

EAST RENFREWSHIRE COUNCIL

27 October 2021

Report by Chief Social Work Officer

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020/21

PURPOSE OF REPORT

1. The report presented to elected members is the Chief Social Work Officer Annual Report for 2020/21. The report is attached at Appendix 1.

RECOMMENDATIONS

2. The Council is asked to comment and approve the content of the Chief Social Work Officer Annual Report attached as Appendix 1 for submission to the Office of The Chief Social Work Advisor, Scottish Government.

BACKGROUND

3. In compliance with Chief Social Work Officers statutory functions under the Social Work (Scotland) Act 1968, they are required to produce an Annual Report. This is based on a template agreed with the Office of the Chief Social Work Adviser. This report will be presented to the Integration Joint Board on 24th November 2021.
4. This year, given the workload implications caused by the COVID-19 pandemic, the template outline the current pressures being experienced across the service. We will use the completed reports to prepare an overview later in the year
5. The report provides a narrative of statutory social work and social care activity. It describes:
 - Governance and Accountability arrangements
 - Service Quality and Performance
 - Resources
 - Workforce
 - COVID-19
6. Performance data and analysis is set throughout the report and reflects the operational delivery of services for childrens services, criminal justice, mental health and adult services including social care.

CONSULTATION AND PARTNERSHIP WORKING

7. The Chief Social Work Officer role is key in a number of partnership arrangements including the Health and Social Care Partnership, Multi Agency Public Protection Arrangements (MAPPA), East Renfrewshire Child Protection Committee, East Renfrewshire Adult Support and Protection Committee, and the Violence Against Women partnership as well as being the professional advisor to the council.

IMPLICATIONS OF THE PROPOSALS

Finance

8. There are no financial implications arising from this report, however the report does refer to the significant financial challenges facing the delivery of social work and social care services for the HSCP.

CONCLUSIONS

9. This report provides an overview of the professional activity for social work and social care within East Renfrewshire for 2020 / 21 through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.
10. We have many examples of success to celebrate and build on:
 - An enhanced Family Wellbeing Service achieving positive outcomes for children and young people's emotional wellbeing.
 - An innovative multi-disciplinary Healthier Minds team supporting children and young people with their emotional health and well-being.
 - A multi-agency approach to Signs of Safety.
 - Reducing the number of children and young people looked after away from home and strengthening the voice of families in our processes.
 - Enhanced participation and engagement of looked after young people, ensuring their voices are heard and there is a greater understanding of care experience.
 - In adult social work and social care the number of adults reporting their outcomes are met remains high and carer's quality of life is improved.
 - Continue to improve direct participation with individuals in taking ownership of their own care via Self Directed Support Option 1 (18%) and Option 2 (9%).
 - A Self Directed Support Steering Group was established with over 50% membership of individuals who use social care services and their families to shape, improve and streamline our processes.
 - Enhanced collaboration with individuals and family carers in the design, evaluation and recruitment of staff / managers within adult services.
 - Significant improvement in our Care at Home services with Care Inspectorate inspection in July assessing all areas as good.
 - Improvement in our approach to protecting adults at risk of harm, including improved timescales, higher number of referrals to advocacy and increased number of people who have a protection plan in place.
 - Significant improvement of our multi-agency approach to Large Scale Investigations reducing harm and improving outcomes for local residents.

- The overall strength of multi-agency and partnership working in East Renfrewshire throughout the pandemic across our children's, adult and justice service areas.
 - East Renfrewshire is one of the first pilot sites to facilitate joint investigative interviews under the new Scottish Child Interview Model (SCIM). Ensuring that children and their families will receive the practical and emotional support they require to recover and work towards the vision of a Child's House for Healing (Barnahus).
11. There continues to be a number of significant challenges and risks facing social work and social care within East Renfrewshire including:
- Increased demand for social work support across both children's and adult services and care at home for adults both in terms of numbers and complexity of need.
 - Increased referrals to Child and Adolescent Mental Health Services (CAMHS) alongside staff vacancies resulting in a need to prioritise resources to meet the needs of young people experiencing emotional distress.
 - Growing complexity of significant domestic abuse which we are responding to through multi agency work, Safe and Together and the implementation of Multi Agency Risk Assessment Conferences (MARAC).
 - Implementation of learning from the Care Review (The Promise) in all aspects of our work with looked after children and young people.
 - The impact of Coronavirus (Covid-19) and the challenge of recovery, particularly as we have seen a rise in poor mental health, emotional distress, and for older people, increased physical frailty and dependency alongside capacity challenges within our social care services.
12. The landscape for all Health & Social Care Services will change over the coming years as a consequence of COVID-19 and statutory social work and social care will be required to adapt to ensure we support the recovery, rising demand and renewal associated with protecting and caring for our most vulnerable citizens and all those who are at risk in our communities.
13. At the heart of the social work profession lies a commitment to enabling and supporting vulnerable individuals to make positive, sustainable changes to their lives to achieve the best outcomes for them, their families and communities as a whole.

RECOMMENDATIONS

14. The Council is asked to comment and approve the content of the Chief Social Work Officer Annual Report attached as Appendix 1 for submission to the Office of The Chief Social Work Advisor, Scottish Government.

REPORT AUTHOR

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October 2021

BACKGROUND PAPERS

[Chief Social Work Officer Annual Report 2019-20](#)



EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT

1 April 2020 – 31 March 2021



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Introduction – Reflection on the Past Year

Social Work professionals work alongside individuals and families providing care and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults.

Over the past year our Social Work professionals in partnership with colleagues across the Health and Social Care Partnership and our communities have continued to do this work in the most unprecedented and challenging times throughout the Coronavirus (Covid-19) pandemic. This has involved responding to higher demands for support, supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Due to illness this report has been written in collaboration between the Chief Social Worker and the Acting Chief Social Work Officer. We have seen our social work and social care workforce locally respond compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support and for this I thank them.

We are always proud of the contribution that social workers and social care workers make to our society, this year more than ever with staff working hard to support vulnerable children, adults and families whilst dealing with this the impact of Coronavirus (Covid-19) in their own personal and family lives.

This report provides a detailed summary of our statutory services and the commitment of our staff in supporting our residents and improving outcomes. It also provides some reflections on the impact of Coronavirus (Covid-19) on our work and our plans as we move towards recovery from the pandemic.

We have many examples of success to celebrate and build on:

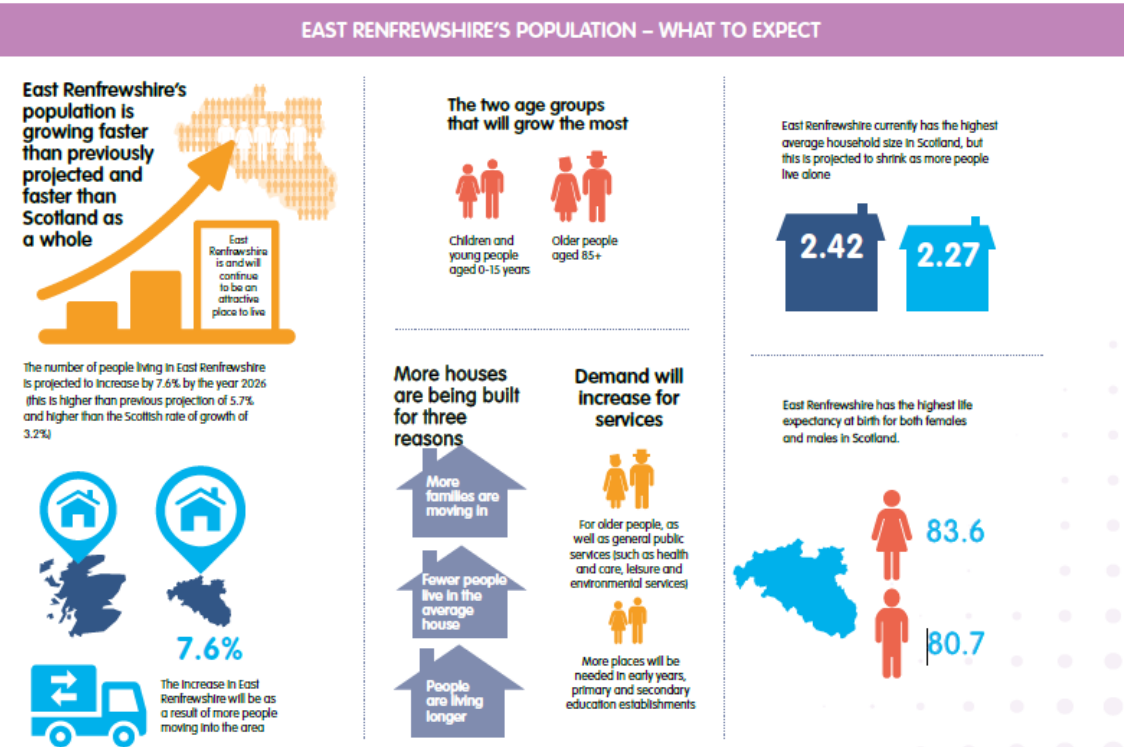
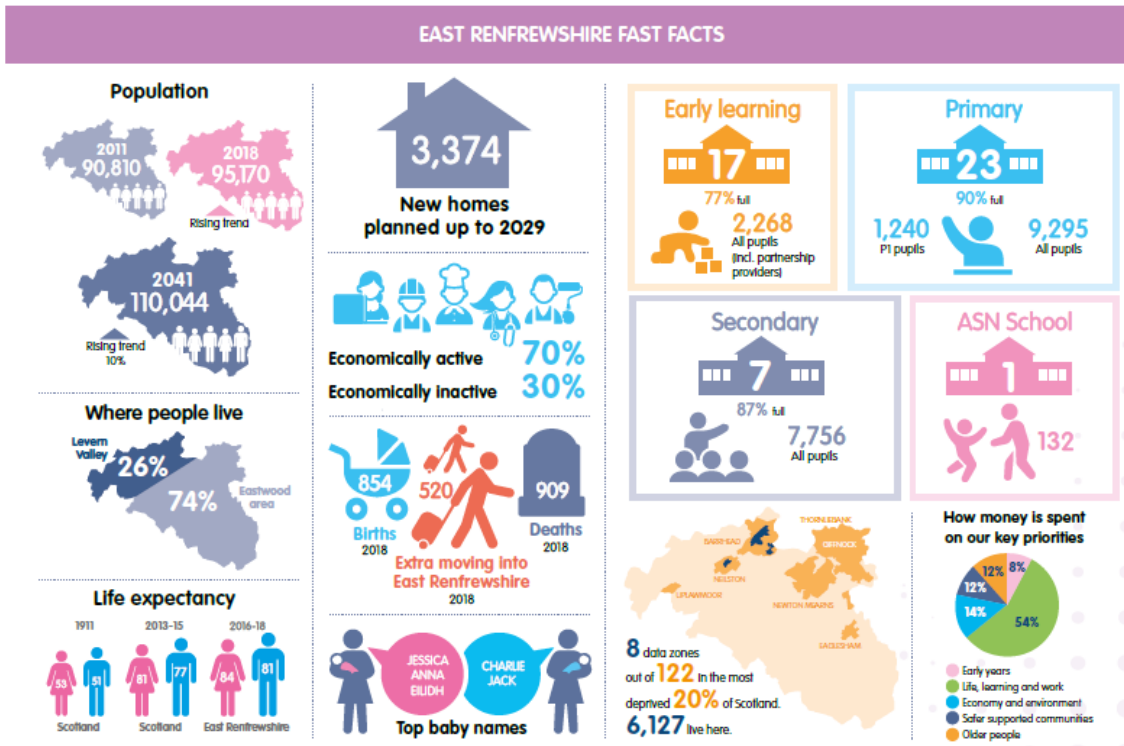
- An enhanced Family Wellbeing Service achieving positive outcomes for children and young people's emotional wellbeing.
- An innovative multi-disciplinary Healthier Minds team supporting children and young people with their emotional health and well-being.
- A multi-agency approach to Signs of Safety.
- Reducing the number of children and young people looked after away from home and strengthening the voice of families in our processes.
- Enhanced participation and engagement of looked after young people, ensuring their voices are heard and there is a greater understanding of care experience.
- In adult social work and social care the number of adults reporting their outcomes are met remains high and carer's quality of life is improved.
- Continue to improve direct participation with individuals in taking ownership of their own care via SDS Option 1 (18%) and Option 2 (9%).
- A Self Directed Support Steering Group was established with over 50% membership of individuals who use social care services and their families to shape, improve and streamline our processes.
- Enhanced collaboration with individuals and family carers in the design, evaluation and recruitment of staff / managers within adult services.

- Significant improvement in our Care at Home services with Care Inspectorate inspection in July assessing all areas as good across all areas.
- Improvement in our approach to protecting adults at risk of harm, including improved timescales, higher number of referrals to advocacy and increased number of people who have a protection plan in place.
- Significant improvement of our multi-agency approach to Large Scale Investigations reducing harm and improving outcomes for local residents.
- Overall the strength of multi-agency and partnership working in East Renfrewshire throughout the pandemic across our children's, adult and justice service areas.
- East Renfrewshire is one of the first pilot sites to facilitate joint investigative interviews under the new Scottish Child Interview Model (SCIM). Ensuring that children and their families will receive the practical and emotional support they require to recover and work towards the vision of a Child's House for Healing (Barnahus).

We also know what our most significant challenges are and are making progress in tackling these:

- Increased demand for social work support across both children's and adult services and Care at Home for Adults both in terms of numbers and complexity of need.
- Increased referrals to Child and Adolescent Mental Health Services (CAMHS) alongside staff vacancies resulting in a need to prioritise resources to meet the needs of young people experiencing emotional distress.
- Growing complexity of significant domestic abuse which we are responding to through multi agency work, Safe and Together and the implementation of Multi Agency Risk Assessment Conferences
- Implementation of learning from the Care Review (The Promise) in all aspects of our work with looked after children and young people.
- The impact of Coronavirus (Covid-19) and the challenge of recovery, particularly as we have seen a rise in poor mental health, emotional distress and for older people, increased physical frailty and dependency alongside capacity challenges within our social care services.

East Renfrewshire Population Facts



Section 1: Governance and Accountability

East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board and it has built on the Community Health and Care Partnership, which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

Our Partnership has always managed a wider range of services than is required by the relevant legislation. Along with adult community health and social work and care services, we provide health and social work services for children and families and criminal justice social work.

During the last 15 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire Health and Social Care Partnership 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.

This Chief Social Work Officer's report captures the sixth year of the move to a Health and Social Care Partnership and whilst it outlines the key statutory social work functions, it also explains how they are delivered within the spirit of the Public Bodies (Joint Working) (Scotland) Act 2014 legislation. The Chief Social Work Officer provides the Health and Social Care Partnership and Council with professional advice, leadership and oversight of all social work and social care functions. She reports to the Chief Executive for East Renfrewshire Council in her role. The Chief Executive chairs the Chief Officer Public Protection Group and the Chief Social Worker is responsible for the scrutiny and quality assurance of all public protection services in East Renfrewshire. This also includes Violence against Women and Girls. The group is chaired by East Renfrewshire Council's Chief Executive and usually meets bi-annually and the Chief Social Work Officer acts as their professional advisor. The Chief Officer Public Protection Group has met more regularly during the pandemic. The use of driver diagrams and logic modelling supports the scrutiny of public protection processes, outputs and outcomes. The Chief Officer Public Protection Group met regularly throughout lockdown and will continue to do so through recovery.

The Chief Social Work Officer and the Chief Officer will provide professional advice and leadership to the Health and Social Care Partnership locally and to national forums to help shape the implementation of the Independent Review of Social Care and the development of a National Care Service. This will ensure that our approach continues to be underpinned by human rights and that local implementation meets the needs of the people of East Renfrewshire.

Our Strategic Vision and Priorities

East Renfrewshire has a proven track record integrating health, social work and care services for 15 years. From the outset of the Community Health and Care Partnership we have focused firmly on outcomes for the people of East Renfrewshire that improve health and wellbeing and reduce inequalities. Under the direction of East Renfrewshire's Integration Joint Board, our Health and Social Care Partnership builds on this secure foundation. Throughout our integration journey, we continue to develop strong relationships with many different partner organisations. Our longevity as an integrated partnership helps us to improve outcomes for the citizens of East Renfrewshire.

Our Vision



Our vision statement, “*Working together with the people of East Renfrewshire to improve lives*”, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire.

Our Strategic Plan

The strategic plan for 2018 - 2021 sets out seven strategic priorities where we need to make significant change or investment during the course of the plan. These are:

- Working together with **children, young people and their families** to improve mental wellbeing.
- Working together with our community planning partners on new **community justice** pathways that support people to prevent and reduce offending and rebuild lives.
- Working together with our communities that experience shorter life expectancy and **poorer health** to improve their wellbeing.
- Working together with people to maintain their **independence at home** and in their local community.
- Working together with people who experience **mental ill-health** to support them on their journey to recovery.
- Working together with our colleagues in primary and acute care to care for people to reduce **unplanned admissions** to hospital.
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities.

Recognising the continuing pressures as we recover from the Coronavirus (Covid-19) pandemic and the current level of dynamism in the health and social care sectors, the partnership chose to establish an interim one-year Strategic Plan for 2021-22. The interim plan builds on the seven priorities listed above and adds a further priority to support resilience and wellbeing among staff across the wider partnership. During this financial year we are undertaking engagement and needs assessment work to support the development of our next three-year Strategic Plan for 2022/25. We plan to do this in collaboration with people who use our services, family carers and local partners. A draft plan will be produced for public consultation by December with the final plan published by April 2022.

Annual Performance Report

Our Annual Performance Report 2020-21 has given us an opportunity to demonstrate how we have delivered on our vision and commitments over 2020/21. It provides information about the progress we are making towards achieving the national outcomes for children, the national health and wellbeing outcomes, and criminal justice outcomes.

Clinical and Care Governance Group

In order to exercise its governance role in relation to the delivery of effective social work and social care services, the Clinical and Care Governance Group focuses on governance, risk management, continuous improvement, inspection activity, learning, service and workforce development, service user feedback and complaints. Although no longer a formal structure of the Integration Joint Board it continues to provide regular scrutiny on the areas requiring development and improvement. Quality assurance is fundamental to safe and effective care and the Chief Social Work Officer Annual Report is remitted to the Clinical and Care Governance Group to provide them with assurance concerning the delivery and performance of statutory social work functions. Furthermore, this allows the group to consider the interdependencies of delivering effective and high quality care within the context of integrated practice. More information can be found in the [Annual Clinical and Care Governance Report](#).

Section 2: Service Quality and Performance

2.1 Children's Services

Early Identification and Intervention

The Request for Assistance team ensures that children and their families receive a thorough and prompt response to any referrals and / or inquiries for a child or young person. We support our partner agencies at the earliest opportunity by sharing information and offering advice that strengthens our preventative approach to children, young people and their families.

The team is staffed by experienced social workers, an occupational therapist, an advanced practitioner in domestic abuse; and also benefits from the expertise of our third sector partner Children 1st, who consider referrals under Section 12 of the Children and Young People (Scotland) Act 2014 for Family Group Decision Making (FGDM).

From 1 April 2020 to 31 March 2021, the Request for Assistance team completed a total of 1,047 initial assessments, with 19% requiring targeted intervention. These figures are consistent with the previous year's activity.

Family Group Decision Making

During the period April 2020 to March 2021 there was a focus on specific support to families including delivery of food parcels, help with fuel debt and provision of financial advice. In addition to this, there was a recognition of the impact Coronavirus (Covid-19) restrictions were having on families with an initial move away from progressing to meetings and a focus on supporting families with their emotional wellbeing. Engagement with families happened via Microsoft Teams, phone calls, emailing of resources, meeting families outdoors (when restrictions allowed) and text messages. Virtual platforms were used from July 2020 to progress to family meetings and continued for the rest of the year.

The service was able to support 17 families, involving 25 children and young people with eight families progressing to family plan meetings and four in the early stages of the support. The vision continues to focus on prevention on the need for statutory social work involvement when early identification is made.

In response to the Coronavirus (Covid-19) pandemic and to ensure families have immediate support from the service, an additional two Family Group Decision Making workers were employed and are now in post. Continued development with this service has widened the referral routes to include education and health visiting as direct referrers.

Children and Young People's Mental and Emotional Wellbeing

As a local authority, East Renfrewshire has recognised the extent of mental health concerns among the children's population, and in our new Children and Young Peoples Services Plan 2020-2023 we have agreed mental and emotional wellbeing as a key priority. The impact of the Coronavirus (Covid-19) pandemic has exacerbated the circumstances of many children, young people and families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. This includes those who have a neuro developmental diagnosis.

In response to this a multi-stakeholder Healthier Minds Service approach aligned to school communities has been developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery. This is working alongside our existing Family

Wellbeing Service which links to GP practices. In addition local Youth Counselling provision has also been increased. Demand for these services is outlined below.

Family Wellbeing Service

The last year has brought a unique set of challenges and demands for the local Family Wellbeing Service delivered by Children 1st. However, it has also brought opportunities. Working in partnership with families and colleagues in East Renfrewshire the service has been able to continue to build on successes and learning despite the pandemic.

The increase in the demand for the service is evidence of this. Although funded to accept a minimum of 178 referrals per year this figure was exceeded significantly demonstrating the need for emotional wellbeing support from the children and families population. Moving into reporting period 2019/2020 179 families were being supported with a further 159 referrals received during 2020/2021. This amounts to a total of 338 children / young people and their families being offered support from the Family Wellbeing Service during this year.

Promotion of the service among GPs has been highly successful with almost all accessing the service when required for their patients. Programme evaluation indicates a significant improvement in the emotional wellbeing of the children and young people referred with fewer repeat presentations to GPs with distress. This demonstrates the efficacy of the family support and wellbeing intervention model deployed by the service.

Healthier Minds Team

This new multi-disciplinary team established in autumn 2020 is directly responding to the emotional wellbeing needs of children and young people aged 10 – 18 years. Although the majority of referrals are from schools other agencies are accessing the service and very importantly this includes self-referrals from young people themselves. By the end of the 2020/21 academic year 278 children and young people have been referred to the service. Professional membership of the team comprises Children 1st, Recovery Across Mental Health (RAMH), school nursing, educational psychology, social work and Child and Adolescent Mental Health Services (CAMHS). This professional oversight means referrals are processed quickly and children are seen timeously. Child and Adolescent Mental Health Services involvement and oversight also results in children being referred to this tier 4 service urgently if it is required.

Signs of Safety - Our Approach

Over 2020/21 we have continued the implementation of the Signs of Safety model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). However, much of our implementation plan has had to be postponed due to the impact on services as a result of the Coronavirus (Covid-19) pandemic. Despite this, we have continued to support practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. This has been more important than ever during the pandemic. From analysing our data we have found that our approach and safety planning with families is having a positive impact. Most new referrals coming to our Request for Assistance team are families who were not known to us previously.

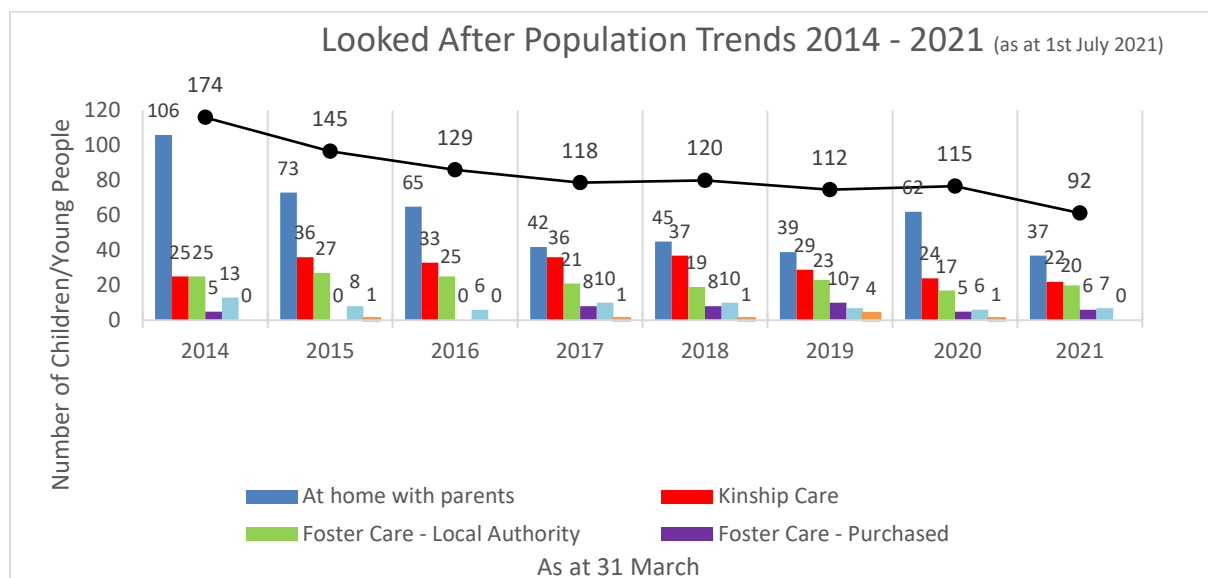
Our key achievements for the second year of our five year implementation plan are:

- Continued commitment from the multi-agency Signs of Safety Implementation Team.

- The multi-agency practice lead network, continued to meet regularly throughout the year, with a clear focus on direct practice improvements.
- Continued workforce training provided at different levels, advanced and generic for all staff groups including education, health, police and adult services. This was adapted to allow for appropriate social distancing guidelines applicable at the time.
- Under the powers of the Coronavirus Act 2020, we reviewed our assessment paperwork to allow for partial assessments to be undertaken. We will revert back to full assessments once the powers cease, however will incorporate all the learning from this into our revised full assessment and plan paperwork
- Continued application of the model in our Child Protection Case Conferences to ensure they are solution orientated, strengths based and risk focused.

East Renfrewshire’s Looked After Children and Young People’s Population - A Profile of our Children

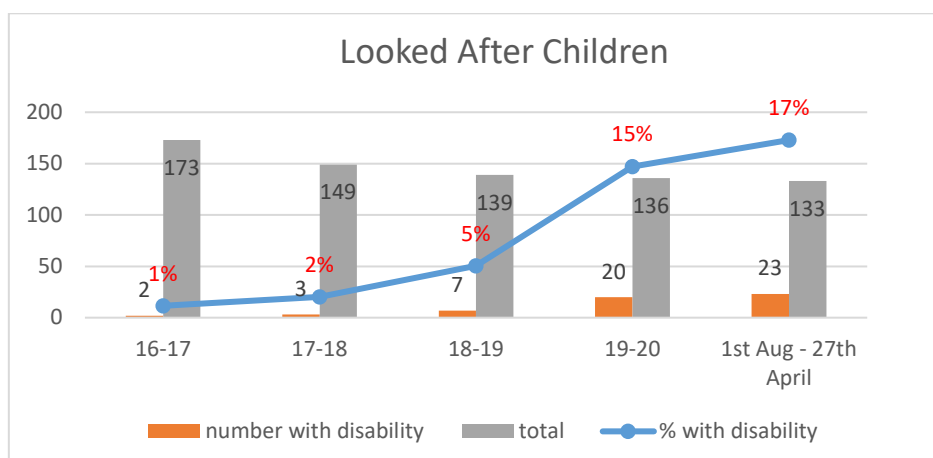
On 31st March 2021, 92 children and young people in East Renfrewshire were looked after in a range of settings. This constitutes approximately 0.5% of the total children’s population of the area and remains one of the smallest proportions in Scotland. The gender balance has been consistent in recent years with 60% boys and 40% girls. We have continued to work to improve outcomes for children by securing permanent destinations for them. This year there has been a decline in the number of children looked after at home with the number looked after away from home remaining consistent. The reduction in the number of children looked after at home correlates with a decrease in referrals to Scottish Children’s Reporter Administration (SCRA) overall.



In this year, the average amount of time children were looked after at home increased from 15 months to 20 months. This can be attributed to the significant reduction in children’s hearings taking place and the powers afforded by the Coronavirus Act to extend Compulsory Supervision Orders.

As a result of the pandemic there has been a significant increase in the number of children with complex and additional support needs who have become looked after. Currently 17% of

looked after children have a disability evidencing that the pandemic has significantly affected families with children who have additional support needs.



Intensive Family Support Team

The Intensive Family Support Service works alongside families who present with more complex needs and where it has been identified that extra support would be helpful. The service when required works across the full week, including evenings and weekends and on an individual and / or group basis. The team operates a trauma sensitive and strengths based model to improve the safety and wellbeing of children.

Examples of support in 2020/21 include:

- Parenting capacity assessments to support permanence decision making.
- Intensive support to parents and family networks to contribute to child protection assessments and reducing risk.
- Attachment focused work to strengthen relationships and understanding within families.
- Intensive support to build on the identified strengths of families to help them manage family life including building routines; managing boundaries; understanding and addressing the health and development needs of children and the needs of parents.
- Intensive parenting and relationships support to help parents and children recover and support rehabilitation.
- Continued support to allocated families during initial stages of the Coronavirus (Covid-19) pandemic providing practical support (collecting prescriptions, food shopping for families with children with additional support needs etc.) and emotional support (helping families maintain face to face connections outdoors).
- Support to families in evenings and weekends during initial stages of the Coronavirus (Covid-19) pandemic. This included out of hours support, responding to child protection concerns and supporting child protection cases out of hours.
- The team contributed to the distribution of food parcels to families across the authority and liaised with a community based charity to identify families who would benefit from the provision of hot meals. This support continued until schools returned in August 2020 with staff from the team volunteering to support distribution. The team also made up and provided summer activity packs to families.

Between April 2020 and March 2021, 93 children received support from the Intensive Family Support Service, with children from all single year age groups from 0 to 13+. Parental Mental Health is the most common reason for intervention, and this is a consistent characteristic within our report.

Children and young people receive support from the team for a range of legislative reasons. However, the majority (77%) of children fall under Welfare of Child in Need legislation. It should also be noted that 15 children's names were placed on East Renfrewshire's Child Protection Register.

Youth Intensive Support Service

The Youth Intensive Support Service (YISS) was established during 2015 as the lead service for all looked after young people aged 12 – 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse.

Using a relationship based model the team delivers the statutory duties within the Children and Young People's (Scotland) Act 2014, namely to support young people eligible for Continuing Care up to the age of 21 years and for Aftercare up to the age of 26 years. The service's aim is to successfully engage the most hard to reach young people in East Renfrewshire by providing and co-ordinating multifaceted support plans. The service has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.
- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.
- To maximise social capital.
- To keep whenever safe to do so a connection to their local communities.

From the period between 1st April 2020 and 31th March 2021, Youth Intensive Support Service directly supported 155 young people and their families.

- 38 were care experienced young people in receipt of Continuing or After Care support.
- 45 of care experienced young people were supported through East Renfrewshire's Family Firm.
- 62 were assessed as being of immediate risk of custody.

Additionally, Youth Intensive Support Service has two Advanced Practitioner posts. The Advanced Practitioner for the Champions Board co-ordinates, plans and delivers participation and engagement activities for care experienced young people known to the local authority. Our Continuing and Aftercare Advance Practitioner focuses on support and provision to this distinct group of young people. Both have additional responsibilities within East Renfrewshire's Corporate Parenting sub-groups and support the practice development of partner agencies.

During the Covid pandemic the contact levels with young people remained very high. This is evidence of the success of our relationship-based practice, averaging at 81% of young people having contact at least once per fortnight.

Champions Board, Group Work and Participation

Despite Covid restrictions in 2020/21, we continued to engage with our children, young people, families and communities. Although participation opportunities were reduced overall there were key successes in the period:

- Continued Champions Board activity including daily video calls during lockdown period and the distribution of wellbeing bags.

- Summer Programme 2020 - daily activities of Yoga, Fishing, Football, Drama, Graffiti and photography for young people run by Youth Intensive Support Service with support from other agencies. 100 opportunities offered. 30 young people attended in total, with most young people attending a number of the groups. (Under 12s group run for graffiti and football)
- Creative consultation around a vision for the East Renfrewshire Children's Services Plan August 2020. Articulate Cultural Trust were commissioned to consult with young people in a creative way to explore their views on what is important to them to help create a vision for the East Renfrewshire Children's Services Plan. A Care Experienced Young Person from East Renfrewshire was paid as a creative consultant to support this. Consultation took place with 30/40 young people from Mini Champs, Champions Board, and young people attending the Education HUBs.
- Young people were involved in a variety of consultation and planning activities as well as being part of staff and panel member interviews.
- Three of our Care Experienced Young Persons have completed their Peer Mentor training with Move On (online). Three young people attended eight sessions.
- Health and Social Care Partnership Traineeships (four care experienced young people were successful in gaining posts and will work alongside the Champions Board).
- Two Care Day events (2020 and 2021) which reached 60 and 50 young people respectively.
- 15 young people attended in partnership with the Culture and Leisure Trust an Easter 2021 activity programme where they were given the opportunity to participate in Sport/Arts and Cultural activities.
- Craftivism Group run by Articulate Cultural Trust- group for under 12s and over 12s (six days, 10 young people attended). Showcase to Corporate Parents.

This is not an exhaustive list of the activity in 2020-2021. However it demonstrates some of the breadth and success of the continued focus on participation and sustained contact with our children and young people despite the pandemic.

Fostering, Adoption and Supported Care

Intensive Services Adoption, Fostering and Supported Care Team have sought to continue to provide safe and stable placements to meet the needs of children and young people during the challenge of the pandemic. Our carers have been integral in continuing their support to our children and young people. They have provided consistency, stability and care throughout this year. We have worked creatively to provide direct visits and indirect support and supervision to carers and continued to review our carers and progress assessments through having an online Adoption, Fostering and Permanence Panel. Development work was postponed, including a planned advertising campaign to recruit carers for older children.

During the first four weeks of lockdown, East Renfrewshire experienced a 14% increase in the number of children requiring to be removed from their family homes. At this time internal resources were approaching maximum occupancy. Through consultation with the Care Inspectorate we were able to approach and recruit registered employees (either Scottish Social Services Council, Nursing and Midwifery Council or General Teaching Council for Scotland) to act as temporary foster carers until such times as alternative measures of care

could be provided for children. Without these measures, East Renfrewshire Children's Service may have had nowhere to place our children safely.

The Care Inspectorate subsequently published a supportive guidance note regarding the use of employees registered with the Scottish Social Services Council or General Teaching Council for Scotland as temporary foster carers.

Fostering

- Three additional carer households were temporarily recruited along with one carer, increasing registration during this time. All carers were utilised in providing support to children from short term to short breaks care, offering necessary support and care to children at this time.
- Currently 14 registered foster carer households caring for 16 children / young people looked after or ceasing to be looked after in receipt of continuing care.
- Two children accessing short breaks care to provide support to them and their families. This support has been invaluable to families over the past year.
- Four registered Supported Carers, two of whom have approval along with fostering approval providing care for four young people.
- Within the reporting period East Renfrewshire have had eight children in foster placements with independent fostering agencies.

Adoption

During 2020/21, the service has:

- Offered our post adoption support group to a membership of approximately 35 families.
- Through our indirect letterbox service we offer and provide support to both adoptive parents, birth family and birth parents in engaging in their letterbox exchange.
- Provided targeted intervention and letter box contact support to 11 adoptive families supporting 23 letter exchanges a year.
- We offer origins counselling to individuals and families through our service agreement with Scottish Adoption Support Services and they have provided support to three families.

Supported Care

Our team has developed specific supported care support groups. To allow for carers to meet together and discuss topics and themes relevant to the role of supported carer. We also offer ongoing support to our supported carers through direct visits, virtual visits and supervision.

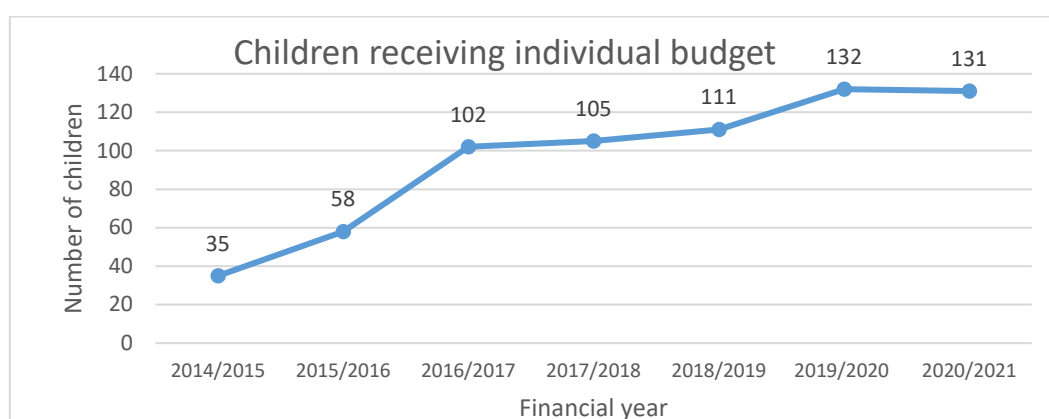
Registered Services Inspection

Our three registered services, fostering, adoption and adult (supported care) placement were inspected in October 2019 and all services received Grade 5 (very good) for the areas inspected with a number of areas commended:

- The strengthened collaborative and relationship based approach by aligning registered services within our Intensive Services structure.
- The commitment from staff especially the partnership working across health, social work and education to ensure we are providing the best possible care to our children and young people.
- The way children, their families and foster households were empowered to contribute to decision making and feel listened to.

Children with Disabilities

We have fully adopted the principles of Self-Directed Support in partnership with children, their families and other people who are important to them. We recognise that good support planning is reliant on relationship based practice, starting with the family recognising what matters to them, and we are embedding this way of working throughout children's services. Given that 38% of children known to social work teams have a disability, we have undertaken a review of our assessment and planning and have implemented Signs of Wellbeing, a strengths based approach, adapted from Signs of Safety.



The number of children in receipt of an individual budget has quadrupled since 2014 as shown in the chart above. In 2020/21, three quarters of children with disabilities allocated to social workers were in receipt of an individual budget. This will continue to be an area of significant growth and budgetary pressure. Expenditure has increased from just over £200,000 in 2014/15 to £471,558 for option 1 payments in 2020/21 which is consistent with the same period last year.

It is anticipated that this will continue to be an area of significant demand over the years, considering the migration of families who have children with disabilities into East Renfrewshire. Further analysis will be needed to consider the required financial investment moving forward.

This impact is noted at the transition stage with a continued increase in numbers of young people presented at Transition Resource Allocation Group. As a result of this increase in demand a multi-agency working group is developing Transitions Guidance to support practice and improve data. This will support good transitions and accurate projections for coming years including all transitions from children's to adult services.

Inclusive Support Service.

The Inclusive Support Service (ISS) continues to comprise of three distinct services: holiday provision, out of school activity clubs and individualised support services. The service provides a range of targeted support for children and young people aged 5-18 years. All of the children and young people who access the service have either complex health or behavioural support needs, with a significant number having limited verbal communication.

East Renfrewshire Inclusive Support Team in consultation with social work refocused activity during Coronavirus (Covid-19) pandemic by working closely with partners in Education, Health and Adult Social Care Services to ensure support for our most vulnerable children and young people. In response to the unprecedented Covid-19 outbreak the team continued to support the 226 children, young people and their families through creative and innovative means. The team adapted service delivery as part of the multi-agency response to the changing and challenging demands placed upon the Health and Social Care Partnership. The team showed

their compassion and commitment to the health and wellbeing of children, young people and their families through 308 personalised activity boxes, videos, calls, online chats, outdoor programmes and intensive supports at HUB provisions.

In response to a growing need for families the team organised and delivered a summer, October and December HUB provisions for 52 children and young people with complex support needs, who fell under the Key Worker and Critical Childcare category. The team also supported our colleagues within the adults with learning disabilities teams to provide provisions to young people transitioning from children's services. Further supporting the services ethos of providing the right support at the right time.

“At Our Heart” - East Renfrewshire’s Children’s and Young People’s Services Plan 2020-2023

As in previous years and in accordance with the Children and Young People’s (Scotland) Act 2014, local and national partners who deliver services for East Renfrewshire’s children and families, came together to design and publish the new Children’s Services Plan for 2020-2023 titled “At Our Heart”. Based on a wide ranging assessment of local needs, agencies agreed a plan which has at its heart, the overarching aim of improving the wellbeing of local children, young people, and their families. Children’s planning has a very high profile in East Renfrewshire and all partners again demonstrated a genuine enthusiasm to engage with young people, parents and the communities they reside within. As such the assessment of needs within the plan includes what children and parents / carers told us about their experience of living in East Renfrewshire and the challenges they may encounter.

Furthermore the new **vision** for the 2020-2023 Children and Young People’s Plan was developed by children and families during a series of engagement events, agreed by partners during this year is the following:

“East Renfrewshire’s children should grow up loved, respected and be given every opportunity to fulfil their potential.

We want them to be safe, equal and healthy, have someone to trust, have friends, but most of all HOPE”.

The Coronavirus (Covid-19) pandemic, the national lockdowns, and the ongoing restrictions, continue to affect all communities in East Renfrewshire, as they have elsewhere in Scotland and the UK. As the impact on children, young people, and families becomes more apparent, East Renfrewshire Council and partners will adapt our Children’s Services Plan accordingly to ensure emerging needs are identified and where possible addressed.

The Promise in East Renfrewshire

Another important event also took place earlier in 2020 with the publication of the national Independent Care Review report “The Promise”. This long awaited report into the children’s care system in Scotland is regarded as the most significant in a generation and it is anticipated it will have a fundamental impact on the design and delivery of *all* children and family services now and over the next decade. As local authorities are expected to commence with implementing the findings of “The Promise” report, East Renfrewshire Council and partners have reflected the importance it will have over the life time of the new children’s services plan and beyond.

Recently our multi agency Corporate Parenting Group worked with the East Renfrewshire Champions Board - our care experienced young people’s participation group - to agree a set of new local priorities. These priorities are now included in this Children and Young People’s

Service Plan for 2020-2023, along with a suite of measures to track the progress we are making. Integral to these priorities are the findings of The Promise, as implementation of phase one of The Promise is from 2021-2024 and the East Renfrewshire Children and Young People's Services Plan timeline is 2020-2023, there will be opportunities to incorporate newly emerging learning and actions as they unfold. This will also enable the Health and Social Care Partnership to consider how these actions can best be achieved and the resources required.

Children's Rights

Whilst we await the commencement of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill, East Renfrewshire Health and Social Care Partnership and Education Services have established a local Children's Rights Act Implementation Group to begin the process of ensuring we are compliant with the new legislation and the policy guidance that will subsequently be published. The group is building on the considerable work already undertaken to comply with part one of the Children and Young People (Scotland) Act 2014 'Rights of Children' duties as well as the very long established activity in schools, social work, and other departments and settings.

As required under this legislation in December 2020 we published our first [East Renfrewshire Council Children's Rights Report](#) which was approved by Council and submitted to the Scottish Government. The report was the culmination of a series of audits of a wide range of services and some of this was undertaken with the involvement of children and young people. In Health and Social Care Partnership the focus for our audit activity has been in the areas of child protection, kinship care, health visiting, and children with complex needs, with the purpose of ensuring that procedures and processes are informed by the United Nations Convention on the Rights of the Child articles and children and young people's rights are respected, protected, enabled and fulfilled. The East Renfrewshire Council Children's Rights Report includes a series of improvement actions that the new group has been tasked to take forward into 2021/2022.

The fulfilling of The Promise will be another step forward in enhancing the rights of children and young people who experience the care system, in particular a child's right to a family life, continuing relationships with siblings, and to grow up loved and safe, and protected from poverty and discrimination. We will be considering the changes that need to take place within the Health and Social Care Partnership and also in the wider local partnerships.

Currently we are awaiting the publication of accessible guidance, training and other materials from the Scottish Government as part of the new Act implementation programme that will assist us to be ready for commencement in October 2021.

2.2 Adult Social Work and Social Care

Adults with Incapacity

The support and protection of the rights of adults who lack capacity to make informed decisions regarding their welfare and finances is a core responsibility of all social work practitioners within the East Renfrewshire Health and Social Care Partnership. Practice to support these individuals is informed by the Adults with Incapacity (Scotland) Act 2000 (AWIA) and section 13za of the Social Work (Scotland) Act 1968 as amended by the Adult Support and Protection (Scotland) Act 2007. Social Work take the lead role in ensuring appropriate processes are in place that enable a human rights approach, supported decision making and appropriate application of the legislation including the ongoing supervision and monitoring of use of legislation and powers. New local procedures to inform practice and ensure consistency have recently been developed with a strengthened focus on:

- The importance of identifying if someone lacks capacity and ensuring their rights are protected including access to independent advocacy services.
- Clarifying the roles and responsibilities of social work and mental health officer staff in the application of the legislation.
- The development of a clear pathway from point of when incapacity has been identified with regard to section 13za reviews and AWIA Case Conferences.
- The development of documentation within Care First that ensure all decision making is evidenced based and that this information is captured and accessible.
- Ensuring that there is appropriate governance and leadership with oversight of the application of legislation at senior management level.

The procedures are currently in draft form with a plan to roll these out over the coming year alongside a training programme to all relevant Health and Social Care Partnership staff. The training will focus on the process and procedures, the enhancement of skills for those staff taking on new responsibilities and an overarching emphasis on ensuring that rights and strength based practice is enshrined in the delivery of all services going forward.

Self-Directed Support

The Social Care (Self-Directed Support) (Scotland) Act 2014 is a key piece of legislation and was enacted as part of the 10 year National Self-Directed Support Strategy. The purpose of this legislation was to drive transformation in terms of shifting the balance of power from services to individuals who use them and to provide greater choice, control and creativity to individuals and families in terms of meeting their agreed personal outcomes.

Between November 2020 and March 2021, East Renfrewshire Self-Directed Support (SDS) Forum and East Renfrewshire Carers Centre were commissioned by East Renfrewshire Health and Social Care Partnership to sense check local self-directed support implementation, policy, practice and guidance. They completed this by holding focus groups for people who use our services and their unpaid carers and by facilitating focus groups for frontline practitioners and managers.

The East Renfrewshire Self-Directed Support Forum and East Renfrewshire Carers Centre have worked in partnership with East Renfrewshire Health and Social Care Partnership to sense check local self-directed support implementation, policy, practice and guidance. The review highlighted many areas of good practice alongside areas where our processes /

systems could be improved to improve practice and the user experience. Common themes were evident as well as responsive positive solutions. Some gaps in the implementation of self-directed support still exist locally although there is a strong value base and willingness to streamline systems to work from.

Person centred and relationship practice is the foundation to social work practice and self-directed support. There are clear opportunities to build on our strengths locally and drive forward improvements in processes and practice.

In the spirit of collaboration and partnership working, a Self-Directed Support steering group has been established to oversee our implementation programme locally. The group will be co-chaired by a Head of Service and Self-Directed Support Forum manager and the membership will include people with lived experience of using self-directed support, practitioners, managers and finance officers.

The group will collaborate to agree and oversee a local implementation plan highlighting key priorities, achievements and risk to the Directorate Management Team, the Chief Social Work Officer, the Performance and Audit Committee and Integration Joint Board as required.

Local Uptake of the four Self Directed Support options is reviewed regularly and detailed below:

2020-2021 Self-Directed Support care packages	Option 1	Option 2	Option 3	Total SDS
Children & Families Total	£476,084	£0	£739,709	£1,215,793
Community Addictions	£0	£0	£117,534	£117,534
Carers	£2,163	£0	£0	£2,163
LD	£1,410,813	£232,200	£10,678,297	£12,321,309
MH	£39,284	£95,869	£1,138,990	£1,274,143
OP	£1,080,261	£1,333,940	£1,664,109	£4,078,310
PD	£1,133,895	£132,580	£1,088,298	£2,354,773
Total Adult Expenditure	£3,666,416	£1,794,589	£14,687,227	£20,148,232
Total Expenditure	£4,142,500	£1,794,589	£15,426,936	£21,364,025
% split Children & Families	39%	0%	61%	
% split Adults	18%	9%	73%	
% split Total	19%	8%	72%	

Supporting Unpaid Carers - Carers (Scotland) Act 2016

Over the past challenging year for carers, East Renfrewshire Health and Social Care Partnership Carers Lead has worked closely with East Renfrewshire Carers' Centre (ERCC) who contacted all carers registered with them to identify people most at risk during lockdown to offer support and alert services where necessary. Over the past year 18 carers rights awareness sessions have been delivered to Health and Social Care Partnership teams and partners. Since April 2020 there has been a 21% increase in carers identified by East Renfrewshire Health and Social Care Partnership staff, much has overtaken self-referral as the main source of referral to the Carers Centre. The Centre has in turn seen a 20% increase in referrals. The Centre currently has 1,600 carers registered, with 214 being young carers. Throughout the past year East Renfrewshire Carers Centre have offered carers online advice, information, support, including social support and to have their own support plan. Ninety-two Adult Carer Support Plans (ACSPs) have been completed since April 2020 an increase of 1% on the previous year. Schools being closed over such a long period has made it difficult to identify Young Carers this year. A 200% rise in new Young Carers identified (96) the previous

year fell to 26 this year with seven Young Carer Statements completed compared to 35 the previous year.

Examples of creative breaks provided for carers by East Renfrewshire Carers' Centre during the pandemic have been: a tandem bike for a carer and the person they care for; camping equipment; laptops and tablets to allow families to stay in touch; garden furniture to support very short breaks from the caring role. The Carers Collective was established in October 2020 and carers are engaged and involved in shaping local support and services. Examples are with support for autistic young people, their parents and carers and Dementia Day Support Services. Processes and systems are currently being streamlined to ensure each carer identified is being offered the right support at the right time. Equal Partners in Care, an E-learning resource for East Renfrewshire Health and Social Care Partnership staff was introduced in 2020 and in January 2021 East Renfrewshire Health and Social Care Partnership subscribed to an online resource for carers that offers a range of resources to help manage care and caring, 73 people have since downloaded this resource.

We have strengthened our partnership approach to collaboration with unpaid carers in the design and review of local services and the recruitment of staff and managers. A number of local carers helped to design and deliver a development session for our Integration Joint Board to explore the impact of Coronavirus (Covid-19) on local carers and to provide re-assurance about the creative support options available locally.

Assessment and Review Activity

Our improvement journey has continued to make significant progress throughout 2020/21, under the most challenging of circumstances.

Whilst Coronavirus (Covid-19) has affected all social work services, our front door, locality and specialist teams have demonstrated great resilience and quickly adapted our delivery models in line with Scottish Government guidance. Staff have been dynamic, flexible and proactive in their response, utilising technology and a variety of communication techniques to ensure that the most vulnerable in our communities have been protected. The Connecting Scotland programme was a great resource for staff to provide digital devices, data, training and support to get online to those who need it most.

The volume and complexity of referrals coming into the service has changed significantly, and led to the decision to complete a comprehensive review of the front door of the service starting in summer 2021. An external professional adviser will support our management team to analyse our policy and procedure, governance, resources and activity and respond with recommendations to support our continuous improvement and recovery processes into next year.

Our pandemic response, coupled with growing demand levels at the front door has led to a growing backlog of overdue community care reviews. In response, plans are in place to utilise the successes and lessons learned from the care home review team, to replicate this model, and broaden the scope to undertake all adults receiving care with outstanding, and pending reviews.

In-house Care at Home Service

The East Renfrewshire Health and Social Care Partnership Care at Home Service has been at the forefront of the delivery of good quality, person centred care during the pandemic. The social care workforce within this service have continued to demonstrate compassion and commitment providing care to allow people to be cared for in their own homes.

The unannounced inspection in February 2019 by the Care Inspectorate resulted in the requirement to undertake a significant programme of improvement across in house service provision. These improvements were across nine key areas, including care planning and review of support packages, staff supervision, training and management of medication.

The service inspection in 2020 was delayed due to the pandemic with the inspection undertaken in July 2021 and the inspection reporting the service had met all requirements. The revised grading for the service is now good across all inspection themes that were considered during the inspection process. The inspectors noted the high level of service user satisfaction and the sustained and continued improvements across the course of a pandemic. The additional inspection theme - How good is our care and support during the Coronavirus (Covid-19) pandemic - was also graded as good.

The redesign of the service will recommence as part of our recovery plan and will take cognisance of the growing demands on service provision due to the increasing complexity of people being supported as a result of the pandemic. It will also focus on creative and sustainable approaches to recruitment to ensure that we are able to provide support in the right way and the right time. Our focus will be on supporting people to maximise their independence through strengthening our reablement approach.

Bonnyton Care Home

In January 2020 the residents and staff at Bonnyton House in Busby moved to a care home in Crossmyloof for what was meant to be a 12 week renovation.

Our colleagues in Bonnyton House experienced extremely challenging circumstances and long lockdown periods, but they responded with such resilience, flexibility and determination. They lost much-loved residents, nursed others back to health, helped residents through periods of isolation and supported families who lost their loved one or couldn't visit for months. Many of our Bonnyton colleagues also became unwell themselves. To say it was difficult would be an understatement and we are very grateful to every single member of staff.

While residents continued to be cared for at Crossmyloof, as soon as restrictions allowed the team continued to push the renovations forward. The work was complete in October 2020 and after 10 long months, returning to Busby was a huge milestone.

The team worked closely with families during the move back and compiled a short video to show residents and families to support the transition during a time when families could not readily visit their loved ones. The Care Inspectorate noted this as a model of good practice.

The care home underwent a huge refurbishment. All common lounge areas and dining areas were transformed. The bedrooms were fitted with new showers and wet room areas as well as furnishings. The courtyard was paved, making it look much larger and it is now also easier for residents to get about. Residents are enjoying looking after the planters which were installed into the courtyard which are now filled with beautiful flowers, herbs and even some vegetables.

The exterior of the building was painted and the shrubbery areas are also blooming thanks to our colleagues in the council's Neighbourhood Services department.

A Phase two of renovations is planned for next year which will include other communal areas as well as a larger and fit for purpose staff area.

Care Home Assurance Visits and Care Plan Reviews

The Coronavirus (Covid-19) pandemic has had a significant impact on health and social care with arguably the most significant impact on our care homes, the residents, their families and care home staff.

In February 2021, The Cabinet Secretary for Health and Sport requested via Chief Social Work Officers that assurance visits to all care homes were undertaken to provide assurances regarding the quality of care. There was also a request to complete individual reviews for all residents who did not have a recent review completed. This recent assurance activity builds on a the first round of assurance visits within care the home population in response to the Scottish Government update to the National Clinical and Practice Guidance for adult care homes in Scotland during the Pandemic issued in May 2020. The Cabinet Secretary set out additional requirements for enhanced professional clinical and care oversight of Care Homes during Coronavirus (Covid-19) in a letter to NHS Boards outlining immediate actions required to progress this and proposed the need for a longer term supporting structure.

During 2020, East Renfrewshire Health and Social Care Partnership has led two Large Scale Investigations both of which were intelligence led. As a result of these investigations one care home closed resulting in 55 residents transitioning to their new care homes between March and April 2021. Whilst the timing and scale of this work for a small Health and Social Care Partnership proved a challenge, the learning and collaborative approach from our work very much informed our approach to both care home support and assurance visits and individual care reviews.

We made a decision early on that we wanted to complete these visits through a joint health and social work lens with a real focus on human rights. The visits were completed by Chief Social Work Officer, Chief Nurse, Head of Service and Senior Nurse. The rationale behind this was partly due to capacity issues across our services and also that we were keen to model a compassionate and trauma informed approach that reinforced the message to care homes that their work was valued and appreciated by our most senior leaders.

Key Themes

- Overall the quality of care within care homes was very good. We saw many examples of person centred care, specific care plans to support residents during lockdown and when care homes opened to visiting.
- We were humbled and inspired by the care home staff / managers and were shown many examples of where they had provided care and end of life care in the most difficult and unprecedented circumstances. We were very reassured to hear confirmation that residents died well and appropriate just in case medications were in place for residents. Care home managers and staff have undoubtedly experienced significant levels of grief and trauma and despite this have continued to support each other and care for residents. We heard stories of loved ones who were unable to be with their dying relative at the start of the pandemic and who watched from the window and care home staff holding phones to residents' ears whilst their loved ones spoke with them.
- Whilst the experience of those managers and staff who did not experienced a Coronavirus (Covid-19) outbreak within the home and / or resident deaths due to Coronavirus, the ongoing fear and focus required to protect the residents from Coronavirus over a prolonged period of time has been challenging. In one of the homes visited 59 staff members contracted Coronavirus (Covid-19) out of 65. Despite this the uninfected care staff ran the home until colleagues returned when no longer infectious in many cases unwell too. Their prime consideration was the residents. The successful

roll out of the Coronavirus (Covid-19) vaccination programme for residents and staff however has had a very positive impact on all notwithstanding the need for ongoing vigilance in relation to existing IPC measures.

- We noted resilience amongst residents however noted that reduced physical activity (due to periods of isolation), lack of visits from families and limited indoor / outdoor activities has most definitely impacted on the health, cognitive ability and mobility of the resident population. Locally this appears to correlate with a higher number of falls and we are keen to examine this data with our colleagues in Public Health. There is evidence of the significant emotional / mental impact that deaths of their friends have had on residents. There are many examples that this has triggered physical, emotional and cognitive deterioration.
- We found many areas of good practice around resident visiting, creative indoor activities and wellbeing support for staff. We also provided a sensitive critical friend approach highlighting areas where improvements could be made. The visits also allowed sharing of good practice between homes and helpful solutions to key issues shared. It also requires to be highlighted that our visits and the subsequent review activity has reduced the capacity for the homes to absorb family and friends visiting and this in our view should have been factored into the assurance expectations.
- Communication and networks between the care home managers has developed from pre Coronavirus (Covid-19) position - we heard examples where care home managers reached out to support one another and we anticipate that the now fortnightly care home manager forum will support us to build on this.
- Whilst there was some variability in the level of support from and access to GPs with some very positive reports further work is required to strengthen the local arrangements for GP support to care home residents.
- There was a concern regarding the indefinite use of DNACPR (do not attempt cardiopulmonary resuscitation) for care home residents where there has been little / no consultation with families / guardians. This is a human rights issue and needs to be reviewed. This emotional impact of this was significant and experienced by resident's families and care home staff.
- Despite collaborative planning and reassurance before visits, Care Homes reported staff were anxious about the further level of assurance being required after such a difficult year.
- We found tensions between the guidance around infection prevention and control and resident's human rights.
- Care home staff were observed as demonstrating very good adherence to the Personal Protective Equipment (PPE) requirements specific to task and any issues in relation to Infection Prevention and Control (IPC) which required attention were addressed during visit and / or shared with the care home manager as part of ongoing improvement activity.
- Staff put their lives on hold. Their focus and priority was the residents and the selflessness that they demonstrated overwhelmed all of us who visited. We were given many examples of staff moving into the home to protect family members who were shielding and / or where there was workforce resilience issues due to impact. There were only a few homes where the use of agency staff was higher and in most cases they kept this to the same staff by block booking. Moving out of restrictions it was great to

hear and meet some of the agency staff who have been given substantive contracts with the homes.

- Leadership has already been outlined within the report as being visible at all levels. The role of the care home manager however needs to be commended as they were often having to balance the health and emotional risk; to staff, residents whilst being that supportive ear for very anxious carers and combing this with the huge expectations of their external partners, commissioners, public health, and scrutiny body. In retrospect this at times must have been impossible task to deliver on considering the continual changing priorities and the unknowns about the transmission of the virus. There is no doubt this at times the system demands reduced their capacity to meet the very high and public expectations and it created additional stressors. For recovery this should be factored into a more proportionate response as nationally we move out of Coronavirus (Covid-19) and there should be more emphasis on compassionately supporting the sector in a more trauma informed way that seeks to restore and renew.

In March we were able to offer additional resources, through Local Mobilisation Plans, to undertake Care Home Assurance Visits and Care Plan Reviews for all East Renfrewshire residents living in a care home.

Telecare Services

The in-house telecare service has circa 3000 service users and has performed well over the past 12 months. The service recently had its annual audit by the Technology Enabled Care (TEC) Services Association audit. The initial feedback was positive and the final report is awaited. A key work stream over the coming months will be in relation to supporting the progress and implementation of the changes required as part of the analogue to digital transformation.

The service was delighted to secure funding support from East Renfrewshire Council to lead the development of the analogue to digital programme. In addition, funding has been secured from the Scottish Government Technology Enabled Care Pathfinder Programme to ensure that individuals and families are supported to consider technology as part of our early intervention and prevention approach. A Technology Enabled Care Peer Mentor will be recruited to support our workforce to 'think digital' as part of the self-management supports for adults.

2.3 Mental Health

Mental Health Officers (MHOs) are responsible for carrying out specific duties on behalf of the local authority detailed within the Mental Health (Care & Treatment) (Scotland) Act 2003, Mental Health (Scotland) Act 2015 and Adults with Incapacity (Scotland) Act 2000.

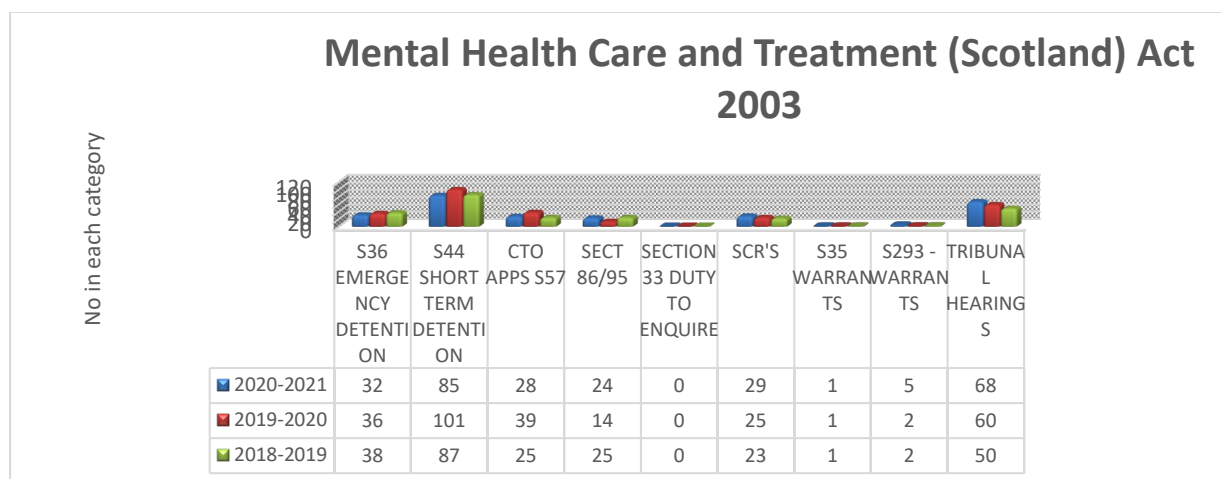
The East Renfrewshire Mental Health Officer service sits within the mental health social work team based in the Barrhead Health and Care Centre. Staff provide the dual role of Mental Health Officer and Care Manager to individuals subject to statutory measures under the Mental Health and Adults with incapacity legislation.

Mental Health Officers work closely with other agencies and professional to improve the quality of experience of people subject to statutory measure and ensure their rights are protected. These include:

- Community health and social work teams including those supporting children and young people experiencing poor mental health.
- Voluntary Sector Partners.
- Independent Advocacy Services.
- The Carers Centre.

Like all staff the Mental Health Officers required to adapt to the changing environment brought on by the pandemic and the associated restrictions in early 2020. Staff were able to work in an agile manner while continuing to provide a responsive service. The introduction of emergency legislation from the Scottish Government created some tensions with regard to ensuring individuals' rights were protected. Therefore the virtual monthly Mental Health Officers Forums were an essential part of keeping staff up to date with relevant changes to practice and legislation and local practice had individuals' rights at the heart.

The Mental Health Officers activity generated by the Mental Health (Care & Treatment) (Scotland) Act 2003 over the last 12 months within East Renfrewshire is not reflective of the national picture. The graph below highlights that statutory work relating to Emergency Detention Certificates, Short Term Detention Certificates, and Compulsory Treatment Order applications all reduced in comparison to the previous 12 months. Areas of work which reflected a slight increase over this period were an increase in the completion of Social Circumstances Reports, section 293 warrants and attendance at Mental Health Tribunals, most likely as a result of increased capacity due to these being held virtually.

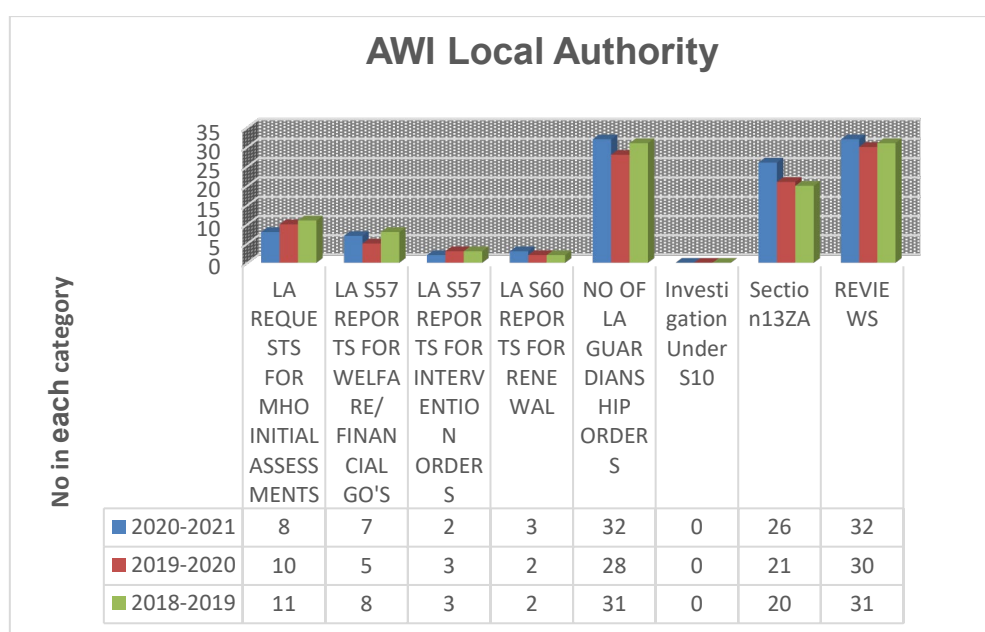


Despite the pandemic figures show that activity remained consistent across the year with a slight spike in Emergency Detentions and Short Term Detentions between October and November.

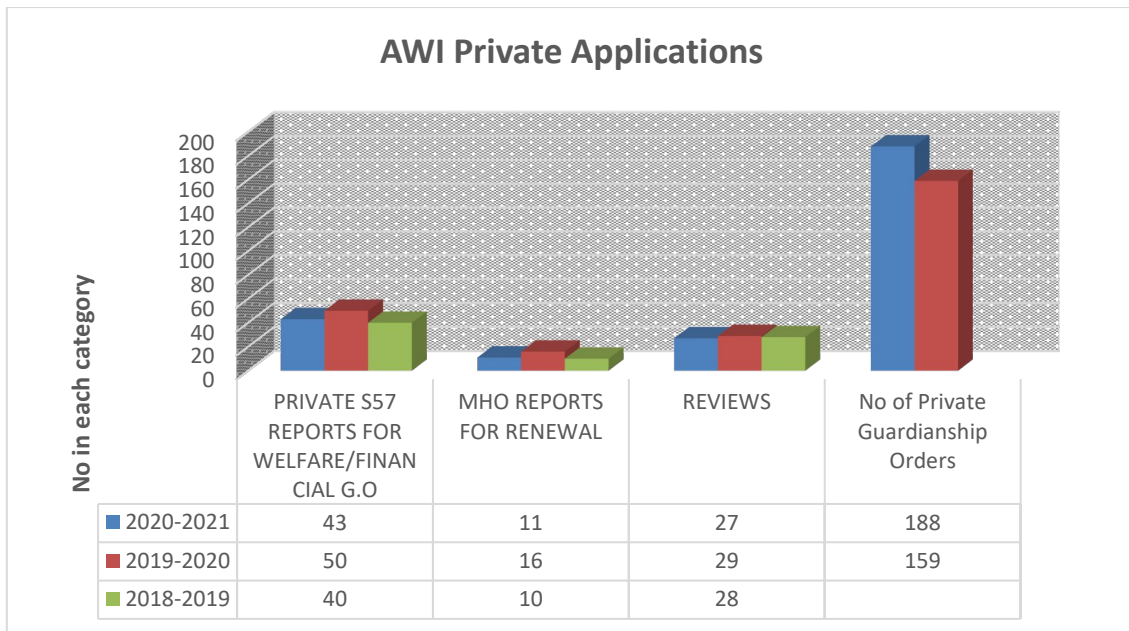
The Adults with Incapacity legislation section 57(2) places a duty on the Local Authority to make an application for Welfare and / or financial Guardianship when specific criteria are met. The Chief Social Work Officer has overall responsibility for the governance and management of local authority Welfare Guardianship Orders while the role of Designated Welfare Guardian is currently delegated to Mental Health Officers. The graph below indicates

- Individuals currently subject to Local Authority Guardianship has increased since the previous year.
- An increase in 13za activity requiring the attendance of a Mental Health Officers to provide advice and guidance regarding the application of the criteria and facilitating a human rights approach.
- A slight increase in the renewal of Local Authority Guardianship Orders. This is despite the 'stop the clock' on the necessity to renew Guardianship orders enacted by the Coronavirus (Scotland) Act 2020 for a period of 176 calendar days from 7th April to the 30th September 2020.

Referral for mentally disordered offenders remains low with only four individuals subject to mental health court disposals.



The demand for Mental Health Officer reports to accompany private applications for Welfare and Financial Guardianship continues to increase. The supervision of these orders remains a challenge due to the ever increasing amount of guardians to be supervised which currently sits at 188 (an increase of 29 from last year). Many of these are joint guardians which can bring with it additional complexities. There has been an increase in the number of complex cases where more intensive supervision of the guardian(s) is required. New procedures with regard to the Adults with Incapacity legislation are currently in draft form and it is hoped this will provide a framework for practice moving forward.



The recruitment and retention of Mental Health Officers has presented challenges over the last 12 months. Recent national figures suggest a shortfall of 55 Mental Health Officers across Scotland. With consideration of the age demographic of Mental Health Officers nationally and also the impact of the pandemic we can predict that there will be challenges for the service in being able to continue to meet its statutory duties. Following on from the review of Mental Health services at the end of 2019 a consultation exercise has been undertaken to look at the structure of the service. This along with the recent difficulties in recruitment has led to consideration of including social workers within the service which would allow the Mental Health Officers to focus purely on statutory duties with the exception being those with more complex needs. Moving forward our focus will be the development of the current workforce. *Mental Health Officers Capacity Building (Training) Grant Scheme: (2020-21)* funding has enabled the partnership to put forward two candidates for the Post Qualifying Mental Health Officer award this year and facilitate extra capacity for Practice Assessors.

2.4 Criminal Justice

As with all areas of our lives, the Coronavirus (Covid-19) pandemic has had a significant impact on the Criminal Justice System and associated Justice Service delivery during 2020/21. This is reflected in the table below which illustrates the number of Statutory Orders and requests for Criminal Justice Social Work Reports received by East Renfrewshire during that year.

	Number 2020-21	Number 2019-20	Change (n)	Change %
Criminal Justice Social Work Reports	123	226	-103	-45%
Community Payback Orders	31	105	-74	-70%
Community Service Orders	0	0	0	0
Through-care (released prisoners)	5	11	-6	-55%
Drug Treatment and Testing Order	0	0	0	0
Fiscal Work Order	0	2	-2	-200%
Diversion	13	10	+3	+30%

Community Payback Orders (CPO)

During Lockdown restrictions in 2020/21, there was a limited staff presence in offices with only essential services entering council buildings. Social workers continued to supervise people by phone whilst maintaining office contact with those offenders who were deemed as vulnerable or assessed as posing the highest risk of harm.

Unpaid Work (UPW) was suspended in March 2020. This led to a significant backlog in Unpaid Work hours. In line with other areas, we used a blended approach in order to reduce the backlog of hours. We delivered working at home kits, utilised a learning pack that people could complete with the support of a social worker and ensured other activity hours were claimed appropriately.

Legislation was introduced in March 2021 to reduce the number of hours originally imposed on Community Payback Orders (CPOs) by 35%. This excluded Community Payback Orders imposed for domestic abuse, sexual offending or stalking. This legislation reduced the outstanding backlog of hours by 2329 hours.

The delivery of the nationally accredited sex offender group work treatment programme Moving Forward Making Changes (MFMC), was suspended during increased lock down restrictions. Three people, however, successfully completed the programme which was delivered on a one to one basis by practitioners and a treatment manager within the justice team.

Key Successes

Strong partnership working was evident in planning support for people who were being released early from prison in May 2020. Throughout the Coronavirus (Covid-19) restrictions, we ensured that people being released from custody, including those not subject to statutory supervision, were supported and that housing had been identified for them. Service users released from custody during lockdown necessitated close collaborative working with Housing, Health, Addictions and Police Scotland to ensure needs were met and risks were managed during a particularly challenging time.

During the year we enhanced our Unpaid Work Service by securing workshop premises. We also recruited a full time supervisor and new sessional staff. We have used the period when the service was suspended to ensure the premises were upgraded and equipped with

appropriate tools and machinery. This will enable people subject to Unpaid Work to develop new skills and allow us to address the backlog of unpaid work hours once restrictions ease.

We commissioned the theatre group Street Cones to deliver an online 12 week Road to Change Programme. The 10 service users who attended the interactive lived experience workshops, were credited with other activity hours for participation in this programme which ended with an online performance.

In February 2021, an audit undertaken by the Multi Agency Public Protection Arrangements (MAPPA) Unit, evidenced that robust risk management arrangements were in place for those offenders who pose a high risk of harm.

Qualified social workers in the team, continued to access appropriate risk assessment training which was delivered on Microsoft Teams. This training included: Structured Assessment of Protective Factors (SAPROF), Stable and Acute 2007 (SA07) refresher training and The Spousal Abuse Risk Assessment version 3 (SARA V3).

The Justice Team continued to ensure 100% attendance at scheduled Multi Agency Risk Assessment Conferences (MARAC) to complement the work undertaken by the Service

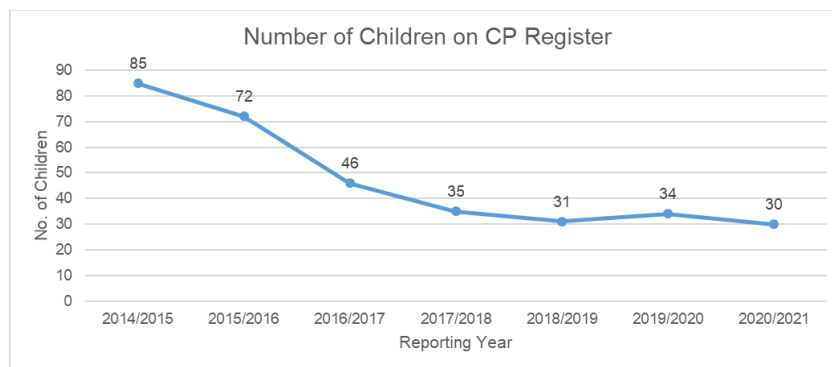
2.5 Public Protection

We continue to carry out and enhance our public protection duties safeguarding children and adults across East Renfrewshire.

Child Protection, Quality Assurance and Continuous Improvement

The number of children on East Renfrewshire’s Child Protection Register was 30 in 2020/21. This is a decrease of four on the previous year. Although we had experienced variations in previous years higher than the national average, our registration rate appears to be stabilising at around 30 to 35 children each year. In addition to robust management and audit activity, we continue to benchmark against comparator authorities to ensure that the rate of registration activity is proportionate and necessary.

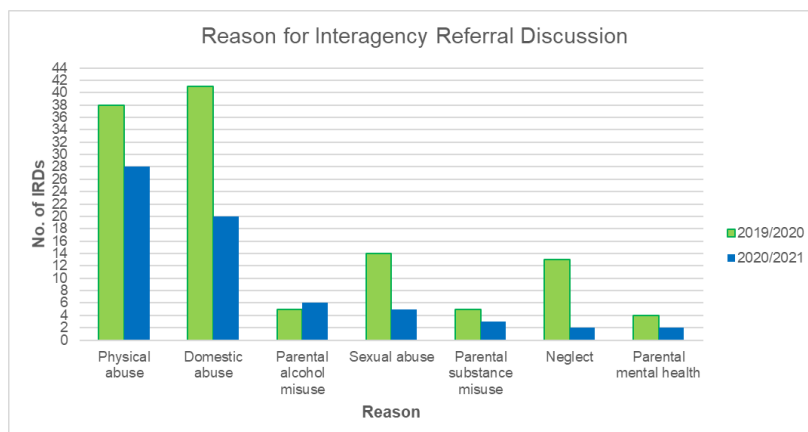
Child Protection Registrations



Interagency Referral Discussions

During the period April 2020 – March 2021, we have undertaken 100 Interagency Referral Discussions (between social work, police, health and where appropriate education services) in respect of 148 children.

The most common reasons for initiating an Interagency Referral Discussion (IRD) during 2020/21 are shown in the chart below. The highest reason for an Interagency Referral Discussion in the reporting period was physical abuse. There has been a significant decrease in Interagency Referral Discussions in all reasons apart from parental alcohol misuse which increased slightly.

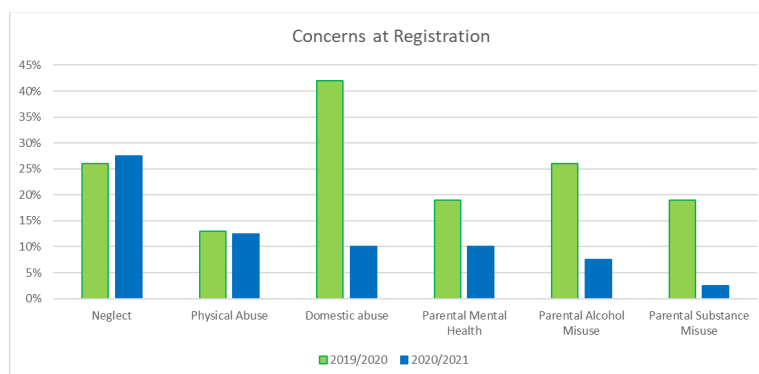


Of the 148 children and young people subject to Interagency Referral Discussions, half were subject to a child protection investigation. 38% went on to have an initial or pre-birth child

protection case conference. Of the 38% of children and young people who were subject to an initial / pre-birth child protection case conference, 75% were registered. This is a significant increase on the previous year of 38%. This equates to approximately 14% of all the children and young people who were subject to an Initial Referral Discussion, which again is a significant increase of 75% from 2019/2020.

Concerns Identified at Registration

The proportion of children who were registered for neglect increased slightly by 2%. There was a significant decrease in all other concerns apart from physical abuse which was only marginally less than 2019/2020.



Quality Assurance Activity

Interagency Referral Discussion Audits

A quarterly programme of Interagency Referral Discussion audit is now an established part of our continuous improvement programme for Child Protection, allowing us to maintain an overview of the initial decision making in child protection processes. We have completed our quarterly audits for the reporting period.

The findings of the audits are discussed by the Child Protection Committee Continuous Improvement Subgroup and presented to the Child Protection Committee. The feedback is shared with frontline Team Managers to support development of practice. Any appropriate areas for improvement will continue to be taken forward as part of the new Scottish Interview Model for joint investigative interviews.

The following strengths were identified from the 2020/2021 audit:

- Almost all (97%) Interagency Referral Discussions reflected actual or potential risk to the child/young person.
- Almost all (93%) Interagency Referral Discussions considered the historical information relevant to the concern being discussed.
- Most (83%) Interagency Referral Discussions were able to reach a clear conclusion of risk.
- Almost all (94%) ensured the child / young person's safety throughout the process.
- The Interagency Referral Discussions audited achieved an average rating of 'Very Good' in terms of overall quality.

The North Strathclyde Child Interview Team - Pilot

The North Strathclyde Pilot, consisting of four Local Authorities and two Police Divisions went live on the 10th August 2020. The pilot continues to develop and fulfil the aim to ensure that all interviews take place in a safe, child friendly, age appropriate way that gives consideration to any developmental or additional needs. Moreover, that all children and their families will receive the practical and emotional support they require to recover.

The four local authorities, two police divisions and Children 1st continue to work collaboratively through monthly operational and strategic group meetings involving partner agencies from Health, Scottish Children's Reporter Administration, and Crown Office and Procurator Fiscal Service to ensure early escalation of process and practice challenges so that learning drives required changes throughout the pilot.

Support for staff in the child interview team to address vicarious trauma as part of our resilience arrangements is progressing via a Forensic Psychologist whereby face to face group supervision as well as one to one sessions will be built into the operational diary at a frequency of six weekly, with each staff member being invited for further sessions at their own request.

In the reporting period, 10th August 2020 to 31st March 2021, the team have received 273 referrals and completed 218 interviews. Quarter 1 data recorded an overall disclosure rate of 79.2% and Quarter 2, 73%. Over a period of eight months, five months recorded a disclosure rate over 80%. This provides evidence that children and young people feel safe to speak and the interviewers themselves believe the extensive training has informed best practice and focus on planning which anecdotally was too often an oversight. March brought about the highest number of referrals to the team since going live in August 2020. Over 30 primary concerns were recorded as sexual abuse or assault and due to the demands placed upon the interviewers, our learning over this month has highlighted the need for increase resource and resilience for the team due to volume and complexity.

Breakdown of Completed Interviews:

Over this reporting period, East Renfrewshire made 28 referrals to the child interview team, where 22 progressed to a joint investigative interview. A disclosure rate of 57% was recorded against these interviews with a crime report raised for all 16 of these disclosures. Suitable venues are often a challenge for the team however East Renfrewshire have been able to provide accommodation at the Children's Hearing room in Barrhead Health and Care Centre and Children1st have given access to their premise in Giffnock. A total of 13 interviews were carried out between these two venues for East Renfrewshire children and young people.

The Children1st participation project encompasses a rights-based approach with a right to be heard at the heart of the work. In order to maximise opportunities for gathering feedback a range of tools have been developed to seek views in an ethical, trauma-informed and sensitive way. Continued development in respect of innovative ways to advise families of the opportunity to provide feedback in order that we can impact positive change in respect of the vision that North Strathclyde pilot have in respect of the healing house for children. The provision of support is the main reason for referral to Children1st, which will always be responded to as priority.

Feedback received from the child or young person and their family's perspective will offer valuable insights and from early indications, the interview is only one part of the process for families. It is therefore imperative that all involved partners continue to build upon the commitment to improve the before, during and after interview for families to ensure a trauma-informed model of practice throughout any investigation whether that be criminal proceedings or child protection.

The child interview team continue to be highly motivated and remain eager to contribute to the learning and development to achieve system change for children and young people.

Children 1st alongside East Renfrewshire Health and Social Care Partnership and partner agencies continue to build upon the vision of a child's house for healing, which will be delivered in a building which is child friendly and brings together child protection and justice system to one place. Children and young people will also access medical intervention if required. The child / young person will immediately be able to get support to recover. All court appearances will be carried out at the house by video link. This will be the first model of its kind in the UK and it is hoped that by using research and evaluation the house will be scaled across the whole country.

North Strathclyde Child Interview Team Audit Work

Development work continues under the new Scottish Child Interview Model (SCIM), and audit work to date has included:

- Peer evaluations undertaken on a quarterly basis involving four members of the team on each one.
- Monthly self-evaluation undertaken by each member of the team. On a quarterly basis, a detailed evaluation is undertaken by a Detective Sergeant and Social Work Team Manager and feedback provided to the interviewer. To date, this has been carried out by the National Joint Investigative Interview Team and will now transfer to North Strathclyde pilot after completion of training and shadowing opportunity.
- Two multi-agency audits have been completed and have included representation from: Scottish Children's Reporter Administration (SCRA), Police Scotland, NHS Greater Glasgow and Clyde, Social Work, National Joint Investigative Interviewing (JII) Team, Joint Investigative Interviewing Coordinator and a member from the child interview team.
- Scottish Children's Reporter Administration have evaluated three joint investigative interviews undertaken by the pilot team.

Audit work, along with the extensive level of data capture is providing us with evidence that the new model is offering the child / young person an environment and process that they feel safe to disclose. Furthermore, evidence that the planning taking place reflects the complexities of the allegations referred to the team. The audit work and data capture have identified:

- Children / young people appearing comfortable in their environment and having their needs met by interviewers who utilised breaks, comfort / fidget aids, and regularly checking in on their wellbeing throughout interview.
- Data shows high adherence to the key planning tools, in North Strathclyde 100% of interviews had all four planning tools completed.
- Evidence from audit work that interviewers are applying the Scottish National Institute of Child Health and Human Development (NICHD) protocol and the rapport and episodic memory training phases are completed to a high standard.
- Recent evaluations by Scottish Children's Reporter Administration have highlighted that interviewers should ensure they take opportunities to clarify language, phrases or concepts expressed by the child / young person during interview that may be open to

interpretation. A thorough exploration of these types of occurrences during the interview itself is likely to reduce the requirement for these to be tested out in cross-examination.

Our biggest challenge – Domestic Abuse

Domestic abuse continues to be one of the most common reasons for referral to children's social work services. Over the course of 2020/21 East Renfrewshire Health and Social Care Partnership received 517 police concern reports relating to 445 children which is a 16% increase on the same period last year.

In the reporting period 2020/21 Women's Aid supported 805 women and children across the three core services (Refuge, Outreach and Child and Young People support) including helpline and drop in enquiries. This is a decrease of 17% compared to the previous year. Reports from survivors and specialist services during Coronavirus (Covid-19) has shown that lock down restrictions prevented women from seeking support especially where perpetrators remained in the family home.

In the reporting period 2020/21 East Renfrewshire Health and Social Care Partnership received 1047 referrals of which 351 recorded domestic abuse as the primary concern (this was the most common primary concern and makes up 33% of the total referrals).

Domestic abuse features as one of the most common concerns within Interagency Referral Discussions (IRD) held in East Renfrewshire. During the reporting period 2020/21 of the 100 Interagency Referral Discussions held (involving 148 children) 31% of these listed domestic abuse as a significant factor. Compared to the previous year this is a 9% decrease in Interagency Referral Discussions and 18% decrease in the number of children where domestic abuse was listed as a significant factor. There was no change to the overall proportion of Interagency Referral Discussions with domestic abuse as a significant factor which remains at 31%.

There were 34 adults referred to East Renfrewshire Adult Support and Protection team where Domestic Abuse was highlighted as a concern during the reporting period.

Multi-Agency Risk Assessment Conference (MARAC) in East Renfrewshire

Multi-Agency Risk Assessment Conferences are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high risk. In East Renfrewshire Multi-Agency Risk Assessment Conferences was first introduced in March 2019. Over the course of the last year Multi-Agency Risk Assessment Conferences in East Renfrewshire continued each month, switching to an online platform due to Coronavirus (Covid-19). This has worked very well and we have had 100% attendance from the range of agencies that attend.

In this reporting year 120 high risk victims and 172 children were discussed at Multi-Agency Risk Assessment Conferences. This is an increase of 40% and 28% respectively in cases discussed compared to the previous year.

Of these figures:

- Of the 120 victims discussed, the age range was 17 – 91 years old
- 58% of victims recorded a disability
- 9% of victims were from Black, Asian and Minority Ethnic (BAME) communities
- <1% of victims identified from Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community
- 29% of children referred were under the age of 5 years (including Pre-Birth)

- 44% of children referred were aged between 5-12 years
- 1% of victims were between 17-18 years
- 5% of victims were male (an increase of five men compared to the previous year).

During the reporting period 2020/21 Police Scotland remained the main referrer to East Renfrewshire Multi-Agency Risk Assessment Conferences, followed by children and families social work, Women's Aid and then adult social work.

A total of 592 actions have been agreed via Multi-Agency Risk Assessment Conference in this reporting period (compared to 469 the previous year). It is important to note that in the reporting period 2020/21, 33 victims did not have school aged children compared to 21 survivors the previous year. This is an increase of 57%. Victims without school aged children were not previously visible in the domestic abuse pathway. The increase demonstrates increased awareness, identification, risk assessment and improved pathway response for domestic abuse across both adult and children's services.

Safe Lives carried out an independent observation of the East Renfrewshire Multi Agency Risk Assessment Conference in May 2021. The observation report and findings were very positive highlighting a range of strengths in best practice, procedure and strategic oversight. This reflects the commitment by all agencies to share information to keep victims of domestic abuse and their children safe and improve outcomes.

Multi-Agency Risk Assessment Conference and Risk Assessment Training

Domestic Abuse Awareness and Multi-Agency Risk Assessment Conference briefings have also moved online due to Coronavirus (Covid-19) restrictions. These picked up again in September 2020 and have run each month; 127 staff have attended the training from September 2020 – March 2021. The sessions continue to be oversubscribed such is the demand from across the Health and Social Care Partnership including delegates from the following: Children and Families, Criminal Justice and Adult Social Work, Health Visiting, Child and Adolescent Mental Health Services, Adult Mental Health, Addictions, Housing, Education, Care at Home organisers / reviewers, Police, Fire and Rescue, Women's Aid and Human Resources.

The Multi-Agency Risk Assessment Conference and Risk Assessment Training Course has evaluated extremely well and high demand for the course has resulted in a waiting list.

In addition to the Multi-Agency Risk Assessment Conference and Risk Assessment Training a previous review highlighted the need for training opportunities for Home Care and Telecare Staff. This training takes place monthly again online at this time. 41 staff have attended this training up to March 2021 and this continues to be delivered with dates booked into the autumn.

Safe and Together

The Safe and Together Model provides improved safety planning for children and adults and improves the assessment and management of perpetrators. Multi agency training has been delivered to key staff across addictions, children and families, adult services, mental health, primary care, housing, education, children's hearing panel members and the third sector.

One day overviews have continued to be delivered online since September 2020 (one day is split into two half days). In total from this period 161 participants from across the Health and Social Care Partnership have attended.

The monthly Safe and Together “drop-in” consultations started in March 2021 and have occurred each month. Monthly dates are identified for the rest of the year and are open to everyone across the Health and Social Care Partnership who would like to discuss any aspects of the Safe and Together training and or how to apply it with an individual or family they are supporting.

The drop-ins are now extended from the Safe and Together Model to encourage staff to use this time to discuss any aspect of domestic abuse in relation to the families they support. For example staff are being supported to create safety plans, discuss a Domestic Abuse, Stalking and Honour based violence (DASH) risk assessment or a referral to Multi-Agency Risk Assessment Conferences.

Adult Protection, Quality Assurance and Continuous Improvement

Adult Support and Protection Inquiries

Within the Reporting Period 1st April 2020 to 31st March 2021 there has been a total of 857 inquiries undertaken by Council Officers (Adult Service Social Workers) of which 224 progressed to investigations. Within the previous reporting period 2019/20 there were 697 inquiries carried out and 191 investigations. This demonstrates that there has been an increase of 23% (160) in the number of inquiries and of 17% (33) of the number of investigations undertaken compared to the previous period. This is consistent with the trend of increasing demand noted since the introduction of the 2007 Act alongside the impact of the pandemic on adults at risk of harm within East Renfrewshire.

Of those inquiries carried out during 2020/21, 27% were received from third sector organisations delivering care and support to people in their own homes. This is the second year we have noted an increase in reporting of harm in people’s own homes. This provides assurance that the identification of harm by providers is improving, which has been of particular importance as adults have had limited contact outwith their homes during the Coronavirus (Covid-19) pandemic.

Police Scotland continues to be the main reporter for Adults at Risk, having generated 21% (previously 23%) of all inquiries. We have seen a slight reduction in terms of our care home reporting in this year to 19%, (previously 20%). The rates of reporting by these agencies is consistent with the rate of reporting in 2019/20 despite the significant increase in Adult Support Protection Inquiries.

In November 2020 we introduced new Adults Support and Protection procedures, adjusting our expectation for the completion of inquiries from five working days to two working days.

While there has been an increase in the number of inquiries requiring more than five working days, this must be considered against the backdrop of the pandemic and its impact on working practices.

The introduction of data collection as to the reasons / barriers for non-completion of inquiries within two days will allow us to identify them and develop solutions to improve practice in relation to timescales. This mirrors the approach taken in children’s services.

Adult Protection Investigations

For the period 2020/21 there were 224 Adult Support and Protection investigations that involved 193 individuals, this is 15% increase from 2019/20 (190). The conversion rate from inquiry to investigations is 26.1%, this the second year conversion rates have been recorded

at approximately this rate (27% in 2019/20) down from previously high rates of conversion (36% in 2018/19).

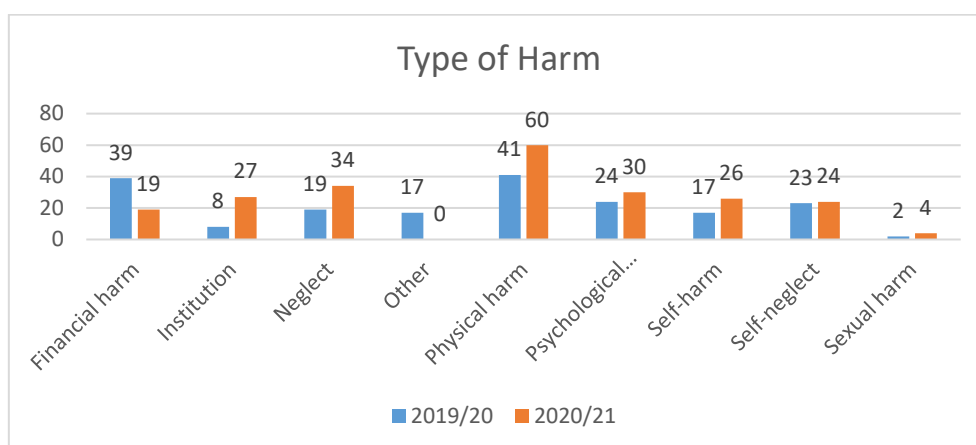
Internal audits carried out in autumn 2020 considered manager oversight and conversion highlighted no immediate concerns regarding conversion. The reduction from previously higher rates may be as a result of the improvement activity around practice procedures and oversight. This will be further examined through ongoing quality assurance and audit activity.

Type of Harm

Consistent with the 15% increase in investigations in 2020/21, we have seen an increase in almost all types of harm at investigation, with the exception of financial harm which has decreased by 51% by comparison to last year. This reasons for this reduction will be further explored locally and nationally in 2021/22.

Physical Harm remains the most common harm experienced by adults having increased to 27% of the investigations carried out in 2020/21, in 2019/20 this accounted for only 22% of investigations.

Institutional harm has seen a significant increase during this period, accounting for 12% of investigations, in 2019/20 this was only 4% of investigations. This increase is believed to be due to the two large scale investigations (LSIs) undertaken during this period. In order to promote more accurate recording the 'other' category of harm was removed, as such it is recorded as zero this year.



Key Characteristics

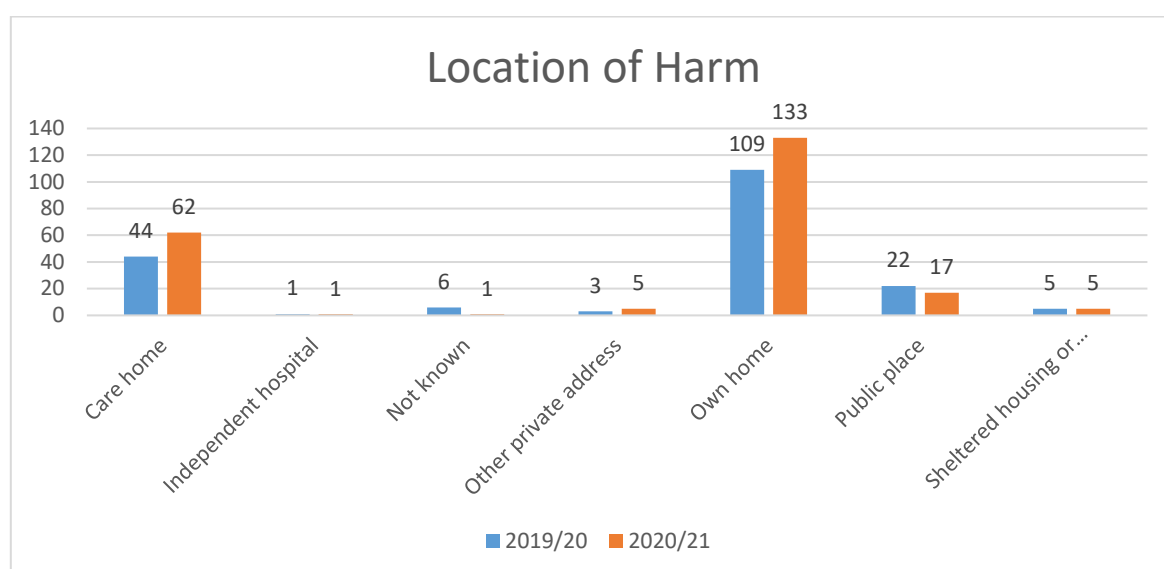
The adults most affected continues to be those with dementia, who make up 34% of all investigations, this has increased from 28% of inquiries in the previous reporting period. This increase may be as a result of the two large scale investigations which took place within care homes. However, as it demonstrates a continuation of the prevalence of harm for this group, further study is required. This study was not conducted in 2020/21 due to pressures of the pandemic.

Adults affected by mental health problems constituted 16.5% of investigations, this is a 1.5% decrease from the previous reporting period. Anecdotal evidence suggests mental distress had been key feature during the pandemic. It is of note that while there was decrease in the number of investigations for adults affected by mental health problems, there was a 20% increase in psychological harm and 35% increase in self-harm during this period, suggesting an impact on the wider demographic.

Location of harm – Adult Support and Protection Investigation

The primary location of harm in 2020/21 in 59% of investigations was within the adult's home. This is comparable to data from 2019/20.

In 2020/21 Care Homes were the second highest location of harm in 28% of investigations progressed. There is an increase compared to reporting period 2019/20 when this occurred in 23% of inquiries as there were two large scale investigation, both within care homes, this increase is not unexpected.



Adult Support and Protection Improvement Activity

Over 2019/20 we reviewed and implemented new professional leadership and governance arrangements in adult services. We have also supported the development and enhanced management oversight and decision making within Adult Support and Protection through new management arrangements and targeted training by internal and external facilitators.

Adult Support and Protection practice in East Renfrewshire has continued to improve in protecting and supporting adults despite the impact of Coronavirus (Covid-19) pandemic. This has been at times challenging as the rates of referral for inquiries have increased and two significant large scale investigations have taken place in local care homes. During these large scale investigation we piloted revised large scale investigation procedures which received positive feedback and will be implemented in the 2021/22 period. The leadership and multidisciplinary working throughout the large scale investigation has been positively evaluated by council officers, key Health and Social Care Partnership staff and external agencies.

The performance of the service has continued to be reported to the Adult Protection Committee, supported by a quarterly reporting format that identifies referral rates from agencies, patterns of harm and analysis of key performance indicators. Targets have been set to ensure that we are responding timeously in our interventions to keep adults at risk of harm safe.

In addition to the quarterly reporting format we have also implemented an Adult Support and Protection Quality Assurance Framework. This scrutiny and monitoring is undertaken by team managers and provides two monthly reporting to the Chief Social Work Officer and Heads of Service of the safeguarding and support we provide adults within Adult Support and Protection.

Adult Support and Protection Service Delivery Response to Coronavirus (Covid-19) Pandemic

Throughout the pandemic our commitment to supporting adults at risk of harm remained paramount, requiring our service to adapt and respond in a flexible manner while still maintaining the safety of our workforce and those we support. Our workers have risen to the challenge of these difficult times with creativity and compassion adapting to the changing needs of those we support as the pandemic changed the way in which we all engaged with each other.

The establishment of a specific Adult Support and Protection team has assisted in an effective and consistent response to the increased volume of inquiries timeously, keeping the adult at the centre of what we do. It has also supported the development of relationships and partnership working with other agencies in responding to inquiries. We look forward to supporting the development of and working in partnership with a newly formed Police Scotland Adult Support and Protection Team (across G division) further strengthening joint work in relation to protecting adults at risk of harm.

We have employed a range of ways to engage and support individuals using virtual technology. This has helped individuals participate and contribute to the Adult Support and Protection process and link with key agencies such as independent advocacy. This has been particularly evident in case conferences. These have been largely delivered virtually via Microsoft Teams. This has seen benefits in terms of increased participation of carers and family members.

Protection Plans in Adult Support and Protection

In the reporting period 1st April 2020 – 31st March 2021 we have seen a significant increase in protection plans. This improvement in practice has strengthened oversight of our ability to protect and support adults. This has taken place against the background of Coronavirus (Covid-19) pandemic and the challenges of supporting adults at this challenging time.

The launch of new Adult Support and Protection procedures locally in November 2020 provide a clearer framework for practitioners and will help to strengthen practice.

Adult Support and Protection – Referrals to Advocacy

We have seen a significant increase in advocacy referral rates in the period 2020/21, compared to 2019/20. This improvement has occurred during the Coronavirus (Covid-19) pandemic and whilst the Advocacy Project have followed national guidelines that limited face to face contact during the pandemic, it is a testament to the way in which advocacy workers and council officers have adapted their practice utilising virtual technology to ensure that adults get the correct level of support.

Adult Support and Protection – Improvement and Quality Assurance

The reporting period 1st April 2020 – 31st March 2021 saw the ongoing impact of Coronavirus (Covid-19) pandemic which has required the Health and Social Care Partnership to adapt while still maintaining our focus on our improvement agenda that has been in progress over the last two years.

The key successes in our improvement journey have been

- In November 2020 revised Adult Support and Protection Local Operating Procedures were implemented. This was preceded by a substantial programme of training which introduced the procedures to council officers and managers involved in adult support and protection activity, second workers (registered professionals) the wider staff group within the Health and Social Care Partnership and partner and provider organisation. This included the following topics:
 - ❖ Adult support and protection – Roles and Responsibilities Practice Note. This has given clear guidance to all in Health and Social Care Partnership of their own responsibilities in adult support and protection.
 - ❖ Further clarity in referrals of criminality to Police Scotland provided within the Adult Support and Protection procedures and practice guidance.
 - ❖ Clarity on the role of the second worker and renewed focus on 3 point test throughout all adult support protection training delivered in 2020-21
- Adult support and protection notifications involving Commissioned Services
 - ❖ Which has strengthened our information sharing between operational social workers and commissioning allowing the early identification of risk and support to providers at an earlier stage.
- More effective use of quarterly reporting and audits of data
 - ❖ Informing senior management and Adult Protection Committee of areas of significant improvement and further areas to monitor.
- Increased levels of awareness within adult services workforce of the interface between Adult Support and protection and Domestic Abuse / Violence against Women.

Adult Support and Protection – Large Scale Investigation

East Renfrewshire completed two Large Scale Investigations within local care homes within the reporting period resulting in the voluntary closure of one home. The Large Scale Investigations were completed in highly challenging circumstances, with significant efforts from the social work team, the wider Health and Social Care Partnership and partner organisations to reduce the risk of harm for local residents.

Section 3. Resources

Financial Modelling for Service Delivery

In 2020/21 we ended the financial year with an underspend of £0.833 million against a budget of £179 million (including set aside). This underspend increased our budget saving reserve. We had expected to draw from reserves as we recognised we would not achieve all savings required during the year however we received Coronavirus (Covid-19) funding to support us as we did not have capacity to progress the required work as a result of our focus on the Coronavirus (Covid-19) response.

The impact of Coronavirus (Covid-19) throughout the year meant that the focus of many of our services was on response and the variances against budget reflect this; the £9.1 million we spent on Coronavirus (Covid-19) related costs was fully funded by the Scottish Government so has no impact on each service's budget.

The main variances to the budget were:

- £0.410 million underspend within Children and Families and Public Protection from staff turnover and the costs of care packages.
- £2.071 million underspend in within Older Peoples Nursing, Residential and Day-care Services. This reflects the reduction in care home admissions but does offset the increase in community activity; predominantly Care at Home.
- £1.744 million overspend within Intensive Services as our Care at Home costs reflect that we were able to operate a near full service throughout the pandemic, in part as a result of a successful recruitment campaign early in the year.

Our unaudited annual report and accounts was considered by East Renfrewshire's Integration Joint Board on 23rd June and we plan to take our audited annual report and accounts to East Renfrewshire's Integration Joint Board in November.

Financial Modelling for Service Delivery

East Renfrewshire's Integration Joint Board continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current [Medium-Term Financial Plan for 2022/23 to 2026/27](#) which supports our strategic planning process and provides a financial context to support medium-term planning and decision making. The funding gap in future years could range anywhere from £0 to £4.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year.

The budget for the year 2021/22 was agreed by East Renfrewshire's Integration Joint Board on 17th March 2021 and identifies a funding gap of £3.9 million which relates to the £2.4 million legacy savings from 2020/21 we did not achieve as a result of the pandemic response and the funding gap of £1.5 million relating to 2021/22. This fell within the poor settlement range of scenario planning.

Scottish Government support for Coronavirus (Covid-19) costs continues into 2021/22 and we will utilise this along with all other ring fenced funding throughout the year.

We are working on our Recovery and Renewal programme; a complex and multi-year programme of work that will allow us to emerge from the pandemic in a stronger and more informed position to face the challenges ahead. This should not only support the significant financial challenge we are facing but will also help us to better understand and quantify the longer term impact of Coronavirus (Covid-19) on our population.

East Renfrewshire's Integration Joint Board has recognised this needs to be an iterative and emerging approach as we work towards recovery, including any implications from the independent review of adult social care and the creation of a National Care Service.

Our Recovery and Renewal Programme is summarised:



In setting the 2021/22 budget East Renfrewshire's Integration Joint Board recognised the scale of the challenge; that we were still in response mode; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

Prior to the pandemic we had identified that the majority of the 2020/21 savings would come from the introduction of a contribution from individuals towards the cost of non-residential care, the prioritisation of care package costs and that we would need to further consider prioritisation and eligibility criteria for future savings options. This is now potentially at odds with the recommendations included in the Independent Review of Adult Social Care and the timing of any local decisions will need to be balanced with the risk of implementing change that may require subsequent reversal.

The implications from this review will be reflected in our short and medium term financial planning and in our Recovery and Renewal Programme as 2021/22 progresses and the policy decisions and directions become clearer. We will support any changes to policy/strategic approach that are adopted following the review and will look to include these in our strategic planning engagement for 2022 and beyond. During 2021/22 we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

East Renfrewshire's Integration Joint Board has recognised that 2021/22 will require an iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller Integration Joint Boards we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £3.9 million, we have c£2 million in reserves to phase in those savings we can achieve, but we will only achieve savings by fully resourcing our Recovery and Renewal programme; and the only options to do this, at present are to divert existing resources and / or invest in the short term thus reducing the reserve available to phase in the savings.

The 2021/22 budget recognises that we may require to invoke financial recovery planning if we cannot close our funding gap on a recurring basis.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.

Section 4. Workforce

Workforce Development

East Renfrewshire Health and Social Care Partnership's workforce, our people – are key to our success. As at the 1st April 2020, East Renfrewshire Health and Social Care Partnership has a workforce of 881.72 Whole Time Equivalent (WTE) staff, consisting of 506.72 employed by East Renfrewshire Council and 375 WTE employed by NHS Greater Glasgow and Clyde. The significant majority of the workforce work directly with patients, service users, carers and their families to support them.

The Partnership has developed a one year interim Workforce Plan covering the period 2021/22. The plan was developed in partnership with colleagues from across the partnerships, including representatives from the independent and third sector. The plan has four main sections

- Supporting Staff Physical and Psychological Wellbeing
- Short Term Workforce Drivers (Living with Covid) 12 months
- Medium Term Workforce Drivers 12 – 36 month
- Supporting the workforce through transformational change

The population of East Renfrewshire was 95,530 in 2019 and is growing. There is particular growth for our younger and older residents, who are the greatest users of universal health services, and in our oldest residents who are most likely to require social care. This in turn causes demand on our services and in turn resourcing pressures.

Some of the further challenges identified within the report are skills gaps, for example Mental Health Officers within Social Work.

The age profile within East Renfrewshire Health and Social Care Partnership is an older workforce. There are some services where this differs, for example within Social Work Children's services where the workforce is younger and less experienced and further piece of work on recruitment and retention is being taken forward in relation to this.

Within the social care sector both our in-house service and providers reported no difficulties with recruitment and retention during the pandemic. However we anticipate that as we recover from the pandemic in that roles in other sectors become vacant a combined within the impact of Brexit (in that European National can longer move to the UK and may have left to return to their home country) recruitment and retention may become more challenging. East Renfrewshire Health and Social Care Partnership will work with partners to look at solutions. At time of writing, recruitment to care at homes services is particular challenge.

Health and Wellbeing

The review of strategic priorities for 2020/21 has provided an opportunity to widen the focus on mental health to community wellbeing and now includes an additional priority of the wellbeing of our workforce, of particular relevance in this current landscape. The Health and Wellbeing group was established this year and meets monthly, comprising of representatives from across social work, health, HR, finance and resources, and trade unions.

The group ensures communication and equal access to a range of practical resources - targeting both physical and emotional health needs of staff (e.g. Walking and Pilates groups) as well as promoting specific campaigns (e.g. men's mental health). A Lead Officer post for

Health and Wellbeing has recently been approved to progress this agenda further and develop the longer term, culture change we aim to embed across the workforce.

Learning and Development

The Council's Learning and Development Service continue to offer a range of courses to council staff within East Renfrewshire Health and Social Care Partnership to support essential learning, qualifications, continuous professional development (CPD). In addition East Renfrewshire Health and Social Care Partnership Learning and Development service offer a range of learning and development activity to support and develop practice.

Practice Learning

In response to Scottish Government highlighting concerns regarding the plight of final year Social Work students, significant efforts were made to increase the number of student placements offered. A temporary change in policy allowed for an increased payment to staff engaged in practice teaching, in recognition of the additional challenges involved in taking on a student in these circumstances. Work is currently taking place to increase the availability of placements for the next intake.

The restrictions arising from Coronavirus (Covid-19) have undoubtedly had a significant impact on learning and development activity. However the move to digital learning has been more successful than might have been anticipated, with a vast array of activity having been undertaken. Moving forward, it will be important for the service to reflect on the effectiveness of different models of service delivery and identify potential solutions to any gaps in learning that may have arisen during the pandemic, while at the same time recognising the pressures services are under and the type of challenges that might be faced post lockdown.

Section 5. Coronavirus (Covid-19): Early indication of impact on workforce and services

Coronavirus (Covid-19) will no doubt be recognised as having the greatest impact on our people and communities in our lifetime. Social work and social care services across the Health and Social Care Partnership continued to rise to the complex challenges and uncertainty of the pandemic to ensure that our most vulnerable people were supported and kept safe throughout the pandemic.

This section of the report details the key impacts, successes and themes for recovery planning across Social Work services. Statutory social work services are not delivered in isolation and we will continued to need strong partnership arrangements, whether through our integration of services, our joint delivery with Education and our partnership with the third sector will be key as we approach recovery.

Chief Officer's Public Protection Group

The Chief Officers continue to meet more regularly during the early recovery phase in order to oversee a recovery programme where the protection of vulnerable children and adults are at the forefront of our work in communities.

Children's Services

Key impacts:

Our engagement with families during this period has highlighted the following key impacts that must be a focus of our recovery plans:

- Increased number of children became looked after, particularly children with autism and or complex needs, who required alternative care. There is a lack of foster care placements internally and externally and therefore a fostering recruitment campaign is required.
- Permanence plans for children require to be addressed focusing on the effect the pandemic has had on timescales.
- Additional pressures on the system due to the complexity of the needs of the children becoming looked after.
- Implementation of learning from the Care Review and The Promise in all aspects of our work with looked after children and young people.
- Coronavirus (Covid-19) has brought particular challenges for disabled children and their families. This can be seen by the increase in numbers of disabled children in the child protection system and becoming looked after.
- Delivery of training on Children's Services assessment, planning and resource allocation for all staff that was delayed due to the pandemic.
- Development of a third sector market place for service provision for disabled children, young people and their families in recognition that options are limited.

- Partnership working with Education, Health and adult services to develop new transition pathways for children aged 14 upwards.

Key Successes during Coronavirus (Covid-19)

- Implementation of Signs of Safety has continued and the approach has strengthened the voice of the family network in looked after reviews and permanence planning.
- First stages of development have begun to develop the Children's House which will bring approaches aligned with the Barnahus Model to Scotland for the first time.
- Our inclusive support service provided 308 personalised activity boxes, videos, calls, online chats, outdoor programmes and intensive supports at HUB provision for children who have either complex health or behavioural support needs,
- The number of children looked after away from home has continued to decrease.
- Improvement work in multi-agency contribution to Scottish Children's Reporter Administration to support effective decision making.
- Improvement work in Looked After Independent Chair role to ensure effective and consistent decision making for children.
- All staff have been trained in Signs of Wellbeing assessment approach.
- Children Service's processes for resource allocation are aligned with adult services.
- Effective joint working between children and adult services in transition planning.
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Key Priorities for Recovery

- To continue with the implementation of the Signs of Safety model with a focus on relational interventions with children, young people and their families.
- To further progress the development of the Children's House for children who have been victims or witness to abuse or violence or whose behaviour has caused significant harm. This will include have access to trauma informed recovery support.

Child Protection

Key impacts:

- The Coronavirus (Covid-19) pandemic has seen an increase in child protection referrals in particular of children who have a diagnosis of autism and or complex needs
- Despite the increase in referrals registration numbers have been retained at a relatively low level, indicating that many of the families coming through the child protection referral route are in need of increased supports rather than child protection plans.

Key successes:

- Early information sharing and decision making through the Interagency Referral Discussion (IRD) is well established and has been audited quarterly to provide quality assurance and management oversight. This has been an important process in maintaining relatively stable child protection registrations despite there being an increase in referrals.
- Provision of iPads to children and their families to enable them to take part in virtual child protection case conferences / children's hearings.
- Staff provided with Personal Protective Equipment (PPE) equipment to enable them to safely respond to families in crisis and ensure critical services to protect vulnerable children and young people in their communities

Adult Services including Mental Health

Key impacts:

- Staff across the adult services have had to respond to the pandemic with incredible resilience, commitment and creativity. Teams were required to establish and adjust to alternative ways of working in a short space of time.
- Across adult services we have seen increased demand and higher levels of complexity among the people we support.
- As a direct consequence of the pandemic restrictions we have seen increased frailty and social isolation particularly among older people. The period has been especially challenging for our unpaid carers with impacts on health and wellbeing, increasing the difficulties that many carers face as they look after their loved ones.
- The lockdown periods have been challenging for people experiencing mental health or addiction problems and we have seen increased concern about the mental health and wellbeing of the population more generally. There has been a significant increase in demand across mental health and addiction services and increased complexity.
- Some adult services have experienced capacity issues due to staff absence at various stages of the pandemic.
- The pandemic has changed some of the choices service users make and disrupted pathways within the health and social care system. For example, care at home has seen additional pressures due to a desire from more people to be supported at home and we have seen earlier and more complex hospital discharges.
- As we move beyond the crisis period some teams are dealing with operational backlogs having focused on pandemic response and supporting those with most urgent need.

Key Successes:

- Our teams in adult services have managed throughout the pandemic to maintain and deliver safe and effective services to our residents.
- Through strong local partnerships our teams have responded with great innovation and greater collaborative working in support of our communities.

- With the aid of technology teams have been able to offer people ongoing support throughout pandemic, and access to treatment has been maintained.
- We have developed and coordinated many additional services and supports to residential care homes, who have been caring for some of our most vulnerable residents.
- Whilst we had to close our day services, our learning disability staff worked with partner providers throughout the pandemic to establish outreach and wraparound support for individuals and their families and our older people's Kirkton service staff were redeployed to support care at home.
- We have worked with individuals with lived experience and our partner Penumbra to design and develop a successful peer support service, which works alongside existing mental health and addictions services.
- Mental health services have delivered a mental health and wellbeing remobilisation programme with the third sector including a recovery pilot, staff capacity building around bereavement, mental health and suicide prevention, and wellbeing support to carers.
- Our Hospital to Home team has continued to support effective hospital discharge despite significant challenges in relation to accessing residential care and care at home as well as disruption to procedures for establishing Power of Attorney.
- Working with East Renfrewshire Carers, we have been ensuring carers have access to guidance and Personal Protective Equipment (PPE). Check-in calls to carers were introduced by East Renfrewshire Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continues to run virtually.
- We have worked with the Care Collective to refresh our Carers Strategy. East Renfrewshire's Short Breaks Statement has also been updated to ensure all advice and information is current and includes the development of creative, Coronavirus (Covid-19)-safe online breaks that meet the outcomes of the carer and the cared for person.

Key Priorities for Recovery

- Many older people, shielding residents and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. To ensure greater resilience and higher levels of choice and control, we want to build on the positive joint working we have seen during the pandemic and increase the community-based supports and opportunities available.
- Going forward we need to make best use of digital technology and health monitoring systems to support independence and self-management of conditions.
- To support mental health and wellbeing we will emphasise a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being. We will test and develop the impact of lived experience in the delivery of services such as peer support, alongside formal services.

Adult Protection

Key impacts:

- The Coronavirus (Covid-19) pandemic has seen our workforce as individuals and teams respond with creativity, adaptability and flexibility.
- Even during the challenge of the pandemic our focus remained the safety and reduction of harm for adults. We maintained our Adult Support and Protection response throughout the pandemic and kept each person at the heart of what we do.
- We adjusted our practice to incorporate virtual communication which has not only met the immediate necessity of the Coronavirus (Covid-19) pandemic, but also made many aspects of the Adult Support and Protection process more accessible for service users and carers. We have been able to engage with individuals in the way that work for them and overcomes barriers, such as mobility, distance.
- We have developed stronger relationships with partner agencies, promoting an approach that keeps all partners involved and included in discussions and planning particularly in the undertaking of Large Scale Investigations. We have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed.
- There is an atmosphere of continuous improvement which is a benefit to all, with space given for self-evaluation.

Key successes:

- Successful test of change and development of a permanent dedicated Adult Support and Protection Team, ensuring continuity and focus on the most at need. The new procedures and new structure of the team and management makes things clearer and much more straightforward.
- In response to Coronavirus (Covid-19) pandemic we created an abbreviated Adult Support and Protection process to keep adults and our workers safe. The lessons learned from the introduction of these measures contributed to a review of all existing Adult Support and Protection procedures and the production and implementation of new procedures.
- Our newly developed Adult Support and Protection procedures help us to reflect the work we do to address risk from the point of contact through to investigation a, case conference and protection planning.
- We maintained training and development activity in relation to Adult Support and Protection and provided dedicated virtual training on the new Adult Support and Protection procedures for council officers and second workers and leadership training and oversight training for managers. This has increased workers confidence relating to policy, procedures and supported effective leadership and oversight.
- We have strengthened and created channels of communication between partners, providers, care homes and others to which are meaningful and support information sharing and partnership working.

- We have developed a shared awareness of the complexity and multifaceted nature of risk, particularly in relation to violence against women, which has improved our joint working and understanding of the roles of other services and partners.

Key priorities for recovery:

- A period of stability and consideration is required to allow workers, teams and services to establish a new equilibrium and reflect on lessons learnt during this challenging period. By necessity there have been many changes in practice and procedures during this time, consolidation and development of learning and developments in practice should be supported by training practice forums and quality assurance activity with regular reporting schedules.
- As we move from out of restriction towards recovery a new balance will need to develop recognising the benefits of virtual meetings and needs of adults, allowing us to deliver support in the most effective manner for the individual. This will include ensuring that supports are delivered in the right way to meet the needs of the individual, including by partners such as advocacy.
- More work is needed to help raising awareness of Adult Support and Protection and support available, such as advocacy. By developing how we communicate with adults and their families, the general public and our partners / providers through resources such as our website we can raise awareness and receive timely evaluation / feedback from those who use our services.
- Building on the relationships developed during the pandemic we would look to develop further joint working and training opportunities with partners and providers.

Criminal Justice

Key impacts:

- The inability to progress Unpaid Work Orders due to suspending the service during the Coronavirus (Covid-19). This has resulted in increased numbers of people subject to Unpaid Work Orders requiring to carry out the work.
- The nationally recognised sex offender group work treatment programme Moving Forward Making Changes (MFMC) was suspending due to the Coronavirus (Covid-19). This has resulted in increased numbers of people requiring to complete the programme.

Key successes:

- Staff were creative in developing ways of allowing unpaid work to be completed, this included developing working at home kits.
- Three people completed the Moving Forward Making Changes (MFMC) programme which was delivered on a one to one basis by practitioners and a treatment manager.
- Strong partnership working with Housing, Health, Addiction Services and Police Scotland was developed in planning support for people being released from prison from the point of release to ensure needs were met and risk were managed during the pandemic.

Key Priorities for Recovery:

- To reopen the Unpaid Work Unit to support people to complete their unpaid work hours and maintain strong health and safety arrangements.
- To resume group-work programmes such as Moving Forward Making Changes.
- Social workers to increase face to face meetings with the people they supervise as opposed to telephone supervision.

Conclusion

As we moved into the second year of working in the uncertainty of Coronavirus (Covid-19) our social work and social care workforce continued to respond quickly and compassionately to ensure they just did the right thing for our most vulnerable citizens.

We continued to see increased demand for social work services both in terms of numbers and complexity of need. As outlined in the report we have seen a rise in public protection activity across the partnership, increasing domestic abuse incidents, child and adult protection inquiries and notification of concern and mental distress.

For children's services, we continue to see the impact of the pandemic for our children and young people with an even greater impact for children with neuro-developmental conditions and those presenting with emotional distress.

Moving out of lockdown the level of complexity we are managing, particularly in Adult Services, is again unprecedented and very complex. For individuals we are seeing increased frailty and social isolation in our older population and for unpaid carers we are seeing increased impact on their physical and mental health and at times their ability to continue to care for their loved ones.

There are pressures across the service, mainly at the front door of children and adult services which we expect will continue to grow during the early recovery phase.

Finally, we would wish to thank all the social work and social care workforce for their hard work over the past year and would wish to commend their passion for people, their commitment to doing the right thing and for their continued energy and drive even when I know people have been through so much both professionally and personally. We have learned so much from our social work and social care workforce and have been truly humbled by your values, ethics and practice over the past 12 months. We would like to take this opportunity to thank the workforce.