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**Report To:** Inverclyde Integration Joint Board      **Date:** 24 January 2022

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**Subject:** Chief Social Work Officer Annual Report 2020/21

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## **1.0 PURPOSE**

- 1.1 The purpose of the report is to advise the Inverclyde Integration Joint Board of the content of the Inverclyde Chief Social Work Officer (CSWO) Report for 2020/21.

## **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 reports provided by all CSWO across the country allows the Chief Social Work Advisor to present a national picture of the social work profession and practice which in turn influences the development of social work practice and delivery.
- 2.3 The report follows the same format of that in previous years and seeks to provide an overview of the delivery of social work services in the Inverclyde context, outlining the particular challenges and opportunities over the past year.
- 2.4 The report highlights the challenges facing the most vulnerable members of our communities and the action taken by social work services to address these challenges. As with previous years the 2020/21 CSWO report seeks to highlight the positive work undertaken and the continued strong track record of participation and consultation with the community.
- 2.5 This year's report is inevitably set within the context of the Global Pandemic. Reference is made to the pandemic throughout the report and an additional section has been added that looks at some of the key adaptations and activities that were necessary throughout the year.

## **3.0 RECOMMENDATIONS**

- 3.1 The Inverclyde Integration Joint Board are asked to note and make comment on the content of the Chief Social Work Officer Report.

## 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 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 It is a responsibility of the role of Chief Social Work Officer to bring focus to the needs and circumstances of the most vulnerable members of our community and indeed to those individuals who rely on services at times of vulnerability or crisis. Given the demographic profile of Inverclyde the report highlights the very many areas of challenge our community's experience and for this particular year reflects these challenges in the context of the pandemic.
- 4.4 The annual CSWO report provides an opportunity to reflect on, to recognise and to appreciate the work of social work and social care staff. This is an opportunity that is very much welcomed and valued by Council and HSCP and provides members the opportunity to express their appreciation of the commitment, quality and life changing outcomes that our staff contribute to the residents of Inverclyde. 2020/21 was unprecedented all of the same complex and challenging issues that affect Inverclyde continued as before, however staff required to respond to these within the complexity of an unfolding global pandemic. Not only did staff rise to the challenge of responding to the pandemic, in many instances they delivered business as usual at times exceeding service delivery in preceding years and responding with incredible creativity and often courageously.
- 4.5 At the time of writing this report our attention is focused on recovery even as we lean into and make plans for what will be a challenging winter. Our recovery plans and actions are based on reflecting on what we have learned over the past year, what has worked well and what we can improve upon. Our approach however will remain consistent and that is based on a clear ambition to deliver the best possible outcomes for the citizens of Inverclyde.

## 5.0 IMPLICATIONS

### FINANCE

5.1

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	Other Comments
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N/A					
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## LEGAL

5.2 There are no legal implications arising from this report.

## HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

## EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
✓	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.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The report provides information on delivery of social work services to protected characteristic groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	As above and service delivery is provided in a manner that does not stigmatise
People with protected characteristics feel safe within their communities.	CSWO report highlights how people with protected characteristics are supported to feel safe in community
People with protected characteristics feel included in the planning and developing of services.	Participation/consultation is a strength in the delivery of social work services
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	CSWO report provides information of the level vulnerability and needs of people with different protected characteristics across Inverclyde
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	As above
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	As above

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

## NATIONAL WELLBEING OUTCOMES

### 5.6 How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	CSWO report highlights Resourcing, Service performance and quality, Partnerships. Opportunities/Challenges Workforce planning Which contribute to the safety, health and wellbeing of the community.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	As above
People using health and social care services are safe from harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	CSWO Report has section specific to workforce and reflects the achievement of the workforce throughout the pandemic
Resources are used effectively in the provision of health and social care services.	CSWO Report highlights the use of resources in social work

## 6.0 DIRECTIONS

### 6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## **7.0 CONSULTATION**

- 7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## **8.0 BACKGROUND PAPERS**

- 8.1 None.

# INVERCLYDE

## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020/21



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*For*  
*Kate Christmas*  
*Service Manager*  
*Children's Services*  
*16.2.1976 - 14.7.2021*



# 1. INTRODUCTION

I am pleased to have the opportunity to present the annual Chief Social Work Officer report for Inverclyde.

The report follows the same format of that in previous years and seeks to provide an overview of the delivery of social work services in the Inverclyde context, outlining the particular challenges and opportunities over the past year. This year's report however will inevitably be set within the context of the Global Pandemic.

It is a responsibility of the role of Chief Social Work Officer to bring focus to the needs and circumstances of the most vulnerable members of our community and indeed to those individuals who rely on services at times of vulnerability or crisis. Given our demography in Inverclyde the report highlights the very many areas of challenge our community's experience and for this particular year reflects these challenges in the context of the pandemic.

Reference is made to the pandemic throughout the report and an additional section has been added that looks at some of the key adaptations and activities that were necessary throughout the year.

The challenges faced by staff has been unprecedented and the pace of response, ongoing reflection and review has been extremely rapid. However I have been particularly keen to ensure the report highlights the many creative and innovative ways in which services were and continue to be developed and delivered in order to achieve the best outcomes for our service users both despite and because of the pandemic. The efforts of our staff, working with our sister services, our community of volunteers and our service users has supported our community through the most challenging of circumstances.

Each year the annual chief social work officer report provides an opportunity to reflect on, to recognise and to appreciate the work of social work and social care staff. This is an opportunity that I know is very much welcomed and valued by the Council and provides members the opportunity to express their appreciation of the commitment, quality and life changing outcomes that our staff contribute to the residents of Inverclyde. This indeed has been "a year unlike any other". All of the same complex and challenging issues that affect our community continued as before, however staff required to respond to these within the complexity of an unfolding global pandemic. Not only did staff rise to the challenge of responding to the pandemic, in many instances they delivered business as usual at times exceeding service delivery in preceding years and responding with incredible creativity and often courageously.

I would like to take this opportunity to extend my thanks to social work and social care staff across statutory, third and independent sectors and to our partners for their collective resilience over the past year. I would also like to reinforce the commitment of the leadership of HSCP to offer ongoing and enhanced support to our staff over the coming year and throughout this period of recovery.

## 2. ACHIEVEMENTS and DEVELOPMENTS

### **Staff Agility and Resilience**

Reflecting on the many achievements and developments that it has been possible to include in this year's report, it is evident that they have in common the outstanding performance of the staff across the Health and Social Care Partnership. As this is the report of the Chief Social Work Officer the report does focus on the role of our social work and social care staff and services. However it is evident that it is the partnership effort that has sustained us all throughout this period and this theme is explored further in the section covering partnerships.

What has been marked this year however has been the agility and resilience of staff working in and across integrated teams, their willingness to respond with great flexibility, to move between roles and responsibilities and essentially to do what was asked of them to respond as best they could to the greatest need.

At the very outset of the pandemic, the HSCP services were reorganised over the course of a single weekend. Home working, hybrid working, hub working were all introduced. Revised standard operating procedures were written and put into operation and on many occasions staff were asked to provide services well beyond their existing remits and client groups. All of this took place within the context of escalating risk of harm from the pandemic and while staff were mitigating the challenges of their work role with concern for their own families and loved ones.

Staff did however respond and the HSCP was able to reorganise and reshape its service, not only at the outset but repeatedly as the pandemic unfolded and progressed. The degree of staff agility and resilience that made this possible is remarkable.

All staff groups contributed to the challenges faced. For some services the challenges were incredibly daunting. Those staff working in the residential care sector, care at home and with those service users most at risk from the impact of the pandemic required to confront unique challenges. This was across our public, third and independent services and again required new depths of agility, resilience and partnership working.

Over the course of this report many examples of this are noted. Each area is an achievement in itself, taken together the collective effort of our staff is the single most significant achievement of the last year.

### **Joint Adult Protection Inspection**

Our social workers and assessment staff have provided a robust response to adult support and protection and welfare concerns throughout the pandemic. Responding timeously and appropriately to keep vulnerable adults safe across Inverclyde. Our staff have also contributed to a successful external inspection by the Care Inspectorate in relation to our adult support and protection duties and responsibilities.

The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at which time inspectors stood down due to the Covid-19 pandemic. Due to the impact of the pandemic the inspection was put on hold, however Inverclyde HSCP were keen to complete the process and agreed to restart the inspection on a virtual basis as a test of change. This was a complex activity given the range and scope of protection work which was successful in allowing the inspectors full access to Inverclyde Partners case files and staff. This included:

- Position Statement from Partnership
- Supporting evidence from Partnership
- Staff survey (187 responses)
- Focus Group with frontline staff
- Social work, Health and Police records for 50 individuals subject to ASP Process
- Audited 38 recordings of initial Duty to Inquire referrals where no further adult protection related action was taken

Feedback provided has been very positive in particular around practice, partnership working and outcomes for vulnerable adults

### **Assessment and Care Management**

Though structurally there were necessary changes to working practice in terms of blended working safe visiting and safe guarding, the Inspection team did comment on the impact of Covid-19 pandemic and concluded that screening and triage of referrals before and during Covid-19 restrictions was of a good standard. Well-established referral processes between agencies were in place and were effective. Reassuringly, visits to adults at risk of harm were still being carried out in the most critical instances.

### **Support to Care Homes**

The HSCP provided support to Local Authority, Independent and Third Sector care home providers to protect their staff and residents throughout the Covid-19 pandemic, ensuring that each person received the right care in the appropriate setting for their needs. HSCP staff worked very closely with local care homes to offer any support they required including (but not limited to) the following:

- appropriate information, guidance and support to safely admit, accept discharges from hospital, and care for patients during the pandemic with direct access to the Public Health Protection team
- the right information and the right support to care for people within their care home
- ensure fair and prompt payment for existing care commitments by working with Commissioners
- ensure they have the right equipment and supplies, this includes appropriate Personal Protective Equipment (PPE) for care homes and that staff receive the right training in donning the equipment, its safe removal (doffing) and disposal so that staff can provide care safely and that they are appropriately
- psychological support to staff working in care homes
- training opportunities and support to all care homes in GG&C through Webinars
- delivered the Covid-19 pandemic vaccination programme in all care homes

## **Care and Support at Home**

Our managers and staff have made a significant contribution to improve outcomes for a wide range of service users their families and carers. We have provided person centred, safe and compassionate advice, guidance and supervision across all adult and older people services. Our care at home service have provided critical and substantial interventions providing emotional and personal care throughout the global pandemic period to many of our most vulnerable service users.

Over the past 12 months the Care and Support at Home Service, HSCP and commissioned combined have delivered 1,078,224 visits to 1804 service users in the community, with March 2021 seeing a gradual return to normal service following Covid-19 pandemic guidelines. The staff and management teams have continued to provide essential services throughout this very challenging year.

## **Learning Disability Community Hub**



The development of the new Learning Disability Community Hub has continued throughout 20/21.

The Hub development has continued with a programme of consultation and engagement with users of the service, people with Learning Disabilities in the community, parents/carers, staff, union and Council Corporate Communications Team. Ensuring full involvement each step of the development. This work is facilitated by commissioned 3<sup>rd</sup> sector organisation TAG.

## **Learning Disability Day Opportunities**

From March 2020 to August 2020 Learning Disability Day Opportunities in collaboration with volunteer Transport providers, Riverclyde Homes, Unity Enterprise and Education School meals, delivered over 15,000 hot meals to the most vulnerable people, shielding and in isolation throughout Inverclyde. Meals were provided 7 days per week.

From March 2020 to July 2021 the Learning Disability Day Opportunities Team and 2 voluntary transport providers formed a Covid-19 pandemic Transport Team, with a focus on Patient Transport from Hospital to home, same day and with additional 'settling in service' from experienced Day Opportunity Workers as escorts. This service provided over 40 transfers so far and will be evaluated under the Home1stf discharge framework, looking at what impact this service has had in supporting bed capacity and Strathclyde Passenger Transport service during critical periods.

## **Independent Living**

Despite the pandemic we have rolled out the Rockwood Frailty tool across the area and are beginning to look at practical operational implementation of the tool to inform planning development and practice.

We have completed the building improvements at the Joint Equipment store and are now back on site and operational with the decontamination area.

We have completed the tender for the equipment and adaptation management system and are currently utilising within the team and testing before wider roll out across services.

## **Mental Health Officer Service (MHO) Review**

Review of the MHO Service concluded with recommendations for improvement now incorporated in an action plan for completion during 2021. Key elements include an agreed increase in the full time MHO staff capacity from 3 to 6 with retention of the temporary full time MHO Service team lead on a permanent basis. This will help support the service respond to the increasing demand it has experienced while supporting the associated service governance assurances including national standards quality and related development work across the HSCP.

## **Criminal Justice Social Work Service Development**

The Connecting Scotland programme aims to support the most vulnerable to get online, through the provision of digital devices, data and support. It was launched during the Covid-19 pandemic, which not only served to highlight the digital divide but also the importance of the internet in keeping us connected and informed and able to access public services.

The Service was successful in highlighting the circumstances of nine individuals who met the criteria of being within the age range of 20 to 70 and suffering from multiple health conditions, experiencing social isolation and on a low income. As a consequence these individuals received Chromebooks and were supported by their allocated worker (their Digital Champion) to develop their digital skills. This in turn enabled these individuals to stay connected with services and family during the pandemic.

Separately the Service has during the pandemic began to scope the extent of digital access among its service users group by asking and recording during completion of Criminal Justice Social Work Court Reports the extent of an individual's digital connectivity. It intends to use this information once aggregated to help with Service planning going forward.

### **Criminal Justice Promoting access:**

To enhance the options that staff have to engage with service users during the pandemic all our operational staff were given access to Attend Anywhere. This web-based platform helps staff offer video call access to the Service as part of our day-to-day operations. Being able to see service users at least virtually is helpful to building relationships and in supporting more detailed and complex pieces of work.

In addition to the above, the Service has also been working with the wider HSCP on its digital strategy to set up virtual booths across the HSCP. One has recently been installed at HMH and the Service has been involved in the testing of this device and we await a go live date. Other proposed sites include our Hub at Unit 6, Port Glasgow and within the Inverclyde Centre run by the HSCP's Homelessness Services.

### **Going paperless:**

The Service's main vehicle for both measuring impact (in terms of distanced travelled by service users) and capturing feedback on the service user's experience is via our bespoke Criminal Justice Needs Review Tool. Previously this was administered in a paper format and had then to be uploaded electronically for purposes of aggregating the data. The Service has worked alongside the HSCP's Performance and Information Team to migrate this onto a digital platform. This is now in an electronic touch screen format that all Criminal Justice Social Work staff now have installed on their laptops. These interviews can be completed 'in person' or virtually, eliminating paper copies and, the information loaded live as it happens to the database. This will assist in determining future service pathways for the service user and areas for development for the Service as a whole.



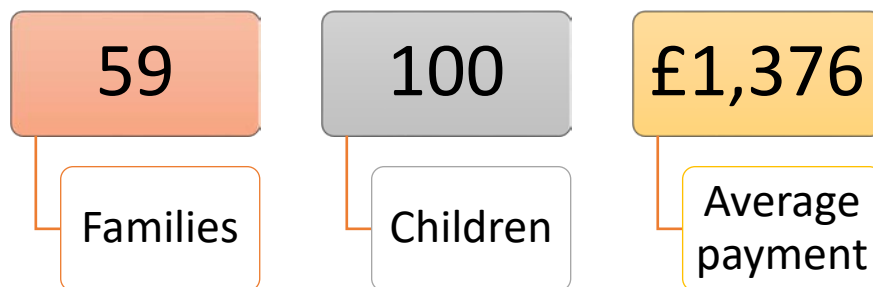
## **Children & Families**

Prior to 2020/21 the service was already working through ongoing recruitment and retention challenges. Throughout this year the approach to recruitment and the offer of support and development has been changed. Throughout 2020/21, 12 newly qualified social workers have been recruited into the service. Recognising these newly qualified social work staff were embarking on their career during this most challenging of times we established an academy for new staff. A programme of support including managed caseloads, peer support and structured learning and development has been implemented. This programme has been managed despite the ongoing restrictions and limits on teams coming together. Whilst in the early stages of implementation and still to be fully evaluated the feedback has been positive and the impact on stability for staff as well as enshrining a culture of high standards and quality improvement in staff from the beginning of their careers. It is hoped this programme will put the service in a strong position as the SSSC look to implement a supported year of practice for NQSWs in the future.

## **Support during Covid-19 Pandemic**

As part of recovery funding made available during the Covid-19 Pandemic, children's services were able to provide significant financial support to families most affected by poverty. It was observed that the Covid-19 Pandemic was having a greater impact on vulnerable families and limiting the choices and options they had to adapt to national lockdown. Social work staff applied for payments for identified families that reflected their situation and the most impactful way to support them. Underpinning all of this was personal choice and using a model comparable to self-directed support to promote choice and to fully enshrine the families as the expert in their own needs.

A further area of work within this fund was to look at some aspects of poverty related neglect, in particular the physical environment in which many families live and often do not have their own



financial means to make sustained changes. Whilst the average payment was around £1300 some families received significantly more allowing for large scale improvements to home environments for children and young people, promoting self-esteem, pride and overall safer living environments.

I am grateful to the Office of the Chief Social Worker for Scotland for the availability of this and a range of other supports that were forthcoming during the pandemic. Regular weekly engagement sessions between her office and CSWOs across Scotland proved an invaluable space for problem solving and support with the advantage of the challenges and needs of the profession being listened to, valued and fed through to National Government. The above is one positive demonstration of the impact of this support.

## **Homelessness**

The pandemic has had a significant impact on the homeless service, with 697 households presenting to the service over the year and 310 requiring accommodation/full assessment. This represents a 20% increase in service activity.

Depopulation of the hostel in response to the pandemic resulted in a local RSLs making a number of temporary furnished flats available at an early stage. However as the lockdown continued, the service was unable to turnaround void properties as repairs and safety checks could not be undertaken by contractors. This resulted in out of area Bed and Breakfast having to be used for a period of time. An intensive plan was put in place to bring service users back into area and house them suitably. This was achieved by February 2021.



### 3. THE INVERCLYDE CONTEXT

Inverclyde Health and Social Care Partnership (HSCP) was established under the direction of Inverclyde's Integration Joint Board (IJB) in 2015 and has been built on a long history of integrated ways of working locally. Our Partnership has always managed a wider range of services than is required by the relevant legislation, and along with adult community health and care services, we provide health and social care services for children and families and criminal justice social work.

Inverclyde HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

Inverclyde HSCP's population is spread in the main across the three towns of Greenock, Port Glasgow and Gourock with the remainder of the population living in the villages of Inverkip, Wemyss Bay, Kilmacolm and Quarriers Village.

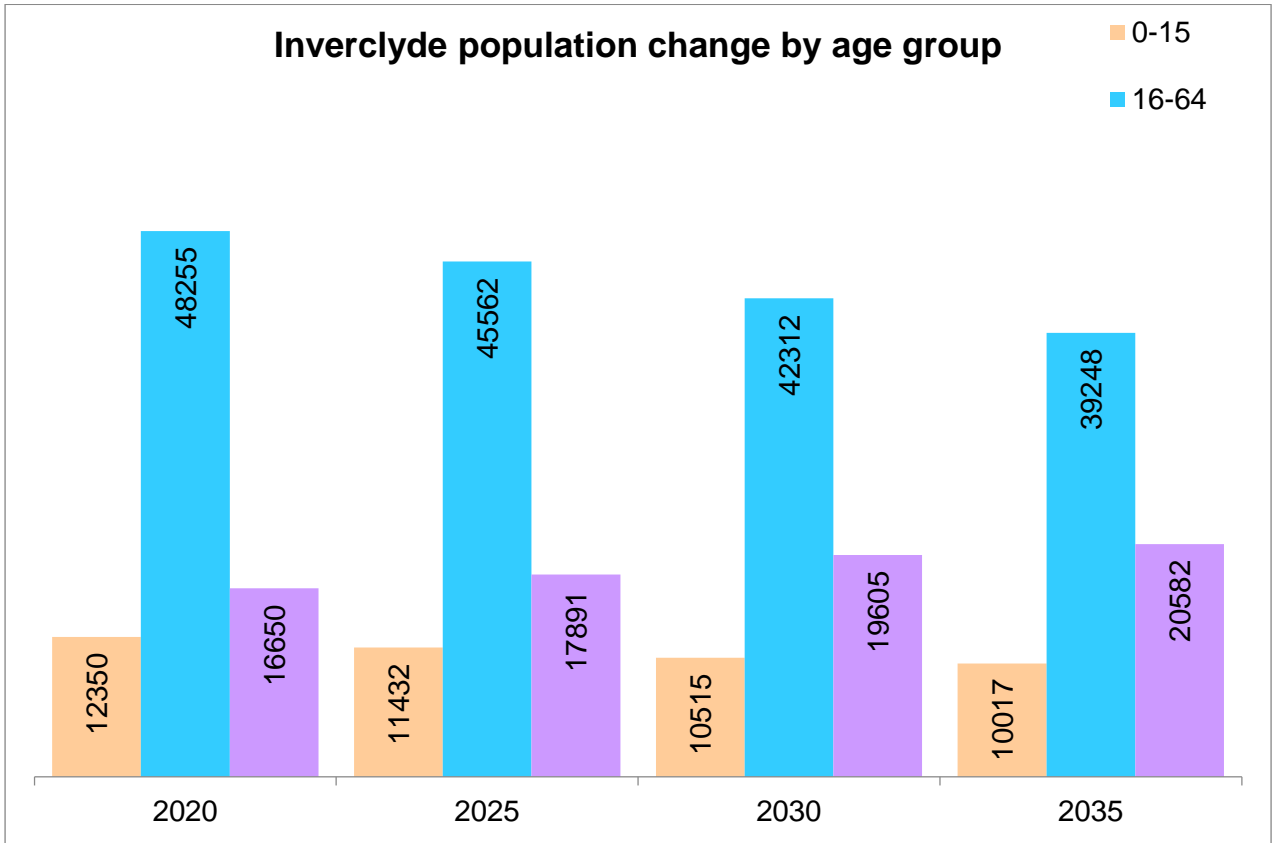
The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS). This gives us a total population of 77,060 (down 740 from 77,800 last year) as at the end of June 2020.

Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2018-based), published by NRS on 24 March 2020, our population is expected to decline as is shown in the graphic below.



Population projections have limitations and there is a real focus through the Inverclyde Community Planning Partnership, Inverclyde Alliance to try to reverse this population decline which is affected by decreasing births and outmigration.

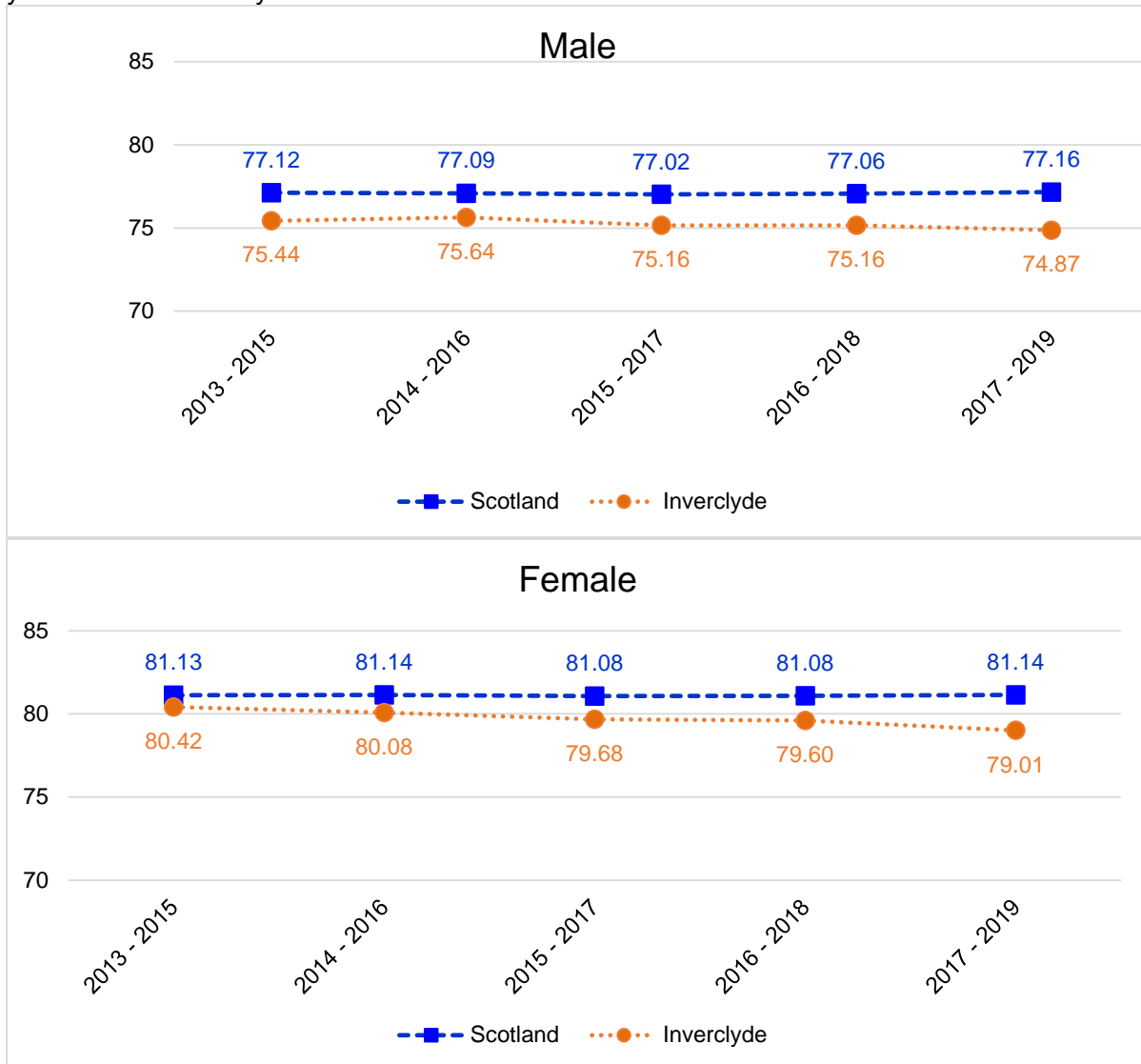
The profile of our population is also changing significantly. As is demonstrated in the graphic below our working age population will reduce whilst the numbers of people over 65 will increase.



Source: NRS: population projections for Scottish Areas (2018-based)

## Life Expectancy (from birth)

The latest figures available cover the 3 year 'rolling' period from 2017 to 2019 (published by National Records of Scotland in September 2020). The charts below compare the average life expectancy in years across Inverclyde and Scotland.

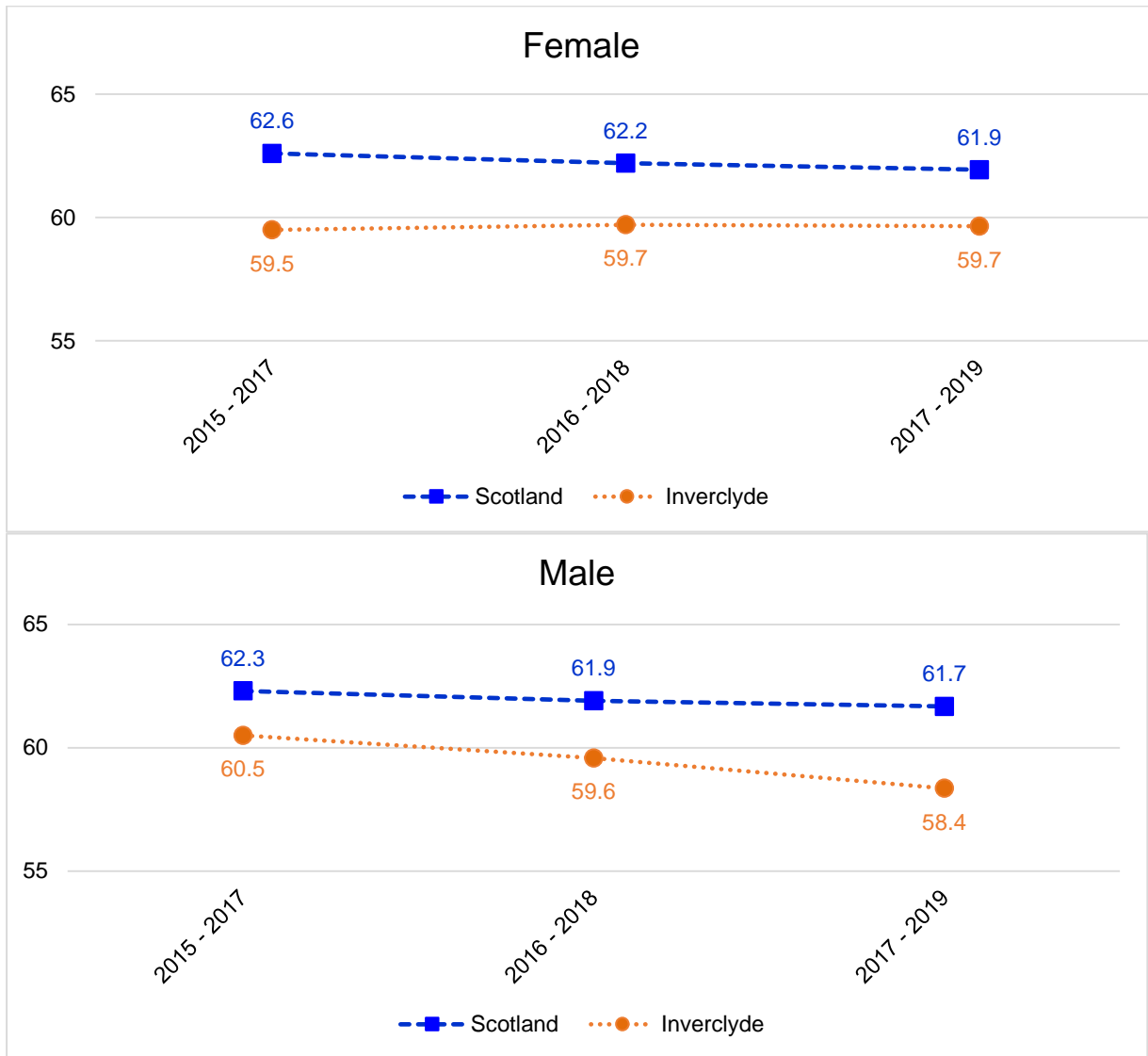


In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

## Healthy Life Expectancy

Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health, based on how individuals perceive their state of health at the time of completing the annual population survey (APS).

Healthy life expectancy provides insight into the proportion of life expectancy spent in good health. HLE estimates are important to analyse alongside the life expectancy estimates, to understand the state of health the population is in, as well as their years of life expectancy.



The impact of population changes and levels of deprivation are real challenges for Inverclyde HSCP and impact on the needs and demands of local health and care services.

### **Deprivation**

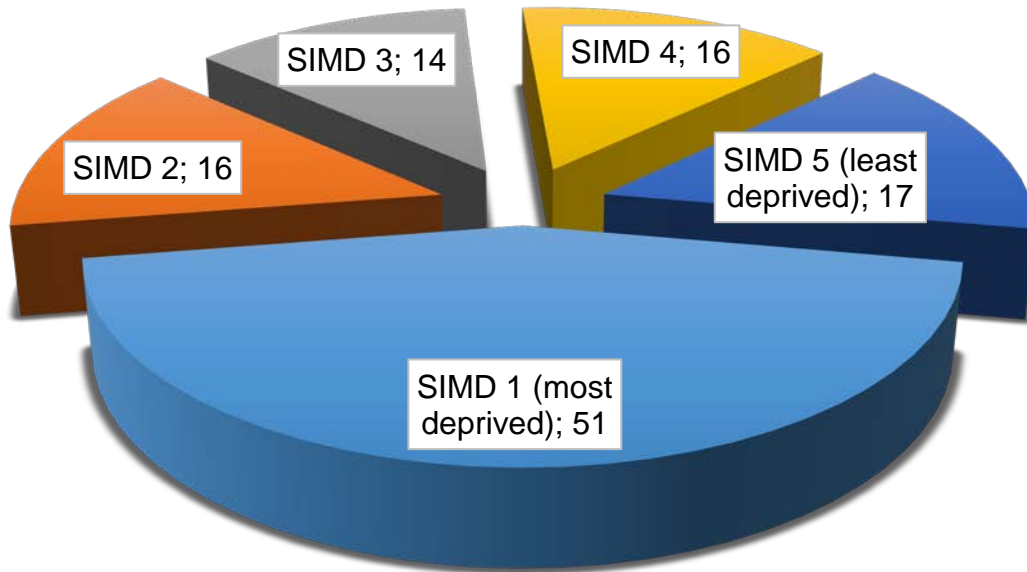
The Scottish Index of Multiple Deprivation (SIMD 2020) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

Areas of poverty and inequality across Scotland are measured by a number of different indicators to help organisations such as health boards, local authorities and community groups to identify need in the areas that require it the most. These are routinely published as part of the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks small areas called data zones (DZ) from most deprived to least deprived.

Scotland is split into 6,976 DZ's; Inverclyde has 114 DZ's, 51 of which are in the 20% most deprived areas in Scotland. When looking at the 5% most deprived DZ's in Scotland (a total of 348 DZ's) 21 are in Inverclyde (18.42% of our local area and 6.03% of the National share).

Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The highest deprivation areas of in Inverclyde are around Central and East Greenock. Unfortunately this now includes the most deprived area in Scotland.

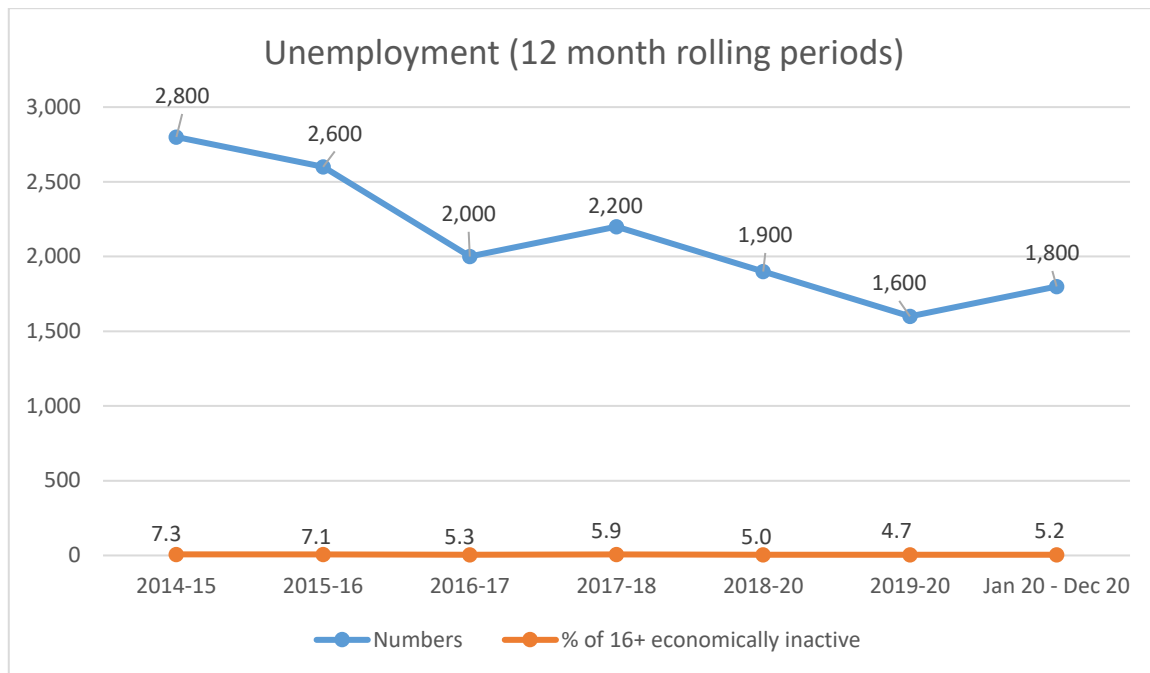
### Inverclyde datazones by SIMD quintile



Source: Scottish Government SIMD 2020

## **Economy**

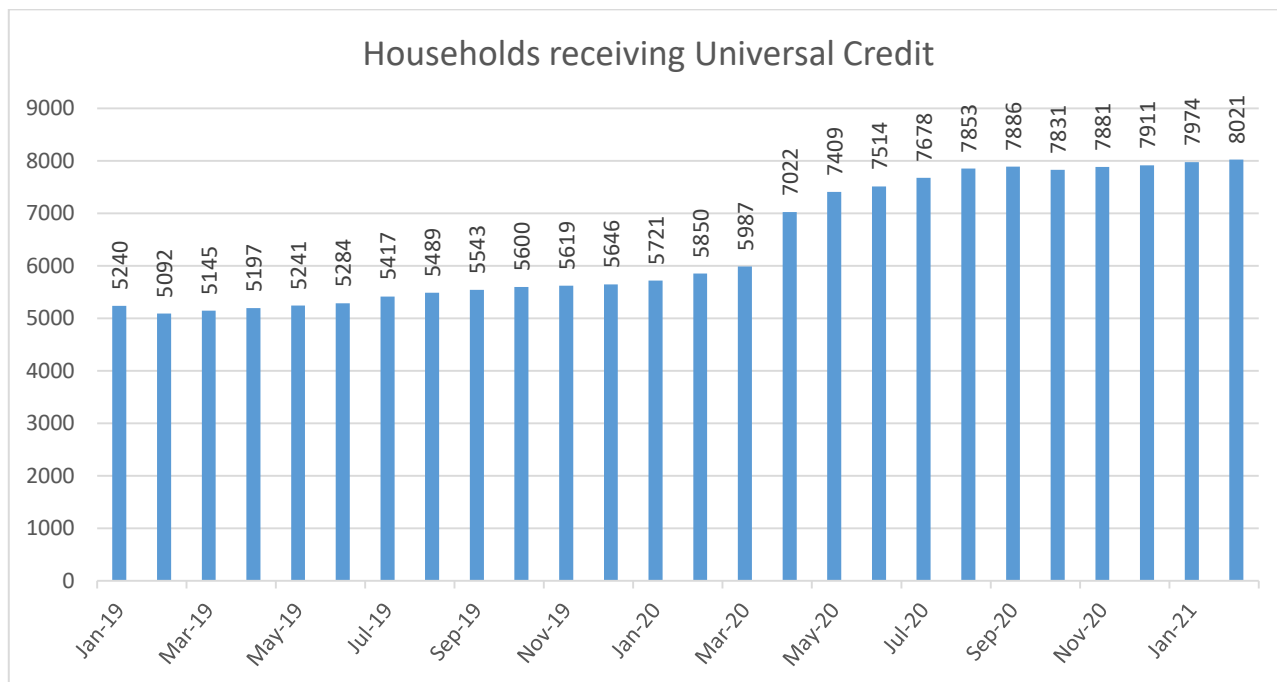
Employment for the people of Inverclyde remains heavily reliant on the public sector. Reductions in public sector budgets, resulting in a shrinking workforce in this area, will put additional pressure on the local employment market. Taken together with the reduction in the working age population of Inverclyde, tackling entrenched rates of dependency on Employment Support Allowance and Universal Credit remain a stubborn challenge for Inverclyde. It is within this context that social work services are providing vital support and services to people living in some of Scotland's most deprived communities.



### **Unemployment (in 12 month rolling periods)**

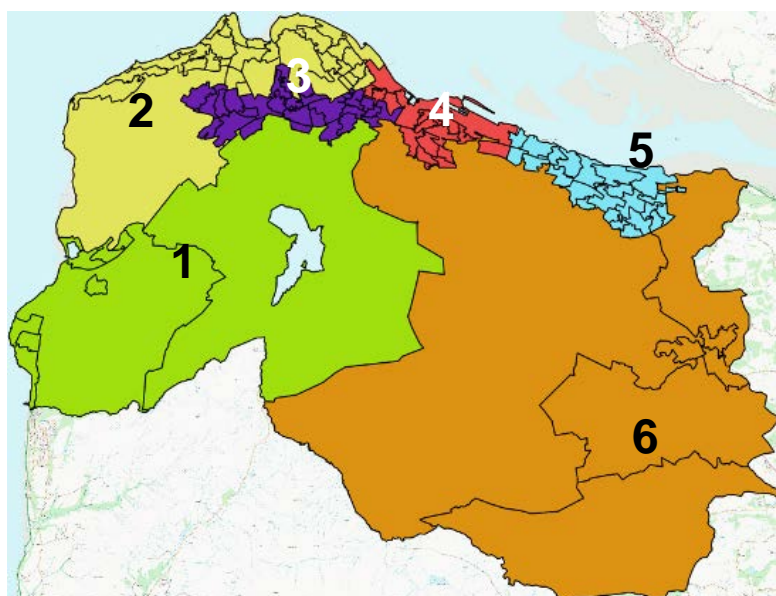
Unemployment figures

[http://www.nomisweb.co.uk/reports/lmp/la/1946157422/subreports/ea\\_time\\_series/report.aspx](http://www.nomisweb.co.uk/reports/lmp/la/1946157422/subreports/ea_time_series/report.aspx)



### Number of Households receiving Universal Credit

#### Localities



Our 6 localities are:

1. Inverkipp & Wemyss Bay
2. Greenock
3. West & Gourock
4. Greenock South & South West
5. Greenock East & Central
6. Port Glasgow
7. Kilmacolm & Quarrier's Village

## 4. GOVERNANCE

### **Role of the Chief Social Work Officer**

Local authorities are required, under Section 3 (1) of the Social Work (Scotland) Act 1968 as amended, to appoint a Chief Social Work Officer (CSWO). The role of CSWO in Inverclyde is fulfilled by the Head of Service, Children's Services and Criminal Justice.

The role of the CSWO is to ensure professional oversight of social work practice and service delivery. This includes professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority or purchased through the third sector or independent sector.

In July 2016, the Scottish Government issued revised national guidance on the role and function of the CSWO (The Role of the Chief Social Work Officer: Principles, Requirements and Guidance pursuant to Section 5 (1) of the Social Work (Scotland) Act 1968), replacing guidance previously issued in 2009.

### **Delivery of Statutory Functions**

The CSWO has specific responsibilities in respect of statutory decision making and ensuring the provision of appropriate advice in the discharge of a local authority's statutory functions.

The CSWO also has oversight of practice standards relating to services delivered by registered social workers, which will involve public protection and / or the restriction of individual liberty. This requires consideration of individual circumstances, with regard to rights, risks, needs and capacity. These judgements are rarely simple, and often require to take account of a range of issues, including the risks to the wider community.

These legislative provisions include the placement of children in secure accommodation, transfers of children subject to supervision requirements, adoption, fostering, community payback orders, statutory interventions linked to the mental health officer role, adults with incapacity measures; and the protection of children and adults at risk.

It has long been recognized that the role of the CSWO is a complex one and recent years has seen a number of additional duties and responsibilities become added to the role. This is within the context of the vast majority of CSWOs holding a full remit in respect of professional leadership for key service areas and increasingly general management responsibility for often complex integrated services. The Covid-19 pandemic has resulted in a new focus on this issue. Over the period of the pandemic, CSWOs required to carry out an increased range and depth of functions associated with the role. This is an area that is subject to discussion within Social work Scotland and between Social work Scotland and the office of the Chief Social work advisor for Scotland.



Key legislation relevant to the Chief Social Work Officer responsibilities include:

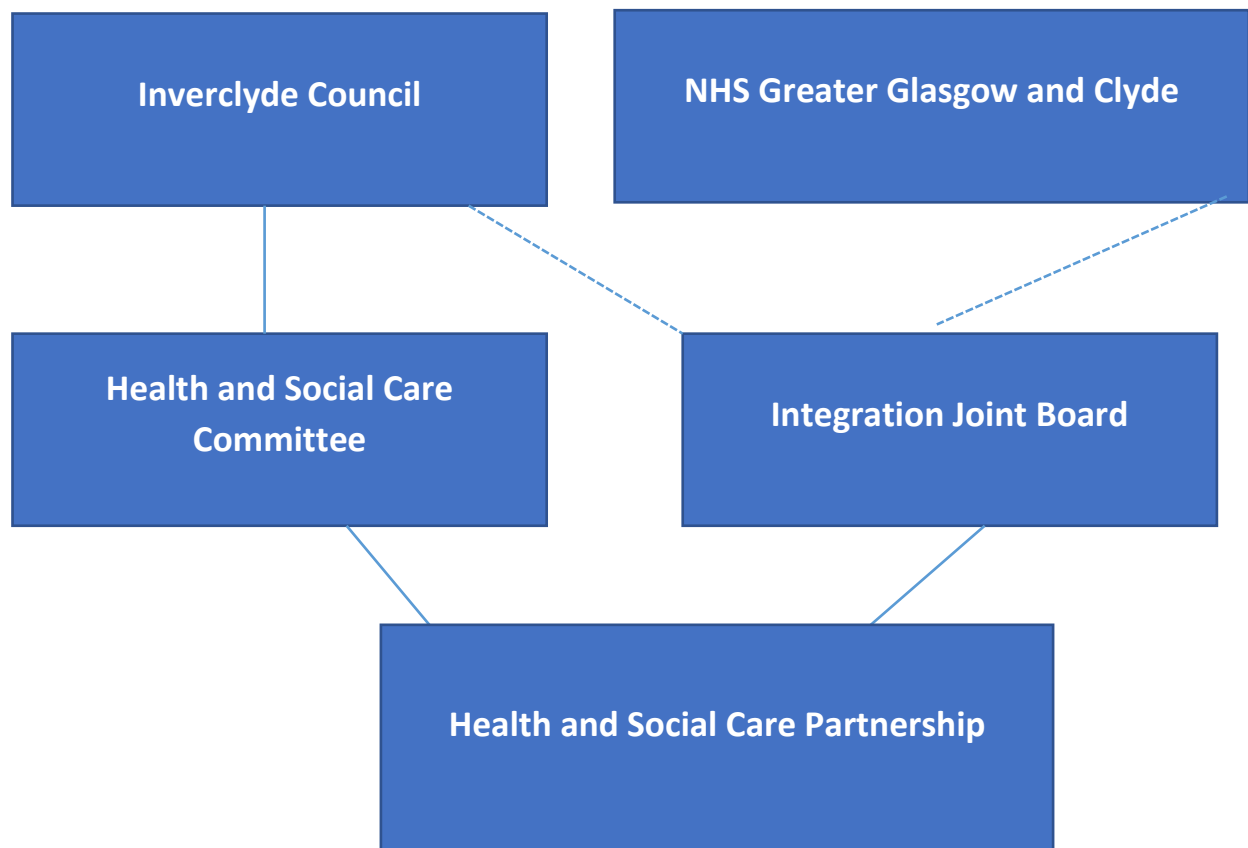
Social Work (Scotland) Act 1968	Children (Scotland) Act 1995
Criminal Procedures (Scotland) Act 1995	Adults with Incapacity (Scotland) Act 2000
Mental Health (Care and Treatment) (Scotland) Act 2003	Adult Support and Protection (Scotland) Act 2007
Children's Hearings (Scotland) Act 2011	Social Care (Self Directed Support) (Scotland) Act 2013
Children and Young People (Scotland) Act 2014	Public Bodies (Joint Working) (Scotland) Act 2014
Mental Health (Scotland) Act 2015	Community Justice (Scotland) Act 2016
Carers (Scotland) Act 2016	Domestic Abuse (Scotland) Act 2018
Duty of Candour (Scotland) Regulations 2018	Health and Care (Staffing) (Scotland) Act 2019

## Organisational Governance

In Inverclyde, the Social Work Service (and CSWO) operates in the context of the following governance structures:

- Inverclyde Community Planning Partnership Board;
- Inverclyde Council;
- Inverclyde Integrated Joint Board.

In Inverclyde, Social Work Services integrated with Health Services in October 2010, initially as a Community Health and Care Partnership. 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 figure 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 Health and Social Care 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.

The HSCP 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 governance process is subject to mandatory reporting as per Inverclyde Council's Governance of External Organisations and is overseen by the CSWO.

The CSWO is co-chair of the HSCP Clinical and Care Governance Group and provides regular update reports, and escalate issues when required. Each member will be accountable and responsible for ensuring the communication process into and from the group is transparent and that staff are fully aware of the remit, operating principles and processes of the group.

Over the past year a revised Clinical and Care Governance Strategy has been developed and the CSWO will lead on the development of the work plan that will support the implementation of the strategy. This work aligned with a revised approach to learning and development which has also to come under the leadership of the CSWO will provide a more planned, cohesive and integrated approach to the quality agenda across the HSCP.

A work plan for the Clinical and Care Governance Strategy was presented to the Integration Joint Board. This work will be monitored through the HSCP Clinical and Care Governance Group and each of the Clinical and Care Governance Groups for each head of service.

## 5. PARTNERSHIPS

### Adult Protection Committee

The principal functions of the Adult Protection Committee (APC) are to promote the support and protection of adults at risk of harm through strategic planning, leadership, agreed priorities, objectives and actions.

The APC leads on developments and improvements in the following key areas:

- Procedures and practice;
- Skills and knowledge;
- Information and advice;
- Co-operation;
- Continuous Improvement.

The membership of the committee includes all the statutory bodies with a role to play in adult protection along with the third sector representatives of the Mental Welfare Commission, Office of the Public Guardian, Care Inspectorate, and Health Improvement Scotland are invited to attend, with minutes being sent out to all agencies.

The membership of the APC is kept under review to ensure that as the body of evidence around adult support and protection matters evolves, agencies who contribute to the local agenda are represented. The lack of links with Scottish Ambulance Service (SAS) was acknowledged as an area that required to be addressed and representation has recently been established.

### Child Protection Committee

Inverclyde Child Protection Committee (CPC) is the multi-agency strategic partnership responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across Inverclyde. The CPC are responsible for the quality assurance of multi-agency practice and ensuring that the performance measures put in place ultimately lead to improving outcomes for children and young people. Child protection means preventing a child suffering significant harm from abuse or neglect. The CPC is committed to its responsibility to keep all children in Inverclyde safe from harm whether abuse or neglect has already taken place or looks likely to take place. In working to achieve that, the functions of the CPC are continuous improvement, strategic planning, public information and communication.

The CPC has senior membership across the full range of agencies and services with child protection responsibility including Inverclyde Council (Social Work, Education and Housing), Police Scotland, NHS Greater Glasgow and Clyde, the Reporter to the Children's Hearing, Inverclyde Violence against Women Partnership and the third sector. The CPC has a chair, a vice chair and a lead officer to ensure tasks are taken forward. All members aim to consistently improve upon the delivery of robust child protection practices across the public, private and wider third sectors.

The National Guidance for Child Protection in Scotland 2014, requires that each CPC be established and governed by a Chief Officer Group. The Local Police Commander and the Chief Executives of NHS Glasgow and Greater Clyde and Inverclyde Council are the Chief

Officers responsible for the leadership, direction and scrutiny of the local child protection local services and they have strategic responsibility for the CPC. Inverclyde CPC works collaboratively with other strategic partners; in particular, the Integrated Children's Services Board, Violence against Women Partnership, Adult Protection Committee and the Alcohol & Drugs Partnership. This means that child protection is seen alongside the wider context of supporting families and meeting children's needs. It ensures that partners are aligned in their aims, priorities and delivery of improvements as set out in the Child Protection Programme and the Local Outcome Improvement Plan.

### **Children's Strategic Partnership and Children's Services Plan**

The strategic partnership responsible for the delivery of the Children's Services Plan is comprised of representatives of the main partner agencies – Health and Social Care Partnership, Education and Community Services, Police Scotland, Voluntary Organisations, Scottish Children's Reporter Administration, Skills Development Scotland.

The partnership is chaired by the Corporate Director for Education, Communities and Organisational Development and there is a leadership group that leads and reports on the priorities of the delivery plan.

An annual report is produced by the strategic leads and presented to the Alliance Board before submission to the Scottish Government. We will continue to consult with children, young people and families as part of our participation strategy.

### **Criminal Justice**

#### **North Strathclyde MAPPA**

The North Strathclyde MAPPA Unit serves six Local Authorities, 3 Police Divisions and 2 Health Boards. The Unit itself is hosted by Inverclyde Council. Its purpose is to organise MAPPA meetings for individuals who by dint of the nature and seriousness of their offending require an active multi-agency response to managing the risk of serious harm posed. The function of these meetings is to create a Risk Management Plan to mitigate the identified risks and address outstanding needs that have a bearing on the potential to re-offend. Due to the impact of COVID 19 pandemic and specifically the Scottish Government restrictions on movement and social distancing requirements alternative arrangements for these meetings in common with all of our public protection responsibilities had to be found. Initially, this was achieved through telephone conferencing and latterly through virtual platforms such as WebEx and Teams.

In October 2020 the North Strathclyde SOG agreed to commence the preparatory work to appoint an independent chair of the SOG. All partners were in agreement that the provision of such a dedicated and independent resource would not only add additional capacity, thus strengthening activities around quality assurance and continuous improvement, but would also be able to act as a critical friend. In addition, moving to appoint an independent chair would mirror the directional of travel across Scotland. This post has been successfully established and recruited to, with the new chair taking up the post in 2021/22.

The North Strathclyde MAPPA Operational Group (MOG) supports the ongoing development of MAPPA and monitors performance at an operational level. This Group too continued to meet virtually throughout the pandemic and also fulfilled its requirement of four meetings taking place in 2020/21.

To support Criminal Justice Social Workers in their risk assessment and risk management activities the North Strathclyde SOG hosted the SAPROF (Structured Assessment of Protective Factors) training course. This was delivered by Dr Ruth Tully who is the national trainer for this course and the training was facilitated through the WebEx platform with 92 individuals successfully completing the course in February 2021. Not only will this course sharpen practice with regard to risk assessment and risk management it will also provide a helpful vehicle to engage with those individuals who both deny their offending and/or who have a learning disability. An implementation group has been established involving key operational staff to help ensure a co-ordinated and consistent approach to the application of this training in practice during 2021/22.

### **Inverclyde Community Justice Partnership**

The Inverclyde Community Justice Partnership, chaired and hosted by Inverclyde Health and Social Care Partnership, continued to meet throughout 2020/21 and was mainly focused on supporting Covid-19 pandemic recovery. This work has included:

#### **Prisoner Early Release**



In response to the national Covid-19 pandemic; legislation was passed allowing for the early release of certain prisoners from custody. The Partnership supported colleagues in Criminal Justice Social Work, Alcohol and Drugs Recovery Service and Homelessness to proactively come together to offer support to prisoners identified for early release under this scheme; recognising that the Covid-19 pandemic would lead to additional challenges for an already vulnerable and complex group.

To this end, protocols were devised to utilise the 'email-a-prisoner' scheme to make offers of support. During April 2020, 16 individuals identified as part of the early release scheme were contacted; 13 of whom accepted an offer of support. Support provided to these individuals included making referrals to the appropriate agencies to provide support to address housing; mental health; addictions and benefits issues and referrals to third sector partners such as Shine and I-Fit. The Partnership supported the successful completion of an Information Sharing Agreement with the Scottish Prison Service which has enabled the effective and timeous sharing of information with key partners

Now under further review, it is hoped that the Partnership can build on the proactive approach established in the last year to create a more efficient and streamlined offer of support to this service user group using effective sharing of information between statutory and third partners agencies to ensure that such individuals are offered the right support at the right time.

### **Creation of an Unpaid Work sub group**

During 2020-21 an Unpaid Work sub group (of the Community Justice Partnership) was created that aims to enhance the local offer in Inverclyde around Unpaid Work. The Group seeks to improve support for those service users who may require assistance with literacy and numeracy, improving employability opportunities for service users and promoting the community benefit of unpaid work. The Group will also support the Justice Manager in their annual return to Scottish Government.

### **Women with involvement in the Criminal Justice System**

The Early Action System Change project focused on women with involvement in the Criminal Justice System (CJS) in Inverclyde has developed during 2020-21. Engagement with women with lived experience of the CJS and the formation of a co-production group were significantly disrupted by COVID 19 pandemic restrictions, however, an adapted approach focusing on remote engagement and collaboration with frontline services, including several Community Justice partners, to provide referrals has allowed for progress in developing relationships with women either currently involved in or with previous experience of the CJS. As a result, women have been involved in establishing the current context of CJS involvement for women in Inverclyde and identifying areas where limitations to their support exist which could be addressed and improved by a system change approach. This will be central to the development of a test of change proposal which, pending funder approval, will commence in 2021 and which women with lived experience of the CJS will continue to co-produce. Work has also continued around other elements of establishing an evidence base for the test of change, including the production of a literature review and a cost benefit analysis methodology.



Our social workers and Allied Health Professionals have successfully supported a range of adults and older people to remain at home through our Home 1st approach. This approach ensures people are supported to live at home and encouraged to maximise their independent living skills. We have supported people to return home after a hospital admission. Our performance in relation to discharges from hospital remains one of the best in Scotland.

The established partnership with Acute around Home 1<sup>st</sup> laid foundation for successful discharge planning during the pandemic. The established Discharge Hub at IRH ensured quality work continued with safe discharges reducing pressure on acute services and ensuring people were cared for in a safe environment of their choosing.

### **Care Homes**

In late May early June 2020 all older people and adult care homes had Infection, Prevention and Control visits to ensure compliance with infection control guidance. These were joint visits by nursing staff and the service manager of the Quality and Development team.

Further assurance visits were also carried out earlier this year. Joint assurance visits to all older people care homes in the early part of 2021 was praised for not only an area of good practice but also ensuring some of our most vulnerable residents were safe but also introduced joint working between the Strategic Commissioning Team who normally carry out contract monitoring visits working with Senior Social Workers and Lead Nurses to carry out the assurance visits.

### **Independent Living**

There is work underway with 3<sup>rd</sup> sector partners around the development of a Compassionate Inverclyde Award Scheme. This 3 tiered award will be open to people and organisations in Inverclyde who can demonstrate acts of kindness.

We are working with partners around early intervention, health promotion and signposting to other services and are developing a pathway with Inverclyde Leisure for this work. This work will support people to manage their own health and maintain their abilities as they age.

In March 2019, preceding the publication of both Housing to 2040 and the National Planning Framework 4 position statement, the Scottish Government published new guidance for local authorities to address unmet housing needs of wheelchair users. Local authorities are now required to set targets on the provision of wheelchair accessible housing across all tenures and report annually on progress. Through our Strategic Housing joint work we have been influential in setting a wheelchair target of 5% across all Housing tenures in the Local Development Plan.



## **Community Learning Disability Services**

Partnership working has continued both within the Integrated Team and externally, with the commissioned support providers and voluntary sector. In March and April 2020, risk assessments were completed by the main support providers supported by the Learning Disability Day Opportunities Managers and Council Health and Safety Officer, regarding how they would continue to provide services during lockdown. Service users and carers were contacted by telephone and offered alternative services such as hot meal deliveries and food parcels.

Engagement with service users and community organisations has continued via virtual platforms. Partnership with 3<sup>rd</sup> sector Organisations, Transport Providers, Enable, Unity and the Trust Befriending has enabled an extended support network to continue throughout 20/21 during lockdown and restrictions.

Our supported living / day and respite staff have provided flexible services across Learning Disability and older people's services throughout the pandemic and have supported carers by establishing valuable services to ensure families and carers received a valuable break from their caring responsibilities.



Partnership working with Parklea Branching out during restrictions providing a safe and supportive environment for people with Learning Disability, Autism to attend providing much needed respite for carers and meaning activities for those where the impact of Covid-19 pandemic and restrictions has been profound. An informal secondment arrangement has taken place as a result of Covid-19 pandemic where 2 Learning Disability Day Opportunities staff are located Monday to Friday at Parklea providing much needed

personal care or additional support. This opportunity allows for sharing expertise across the 2 Organisations and making efficient use of resources, when workers were unable to work in public areas due to restrictions.

This arrangement will be evaluated and may continue beyond restrictions being lifted and remobilisation of day opportunities.

## **Collaborative Working**

Service managers across Community Mental Health, ADRS, Learning Disability, and Assessment and Care Management have (re)established a shared forum for joint improvement work to ensure gaps in service provision are identified and addressed in a collaborative manner.

A quarterly interface forum has been convened by Service Managers across Mental Health, Criminal Justice, Homelessness and ADRS. This provides a platform for team leads collaboration and sharing learning to improve delivery of services.

Service Managers from Community Mental Health and ADRS/Homelessness have refreshed the approach and processes for the Resource Allocation Group and engagement with provider partners. This is enabling improved governance arrangements for commissioned supported living services in partnership between the services, users of our services, our providers, and HSCP contracts and finance colleagues.

### **Older People's Mental Health Team**

Older adults social work staff have continued to work collaboratively with hospital staff to ensure safe discharges to the community or to a care home setting in difficult circumstances, close working with families, carers and advocacy has been crucial to ensure individuals needs and wishes have been respected at all times.

The recent Mental Welfare Commissioning idea report 'authority to discharge' highlighted no unlawful discharges for Inverclyde.

### **Alcohol & Drug Recovery Service**

As the ADRS operational model evolves, improved collaborative working with Moving On, commissioned to provide support to less complex cases, ensures that people referred for drug and/or alcohol issues are seen by the right service at the right time through a joint allocation process.

The CORRA Foundation formed the new pathway for services users for Alcohol and Drugs:

- Improve engagement with more difficult to reach and hidden population by providing new routes to access services from GP practices and other partners such as Scottish Ambulance Service across extended hours.
- Prevent alcohol and drug related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis; and
- Provide a community based treatment option for home alcohol detox.

Although this work was put on hold for a period the Co-ordinator has undertaken recruitment of staff, development of operating procedures and pathways and training have been progressed in order to achieve full roll out in the forthcoming year.

### **Advice Services**

Inverclyde HSCP is the lead organisation for the Inverclyde Financial Inclusion Partnership. The Partnership is comprised of a range of public and 3<sup>rd</sup> sector organisations, working towards the shared objectives of ensuring that:

- Citizens of Inverclyde have access to relevant services for income maximisation
- Citizens of Inverclyde have access to relevant financial services and products which enable them to manage their money effectively; and Citizens of Inverclyde have the capacity to plan for the future and deal effectively with unexpected financial pressures

## **Health Improvement and Inequalities**

The Health Improvement and Inequalities Team have had a particular focus on food insecurity and growing both during and as we emerge from the pandemic. Our lead for this programme has worked collaboratively with third sector organisations to ensure the Food Network has been fully involved. This has included not only the humanitarian aspects of ensuring access to food but also the development of growing and gardening projects which also improve mental and physical wellbeing. Whilst delivery of the usual range of cooking and nutrition classes could not be delivered, some online classes were developed and delivered. This will remain an important aspect of partnership working going forward.

## 6. SERVICE QUALITY and PERFORMANCE

### How Social Work Services are Improving Outcomes for Children and Families

Throughout the last year the children and families teams have continued to provide a full service to families. Working in very different ways and navigating rapidly changing public health guidance, temporary legislation and fluctuating risk has presented new and unprecedented challenges for practice. Throughout the second national lockdown the children and families service fulfilled all statutory tasks as well as providing an ongoing and for the most vulnerable. An enhanced level of support to families with face to face visits increasing. The additional work and tasks expected of children and family staff occurred when many other support services had redeployed resources to other Covid-19 pandemic related tasks leaving a high level of risk and vulnerability to be managed by the service. The response to Covid-19 pandemic and the commitment, hard work and creativity of the service is an achievement to be celebrated.

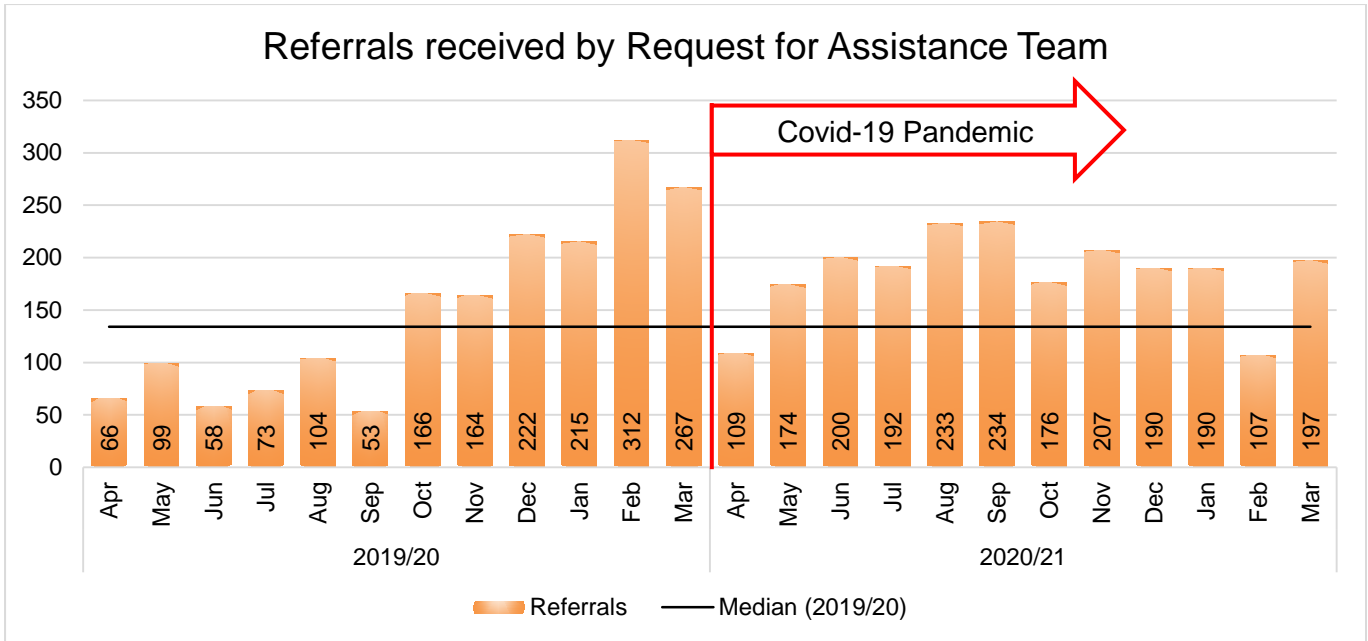
As we emerge from the Covid-19 pandemic restrictions the service will have many priorities that will overlap and link together. Children and Families social work along with other services and systems interacting with children and young people are at the beginning of a journey of development, redesign and systemic change as we seek to implement the recommendations of the National Care Review as outlined in *The Promise* and *The Plan*. The review led by thousands of care experienced voices will lead to wide ranging change across all services and this will be particularly acute for children and families social work.

Tied to the ambition of *The Promise* another key priority will be working alongside partners to embed whole family support to ensure the families receive the right support and the right time and in doing so we build the culture and conditions for supporting as many children as possible to live safe and ambitious lives at home with their family.

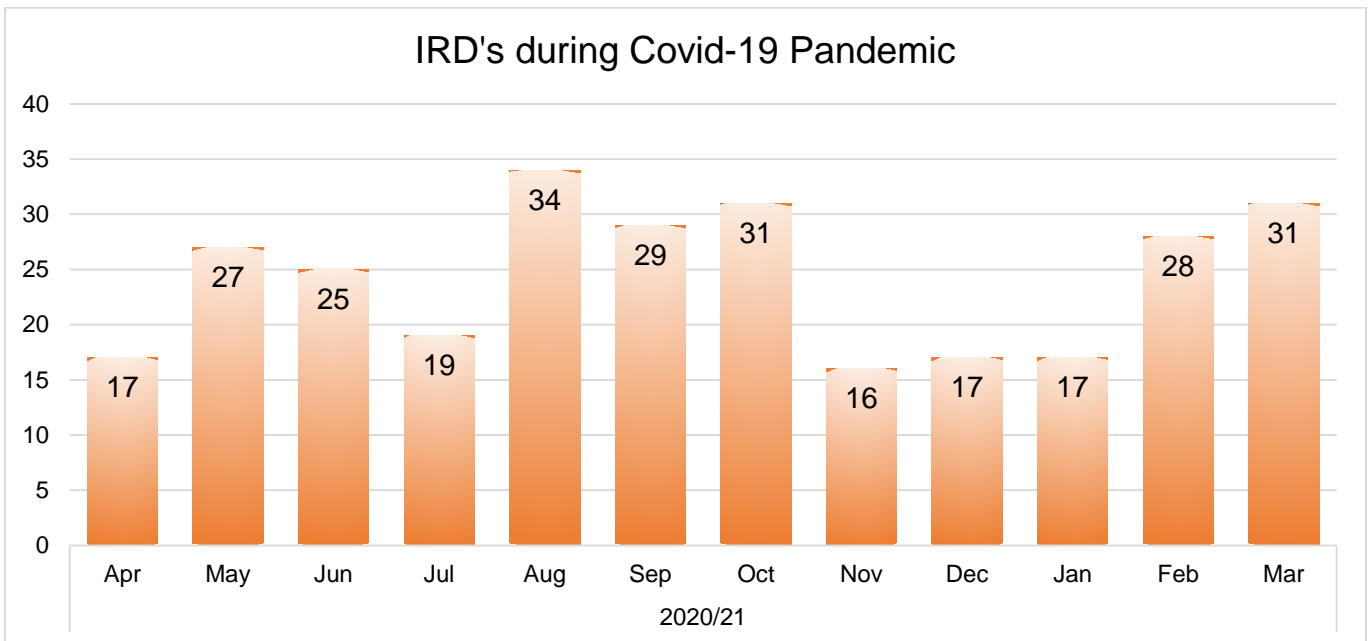
Underpinning all of the competing priorities as we look forward to moving out of Covid-19 pandemic restrictions will be the wellbeing, support and development of staff. Our practitioners remain the single biggest resource we have to offer vulnerable families and the impact of the pandemic, increased workload including managing higher levels of risk and complexity have accentuated the importance of staff wellbeing. We will continue to offer high quality supervision, look to build capacity for the workforce and ensure appropriate support to them.

### Child Protection

Initial referrals around Child Protection are made to the Request for Assistance Team (RFA). The chart below shows the referrals received by the RFA team for the last 2 years. An increase in demand is apparent from October 2019 (pre-pandemic) and levels have, mostly, remained above the 2019/20 figures throughout the Covid-19 pandemic.



### IRD's (Initial Referral Discussions)



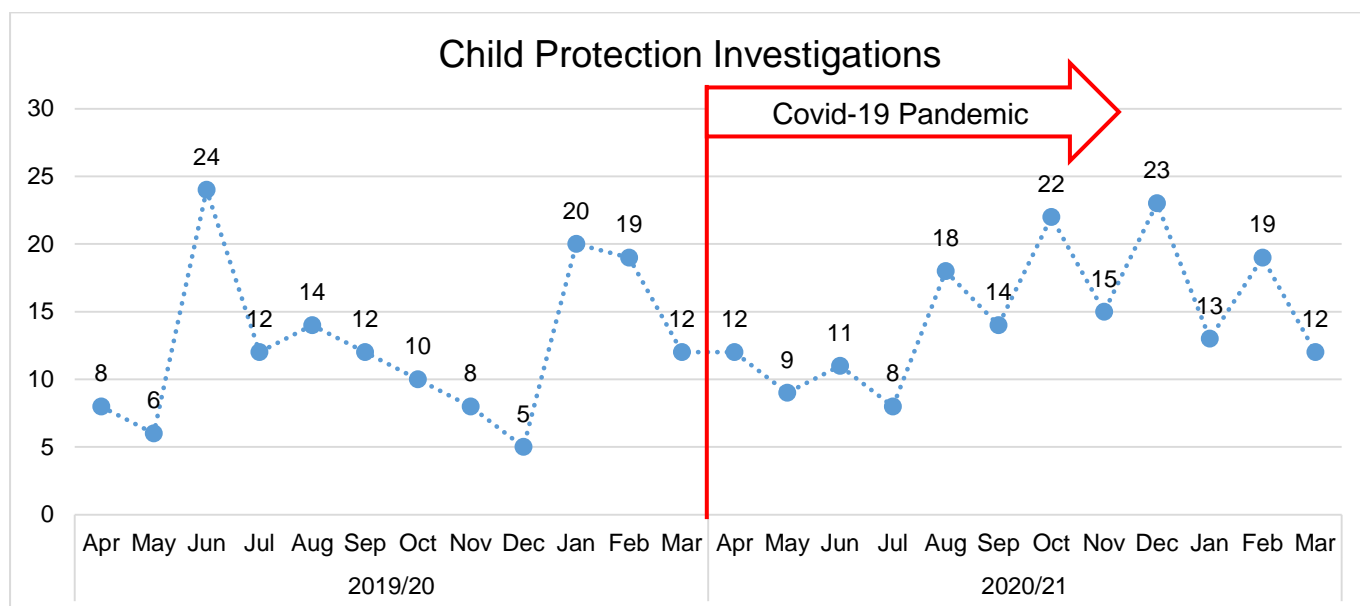
You will note that the number of Interagency Referral Discussions do not correspond to an equivalent number of Child Protection Investigations. This is not unusual as IRD's by their very purpose, share information on a multiagency level which can help to reduce the assessed level of risk as well as increase it. There is some evidence nationally that use of IRD's increased during the pandemic for the following reasons:-

- Well established local networks of early intervention and support were diminished overnight when lockdown commenced and it took some time to reconvene services
- Universal services, in particular education, were working remotely meaning less in person assessment of the level of risk.
- Practitioners may, understandably, have called for an IRD for reassurance and on the grounds of caution as the pandemic inhibited direct work with children and their families

Some of these elements will have been present within Inverclyde leading to a greater number of IRD's requested as we came out of lockdown but resulting in relatively fewer Child Protection Investigations. Correlations between IRD's and investigations begin to settle as we move into the winter through to spring.

### **Child Protection Investigations**

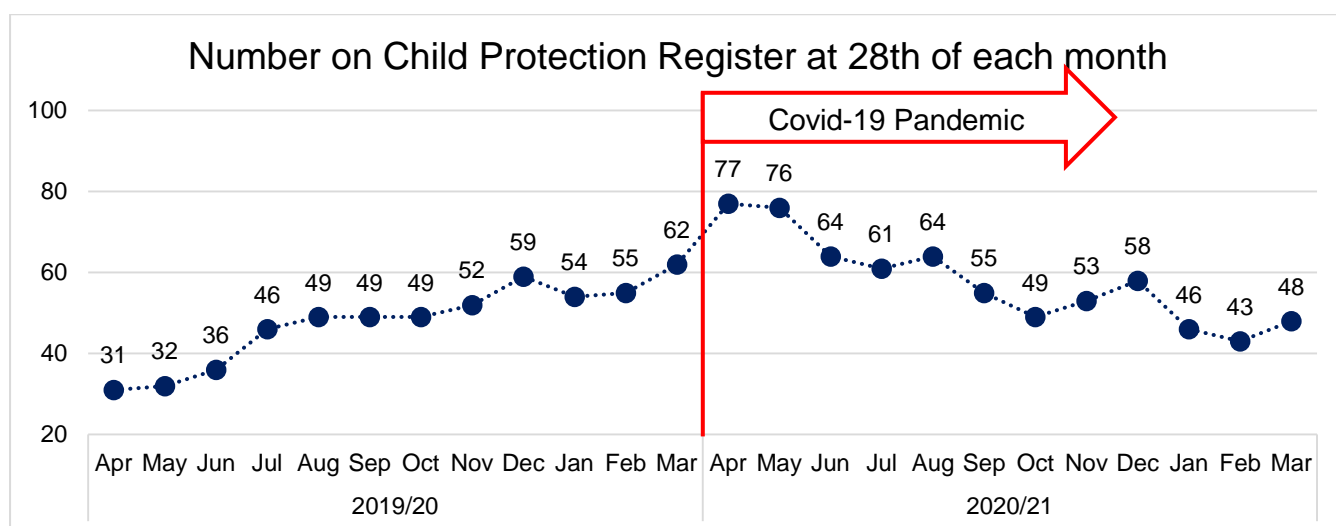
Where appropriate, an investigation is undertaken; the number of child protection investigations undertaken are shown in the chart below.



## Child Protection Conferences / Register

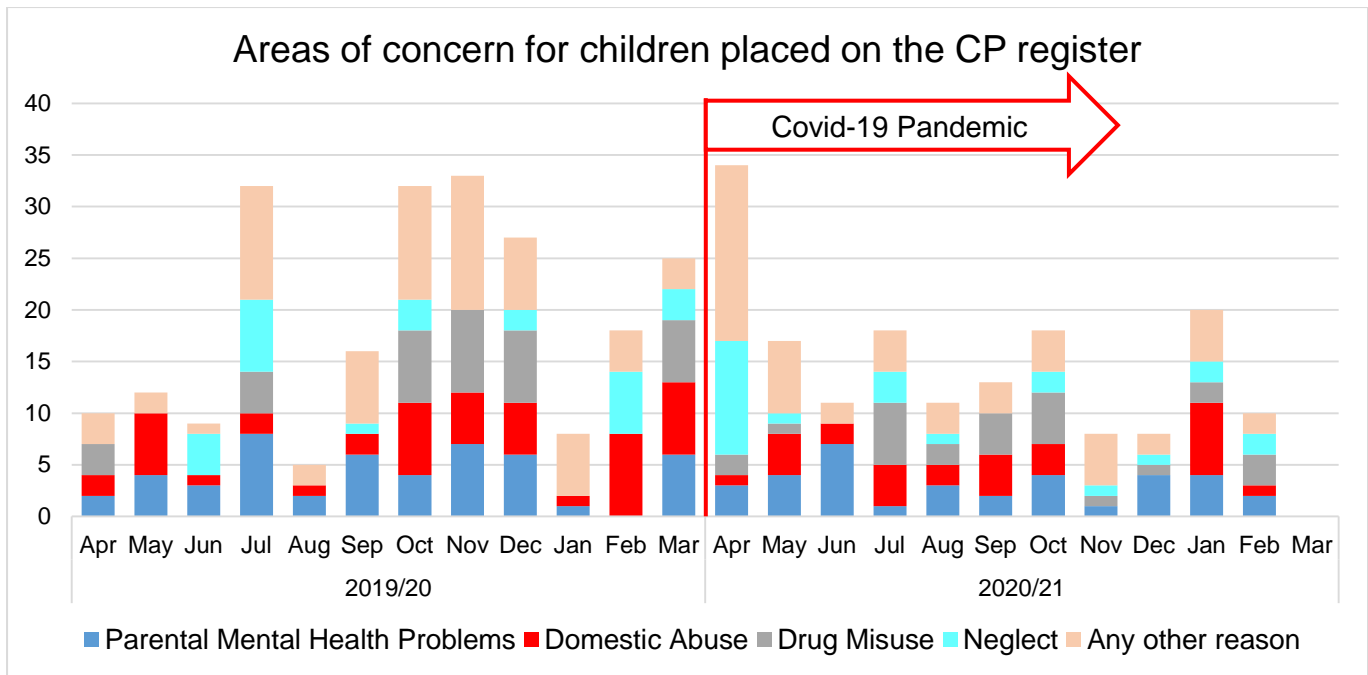
The child protection data provided should be considered in the context of the Covid-19 pandemic and also aligned to increasing numbers of children and young people who were required to be looked after away from home. In April 2020, during the first national lockdown, a much higher than average number of children and young people were on the child protection register. This number remained high throughout most of 2020. The higher than average numbers, and the persistent nature of this can be in part explained by caution being applied by conference chairpersons in respect of stepping plans back from a child protection level whilst other multi-agency services were less available or less able to provide the usual level of support. One clear example would be children not attending school due to the national lockdown and therefore the ongoing assessment and support from the multi-agency team not being the same as pre-pandemic. The numbers do start to decrease as other services (some of which would have been impacted upon by redeployment of staff to the Covid-19 pandemic effort) progressed through their recovery plans and were able to play a fuller role in child's plans. As can be seen from the data the numbers of children on the child protection register stabilised in the last quarter of the year.

	Inverclyde	Scotland
Children with a child protection plan seen by a professional	100%	97%
Children with a multi-agency plan contacted by a professional	56%	44%
Young people eligible for aftercare	71%	65%



## Areas of concern

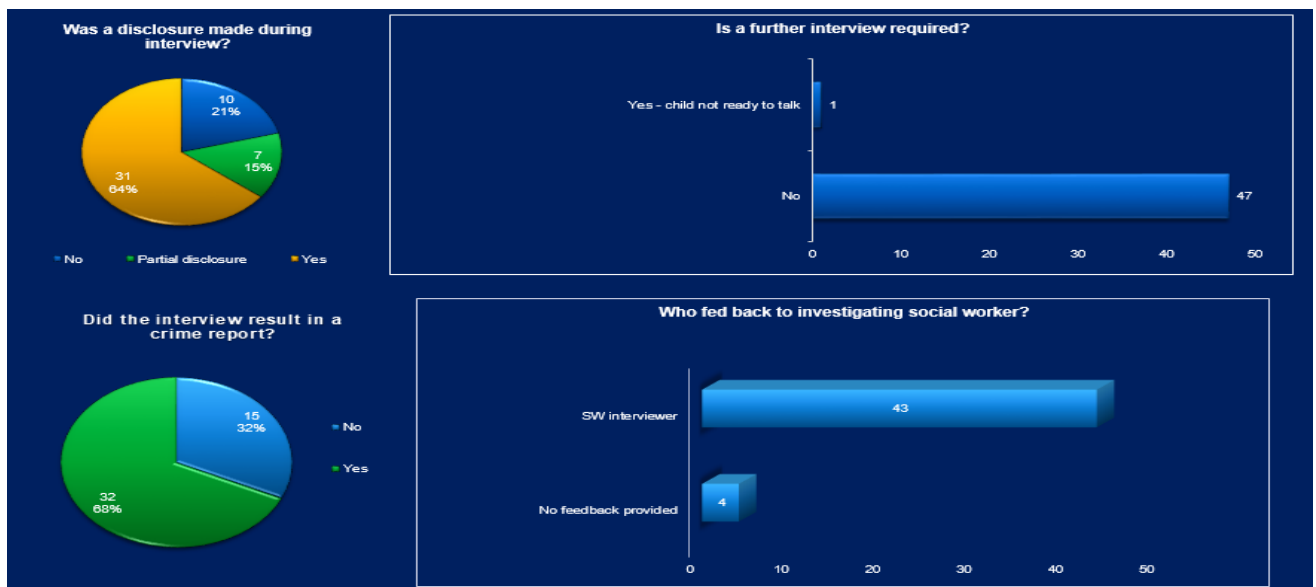
After an investigation a child may be placed on the child protection register; there are various reasons for this and sometimes multiple reasons are identified. The chart below highlights the main reasons for a child being added to the register.



'Any other reason' includes emotional abuse, physical abuse, sexual abuse, the child placing themselves at risk, alcohol abuse and non-engaging family.

The other factor impacting on the increased activity around child protection is the recruitment and retention issues within the qualified social worker group. Throughout 2020/21 we have experienced a high number of vacancies resulting in higher workloads for more experienced staff which impacts the provision of effective and early assistance. As can be seen in data presented, the number of children requiring to be looked after away from their families has also increased this year. This represents the increased levels of complexity within the workload in children's services.

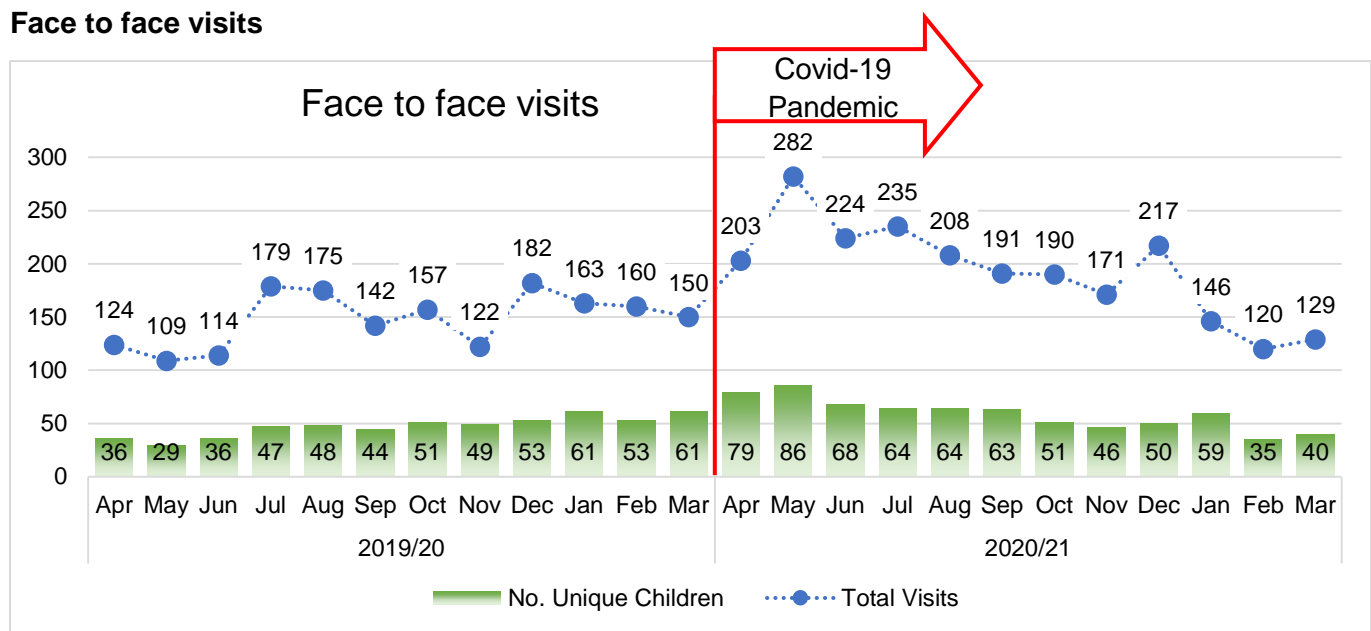
### Joint Investigative Interviews





Children’s Services have continued to support the Joint Investigative Interview pilot along with partners in Police Scotland and colleagues from Renfrewshire, East Renfrewshire and East Dunbartonshire. The start was delayed due to Covid-19 pandemic however the team started interviewing from August 2020. Since this time 48 Joint Investigative Interviews have been conducted for Inverclyde, the data above highlighting a significant proportion resulted in a full or partial disclosure. Furthermore very few children have required a second interview. This is a highly skilled task for social workers and police officers and the pilot team are able to develop and use their skills daily to ensure best practice and to ensure a model exists to interview vulnerable children that seeks to get the best evidence whilst being trauma informed. The pilot will progress throughout 2021/22 and will include work to open the first “Barnahaus” or “House for Healing”. This will follow a Scandinavian model for supporting children and young people who are victims of abuse and aims to provide seamless support through investigation, interview and recovery.

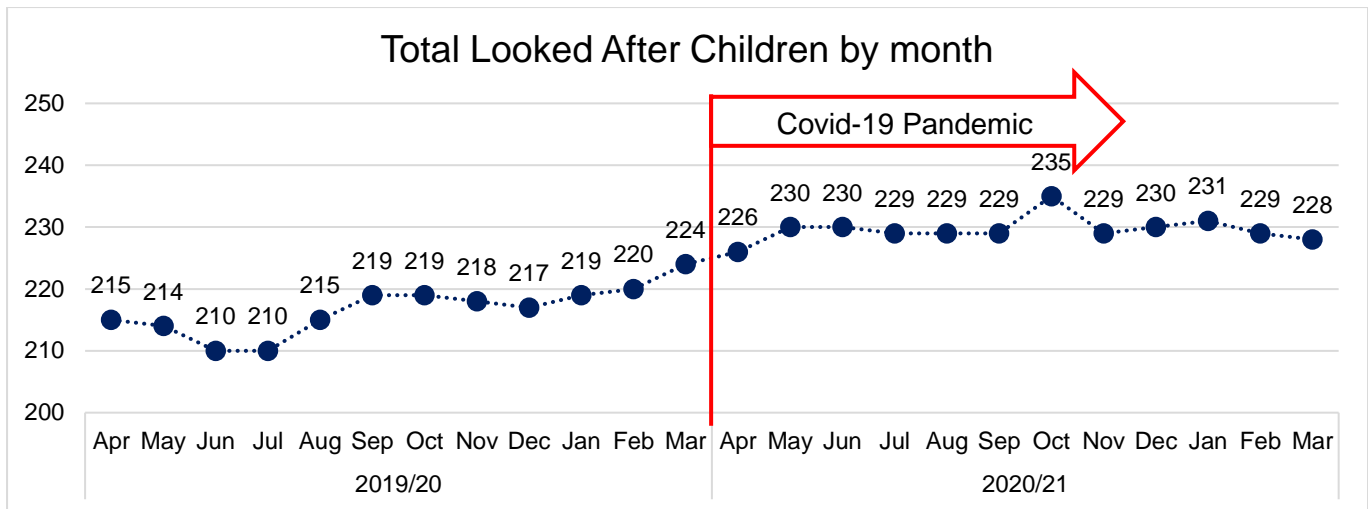
### Face to face visits



Of particular note is that throughout the pandemic rather than decrease, children and families social worker visits to the most vulnerable children increased markedly.

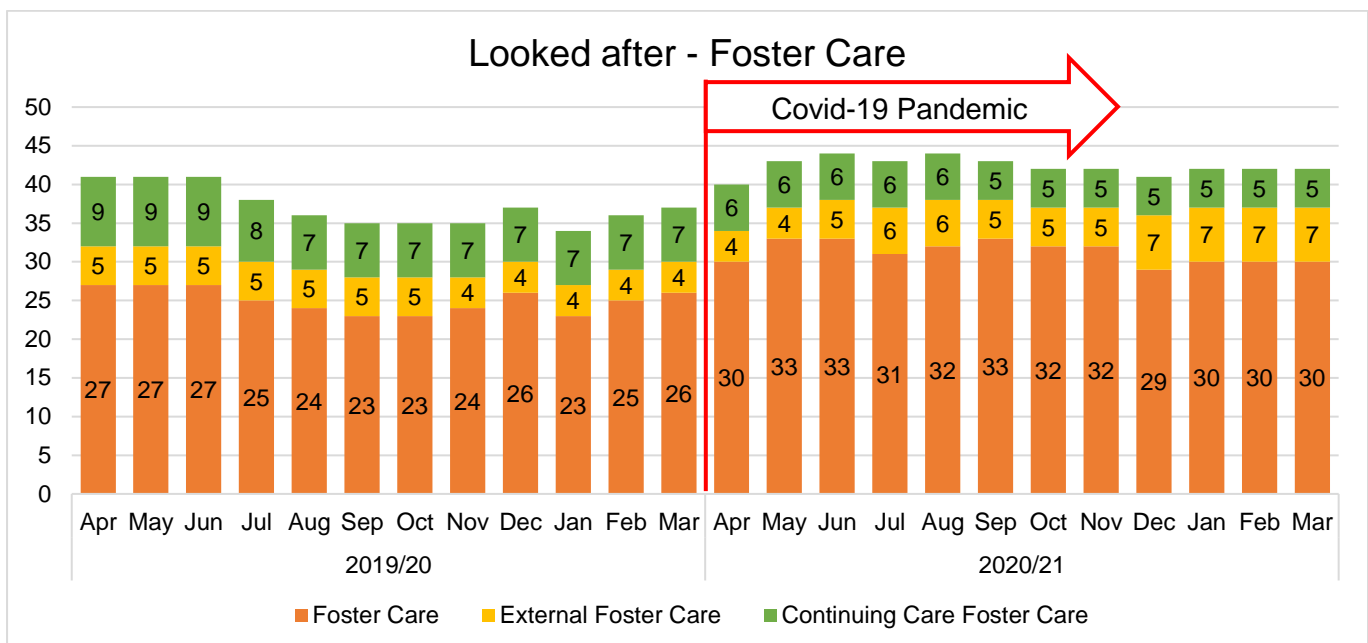
### Looked After Children

Pre-pandemic the number of looked after children remained relatively static (averaging approximately 219) however the numbers started to rise steadily from the first lockdown with the balance of care shifting from looked after at home to an increase in looked after away from home in residential, fostering and kinship care.



Pre-pandemic the number of children and young people in fostering placements remained stable. The majority of placements were with local carers, this included young people who remained with carers beyond their 16<sup>th</sup> birthday in continuing care placement and externally commissioned placements being long term placements for young people subject of permanence orders.

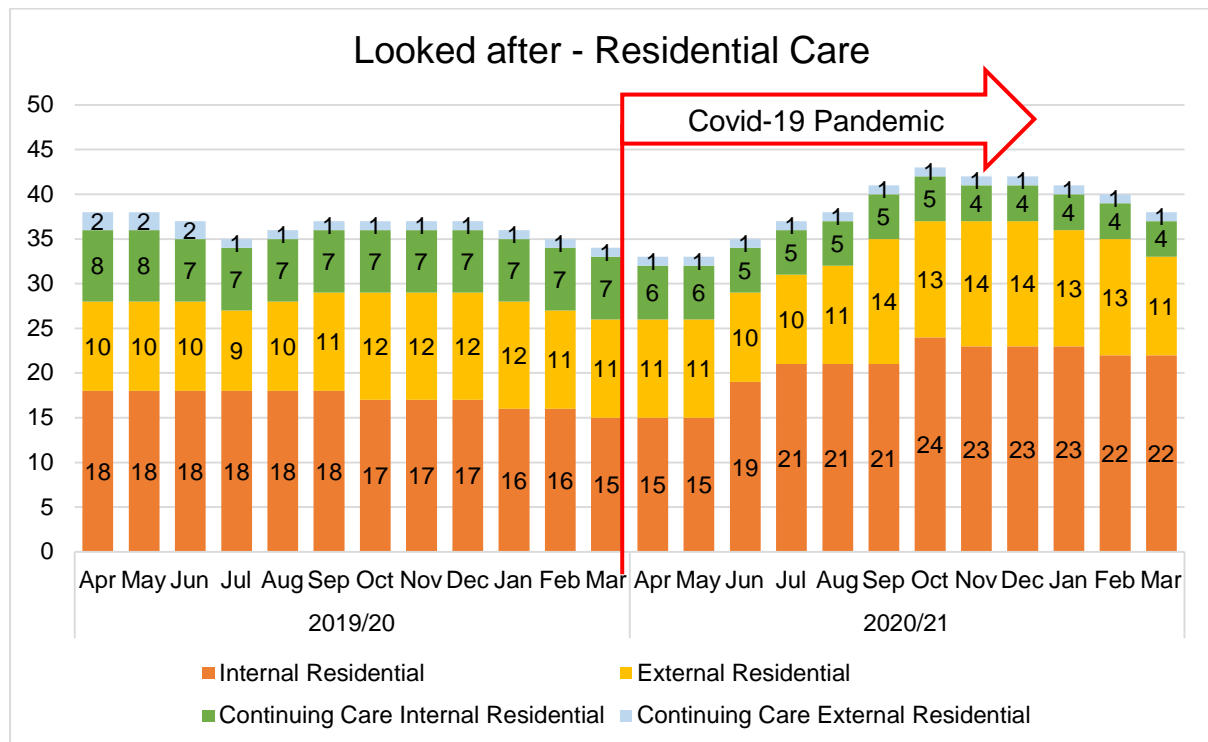
From the start of the Covid-19 pandemic the demand for fostering placements increased and the service experienced pressures in terms of placement capacity related to the pandemic and demographic profile of foster carers that limited their availability, hence the increase in the need to commission external placements.



The overall number of young people in residential care has increased steadily since pre-pandemic. Inverclyde is committed to keeping young people in local placements and to the benefit of continuing care, however this does create placement pressure. As with fostering placements the service has throughout the pandemic been able to effectively manage the number of continuing care placements and Kylemore and The View are now dual registered for care and housing support and this has enabled young people to settle in the new build transition accommodation.

The number of internal placements were increased during the pandemic; this included the necessity to open an additional house to ensure that a sibling group could be placed together.

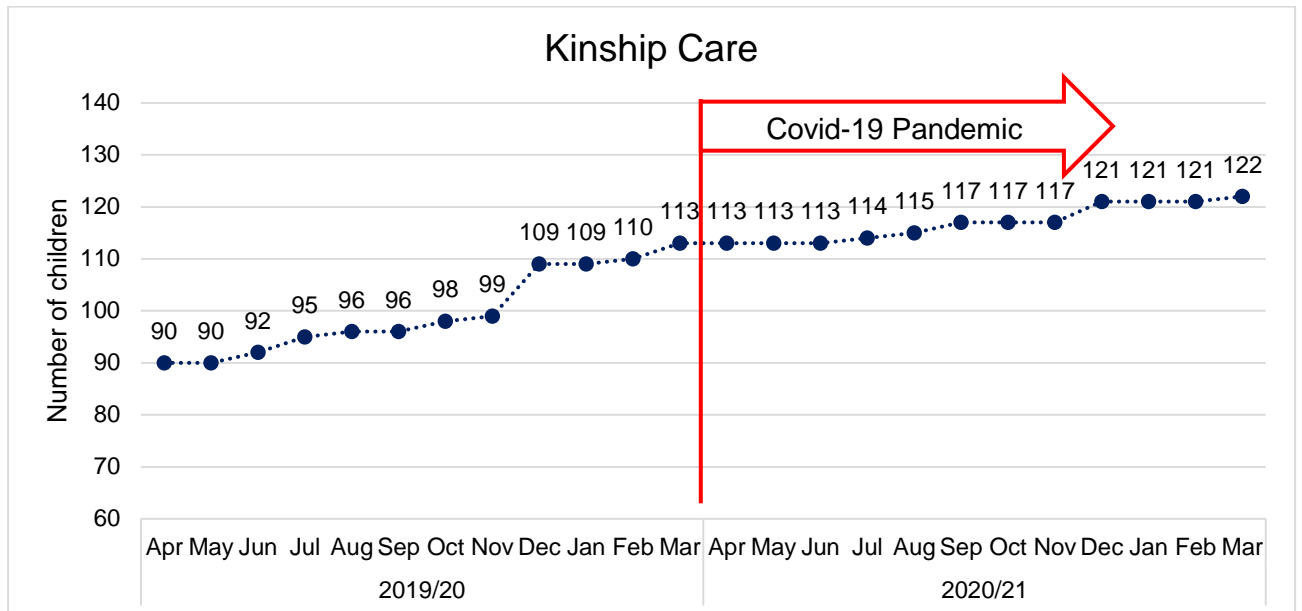
The pressures in local fostering and residential placement capacity in conjunction with the complex needs of young people who require to be looked after away from home is reflected in the steady increase in the use of externally commissioned placements. This is an area that does require deeper understanding and intervention to address the balance of care.



## Kinship Care

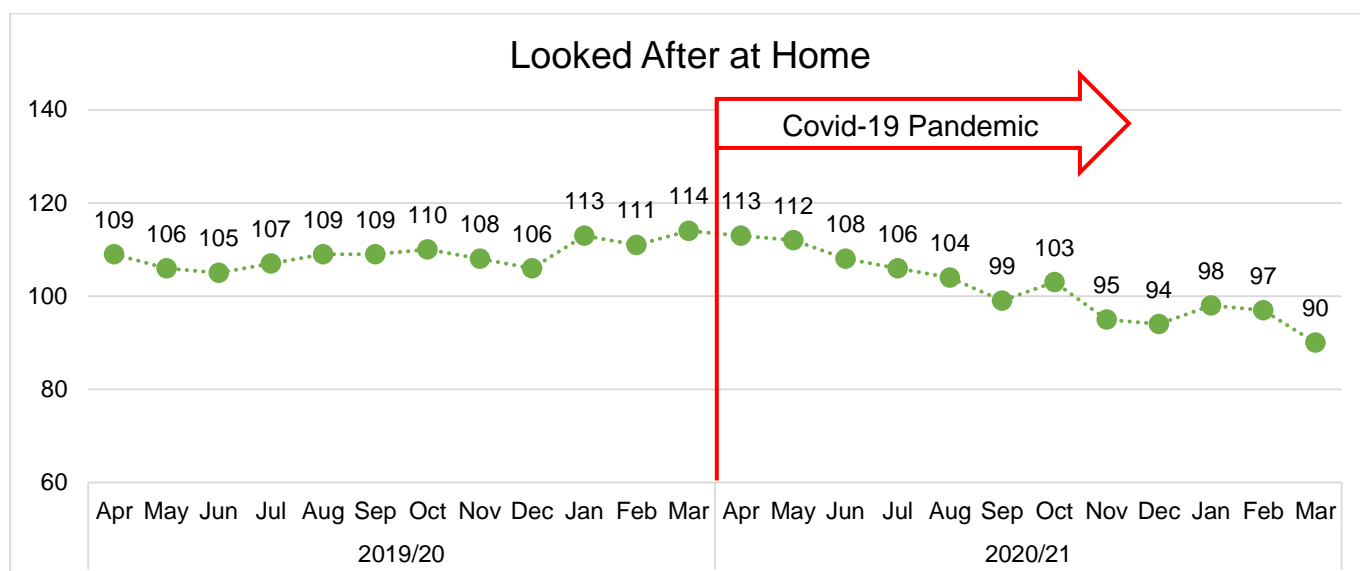
Inverclyde has a strong group of Kinship Carers who are not only committed to the children that they care for but also support one another. They have participated in a number of local and national events sharing their experience with government advisors and politicians. A common theme for many of our kinship carers is that of recovery for the grandchildren, nieces and nephews that they care for and the parents of these children. The most heart-warming factor is that under some of the most challenging circumstances they remain positive, focusing on solutions. Kinship carers highly value the social work support that is available to them.

The provision of Kinship Care continues to grow steadily month after month and it is a significant factor in reducing the number of children who would otherwise require foster care. Although kinship placements have increased during the pandemic, the service noted that the demographics of Inverclyde and the pressure of the pandemic did impact on potential kinship carers' capacity to be able to take on the fulltime care of children.



## Looked After at Home

At the start of the Covid-19 pandemic the looked after at home numbers were at their highest but have reduced throughout the pandemic. A number of factors may have influenced this and it does reflect the increase in children being looked after away from home in foster, residential and kinship care.



## Planning Permanency for all Looked after Children

All looked after children have a right to a clear and settled plan for their future and to know that their plan is closely scrutinised so as to bring about the best possible outcomes for each child. Inverclyde's Planning and Improvement Officers (CPIO) have a unique oversight of the impact of the GIRFEC pathway and the impact of the Child's Plan.

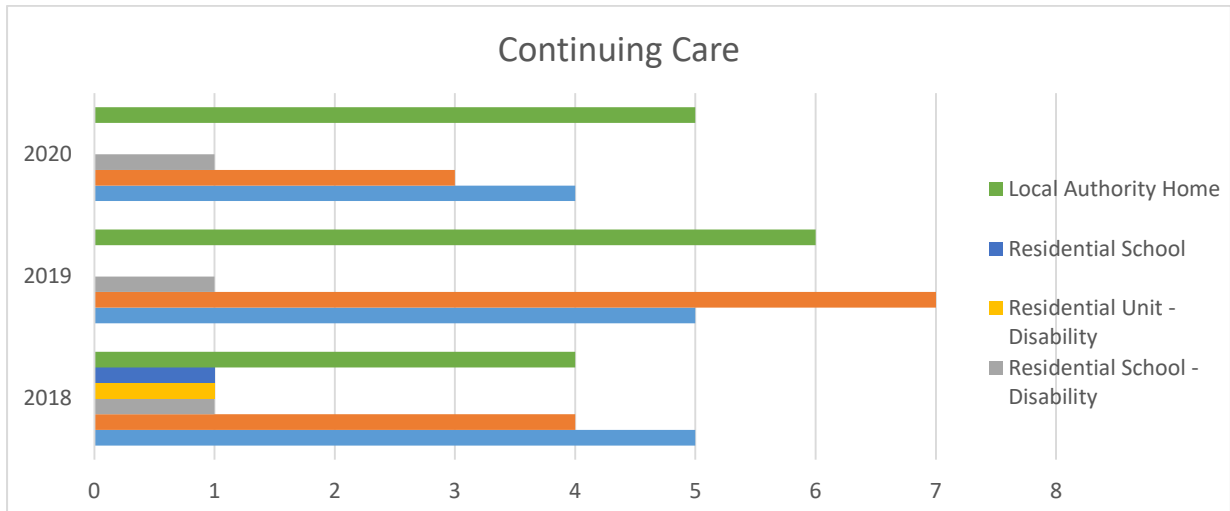
The CPIO's review each child's plan in accordance with the timescales set out in Inverclyde's HSCP's Assessment and Care Planning Manual ensuring arm's length scrutiny of the effectiveness of each child's care plan.

The CPIO's also play a role in progressing areas identified in Inverclyde's Children's Services Plan. Examples of this are as follows:-

- The Attainment Fund which has the purpose of reducing the attainment gap for Care Experienced young people & children. The CPIO's raise awareness of this fund at each review and help evaluate the impact it has had on the child/young person;
- Transition Planning pathway for children with ASN in collaboration with colleagues from education, DVS, Adult learning disability and carers to provide a clear transition pathway that will prove a clear multi agency process to help signpost and plan for young people when the leave school;
- 6 weekly meeting with "Inverclyde Offer" who track each young person who is 16 years old to look at a positive destination in terms of education, training, employment and further education. This is to prevent young people from leaving school with no plan for their future.

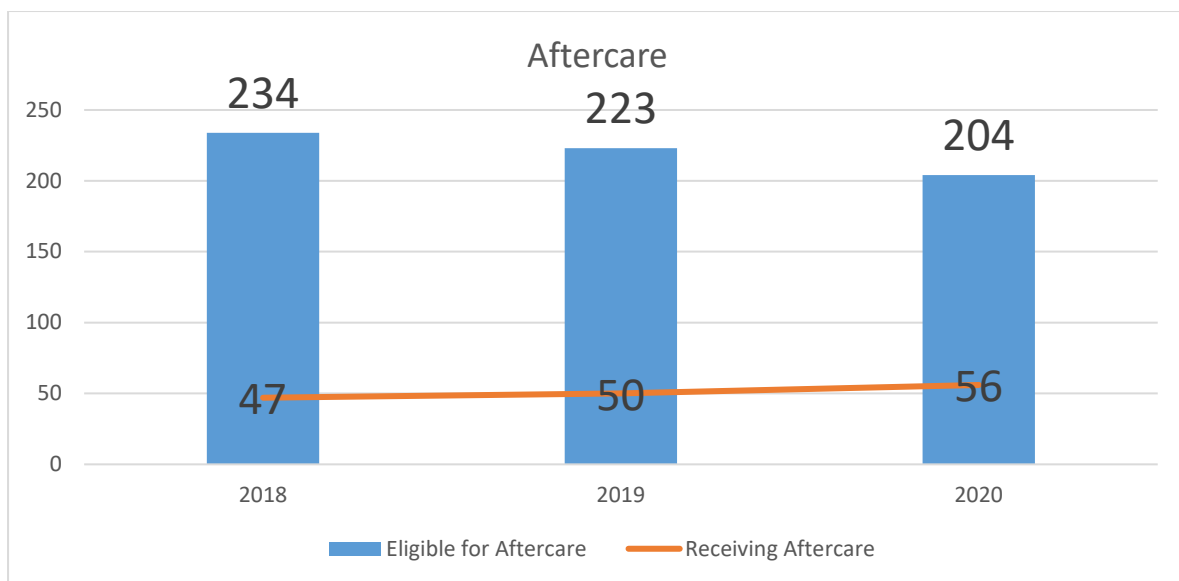
## Continuing Care

The chart below shows the range of placement types where young people are benefitting from continuing care.

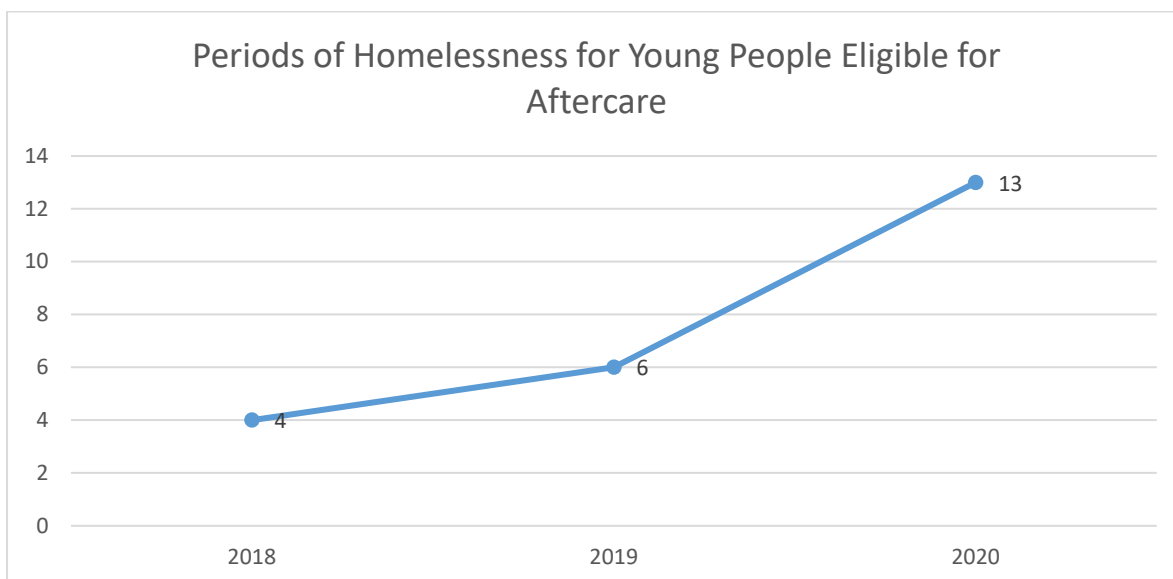


## Eligibility for Aftercare

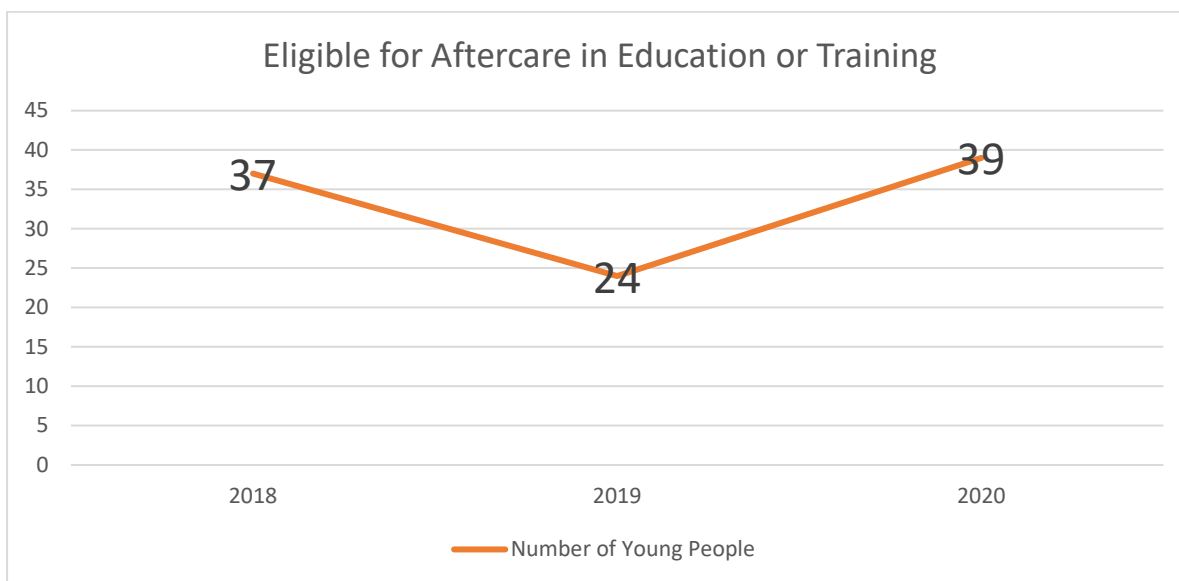
Work has taken place with young people to review pathway planning resulting in co-produced Going4ward paperwork for referral, assessment, planning focussed on the young person's views and support needs creating a partnership approach to their transition to independence. This has seen a change to the way the service engages with young people and will continue to follow up with all eligible young people until the age of 26 intervening when support needs are identified. Going4ward Young Person's Group through Proud 2 Care for older care experienced young people has also been established. These will be continued areas of development for the service into 2021.



At 31 July 2020, there were a total of 204 young people within Inverclyde eligible for Aftercare Services. All 204 were offered after care support and following this the uptake resulted in 56 young people being in receipt of ongoing planned support from the Aftercare Service on the 31<sup>st</sup> of July. The Aftercare Service operates a drop in duty facility for all eligible young people.



These figures reflect the cumulative periods of homelessness since young people became eligible for Aftercare and not periods within a particular year and takes account of the increase in eligibility to Aftercare support to age 26yrs.



The graph above shows an increase between 2018 and 2020 of those in receipt of aftercare who were in employment, education or training, from 37 in 2018 to 39 in 2020. There has been an increase in 15 from 2019 to 2020.



### **Adoption Assessment/Young People's Views**

The form F has been replaced by the Permanence and Adoption Report – Scotland (PAR-S), and was implemented within the service for all new adoption assessments. Young people's involvement in an adoptive parent's journey has been a key focus and in 2020 the 'Adoption Reflections Workbook' has been implemented during home study. This was co-produced with adopted young people and ensures the questions they would wish asked of potential adoptive parents are answered. This is then presented to the adoption and permanence panel and enables the voice of the young person to be considered in adoption applications.

### **Sibling Relationships**

The importance of sibling relationships and promoting these through placement or maintaining links has become a focus for the service in line with national Stand Up for Siblings movement. During 2020, the adoption team developed guidance for children and families social workers on undertaking sibling assessments. This is also a key focus of the adoption recruitment strategy.

### **Permanently Progressing Research**

Inverclyde is participating in phase 2 of the permanently progressing research. The project is a longitudinal study which is following a cohort of 1,836 children who became looked after in 2012-2013 when they were five and under. The findings from Phase 1 of the study (2014-2018) provided children, carers, practitioners and policy makers with important information on children's experiences and their routes and times to different forms of permanence. In Phase 1, the participation of Inverclyde was enormously helpful and much appreciated by the researcher and in line with the permanent improvement plan will give a renewed focus on permanence planning for all children and young people in 2021 and 2022.

### **Birth Ties Support Project**

2020 was an extremely difficult time for the birth parents the service supports given the restrictions on direct contact and the support services they could access. Practical support was offered and telephone contact was maintained, however, this was not comparable to the support usually offered by the service. Birth Ties Support Group was also cancelled for a period and was missed by those who normally attended. The number of crises experienced by birth parents increased particularly in terms of mental health. The main focus for 2021 will be rebuilding the supports offered by Birth Ties Support Project in line with government and Inverclyde HSCP guidelines and increasing the profile of the service and support available to birth family members affected by adoption.

### **Adoption Support**

The support group did not take place during lockdown given the restrictions, however, the Adoption Service provided weekly activity packs to all adoptive families during lockdown and were available to offer support via telephone and email. The feedback was positive from adoptive families and moving forward if restrictions are re-imposed then support groups and spotlight sessions will follow the format of the adoption preparation groups and be delivered on line.

### **Children's Rights**

A key area of focus has been how, as a service, we are accessible to young people who require support and how they are informed of their rights. The service has worked closely with the Children's Rights Officer to develop a focus group, Families Together Group, which consists of adopted young people and adoptive parents. The group worked with Magic Torch and created a comic book for all adopted young people discussing their right to information regarding their birth family. This comic book is now given to every adopted child from Inverclyde and all Inverclyde adoptive parents.

### **Children with Additional Support Needs (ASN) Team**

The ASN Team continues to provide a discrete service to children with additional support needs and their carers. Over the last year, children and young people with additional support needs received residential respite amounting to 230 nights in total. In addition, Inverclyde have an agreement with Barnardo's whereby they provide 5000 hours of community based respite. This is made up of 1:1 support and community groups.

The team have continued to promote self-directed support with the goal that all parents of carers have an understanding of the options to them and that the choice they have opted for is clearly outlined in the Wellbeing Assessment completed of the child. Young Carer Statements promotes choice and influences service design based on a self-directed support approach.

## **Care Experienced Children & Young Peoples Attainment Fund**

**Self-directed support model in line with GIRFEC Pathway and Team around the Child provided:-**

Individual applications that enhanced children and young people's wellbeing and readiness to learn the biggest cohort was children and young people looked after at home	129
Digital Inclusion	41
Outdoor Activities	13
Access to Clubs/Hobbies	20
ASN Outdoor Play Equipment	3
Homework Space	22
Tutoring	6
Transition/Work Experience	2
Driving Lessons	11
Bespoke Education Support Including Counselling	4
Music Equipment	3
Gym Equipment	4

### **Group Activities**

- 100 children and young people benefited from wellbeing packs aimed at reducing stress during lockdown
- All young people in local residential care benefited from camping and outdoor clothing – “Operation Fresh Air”
- 12 care leavers benefited from enhanced digital support enabling positive interaction with More Chances More Choices
- Attainment funded partnership between 3<sup>rd</sup> Sector and 2 Primary Schools cooking skills with parents and children through provision of recipe boxes.

### **Resource Enhancement**

- A proportion of the Attainment Fund supplemented an additional Care Planning and Improvement officer post focusing on enhanced planning for looked after at home children.
- A teaching post focussing on S4 cohort enabled 26 pupils to benefit from additional support whilst creating capacity for staff to undertake some early intervention with parents, carers and pupils who were not fully in engaged with education.

**The success of the Attainment Fund expressed through the voices of those of benefited**

The support has been fantastic. From helping B feel relaxed and comfortable, which is hard for B due to her anxiety with meeting new people and going to new places to help B get back to getting her education, and helping B gain confidence in herself. There has been a big change in B's approach to education and life and that is due to the great work that has been put in with B. I am grateful to all.

**Project Fresh Air** – the purchase of camping equipment in our Children's Houses; allows young people to develop the safe skills of outdoor fun, team building and battling the midges! These activities promote the ethos of The Promise

A mum says a 'big thanks'; her daughter has her own homework space that she has chosen and is so happy with it.

O loves her dancing lessons, and can now do so many 'acro moves'. O didn't have a lot of friends, but the confidence that she has built through

Lone working parent was 'wowed by the support she didn't know existed; her child got a new bike that has helped with their co-ordination skills, promoted exercise and helped them to share an interest'



## Wellbeing Service

The Action for Children Inverclyde Wellbeing Service was commissioned by Inverclyde HSCP / Inverclyde Council and established and launched in August 2020. There are two main elements to the service for school aged young people to support their emotional health and wellbeing:

- one to one counselling service
- programme based group work

### One to one Counselling

The service has been published widely with referrals and self-referrals commencing in October 2020 with 8 counselling sessions offered to each young person for a wide range of issues. The Covid-19 pandemic has led to innovative ways of engaging including combination of telephone support, walk and talk sessions and accessing schools hubs to continue to offer support to Children and Young people. In addition, when access to school relaxed, teams worked in Notre Dame and Inverclyde Academy offering appointment based drop in, for counselling waiting list and/or young people identified by school as requiring further support. 22 sessions were held in total across Lomond View, Inverclyde Academy and Notre Dame High School.

125 referrals

61 offered support

43 engaging

4 declined

62 on waiting list

### Programme Based Group Work

The impact of Covid-19 pandemic and its restrictions on delivery of targeted group work programmes in schools necessitated the need to provide alternative options to engage with Children and young people. To allow access to pupils in classes without the requirement to leave protective “bubbles” to work in smaller targeted groups, alternative programme delivery was agreed with schools which allowed for access to more pupils at an earlier level of intervention. “Bouncing Back” was devised during the initial lockdown in March 2020 by the Action for Children national Blues Programme and strategic Wellbeing steering group and consists of 2 sessions which are condensed versions of the Blues Programme principles, delivered to whole class groups.

Delivery of Bouncing Back began in Inverclyde Academy and Notre Dame and was delivered to all S3 pupils before the end the term at Christmas, as well as to pupils in Lomond View Academy. 225 pupils took part in Inverclyde Academy & Notre Dame prior to Christmas 2020. In addition, as part of the Inverclyde Academy’s Wellbeing Programme to welcome back pupils, sessions were delivered to 230 pupils across S1 to S3, on the return to school in March.

From all the group sessions delivered:

83% of Inverclyde Academy & Notre Dame pupils gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5

57% of pupils showed an increase in confidence after the sessions, with an overall increase in scores of 9%

63% reported an improvement in coping with stress, with an overall increase of 11%

92% reported that they “now know WHEN to ask for help”

89% reported that they “now know WHO to ask for help”

### **Single Point of Access – Centralised Referral System**

Through the partnership with Action for Children, a single point of access steering group has been established, led by HSCP senior management, and includes input from Educational Psychology, School Nurse team, Barnardos, CAMHS and Social Work. The intention is for all referrals to be discussed (with relevant data sharing protocols in place) to determine the correct route and service which should be offered and for any referrals. This pathway will continue to be developed throughout 2021.

Further information on the wellbeing service is available at:

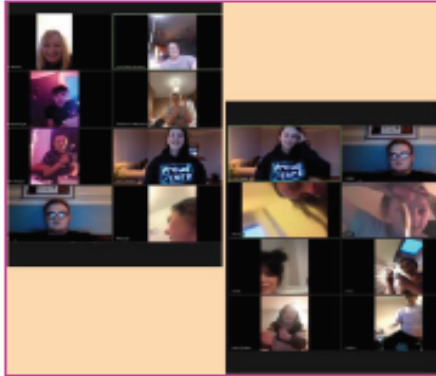
<https://services.actionforchildren.org.uk/inverclyde-children-and-young-peoples-wellbeing-service/>

# COVID-19: RESPONSE

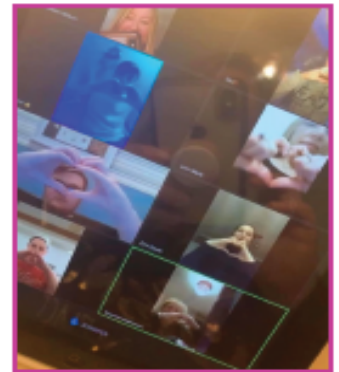


**Physically distanced BUT Socially connected!**

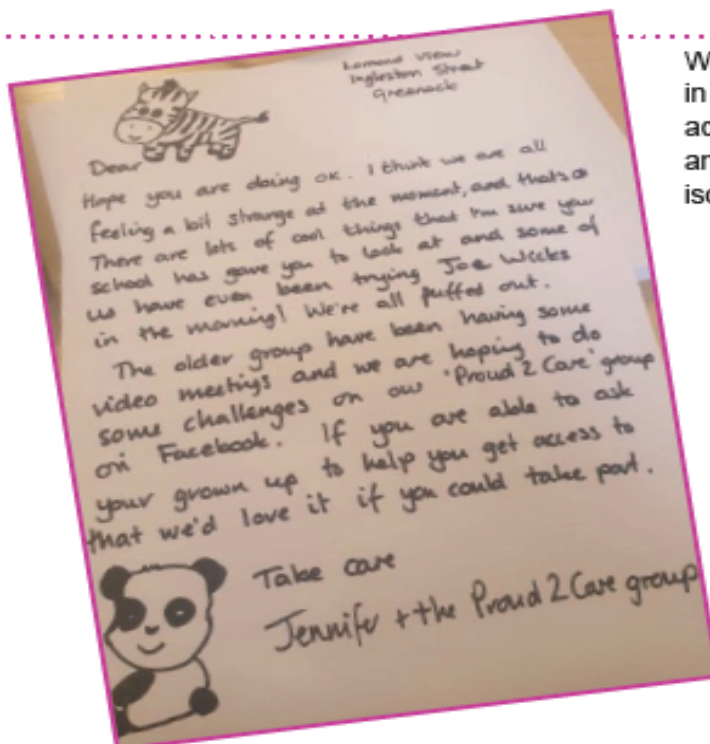
**Being technically savvy young people we are now hosting Virtual Group Meetings on our usual Wednesday nights!**



Proud2Care had so many things planned for over the coming months, including our Easter Camp activities. However, whilst we are feeling a little anxious and uncertain, we are as connected and creative as ever, we chat together on our Messenger group, play virtual scavenger hunts, quiz nights, sing alongs and support each other using online platforms. We have even tried PE with Joe Wicks and sharing our Tik Tok creations with each other. Creating a Proud2Care Tik Tok resource will be something we aim for over the coming weeks!



Magic Torch will be working with us virtually to develop our comic book. And we have plans in place to interview some of our corporate parents.



We have written a letter that is included in food isolation boxes being distributed across Inverclyde, offering some friendly and positive chat to those who are isolating in our community.





## **How Social Work Services are Improving Outcomes for People in Criminal Justice**

Effective community based sentencing options are essential in achieving the National Outcomes for Criminal Justice. Community Payback Orders (CPOs) were introduced in February 2011 and can consist of nine possible requirements, the most common of which is Unpaid Work and Supervision. These requirements can be made separately or combined into one CPO. In addition our community based Criminal Justice Social Work staff also supervise those released from custody on licence from Parole Board Scotland.

### **Unpaid Work**

Following the introduction of the first national lockdown on 23<sup>rd</sup> March 2020 our Unpaid Work placements had to be paused. Individual service users were advised of this both by telephone and in writing. Notwithstanding this their allocated worker remained in contact with them throughout the pandemic to support their Court orders and in particular to monitor their circumstances and offer guidance and support where appropriate. The nature and frequency of this contact was determined on an assessment of their level of vulnerability along with their risk and needs profile and this was kept under regular review.

During the period where our Unpaid Work placements were paused, the Service actively engaged in planning for recovery. Our priority was on identifying potential outdoor projects which offered sufficient space to support social distancing requirements and were also easily accessible to service users to minimise their use of public transport and thus potential exposure to the Covid-19 pandemic virus. Prior to Covid-19 Pandemic we would have routinely transported service users in vans to their placement sites. However this was no longer an option due to ventilation and social distancing considerations.

In addition to the above, all placement activities were risk assessed with support from our Council Health and Safety colleagues and included mitigating measures such as regular cleaning regimes, hand sanitisers and gloves.

As Government restrictions were relaxed and plans for a return to placement activities gained momentum staff met individually with all service users identified for the first phase of the Service's reopening to assess individual needs, allay anxieties and to assist them prepare for a resumption of placement activity.

Pre-Covid-19 pandemic the Service would have operated a group placement model of a ratio of supervisor to individual on Unpaid Work of 1:5 and the length of the placement would have been 6 hours. However, when the Service recommenced placement activity on 27<sup>th</sup> July 2020, we initially did so on a ratio of 1:1 and curtailed the length of the placement to 3 hours so as to limit the need for refreshments and toilet breaks. By the end of 2020 we were operating at a ratio of 1:3 and on most days providing the full 6 hours placement.

By late summer with support from our community partners a safe indoor placement was identified and this was used at times when the weather conditions did not permit outdoor work. The aforementioned model continued until the announcement of the second lockdown at Christmas 2020 and remained paused until 26<sup>th</sup> April 2021 when the advice from the Chief Medical Officer for Scotland to suspend such activity was lifted.



An example of the projects the Service engaged in includes the Coves Local Nature Reserve (LNR). We have had a relationship with the nature reserve since 2019 and, pre-pandemic, had been involved in developing and maintaining the area. With the onset of Covid-19 pandemic, the area received considerably increased footfall by members of the public which, in turn, increased the need for further development and maintenance.



This was the first site we returned to post-lockdown and were involved in a variety of tasks including litter picking, clearing and widening paths, clearing vegetation and preparing ground for tree planting.

#### **Recipient Feedback:**

*“The work that has been ongoing at the Coves Local Nature Reserve has made a dramatic difference to this urban green space. The aesthetic improvements at the entrance to the nature reserve have had a profound effect on the way this space is perceived by the local community. Friends of Coves and the local community are so grateful for the assistance from Unpaid Work, helping us restore this unique habitat. It has already brought the community together, restoring pride of place. It has also encouraged and enabled more people to access the health and wellbeing benefits found in the natural environment. We cannot thank you all enough!”*

*Marie Stonehouse – Friends of Coves Community Project Leader.*

The total number of hours of Unpaid Work completed in 2020/21 was 2617 and covered a variety of tasks such as: litter picking; ground work (reclaiming over grown paths, situating a new path, planting trees and servicing old drainage); preparing raised beds for planting; planting vegetables and fruit; painting raised beds; joinery work (constructing raised beds); removing/reducing bracken; trimming hedges and cutting grass.

The Service continues to plan for recovery and an important component of this has been the establishment in 2020/21 of an Unpaid Work Subgroup under the umbrella of the Inverclyde Community Justice Partnership. In addition to operational managers from the Service, membership also includes Inverclyde CVS and the Department of Works and Pension. It is the intention to co-opt other members from the Partnership as and when the need is identified.

Currently the focus is on developing third sector placements for service users, supporting transitions particularly in the area of enhancing employability opportunities and developing specialist placements for our younger service users.

'Other activity' is also a recognised component of Unpaid Work and can target areas that assists the individual to make positive changes in their life. By its nature it is bespoke to the individual's circumstances. Throughout the pandemic our staff have helped service users identify and access Other Activity resources online. Principally this has included accessing modules co-sponsored by Inverclyde Adult Education and West Scotland College with the aim of enhancing employability e.g., obtaining a health and safety qualification for work in the construction industry and/or addressing issues related to past offending e.g., completing a drink driving course. During 2020/21, 440 hours were completed in this manner.

### Case Study

*A is on a Community Payback Order with both Supervision and Unpaid Work Requirements. He complies fully with supervision and is currently undertaking an online certificated course in Awareness of Mental Health Problems run by West Scotland College in conjunction with Adult Education Services. This is giving him insight into his past difficulties, some of which had impacted upon his behaviour, including offending. He will be credited with Other Activity hours upon completion of this course. A is also becoming involved in voluntary work, the nature of which will be assessed as a potential Unpaid Work individual placement.*

### **Community Supervision**

As a consequence of the Covid-19 Pandemic and the lockdowns which followed the Service had to review its model for interacting with service users on supervision to ensure it was safe for both service users and staff particularly during periods of high community transmission. New protocols were developed to support face to face contact whether at the service user's home or in HSCP offices. Alongside this all open cases were reviewed to determine the nature and frequency of the contact required. As with Unpaid Work this was determined on an assessment of the level of vulnerability along with the risk and needs profile and this was kept under regular review.

The Service is acutely aware of the deprivation profile of its service user group, with previous analysis indicating that 81% currently experience among the highest levels of deprivation in Scotland. In addition, the pandemic exacerbated issues of social isolation, substance use and mental health. This strengthened the need for services to work closer together on an individual case basis and also strategically. This was particularly relevant in relation to Homelessness Services and Alcohol and Drug Recovery Services, where it was recognised that service users engaging with all three services were facing severe and multiple disadvantage. Thus a coordinated approach was adopted to ensure that support was made available throughout the week and that Services complemented one another without duplication.

### **Case Study:**

*B is an adult male who as a child reported he had been the victim of emotional and physical abuse from a family member. This impacted on his relationships with others. His behaviour was often physical and threatening, which brought him to the attention of services throughout his early years and into adulthood.*

*B was made subject to a community sentence by the Court. Prior to sentencing B had been homeless and had struggled previously to remain in settled accommodation. B also had a history of using illegal substances which impacted on his mental health with episodes of self-harm and hospital admissions. Prior to being placed on his community sentence B had agreed to intervention and support from a range of agencies including Criminal Justice Social Work, Homelessness, Health and Alcohol and Drugs Recovery Services. This plan was shared with the Sheriff via a Criminal Justice Social Work Court Report.*

*Lockdown has been particularly stressful for B, which resulted in a number of episodes of self-harm and self-medicating using illicit substances. Criminal Justice Social Work staff worked closely with colleagues from Homelessness, Health and Alcohol and Drugs Recovery Services to organise additional support for B which included counselling.*

*From a Criminal Justice Social Work perspective the frequency of contact was increased in response to his increasing vulnerability. This has included face to face, telephone and text contact. Indeed, during lockdown B has received a more intense level of support than he had done previously. This support is aimed at building his resilience and supporting him to manage his negative thoughts. In addition, evidence indicates B is accepting support from Alcohol and Drugs Recovery Service to assist him in stopping to use substances that are influencing his behaviour and impacting negatively on his mental health.*

*This collaboration between services has helped to ensure the support offered to B has been responsive to his changing needs and comprehensive in its approach.*

The Service's new model of working during the pandemic also included a commitment to maintaining a key-worker system and this has remained in place through 2020/21. This has enabled the service user's relationship with their allocated worker to continue and develop and provided them with a named person to contact in times of difficulty. The importance of this approach for service users particularly in the early days of lockdown was reflected in the feedback we received when we reached out to understand their experience of our Service.

***Direct Quotes from Service Users on their Experience of the Service during the pandemic:***

*"My Social Worker called me on the day of lockdown to inform me of the changes to contact arrangements and also ensured I had food and utility supply."*

*"Telephone contact goes well, my supervising officer always ensures I am ok to talk and in a safe place. I enjoy the calls as it gives me someone different to talk to in the week and we're usually on phone for an hour each time. "*

*"I do miss the face to face contact, as it is more personal, although I prefer that it is my allocated worker calling me rather than someone different like other services. I appreciate my social worker offering a face to face for my last appointment."*

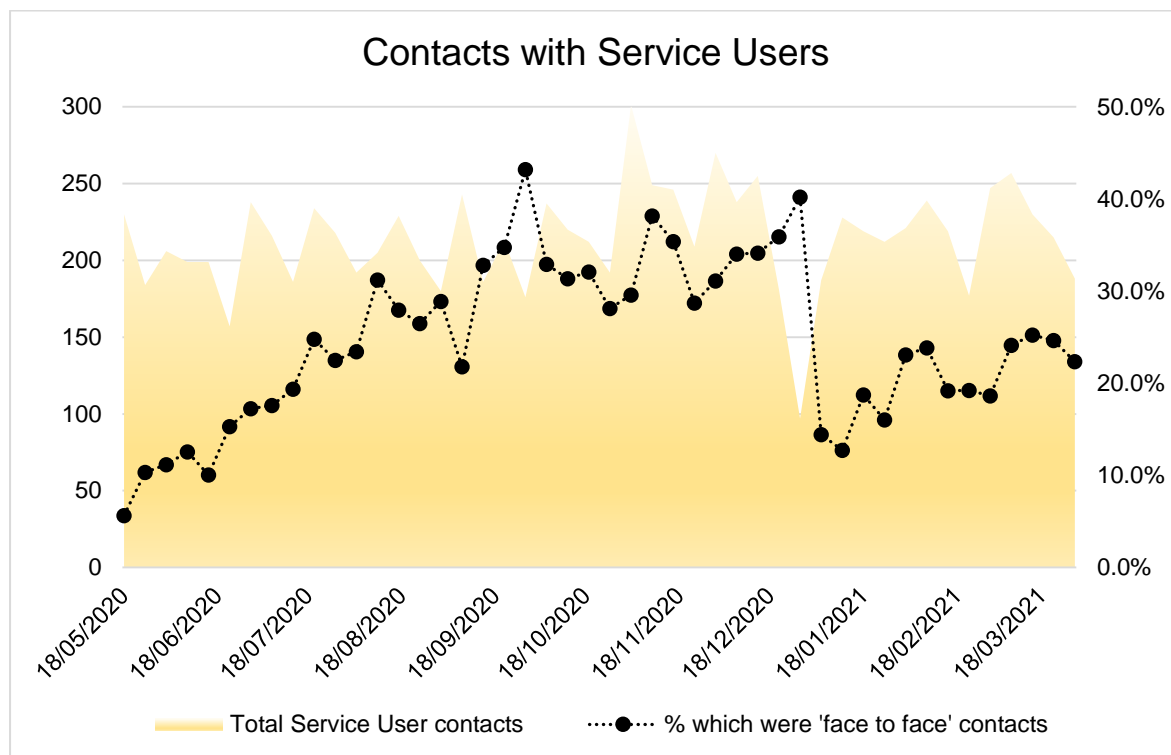
*"I really appreciated the support from my social worker as it was a difficult time for everyone. On some occasions when I had disclosed that I hadn't spoken to anyone else she called back later in week as well which was nice and made me feel less isolated"*

*"It was good to see my Supervising Officer, much better than phone. Health and Safety was good"*

*"Positive experience, washed hands on arrival, social distancing, desk cleaned before and after, left by back door."*

*"I would not attend if I didn't feel safe. I have felt safe at all times."*

From mid-May 2020, the Service began to capture data on the number and nature of all contacts with our service users and also our contact with other agencies. The purpose was to assist with our recovery planning as well as to understand the impact of decisions at a national level regarding lockdowns and changes to local authority Covid-19 pandemic protection levels. The data pertaining to service user contact is illustrated below: -



The above graphic captures both direct face to face contact and overall contact (which includes telephone contact). This has remained relatively stable throughout 2020/21 averaging 215 per week. Significantly as we moved through the first lockdown direct face to face contact increased steadily from approximately 5% of all contacts to around 35% as restrictions were eased. This fell sharply as we entered the second lockdown in January 2021. This is understandable given the concerns around new variants and their transmissibility. However it is worthy of note, this did not fall back to the levels seen at the start of the first lockdown and is showing signs of stabilising at 20% to 25%. We believe this is due in part to the systems and protocols that were already in place which have now become well established within the Service and are providing staff and service users alike with confidence in how they engage.

In addition to capturing data on contacts we also looked at contact with other agencies. This remained consistently high throughout the period, averaging 180 contacts per week which reflects our multi-agency approach and commitment to working with service users in a holistic way.

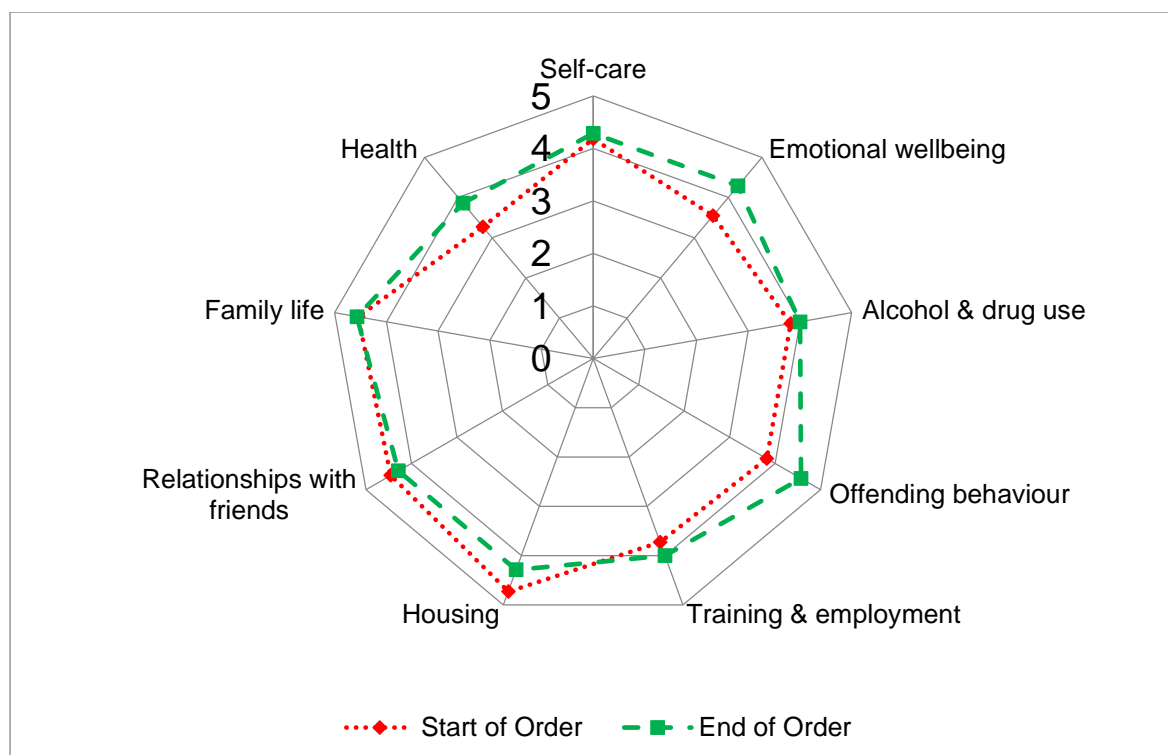


## Measuring Impact: distance travelled by services users and their experience of the Service

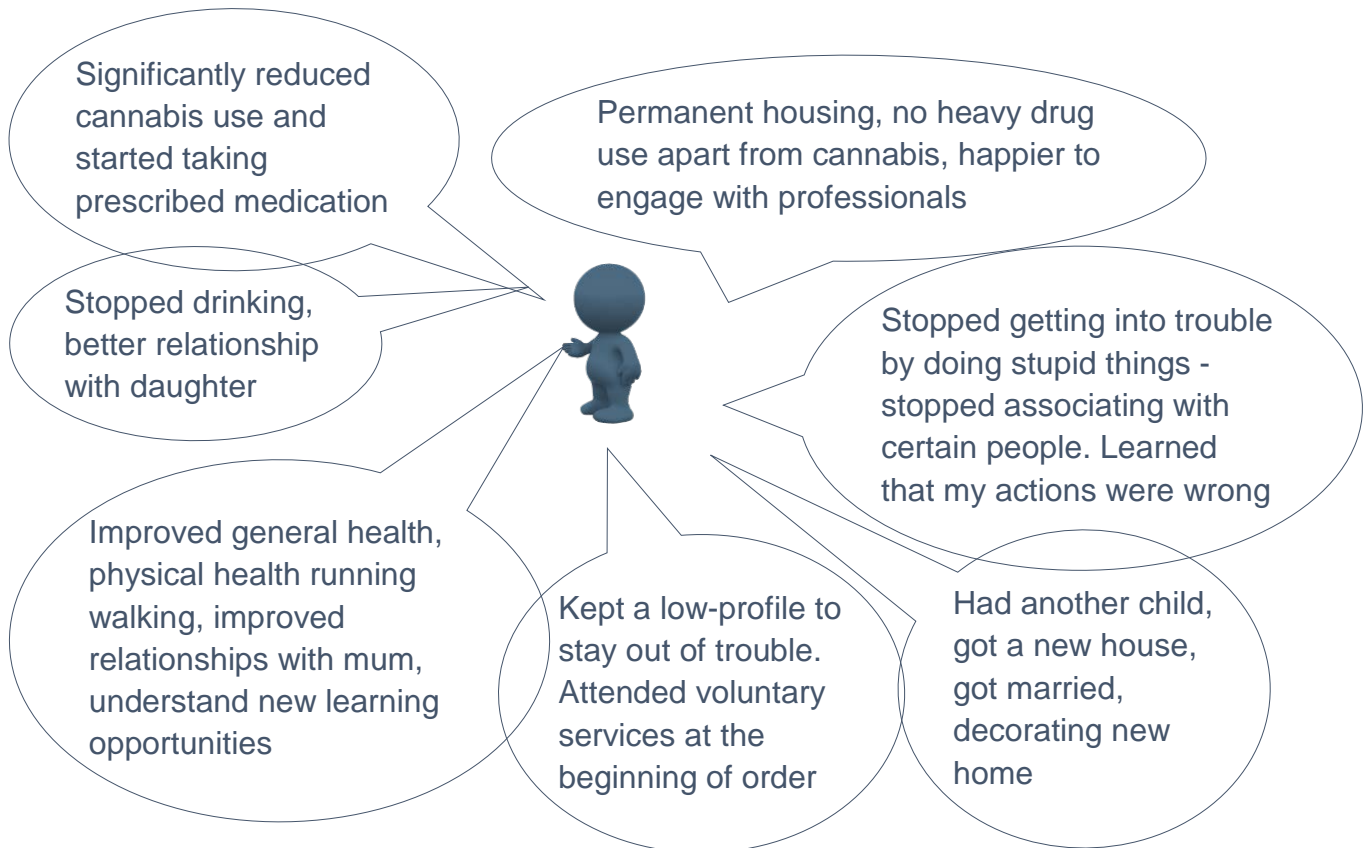
In April 2018 the Service introduced a bespoke Criminal Justice Needs Review Tool which individuals subject to statutory involvement are asked to complete both at the start (stage 1) and end (stage 2) of their involvement. The aim is to capture from the individual's perspective their view of their needs, particularly in terms of the extent to which these needs are considered by them to be an issue and, thus an appropriate target for intervention. The individual is also asked to repeat this exercise when their involvement with the Service is drawing to an end. In addition, the individual on the second application of the tool is asked to rate the quality and impact of the Service they received, along with identifying which partner organisations they were referred to.

This Tool is designed to further embed a person-centric approach by the Service, identify unique outcome measures for service users and to address those outcomes research has evidenced supports desistance. Where appropriate the form sits alongside the LS/CMI assessment and helps to ensure our wider aims of a broader public health approach is adopted by the Service. Moreover, the Tool will over time further our understanding with regard to both the impact of the Service and the ways in which the Service needs to improve. In addition, the data gathered will also assist with strategic planning/commissioning in terms of providing aggregated data with regard to identified needs and frequently accessed organisations/services.

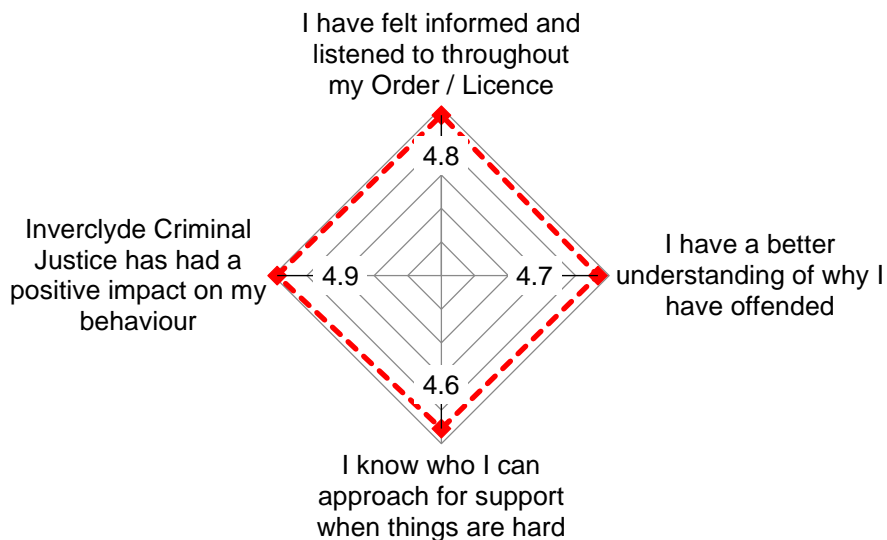
Below is evidence collated for 2020/21 both in terms of individual outcomes and feedback on how the Service has been experienced:



What changes have you made since working with Inverclyde Criminal Justice?



Experience of CJ Services - average score (max=5)



## What would you improve about Inverclyde Criminal Justice?



### **Extending the role of SWIFT**

Criminal Justice Social Work Services has been working in partnership with the HSCP Performance and Information Team to integrate SWIFT (our key Social Work Service User Information System) to record our Prison Based Social Work activity. This change has involved consultation with SPS partners at HMP Greenock and our own Business Support and Social Work staff based at the Prison. The SWIFT transition is at an early stage and went live in April 2021 with, initially, all new Statutory Notifications recorded into SWIFT.

This will ensure accurate and improved case management, automatic notifications for completion of essential risk assessments, reports, Integrated Case Management meetings and reviews. These processes have been set-up in SWIFT to align not only with the PBSW requirements but also to align in general with community recording.

The introduction of SWIFT to the Prison will also facilitate activity analysis by the Service to enable staff to better manage work flow and for the Service to work in partnership with SPS for the monthly delivery of data which evidences the provision of Prison Based Social Work Services.



In addition to SWIFT, the service is working in partnership with HSCP partners to introduce Civica (Document Management System) for our prison based staff. The prison folder structure has been created in Civica and the system has been installed on office and home working computers. Training for staff is being arranged for late April 2021 to enable staff to use the system and to align with community recording and file management.

The Service is aware of the impact that the pandemic has had on Sheriff Court business particularly with regard to case conclusions, scheduled trials and disposals. Nationally, this looks like:

- The number of outstanding and forecast outstanding trials is currently over double that which it was pre-pandemic. For example in February 2021 there were over 29,000 scheduled trials in the summary Sheriff Court and 35,000 forecast trials, compared to under 15,000 scheduled and over 15,000 forecast in April 2020.
- Between April 2020 and February 2021 compared to the same period as last year the Courts handed out 49% fewer social work community sentences.

The above indicates that as the Courts begin to recover there will be a knock on effect for Criminal Justice Social Work that could without careful planning overwhelm the Service which will also be on its own recovery journey. The support of the Inverclyde Community Justice Partnership will be critical to such planning, particularly in relation to the Unpaid Work Subgroup which could help to bolster capacity with regard to UPW placements and support transitions.

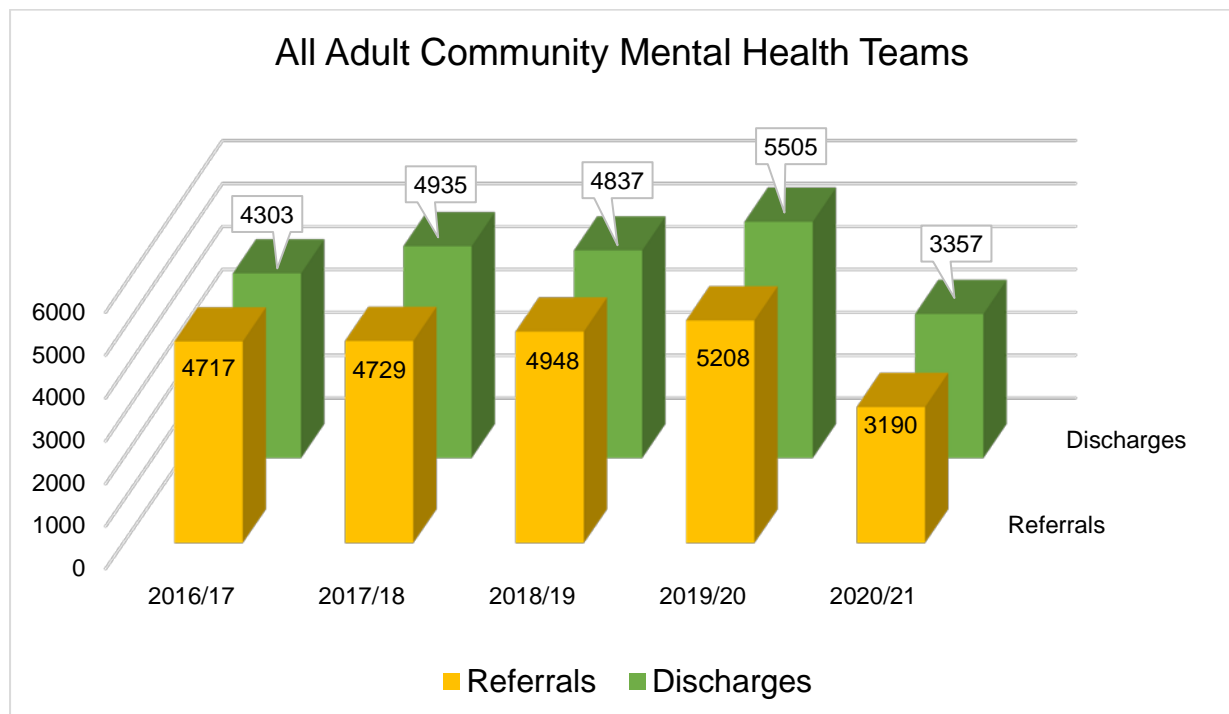
In terms of the Service's own recovery journey our key priorities are:

- To increase face to face contact to support both our assessment and ongoing case management processes.
- Related to above is to refocus our contact on behavioural change work, with particular focus on programmed work such as our domestic abuse programme (Up2U) and our programme to address sexual offending (MFMC).
- To re-instate our pre-Covid 19 pandemic offer with regard to Unpaid Work, including extending placements to 7 days per week and for these to be for the full day. This helping to ensure those on these community sentences are not kept any longer in the Criminal Justice system as absolutely necessary.
- To extend our offer to the Court to include both Structured Deferred Sentences (SDS) and Bail Supervision. Both options should help to limit the extent of an individual's involvement in the Criminal Justice System. The former ensuring early help without in many instances the need for a formal Court Order and the latter hopefully going some way to tackle the significant remand population in Inverclyde.

## How Social Work Services are improving outcomes for people with Mental Health, Homelessness and Addictions issues

Within Community Mental Health Services, Primary Care Mental Health Team (PCMHT), Adult Community Mental Health Team (CMHT), Acute Liaison Service (transferred from locally provided to centrally provided service September 2020 so local service figures are only representative of activity until September 2020), Community Response Service (CRS), Older Persons Community Mental Health Team (OPMHT) and Older Persons Liaison Service (Acute and Care Home) there were a total of 3190 referrals throughout 2019/20. This represents an overall reduction of 38.7% from the previous year, and although the service has remained open for referrals, has been clearly impacted upon by the global pandemic.

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 below:



### Primary Care Mental Health Team (PCMHT)

The PCMHT offers a service for those individuals who have mild to moderate common mental health problems or issues and offers time limited structured interventions. People are able to self-refer and this is the area of service delivery that has seen the largest drop off in referral rate. A reduction of 55.9% from 2322 to 1023 referrals for 2019/20 and 2020/21 respectively. During the past year PCMHT staff have continued to screen referrals and provide appropriate intervention for the level of risk presented. In the early stages of the pandemic response this focused on appropriate upstream alternatives to PCMHT service in terms of self-help and partner agencies to allow the focus of all Community Mental Health Staff to be on supporting the critical mental health hub in providing minimum necessary service based on risk and vulnerability.

As restrictions first eased it was clear that the PCMHT level of intervention required stepping up. Although dealing with lower levels of individual risk the higher volume of referrals required a response to prevent deterioration in individuals and associated risk accumulating for individuals creating unintended consequential pressures for them and possibly services.

### **Community Response Service (CRS)**

The CRS provides reactive capacity for community urgency for 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. The service is also critical to supporting partners to consider alternatives.

The CRS referral rate for the year is reduced by 23% from 717 to 552 for 2019/20 and 2020/21 respectively. An emerging pattern is that the urgent referrals reduced at times of more rigid national Covid-19 pandemic restrictions and increased when restrictions eased meaning that the monthly referral rate when restrictions were easing is comparable to non-pandemic times, if not slightly elevated.

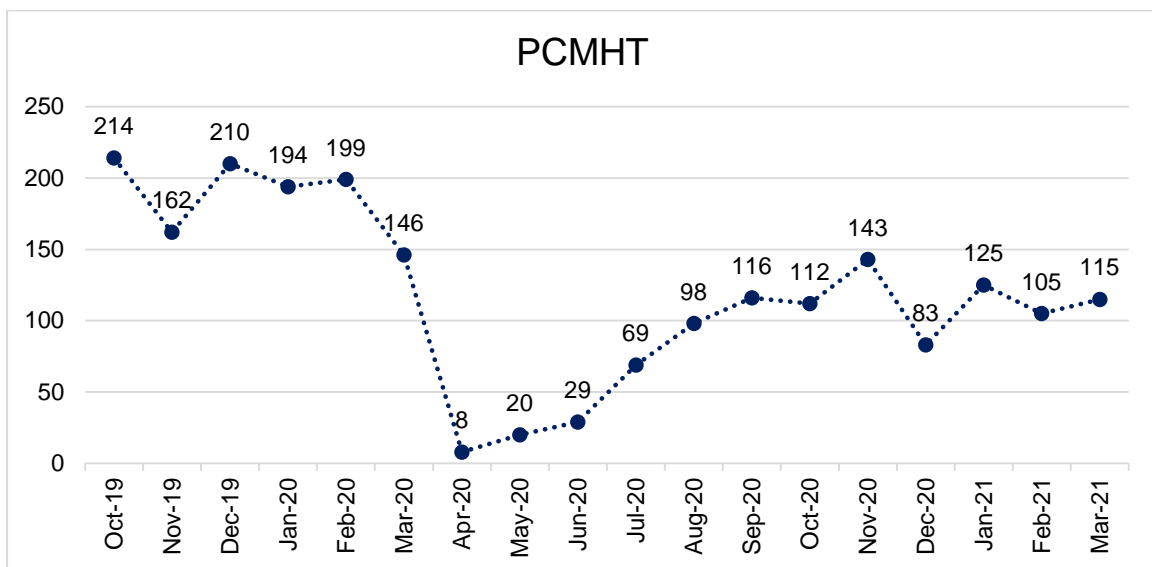
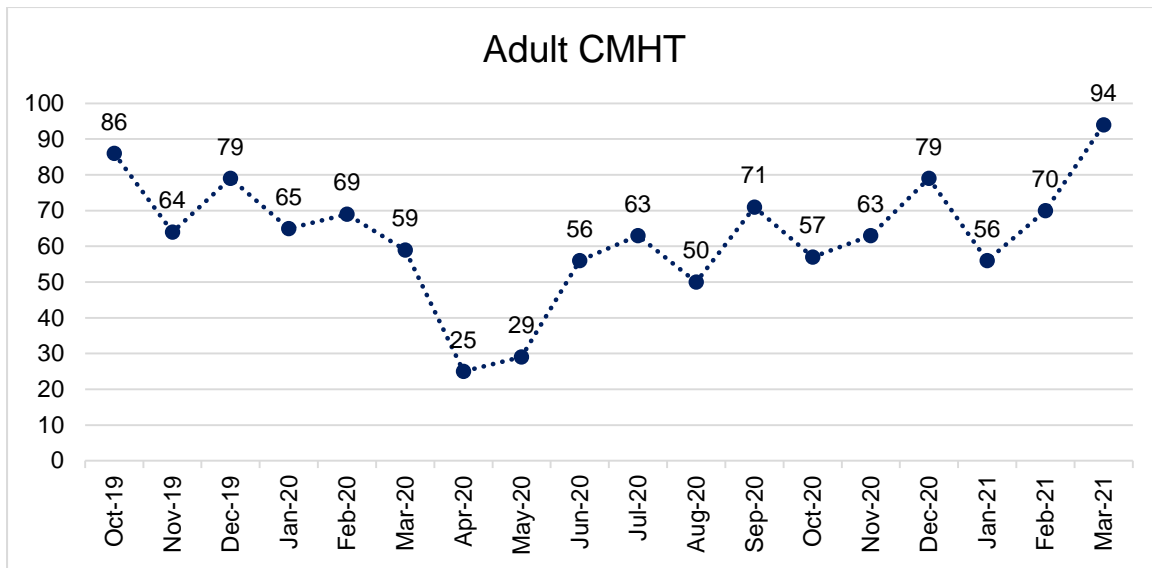
### **Adult and Older Persons Community Mental Health Teams (CMHT and OPMHT)**

The integrated CMHT and OPMHT 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. This support is delivered in environments that are suitable to the individuals and their Carers.

#### **The aims of the CMHT and OPMHT 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

CMHT referrals were down 20% and OPMHT down 30.9% for the 2019/20 to 2020/21 periods. Acute hospital liaison referral rates for both adult and older adult services remained reasonably consistent with the previous year.

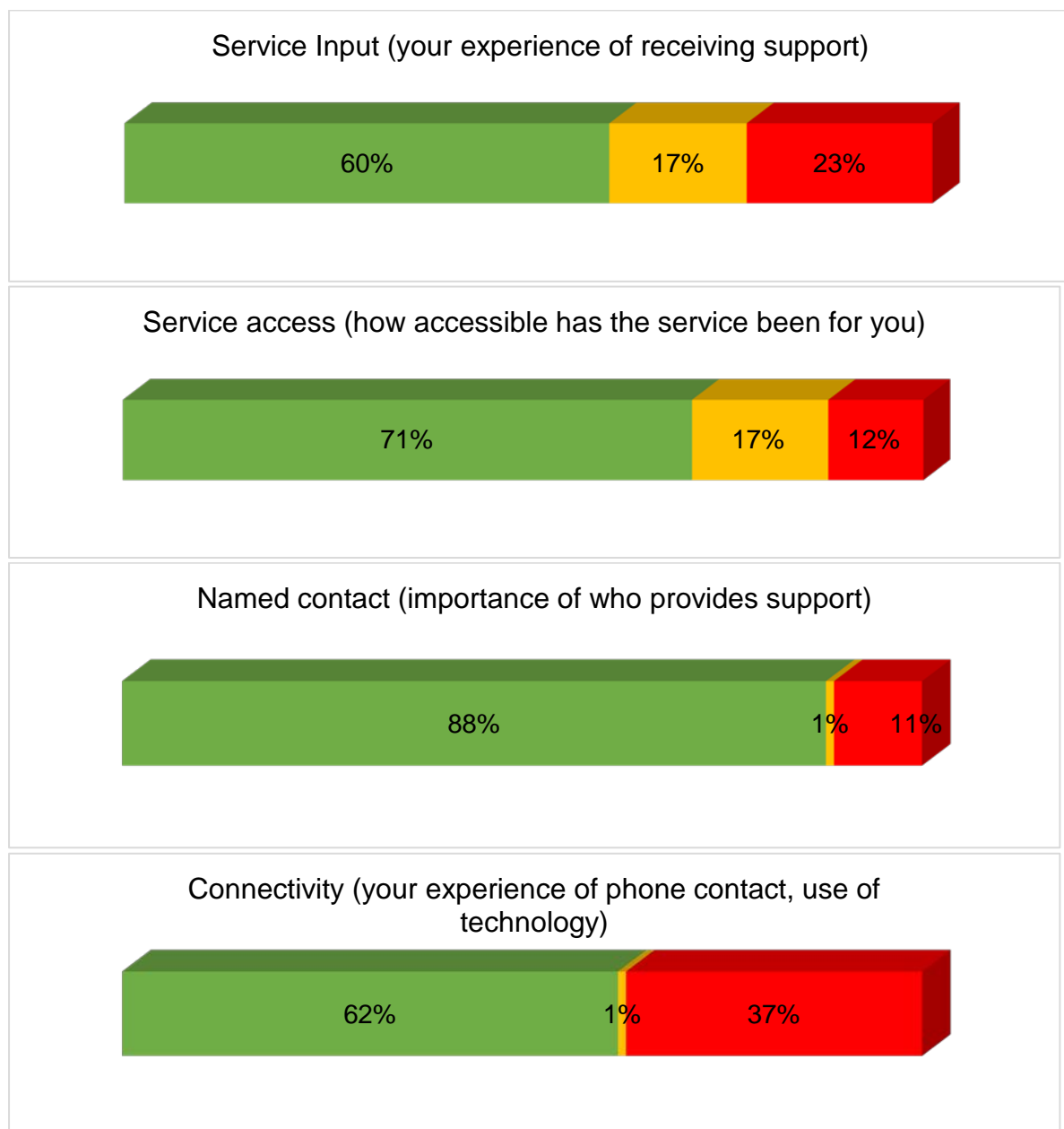


Consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user and, where appropriate, carers, other professionals or agencies that are involved in their care.

Discharges from the Community Mental Health Services totalled 3357 throughout 2020/21, a decrease of 39% from the previous year. However, proportionately this was still greater than the number of referrals received. 5.7% more discharges than referrals occurred in 2019/20 and for 2020/21 5.2% more discharges than referrals occurred. This appears to indicate that there remained a focus on recovery outcomes 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. The service also meets the need for some individuals to remain with the service for longer durations due to the severity of their mental health condition.

Service user surveys have been conducted during the past year with a particular focus on service experience during the pandemic. On the whole this demonstrated that users of the Community Mental Health Service continued to find the service accessible and available to meet their individual needs when required. Some frustrations were expressed but acknowledged as being out with the service control mainly due to reduced availability of opportunity and level of engagement being dictated by the pandemic restrictions.

The responses to each question were categorised as either Positive (Green), Negative (Red) or Neutral (Amber); a sample is included below.



The Resource Allocation Group continues to build and respond to identified support needs on the foundation of coproduction and outcomes focus. This is reflected in the management process of the meeting. It is not without challenges as services and service users embed and embrace this approach more fully to ensure that services are continually improving in doing “with” rather than “to” the people they work with.

### **Mental Health**

The service is supporting staff to have a balance of being hub and agile based. This needs to be applied in a proportionate way that supports staff to fulfil their tasks adequately

Contact with the work base, line managers and colleagues is critical in ensuring staff have access to all required resources to allow them to satisfactorily undertake their work. This includes formal supervision and less formal supports for workplace wellbeing as well as service delivery governance assurances.

The continuing embedding of digital technology, with increasing staff familiarity and confidence in using and promoting its use is expected to support the blended approach of hub/agile based activity.

## **How Social Work Services are Improving Outcomes for People in Alcohol and Drugs Related Services**

### **ADRS (Alcohol and Drug Recovery Service)**

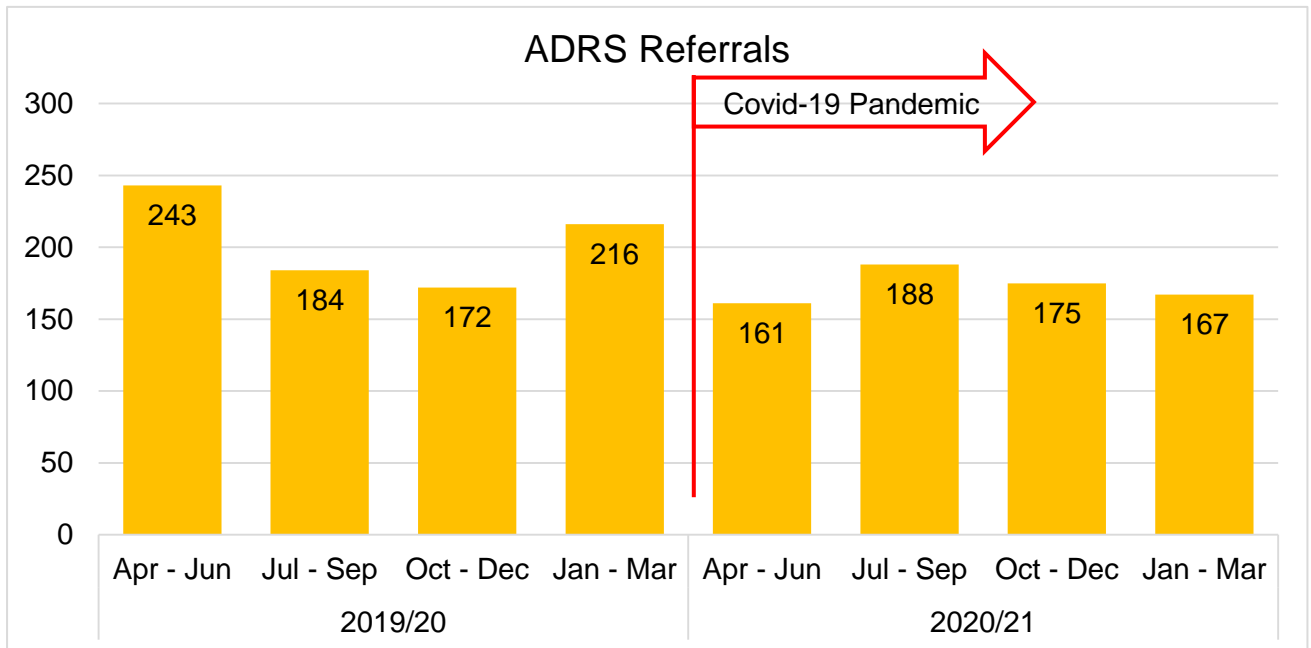
The Inverclyde Alcohol and Drug Recovery Service was part way through a service redesign at the beginning of the pandemic which was then paused. All staff from all functions of the service were brought into a centralised hub model to ensure oversight and risk assessment of all cases, overseen by Team Leaders and two designated Hub Managers.

The type, frequency and level of support and/or contact was determined by assessed risk and vulnerability. A standard operating procedure guided staff as to the intervention based on a traffic lights system of Red, Amber and Green categories.

Ongoing delivery of essential service providing:

- Duty system, prescription management, commencement of ORT, medication administration, access to injecting equipment, venous bloods, prison liberations and delivery of medication to shielding/vulnerable patients
- Cases assessed at lower risk and reduced scheduled contact who were risk assessed as green were contacted less frequently by the service and notified of duty team and how to contact the service should they need it
- Liaison services to inpatients, primary care, shared care clinics and funded project work to develop a 7 day support service were put on hold. Inpatient detoxification was restricted to urgent cases only and no new commencement of disulfiram could take place
- Face to face appointments were limited to those at most risk of harm, vulnerability and risk

The service has incrementally increased as local and national pandemic restrictions have dictated. Referrals to the service dipped at the start of the Covid-19 pandemic before returning to expected levels.



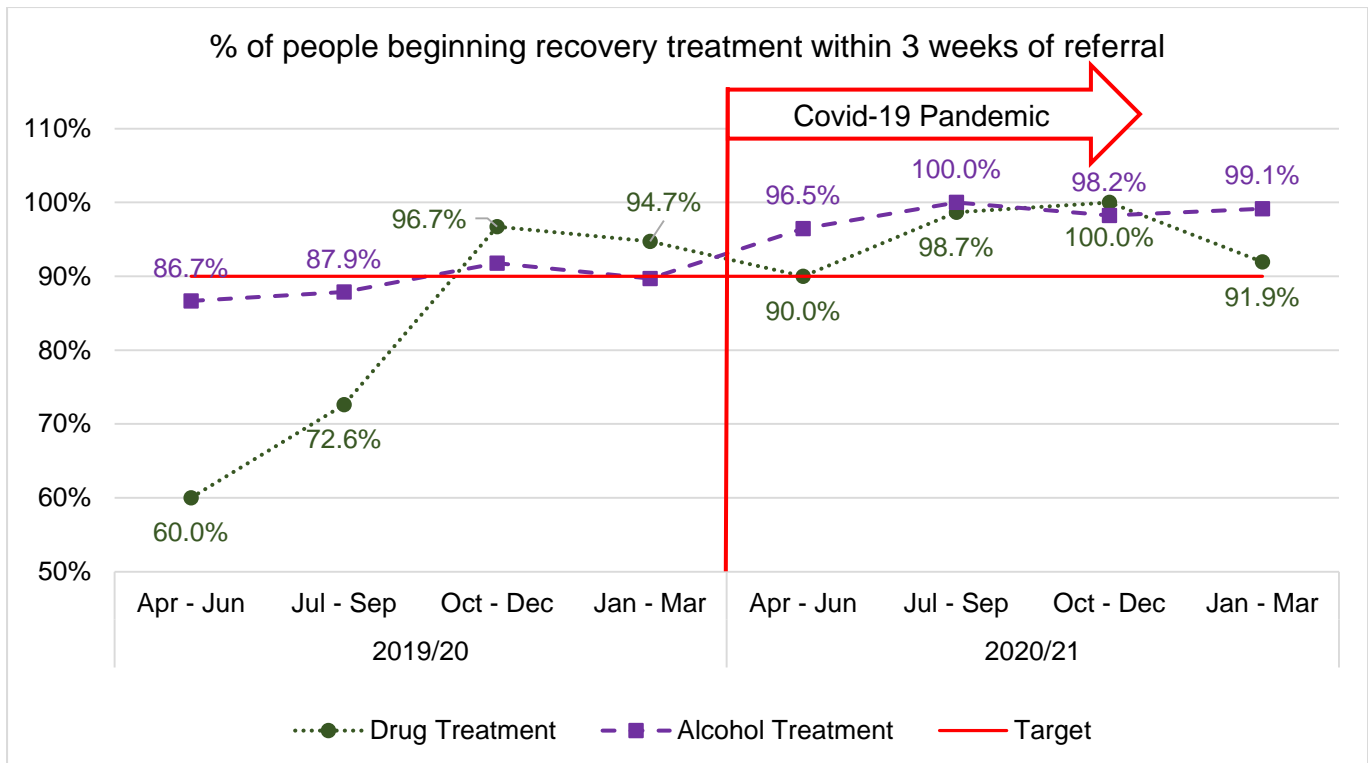
Source: SDMD (Scottish Drug Misuse Database)

### **Beginning treatment**

A national target has been set by the Scottish Government 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, thus leading to better outcomes.

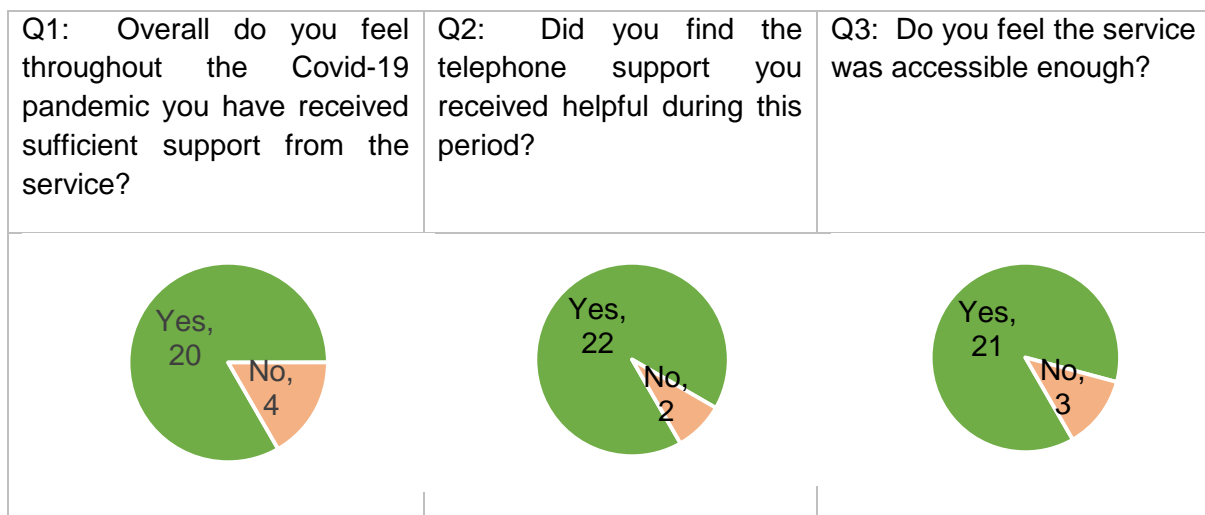
After some hard work to improve our position in 2019/20 for 2020/21, even with the impact of Covid-19 pandemic, we have been able to meet or exceed this target.



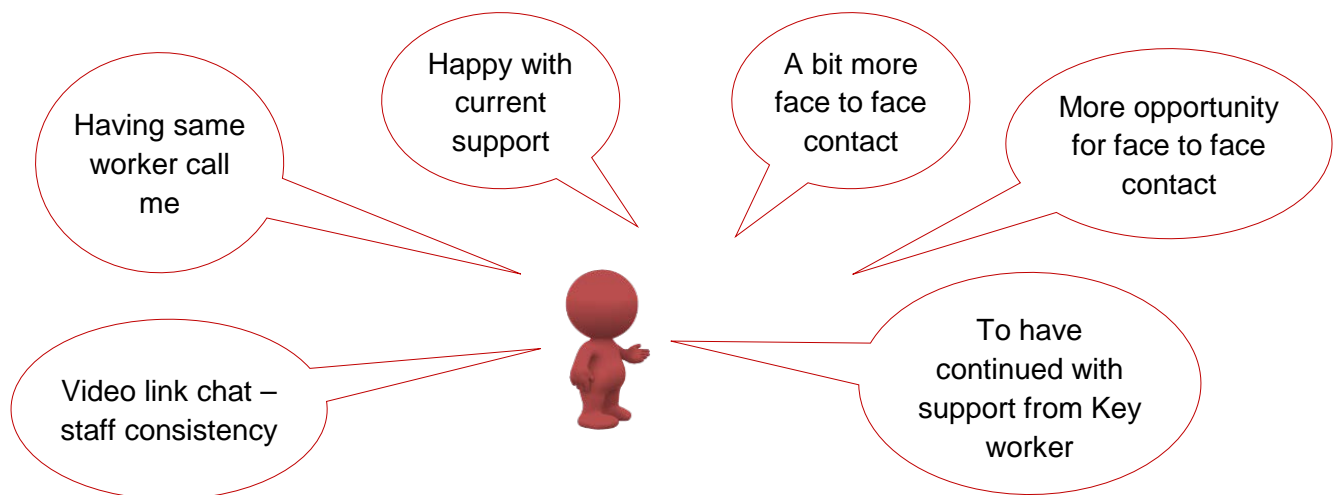


Source: SDMD (Scottish Drug Misuse Database)

We undertook a Service User questionnaire in August 2020 to gain their views on the service received during the Covid-19 pandemic. 24 people completed this for us and the results are noted below.



Q4: What do you feel could have been better?



### **Preventing Drug Related Deaths**

In 2020 there were sadly 33 drug-related deaths in Inverclyde. While Inverclyde has seen no rise in the number of drug-related deaths from 2019, remaining at 33; as outlined by the 5 year average rate of 34.5; Inverclyde remains the third highest rate only compared to Glasgow at 38.6 and Dundee at 43.1.

In 2020, after adjusting for age, people in the most deprived areas were 18 times as likely to have a drug-related death as those in the least deprived areas (68.2 per 100,000 population compared with 3.7). This is an indication of the complex nature of drug-related deaths where factors like poverty and the impact of severe and multiple disadvantages including homelessness, mental health, and involvement in the justice system, as well as the impact of trauma, may increase the risk of a drug-related death.

A key priority in Inverclyde's Anti-Poverty Strategy is to use funding to undertake an employability pilot, targeting a cohort of 20-30 year old males who are unemployed with alcohol or drug dependencies. This pilot will initially target Greenock Town Centre followed by a second phase targeting Port Glasgow. This pilot recognises the challenges to be overcome in relation to reducing poverty and increasing employment opportunities while tackling health inequalities.

Inverclyde Alcohol and Drug Partnership's Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities:

- Targeted distribution of naloxone;
- Immediate response pathway for non-fatal overdose;
- Medication-Assisted Treatment;
- Targeting the people most at risk;
- Public Health Surveillance;
- Equity of Support for People in the Criminal Justice System

Over the last year good progress has been made in several key actions including:

- The inclusion of the 3rd sector to distribute Naloxone (through the Lord Advocate's decree during Covid-19 pandemic).
- The development of the information sharing protocols with key partners to ensure assertive outreach within 48 hours to anyone who has had a non-fatal overdose.
- Work to support those most at risk into treatment and try to keep them established within treatment services.
- The reduction in waiting times into ADRS treatment services; the ongoing work to support service users onto appropriate doses of treatment; and the introduction of Buvidal (longer lasting injection) which may change prescribing practices.
- The review of all drug deaths on a multiagency basis to determine any learning and improvements in practice.
- The test of change of Care Navigators to work intensively with the most vulnerable service users known to Homelessness; ADRS and Criminal Justice.

Analysis from the 2019 drug-related deaths in Inverclyde indicated that 30.3% of people were in police custody in the six months prior to their death. Inverclyde ADP has secured funding from the national Drug Death Task Force to employ Peer Navigators in Greenock Police Custody as a means of early help. This is a test of change with the potential to influence practice across Scotland, targeting a group of people who are at an increased risk of a drug-related death.

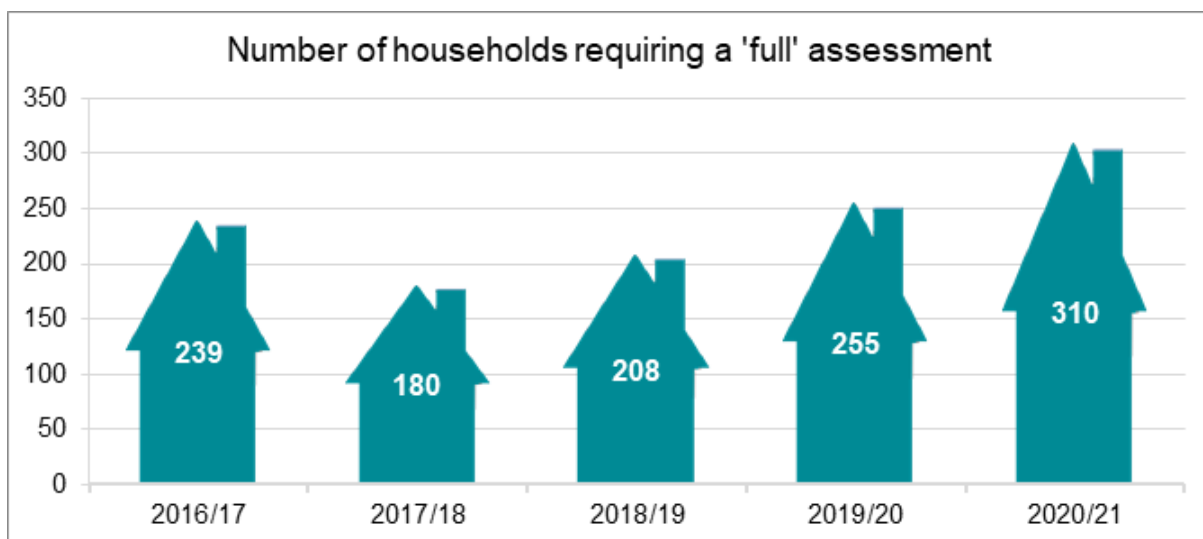
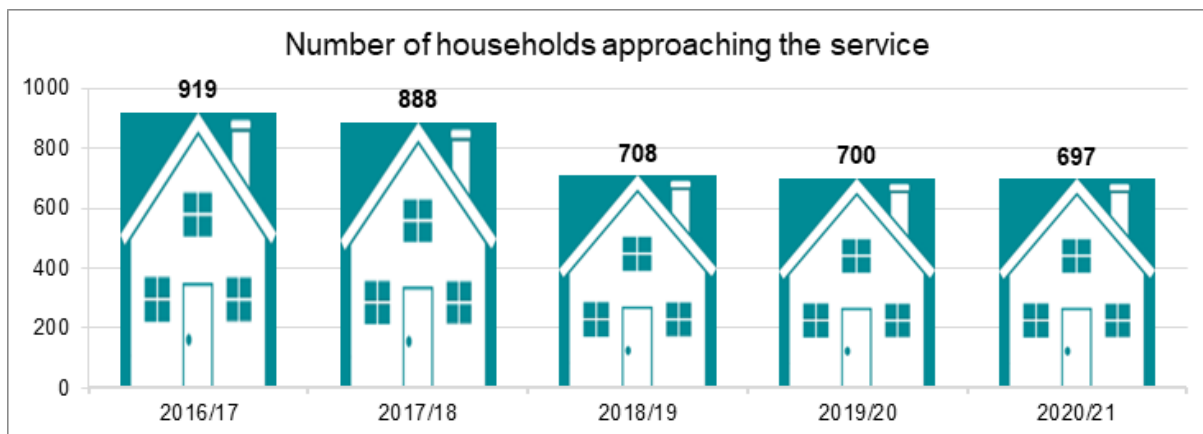
Inverclyde ADP are in the process of refreshing the Drug Death Prevention Action Plan, taking the opportunity to capture the wide range of actions and additional funding. Partners recognise that these actions will take time before achieving the overall ambition of reducing the unacceptable number of drug related deaths in Inverclyde.

Other developments being progressed by Inverclyde ADP that may also help to prevent drug related deaths include more system wide changes, including developing a recovery community and where people are given hope that change is possible and people can and do recover. A key barrier is around stigma and Inverclyde ADP has developed a strategy and action plan to start to remove this barrier, titled "Being Accepted". Finally, Inverclyde ADP recognises the vital role residential rehabilitation can provide, but only where the scaffolding is in place to offer people the necessary support in preparation for this step as well as the support in the community following a residential placement. We are in the process of developing a clear pathway of support.

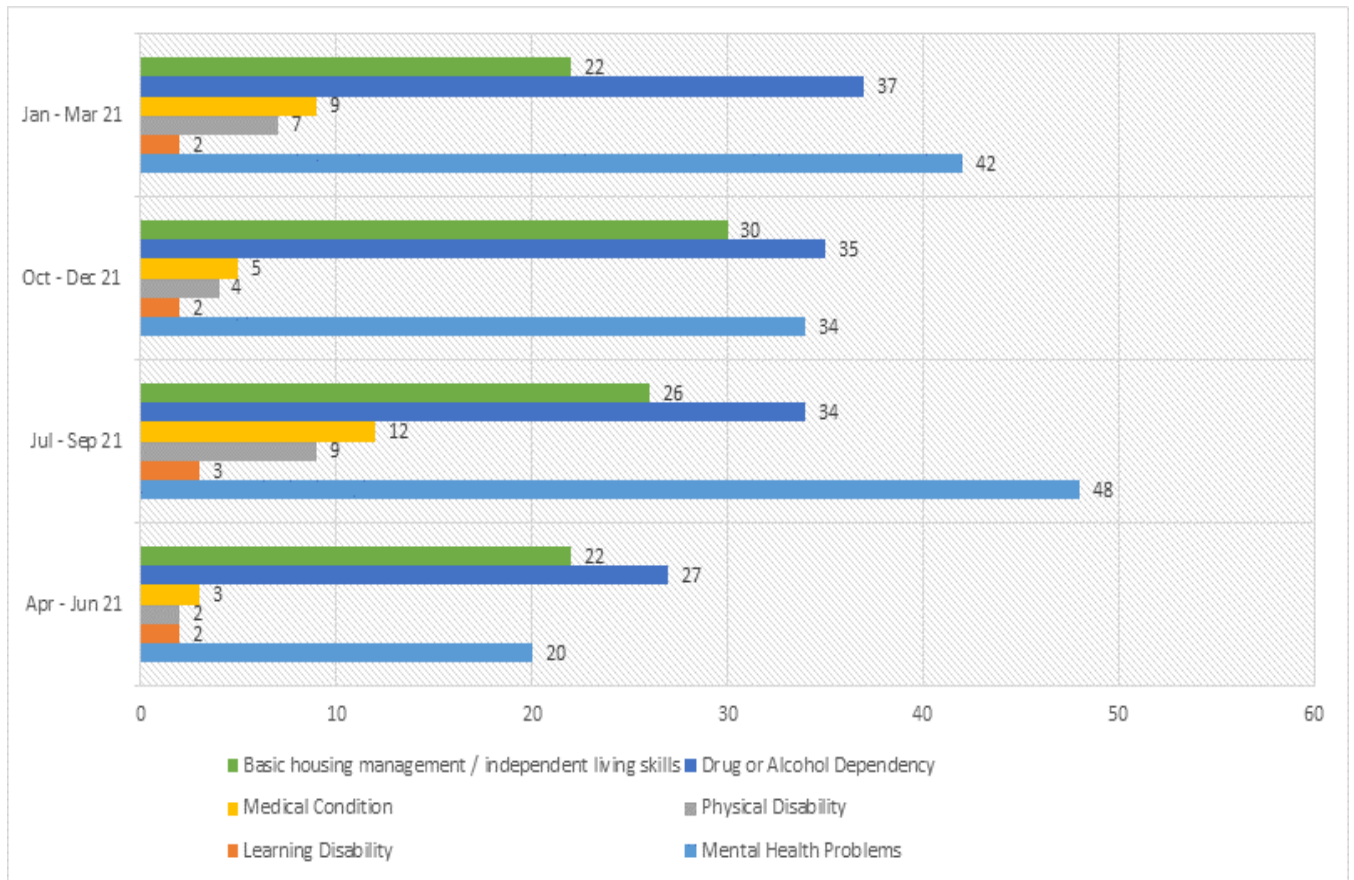
## How Social Work Services are Improving Outcomes for People in Homelessness

The Covid-19 pandemic has had a significant impact on the homeless service, with 697 households presenting to the service over the year and 310 requiring accommodation/full assessment. This represents a 20% increase in service activity.

Depopulation of the hostel in response to the pandemic resulted in a local RSLs making a number of temporary furnished flats available at an early stage. However as the lockdown continued, the service was unable to turnaround void properties as repairs and safety checks could not be undertaken by contractors. This resulted in out of area Bed and Breakfast having to be used for a period of time. An intensive plan was put in place to bring Inverclyde residents back into their home area and house them suitably. This was achieved by February 2021.



“The table below demonstrates the varying complex needs people have when presenting as homeless which is informing the development of our Housing First model in the forthcoming year”



## How Social Work Services are improving outcomes for users of our Health and Community Care Services



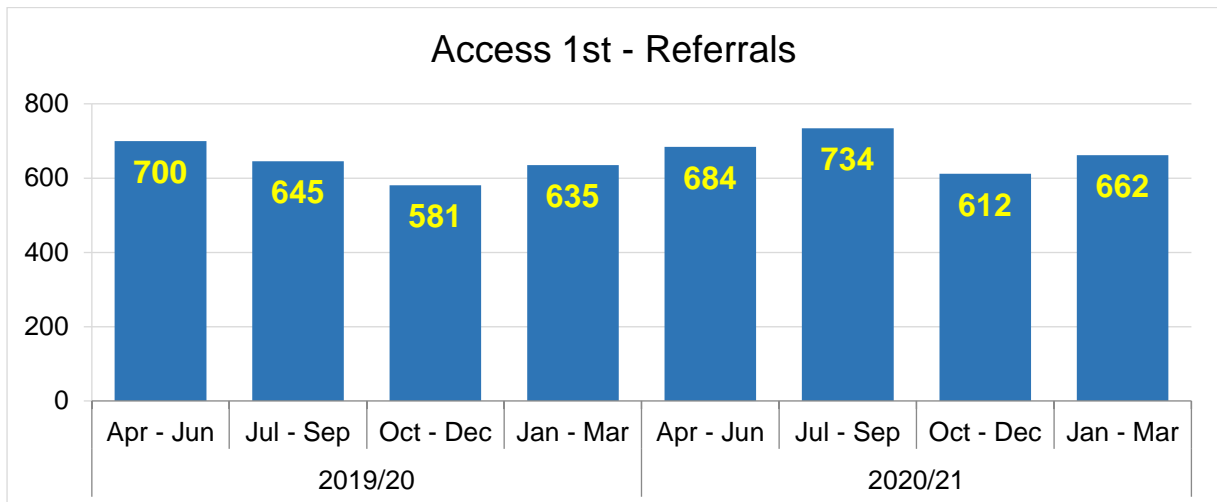
Inverclyde Health and Social Care Partnership (HSCP) reviewed the Access 1st single referral pathway which was launched in January 2019.

This was a pilot (beta test) established for our Health and Community Care Services (HCC). Its purpose was to test the viability of having a single point of access for new referrals into HCC for service users, carers, stakeholders and partner agencies. The ambition was to create a single pathway which was efficient in screening and processing referrals using the eligibility criteria to prioritise need.

The evidence gathered has demonstrated the viability of Access 1st as a single point of access. By introducing this approach, responsiveness to individuals, stakeholder and partners has improved. The volume of referrals received by assessment and care management has reduced to allow increased capacity to focus on more complex cases.

Due to the impact of the coronavirus pandemic, there has been a delay in implementing the full roll out of Access 1st. However, as we emerge from lockdown, plans are in place to progress this and meet the commitment of the HSCP strategic plan 2019 – 2024.

By utilising this approach to screening and responding to new referrals, Access 1st has reduced the operational demand on individual teams to better focus on more complex levels of need. The chart below shows the number of Access 1<sup>st</sup> referral split quarterly.



Evidence confirms that Access 1st has made an important impact on meeting the objectives and ambitions of the HSCP Strategic Plan. However, in order to incorporate all adult health and social care services into a single point of access, there are demand and capacity implications for Access 1st to ensure its continued success.

*Service User said 'Access 1st has been more helpful to me over the past few days than anyone has been for a long time'*

*Son called Access 1st to request a service for her mother who was struggling at home. He was also feeling overwhelmed with the situation and asked for help. 'I couldn't believe how fast support was put in in place' and thanked the Access 1st worker for all their help.*

#### *Partner Feedback*

*"Keeping lines of communication open are vital. I'm happy for members of the Access 1st team to contact me or my service directly to seek advice re: the appropriateness of onward referral"*

*"The service works well under often difficult circumstances. The HSCP needs to raise the profile of Access 1st and ensure other services give clear rationale for decision making, both taking on cases and when a service decline follow up. "*

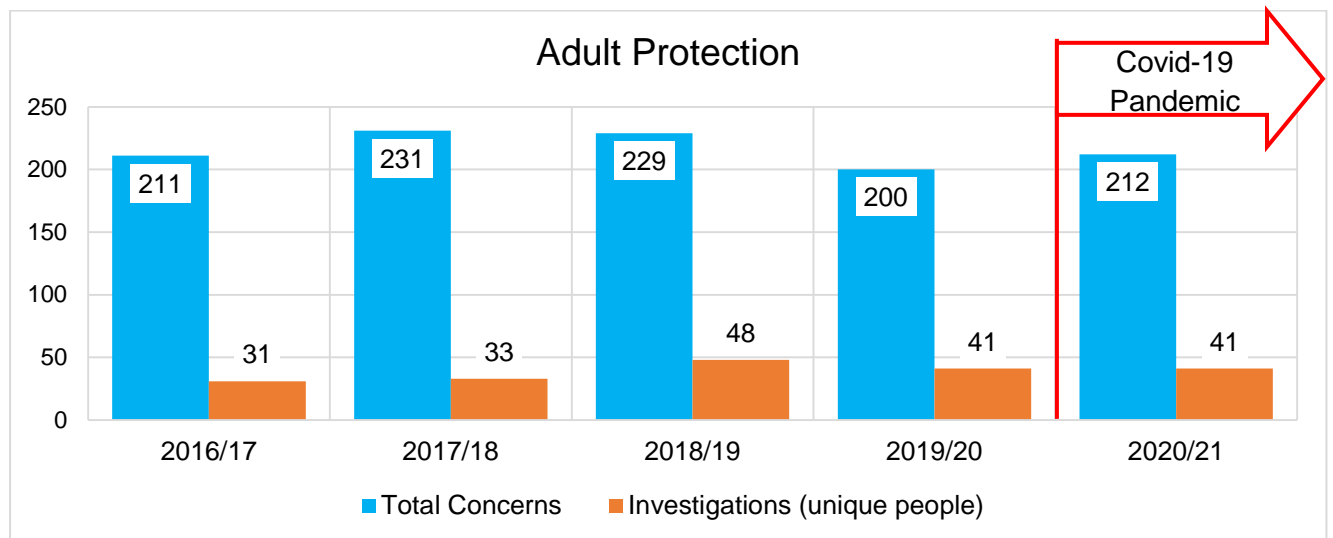
As Access 1st develops there will be an increase in the volume of referrals. To understand the estimated demand, Options Appraisals have assessed the current demand and used this to predict future demand.

The beta test has demonstrated the viability of using Access 1st as a single referral pathway to Health and Community Care services. The service has been rolled out across Assessment and Care Management, Home 1st Reablement, hospital discharge, mainstream home care, palliative care and adult welfare concerns. Overall, performance in meeting key indicator levels have been very good with only 4% of referrals going over the 9 day response timescale.

Unavoidable delays in the rollout of Access 1st have been encountered due to the Covid-19 Pandemic, however, with the easing of restrictions development can now resume.

## Protecting vulnerable adults

Regardless of current circumstances adults can pose a significant / critical risk to themselves or others; or adults and children may be at significant / critical risk of coercive, controlling, abusive and harmful behaviour by others. A key challenge has been to be adaptive and responsive in order to meet our statutory responsibilities. Initial referrals around Child Protection are made to the Request for Assistance Team. The chart below shows the referrals received by the RFA (Request for Assistance) team for the last 2 years. An increase in demand is apparent from October 2019 (pre-pandemic) and levels have remained above the median (mid-point) value of 134 throughout the Covid-19 pandemic.



Whilst the number of referrals and concern reports marked as adult protection has remained relatively consistent, it should be noted those referred under the auspices of adult welfare / wellbeing has increased by 20%. It is suspected that this significant increase in adult welfare / wellbeing referrals may be related to the impact of the Covid-19 Pandemic whereas the number of investigations has not been affected.



## **Self-Directed Support Implementation 2020/2021**

Following on from the Self Directed Support National implementation plan and recognition of Audit Scotland 2017 recommendations, the local work plan in 2020/2021 has focussed on engagement with services across HSCP, learning and development, the implementation of outcome focussed approaches and quality assurance.

A rolling programme of assessment support planning has been put in place open to all HSCP across service with care management responsibilities. Further to this areas of learning needs across the services have been developed through engagement with teams. Engagement with specific teams had identified that there was a need to reinvigorate the awareness of SDS. A corresponding learning programme with corporate partners Scottish Personal Assistants Employers Network (SPAEN) have provided bespoke training to teams such as SDS Awareness to District nursing and Children & Families specific SDS training and Mental health adult and Older person's team. We did manage to carry out SDS training and support plan training in early March 2020 which took place just before the first lock down came into force. Again we intend recommencing SDS training programme over the next 12 months as we recover from the Covid-19 pandemic.

A key focus has been the implementation of outcome focussed approaches. This change and development has required intensive work across all service in terms of culture and processes. It has imbedded through consultation and the promotion of ownership of services and practitioner's.

The support plan tool has been developed in line with SDS principles. The support plan version 2 with developed wellbeing indicators now embedded across the Health and community Care service.

A tool has been developed to facilitate outcome focussed assessment conversations and recording. The CONRAD tool (Conversation, Outcome focus, Need assessment, Risk analysis, Agree outcomes and Disagreement recorded). Briefings across the Assessment Care Management/Discharge Team, Learning disability, Older Peoples Mental Health Team Homecare, Occupational Therapy and District Nursing have been completed.

Follow up workshops with ACM teams have been completed and is now fully implemented and imbed within assessment and support planning recording practice. This will continue in 2021/22 with programme of workshops in identified areas such as outcome focussed support plans alongside indicative budgets.

Recording of take up of SDS options will be reported on a monthly basis. The current statistics for 20/21 are as follows

<b>SDS1</b>	<b>SDS2</b>	<b>SDS3</b>	<b>SDS4</b>
48	730	1924	37

## Care at Home

The Care at Home team provides an essential service to people within their own home assisting them to live as independently as possible. Care at Home Services had a gap in service provision for



supported approx. 1200 people



undertook 708,000+ visits



80 Volunteers added to 450 staff

the need to better support services users who required palliative and end of life care. During the past year the service has introduced a new Home Support Manager who is dedicated to managing the palliative end of life and discharge response team. The service works jointly with colleagues from the Ardgowan Hospice and community nursing team to ensure that service users have dignity in death, and families and informal carers are supported throughout this time. This team also enhances the discharge process within the service over 7 days alongside our colleagues in acute hospital settings which has been crucial during the Covid-19 pandemic.

A sample of Service user / family comments we have received.

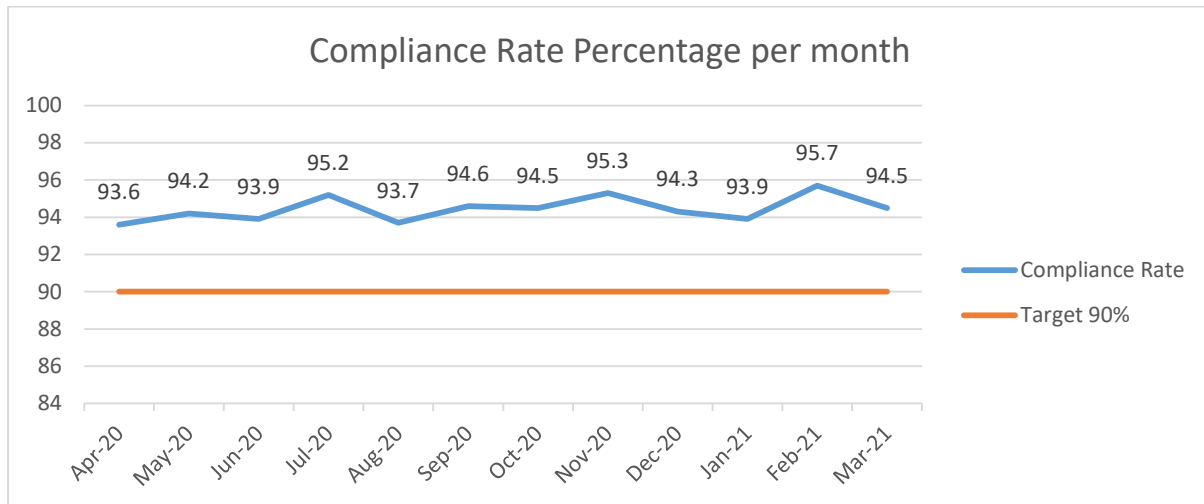
I am delighted with the care I'm receiving, no problems at all.



The support from all the staff throughout this difficult time has been exceptional.

## Care and Support at Home Visits Delivered

This graph shows the compliance of staff in logging in and out of a service users home, this gives us real time data to ensure that service users are receiving their service at the agreed time and allows us to monitor the punctuality and duration of visits.



## **Technology Enabled Care Services (TEC)**

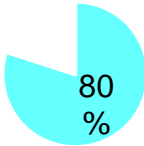

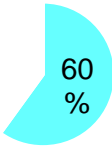
### Analogue to Digital (A2D)

Inverclyde has 2,000 service users in receipt of a telecare service. The service provides an alarm unit with a pendant trigger that is used to call for assistance by a service user during an emergency. Where there is a higher risk of confusion or cognitive impairment additional sensors that are linked to the alarm are installed to alert when a personal or environmental risk connected to fire, flood, falls or at risk of wandering has been identified without the need for the service user requiring to press for assistance.

Our greatest achievement in this year is that we continued to provide support for people as needed. Responders were always available in any emergency situation and at a time when family could not visit we provided reassurance from our control centre operators. Where a physical response was required our responder team provided essential face to face contact.

An exciting 3 month trial started in October 2020 to support Technology Enabled Care in our requirement to move from an analogue to a digital service by 2025. This will require all current alarms and TEC equipment to be replaced. 25 new digital alarm units were purchased and installed in Service User's homes from a mixture of manufacturers. At the end of the trial the majority of Service Users were extremely positive about the new digital units.

**Service User Survey feedback:**

very satisfied with the new Digital Unit	thought call answering time was quicker	said voice clarity during a call was significantly better
		

We are at the starting point of our analogue to digital transformation journey and are currently establishing our roadmap to a fully digital service by 2025.

**ARMED Technology**

The ARMED TEST OF CHANGE is a project within Care and Support at Home Services/TEC. It is designed to promote greater use, integration and sharing of technologies across sectors and services to support the self- management and wellbeing of service users. ARMED technology records the activity/sleeping patterns of the service user. Collection of this data can predict the potential of a fall. To achieve this service users are provided with a wrist worn device/watch and a mobile phone. The wrist worn device/watch records their activity/sleeping patterns that are reviewed showing where levels of activity/sleep have increased, decreased or remained constant.

## Benefits:

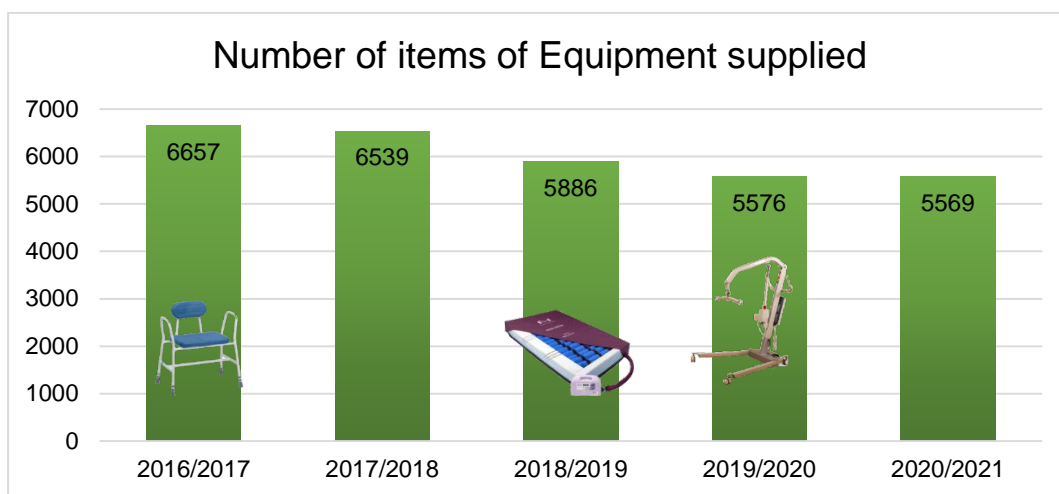
- To support up to 50 service
- Empower individuals to self- manage their wellbeing
- Reduce potential carers/responders visits following a fall
- Allow early intervention by GPs and nurses thus preventing hospital admissions
- Reduce NHS costs associated with admissions and bed days
- Improve health and wellbeing outcomes for patients and carers
- Allow us to monitor and evaluate the project's success to inform future planning
- Improve joint working to ensure pathways appropriate for Inverclyde

## Aids for Daily Living (ADL) equipment

In 2019 / 2020, we provided 5,576 unique items of ADL equipment to Inverclyde residents who had a physical need. This is down from the previous year (2018/19) where we provided 5,886 items. 22% of all equipment supplied was to support people being discharged from hospital.

The amount of equipment required to support discharge from hospital and for preventing admission (hospital style beds, patient hoists, pressure care mattresses and all associated items) has remained fairly consistent. The reduction in overall numbers is, at least partly, due to our rehabilitation and reablement services helping get people 'back to health' quickly.

In 2020/2021, we provided 5,569 unique items of ADL equipment to Inverclyde residents who had a physical need. This is roughly equivalent to last year despite working under Covid-19 pandemic restrictions.



This equipment ranges from hospital beds with pressure care mattresses and patient hoists, to simple seats for use in a shower. An Occupational Therapist or District Nurse carries out an assessment for equipment.

Due to Covid-19 pandemic restrictions over the last year routine assessments have not been carried out and a waiting list has been accumulated. This has resulted in a large reduction in housing adaptations being carried out unless the need has been urgent i.e. to prevent a hospital admission, to support hospital discharge or when there has been an issue accessing essential amenities.

This year we recommended and progressed 1051 adaptations compared to 1769 the previous financial year.

As the building was closed to the public we were unable to carry out stair lift demonstrations with our service users, however were able to simulate this in the home environment and were still able to progress the installation of 40 stair lifts compared to 51 the previous financial year. This enabled service users to access essential amenities within their own home environment.

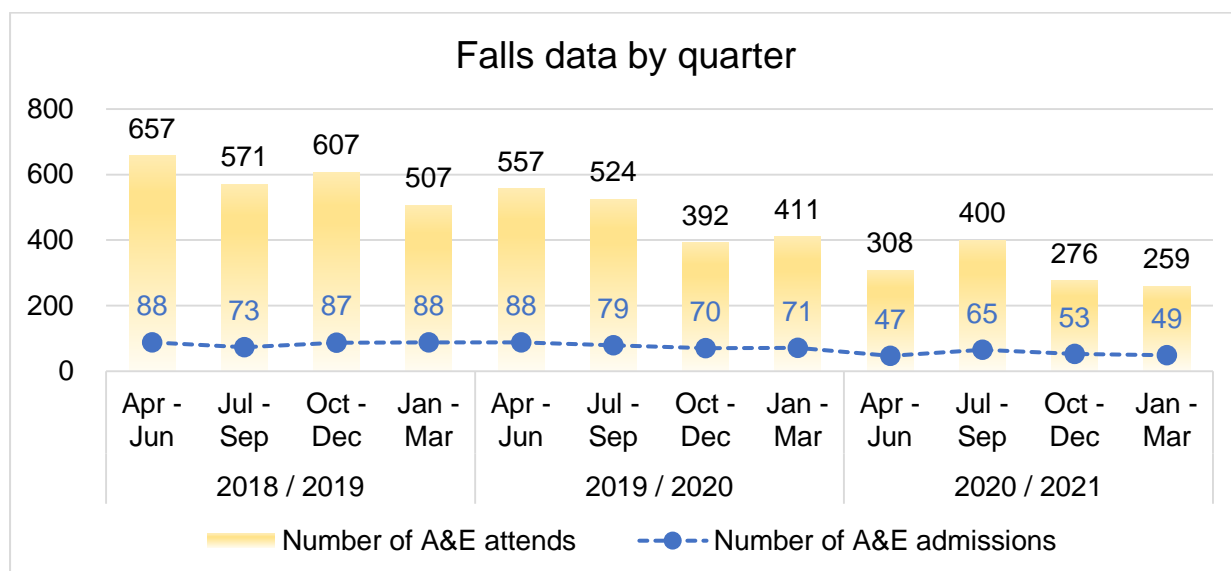
We liaised closely with our partners within the RSLs and Care and Repair to enable essential works to be carried out to keep people safe within their own homes, whilst protecting staff and service users.

## **Falls**

Falls are often a symptom of other illnesses, not a specific diagnosis, and as such are often picked up as a secondary problem when service users are referred into HSCP services for other reasons.

As part of the falls pathway Inverclyde HSCP Rehabilitation and Enablement Service (RES) works closely with Community Alarm Community Response team and the District Nursing, Glasgow Falls Service and Live Active service to support frail older people who experience falls.

There was a gap for the frailest individuals who didn't meet the criteria to attend the classes that were run by the Glasgow Falls Team, to address this need the Rehabilitation & Enablement Services (RES team) set up Strength and Balance classes hosted at the Larkfield Unit.



The pathway from these classes supports people to improve enough to follow through to the Glasgow Falls Teams local classes and then through to Live Active classes. However due to Covid-19 pandemic restrictions and other Services limitations Glasgow Falls Community Classes and Live Active classes are not operating and have no date to re-start therefore ongoing falls response work is currently being absorbed by Inverclyde RES Team, who have been deemed an essential service.

## **Community Learning Disability Team**

Service during the past year has focused on the most vulnerable such as those living alone or with elderly carers. New ways of delivering service virtually such as through Attend Anywhere/NHS Near Me and other virtual review meetings have all been implemented. There is still improvement needed in access to these technologies for some families and for people with more profound communication difficulties.

The restrictions have highlighted how effective the Core and Cluster model of supported living is for people with learning disabilities. Some of the people who are supported in these settings have been “living their best life” during lockdown and keeping well, despite not going out to their usual clubs and activities.

In the past year, the CLDT has been working in partnership with three different Housing Associations and with local support providers to develop three new core and cluster or shared living developments in Greenock and Port Glasgow. National outcomes such as implementing the “Coming Home” report about people who are placed out of area continue to be a priority.

We continue to prevent Delayed Discharge from hospital with robust discharge planning processes and to consider the needs of younger people in care home placements. Specific initiatives around these priorities in recent months include participation in a Collaborative Practice group with other GG&C Learning Disability Service Managers, and a Learning Disability working group as part of the Dementia Steering Group to consider the needs of people with dementia and Learning Disabilities who may need nursing home admission.

Day Opportunities worked with social care providers accessing the PPE Hub at Fitzgerald to support Compassionate Inverclyde during lockdown in providing donations and distributing going home boxes and isolation boxes.

A series of planning meetings between the CLDT and Day Opportunities has taken place to plan the phased recovery of day services. Day services have continued to operate but are currently supporting approx. 20-30% of their full capacity with a mix of building based support, wellbeing walks and outdoor support sessions.

Planning is underway to raise this incrementally, with full support and guidance from Public Health Scotland, Care Inspectorate and colleagues at Health & Safety. Other work that has been progressing through the Covid-19 pandemic recovery period includes:

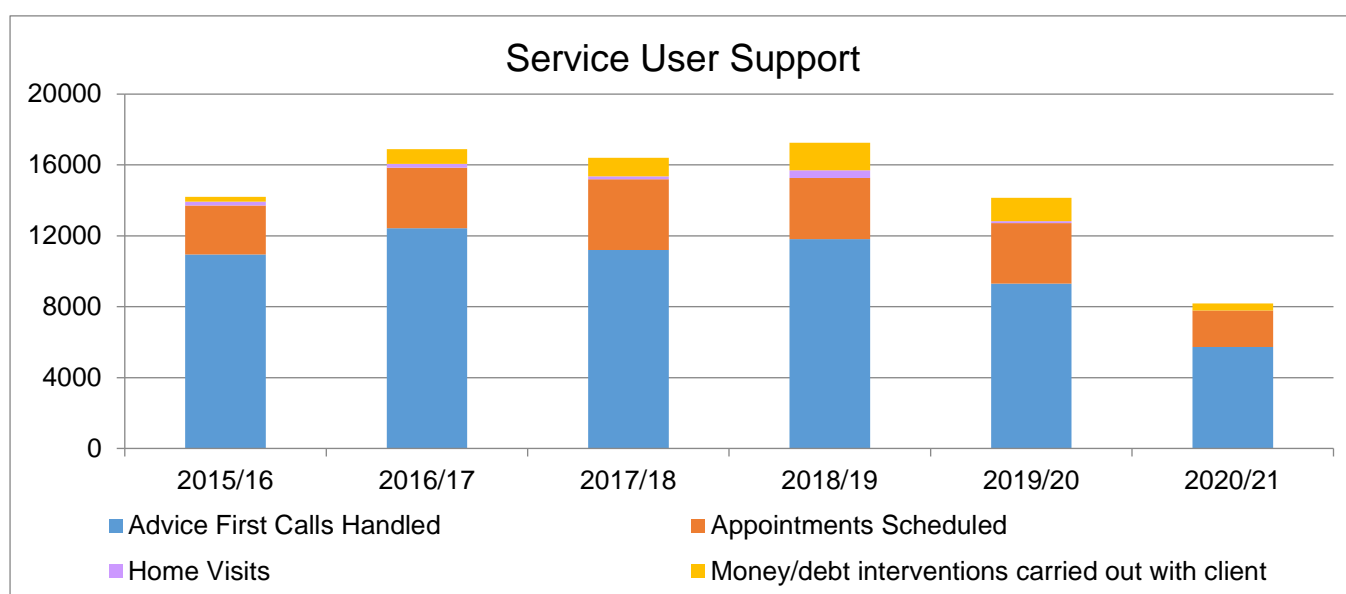
- The new service model of support for people with LD is implemented and community inclusion and development work is undertaken to ensure people with LD and/or Autism have access to their community and feel supported and included and fulfilled in their lives and have opportunities to contribute such as employment, volunteering, mentoring.
- Inverclyde’s Autism Strategy implementation continues and we strive to become Autism Friendly Inverclyde where autistic people feel included, accepted and part of their local community.
- Inverclyde is taking part in Scottish Government backed National Trials in Transitions for young people leaving school and moving into young adulthood. The trial areas locally will be Young People with disabilities from Craigmarloch School and young

people with Autism (without LD) who are leaving from mainstream school supported by Inverclyde Communication Outreach Service.

- The NES training framework is rolled out to public facing services specifically HSCP/NHS primary and secondary care /Education/Council to ensure we are upskilling those providing support to Autistic people and their families.
- A test of change pilot across HSCP adult services and 3<sup>rd</sup> sector improving the care pathway for people with Autism and no Learning Disability who have either Mental Health issues or community care needs.
- Developing a Supported Employment strategy in partnership with Lead service in Council Economic development to ensure the 50% gap in unemployment for disabled people, people with Learning Disability and those with Autism is improved and people have real employment opportunities and the support they need to sustain them.

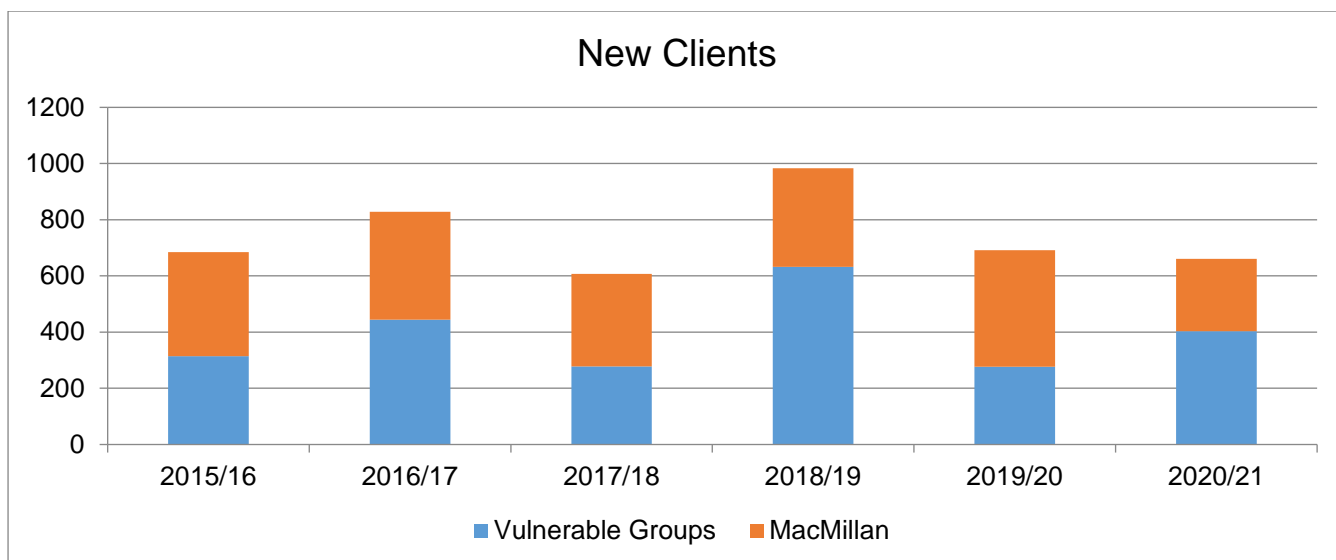
### **Financial Inequality**

Our award winning Advice Services Team handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution. The charts below show activity and outcomes for the past 6 financial years.



The Covid-19 pandemic brought many challenges; although there was a drop in the volume of calls presenting to the service, the enquiries received were more complex as clients and advisers got to grips with new benefits such as the furlough scheme and the self-employment income support scheme.





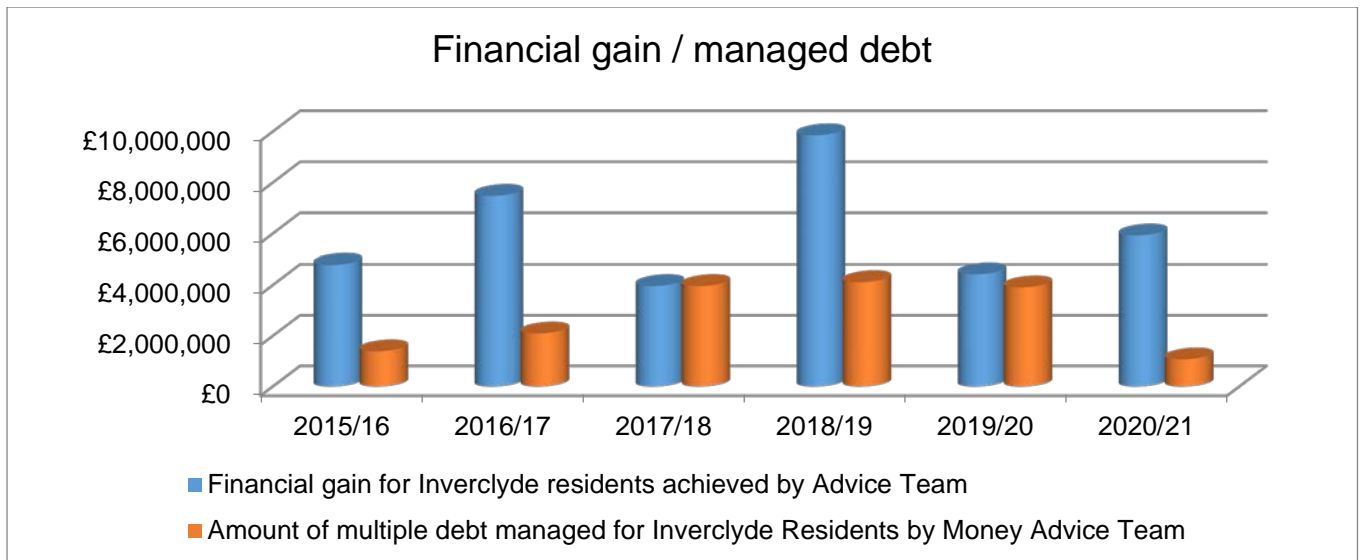
Vulnerable Groups team continued to provide a remote service to new clients of the Addictions/Homeless teams as well as carrying out financial welfare checks for existing clients. This approach highlighted many vulnerable clients who would have been destitute had the Vulnerable Groups team not intervened.

The Macmillan Cancer Support Welfare Rights service continued to support vulnerable clients ensuring they were coping and assisting them during an incredibly difficult time.

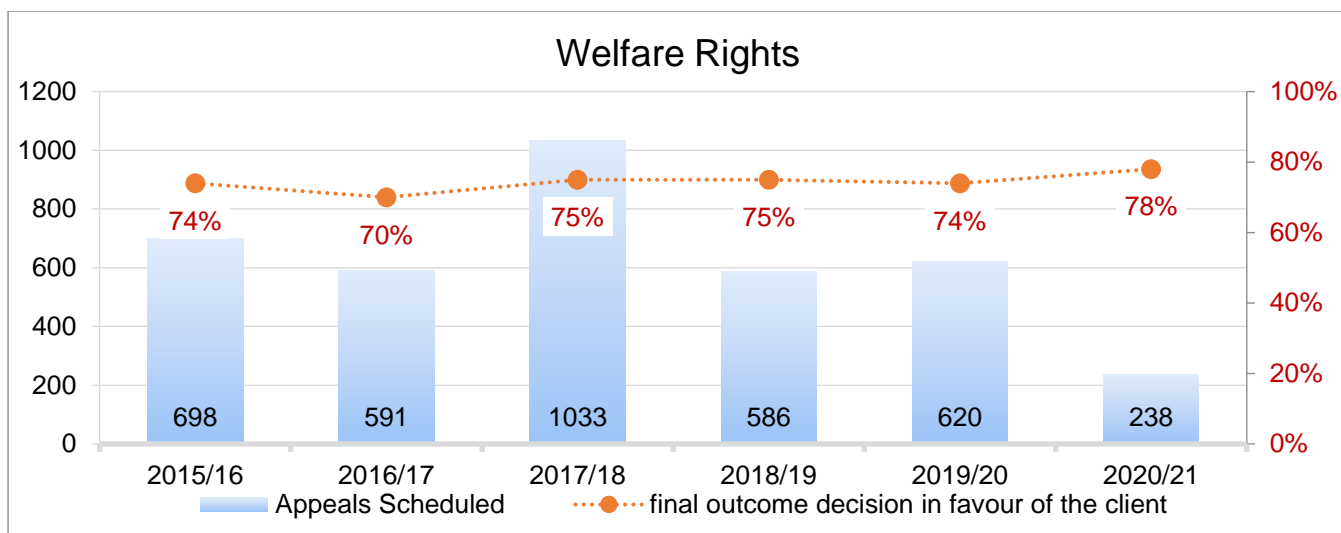
#### *Client C*

*Client was referred to advice services by Legal Services Agency for a benefit check. Client and her husband, both pensioners, had accrued rent arrears of £1800 and were unsure how it had happened. After much investigating by an Advice Worker and Welfare Rights Officer it was established that the Department for Work and Pensions had miscalculated their income and had incorrectly notified Inverclyde Council Housing Benefit team, triggering a benefit stop. DWP realised their error and rectified it. The case was highlighted to Housing Benefit and the error was again rectified immediately.*

*The client and her husband now have the proper Housing Benefit*



The Money Advice Team had a reduction in enquiries due to many creditors offering payment breaks as well as a rent arrears eviction ban for much of the year meaning there was a significant reduction in clients requiring this type of support.



The reduction in the number of appeals is governed by external factors created as a consequence of Covid-19 pandemic. DWP, for example temporarily removed conditionality requirements for universal credit and suspended disability assessments, extending the period of award for claimants automatically. As a result the number of dispute decisions entering the appeals system tapered away significantly. At the same time Her Majesty's Courts and Tribunal Service suspended face-to-face oral hearings and moved to alternative oral hearing platforms delivered remotely by telephone or video. This change required a number of months to establish during which relatively few hearings were scheduled further reducing the number of appeals heard. The figures for Inverclyde are broadly consistent with national tribunal statistics published by the Ministry of Justice, 10 June 2021. The statistics show a fall of 66 per cent and 22 per cent fall in universal credit and personal independence appeal receipts respectively for the period January to March 2021 compared to the same quarter in 2020. At a national level 66 per cent of appeals were found in favour of the claimant, down from 70 per cent. In Inverclyde the decisions found in favour of the claimant stood at 78 per cent, increasing from the previous figure of 74 per cent. It should be noted the WRO compliment for the period in question reduced by 1.6 WTE, leaving 5.8 workers providing representation, a dedicated Macmillan benefit support service, and second tier specialist support to other workers within the HSCP. DWP have now recommenced both the conditionality requirements sanctions regime and programme of disability assessments.

## 7. RESOURCES

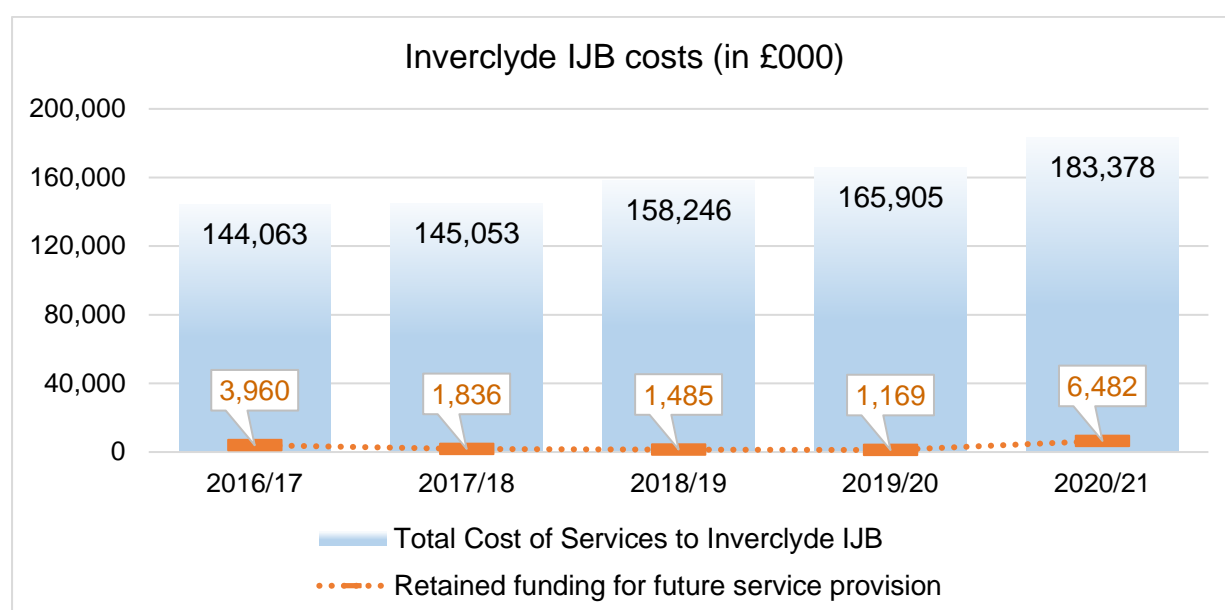
### Finance

#### Inverclyde IJB Financial Summary by Service

	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000
Strategy and Support Services	2,591	2,416	2,111	2,133
Older Persons	26,867	27,020	28,407	30,383
Learning Disabilities	10,653	11,898	12,545	12,299
Mental Health – Communities	5,804	6,712	7,101	7,485
Mental Health – In Patients	9,338	8,729	9,737	10,607
Children and Families	12,986	13,738	14,114	14,711
Physical and Sensory	2,659	3,117	3,203	2,939
Addiction / Substance Misuse	3,389	3,464	3,181	3,826
Assessment and Care Management / Health and Community Care	7,772	8,258	9,981	10,789
Support / Management / Administration	3,807	4,174	4,339	450
Criminal Justice / Prison Service	(38)	26	49	148
Homelessness	967	791	1,043	1,173
Family Health Services	21,766	25,547	27,056	29,618
Prescribing	18,817	18,591	18,359	18,242
COVID 19 pandemic Funding				10,400
Change Fund	1,236	1,133	1,044	0
<b>Cost of Services directly managed by Inverclyde IJB</b>	<b>128,614</b>	<b>135,614</b>	<b>142,270</b>	<b>155,201</b>
Set aside	16,439	22,632	23,635	28,177
<b>Total cost of Services to Inverclyde IJB</b>	<b>145,053</b>	<b>158,246</b>	<b>165,905</b>	<b>183,378</b>

Taxation and non-specific grant income	(146,889)	(159,731)	(167,074)	(189,860)
<b>Retained Funding for future Service Provision</b>	<b>1,836</b>	<b>1,485</b>	<b>1,169</b>	<b>6,482</b>

The IJB works with all partners to ensure that Best Value is delivered across all services. As part of this process the IJB undertakes a number of service reviews each year to seek opportunities for developing services, delivering service improvement and generating additional efficiencies.



### Budgeted Expenditure vs Actual Expenditure per annum

	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000
Projected surplus / (deficit) at period 9	(1,426)	(897)	(37)	(690)
Actual surplus / (deficit)	1,836	1,485	1,169	6,482
<b>Variance in Under/(Over) Spend</b>	<b>3,262</b>	<b>2,382</b>	<b>1,206</b>	<b>7,172</b>

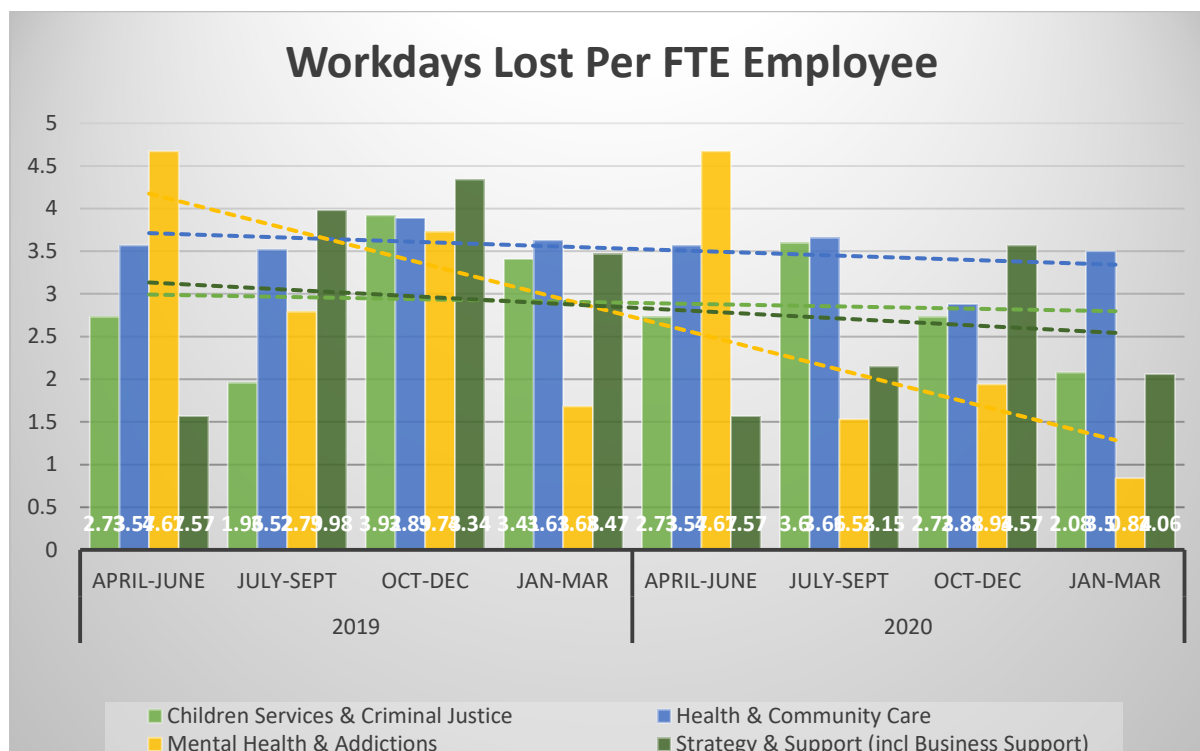
## 8. WORKFORCE DEVELOPMENT

The Covid-19 Pandemic has meant that all organisations have had to fundamentally change how they deliver. For the HSCP, this has meant significant change for staff and service users. The workforce has risen to the challenge and in a very short space of time, mobilised the model of business as usual to service hubs. This involved the majority of staff moving from office based to a blended approach including home working, agile and mobile working.

The HSCP workforce includes people with a range of health and social care backgrounds, who are committed to working together in a single organisation, to improve the outcomes of people in local communities, who need health and social care support.

### HSCP Staff (*Inverclyde Council employees only*)

	March 2017	March 2018	March 2019	March 2020	March 2021
Number of employees	1038	1044	1036	1054	1089.25
FTE equivalent	834.69	840.1	831.92	838.86	866.91
Number of Sessional Workers	108	98	80	99	154
Number of Modern Apprentices	4	4	2	3	3
Workdays lost (per FTE)	11.96	14.57	9.53	12.96	11.9



## **Workforce Challenges**

Over the past twelve months, and to the current date, there have been significant challenges encountered across Inverclyde HSCP including staffing difficulties which has directly impacted the service delivery in numerous areas including children's, mental health and occupational therapy.

The care at home service has identified an aging workforce with a significant number of staff to be at retirement age within the next 5 years. Moreover, recruitment has, and continues to be, a challenge for this area and health and social care as a sector.

Mental Health Officer's has expanded with the introduction of two further officers whom support statutory work requirements and support the service delivery and sustainability in an environment of increasing service demand (a national issue).

In an attempt to counter and minimise the impact of the above, HSCP is committed to -

- Equipping staff with the skills they need to deliver better outcomes for them and their service users.
- Enable and up skill all of those who require support, focusing on their abilities and what they can do, rather than limitations.
- Identify ways in which careers within Health and Social Care in Inverclyde can be more attractive.
- Consider options to make the best use of resources to deliver services, in the most effective and efficient way.

Given the difficulties and demands on staff that Covid-19 pandemic has presented, as part of the commitment to sustaining and improving staff health and wellbeing, a series of staff engagements were carried out including wellbeing telephone calls for care at home staff given their lone working capacity.

- 191 wellbeing telephone calls were carried out
- 12% (n=15) were follow up calls for staff who felt they would benefit from an additional wellbeing call

The data provided suggested that staff felt well supported.

## **Staff Engagement**

### **Staff Wellbeing & Resilience**

During August 2020, a series of focus groups and an online questionnaire (Webropol) were held, following discussions at the HSCP's Staff Partnership Forum, engaging with the targeted staffing groups –

- Business Support
- Primary Care Mental Health
- Frontline managers
- Day Care/Respite
- Health Visiting

In terms of what has gone well for staff, over the past few months and what could have been better, this highlighted –

- Good and flexible approaches to line manager/collegial support in place but some areas where this could have been better
- A mix of views on home working, which some highlighted was beneficial not ideal for others, which correlated with the lack of IT equipment and the perceived lack of team engagement, in the practice of rota systems
- Early anxieties around the availability of PPE, lack of IT equipment and conflicting systems, expected ways of working without appropriate support, had detrimental effects on how some staff wanted to work and their wellbeing
- Overall communication was not perceived as good, often conflicting and overloading, not from where some staff would have expected to receive consistent and accurate information

In their suggestions for ways that resources/support could be improved, the responses can be summarised as –

- The HSCP is an integrated organisation and all resources should be available to all staff and not just either Council or NHS employees
- Ensuring that both information and resources are made available to all staff and not just to rely on the current communication media, such as ICON
- Increase the communication about national help resources
- For there to be an equal approach to the way staff have been recognised in either undertaking different roles and those who would like to have played a part but were not in a position, due to lack of systems
- More accessible information in ways to support health and wellbeing would be helpful
- Having dedicated team engagement time, not just focusing on the day to day operational tasks but more so having opportunities for improved communication and team time together for checking-in and supporting colleagues
- Have more purposeful communication, preventing the overload that can happen in challenging times, using a central repository for communication and information in one place that everyone can access and not dependent on managers/team leaders to cascade

All participants were asked to provide their views on support that needs to be put in place for their health and wellbeing and anything else that needs to be considered, with the responses themed as -

- As some staff are returning to their normal duties, consideration given to easing the pressure on these staff and for colleagues to be more aware and have a compassionate way of being
- Create more opportunities and safe spaces for people to be able to air their views and develop approaches to practice, without this always being seen as a management responsibility
- Better and improved ways of sharing information about service users and any service issues
- Having a one team approach to become a team again that will help and support the outcomes for the service, at the same time of managers understanding that the team can be more effective if the communication is improved



- Have more organisational transparency about where decisions are made and more access to minutes of meetings that are currently not shared with all staff
- Continuing to have a flexible approach to staff feeling as though they are being treated fairly and if this is not the case, there are processes strengthened where some staff can raise these issues in a supportive way
- Continue to offer home working, wherever possible and managers support and trust people to undertake their agreed tasks
- Consideration given to peer support groups that are safe spaces
- Involve staff, at all levels, in the learning from the recent crisis, what things are good and should be kept/developed and what can be let go
- Have staff developing what resources they think are helpful and not just left to managers to decide
- Ensure that lessons are learned about the differing types of information and have a consistent approach in the way the staff are informed

The Workforce Wellbeing Matters Plan has been constructed with the benefit of the findings of the above work and the overall aim of:

Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce

Specifically:

- Embed and support organisational cultures, where all staff are valued
- Staff Feel Supported in their Workplaces
- Staff maintain a sense of connectedness to their team, line manager and organisation
- Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)



The Plan was launched on Monday 30<sup>th</sup> November 2020 (St Andrew's Day) with a 'Care for a Cuppa' event. Teams embraced the time out sharing a cuppa (and in some cases biscuits and cakes) both virtually and socially distanced. They watched a video explaining the launch of the plan and took some time out to chat about what it means for them as a team and as an individual.

When launching the plan we took the opportunity again to promote the national Wellbeing Hub: <https://www.nationalwellbeinghub.scot/>

A health and wellbeing guide of resources and contact information was produced in May 2020 to help support staff and Managers at the height of the COVID 19 pandemic. This guide has continued to be updated and circulated to all staff.

Additional Scottish Government funding made available to support CSWOs fulfil their statutory requirements was used in Inverclyde to support the wellbeing of staff with each service area being allocated a support fund for teams to use on a self-directed support model.

Some examples of how staff have been supported throughout the Covid-19 pandemic

- The service has carried out regular Health & Wellbeing calls with staff to ensure that they felt supported and valued in their role.
- Identify any staff concerns and signpost to the appropriate services.
- We regularly communicate with staff via their mobile device so they have all relevant information available to them in real time.



Care at Home

- We introduced a Team A and Team B approach to service delivery by rotating being hub based or agile.
- Communication was undertaken using multiple ideas such as team meetings, one to one, video meetings and telephone calls.



Mental Health

- Regular check-ins and supervision were in place throughout the Covid-19 Pandemic, ensuring that staff had the appropriate equipment at home to carry out an essential service.
- Staff wellbeing was at the forefront of managements thoughts during the year and issues identified were resolved at earliest opportunity.



Homelessness

- We had a nominated Team Lead who monitored and kept in contact with Staff to ensure wellbeing issues were addressed.
- Utilised the Willow Project (Ardgowan Hospice) for reflection of impact of Covid-19 Pandemic on them using mindfulness and CBT techniques when appropriate.



Adult Protection

- We participated in the GG&CNHS wellbeing project.
- Purchased mindfulness sessions for Social Care staff so as to be able to focus on their welfare and learn techniques for managing stress and other wellbeing issues.



Children & Families

## 9. Conclusion

The content of this report outlines some of the work streams and initiatives that have been delivered by social work and social care 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, the report highlights that social work is an activity that supports the most vulnerable in our community often at times of crisis in people's lives and is delivered 24 hours a day, 365 days a year. Social work services in Inverclyde remain focussed and committed to ensuring that delivery is of the highest possible standard delivered by the hard work commitment and sheer resilience of our staff.

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 people of Inverclyde.

This last year has been defined by the impact of the global pandemic. Inverclyde was particularly affected by the progression of the virus in our community and many of our residents and our staff were touched by the loss of loved ones. Several areas of our services experienced the loss of much valued and much loved colleagues and I would like to take the opportunity to pay particular tribute to those colleagues we have lost over the last year. Their contribution to the service has been immense and their loss keenly felt by their colleagues.

Separation and loss, loss of employment, income, disruption to education and family life have all had varying degrees of impact on the health and wellbeing of our community and indeed our staff. This has been the case over what has been a long and enduring crisis.

Nonetheless this last year, throughout the year has seen a determined effort to provide the best possible responses to the needs of our service users and at the same time support the wellbeing needs and resilience of our staff. This speaks volumes of the prevailing culture and sense of identity of the staff groups in Inverclyde. At the time of writing this report our attention is focused on recovery even as we lean into and make plans for what will be a challenging winter. Our recovery plans and actions are based on reflecting on what we have learned over the past year, what has worked well and what we can improve upon. Our approach however will remain consistent and that is based on a clear ambition to deliver the best possible outcomes for the citizens of Inverclyde.