017. 50% of children on the Child Protection Register in this reporting period were under 5 years of age.

Over the last twelve months it has been noted that while the numbers of children on the Child Protection Register remain fairly static the number of investigations conducted and case conferences held has decreased. It is considered that our targeted improvement activity to enhance practice around early effective assessment of risk through the IRD process is reducing unnecessary interventions into the lives of children and families which in turn results in Social Workers being able to focus on those most at risk. The families not requiring a Child Protection response are re-directed to supports to promote the child's wellbeing through the GIRFEC approach and the Team around the Child.

As noted above newly disseminated research from the Nuffield Foundation has highlighted a statically significant difference in the patterns of intervention in child protection and looked after children in Scotland. This indicates a higher incidence of children being subject to child protection measures or becoming looked after in Scotland as a whole compared to the other UK nations. Moreover within this there is a significant issue relating to those children living in areas of deprivation where the likelihood of becoming looked after increases again.

This research has a strong resonance in an area such as Inverclyde where we are very aware of the impact of intergenerational poverty and inequality. We will be working with colleagues across Scotland to explore the complex relationships that underpin these issues. The protection of children is and will continue to be the overarching priority for social work services. However we will continue to challenge our own practice locally and particularly to evaluate whether we are striking the right balance between measures to protect children with measures to support our most vulnerable families.

### **Improvement Activity Focus Area**

During 2017, the Care Inspectorate undertook a strategic inspection of services to children, families and young people in the Inverclyde CPP area. The Inspection concluded on 31st October 2017 with the publication of an evaluation report of the inspection findings. The report of the inspection findings is positive in nature, identifying a number of areas of strength, which included sector leading practice and examples of good practice that are considered to be of national significance.

In Particular Inverclyde was graded as excellent in the area of partnership and engagement with service users. This is consistent with Care Inspections in our range of regulated children's services, where all services are graded at 5 or above with children's residential services in the main graded as excellent. Since the publication of the Care Inspectorate report Inverclyde HSCP has been awarded the level one UNICEF award in respect of promoting children's rights in 2 of our children's houses and one house having progressed to level 2. UNICEF have advised the HSCP that they consider this to be world class.

As part of the strategic inspection areas of development were also identified. These include specific areas of practice that require to be strengthened as well as further development of key processes. These include three key areas as follows:

- Further strengthen joint risk assessment and decision making in response to child protection concerns, including new concerns arising in open cases and from accumulating signs of neglect
- Develop joint quality assurance systems and processes to achieve high standards of practice in key processes more consistently

- Demonstrate clearer links between activities and measurable improvements in outcomes through implementation of key priorities in the children’s services delivery plan

In addition to the request for assistance team outlined above, Children & Families Social Work along with partners have been involved in the implementation of key changes to practice as a result of the improvement actions. Ongoing evaluation and audit with partners have provided indicators of positive change evident through improved practice in a number of areas. Some of these are set out below.

### Initial Referral Discussions (IRDs)

One of the most significant areas of development over the last year has been the Initial Referral Discussions with health and police and now including education services. Following inception of this practice in summer of 2016 we have steadily increased our numbers of IRDs however the quality remained variable. Prior to commencing the improvement work 25% of IRD’s were assessed as being ‘adequate’, 50% ‘good’ and 25% very good, after 6 months of focused improvement activity 25% are assessed as being ‘good’ and 75% ‘very good’.

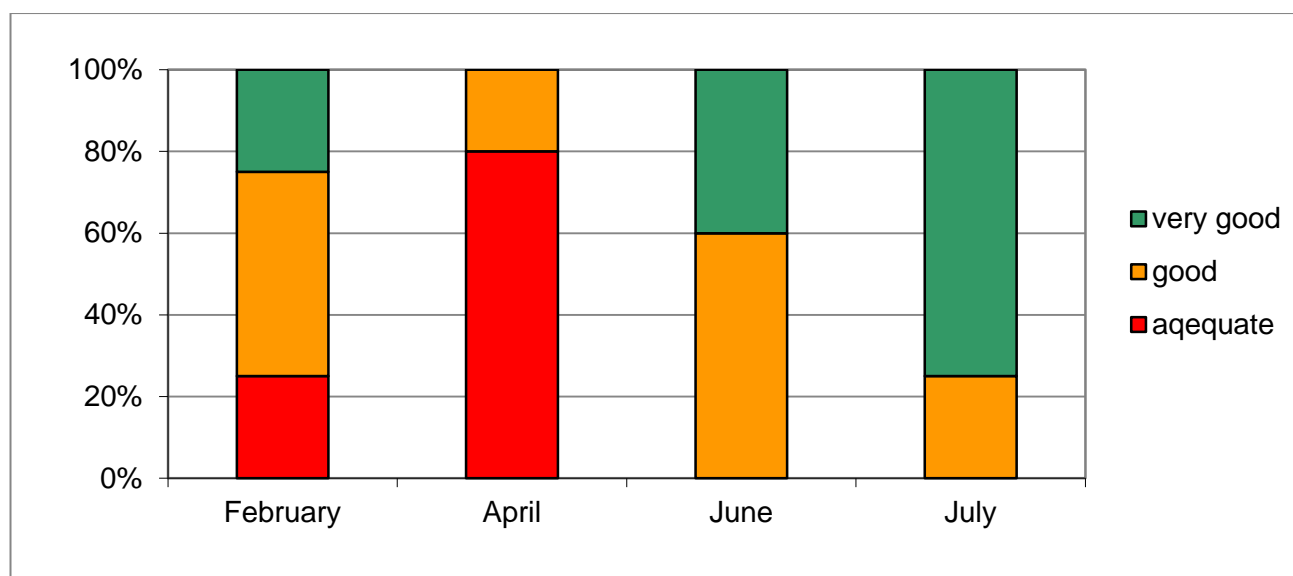


Figure 11: IRDs

The quality improvement work around IRD’s has led to a focus on continuous improvement within other areas of our joint decision making and assessment such as the provision of medicals which has resulted in an increase in their use, one of the next steps shall focus on improving the experience of children subject to medical examination.

### Looked After Children

At 31st July 2017, there were 218 children and young people looked after by Inverclyde Council, with the gender composition being 119 males and 99 females. This was the equivalent to 1.4% of the population aged 0-18, while Scotland’s figure was also 1.4%.

The breakdown of those looked after within a community setting was as follows:

- 86 or 46.0% (5.6 per 1,000) looked after at home, Scotland’s rate was 25% (3.5 per 1,000)

- 60 or 32.1% (3.9 per 1,000) with friends or relatives. Scotland's rate was 28% (3.8 per 1,000)
- 36 or 19.3% (2.3 per 1,000) in directly provided foster care. Scotland's rate was 24% (3.2 per 1,000)
- 5 or 2.7% (0.3 per 1,000) in directly purchased foster care. Scotland's rate was 12% (1.6 per 1,000)

Of the 27 children and young people in residential placements on 31<sup>st</sup> July 2017:

- 18 were in local residential care homes
- 4 were in residential school placements
- 1 was in secure care
- and 4 were in external residential care homes

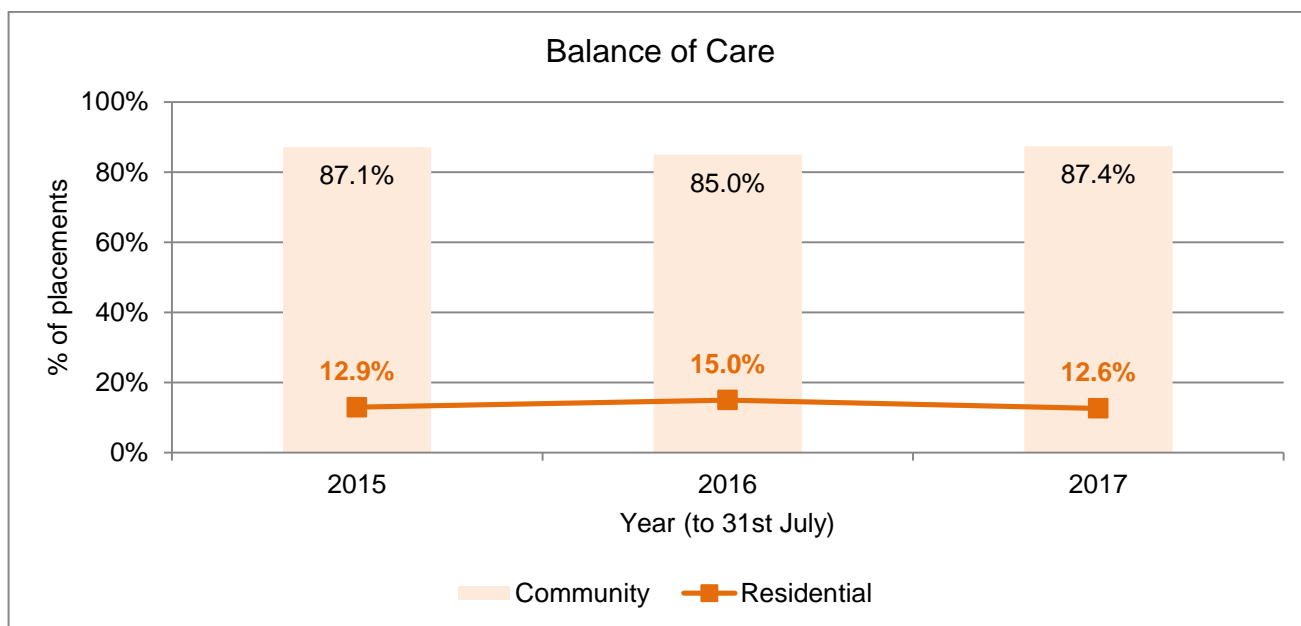


Figure 12: Balance of care

Over the last few years, this total has only shown slight variation going from 30 in 2014, 27 in 2015, 31 in 2016 and 27 in 2017. Our number of looked after children as a percentage of our 0-18 population has fluctuated (possibly a function of low absolute numbers), but at 31 July 2017 was 1.4%, same as the National figure. This ranked Inverclyde as 22 out of 32 local authorities (with 1 being the lowest) in terms of the percentage of all children who were looked after.



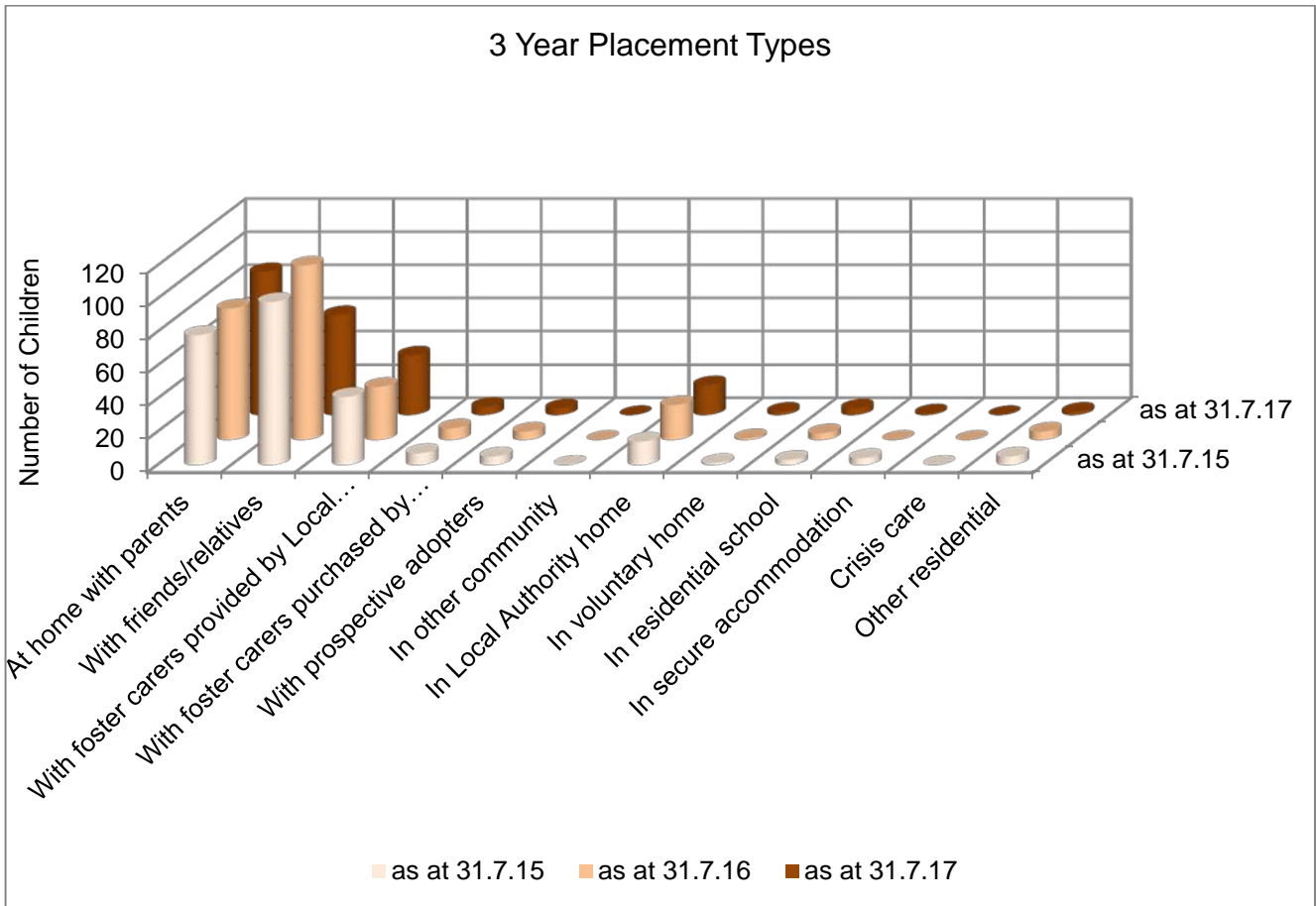


Figure 13: Placements

Between 2015 and 2017 the balance of care has been consistently weighted towards community placements which have accounted for over 85% of our total placements. Looked after at home placements have accounted for over 45% of our community based placements with foster care representing more than half of all looked after and accommodated placements.

Local investments and commitment to grow our Kinship resource has led to the increased number of formal kinship carers. The provision of kinship care is a key strength in Inverclyde and provides children and young people with the security and sense of belonging that family can bring. The level of commitment and compassion that kinship carers demonstrate is humbling for anyone who listens to their story. The support and assistance provided to kinship carers is highly valued by them. All "formal" kinship carers have an assessment completed by a social worker and this assessment is considered at the Kinship Resource and Approval Panel. All approved kinship carers are in receipt of an allowance which is directly linked to fostering allowance rates.

### Permanency

Permanency planning continues to be an area of priority for Inverclyde. Over the year, the practice implications of recent court rulings have been considered in depth and improvement actions implemented so that the needs and rights of children and parents continue to be progressed.

The development of our award winning post adoption support service "Birth Ties" continues. We have invested resources to provide capacity for skilled social work support for anyone affected by adoption. The service actively and persistently follows up parents where children have been permanently removed. Where parents engage, the service provides holistic long term support aimed at enabling parents to achieve stability in their lives and to make better informed choices for their future. This area of practice is being rigorously evaluated and will be reported on at a future date. This service will be presented as an area of good practice at the Social Services Expo in the autumn as will our work in children's rights and participation.

## Continuing Care

Inverclyde continues to be committed to the “staying put” agenda. Evidence shows that young people are remaining in existing placements under continuing care arrangements and have been for many years. All Local Authorities received some additional funding from the Scottish Government to implement the changes legislated by the Children and Young People (Scotland) Act 2014 to support continuing care. These monies have been utilised effectively however the demands of continuing care, kinship allowances and extension of aftercare to young people to twenty six years will remain challenging in a small authority with high levels of poverty and deprivation.

A detailed cost analysis has highlighted that continuing care will continue to present pressures in terms of resources and finances. In seeking to address this we have committed specific recurring budget in conjunction with the use of earmarked reserves to develop new ways of delivering residential care such as a core and cluster model. We will continue to highlight the resourcing needs necessary that all corporate parenting partners require to commit to, to ensure continuing care is realised for all young people who require it.

We are committed to enabling our foster carers to provide continuing care placements by continuing to pay fostering fees and allowances for young people beyond sixteen years. Inverclyde is fully involved in the ongoing national review of fostering, kinship and adoption allowances and we are mindful of how important these allowances are in supporting our careers and our young people to achieve good outcomes. The trend in continuing care in Inverclyde is outlined below.

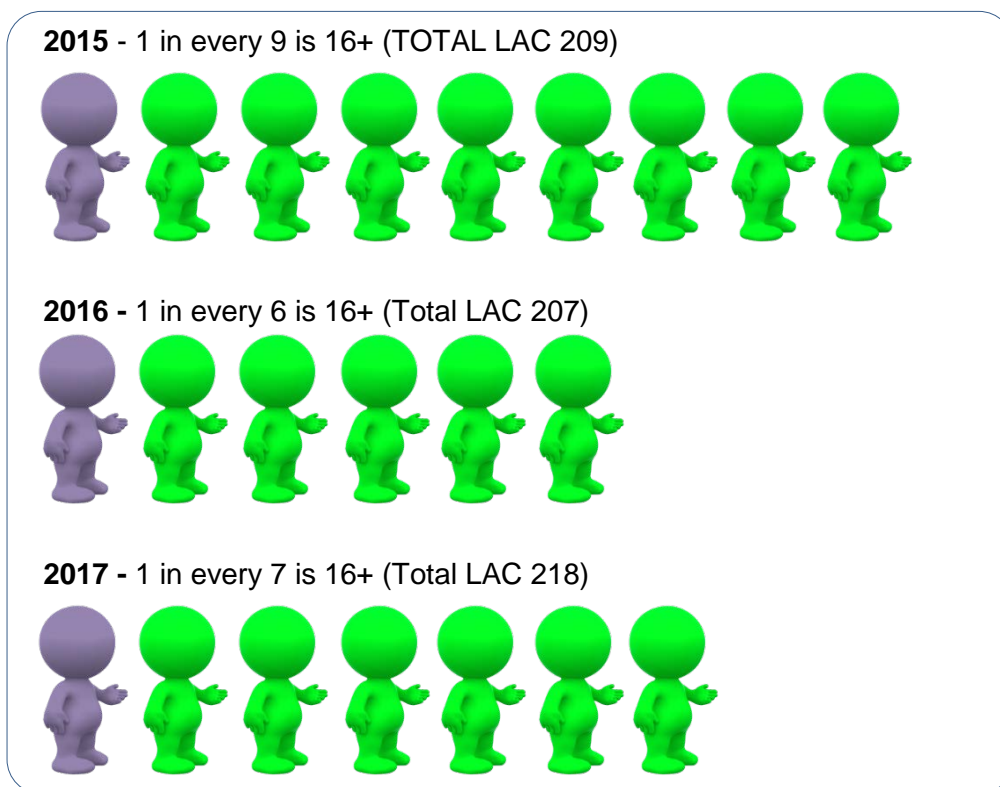


Figure 14: Continuing Care

## Care Leavers

Over the past four years we have seen a steady reduction of young people in receipt of after care services who have experienced one or more periods of homelessness. This has reduced from 13 young people from in 2014 to 3 young people in 2017. Our corporate parenting strategy has a focus on building community resources for our population of young people who leave our care.

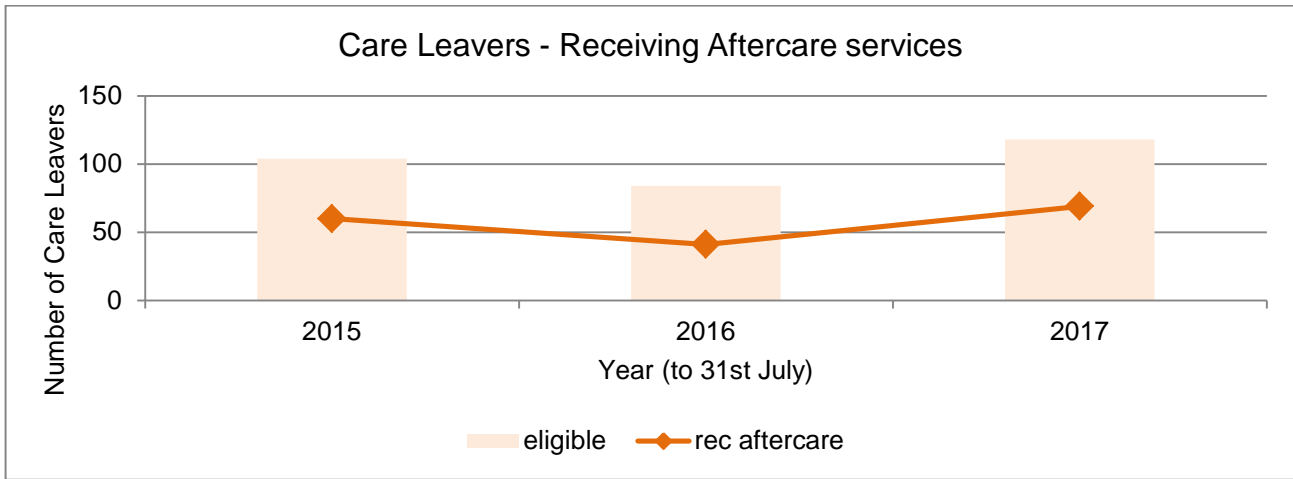


Figure 15: Care leavers

### Aftercare

20.3% of our young people eligible for aftercare services were in employment, education or training, as compared with 25% nationally.

In 2016/17, 34.8% of our care leavers in receipt of aftercare had known economic activity, compared with 37.1% nationally.

There were 19 care leavers beyond minimum school leaving age in Inverclyde, 100% of whom had a pathway plan and a pathway coordinator on their date of discharge, while the figure for Scotland was 79% for both.

### Corporate Parenting Strategy and Planning

Looking after and safeguarding care experienced children and young people are among the most important duties that a local authority and community planning partners have responsibility for. Our response to this is our corporate parenting strategy and the development of our Champions Board. It is based on a needs assessment of our care experienced population that has identified four priority areas to be addressed. These are:

- Early Help and Support - Children their families and carers receive early help and assistance with seamless transitions from birth to adulthood
- Health and Wellbeing - Care experienced young people have improved physical, mental and emotional health and wellbeing
- Learning Achievement & Skills For Life- Care experienced young people benefit from aspirational education and opportunities to maximise learning, achievement and skills for life
- Accommodation and Housing - Care experienced young people have safe, secure, stable and nurturing homes

How we work together as a partnership to measure improvements in these priority areas is through Inverclyde Corporate Parenting Group. Through an agreed data set, this Group reviews the impact of what we do around the four priority areas, outlined. Some key developments for looked after children are outlined below.

### Progression of our Children’s Houses Modernisation Programme

In 2017 phase 2 of the programme of modernising residential childcare services has progressed with staff and Young people from Neil Street moving to the new build house, aptly named by our young people “The View”. This was followed in February 2018 by the temporary relocation of Cross hill, whilst they await the construction of their new house. Children’s residential services have always strived to provide nurturing care built around strong relationships. The programme of new build houses of

exceptional quality enables us to provide a place to live where young people and staff feel nurtured and valued.

### **Expansion of Child's Planning & Improvement Officers**

The last year has seen the expansion of child's planning and improvement officers as part of our drive to improve the child's planning process. We have created a robust quality assurance framework based on our core principles of participation, needs based, rights respecting and outcome focused. Evaluations during our joint inspection highlighted evidence of improvements around child's planning. The Team continue to collaborate with our young person's reference group called (Proud to Care) in developing our approach to child's planning.

In 2017 we introduced an advocacy service as part of this development and widened the offer to children and young people involved in the child protection process and children looked after at home. We have found that this has brought an independence that has enhanced how the voice of the child and young person is heard and presented. We have seen an increase in the number of children and young people accessing this service.

### **Attainment funding for looked After Children from the Scottish Government**

In July 2018 the Scottish Government made available a fund to support the educational attainment of Looked after Children. The fund, which for this year is equivalent to £800 for every looked after child aged 5 to 15 is additional to the support that looked after children should receive as part of the Pupil Equity Funding. In the guidance issued with this funding the Scottish Government stressed the important role of the CSWO and the lead professional/social worker in determining the direction of this funding. This is a very welcome development in that it actively supports a shift in policy toward a whole system approach to improving outcomes for our most vulnerable children and the vital role that social work plays in this. It is to be hoped that a much greater emphasis on whole system / better integrated policy and planning of this type at all tiers of government will be developed.

Plans for use of this fund locally have been developed in such a way as to ensure that children and families say in how the fund is to be used is maximised and that they have a high level of control thereby empowering families in the process. Governance will be overseen by a local Participatory Support Board, which is a subgroup of the Champions Board.

### **Support for Children with Additional Support Needs**

Support for children with additional support needs in Inverclyde is provided by a discrete social work team that work in partnership with Barnardo's Inverclyde and wider HSCP services. Over the past year work has focussed on the development of continuing care options for young people in this category allied with enhanced transitions planning.

In 2016/17 our respite for children equalled a total of 125 overnight stays for 28 children – this is an average of 4.5 nights per child. This is a slight decrease from 2015/16 when a total of 139 overnights were provided for 35 children, an average of 17.7 nights per child.

### **Youth Offences**

The number of referrals to SCRA as a result of offences has fallen dramatically since 2007/08. The total number of offence referrals in that year was 558, whilst figures for 2016/17 show only 85 referrals relating to an offence. The steady reduction in these figures has halted over the last four years, with figures recorded showing 81, 90, 83 and 85 offence related referrals respectively.

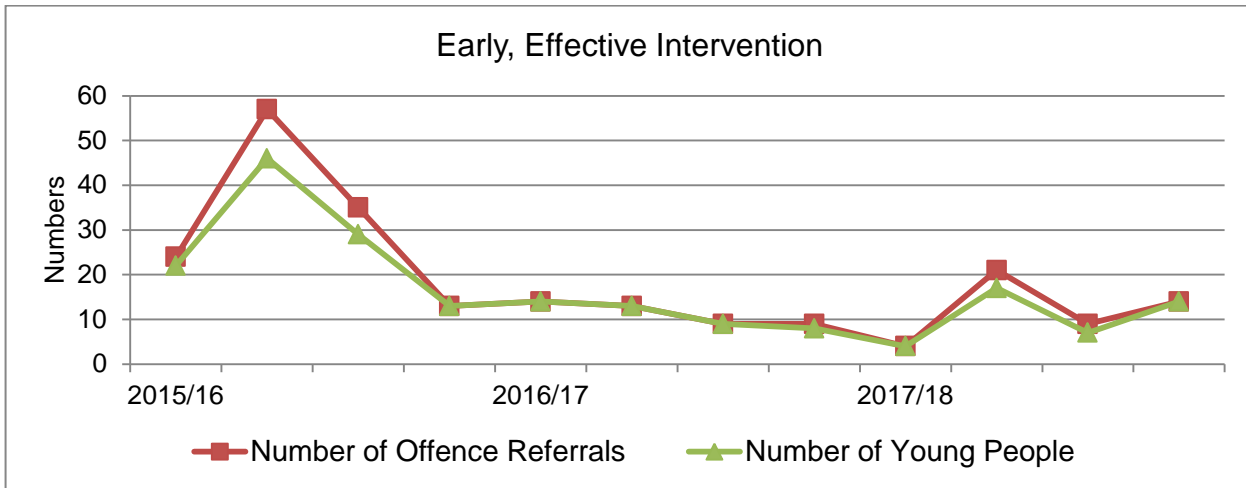


Figure 16: EEI

Figure 16 above show the reducing number of referrals to Early, Effective Intervention since 2015.

In 2016/17, offence referrals accounted for only 13.2% of all referrals to SCRA in Inverclyde. This reflects a national trend and during 2018 the Scottish Government have provided funds to support Local authorities in addressing the potential for youth offending to increase. In Inverclyde this will be focused on work to bridge between Strategic Children’s service plan and the Community Justice plan for this group of young people.

Children growing up in Inverclyde face many deep rooted and intergenerational challenges. The HSCP has become increasingly attuned to understanding the nature and impact of these challenges as well as improving our utilisation of evidence-informed strategies that can help to undo, target and mitigate the impact. Our performance overall is very good and for the most part improving. Over the last year in particular we have improved our partnership use of performance information particularly in relation to more vulnerable children and young people, including those who are looked after.

In the coming year our activity will be focused on our child protection improvement plan, embedding our revised receiving services, driving the corporate parenting agenda and working to ensure the voices of our children and families are at the centre of what we do.

## How Social Work Services are improving outcomes for service users involved in Criminal Justice

Inverclyde Criminal Justice Service is committed towards promoting public protection and safer inclusive communities by providing a high quality responsive Service. The Service is outcome focused and seeks to address risk factors of people with offences who are subject to statutory Orders, Diversion or Throughcare licence. The Service works with a wide range of agencies to provide a robust level of multi-agency support for individuals including Police Scotland, Courts and Tribunals Service, Scottish Prison Service and third sector agencies. Since the imposition of the Criminal Justice and Licensing (Scotland) Act 2010, the Service is responsible for managing Community Payback Orders (CPO’s). CPO’s are community based sentences and through particular Court mandated Requirements, permit individual needs and risk factors to be addressed to reduce the risks of further re-offending. This also includes the opportunity to ‘pay back’ the community through the provision of unpaid work.

### Community Payback Orders (CPO)

Using demographic data relating to those individuals who have been sentenced to a Community Payback Unpaid Work Requirements the Inverclyde the Criminal Justice Social Work Service was able to establish that approximately three quarters lived in areas classified by the Scottish Index of Multiple

Deprivation (SIMD) to be among the most deprived in Scotland i.e. 20% most deprived quintile. The impact of poverty was further illustrated in January 2018 during service user consultation activity where individuals commented that affording transport costs to attend Unpaid Work could be challenging and when they did attend this was often without having had any breakfast and/or the means to afford their lunch. The Service has sought to respond to this challenge in a variety of ways, which has included:

- With support from our HSCP Health Improvement colleagues interactive half day sessions were provided on nutritional awareness along with promotion of free exercise activities such as the “Walk a Million Miles Challenge”
- In April 2017 the Service worked jointly with Inverclyde Community Learning and Development Service to provide “Eat better, Feel better” cooking classes. These were provided as part of ‘other activity’ element of the Requirement and offered opportunities to cook easy meals with accessible ingredients. Feedback indicated those participating found the sessions enjoyable, particularly in terms of being able to take home food that they had prepared and cooked themselves
- Over 2 weeks in February 2018 our HSCP Health Improvement colleagues provided sessions on healthy affordable lunch options which individuals could consider bringing to their Unpaid Work placement

In addition to the above, the Service has again with the assistance of colleagues from Council’s Community Learning Development Team established a framework whereby individuals sentenced to CPO Unpaid Work Requirements will be able to have their work formally recognised by the SQA. It is hoped that in addition to building self-confidence this recognition could also assist with employability. The pilot is currently focused on the Personal Achievement: Community Activity Unit (SCQF L2). The unit can be used as a free-standing unit or as part of a Personal Achievement Award should the individual wish progress further. There is a £5 fee for registration with SQA, which our Community Learning Development colleagues are currently funding for the duration of the pilot.

The Service believes such initiatives/approaches help to address the broader issues of income and health inequalities identified among its service user group.

Figure 17 below show our Community Payback Order statistics over the last 4 years.



Figure 17: CPO Statistics

Maintaining the confidence of both the judiciary and the public in community sentences in terms of both the robustness and consistency with which they are managed and their positive impact is critical for the service.

Inverclyde Criminal Justice Social Work performance in relation to the number of individuals commencing their CPO unpaid work placements within 7 working days of the CPO being imposed

has consistently been higher than the national average. This was acknowledged by the Scottish Government in March 2018 when we were asked to share our good practice in this area.

In 2016/17, 70% of those individuals sentenced to Community Payback Orders successfully completed these which is higher than the national figure of 67%. This is significant achievement for the individuals concerned given as has been previously cited our data suggests that approximately three quarters face multiple challenges arising from high levels of deprivation. The Service is committed to supporting those individuals on community sentences desist from further offending and improve the quality of their lives. The diligence shown by staff in this regard is best illustrated by the following individual's story:

### Case Study

Lisa (name has been changed) is currently serving a community sentence. She has experienced a traumatic childhood resulting in her being accommodated as a child. As an adult she has also experienced significant destructive behaviours including domestic abuse, financial exploitation, and drug use. She is now a parent.

Inverclyde Criminal Justice has developed an extensive network of support amongst partnership agencies to provide a robust individualised package of support that not only addresses risks of re-offending, but also seeks to address wider needs, specifically about Lisa's confidence as a parent, social skills and her self-esteem. On occasion her allocated worker has organised food parcels and fuel allowance as practical support. Lisa has been linked into specialist services to address her experiences of domestic abuse.

Lisa has reported recently she feels more resilient than at any point during her life, appreciates the time and effort professionals have gone in supporting her, and is focused on being the best parent she can be for her child. She currently remains offence free.

### Domestic Abuse

Inverclyde Criminal Justice Service contributed to an analysis undertaken by the Inverclyde Community Justice Partnership into the work being done with perpetrators of domestic abuse by all of the statutory partners involved at different stages. This indicated a need to intervene earlier in the Criminal Justice System to significantly address domestic abuse in our area.

On 3rd April 2018 we were advised of the Scottish Government's intention to roll out further funding for the Caledonian System which is an integrated approach to addressing domestic abuse that combines a programme for male offenders with support services for women and children affected by domestic abuse. Whilst applications were invited from all Local Authorities not currently funded to deliver the Caledonian System, the process itself was a competitive one.

In recognition of the work undertaken with the Inverclyde Community Justice Partnership, the Service recognised the need for the System to be opened up males not necessarily mandated by the Court to attend the male offender programme. Thus discussion took place with our HSCP Children's Services colleagues about delivering the Caledonian System in partnership. The intention being to open the System to males whose own or partner's children are involved with Children's Service's either through the Child Protection and/or Children's Hearing systems on grounds relating to domestic abuse. It was felt including this group along with males who are Court mandated to undertake the Caledonian System (recognising there may be some overlap) would retain the focus on those presenting the highest risk in our community. Regrettably the application for funding of this work was not successful, however the service will continue to explore ways in which we can impact on this area of need in our community.

## Unpaid Work

Inverclyde Criminal Justice Social Work Service is tasked with raising awareness and visibility of its unpaid work arrangements as well as soliciting the views of the community in relation to potential projects. The Service's participation over two successive years of the Doors Open Day event (10th September 2016 and 9th September 2017) is one of the innovative ways it has endeavoured to achieve this. In 2017, this was supported by a leaflet drop to local residents within the vicinity of the Unpaid Work workshop and to local community centres promoting the event.

During both events opportunities were provided both to showcase existing projects and for visitors to share their thoughts on future reparations projects including what would be of most benefit to the community. Examples of activities on offer included an interactive quiz which provided visitors with the opportunity to test their knowledge of both Unpaid Work and the Scottish Criminal Justice System and through the Service's Bike Project visitors were invited to bring along their bikes and take part in a tuition and maintenance session for free.

In addition to the above the Service has had articles printed in the local media showcasing various unpaid work projects and also tweets regular updates of work completed.

Regular meetings also take place with a range of community groups and forums to ensure that they know about the Service and have the opportunity to shape future projects. Examples of just some of the organisations consulted include: Gibbshill Children's Centre, Inverclyde Safer Communities, Craigmarnloch School Garden Project, Bellville Community Garden Project and Inverkip Community Council.

Examples of the type and how much work is 'paid back' into the community are shown in figure 18 below:

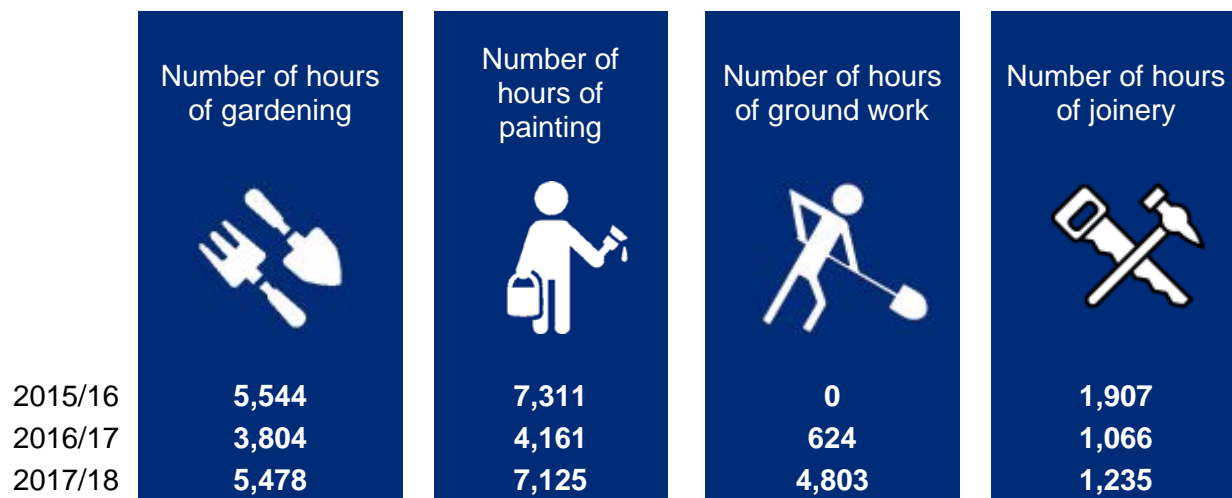


Figure 18: Unpaid work statistics



The feedback from those who received this Service has been positive, with comments including:

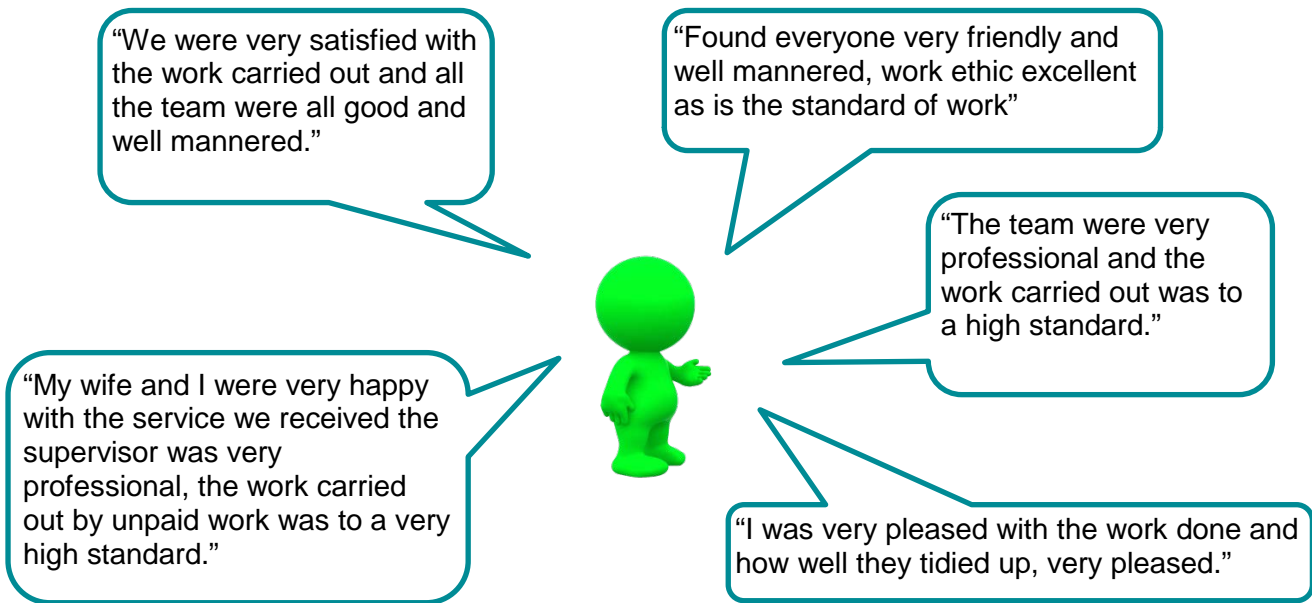


Figure 19: Service Feedback

### Paying back to the community

Through the Service’s participation in the Inverclyde Community Justice Partnership it was asked to consider ways that unpaid work hours could be utilised to assist in making a large grassed area within the Coves Reservoir safe for recreational use. The Service’s involvement was only one part of a larger strategy aimed at reducing anti-social behaviour in this area and generally improving its overall appearance with the aim of opening up access for all. Partners included: Community Safety, Social Protection Team, Police Scotland, Community Learning Development and Education Services.

Individuals sentenced to unpaid work were involved in supporting grills being fitted to the anti-aircraft battery buildings in consultation with Historic Scotland and Inverclyde Planning Service. They cleared overgrown vegetation and discarded rubbish away from access routes and from the historic buildings themselves. In total 1,100 hours were used on this project and the before and after photographs below evidence the impact of these individuals’ endeavours;

Before Groundwork and Grills Fitted

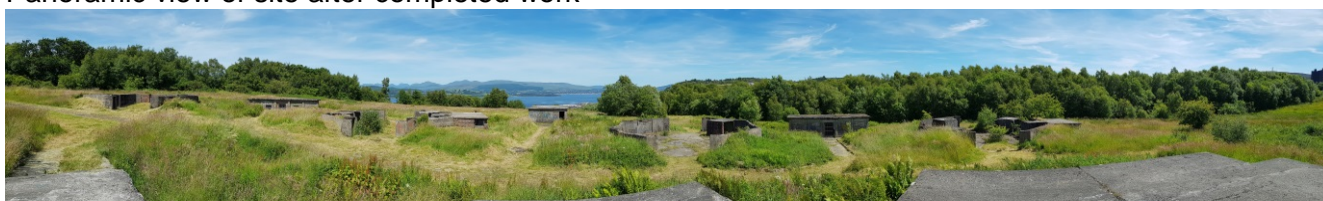


After Groundwork and Grills Fitted





Panoramic view of site after completed work



In recognition of the positive improvements to this area Safer Communities have been nominated by Scottish Fire & Rescue for an Area Manager's Partnership Award for the work as a result of the contribution it has made to reducing secondary fires within the area. Safer Communities have requested that the contribution made by those on Community Payback Orders is noted in any publicity cascaded to the wider community.

### **MAPPA in practice**

With regard to adults managed through the Multi Agency Public Protection Arrangements (MAPPA) such individuals will have co-ordinated risk management plan that is regularly reviewed and evaluated by a number of partnership agencies. An illustration of this is provided in the individual story of David:

#### Case Study

David (name changed) has a conviction for a sexual offence and is currently subject to MAPPA processes. David presented with significant difficulties following a traumatic childhood, learning difficulties and limited social skills.

Inverclyde Criminal Justice has made efforts to develop a holistic package of support for him to address his wider needs in addition to addressing the risks associated with sexual offending. This has included support to address his limited social skills, limited education attainment, adult literacy, budgeting support, life story work to address trauma, support to manage his learning difficulties, independent living skills, and social inclusion plans.

Recently a selection of Inverclyde Criminal Justice staff have undertaken specialist training to be able to deliver sexual offending programmed intervention locally and work that is mindful of learning difficulties.

David has acknowledged the amount of support in place for him and has stated he is determined to live an offence free lifestyle.

## How Social Work Services are improving outcomes for service users affected by Adult Protection

### Adult Protection Concerns

In 2017/18 225 Adult Protection concerns were referred to the HSCP concerning 188 individuals. This was an increase of 19 (8.5%) on the previous year. Of this number 27 referrals equal to approximately 12% progressed to a full investigation under the Adult Support and Protection Legislation. The remaining referrals were all actioned and if the perceived risk was not present or had been mitigated a decision was made to take no further action or be managed through the HSCP assessment and care management arrangements.

The conversion of referrals to investigations is around 12% and appears to be in line with the trend across Scotland, it also fits within the range of 10% to 14% conversion of previous years and consistent with previous years in Inverclyde.

There were 12 AP Case conferences concerning 12 individuals and a further 15 review case conferences relating to 13 people. Not all reviews were linked to investigations and referrals made in this calendar year.

The HSCP work hard with partner agencies and the people subject to an AP referral to ensure they are safeguarded in a sustainable way utilising their own resources with necessary support. People subject to a case conference are likely to have one review to ensure the protection plan is working with a small number of service users requiring ongoing protection measures.

The figures reflect an increase in number of case conferences and review case conferences which reflects two complex cases that required a number of reviews and may also be impacted on more accurate recording of actions implemented over the past 18months.

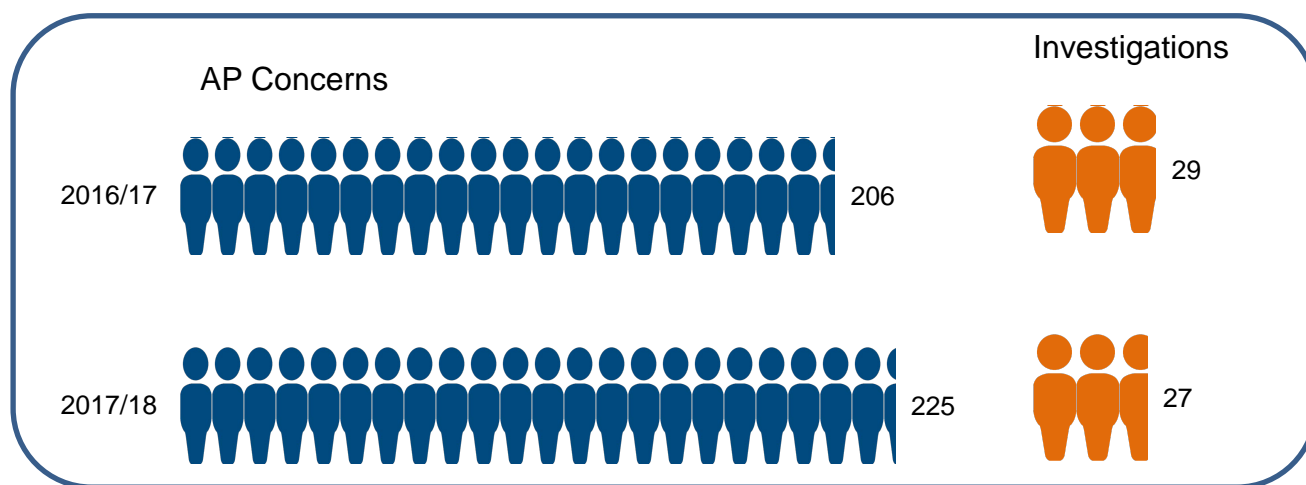


Figure 20: Adult Protection

### Adult Protection Referrals

	2015 - 2016	2016-2017	2017 - 2018
Adult Protection (AP) referrals received	270	206	225
(AP) Investigations undertaken	27	29	27
(AP) Case Conferences held	5	9	12
(AP) Review Case Conferences held	6	14	15

(AP) Initial Case discussions held	2	0	2
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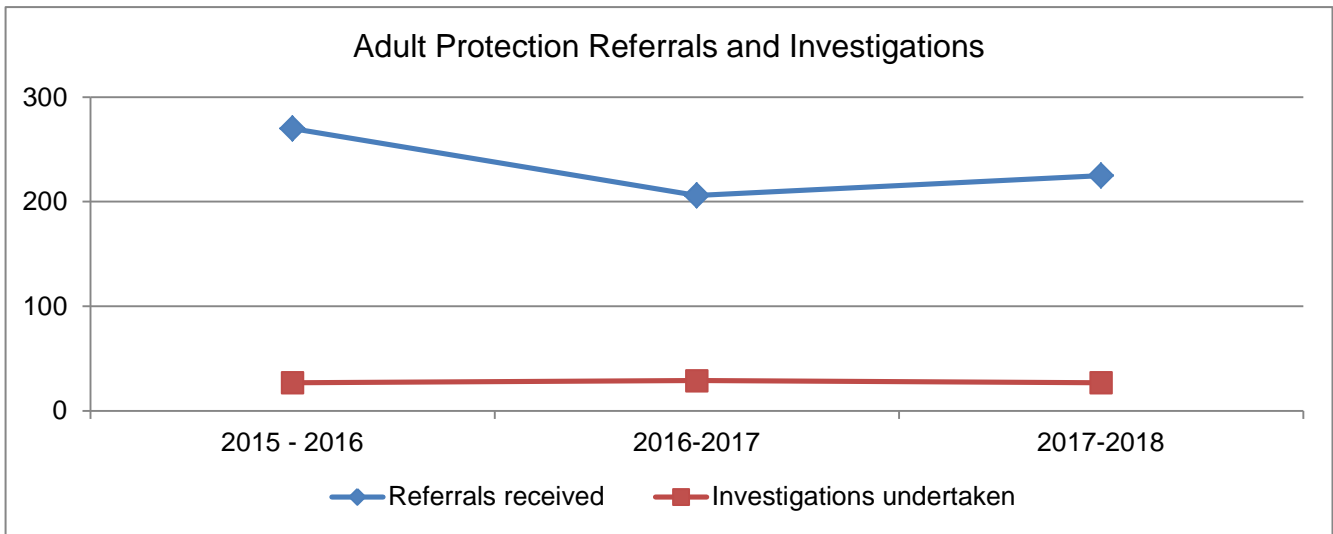


Figure 21: Adult Protection Referrals and Investigations

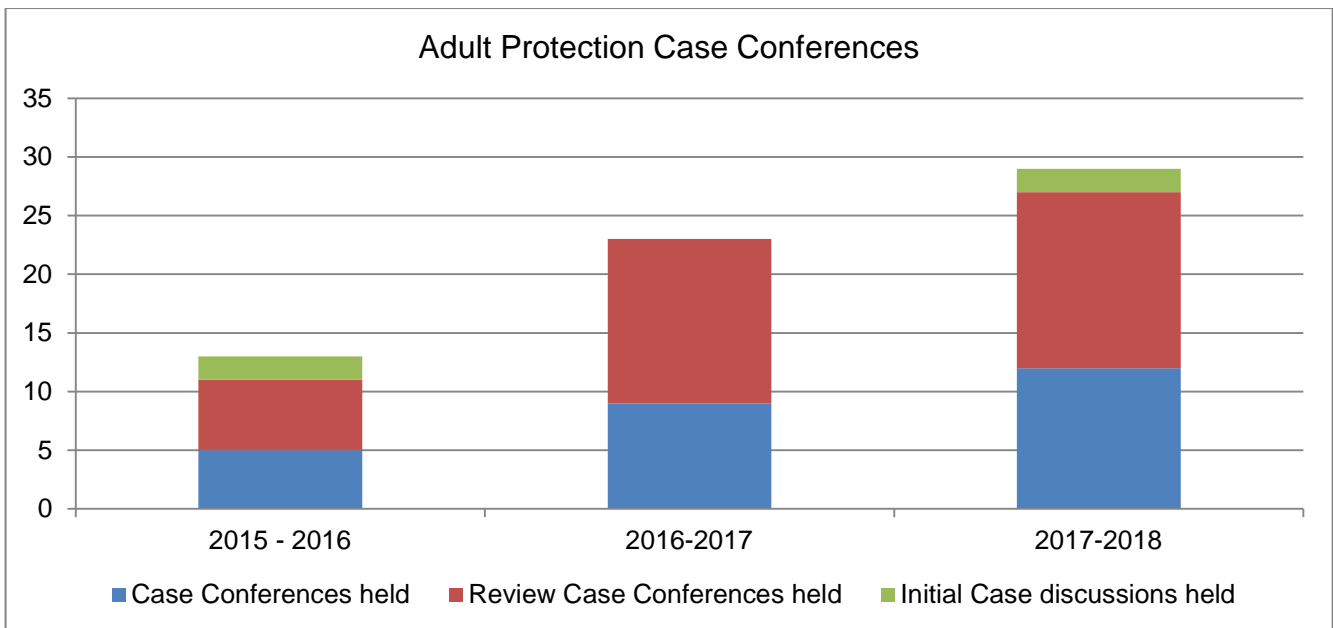


Figure 22: Adult Protection Case Conferences

Overall the view is that adults at risk are being supported with appropriate actions being taken to protect the individual.

There are however areas for improvement:-

- Chronologies. Development of an improvement plan to address the issue of chronologies more broadly in respect of ASP cases and will work along colleagues from children and families to address this. The Inverclyde Adult Protection Policy, Practice Standards and Operational Procedures will consider how the issue of chronologies are addressed within this document.
- Service Manager Reports. Only a third of cases have a Service Manager Report and we are refreshing our procedures to ensure this is the case in 100% of investigations.

- Global Risk Assessment. The working group reviewing Inverclyde Adult Protection Policy, Practice Standards and Operational Procedures will consider how this issue is addressed and develop an improvement plan.
- Navigation across/using systems. There are some issues regarding the difficulty navigating across the two electronic recording systems to find the information required.

## **How Social Work Services are improving outcomes for Older People**

### **Home 1st**

The last year has seen a redesign and refresh of our services for older people. Led by our newly appointed Head of Health and Community Care the Home 1st approach has been adopted. The basis of the Home 1st approach is that people are supported better and achieve improved outcomes when health and social care is provided in their home or community.



Home 1st is the ethos underpinning social and health care provision to all Older Adults and people with Long Term Condition. This links to building community capacity based on the concept of a Compassionate Inverclyde and Dementia Friendly Inverclyde. Using Community Connectors and Direct Access to services including self-managed care to divert people away from a dependency on statutory services and maintain their independence.

This includes developing Self-directed Support, Self-managed Care and Carer support to ensure a Personalisation approach to care where choice and control is in the hands of the service user. This includes tying in the principle of ensuring everyone lives their lives as independently as possible achieving their optimal level of health and wellbeing. This builds on the current work around reablement, recovery and resilience

Discharge from hospital is ideally from a community perspective, though employing a Rapid Discharge Planning approach it is important that the discharge is successful, minimalizing moves of placement and avoiding unnecessary readmission.

Home 1st in Inverclyde will be the focus for Unscheduled Care collaborative including Frailty and Dementia and will maintain and secure resources for community based services.

### **Implementation of Home 1st: examples of work to date**

#### **Hospital Discharge**

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of Rapid Discharge Planning (RDP) early commencement of assessments regarding future care needs in communication with the person and family at an early stage, clear identification of destination post discharge are all key elements of achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a complex home care package or a care home placement. To assist in achieving this we have worked to a Home1st plan utilising a range of interventions and building additional capacity.

Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. Along with colleagues in Acute sector we revised the Home 1ST 2017/18 action plan to engage in Unscheduled Care Planning to ensure services relating to discharge are refocused on the key performance targets as well as ensuring the best outcomes for service users and carers.

Inverclyde performance is extremely positive in comparison to other authorities across NHSGGC and across Scotland. In the financial year 2017/18 so far Inverclyde has led other partnerships across Scotland in terms of individuals recorded as delays (over 72 hours) at census point. We are the best placed Partnership in terms of least number of people delayed.

This performance places Inverclyde consistently ahead of other partnerships in Scotland and NHSGCC since August 2017 and should also be viewed in the context of Inverclyde's levels of multiple deprivation and prevalence of long term conditions in particular COPD.

### **Step Up at Home**

Inverclyde has been operating an intermediate care model for people who are at risk of being admitted to hospital due to a period of poor health. Rather than admit to hospital where there is no medical need to do so GP's can access increased support and services from HSCP.

Initially this focussed on accessing care home bed on a call up basis where increased AHP support was provided to assist in supporting the individual to return home. This service developed into supporting more people in their own home utilising increased Homecare support albeit on a temporary basis.

Between May 2017 and March 2018 the Community Rehab Team received 542 referrals which were deemed to require an urgent response from the team. All urgent referrals undergo a comprehensive multidisciplinary assessment, to determine the level of support required in terms of rehabilitation to avoid a direct admission to Hospital.

The majority of referrals received enhanced rehabilitation without the requirement for enhanced care support; 19 people were admitted to a step up bed and a further 8 have benefited from enhanced rehabilitation and support in their own home. The average length of this enhanced intervention was 20 days which equates to 570 hospital bed days avoided.

### **Community Alarms and Technology Enabled Care**

The Community Alarm Service is currently provided to over 2,700 service users within Inverclyde, of whom 416 also have a bespoke telecare package, consisting of a wide range of personal and environmental sensors and monitors which help to keep people independent at home for longer. Since 2012, the service has seen a 5% rise in service users year on year. The service has its own 24 hour response team and calls are triaged through our contracted call handlers who receive on average over 10,000 calls per month from Inverclyde service users who require assistance and reassurance.

Inverclyde has made significant progress with regard to the integration of Community Alarms (and more recently Technology Enabled Care) which form part of the HSCP Joint Strategic Commissioning Plan for Older People and recognises the potential and benefits it can bring in supporting people to remain safe and independent at home for as long as possible. The HSCP has demonstrated its commitment to developing TEC and has its own local Strategy about to be published for 2018-2021.

In comparison with the Scottish average, Inverclyde has more community alarm/telecare provision for those over 65.

Figure 23 highlights the number and age of people as at March 2018, who are in receipt of a community alarm plus additional telecare equipment within the Inverclyde population profile.

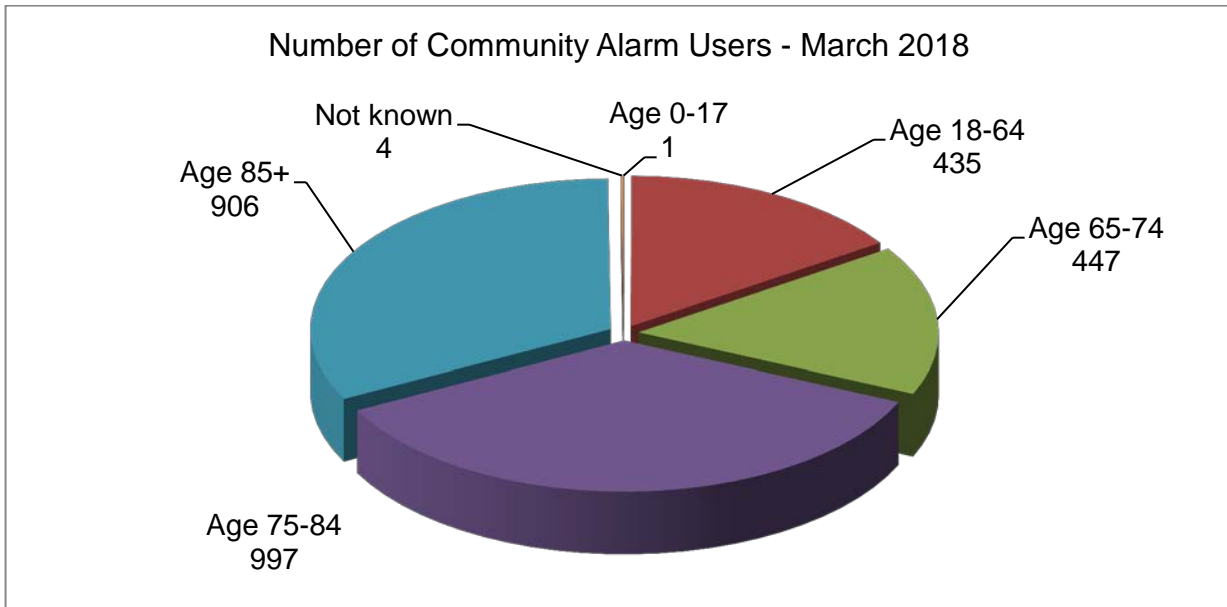


Figure 23: Community Alarm users

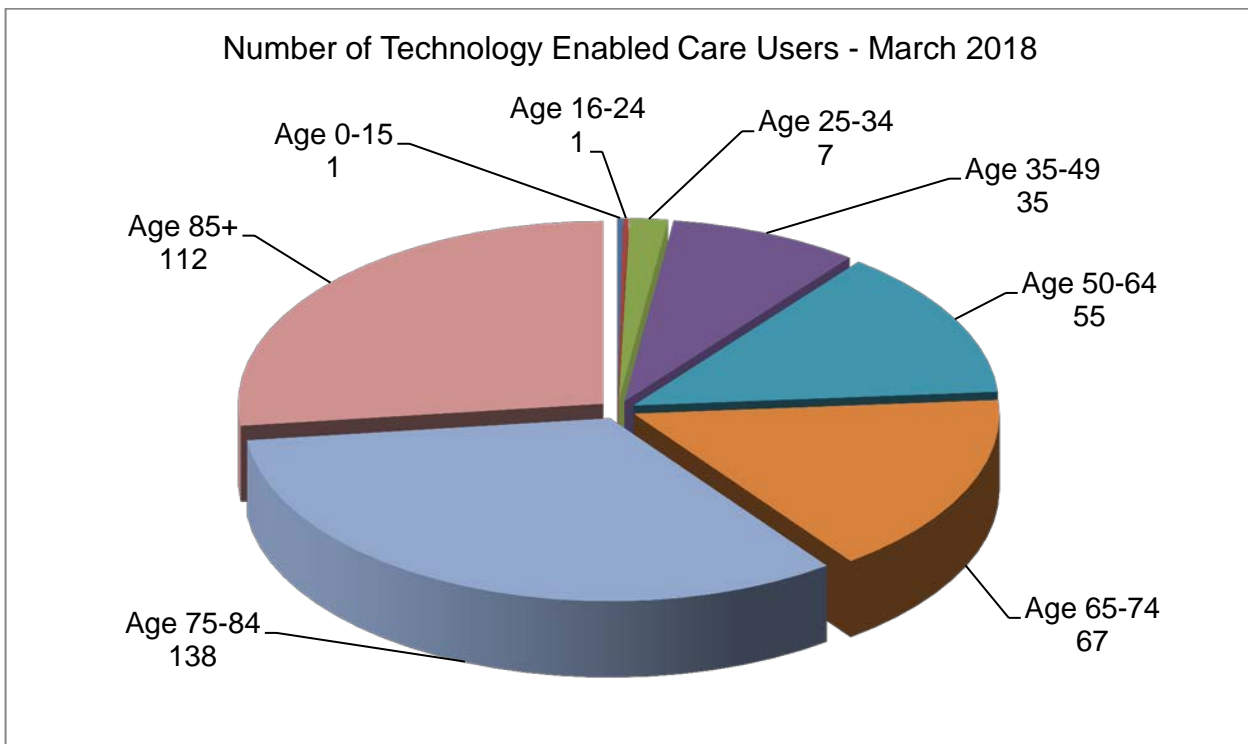


Figure 24: TEC users

Of those utilising enhanced technology, 59% are over 75 (75-84 = 33%, 85+ = 26%).

In addition to both core and short term funding to maintain and develop the service, Inverclyde HSCP was successful in securing an additional £13,700 of funding from the Scottish Government's Test of Change Fund in March 2018. This, in addition, to the successful bid of £206,000 which was granted in February 2016, has allowed for the continuing growth and integration of our Telecare and Telehealth service.

**Local residential and Nursing Homes** – There are now 82 additional pieces of telecare equipment in situ which assist staff to monitor residents and reduce the number of falls within care homes and those being conveyed to hospital. Frailty of older people in care homes mean that they are 3 times more likely to fall than those living within their own home and there are ten times more hip fractures in care homes than any other environment.

**GPS One Touch - Dementia post Diagnostic Support** – To date we have 24 service users that have been diagnosed with a cognitive impairment fully participating in this service and are now extending this from the original 12 month pilot to 24 months. The expansion of the service at the end of the first year has allowed us look into working with other client groups such as users with learning difficulties.

**Fire Services** who work closely with the service in undertaking joint installation and home safety visits where a risk has been identified. This links very closely to the aims of safer communities initiatives and will potentially avoid hospital admissions from unintentional injury. From April 2017– June 2018 there have been over 72 joint home visits completed by the TEC team and Fire Services crew.

**Intelligent Care**, a lifestyle monitoring system which can support anticipatory care planning, this system monitors individual movement within a home setting and can provide intelligent management information to inform future care planning arrangements. Between 2016 and 2018, I Care has been installed into people's homes on 64 occasions.

### **Day Services & Hillend Respite**

Day Services/ Hillend Respite have participated in a physical activity (Active 8) national programme involving "UK research" commissioned by the "Care Inspectorate" to assist health and social services with data supporting and measuring improved outcomes for older people and physical activity to help us measure and report on ongoing outcomes for individuals using our service. This programme is now at the final stages whereby we will receive individual reports relating to all participants and will demonstrate how the service is committed and improving people's outcomes in a more holistic way.

Service users with a critical level of need can access both the Hillend Day and Respite services with the service offering day services and respite to support carer crisis, Adult Protection concerns and any other emergency situation in relation to the person's home environment. As an internal service within the HSCP, the service continues to support Assessment and Care Management teams with all critical needs and will respond urgently providing service and care and support, providing feedback to other professions involved.

Food and Nutrition are a significant area in which both Day services and Respite services acknowledge and promote within the delivery of service, mainly due to older people living alone or not having a nutritious diet for many various reasons. Therefore hot freshly prepared meals and snacks are provided daily and alternatives are promoted tailored to an individual's diet. Any concerns relating to malnutrition and or poor health are monitored and forms part of the individuals support plan. The service also has "champions" to promote this area of health and wellbeing who are essential to identifying any particular issues with any service users.

### **Care at Home**

The Care at Home service provided care throughout 2017/2018 to 2025 unique Service Users, typically this would mean that the service at any given time, provided to approximately 1300 service users per week. The service works within the Home 1st approach to ensure that all older adults and people are supported and can achieve improved outcomes to remain as independent as possible within their home and community.

Our Reablement staff and home support managers are now working alongside social work and AHP colleagues within the Home 1st team, aiming to maximise independence and support people to achieve individual outcomes. The involvement is for around 6 weeks, which allows for a period of convalescence and support to regain abilities. The person is supported to regain partial or full independence, this allows for assessment of the persons needs in function over this time frame and prescription of ongoing tailored care support if required ongoing. There is a reduction of care requirement of 51% of care as a result people regaining abilities and returning to independent living.



In 2017/18, 35% of service users who started into Reablement went on to be completely independent by the end of their assessment period.

Feedback on the quality of service we provide has been very positive. Service users when asked “how do you rate the quality of service that you receive” has resulted in a 99% return in the good or very good categories.

The service has maintained grade 5 (very good) over the past 6 annual Care Inspections, at our most recent inspection, our inspectors gave the following feedback from our service users.

*'Because of health changes I now have full cover if I need it which gives me increased confidence. I feel more protected and this has allowed me to stop considering moving to a care home which I would prefer not to have to do.'*

*'I am more than happy with everything the staff do for me, I could not ask for anything better.'*

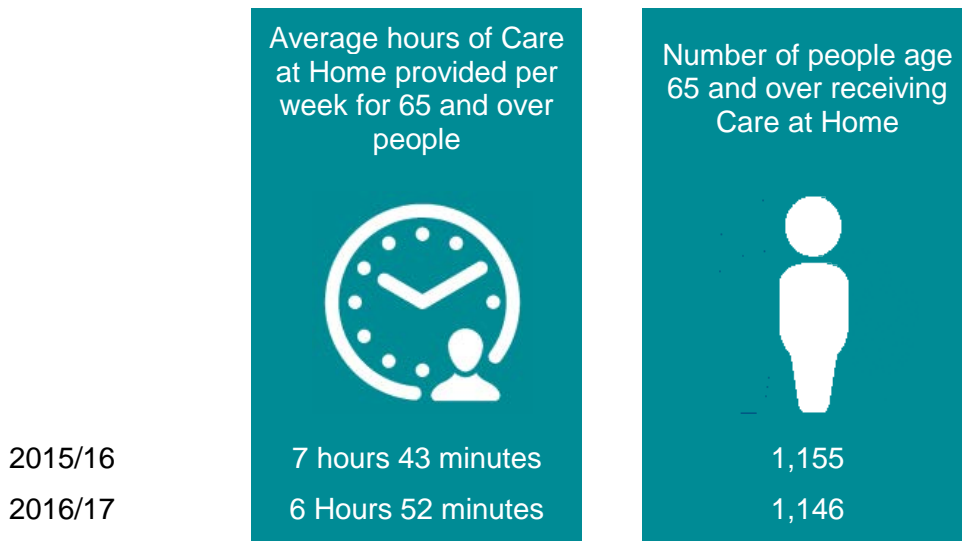


Figure 25: Care at home statistics

### Residential and Nursing Care

As part of the ethos of shifting the balance of care more into people’s own homes and their local communities, we constantly review our usage of care home placements.

Our performance in relation to reducing the length of time that people need support in a Care Home is an example of how we are progressing with ensuring that resources are used effectively and efficiently, and that independence is maintained for as long as possible.

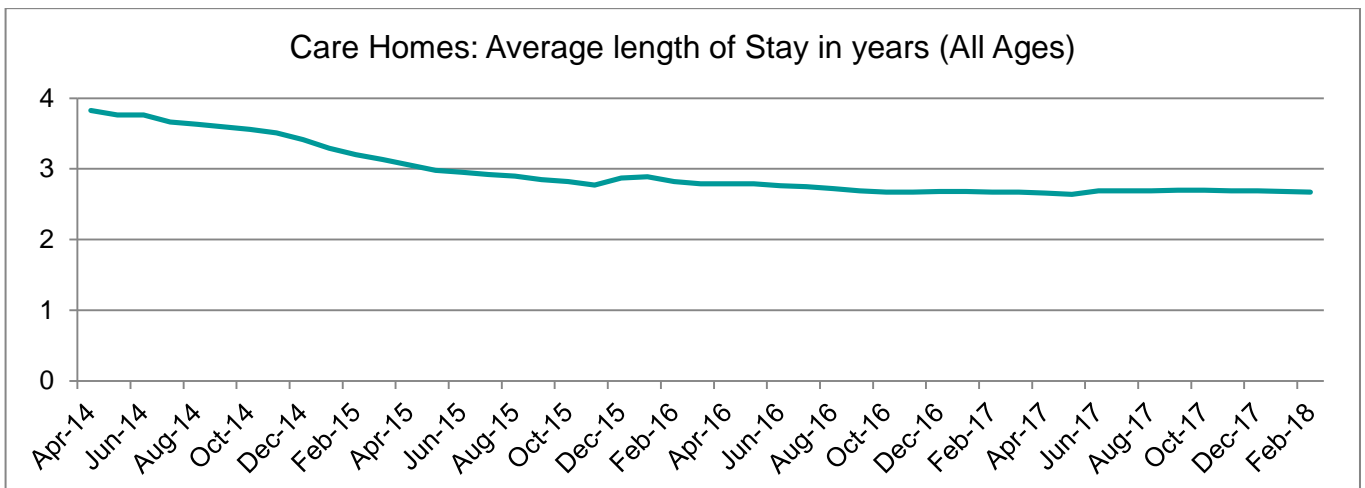


Figure 26: Care home length of stay

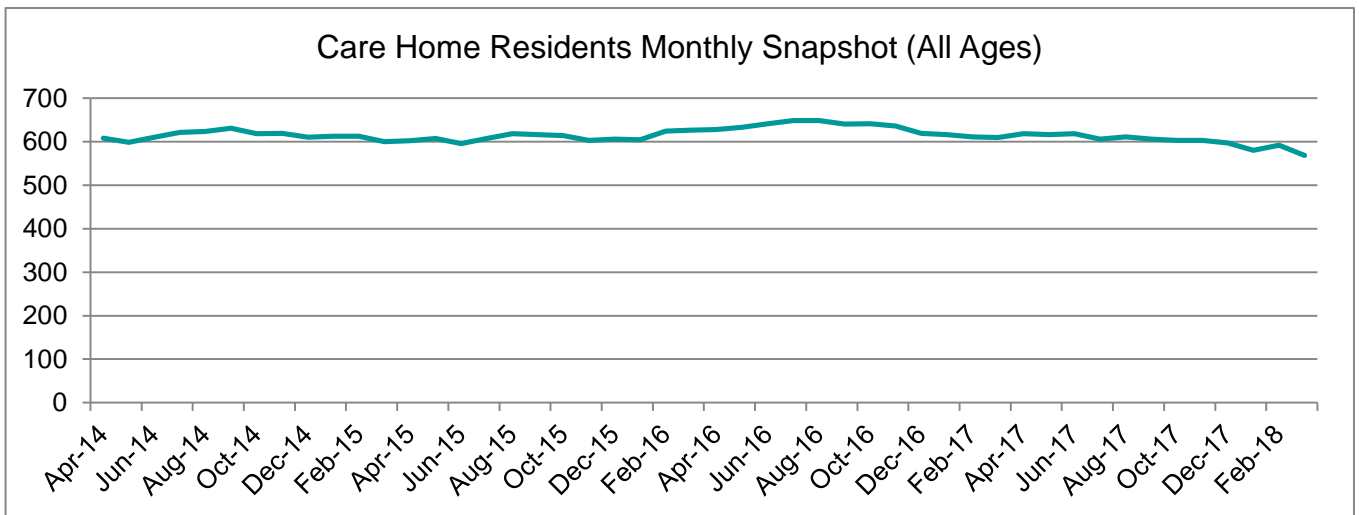


Figure 27: Care home residents

We continue to see on-going and sustained improvements in the average length of stay in care homes reflecting the positive impact of community based services, improved assessment processes and admission to care homes largely being for end of life care. In 2013/14, on average, people who entered a care home could expect to spend the last four years of their lives within this setting. By 2016/17, that had reduced to just over two and a half years, but importantly, 40% of older adults admitted to long term care placement passed away within that calendar year. This means that we are supporting people to stay in their own homes for longer than ever before, with care home admission only being used when all other options have been exhausted.

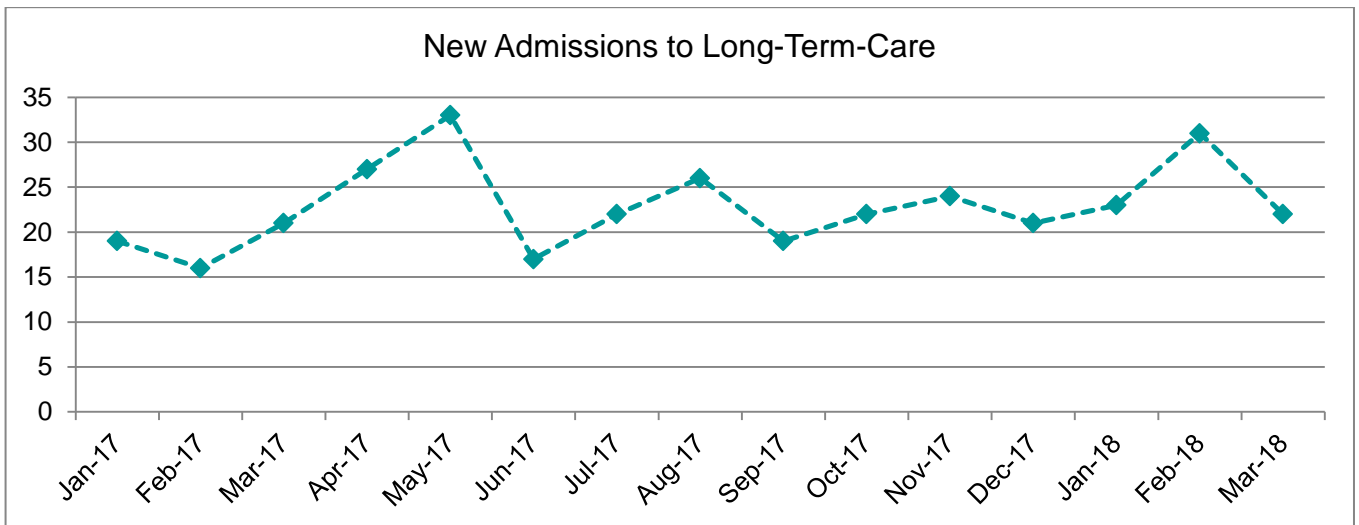


Figure 28: New admissions to Long term care

### How Social Work Services are improving outcomes for people with Learning Disability

The Learning Disability service provides long-term care management to a number of individuals who have substantial packages of care, as well as providing short-term interventions. Assessment and review are core functions of the service. Over 2017-18 there has been a vigorous focus on reviewing packages of care for our service users, specifically reviewing all service users in out-of-area placements and all day opportunity service users. As part of Inverclyde HSCP's Learning Disability services redesign we have reviewed, engaged and communicated with all key stakeholders in the decommissioning of the McPherson Day Centre and developing our day opportunity services from the Fitzgerald Centre on an interim basis.

Having the right person in the right placement is a theme for the service. Highly effective interventions by this team combined with effective integrated working is preventing delayed discharge from hospital, helping individuals move from residential care to supported living placements and preventing placement breakdown, all leading to higher quality care for service users.

Like all services, Learning Disability services have been affected by changes in benefit rules, the introduction of PIP and Universal Credit, very small increases in benefit rates, high levels of unemployment, and the introduction of client charges for more public services. We have seen a number of individuals with learning disabilities and their families requiring access to food banks this year, and have provided benefits advice to a large number of families.

Previous data submitted to the Scottish Government in the annual statistical exercise indicated Inverclyde having the highest incidence of Learning Disability (over 10 per 1,000 of population) of any local authority in Scotland. Last year Inverclyde submitted a significantly reduced figure, down to 7 per thousand, making it now 8th out of 32 local authorities, but still above the Scottish average of 5.2 people with learning disabilities per 1,000. The difference in reporting was not due to a drop in the number of people with disabilities, but due to data cleansing and different reporting criteria, with data only submitted now on individuals who have had contact with their local service within the past 12 months. This also means more accurate data should be available about the circumstances of those people known to the service – including whether they are in employment, where they live, and other details about their support.

The Learning Disability Statistics Scotland return indicates a very small number of people with learning disabilities in Inverclyde are currently in open (paid) employment, with a smaller number having non-open employment opportunities highlighting just one aspect of inequality experienced by this user group.

Other data indicates large health inequalities between people with learning disabilities and the general population, with a 10 year difference in life expectancy and an increased likelihood of experiencing other health conditions, such as mental health difficulties, sensory impairments and early dementia. The HSCP via our review of services for service users with learning disabilities is committed to challenging these inequalities.

## **How Social Work Services are improving outcomes for people with Physical Disability**

### **Sensory Impairment**

The Sensory Impairment service supports people who experience hearing or visual loss and their families. The team work with people to maximise their independence and safety within their home, community and work place.

- 483 referrals to the service in 2015/16 which increased to 551 for 2017/18
- As at 31/03/2016 we had 223 registered blind people in Inverclyde, 141 or 63% were female
- We also had 218 registered partially sighted people with 138 (63%) being female

The service offers support and awareness training to a wide range of HSCP services and partners agencies, to ensure that people who experience sensory loss are not disadvantaged in their daily lives.

### **Community Occupational Therapy**

The Community Occupational Therapy service supports people of all ages who experience difficulty due to their disability or frailty carrying out their activities of daily living. This cornerstone service supports many other areas within the HSCP, and is instrumental in ensuring hospital and hospice discharges and end of life care is able to be carried out at home.

In 2017-18 a total of 2631 referrals were screened at the Single Point of Access for the Community Occupational Therapy service. The referrals were split depending on urgency, risk and complexity of

need. Of these referrals 32.5% (855) were appropriate for Occupational Therapists, 29% (758) were appropriate for Occupational Therapy Assistants and 38.5% (1018) OTA led response team who offer a 24 hour response to deal with the equipment provision for hospital and hospice discharge and emergency Moving and Handling assessments that supports people and the carers who support them to live safely within their own homes.

There are on average 330 requests for individuals for equipment provision and 110 minor adaptation requests per month.

In 2017-18, similar to 2016-17, we again provided over 6,000 items of Aids for Daily Living equipment to Inverclyde residents who had a physical need. This equipment ranges from hospital beds with pressure care mattresses and hoists, to simple seats for use in a shower to support people to live safely and independently at home.

In 2017/18 we arranged for 2,235 adaptations to assist people to remain independent and safe in their own homes. Of these adaptations just over half (51%) were for grab rails which are a quick and effective solution to help prevent falls and keep people safe whilst living independently as possible.



Figure 29: Types of ADL equipment issued in 2017/18

## Blue Badges

There are currently 4367 Blue Badges on issue in Inverclyde. In 17-18 there were 1650 awards. Of the badges awarded 714 were awarded using the automatic eligibility route. The Occupational Therapy team awarded 936 badges of which 20 were organisational badges. The badges were awarded following a combination of desk top assessments or Independent Mobility Assessment (IMA) clinic visits. The Blue Badge scheme allows people with restricted mobility to have the opportunity to access the community.

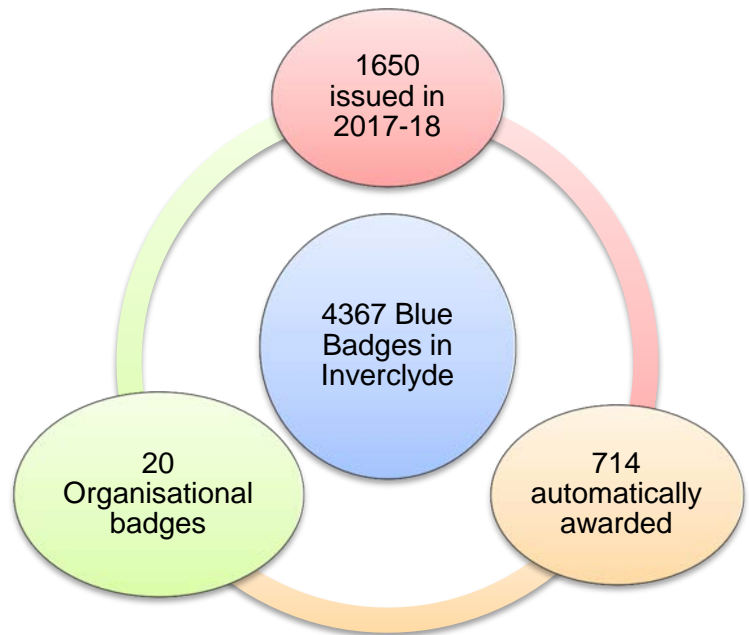


Figure 30: Blue Badges

## Carers

In the financial year of 2017/2018, 474 new Carers registered with the Carers Centre.

In order to help provide the best support, carers are asked to complete a Self-Assessment questionnaire. As at 31/03/2018, 254 Self-Assessments have been completed.

Of the 254 carers who have completed a Self-Assessment, they indicated how many **hours per week** of care that they provide. This is as illustrated below

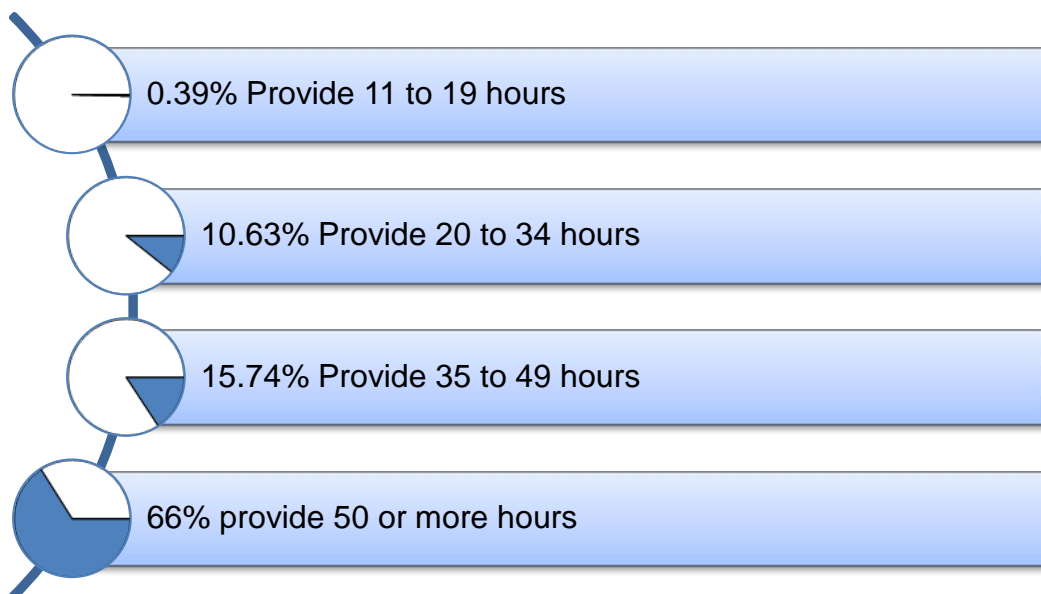


Figure 31: Carer hours

## Service Impact

Inverclyde Carers Centre is funded to provide information and advice to carers across communities. They have made excellent working relationships across Primary Care, Acute Care and a number of community and commercial organisations. By raising the profile of carers, they are increasing the number of carers receiving support.

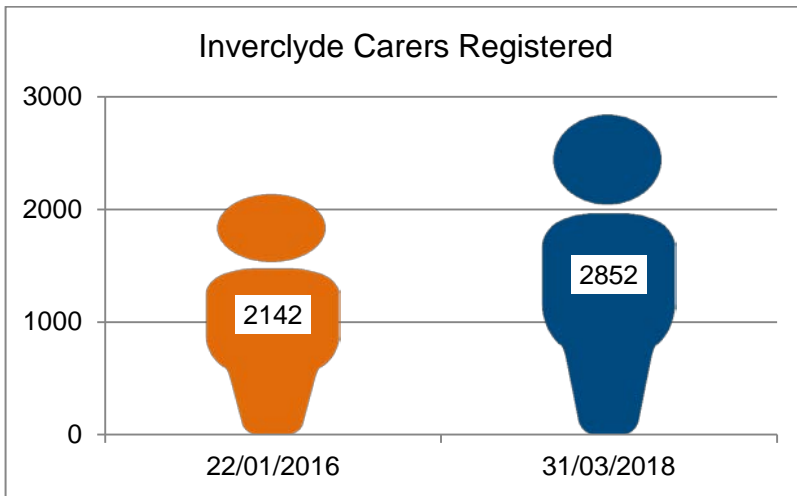


Figure 32: Registered Carers

Although the number of carers in Inverclyde who feel supported to continue in their caring role remains higher than the Scottish average, there remains much to be done to improve on this figure.

National Indicator		Inverclyde HSCP	Scottish Average
NI 8	Total combined percentage of carers who feel supported to continue in their caring role	40%	37%

Funding from the Carer Information Strategies (CIS) budget provided relaxation therapies to 58 carers and counselling to 22 carers. An evaluation demonstrated that 97.3% of carers stated that they felt less stressed; 83.8% of carers have improved sleep; 100% of carers feel more confident and in control of their caring role; 97.3% of carers benefited from taking regular time for themselves.

The Carers Centre identified a number of carers experiencing financial hardship and refer cases directly to Financial Fitness. The annual target of 400 clients was comfortably exceeded, with the service actually supporting 427 carers and securing £829,759 worth of benefits (the annual target was £550,000). In addition there are around £200,000 worth of benefit claims submitted, yet to be processed by the DWP.

- Carers report greater self-esteem and confidence due to increased income and social inclusion
- Carers are able to access more leisure and social opportunities, supporting health and wellbeing of carers due to increased disposable income

Children and Families Additional Support Needs Team, Barnardo's Thrive Project and Inverclyde Carers Centre have collaborated to support the needs of young carers, including raising Young Carer Awareness across schools in Inverclyde. Awareness raising at school assemblies and information sessions in Personal, Social Education (PSE) lessons has initiated monthly drop in sessions available to Young Carers in 5 of our 6 secondary schools and work has begun to extend this into the primary school sector.

Barnardo's Thrive Project provides group support for 53 young carers. Additional funding provided by the HSCP will increase the frequency and type of support to meet identified needs for young carers. This positive work undertaken provides a solid foundation on which to build capacity to support carers and young carers meet their identified needs as we fully embed the Act.

There is likely to be an increased demand in assessment, support planning and in the provision of support for carers and is an area that the service will require to respond to.

### How Social Work Services are improving outcomes for service users affected by Mental Health issues

Within our **Mental Health Services** there were a total of 4,727 referrals throughout 2017/18, a slight increase from 4,708 in 2016/17. Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life. How the referrals were distributed across the various teams is shown in Figure 33.

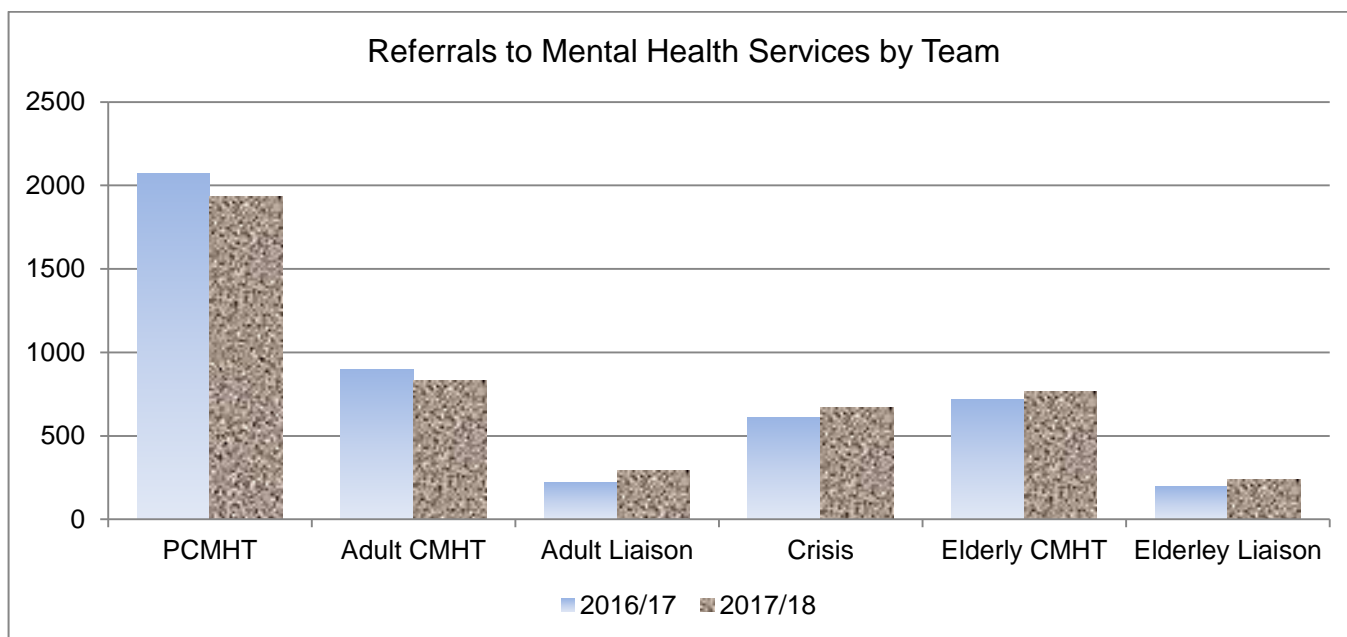


Figure 33: Referrals to Mental Health Services

#### Primary Care Mental Health Team (PCMHT)

The PCMHT offers a service for those individuals who have mild to moderate mental health problems or issues and offers up to twelve sessions of treatment. People are able to self-refer, which has proven to be an effective option and accounts for over 65% of all referrals into the service. The largest users of this service are younger adults aged between 18 and 35 years.

#### Community Response Team

The Community Response Team provides urgent response to people experiencing a mental health crisis who are known to the mental health services currently or who require urgent assessment; and steps up care to people who require more intensive support at home over seven days, working alongside existing mental health services. The service aims to support continuing care within a person's home, and to prevent unnecessary hospital admissions.

#### Community Mental Health Team (CMHT)

The CMHT works in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. We deliver this support in environments that are suitable to the individuals and their carers.

The aims of the Community Mental Health Team are to:

- Reduce the stigma associated with mental illness
- Work in partnership with service users and carers
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes
- Focus upon improving the mental and physical well-being of service users

Consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user, and where appropriate carers, other professionals or agencies that are involved in their care.

Discharges from our Mental Health Services totalled 4,955 throughout 2017/18 up from 4,303 in 2016/17. This reflects the increased focus on recovery within the service, enabling people to move on from services, but secure in the knowledge that they have an easy route back to specialist support from the service if their needs change.

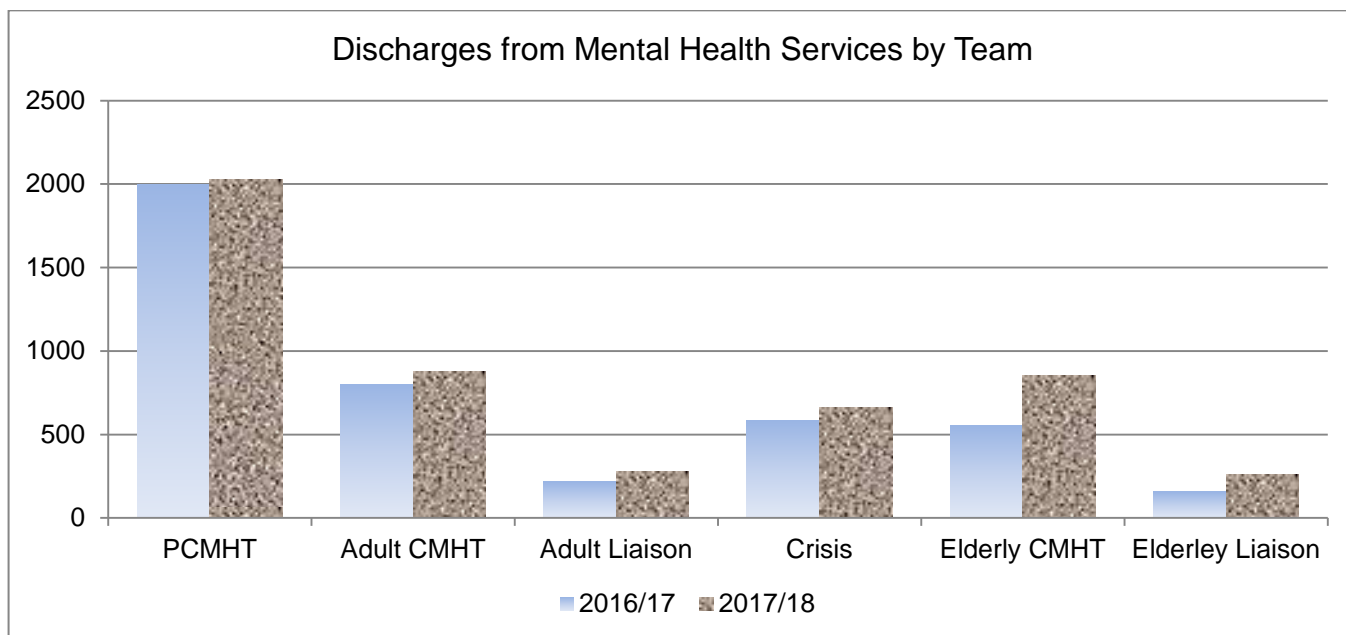


Figure 34: Discharges from Mental Health Services

### Mental Health Officers

The Mental Health Officer activity over the last year has remained relatively stable, with continuing significant demand in respect of use of the Adults with Incapacity legislation to support ongoing care. Over the last five years the HSCP has participated in the West of Scotland Power of Attorney campaign aimed at encouraging people to plan ahead to consider how they would want decisions to be made about them and their affairs managed in the future. This has resulted in an increase in POA's registered. Nationally this has increased by 56% since 2014, with a national decrease in welfare guardianship applications of 22% (2014-2016). This is not reflected within Inverclyde so far.

The relatively high use of mental health legislation to support care and treatment is reflective of the significant mental health needs of our local population.



<b>Mental Health Officer (MHO) work</b>	2016-17	2017-18
Compulsory Treatment Orders (Granted)	31	36
Compulsory Treatment Orders (Already subject to before 01/04/2014)	56	47
Emergency Detention	17	15
Short Term Detention	71	65
Assessments completed by MHOs (MHA)	136	134
Welfare Guardianship (ongoing)	27	24
Welfare Guardianship (Granted in period)	17	5
Financial Guardianship	0	19
Welfare and Financial Guardianship (ongoing)	17	39
Welfare and Financial Guardianship (granted in period)	12	30
Orders for which CSWO is Guardian	28	29
Assessments by MHO for Welfare Guardianship	46	38
Social Circumstances Reports	15	8

During the last year Inverclyde HSCP has participated in the development of a new five year mental health strategy within the greater Glasgow and Clyde health board area. This strategy focusses on key themes including prevention, early intervention and health improvement, the physical health of people experiencing mental ill-health, recovery oriented and trauma aware services the delivery of which will require further development approaches both across services within the hscp, including children's services, and criminal justice and with wider partners. This will be the priority area of development for mental health services over the next few years.

### **How Social Work Services are improving outcomes for service users affected by Homelessness**

Welfare reforms are having a significant impact on homeless households across Inverclyde and evidence suggests that they appear to be disproportionately affected by the introduction of universal credit and the benefit cap compared with other groups. Mitigation has been sought through the Welfare Fund to offset the adverse effects of welfare reform, whilst advice services have been engaged in casework at first contact.

The homelessness service provides advice and assistance with a wide range of housing matters and is instrumental in the prevention of homelessness at the earliest possible stage. There has been a marked decrease in the number of homeless applications made to Inverclyde Council and this can be linked to the introduction of the housing options model and an early intervention and preventative approach adopted by the LA.



**Housing Options**

Housing Options is a process which starts with housing advice when someone approaches a local authority with a housing problem. This means looking at an individual's options and choices in the widest sense.

The advice can also cover personal circumstances which may not necessarily be housing related, such as debt advice, mediation and mental health issues. Rather than only accepting a homelessness application local authority homelessness services will work together with other services such as mental health, addictions, social work, money advice and family mediation services to assist the individual with issues from an early stage in the hope of avoiding a housing crisis.

Good outcomes have been achieved by some applicants as a result of prevention activities at a local level, and there is a commitment to work with other services and agencies, including HSCP partners, Registered Social Landlords, Prison Through care, hospital discharge teams. External support is commissioned to provide intensive housing support to those in greatest need.

Figures for the last 4 years show the number of approaches to the service for advice and support (also referred to as 'Housing Options') to prevent homelessness.



Figure 35: Homelessness Statistics

By focusing on interventions to prevent people from becoming homeless, we have seen a reduction in the number of households actually becoming homeless over the past 4 years as shown in figure 36 below.



Figure 36: Households assessed as unintentionally homeless

During the last year the Homelessness service, in conjunction with Strategic Housing colleagues in Inverclyde Council, have been involved with a review of our temporary accommodation strategy. The work, undertaken by Public Sector Housing Consultants, has enabled us to better understand the demands on the service including the types of support that people who present to the service need;

and to consider how this can inform the model for temporary accommodation in the future. This includes identifying a small cohort of people presenting with multiple needs which challenge current responses for service provision across HSCP services, and for whom there is a need to develop a more sustainable response to enable them to address a range of difficulties. This work will develop over the forthcoming year in partnership with our RSL colleagues, and wider HSCP services.

A review of the Homelessness Service has been completed to look at how Inverclyde can move to the Housing 1<sup>st</sup> model, supporting people within tenancies and residential, rather than the traditional centre based model. Phase 2 scoping and redesign will happen across 2018/19.

## How Social Work Services are improving outcomes for service users affected by Addictions

### Alcohol

A national target has been set that states “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner and we hope this will lead to better outcomes.

We have consistently outperformed this target in alcohol over the last few years and maintaining this level of performance is challenging. Whilst our performance has dropped to just under the 90% target this year as a whole, we are working to bring our performance back up to the high standard previously reported.

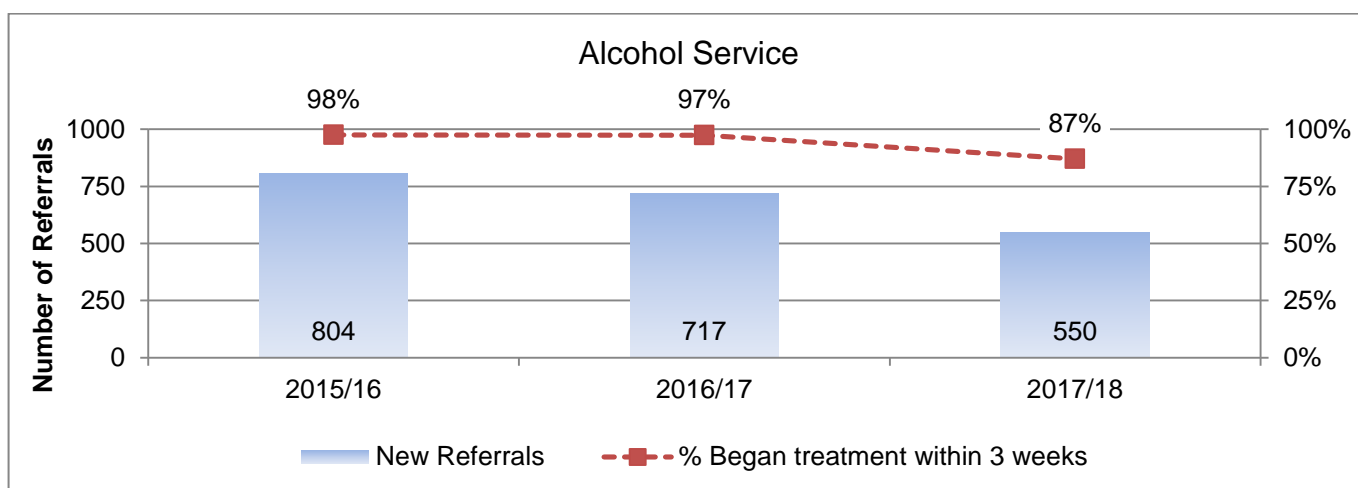


Figure 37: Alcohol statistics

### Drugs

As can be seen from figure 44, our performance against the 90% target has dropped. This is against a backdrop of an increase in the number of people in long term treatment and changes in the substances being misused. Each year approximately 14% of all referrals to the Drugs Service become long term support cases.

To help address these issues we prioritised certain cases to be seen promptly, while other cases were signposted to more appropriate services. We are beginning to see some improvement in this area and hope to keep this momentum going.

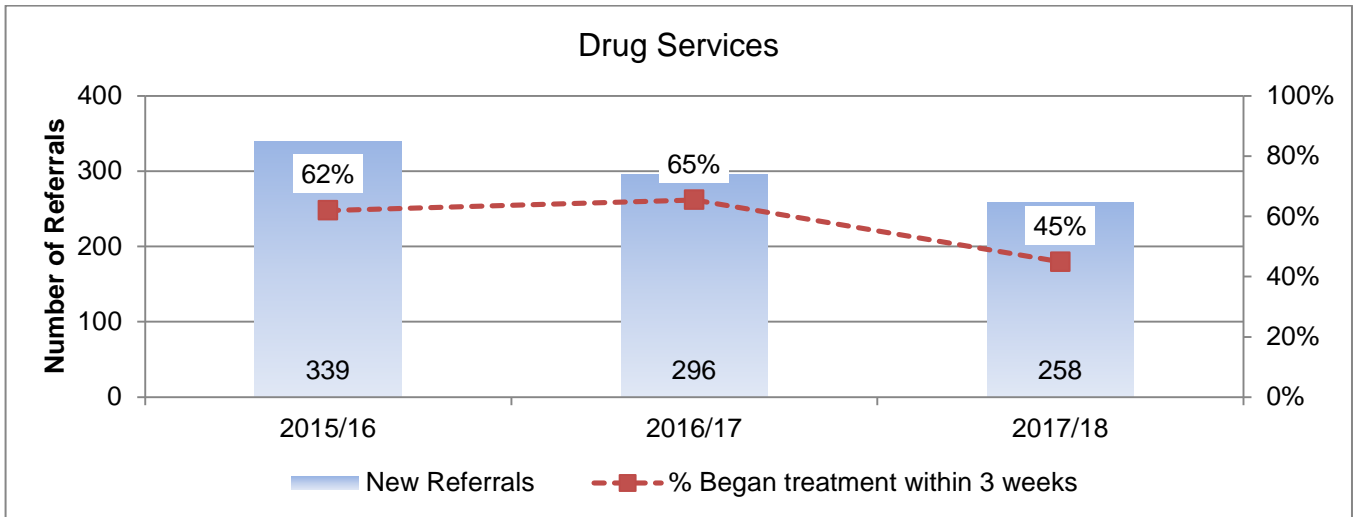


Figure 38: Drug statistics

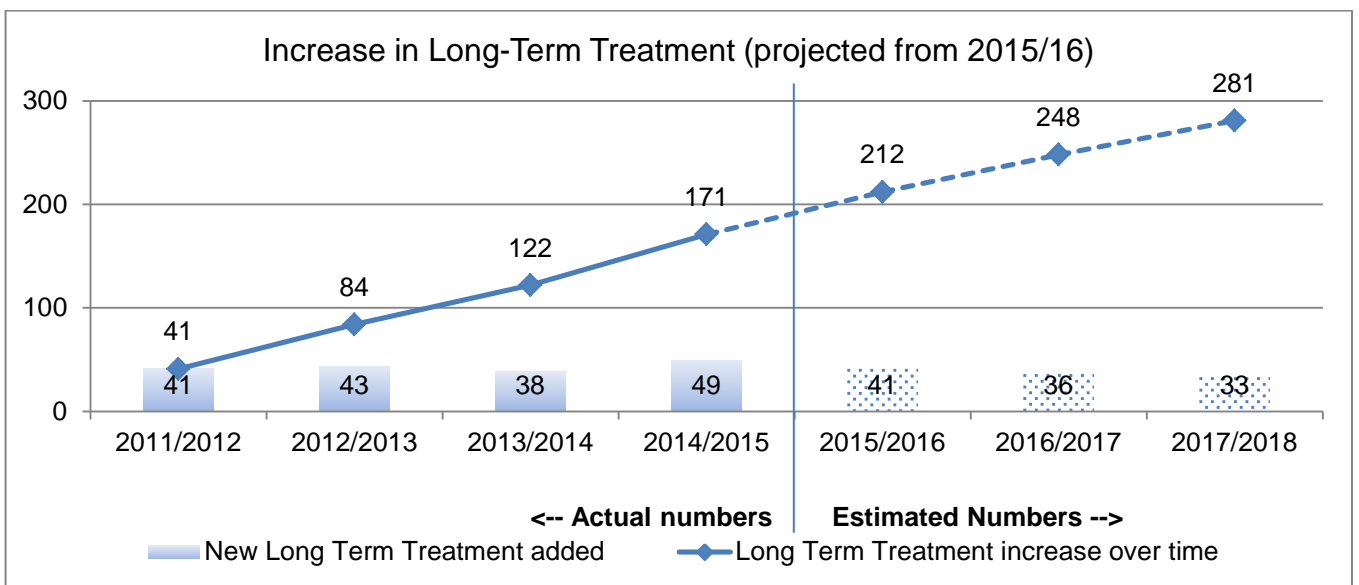


Figure 39: Drug Treatment Projections

Each year 'new' people are added to our case load who will require long-term (greater than 3 years) treatment and support. Figure 39 shows the number of new people added each year (the blocks) up to 2014/15 and the estimated numbers that will be added each year from 2015/16. The graph shows the potential challenge and this will require significant resource. Our challenge is to support more people to full recovery, and this will be reflected in our new Strategic Plan due for publication in 2019.

Inverclyde Drugs Service have specialist Family Support and Intensive Recovery Services which contribute different elements of our Community Capacity building response. The Family Service strengthens the ability of the parents, siblings and children of drug users to understand, and deal appropriately, with the problems presented.

The Recovery Service links recovering drug users into other local Recovery Services as well as introducing them to community facilities and opportunities to aid recovery.

### Addiction Services Review

During the last year we identified the need to undertake a review of our addiction services, with the opportunity to develop a coherent and fully integrated health and social care model for alcohol and drugs services in Inverclyde.

The following key principles will be at the forefront of a new service model:

- To ensure service users receive the right assessment and treatment, at the right time, that is centred on their needs
- To ensure the focus on a recovery pathway in which the service user is fully involved and able to participate in planning their own sustainable recovery
- To ensure safe, effective; evidence-based and accountable practice, focused on delivering quality outcomes

Phase 1 of the review is now concluded. This enabled us to review all aspects of the current model for delivery of services to people with alcohol and drug use problems within the Inverclyde population including the current HSCP service delivery, 3rd sector services and delivery by other partners.

The outcome of this indicated that consideration needs to be given to current and future demand, based on the current high demand on services, the level of care being provided to people with significant multiple morbidities as a result of a consistent but ageing service user base especially within the drug service, and the impact of new drugs. There is an opportunity to develop a more robust tiered approach, based on integrated care pathways and make better use of our resources including the development of new, or further development of, existing partnerships especially to support sustained recovery.

The review is now working on phase 2 which will develop options for a new model of working with a fully integrated pathway across drug and alcohol services which meets a common set of core professional and practice objectives.

The review is governed by a programme board which includes stakeholders from a range of HSCP services, user and carer representation, staff representatives and the third sector. The development of the new model is anticipated to be complete early in 2019, for implementation during 2019/20.

Across the range of regulated social work and social care services provided directly by the HSCP we are in the fortunate position to be able to report consistently good performance to our elected members.

## CORPORATE PERFORMANCE MEASURES

### Freedom of Information and Complaints

Inverclyde HSCP continually performs to a high standard when returning FOI requests and service user complaints within the prescribed timescales. In 2017/18 we returned over 98% of FOI within the required timescales. The table below outlines activity relating to complaint resolution activity.

#### Complaints

		2016/17 All Complaints			2017/18 All Complaints		
		Met	Not Met	% within timescale	Met	Not Met	% within timescale
Social Work	Acknowledged within Timescale	57	0	100%	59	0	100%
	Completed within Timescale	45	12	78.9%	51	8	86.4%

Inverclyde HSCP has operated an Integrated Complaints Procedure which combined the requirements of the NHS and Social Work response targets and appeals into an agreed formal process based on the Scottish Public Service Ombudsman Model Complaints Handling Process. Learning from complaints is managed through our existing governance structures.

## 7. Resources

### 2017/18 PERFORMANCE

The overall net budget for Social Work Services for 2017/18 was £47.420 million with a further £4.134m from the Social Care Fund (SCF). The budget was net of approved savings of £0.330m for the year. The following table breaks down the approved net budget over service areas.

Approved Budget	£m
Children & Families	£10.271
Community Care & Health	£33.385
Planning, Health Improvement & Commissioning	£4.761
Mental Health & Addictions	£3.317
Contribution from IJB	(£4.134)
<b>Net Expenditure</b>	<b>£47.420</b>

The Health & Social Care Partnership ended the financial year with a surplus on Social Care services of £0.434 million (0.91%) and carried forward a further £5.796 million to a number of earmarked funds agreed in year by the Integration Joint Board.

The following table highlights the net expenditure outturn for the last four years across services.

HSCP	2014/2015 £m	2015/2016 £m	2016/2017 £m	2017/2018 £m
Children & Families	£9.793	£10.102	£10.158	£10.017
Community Care & Health	£31.716	£32.508	£33.864	£34.808
Planning, HI & Commissioning	£4.256	£3.852	£3.714	£3.670
Mental Health & Addictions	£2.990	£2.873	£2.991	£3.064
Contribution to Reserves	£0	£0	£0.405	£1.289
Contribution from IJB	£0	£0	(£2.596)	(£5.862)
<b>Total Net Expenditure</b>	<b>£48,755</b>	<b>£49,335</b>	<b>£48,536</b>	<b>£46,986</b>

There were a number of significant issues and demand pressures for some social care services, which was managed within the overall budget or use of earmarked reserves. The Health and Social Care Partnership have available smoothing earmarked reserves for Children & Families Services and Older People Services in order to help alleviate the financial risk with demand led pressures.

The Health and Social Care Partnership continues to provide services under challenging financial circumstances. In order to manage the pressures, the Partnership undertakes a robust budget

monitoring process with clear focus on key/high risk budget areas. This has led to the Partnership to effectively foresee potential financial risks arising.

The main areas of pressure arose within Learning Disabilities and Homelessness Services due to an increase in costs within client care packages. It is anticipated that this trend will continue in the future within Learning Disability Services.

Between 2014/15 to 2016/17 expenditure on Children and Families increased by 3.73%, however, spend reduced in 2017/18 by 1.39%. The NRS Population projections indicate a declining number of children within Inverclyde in future years.

Spend on Older People has increased by 11.52% since 2014/15 to 2017/18 with 2017/18 spend increasing by 3.2%. It is anticipated that expenditure will continue to increase due to the increase in aging population.

2017/18 saw an increase in spend for Homelessness and Mental Health Services, 12.45% and 8.29% respectively. Mental Health Services continues to be a pressure area and expenditure has increased by 19% over the last 4 years. Homelessness Service expenditure remained reasonably steady from 2014 to 2017, however, 2017/18 presented a rapid increase of 19% primarily due to the full year impact of Universal Credit. It is anticipated that costs will reduce in 2018/19 within the Homelessness Service due to changes in Universal Credit legislation.

Excluding the contribution from the Social Care Fund, spend on the Social Care element of the Health and Social Care Partnership has increased by 5.75% over the last 4 years compared to an increase in approved budget of 5.08% (see table below for increases across service areas). In 2017/18, spend increased by 1.64% despite savings reductions approved during 2017/18 budget setting.

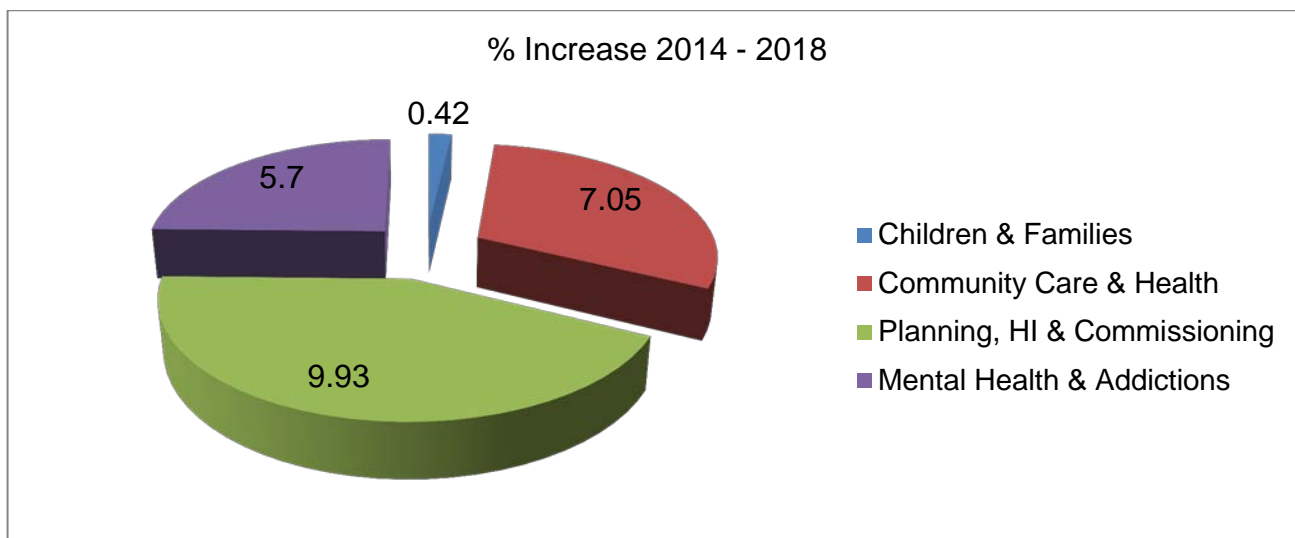


Figure 40: Budget increases



The Social Work Service has achieved significant savings as a result of public sector budget cuts and has achieved savings of £4.548 million since 2014/15 (as detailed in table below). The Service faces further approved savings of £1.362 million in 2018/19 which will prove challenging for the forthcoming year.

Service	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	Total £m
<b>Children &amp; Families</b>	£0.120	£0.045	£0.120	£0.000	<b>£0.285</b>
<b>Community Care &amp; Health</b>	£0.957	£1.713	£0.541	£0.316	<b>£3.527</b>
<b>Planning, HI &amp; Commissioning</b>	£0.041	£0.070	£0.298	£0.000	<b>£0.409</b>
<b>Mental Health &amp; Addictions</b>	£0.134	£0.091	£0.088	£0.014	<b>£0.327</b>
<b>Overall Savings</b>	<b>£1.252</b>	<b>£1.919</b>	<b>£1.047</b>	<b>£0.330</b>	<b>£4.548</b>

### **Forthcoming Year**

It is anticipated 2018/19 will continue to provide challenges to the Partnership. The Council approved a net budget of £47.794 million with a further £5.985 million contribution from the IJB Social Care Fund. This is net of savings for the year of £1.362 million. The Scottish Government released an additional £66 million for Scotland in 2018/19 but this will be offset in full by a range of legislative pressures such as the Scottish Living Wage uplift for care workers, implementation of an hourly rate for sleepovers and implementation of the Carers Act (Scotland) 2016.

The Budget for 2018/19 excludes funding for Council employees annual pay award; budget will be allocated once the pay negotiations are agreed.

### **CRIMINAL JUSTICE**

The Scottish Government undertook a review of Criminal Justice (Section 27) funding with assistance from an expert group, which included representatives from Directors of Finance, Community Justice Authorities, Scottish Prison Service, Social Work Scotland, CJSW and COSLA. The new funding formula commenced on 1st April 2017. Based on the new formula, Inverclyde Criminal Justice Social Work budget was reduced by 6% for 2017/18 financial year with an incremental reduction over the next five year period amounting to 21%.

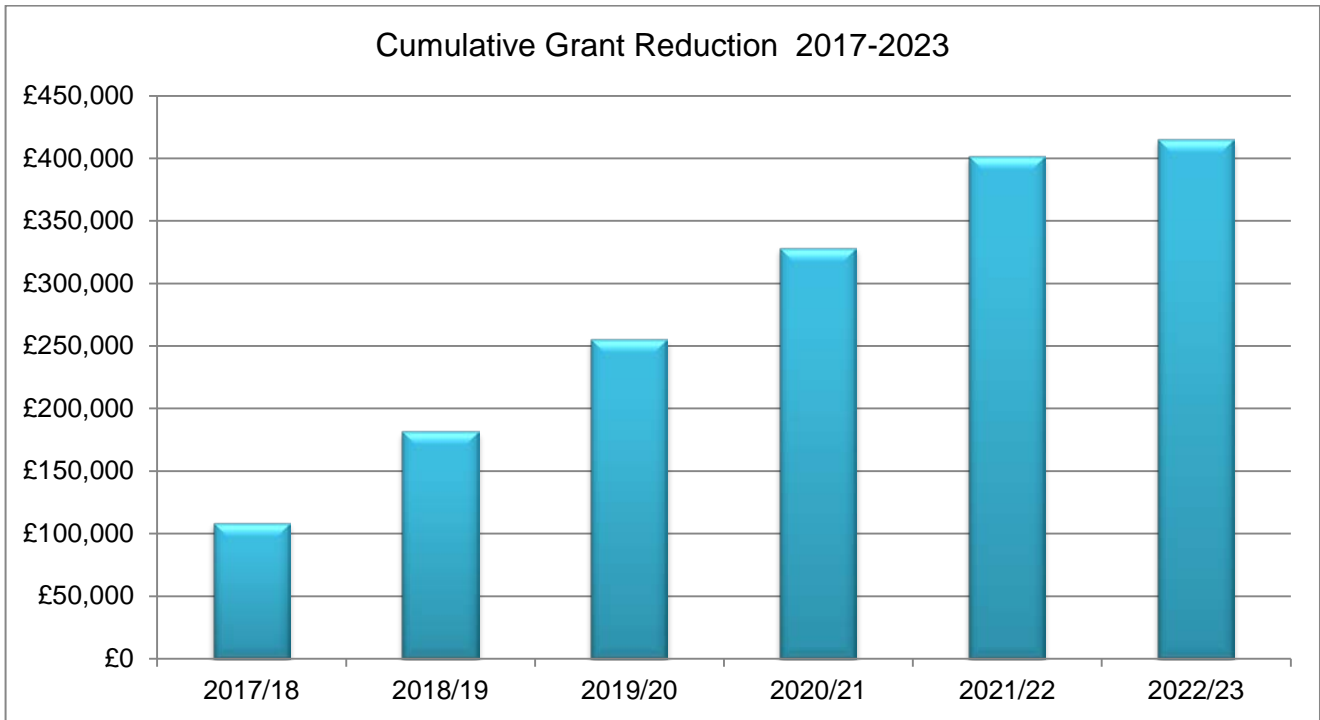


Figure 41: Cumulative reduction in Criminal Justice grant

Within the new funding arrangements there were certain protected lines of funding that are to be targeted at specific types of work e.g. MAPPA / VISOR. There was however no protection for the Moving Forward Making Changes (MFMC) programme, which addresses the treatment needs of Registered Sex Offenders. Regrettably this has called into question the sustainability of the current arrangements for Inverclyde accessing this programme, which is via a partnership with Renfrewshire and East Renfrewshire.

To support this partnership and in an effort to safeguard access to the programme in future years, Inverclyde Criminal Justice staff have volunteered to go through the rigorous assessment process to become MFMC programme facilitators. This will mean going forward the Service, if required, will be able to deliver this within a local framework. This speaks to the dedication and professionalism of the staff group to do what they can to mitigate the impact of the financial challenges which the Service faces and to ensure that our service users and indeed our community are not disadvantaged.

### Mid Term Outlook

Social Work Services continue to face growing demographic demand pressures with anticipated Scottish Government budget cuts continuing to 2020/21. Both the Council and the Integrated Joint Board (IJB) produce annual Finance Strategies covering medium term financial planning in order to address the anticipated budget gap. The IJB Medium Term Financial Plan identifies a budget gap of £2.9m for the Social Work Services by 2021.

Looking beyond 2020/21 is exceedingly more difficult to forecast due to uncertainties around the level of public sector funding that will be available and decisions/agreements around Brexit.

## 8. Workforce

### Inverclyde HSCP People Plan - A collaborative approach

Inverclyde HSCP's ambitious People Plan has adopted a themed and tiered approach to set out the shape of the overall workforce for the future. This ensures that the right people with the right skills are available to deliver the National Wellbeing Outcomes, improve public health and create new ways of working. The People Plan identifies a four tiered workforce which includes people groups and organisations, carers, families, localities and communities who directly provide or in other ways contribute to the delivery of health and social care. It sets out our key challenges, drivers for change, including service redesign, new ways of working and emerging models of organising future service delivery in line with our five strategic commissioning themes and the ongoing transformation of public services. The People Plan involved a fully collaborative process. It was approved by the Integration Joint Board in June 2017. Implementing the People Plan will take account of all providers, including our unpaid carers.

### People Plan action plan

The people plan action plan is designed to fulfil the ambitious aspirations of the Inverclyde People Plan. It is a workforce centred plan, approved by the Integration Joint Board in March 2018. The action plan draws on the information and data from the People Plan narrative and seeks to identify and address the gaps in knowledge and data. It is intended to work as a dynamic, evolving and adaptable plan which takes account of the collective intentions and aspirations of the people plan and addresses the key challenges such as the aging workforce, depopulation of working age people and the ongoing financial constraints. The Strategic Planning Group will monitor the progress of the People Plan Action Plan and will receive regular reports from a representative core group. Regular reports will be made to the Staff Partnership Forum.

### HSCP staff (Inverclyde Council employees only)

	March 2015	March 2016	March 2017	March 2018
Number of employees	1064	1055	1038	1044
FTE equivalent	862.79	848.76	834.69	840.1
Number of Sessional Workers	78	94	108	98
Number of Modern Apprentices	N/A	N/A	4	4
Workdays lost (per FTE)	13.95	10.15	11.96	14.57

The HSCP has maintained an established integrated Learning and Development plan for both Health and Social Work staff and continued to preserve a discrete learning and development resource. In delivering the Learning and Development plan during 2017-2018 HSCP Staff:

- 2066 places taken up in 291 courses on 66 topics
- 89 staff supported to achieve qualifications
- Over 75 students offered practice learning placements

<b>2017/18 Courses Attended</b>	<b>Number of courses delivered</b>	<b>Total number of attendees</b>
Adult Protection	17	134
Alcohol & Drugs	14	75
Child Protection	7	37
Dementia Informed Practice	17	146
Domestic Abuse	3	26
Foster Care	1	14
GIRFEC	8	52
Hate Crime Awareness	1	6
Health & Safety	7	26
Homecare	109	842
HSCP Management / Misc.	18	178
Recording Systems	58	254
Social Care	24	234
Suicide & Self harm	7	42
<b>TOTAL</b>	<b>291</b>	<b>2066</b>

The HSCP has experienced an increase in the number of newly qualified social workers joining the organisation over the last three years. All new staff have access to a Welcome Pack and e-learning induction programmes. A review and strengthening of our induction process has been completed with our updated HSCP welcome pack and induction, and a comprehensive induction process for newly qualified social workers in anticipation of the Social Work education review. This will complement the induction programmes of respective parent bodies.

In order to consolidate our supervision policy and further develop the organisational learning culture we have further invested in supervision training for operational team leaders and service managers. This skill based training was equally well received both by our most experienced and recently appointed Senior Social Workers and new Operational Team Leaders and has successfully established a more reflective practice approach. This was so successful impacting positively on practice that the Service Managers who attended have developed a facilitated development group. Annual follow up days for Operational Team Leaders and Service Managers respectively have now been organised. The purpose of this initiative is to embed reflective practice and a learning culture as intended in the new supervision policy.

Inverclyde HSCP has led a range of leadership and practice events and initiatives designed to enhance and develop leadership in practice. These have provided an opportunity for the whole leadership of the HSCP to collaborate and reflect on leadership and management practice. Colleagues from neighbouring authorities were invited to participate and collaborate in other events designed to give an opportunity to reflect on and improve practice including a conference on chronic neglect in adult services, the annual children and families conference on neglect, a significant case

review presentation. As noted above, the new supervision policy with a strong focus on reflective practice has been rolled out and ongoing training and coaching continuing.

The HSCP has its own SVQ Centre. During 2017-2018 The Centre expanded its capacity to meet new registration requirements particularly in Care at Home services. It has delivered:

Staff Group	Number SVQs	Level
Care at Home	36	SCQF level 6
Care at Home	3	SCQF level 7
Home Care Seniors	26	SQA Professional Development Award in supervision
Voluntary and independent sector	41 (from 25 projects)	SVQ level 2 and 3

The Centre again scored significant strengths in all areas assessed in the recent SQA External Verifier visit, and was commended again on the quality of training: In his summary the External Verifier told the assessors/ internal verifiers that “they should take pride in the fact that they are providing qualified competent staff who have the right set of values to look after vulnerable individuals.”

2018 will see a further expansion of the SVQ Centre to deliver 96 SVQ Awards each year, with 20 of these offered to Care at Home providers in Inverclyde and 16 to Early Years staff. It is anticipated that SVQ level 4 awards in leadership and management will be offered internally from now on.

## STAFF ENGAGEMENT

### iMatter

This is the third year that Inverclyde HSCP has taken part in iMatter, an annual national staff engagement survey. The survey is sent out to all employees within the HSCP.

Once the survey is completed this produces a report that the team discusses and jointly agrees what should be celebrated and what areas can be improved upon. One to three actions are put into an action plan for improvement and this is reviewed later to check progress. It is a straight forward but powerful staff engagement tool.

The conversation and action planning is important for supporting improvement.

The Inverclyde HSCP iMatter component report indicated that the four most positive results were:

- 90% of respondents find their direct line manager sufficiently approachable
- 87% are clear about their duties and responsibilities
- 87% feel their direct line manager cares about their health and well-being
- 86% have confidence and trust in their direct line manager

We are working to improve the following:

- 67% feel that senior managers responsible for the wider HSCP are sufficiently visible
- 61% feel involved in decisions

## STAFF AWARDS

Last year several social work teams were nominated in the 2017 Inverclyde HSCP Staff Awards.

Amy McKellar, Team Lead Adoption Services, was recognised in the category “our leaders” for evidence of outstanding leadership in developing the Birth Ties Support Project and contributing to improved outcomes for Inverclyde’s most vulnerable children and birth families.



The Unpaid Work Services Team won the “Our culture” category for a strong sense of purpose that epitomizes the vision of the HSCP through focusing on improving the lives of vulnerable people in Inverclyde and positively influencing communities.

The integrated Homelessness Service Health Team were recognised in the category “Our customer/service users” for demonstrating innovative and creative thinking in order to make a real difference to people’s lives.

The Children's Services Inspection Team won the “Our People” for collectively making a huge contribution to the success of inspection and by clearly demonstrating outcomes for children and increasing the profile of Inverclyde HSCP.

In addition, an “Extraordinary” award was given to the integrated team who make up Inverclyde’s Independent Living Service, based at the Inverclyde Centre for Independent Living and the Joint Equipment Store. This was in recognition that the team are innovative, resilient and work tirelessly to continuously improve the service they provide.

The Macmillan Welfare Benefits service has recently been recognised at the 10 year anniversary event where clients who had used the service spoke of the valuable support they received. One of the staff was recognised in Macmillan Professional of the Year national awards.

## 9. Conclusion

The content of this report outlines some of the work streams and initiatives that have been delivered by social work and social car services over the last year. The scope and depth of service delivery is significant and this report can only provide a flavour of the overall delivery landscape. However it is evident that social work services in Inverclyde remain focussed and committed to delivering the highest possible standard of services to the most vulnerable in our community.

Self-evaluation, audit review and external scrutiny of service delivery provided strong evidence of services across the board performing to a consistently high standard and making a real difference to the lives of the citizen of Inverclyde. Nonetheless the last year has seen a continue drive for further development and service improvement.

Learning disability, homelessness and addictions service have undertaken significant review that will result in transformed services for those that use them.

Partnership working is central to improving outcomes for our service users and social work services in Inverclyde have a strong track record in this area. Services work in partnership across the public and third sector.

The level of deprivation and inequality that is prevalent in Inverclyde makes it all the more important that our strongest partnership is with our service users and our community. Social work services have a vital role in ensuring the needs of the most vulnerable are heard and responded to and indeed are the driver for service development. It is through our highly skilled and committed workforce, working in partnership with our service users that inequality is challenged and individual outcomes are improve.