



# Chief Social Work Officer Annual Report 2020/21



#### PHOTO CREDIT

*Ben is 16 December and enjoys football, rugby and has a part time job. He has aspirations to become a teacher. He loves taking photos of outdoors and is very keen on walking and is interested in hill-walking too.*



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# 1 Introduction and Context

*This Chief Social Work Officer Annual Report for 2020/21 provides an overview of social work and social care delivery, statutory social work functions as well as local achievements and challenges. This report looks back over the last financial year and covers a period in which our social work and social care services have been dealing with unprecedented demands as a result of the impact of the COVID-19 pandemic. Social work and social care staff have worked ceaselessly, skilfully, and professionally, facing their own fears and anxieties with huge selflessness as they have continued to care for and protect the people they support.*

*I would like to thank each frontline care worker, social worker and unpaid carer for their perseverance and hard work that has been demonstrated in huge measure across Perth and Kinross. I would also like to thank care providers, their representative bodies, our managers, and a wide range of local organisations who have worked at pace and in partnership to support the care sector during this difficult time. Sadly, Scotland has witnessed the loss of lives across its communities and in care homes. The measures to combat COVID-19 have been necessary to save lives. But those measures also cause harm and can have negative impacts on people in our society who are least able to withstand them.*

*The harms caused by the pandemic are not felt equally and our recovery must recognise these unequal impacts. We must continue to provide additional support for those who will need it into the longer term and seek to advance equality and protect human rights.*

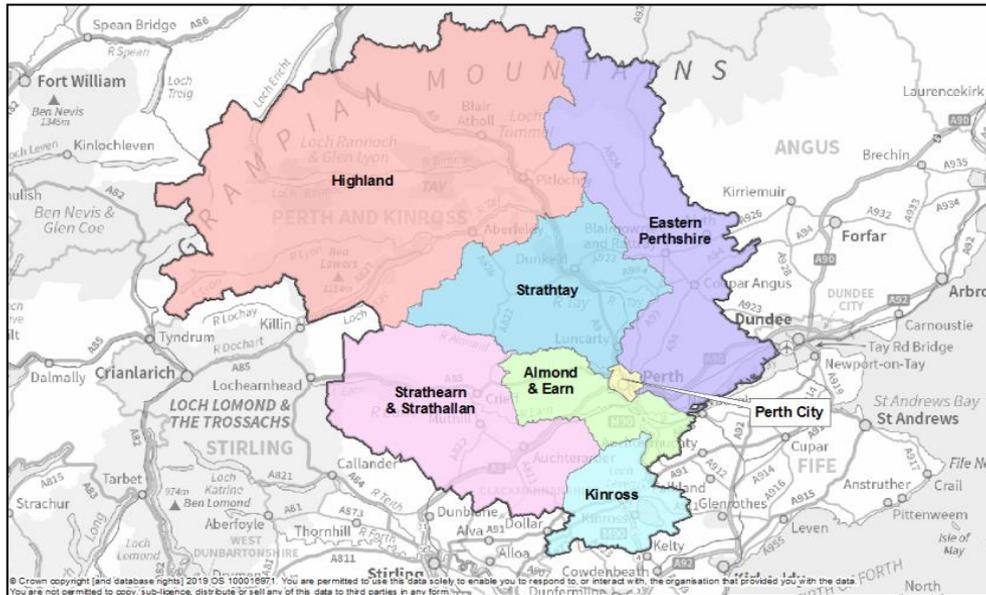
*This report focuses on the ways in which all of the diverse teams have responded to the pandemic by changing their working practices, adhering to national guidance, and responding to increasingly complex circumstances and entrenched difficulties. It sets out how staffing crises have been averted and demonstrates the value of strong teamwork in social care and public protection. The demand for social work and social care services has increased as the pandemic continues.*

*This report affirms the contributions and the value of the skilled and devoted people we have across the sector in Perth and Kinross. The additional demands in both adult and children's services have been acute, yet staff have rallied and put in place many new ways of working that are proving to be more effective in the long run.*

*As Chief Social Work Officer, I continue to be both proud and humbled by the dedication, creativity, and quiet can-do attitude of everyone working in social work and social care in Perth and Kinross. They consistently go the extra mile and are truly dedicated to making a positive and lasting impact on the lives of our more vulnerable citizens.*

*Jacquie Pepper  
Chief Social Work Officer*

## Context



### Area



**5286 km<sup>2</sup>**

5th largest area by land mass in Scotland

### Population



**151,109**

mid-year population estimate, NRS, 2020



**18% 0-17 years old**



**12** Electoral wards

**40** Councillors

**Community planning local action partnership areas**

Perth City      East Perthshire  
Kinross-shire      Strathtay  
Almond and Earn      Highland  
Strathearn and Strathallan



**NHS Tayside**

commissions health care for residents across Tayside

- 3 major hospitals
- community hospitals
- >60 GP surgeries
- local health centres



**Police Scotland**

**Tayside division**

**7500 km<sup>2</sup>**

area covered by Tayside command

## 2 Governance and Accountability

### Discharging the requirements of the Chief Social Work Officer

The role of Chief Social Work Officer (CSWO) includes providing professional governance, leadership, and accountability for the delivery of social work and social care services. The CSWO reports to the Chief Executive, Elected Members, and Integration Joint Board. Alongside the role of CSWO, the current CSWO is also the Depute Director of Education and Children's Services.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers, and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional social work issues.

During 2020/21, the CSWO discharged the requirements of the role as follows:

- Reporting to a range of Perth and Kinross Council committees
- Member of the Council's Executive Officer Team and Corporate Management Group
- Access to elected members, Chief Executive and Chief Officers as required
- Member of the Community Planning Partnership delivery groups for Children, Young People and Families and Community Justice
- Member of the Perth and Kinross Chief Officers Group for Public Protection
- Member of the Adult and Child Protection Committees (including chairing the Multi-agency Practice Review Group and providing advice and challenge in relation to case review)
- Chair of the Protecting People Group established in January 2021 to bring together strategic partnership working across the public protection agenda including Child Protection Committee; Adult Protection Committee; Violence Against Women Partnership; Alcohol and Drug Partnership; the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group for Tayside
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board (IJB)
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board's Audit and Performance Committee
- Co-chair of the Health and Social Care Partnership's Care and Professional Governance Forum
- member of the Tayside-wide COVID-19 Enhanced Professional Clinical and Care Strategic Oversight of Care Homes Group (SOCHG)

The CSWO takes part in the budget review process across all relevant services ensuring that the needs of vulnerable and at-risk groups needs are highlighted and considered. The CSWO also leads the Council's panel for safe recruitment, ensuring proportionate decision-making to protect service-users and the public and at the same time ensuring that the Council is an inclusive employer. The CSWO is the lead signatory for the Scottish Social Services Council as the regulator of the social care workforce ensuring that the codes of practice are adhered to and acting as a point of contact when there are concerns about an employee's fitness to practice.

The Heads of Service for Adult Social Work and Services for Children, Young People and Families, as senior social work leaders, support the CSWO to have oversight of key local, regional, and national developments and considering the most appropriate local response. Diane Fraser, Head of Adult Social Care and Social Work left the Council in January 2021 for a new role in North Lanarkshire and this role is now shared on an interim basis by Kenny Ogilvy and Zoe Robertson. Hazel Robertson, Head of Services for Children, Young People and Families and Kenny Ogilvy, Interim Head of Adult Social Work deputise for the

CSWO on a rotational basis in order that there is full-time cover for key decisions that cannot be delegated.

The CSWO has continued to provide visible leadership over the last year by meeting with staff teams across Perth & Kinross to learn first-hand of the issues faced by the workforce in social work services. It has not been possible to engage in the same level of face-to-face meetings and discussion with people who use services. The CSWO has attended a number of meetings with Care Home Managers and the local Care Home Oversight Group and engaged in visits to St. Martin's House, the Access Team, online events with Care Home Managers and residents including the Go4Gold award ceremony and an evening with the Youth Engagement Team.

In support of the Tayside Children's Services Collaborative, the CSWO chairs Priority Group 5 of the Tayside Children's Services Plan which is taking forward a collaborative approach across the three Child Protection Committees to improve practices and standards in child protection and safeguarding.

Nationally, the CSWO takes part in meetings of all 32 CSWOs supported by Social Work Scotland. She is also Co-Chair of Social Work Scotland's Children and Families Standing Committee and Co-Chair of the Scottish Government Delivery Group for Family Support.

Demand pressures and staffing have been monitored closely since March 2020 and reported through the Gold Command arrangements. Staff and managers have responded with huge determination to continue to offer the optimum response and level of service to all service users and it is to their credit that statutory requirements have continued to be met.

## **3 Service Quality and Performance**

### **3.1 Adult Support & Protection**

The Adult Support and Protection Act (Scotland) 2007 aims to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The Act places duties on councils and other organisations to investigate and, where necessary, act to reduce the harm or risk of harm.

Adult support and protection (AP) has been carried out over the last year within the challenging context of the COVID-19 pandemic. Adult support and protection was designated an "essential service" and prioritised by the Council's Gold Command structure. Data in relation to adult protection and the adequacy of staff resources to respond to demand has been monitored weekly. In addition to strengthening the governance and oversight of this work, a high priority was placed on ensuring that there were sufficient numbers of appropriately trained and experienced social workers to carry out this work. This included a temporary move to 7-day operations to support an increase in volume of activity outside normal office hours.

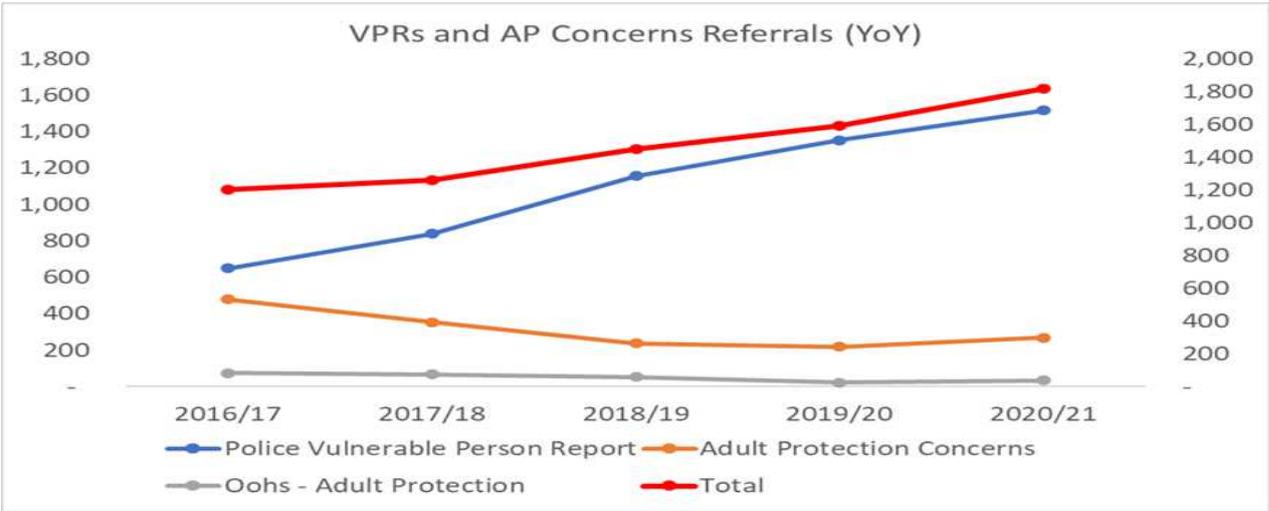
As a consequence of restrictions and the need to socially distance, staff adapted their working practices and responded by using virtual means where appropriate to carry out necessary inquiries and gather sufficient information to determine whether people required support and intervention to keep safe and protected. Face to face contact and support was also available throughout and 82% of all Adult Protection (AP) inquiries were carried out face to face between 1 April 2020 and 31 March 2021. This compares to 97.5% in the previous year.

There has continued to be a sufficient number of suitably trained social workers to carry out adult protection and more staff will be trained from August 2021.

There has been a significant increase in demand over 2020-2021 and this relates to the impact of COVID-19. Table 1 shows a slight increase in the number of overall AP concerns in 2020/21, however, the number has remained relatively steady since 2018/19. The number of VPRs (Vulnerable Person Report) has continued to rise over the last 5 years. The data shows an incremental growth in the number of AP concerns and 1819 AP concerns received in 2020/2021 compared to 1593 in 2019/20. This represents a 14% increase in AP concerns which appears to be consistent with the national picture.

The number of AP Concerns that progressed to formal Adult Support & Protection (ASP) inquiry or investigation increased by 22% over the last year and it is notable that performance against timescales for completion have continued to improve.

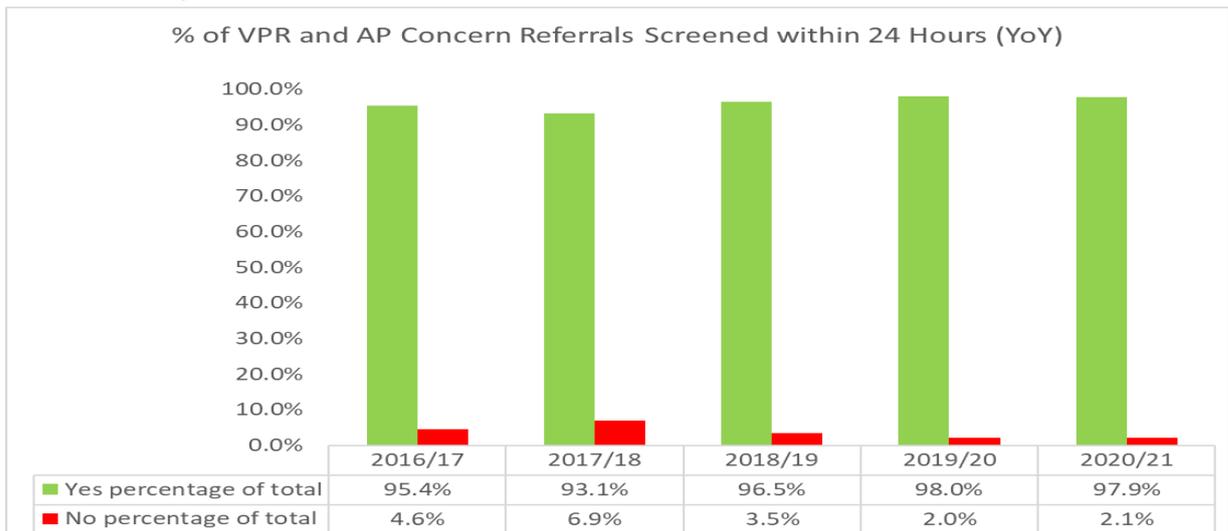
**Table 1. Volume of Vulnerable Person Reports (VPR) and Adult Protection Concerns**



Mental ill-health has continued to be a feature in 17% of all AP concerns. Analysis of concerns screened shows that higher numbers of people requiring support and protection have experienced deteriorating mental ill-health and wellbeing as a consequence of the COVID-19 restrictions. In addition, their circumstances were more likely to be acute and complex. In response, additional experienced mental health nurses have been deployed within the Access team as a ‘first point of contact’ and to provide a more person centred, timely, and proportionate multi-agency response.

The performance in relation to screening has been maintained despite the significant increase in volume of activity and 98% of all concerns received were screened within 24-hours (see Table 2). The number of AP case conferences increased from 12 in 2019/20 to 75 conducted in 2020/2021 and this is considered to be a positive position and likely to be related to the implementation of new processes for inter-agency referral discussions. Consideration is being given to introducing dedicated case conference chair(s) to manage this independently and ensure consistency in quality of decisions and the experiences of people in need of protection.

**Table 2: Percentage of referrals screened within 24 hours**



Older people, especially those over the age of 81, account for 34% of all AP investigations concluded and the majority were already receiving a care service indicating their higher levels of dependency and vulnerability. There has also been an increase in adult support and protection activity for younger adults, and in particular younger adults affected by learning disability, mental ill-health, and substance use. This is an encouraging sign that partners have an increased awareness of vulnerability and risk. Younger adults are more likely to be the subject of repeat referrals typically featuring diagnoses of borderline personality disorder, alcohol / substance misuse, and self-harming behaviour.

Adult protection referrals were received from a wide range of sources with the main three sources being Police, Health, and social work / local authority. Fire and ambulance services, care homes and the general public have also referred. This indicates a growing awareness of adult protection, and a confidence in the reporting of concerns.

Over the last two years the most common location for harm to have taken place is within the home address (43%). The proportion of AP investigations relating to people resident in care homes over the last year was 29% compared to 41% in 2019/20. In response to concerns about the high levels of risk and vulnerability of care home residents, a multi-disciplinary Perth and Kinross Care Home Oversight Group was established in May 2020. This provided a daily report on infection outbreaks and provided an opportunity to increase the levels of assurance in relation to the care and protection of care home residents. All Care Homes registered to operate in Perth and Kinross received at least two care assurance visits by experienced nursing and social work staff over the year and every resident received a care review by a social worker. This additional monitoring and support has been highly effective in managing Infection Prevention and Control measures and at the same time improved the systems for keeping people safe from abuse and harm.

The main forms of harm experienced by vulnerable adults are financial harm (35%), physical harm (21%) and neglect (22%). The key risk factors for people who need protection from harm are old age, dementia, and frailty.

In this last reporting year, three Banning Orders and one Protection Order have been applied for by Perth and Kinross Council and granted in Court.

In March 2021, The Adult Protection Committee (APC) completed and published its first Significant Case Review into the care and treatment received by Mr A. The report made a recommendation for improvement in practice. An improvement plan has been developed by the APC to take forward the recommendations within this review and includes, a review current discharge arrangements and communications from inpatient hospital settings to ensure effective co-ordination and communication; arrangements for district nurses to have

greater clinical oversight of residents in care settings; a review of how NHS Tayside pressure ulcer policy is implemented within clinical settings; training requirements in relation to protective legislation and issues relating to the deteriorating patient; and specialist input into care settings to ensure person centred care and enhancing knowledge and skills. A multi-agency short life working group has been established to drive the remaining outstanding improvements forward.

The Adult Protection Committee has prepared an annual report for 2020/2021 and updated its improvement plan for 2021/22.

### 3.2 The Alcohol & Drug Partnership

The Alcohol & Drug Partnership (ADP) is a multi-agency strategic partnership which focuses on the misuse of substances in Perth & Kinross. The ADP is responsible for developing local strategies for tackling, reducing, and preventing problem alcohol and drug use. The ADP also has responsibility for planning and commissioning services to deliver improved outcomes, taking account of local needs. The key priorities for all services which focus on substance misuse are promoting recovery and harm reduction with the overall aim of ensuring a consistent response to Non-Fatal Overdose incidents and drug deaths. To ensure a more joined up approach was taken to offer support to individuals, families and carers during the pandemic, NHS Tayside Substance Misuse Service and Perth & Kinross Council's Drug and Alcohol Social Work Team accelerated a plan to integrate. The new Integrated Drug Alcohol and Recovery Team (IDART) has benefited both individuals, families and carers with a more comprehensive referral process and a single-entry point into partnership services.

Significant adjustments to service delivery were made in response to COVID-19. Among these were: the introduction of telephone drop-in clinics to replace face-to-face drop-in clinics; the provision of additional duty mobile phones which allowed workers to respond to calls from people needing assistance or who were in distress; the delivery of prescribed medication to individuals with long term health conditions who had to self-isolate and/or shield; and postal delivery of naloxone and Injecting Equipment Provision (IEP).

The gradual relaxation of COVID-19 restrictions has enabled an increase in the number of face-to-face contacts with clients in Covid-safe settings such as gardens and public spaces. This has supplemented the continued use of other communication channels to maintain contact through Microsoft Teams and mobile phones which were provided by the ADP.

IDART (Integrated Drugs and Recovery Team) is currently working hard to ensure all people requiring a service are seen in a timely manner, with a continued focus on reducing the number of fatal and non-fatal overdoses. Key performance indicator data for 2020-21 highlights that while there has been an increase in both the number of alcohol and drug treatment referrals (by 12 and 10 people respectively), the percentage of people referred who started treatment and did so within 21 days has remained above target at 95%. However, the service continues to operate with a backlog and at the end of the year 28% of people referred had not yet started treatment and this is acknowledged as an area for improvement.

Services need to offer as many different entry points as possible into recovery and treatment to ensure that those who need support, receive this. Greater awareness of the early signs of substance is a recognised areas for development to support earlier intervention. IDART has recognised the important of working alongside and supporting carers. Over the next year a priority will be to further develop and embed a Whole Family Approach to support whole families affected by drug and alcohol use. A common language and shared approach will be established through techniques such as Motivational Interviewing.

### 3.3 Mental Health Officers

The Mental Health Officer (MHO) Team delivers a service across Perth and Kinross, as required by the Mental Health (Care and Treatment) (Scotland) Act 2003, and the Adults with Incapacity (Scotland) Act 2000. MHOs are suitably experienced and qualified social workers who complete a Post Graduate award allowing them to operate as autonomous professionals. These social workers are managed within the Health and Social Care Partnership, but the Chief Social Work Officer retains responsibility for professional leadership and standards and has responsibility for annual reaccreditation. This is to avoid any conflict of interest that may arise from this work in relation to decisions and detention of people experiencing mental disorder.

MHOs are aligned to localities with specific MHOs aligned to the Forensic Mental Health Service and the Hospital Discharge Team. In addition to undertaking specific MHO duties, MHOs provide advice and support to HSCP staff in relation to all aspects of mental health and incapacity.

The MHO Team has continued to provide a full service throughout the pandemic, with staff predominantly working from home. The team continued to provide Emergency Duty, responding to requests for MHO assessments both within and out-with normal working hours. The statutory nature of the role, and legislative requirements for face-to-face assessments where possible, meant that MHOs continued to have face-to-face contact with service users throughout the pandemic, utilising PPE and supported by COVID-19 risk assessments which were designed to assist staff working in people's homes and unfamiliar environments. Where conditions meant that there would be insurmountable risk with face-to-face contact, for example, when assessing service users who were shielding, or when there was significant risk of infection, MHOs used alternative methods to ensure that statutory duties were met, for example, use of video technology.

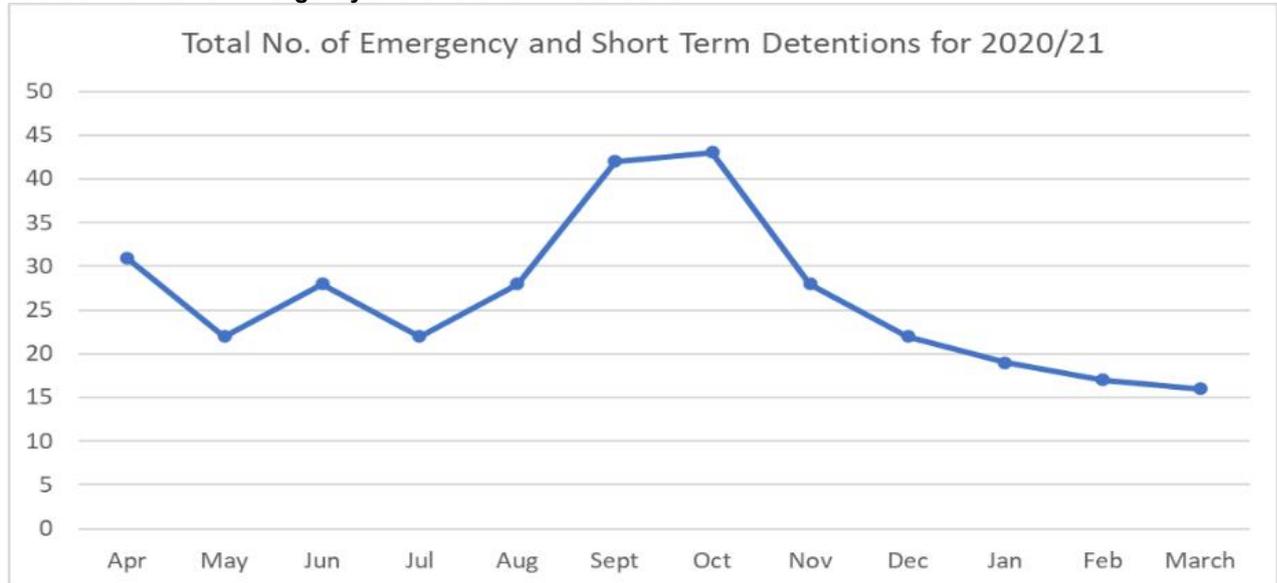
In response to COVID-19, MHOs had to adapt rapidly to new ways of working including increased use of technology to participate in meetings and submit legal reports, and an overnight change to all Mental Health Tribunal hearings being held by teleconference. A significant area of work has been to support service users and their families to adjust to these changes and ensure that they continue to be fully included in legal proceedings. Throughout 2020/21, the MHO Team has continued to provide a full service, as dictated by legislation. Most of the emergency easement measures in relation to mental health services, introduced by the Coronavirus (Scotland) Act 2020, were not enacted and therefore the service continued to operate as required by primary legislation.

The Coronavirus Act introduced an easement to the Adults with Incapacity (Scotland) Act 2000, with a 'Stop the Clock' effect on all welfare guardianships which were in operation between April 2020 and September 2020. This extended the expiry date of all orders by 176 days. This was driven primarily by the fact that courts during this period were only considering new and urgent requests for interim welfare guardianship and therefore existing orders could not be renewed. Since this provision ceased, from October 2020, MHOs have been closely involved in working with colleagues to identify new expiry dates of existing orders and where appropriate supporting with applications for renewal.

The MHO team has continued to deliver a statutory service, meeting legislative requirements for the completion of reports, and lodging of applications.

Detentions peaked in September/October 2020 and started to reduce in November, thereafter, stabilising for the rest of the reporting year (43 in total for October 2020 reducing to 16 in March 2021). Overall, there has been an increase in the number of people detained in Perth City Locality. A service priority is to explore changes in rates to detentions in different Locality areas, generating a clearer understanding of the factors which may influence fluctuations.

**Table 3: Number of Emergency and Short-Term Detentions.**



The MHO Team has sustained a high completion rate for Social Circumstances Reports within the legislative timescale of 21 days (98% in 2020/21 compared with 100% in 2019/20, and 99% in 2018/19). These reports provide a valuable tool for understanding events leading to detention and aiding discharge planning.

Over 2020/21, there has been a further decrease in the number of new Welfare Guardianship orders granted (93 in 2020/21, compared to 113 in 2019/2020 and 146 in 2018/19). The Team has continued to respond promptly to all requests from private solicitors for reports to accompany guardianship applications, with reports being completed within statutory timescales, and there are no waiting lists in relation to this.

The team has continued to support successful discharges from hospital where service users lack capacity to make decisions about the support that they require on discharge.

**Good practice example**

In May 2021, the Mental Welfare Commission report, [Authority to Discharge: Report into decision making for people in hospital who lack capacity](#), reviewed decision-making in local authorities across Scotland in relation to the moving of adults from hospitals to care home placements in situations where they did not have capacity to consent to that move. Perth and Kinross Council practice was found to be lawful and of a high standard with all adults sampled having an appropriate legal authority to authorise their move to a care home.

A priority for 2021/22 is to continue the process of reflecting on the impact of changes to working practices introduced by necessity due to COVID-19 and incorporating new ways of working, for example, the future role of technology in assessments, Tribunals, and other meetings.

It is a legislative requirement that every local authority employs a sufficient number of MHOs to discharge statutory duties. Currently Perth and Kinross Council is well resourced in this respect, however as part of longer-term workforce planning, we will continue to support interested social workers to undertake the MHO training programme and a Scottish Government grant will help to free up staff to access the programme and the selection process is underway for the 2021/2022 intake. Work is ongoing to develop a post-qualification development structure to support newly qualified MHOs to consolidate their learning and thus encourage retention.

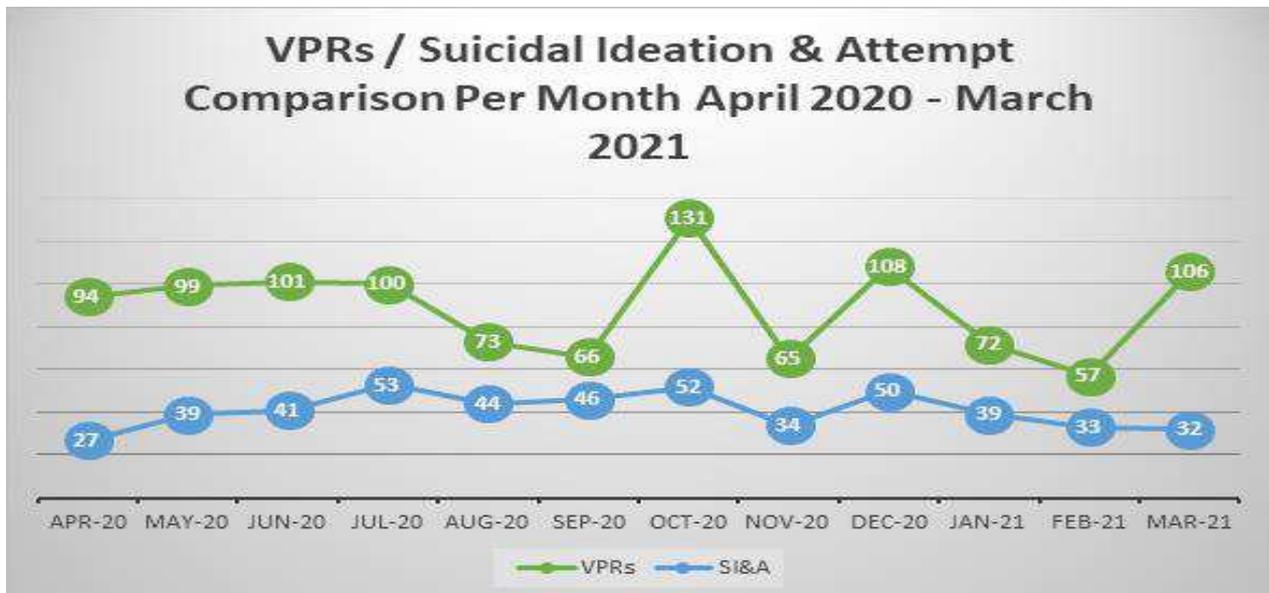
### 3.4 Access Team

The Access Team is the first point of contact for all Adult Social Work and Social Care referrals. The high volume of activity of this team was recognised and the importance of staff being able to continue to work from the ground floor in Pullar House was acknowledged by the Council's Gold Command. During Covid-19 lockdown, processes were amended enabling calls to be handled more efficiently and appropriately, whilst implementing a blended approach of home and office-based working. Additional technology, such as laptops and specialised phones, was purchased to enable this.

A duty rota covering the whole year was implemented which assisted staff to plan their time efficiently whilst ensuring crises situations and Adult Protection concerns were prioritised and responded to timeously. A new duty phone system was put into operation which ensured calls are answered by a social worker. This means callers are speaking directly with the person who can make decisions about what needs to happen when they first phone and avoids the need for a call back.

During 2020/21, 1072 Vulnerable Person Reports (VPRs) were received and screened within 24 hours of receipt. This represented an increase of 10% from the previous year. 45.7% (490) of VPRs received were in relation to Suicidal Ideation or Attempt.

**Table 4: Numbers of VPRs and numbers relating to Suicidal Ideation and Attempt**



Going forward, a blended approach to home/office working will be adopted on a longer-term basis. This will ensure workers have the same equipment at home as in the office therefore making the service more proficient.

Future steps include the development of a Mental Health Triage Group (MHTG) which will include statutory and Third Sector services. This is to address increasing demand and complexity, establish a multi-agency forum for getting the right help at the right time for people and improve coordination across services.

### 3.5 Adult Social Work Locality Teams

There are three Adult Social Work Locality Social Work teams in Perth and Kinross, one in each PKHSCP Locality: Perth City, South and North. The teams are generic and provide support to all client groups. They work with individuals with long term and complex care needs who are over the age of 16, their families and carers. The teams undertake a variety of roles including assessments, reviews, and statutory responsibilities in relation to Adults with Incapacity and Adult Support and Protection legislation.

During COVID-19, all locality teams moved from being office-based within their localities to working from home. This changed working practices, with staff moving from face-to-face visits to providing virtual support as the norm. Face to face visits have been available throughout the pandemic if required.

Locality teams, together with the Access Team, worked to develop a seven-day service to respond to the potential increase in demand on community services due to people being discharged from hospital following COVID-19. This included staff covering weekends to support Out of Hours and Hospital Discharge teams. The service commenced April 2020 and was stood down in mid-June 2020 when it was established that demand could be managed within normal working hours.

Locality teams were involved in the development of the re-tasking of staff to other services such as the Home Assessment Recovery Team, Beechgrove and Parkdale Care Homes and the Carer Sitting Service.

Locality teams continued to respond to Adult Support and Protection, with protocols put in place to undertake investigations within care homes as well as in private homes. A robust home visiting guidance was developed in conjunction with home visiting risk assessments and Public Health guidance to ensure staff, clients and carers were kept safe.

Locality teams have worked closely with the wider multi-disciplinary team, including nurses, Allied Health Professionals (AHPs) and GPs, in their locality to support people to remain at home. This has included the continued roll out of LInCS (Locality Integrated Care Service) which provides rapid, multi-disciplinary support to older people who have deteriorated and are at risk of admission to hospital or a care home.

As well as supporting people in the community during the pandemic, the Locality teams have also supported people in care homes including reviewing every care home resident.

Virtual meetings have enabled staff to be more productive with a reduction in time lost with travelling to meetings, especially for those teams who are more rural. This way of working will continue and be part of working practices moving forward.

Locality teams have now resumed face to face visits where the level of risk is not high. Virtual support is still provided where appropriate. All re-tasked staff have now returned to their substantive teams. Most staff continue to work from home for some of the time, but office working is available to workers requiring it for specific roles, such as duty work, or for issues relating to their wellbeing.

Table 5 shows the number of assessments completed in 2020/21 compared to the previous four years. This was lower than previous years and a reduction of 16.5% compared to 2019/20. This reflects the drop in referrals during the early stages of the pandemic. Referral rates are now back at pre pandemic levels, and it is expected that the number will rise to at least previous levels in 2021/22.

**Table 5: the number of assessments completed by the Access Team**

Year	2016/17	2017/18	2018/19	2019/20	2020/21
Number of assessments completed	7,232	6,909	6,873	6,930	5,784

Table 6 shows the percentage of over 65s living at home has increased slightly (0.4% compared to the previous year). It is therefore not the case that the reduction in assessments has not led to increased admissions to institutional care.

**Table 6: the percentage of over 65s living at home**

Year	2016/17	2017/18	2018/19	2019/20	2020/21
% Over 65s who live at home	97.4%	97.8%	97.8%	97.5%	97.9%

### 3.6 Home Assessment and Recovery Team (HART)

The Home Assessment Recovery Team (HART) was created to support capacity and flow from hospital to home by intervening at an early stage of a person's recovery journey. The team provides Social Care Officers to support people in their own homes to optimise their independence.

HART has continued to provide face to face support throughout the pandemic. This service has played an integral role in maintaining people in their own homes and supporting people to return home timeously from hospital. The service had to ensure capacity and plans were in place to respond to any surge in requests whilst factoring in winter planning and moving into a renewal and recovery phase. These measures included:

- A Matching Unit so staff from other services could be trained and redeployed into the team;
- Recruitment of additional Reablement staff;
- Implementation of total mobile solutions to improve efficiency;
- Physical activity plan with Paths for All to increase activity for clients receiving support from HART;
- Health and wellbeing support for all staff;
- Investment in career pathways with additional senior Reablement Assistant posts created; and
- Improved links with commissioned Care at Home services to ensure flow through HART.

During the last quarter of 2021, referrals increased by 33.8% compared to the same period in the previous year (534 compared to 399 in 2019/2020). During 2021, referrals increased by 17.6% overall compared to 2019/20 (1928 compared to 1640 in 2019/20). The focus on increasing physical activity is a priority for the service and ensuring the client group can increase their strength and balance is critical.

Although the service was able to recruit throughout the pandemic, recruitment remains an ongoing challenge. Funding has now been secured for a digital marketing graduate to focus on positive social care media messages to aid recruitment and retention.

The service will also develop an automated scheduling system to improve consistency of carer and improve outcomes for both clients and staff.

### 3.7 Hospital Discharge Team

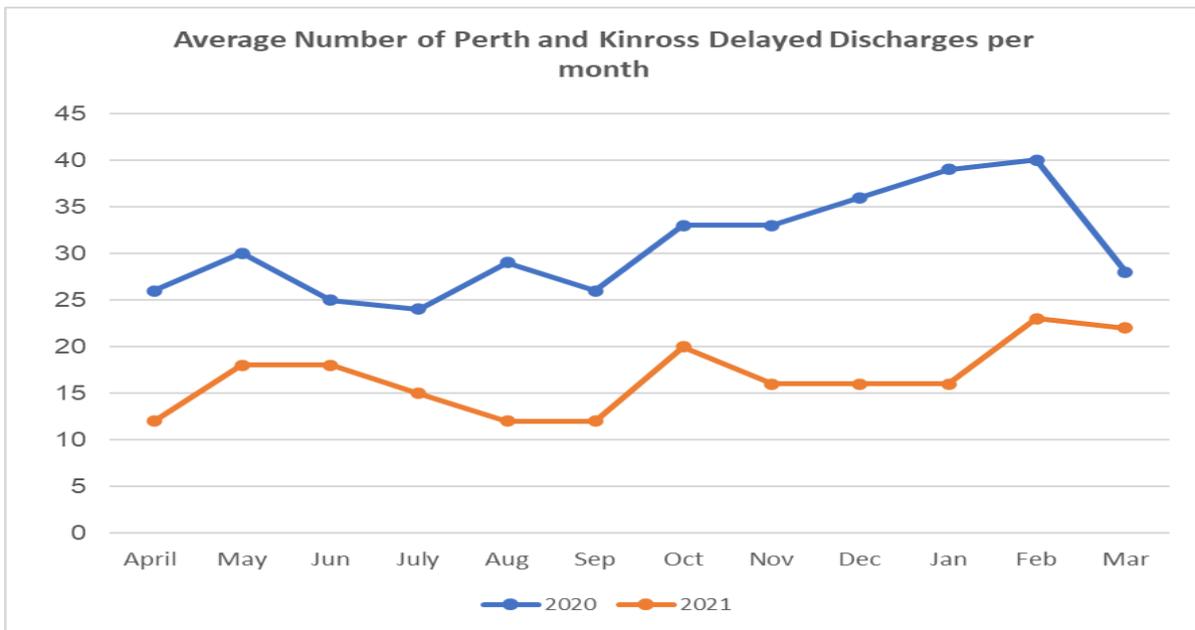
The Hospital Discharge Team (HDT) provides Social Work support to ensure the safe and timely discharge of people from hospital. The team provides discharge planning support across all inpatient services to support the discharge of Perth and Kinross residents.

The team has been under considerable pressure during the pandemic to help maintain capacity in the hospitals whilst ensuring people were supported to return home timeously, with appropriate support and in accordance with legislation and social work values. It was recognised that more assessment capacity was needed. Administrative support was provided to the team via re-tasking from other services. This enabled social workers to

focus on meeting statutory requirements. At the height of the pandemic delayed discharges reduced significantly from a daily figure of 50 in Feb 2020 to 8 by April 2020 with length of delay (represented by bed days lost) also dropping during the same period.

Social Workers in HDT work closely with health professionals in the Integrated Discharge Hub to ensure health and social care supports are coordinated and a seamless service is provided for people returning home from hospital. This helps reduce duplication and enables the Social Workers to focus on supporting the most complex patients, for example people who lack capacity to make informed decisions about their welfare or if there are Adult Protection issues or complex family dynamics

**Table 7: Number of delayed discharged per month**



Adults with Incapacity (AWI) Case Conferences were arranged timeously to reduce delays for people requiring Welfare Guardianship prior to discharge. The use of S13ZA AWI Act ensured discharges remained legally competent.

The process of integrating the Social Work HDT with the Discharge Hub will continue. A single referral pathway is already in place and further joint working processes are being developed. This includes working with the wider multi-disciplinary teams on the wards.

**Feedback from Service User:**

*"I want to say a heartfelt thank you for everything that you have done. I appreciate you as a consummate professional with a light touch of humour, who regularly went above and beyond the call of duty. In difficult circumstances, you were always patient, kind, compassionate, respectful, and resourceful, displaying grit and grace under pressure.*

*There are so many actions that I appreciate, including, to name but a few:*

- taking time to get to know M*
- having the integrity to provide me with clear and consistent information on current condition.*
- putting thought and effort into personally packing the possessions you thought important to M.*

*In a world of caring professionals, you are exceptional".*

### 3.8 Self-Directed Support (SDS)

The Social Care (Self-directed Support) (Scotland) Act 2013 ensures that people who are eligible for social care support get greater choice and control over how they receive services. This means care services can be 'personalised' to individual needs and wishes. The number of people using SDS options 1 and 2 increased between 2016/17 to 2019/20 by 10.9%. 2020/21 figures are comparable (reduced slightly) compared to the previous year this could be as a result of COVID-19 restrictions impacting on availability of services.

An essential element of the Self-Directed Support (SDS) approach is to work proactively with local communities to develop a diverse range of both formal and informal supports to enable people to live at home and to broaden the way in which SDS is used.

In the rural areas of Perth and Kinross there has been an ongoing challenge in being able to deliver flexible Care at Home support through the SDS options. To address this, a range of stakeholders (communities, local providers, third sector, social enterprises, and staff) came together to discuss how to address the current challenges. These virtual discussions have been exploring different innovative models which could create new partnerships to deliver care at home support. The diverse nature of the people involved has created some new and significant developments.

More people are benefiting from independent support to ensure people have what they need to make informed choices about their social care and Self-Directed Support and the Community Brokerage service has been expanded. Community Capacity Building has supported the development of innovative community led approaches like the 'Care and Wellbeing Community Interest Company', 'We Care-Rannoch' and 'Gien a Haund' in Dunkeld. Investing in Community Capacity Building to enable local solutions has built a broad range of stakeholders who are interested in co-producing delivery of support.

During the Covid pandemic, there have been many examples of local people coming forward to offer their help. For example, in the small rural communities around Aberfeldy an organisation called Feldy-Roo was established to link local businesses unable to operate during lockdown and local volunteers. The organisation has just delivered their 50000th meal to the elderly and vulnerable in the area <https://www.facebook.com/FeldyRoo>.

Perth and Kinross has around 340 adults and children in receipt of a Direct Payment and Pre-Payment Cards will be operational by mid-2022.

**Table 8: Number of people using SDS options 1 and 2 as a percentage of all people using SDS.**

	2016/17	2017/18	2018/19	2019/20	2020/21
<b>No. of people using SDS options 1 and 2 as a %age of all people using SDS</b>	<b>14.7%</b>	<b>19.1%</b>	<b>23.6%</b>	<b>25.6%</b>	<b>25.0%</b>

### 3.9 SDS for Children and Young Families

In Services for Children, Young People and Families, SDS is part of the Getting It Right For Every Child (GIRFEC) approach and staff are encouraged to be creative about how they work with families and achieve 'personalisation' for families in a wide range of circumstances. The use of SDS has continued to grow as a means to promote choice and autonomy for children and their families.

In Control Scotland helped social work staff to identify gaps in their knowledge base and training sessions have been provided to help workers build a fuller understanding of SDS. The use of SDS continues to grow however, a survey of parents carried out in August 2020, identified the need to improve information for parent/carers. An online information day and website and documentation is under development. The majority of families opt to use Option 1 for both short breaks and essential care. They employ personal carers, take up Out of School Care or employ a cleaner to help with household tasks.



During COVID restrictions, the majority of SDS funding has been requested to try to improve the home circumstances and home experiences for children. Given the 'Stay at Home' COVID rule, this is seen to be an entirely appropriate use of SDS funding.

The situation created by Covid 19 enabled and promoted really creative thinking about alternative ways to support families, some examples of this are:

- funding to landscape a garden so that a young person could safely access the space on his own
- a specialist bike was purchased to enable a family to take their disabled son with them when they go out on bike rides
- garden equipment such as garden furniture, safety and play equipment for the children so they could enjoy time together in the garden as a family
- laptops and internet access

### 3.10 Social Prescribing

Social Prescribers help people to link with appropriate community-based groups and activities which will promote their health and wellbeing. There are six social prescribers: two in each of the three Health and Social Care Partnership localities. Social Prescribers are aligned to GP practices and people can self-refer or be referred by professionals such as GPs, Community Nurses and Social Workers.

Most of the referrals for the Social Prescribers are made by Social Workers and Allied Health Professionals (AHPs), with self-referrals and third sector being the second most frequent source, followed by GPs. The vast majority of referrals arise from a request to alleviate anxiety and social isolation. People also seek support as a result of depression and a need for emotional support.

As a result of the COVID-19 restrictions face to face visits and community drop-ins had to be suspended. Telephone and video calls, email communication and face to face visits outside were all used as effective means of supporting people.

The Social Prescribers have worked together to increase the level of outdoor activities and online communities, engaging individuals in walking groups and signposting to local services. These include Men's Sheds, Andy's Mans club, Move Ahead, Perthshire Welfare Society, Welfare Rights, PKAVS, local Foodbanks, Live Active and Perth Stronger Communities.

The Social Prescribers also undertook daily awareness raising sessions to explain their role and the benefits of the service. These sessions helped in building collaborative working relationships with fellow professionals and increased knowledge of local resources. On average Social Prescribers receive between 6 to 10 referrals per week. The referral rate is increasing as the demand for Social Prescribing increases with restrictions easing. With GP surgery services resumed, Social Prescribers have been working jointly with Practices to focus on early intervention and prevention. Social Prescribers have been able

to base themselves at Community Campuses and local hubs. Referrals around suicide prevention, transgender and trauma are becoming more common and sign posting to services such as the Lighthouse, The Neuk, Mindspace, Broke Not Broken counselling, mental health teams and Move Ahead have proven crucial in supporting wellbeing.

The Dementia and Health and Wellbeing Cafés in Perth City have recommenced and a Carers' Peer Support Group covering Highland Perth and Kinross has also been developed as a support for carers.

Over the next year, Nature/Green Prescribing which involves gardening, peer support and accessing outdoor spaces will be expanded.

### 3.11 Criminal Justice Social Work Services

Since lockdown in March 2020, there have been restrictions on Court and Throughcare and early releases from prisons.

Perth Sheriff Court (PSC) was initially closed, and 10 Hub Courts were established. The activity pertaining to Perth and Kinross was diverted to Dundee Sheriff Court (DSC). These arrangements worked well for the population of Perth and Kinross due to good liaison and partnership working. Following the relaxation of initial restrictions and the inception of Phase 2 in early autumn last year, PSC again opened – albeit on a limited basis – for routine business. Since the start of 2021 and the introduction of enhanced restrictions under Tier 4+, the Court has revised their operation and are primarily focusing on more serious cases. However, this has not reduced the report requests for CJSW during January and February 2021.

Social workers and criminal justice assistants have continued contact with clients via telephone and where appropriate utilising technology (MS Teams) as opposed to face to face contact. However, since the increased restrictions at the start of 2021, it has necessitated social workers to increase their use of technology options to engage with clients particularly those who require to attend St Martins House for their first report interview. These client groups include:

1. domestic violence perpetrators
2. high risk of harm and re-offending
3. people being released from prison
4. MAPPA clients in the community
5. vulnerable clients

A system was put in place for organising “virtual appointments” with certain clients who did not have access to video calls at home or where that might not have been appropriate e.g., in the case of domestic offenders. The “virtual appointments” were facilitated by a worker based in St Martins House who would show the client into an interview room with a laptop already connected to the worker at home, or multiple workers in some cases. This system ensured that workers did not need to come into the office to have direct face to face appointments.

Social workers have continued to undertake face to face contact wearing appropriate PPE where direct contact with clients is necessary.

In April 2020, the Cabinet Secretary for Justice announced that several short-term prisoners (STPs) nearing the end of their sentence in custody were to be released early. This was designed to help tackle the (COVID) outbreak and the pressures on SPS resources. This took place from May until July 2020 and in total Perth and Kinross had 13 people who were subject to early release. The process to manage these individuals was already established through the Hub at St Martins House which included Police colleagues and the Safer

Communities Team who worked closely in partnership with other justice stakeholders including housing colleagues and the Scottish Prison Service.

Unpaid Work (UPW) was suspended in line with national policy in April 2020. Initially project supervisors were placed on the re-deployment list and utilised for some emergency painting and repair work for vulnerable people. Developmental work continued and UPW management staff subsequently procured a Telehandler to add to their Forklift training capability. As part of the development work, the Westbank site is now also an authorised provider of training for the DWP and has attained a training budget through the European Social Fund to provide opportunities such as Skills Academies and RTITB (Road Traffic Industry Training Board) training. In addition, staff have developed a course in basic car mechanics funded by a grant from the Lintel Trust and CJS Section 27 Grant.

UPW staff returned on site at the end of June 2020 and operations recommenced in early July. This was incremental and in accordance with SG guidelines allowing for a staged approach to test these arrangements on-site and to build staff and client confidence. During this period management developed a project with Community Greenspace and Beautiful Perth to attend to areas of graffiti and other deterioration in the city centre.

There was a subsequent increase in UPW Requirements however as restrictions remained in place regarding, e.g., social distancing, it was not possible to return to pre-COVID service delivery. In December 2020, the SG announced the provision of funding to assist local authorities to address the backlog of UPW hours which was to be administered via the third sector. The allocation for Perth and Kinross of £15,000 was used to build on the existing partnership with St Johnstone Community Trust (Saints in the Community). This was a collaborative enterprise where a community project was established to provide outdoor furniture for schools, community centres, care homes etc.

Since the introduction of the increased restrictions in early 2021, the UPW team have continued to operate and utilise the opportunities at Westbank and in essence, it has not changed operational service delivery during these restricted times.

The information below provides highlight information on CJSW COVID related statistics include a comparison for the same time period for 2018/19 and 2019/20.

The most significant change in the performance indicators is the drop in Orders, e.g., CPOs are down from 322 in 2018/19, 347 in 2019/20 to 142 in 2020/21.

There was a significant downturn in report numbers in the early months of 2020, from our 2019 monthly average of 77 reports a month to 10 reports in June 2020, with those mostly for outside Courts and the Parole Board, however from September 2020, as the Court opened our numbers increased to an average of 57 reports a month. At the Court's request, a substantial effort was made to submit all reports a week early, to allow the Court to establish how much time to schedule in Court for each case.

**Table 9: Percentage of CJSW reports submitted to Court on time.**



In 2020/21, 361 out of 368 Criminal Justice Social Work reports were submitted to court by 12pm the day before the case was due to heard as per Criminal Justice Social Work National Standards. 7 reports were submitted after 12pm, but all 36 were submitted before 4pm on the day before court.

The number of reports required by the Court reduced by 49% when compared with the previous year. This is a direct result of the COVID-19 situation which resulted in the closure of Perth Sheriff Court and the suspension of a significant amount of court business nationally during the initial stages of the pandemic.

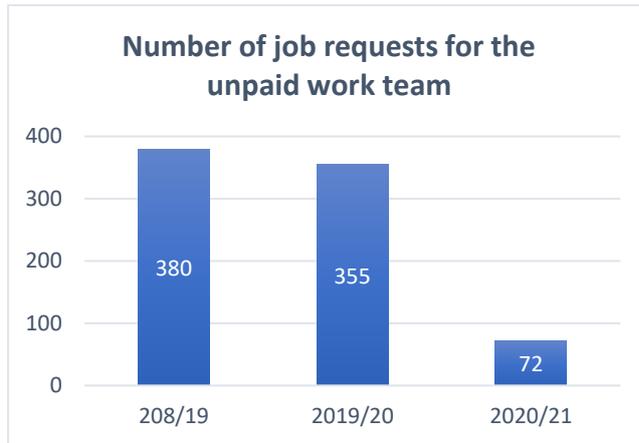
**Table 10: Number of new Community Payback Orders**



When compared with the previous year, this is a decrease of 59%. This is a direct result of the COVID-19 situation which resulted in the closure of Perth Sheriff Court and the suspension of a significant amount of court business nationally during the initial stages of the pandemic.

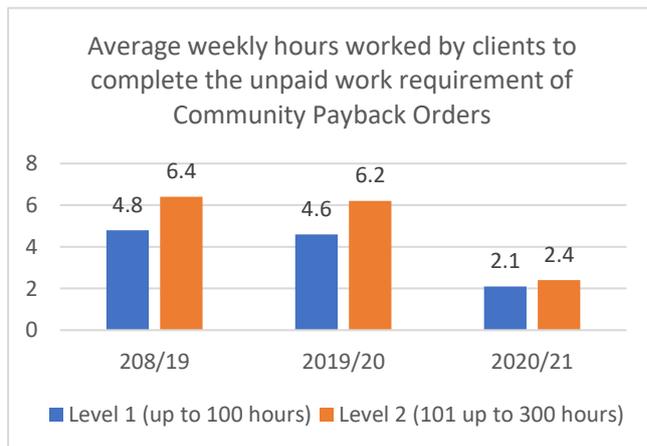
Percentage of Community Payback Order clients with improving outcomes is usually presented in this report, however, the downturn in new CPOs, coupled with a move by social work staff to telephone contact with clients has resulted in a lack of meaningful questionnaire data being collated during 2020/21.

**Table 11: The number of job requests for the unpaid work team.**



72 requests were made to the Unpaid Work (UPW) in 2020-21. This is 80% below the figure for the previous year. Unpaid work was suspended during the first Quarter of 2020-21 and the referral process was suspended. A limited amount of work commenced in Quarter 2 and continued into Quarter 3. However, this was subject to COVID-19 restrictions meaning that only certain types of jobs could be undertaken and with a limited number of UPW clients.

**Table 12: Average weekly hours worked to complete unpaid work requirements (UPW).**



Unpaid work was suspended during the first Quarter of 2020-21 and no Unpaid Work Requirements were completed in Quarter 1. Unpaid Work restarted in a limited form during Quarters 2 and 3, during which only 21 Requirements were able to be completed. Work was suspended again throughout the whole of Quarter 4, however 24 UPW Requirements were completed as a result of the Scottish Government's decision to reduce the number of outstanding hours by 35% for certain categories of offences. All current Unpaid Work Requirements have been extended by 12 months following the implementation of the Coronavirus Act 2020 in order to afford more time for completion.

2020-21 was a significant and challenging year for the Unpaid Work Team in Perth and Kinross. The Westbank Project is the ESF (European Social Fund) funded, training scheme based at Westbank House, Perth with workshops and a large allotment. Our vision is to create a widely used therapeutic and training space which is shared by a cross-section of client groups as well as offenders. This inclusive space and mixing with, and helping other groups, benefits our clients and has a restorative effect. We believe strongly in the principle of Payback to all our communities and the Unpaid Work Team support communities and community groups across the Local Authority area.

In March 2020 unpaid work was suspended until July 2020 in accordance with government guidance. This has had a significant impact on the reporting of performance against agreed indicators.



Community Payback Team clients working on the potato field (*pictured, left*), working in the polytunnel growing tomatoes, peppers, and chillies this year as well as strimming the general growth around the site.

Community Payback clients also started working on jobs outside, in limited numbers and jobs have been taking much longer than normal.

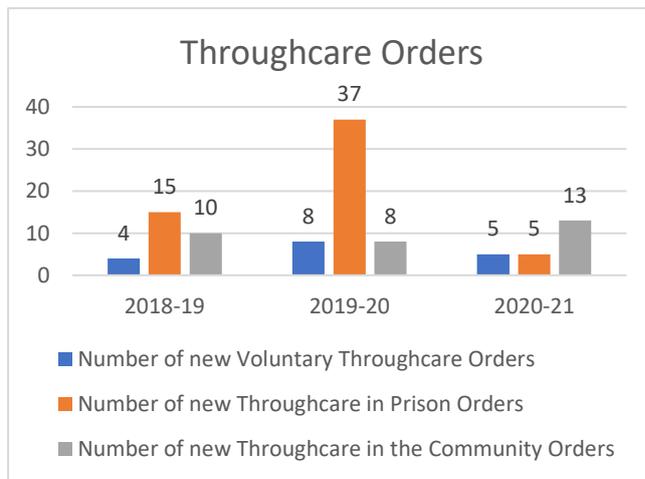
A large painting project in Blair Atholl - at the Country Life Museum was completed (*pictured right*)



The Community Payback Team also built a large polytunnel for the Community Farm.

This will extend the growing season and also created positive partnership working.

**Table 13: Throughcare Orders**



There was an unusually high number of new Throughcare in Prison Orders in recorded in 2019/20. The data for 2020/21 shows some considerable differences as a direct result of impact of the pandemic.

Criminal Justice Social Work (CJSW) offers Bail Supervision in partnership with Services for Young People to those aged from 16 to 26 years old. This service compliments and dovetails with Structured Deferred Sentence (Right Track) which supports young people entering the justice system. As the focus is on reducing re-offending and changing behaviours, it is effective in providing Sheriffs with the evidence of a young person's compliance should the Sheriff be considering a Community Payback Order. In an effort to build on the present Bail Supervision service and expand the options available to the Courts, CJS will be expanding the service to those aged 26 and over. By extending this opportunity to a wider age group and acknowledging the complex nature and compliance challenges it is offering the Court a tested alternative to remand and thereby increasing the available disposal options. This will have a positive impact for families, children and the individual who has the opportunity and lessens the opportunity to fracture family and social and economic relationships.

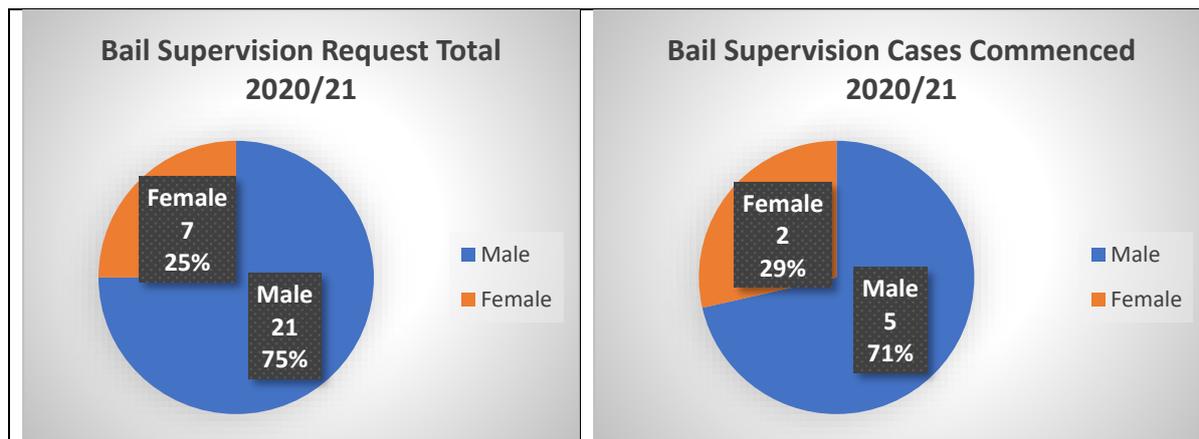
Quote from the Bail Supervision worker “*I think my biggest success has been that the project has not failed and totally shut down through Covid. It was only a year old and still in its infancy prior to the first lockdown and it came to a halt. I have worked hard with CJS, Court and solicitors to keep communication going and offer support to potential individuals meeting the requirements for Bail Supervision*”.

Perth Court reduced their business for the duration of this first Covid lock down and Court business including custodies were redirected to Dundee Sheriff Court. This had a detrimental impact on the relationship with Defence Agents and ultimately affected the ability to ensure Bail Supervision was universally available.

In addition, there was also confusion around Court dates and location which exacerbated difficulties for young people. Staff worked – Covid restrictions permitting and out-with office hours – to ensure the young people were supported. Over the last year, the service has continued support for all young people on Bail Supervision and restrictions permitting, there have been opportunities for face-to-face with intensive support. Planned liaison with HMP / YOI Polmont has established a positive working relationship and linked to the Promise the service, in partnership has been able to offer young people a more robust community-based alternative to a Remand sentence.

A “Whole System’s Approach Review” was completed in partnership with Criminal Justice and REACH. The outcome was fed back to Children and Young People’s Centre for Justice (CYCJ) and Scottish Government.

**Table 14: Bail Supervision numbers**



- 28 young people under 26 years through custody
- 7 young people given Bail Supervision Order
- 2 were arrested during the period of Bail and released back on Bail Supervision
- 1 successful completion, remaining open to Services for Young People

The Prison Based Social Work (PBSW) Team at HMP Perth has managed 268 statutory cases with and supported 29 Integrated Case Management Meetings and averages 14 Parole Reports and associated risk assessments per month. The Team has continued to meet statutory deadlines and to provide high quality reports despite the considerable challenges posed by Covid restrictions.

In view of the significant increase in the workload over the past 10 years, an initial business case for funding for an additional social worker has been submitted to the Scottish Prison Service. This is to reflect the introduction of risk assessment processes and tools and further changes which will mean the PBSW in Perth will be required to complete Risk Management Plans for all ROSHs prior to progression. In addition, there has been a

marked increase in oral hearings, short term sex offender licences, Order for Lifelong Restriction cases and people in custody with complex mental and physical health and care needs, which is reflected by an aging prison population.

The Team have also been working in conjunction with HMP Inverness and Highland CJSW since 2020, to revise and develop Quality Assurance tools, Team Plans, Service Improvement Plans and Induction Packs and to benchmark processes. The templates have integrated elements of recent research, national standards, and Parole Board/SPS MOU documents to review and update tools for assessing quality of reports, input into ICMs etc. and stakeholder surveys with a view to improving our service. Through ongoing consultation with the Parole Board, it is proposed to undertake a pilot over a twelve-month period in HMP Perth, HMP Castle Huntly and HMP Inverness with the aim of joint QA/shared learning sessions between the authorities.

HMP Castle Huntly is Scotland's only 'open' prison which provides an opportunity for testing individuals who may present the greatest risk of reoffending and or harm to society. The Prison Based Social Work Team at HMP Castle Huntly has continued to support colleagues, partners, and clients over the past 12 months, despite the difficulties presented by the Covid-19 pandemic. Whilst it has presented challenges it has also provided opportunities to embed new ways of working – the most obvious of which has been the development of remote working, which was unheard of for prison-based staff prior to Covid-19. Prison based staff work with 'statutory' prisoners, (individuals who will be released on some form of supervision in the community). The social work team has contributed to multi-agency and inter-agency risk management meetings, and prepared risk assessments and reports for Integrated Case Management meetings, Risk Management Team meetings and the Parole Board. In April 2021, there were 239 individuals in HMP Castle Huntly. In the last year, the Castle Huntly social work team have been trained in delivering the Caledonian Project pre-group work sessions, and a Pilot of the project was completed at HMP Castle Huntly, the first piece of accredited Intimate Partner Violence intervention work to take place within custody. This was done in conjunction with Community Justice Scotland and Scottish Prison Service.

With the project incorporating a combination of cognitive-behavioural psychology, personal construct psychology, person-centred counselling, and motivational interviewing, ultimately with the aim of supporting clients to understand, manage and change their behaviour, these sessions gave team members an opportunity to both develop their practice and experience taking a different approach to working with clients. Upon completion of the Pilot, a final report was compiled, and the team members involved are currently participating in an evaluation of the Pilot, carried out by Community Justice Scotland.

One of the most pressing issues for the team has been a significant increase in the requests for prison based Social Worker attendance at Oral Hearings from the Parole Board. Over the past year (until April 2021), prison-based staff have received 56 citations to attend Oral Hearings.

Following on from the successes of delivering a gender specific service for women at OWLS (One-Stop Women's Learning Service), the Public Protection Team have designed an exciting new project specifically for men open to Criminal Justice Services. The project now called EVOLVE, works with men in a trauma informed manner, using a combination of intensive one to one work, and a focussed programme of group work which will include activities designed to increase positive life chances and pro-social decision making for males who offend, to help them find purpose, improve their wellbeing, and rebuild relationships within their communities and families.

Based at Anchor House's Neuk project, is helping men find new, positive identities, and relationships. The environment is more trauma informed than traditional Criminal Justice settings. The project began actively working with men in October 2020 and although COVID restrictions have limited the groupwork element, one to one work has continued.

Staff have spent the lock down developing a groupwork modular programme focussing on problem solving, emotional regulation, and relationship skills, as well as the cycle of change and managing addictions. Feedback from the men has also led to the inclusion of modules on fatherhood, engaging with education, as well as some work less traditionally found in community Criminal Justice work, such as art and music therapy, healthy outdoor activities, and diet.

During the COVID-19 Pandemic, the One-Stop Women's Learning Service (OWLS) adapted to deliver the same quality and level of support using new ways of working. All clients continued to receive support specific to their needs and risk. This was through face-to-face meetings, home visits, telephone calls and virtual meetings. OWLS staff responded to all support needs on an individual needs-led basis and delivered support in line with the National Guidance.

Staff completed Trauma Informed Training to enhance existing skills and in support of relationship-based practice. The prevalence and impact of trauma on people involved in the justice system is high, and this training has strengthened understanding of trauma-informed practice and policy and built a trauma-informed approach into long-term recovery, renewal, and transformation for OWLS clients.

In recognition of the isolation some clients experienced, OWLS used 'Motivational Messages' by text twice week. The telephone and text support was recognised by almost all of our clients to have worked well. The messages were all carefully selected to be uplifting and translate hope but also recognise the unusual and worrying times we all found ourselves in. Some of the messages are:- *'Remember you are all unique and strong women, and every journey begins with a single step'; 'If you don't like something change it. If you can't change it, change the way you think about it'.*

Recognising the power of peer support, women were also encouraged to share any favourite messages they had. These messages were then disseminated: *'Everyone is on a journey of their own, just try to take life day by day as you don't know what happiness will come your way...happiness can come at unexpected times'* and *'Be strong because things will get better. It may be stormy now, but it never rains forever'* and also *"Hey you today might be a hard day but just remember you have survived all the hard days before and you can survive today too"*. We often received responses such as *'Good one'* and *'These messages "actually make my day", and "keep these coming they are so uplifting"*. Sometimes women found themselves isolated, with little or no support and in order to reduce risks of going out, food was collected from Food Banks and delivered to their homes by OWLS staff. One woman, LZ, who had used such a service, decided she would like to give back by means of volunteering with a Foodbank. OWLS staff provided coaching around how she could use her lived life experience regarding using this service, and the importance of how staff had welcomed her and made her feel. LZ contacted a Foodbank in her area, started to Volunteer in a rural Foodbank and went on to gain part time paid work there, thus creating an opportunity out of a crisis.

OWLS worked with Welfare Rights, Connecting Scotland, TCA, and Housing to secure 6 iPads. These have benefited women to access self-help work sheets, courses, improve their IT skills, and enhance their knowledge on using new technology. Women will also use them to help with Peer Mentor Training which will be commencing later this year.

For the second year OWLS raised funds for MacMillan Cancer Coffee morning. Due to the Covid-19 restrictions, a cake stall was arranged outside St John's Shopping Centre. This was very successful, colleagues, and members of the public were very generous with their purchases and donations and OWLS raised over £500 for MacMillan Cancer, beating our 2019 amount by £200!

As Christmas 2020 was so different for many we still endeavoured to reach out, seek donations. The "Neuk", showed great partnership working by providing us with some

additional items. We managed to provide a well-presented small Christmas gift to our women, for which their thanks and gratitude was overwhelming.

**Feedback from Tayside Council on Alcohol re OWLS**

*“...we have developed a very good working relationship over the years which has resulted in us being able to deliver a seamless service to clients who have required support of both services”*

**Feedback from Barnardo’s Tayside Domestic Abuse Service re OWLS**

*“I have worked for the Barnardo’s Tayside Domestic Abuse Service since January 2021. During this time OWLS have demonstrated great partnership working by being supportive and collaborative with their approach towards myself. They have extended invitations to their team meetings where they share their knowledge of services and resources within Perth. They have also offered space and time in their facilities for mutual service users whilst promoting safe and healthy practice. The team have always offered advice, help and support in helping develop the TDAS service within Perth.”*

*“...the OWLS worker and I have worked as a team...we have supported a woman who has suffered from domestic abuse for over 2 decades. We have worked alongside one another, discussed the complexities and needs of the case and managed to develop an action plan to support this woman. We have so completed actions that have allowed this individual to access her own funds, she agreed to support for substance misuse and she has started to do the work in understanding the dynamics and impacts of domestic abuse”.*

**3.12 Child Protection**

From March 2020, the COVID-19 pandemic and subsequent restrictions required staff to quickly change and adapt to new ways of working. The Council identified child protection as an essential service and staff were supported to continue to deliver key child protection processes with the support of new practice guidance and technologies.

Key data was collected as requested by Scottish Government, CoSLA and SOLACE which were selected for their significance, in identifying the impact of the COVID-19 pandemic on children and young people at risk. This data was reported weekly to Education and Children’s Services Management Team, the Council’s Gold Command and the Public Protection Chief Officers Group ensuring that there was close monitoring of any changes that may impact on the effectiveness of the Council’s response to children and young people at risk.

This data was incorporated into the CPC data set and outlined in the annual Standards and Quality report. Headline data for the academic year 1 August 2020 – 31 July 2021 and, where possible, compared with previous years is presented below.

**Table 15: Child Concern Reports (CCRs)**

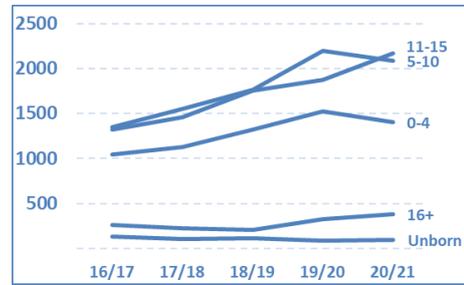
The total number of Child Concern Reports (CCRs) shows a continued, longitudinal increase over the last five years; whilst the number of children and young people subject to a CCR has risen more slowly over the last two years. Many of these CCRs relate to concerns which are both multiple and complex in their nature. There can be multiple or repeated concerns about the same child or young person. CCRs are all subject to multi-agency screening arrangements led by the Child Protection Duty Team and shared proportionately with partners.



Following multi-agency screening arrangements there are a number of possible outcomes. Where the child or young person is known to social work services, the CCR is shared with the Lead Professional (almost always the social worker) for further investigation, assessment and follow-up; or for single or multi-agency assessment and support; or referral to The Reporter (Scottish Children’s Reporter Administration – SCRA) for compulsory measures of supervision; or referral to a Third Sector organisation for help and support. CCRs which relate to child protection are immediately fast-tracked for an Inter-Agency Referral Discussion (IRD).

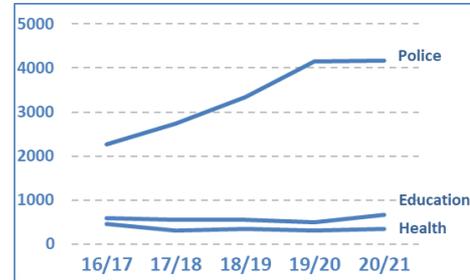
**Table 16: Child Concern Reports by Age**

The number of children and young people with a CCR in each age group has remained relatively steady; with the number in the 5-10 and 11-15 age groups being the largest. Whilst some of the age groups are either levelling out or reducing, of particular note is the children and young people in the 11-15 age group, which continues to increase and feature more prominently.



**Table 17: Child Concern Reports by Source**

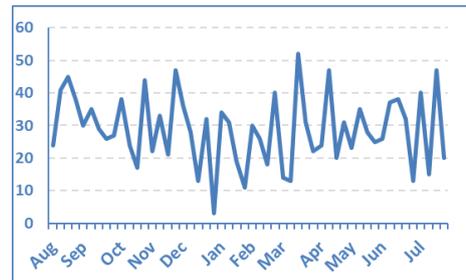
The main source of CCRs continues to be Police Scotland, followed by Education Services and Health Services: these three sources account for over 80% of all CCRs. The number of CCRs submitted by Police Scotland has been continually increasing over the last 5 years although this has slowed in the last year. This is potentially a consequence of the COVID-19 pandemic lockdown measures, which resulted in a reduced visibility of children and young people. CCRs have continued to be submitted and of particular note is the increasing numbers of CCRs being submitted from Education.



Monthly analysis has shown that after the COVID-19 related lockdown periods and schools having closed (resulting in home-learning) and then re-opened, there has been identifiable surges in the numbers of CCRs being submitted during some months. CCRs relate to a wide range of child welfare, child care and protection concerns and are all subject to multi-agency screening. Overall, 39% of all CCRs relate to the Trio of Risks (Domestic Abuse 24%; Parental Mental Ill-Health 9%; Problematic Alcohol and Drug Use 6%).

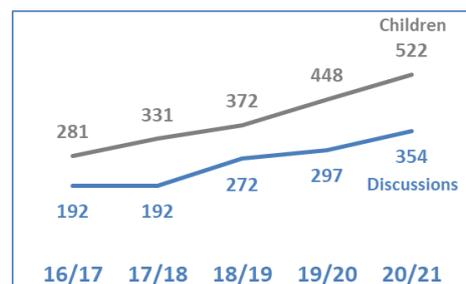
**Table 18: Child Concern Reports (CCRs) – Domestic Abuse**

The total number of Child Concern Reports (CCRs) where Domestic Abuse was an initial feature, has continued to show quite a lot of variation from week to week, but overall has remained relatively steady. Local services and agencies have been alert to this level of demand, which has been monitored by local partnership working arrangements.



**Table 19: Inter-Agency Referral Discussions (IRDs)**

The number of children and young people subject to Inter-Agency Referral Discussions (IRDs) continues to rise year-on-year and the number of discussions taking place (which may involve more than one child) also shows a long-term upward trend. This is considered to be positive practice position. Following an IRD there are a number of possible outcomes, including the need for a joint child protection investigation (social work and police); a joint investigative interview (social work and police); a medical examination; referral to SCRA; further emergency legal measures and orders, or a single agency intervention and support.



IRDs are recognised as good multi-agency working practice and may be repeated a number of times for the same child or young person. Locally, a significant amount of improvement work has taken place in relation to IRDs and will continue to take place, to ensure our IRDs are robust and our safety planning is effective.

Our established approach to IRDs is in keeping with the shift expected and with the good practice now outlined in the recently published National Guidance for Child Protection in Scotland 2021 (Scottish Government: 2 September 2021).

**Table 20: Child Protection Investigations**

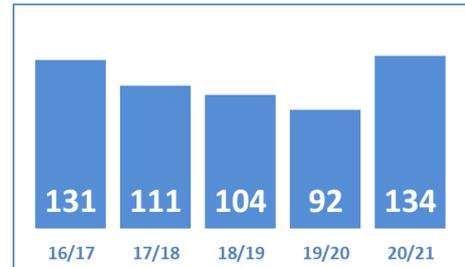
The number of Child Protection Investigations and the number of children and young people subject to an investigation has risen markedly since 2017/18; having more than doubled over that period. There has been a 10% increase in the number of child protection investigations carried out in 2020/21.

These are joint investigations between social work and police, decided upon and agreed at the IRD stage and carried out by specially trained interviewers and trauma aware staff.



**Table 21: Unborn Baby Referrals**

The number of Unborn Baby referrals received this year has increased significantly; following further awareness raising within Midwifery and Health Visiting Services along with multi-agency practice guidance being published last year. By far the majority of Unborn Baby referrals continue to come from NHS Tayside; albeit any practitioner, service or agency can raise such a referral.



The areas of Unborn Baby vulnerability continue to be similar to the areas of concern for registration on the CPR, in particular those relating to the trio of risk. As previously mentioned, this increase would suggest that despite the COVID-19 restrictions and lockdowns, frontline staff have remained alert and vigilant; and with appropriate protections and supports, have continued to meet with, visit and engage with vulnerable pregnant mothers and families and in keeping with our practice guidance, made the necessary referrals. Nevertheless, the impact on our multi-agency screening and assessment processes for these referrals remains very challenging and resource intensive and the level of child protection activity in relation to vulnerable pregnant women and unborn babies is a key area of growth.

**Table 22: Pre-Birth Child Protection Case Conferences (CPCC)**

Of 134 unborn baby referrals in the year, 33 unborn babies were the subject of a multi-agency Pre-Birth CPCC. 94% were registered on the Child Protection Register (CPR). All unborn babies registered on the CPR are subject to a multi-agency Child Protection Plan. These cases tend to be complex, and have multi-faceted areas of concern, vulnerability and needs.

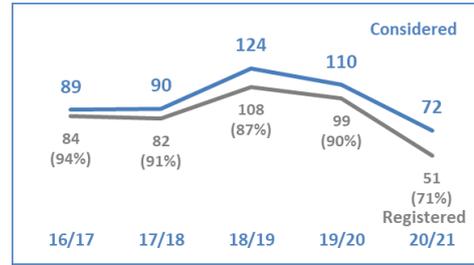
This increase would suggest that despite the COVID-19 restrictions and lockdowns, frontline staff have remained alert and vigilant; and with appropriate protections and supports, have continued to meet with, visit and engage with vulnerable pregnant mothers and families and in keeping with our practice guidance, made the necessary interventions for vulnerable and at-risk unborn babies.

This has also significantly changed the age profile of those placed on the CPR. This year, for the first time, the largest group is now unborn babies. Whilst the 0-4 group has decreased, overall, unborn babies and young children now make up the vast majority of children registered on the CPR. The remaining 101 other unborn baby referrals, which did not proceed to a Pre-Birth CPCC, all received a variety of other supportive interventions and responses, i.e., single agency support; multi-agency support; the pregnancy did not continue, or the mother moved out with the local authority area, with information being shared proportionately with the new local authority area.



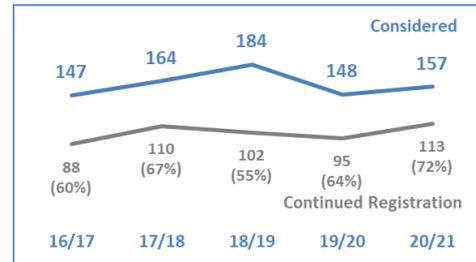
**Table 23: Initial Child Protection Case Conferences (CPCC)**

In contrast to the increasing numbers of CCRs, IRDs, child protection investigations and joint investigative interviews in the last year there has been a 35% reduction in the number of children and young people being considered at a multi-agency Initial CPCCs. This indicates that alternative single and multi-agency support had effectively been put in place at an earlier stage in the child protection process. Multi-agency Child's Plans, coordinated by a Lead Professional Social Worker are negating the need for an Initial CPCC by effectively reducing risks. 71% of children and young people considered at an Initial CPCC had their names registered on the Child Protection Register (CPR). All were the subject of a multi-agency Child Protection Plan, coordinated by a Lead Professional Social Worker. Those children and young people not registered on the CPR will also have benefited from ongoing support via a Child or Young Person's plan coordinated by a Lead Professional Social Worker.



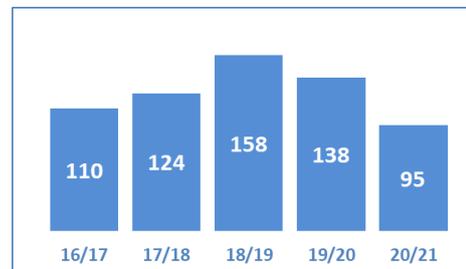
**Table 24: Review Child Protection Case Conferences (CPCC)**

Multi-agency Review CPCCs review the decision to place and retain a child or young person's name on the CPR. These child protection meetings take place within standard timescales to monitor changes in circumstances and progress made to reduce and eliminate risk. Where sufficient progress has been made, the Review CPCC can make a decision to remove (de-register) an unborn baby, child or young person from the CPR. This is always a multi-agency decision. The number of children and young people considered at a multi-agency Review CPCC has remained relatively steady. The proportion of continued registrations shows a slight increase from last year showing that it has taken longer to be assured of sustained progress. The long-term trend is more steady and the data this year shows that it has been more difficult to take a decision to remove names from the CPR and this is likely to have been due to the changes to universal and support services due to COVID-19. Help and support for these children and young people continues after de-registration.



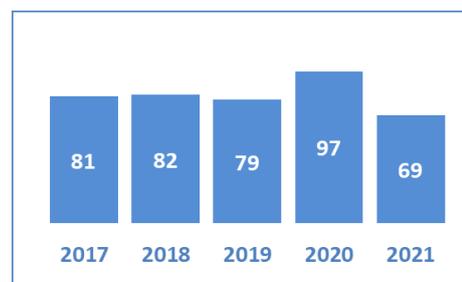
**Table 25: New Registrations on the Child Protection Register**

There has been a reduction in the number of new registrations on the CPR. This is closely related to the reduction in the number of Initial CPCCs taking place in 2020/21. The number of children and young people placed (new registrations) on the CPR has been decreasing for the last two years, following a sharp increase in 2018 / 2019. New registrations include unborn babies, registrations following an ICPCC and temporary registrations (for children and young people who move into the Perth and Kinross Council area for a limited period; for a holiday with relatives etc). These figures routinely include large family sibling groups of 5 and more.



**Table 26: Children on the Child Protection Register as at 31 July 2021**

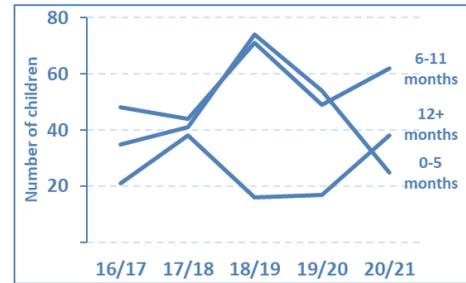
There has been reduction in the number of children and young people's names on the CPR at 31 July 2021. The number of children and young people, whose names were on the CPR at 31 July 2021 has decreased to the lowest level since 2014, from a relatively high figure of 97 in 2020. Last year it was reported that the significant increase was a direct consequence of the COVID-19 pandemic and subsequent containment measures (lockdown, home working, limited home visits and no face-to-face partnership meetings), which temporarily well-established multi-agency review arrangements for all registrations.



As staff learned to adapt to the COVID-19 pandemic, new ways of partnership working, assessment of risk and needs and safety planning has now ensured that children and young people do not remain on the CPR for longer than is necessary.

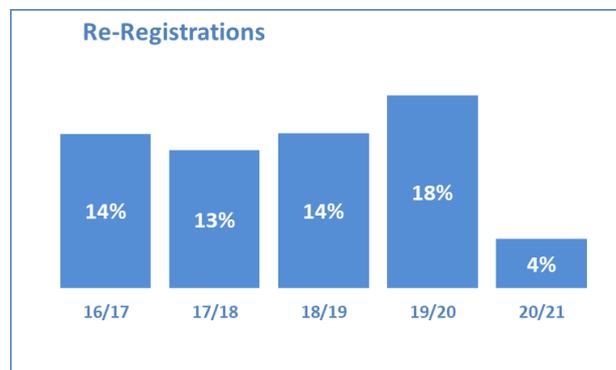
**Table 27: Length of Registration**

Most CPR registrations last less than a year, although there has been a slight increase in the number of children and young people who remain on the CPR for 12 months or more. This should not necessarily be seen as problematic, as many of these children and young people have multiple and / or complex needs which need coordinated support. The sharp reduction in the number of children and young people whose names are included on the CPR for a period of less than 5 months is to be welcomed, as this demonstrates that decisions are being made with evidence of sustained progress and a greater likelihood that the changes made will lead to positive longer-term outcomes.



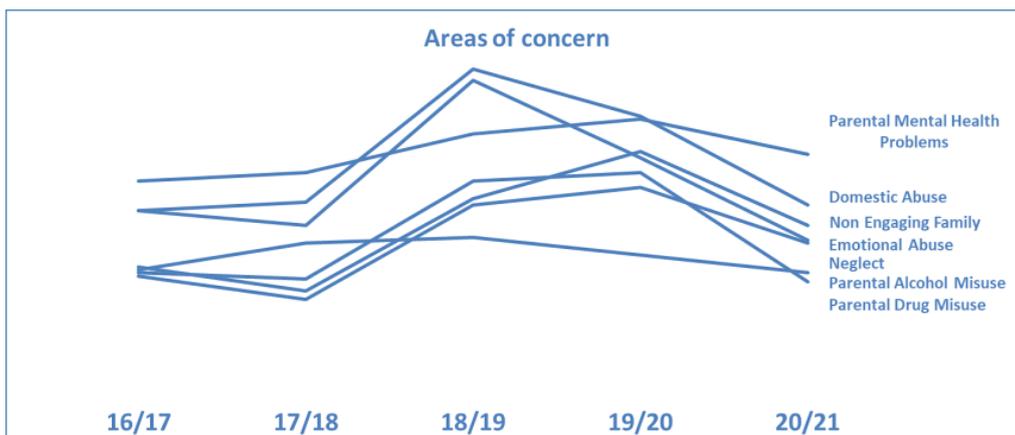
**Table 28: Re-Registrations**

The number of children and young people that are re-registered (placed) on the CPR, having been previously removed from the CPR, has fallen significantly; with only 4% of children and young people having been previously registered (placed) on the CPR. All of these children and young people had last been removed (de-registered) from the CPR more than two years previously, following a multi-agency robust assessment and review meeting agreement.



**Table 29: Areas of Concern**

The number of new registrations on the CPR has continued to decrease sharply over the last two years, however the proportion of children and young people whose names are included on the CPR and who are affected by parental mental ill-health, domestic abuse, problematic parental drug and / or alcohol misuse (sometimes referred to as the trio of risk) remains quite significant.

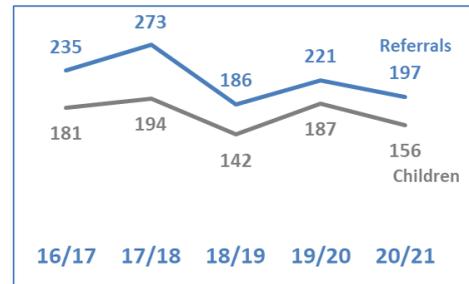


The initial stages of the pandemic saw a dramatic reduction in the amount of Children’s Hearings that could take place. From the 23 March 2020, SCRA moved to a fully virtual Hearing model. This model took until the 6 April 2020 before Hearing participants, including social workers and families could start to be invited and participate. Perth & Kinross, prior to the pandemic had a Hearing capacity of 12 Hearings per week. Tayside as a whole had a Hearing capacity of 51. By the 6 April 2020 Hearing capacity for all of Tayside was reduced to 10 Hearings; with Hearings being arranged on a need only basis for a significant period of 2020. In October 2020, Hearing Centres reopened for limited face-to-face, Hybrid

and fully virtual Hearings. Perth and Kinross reopened with a capacity of 7 Hearings per week. This limited Hearing capacity continued until July 2021 when Perth and Kinross has been able to have 10 Hearings per week.

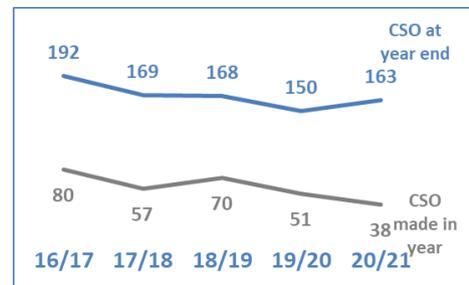
**Table 30: Referrals to SCRA**

The number of referrals to SCRA and the number of children and young people referred to SCRA continues to show some variation over the last five years. This year, the number of referrals and number of children and young people referred to SCRA from Perth and Kinross has fallen by 11% and 17% respectively and this is less than the national picture. Conversely, referrals to SCRA from social workers increased by 7% over the year. Ongoing training has ensured that all staff are acutely aware when making referrals to SCRA that they describe the reasons why compulsory measures of care are required, particularly when alternative support measures are not deemed appropriate.



**Table 31: Compulsory Supervision Orders**

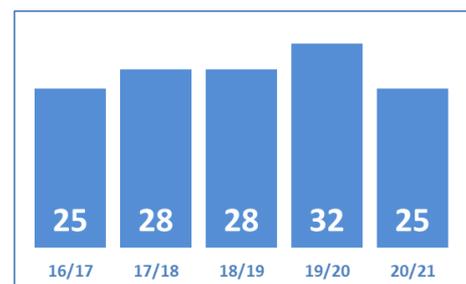
The number of children and young people placed on Compulsory Supervision Orders (CSOs) and the number of children and young people who remained on a CSO at the end of the year (31 March) have been previously showing a general downward trend over the last five years. However, this year, those who remained on a CSO at 31 March 2021 had risen to 163. The increase in the number of CSOs at the year-end would appear to be linked to SCRA's inability to arrange review Hearings to terminate Orders, as a direct consequence of the COVID-19 pandemic restrictions and emergency legislation and guidance. Perth and Kinross continues to have comparatively high conversion rate of referrals to CSOs. The national conversion rates fluctuates around 22% of all referrals converting to a CSO. Perth and Kinross currently enjoy a conversion rate of 42%, strongly suggesting that the right children and young people are being referred appropriately. Children and young people who are placed on a CSO are looked-after, either at home or away from home in another placement and subject to regular supervision visits and contacts by a social worker.



**Table 32: Child Protection Orders (CPOs)**

This year, the number of children and young people placed on Child Protection Orders (CPOs) has fallen, following a generally upward trend over the previous four years.

Nationally CPO rates rose by 4%, whilst Perth and Kinross saw a reduction of 22%; keeping in mind the actual numbers of children and young people involved are relatively small. This shows that despite the impact of the COVID-19 pandemic, front line staff have continued to carry out contacts and home visits and respond to children in need of immediate protection. All children subject to a CPO will be the subject of a Children's Hearing within 72 hours. From the Reporter's perspective, the reduced SCRA referral rates (down 11% and 17% respectively); the slowing number of new CSOs (increased by only 3% during the year) and the reduction in CPOs (down 22% in Perth and Kinross), are indicators that vulnerable children and young people in Perth and Kinross are benefiting from early and effective local interventions and support and that only the most vulnerable children and young people and those in need of compulsory measures of care, continue to be referred to SCRA.



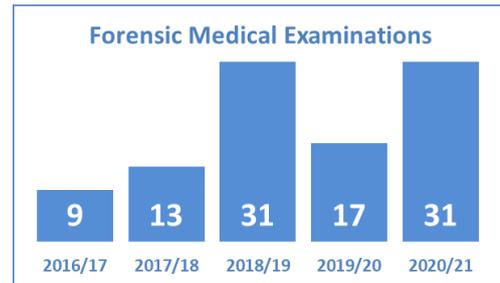
**Table 33: Joint Investigative Interviews (JIIs)**

Following an IRD and the decision that a joint police and social work child protection investigation is necessary, consideration will be given to the need for a Joint Investigative Interview (JII); carried out jointly by fully trained, trauma informed police and social work interviewers. The number of children and young people who have had a JII carried out has risen to just below 2018/19 levels, following a drop in 2019 / 2020. This is in keeping with the increasing numbers of CCRs, IRDs and child protection investigations and this remains a key component part of our child protection services.



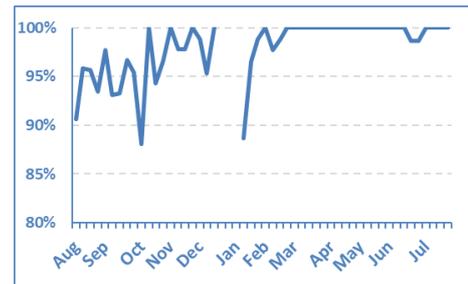
**Table 34: Joint Paediatric / Forensic Medical Examinations (JPFME)**

Following an IRD and the decision that a joint police and social work child protection investigation is necessary, depending on the nature of the concern, consideration may also be given to the need for a JPFME. The number of children and young people who have had a JPFME carried out has risen to 2018/19 levels, following a drop in 2019 / 20. This is in keeping with the increasing numbers of CCRs, IRDs and joint police and social work child protection investigations and this remains a key component part of our child protection services.



**Table 35: Children with Child Protection Plan seen Face-to-Face**

The number of children and young people with a Child Protection Plan (children whose names are included on the CPR), who were physically seen, face-to-face, by their Social Worker (Lead Professional), on at least a fortnightly basis, has been monitored weekly. Throughout the year, this has remained very high and this trend has been continued to pre COVID-19 pandemic levels. This was an important measure as children were not being seen outside of school by universal services such as early years or schools.



This measure is no longer being monitored at a national or local level from October 2021.

### 3.13 Children’s Views and Independent Advocacy



2020 / 2021 has been another busy and challenging year for the Children and Youth Rights Officer (CYRO) and the partner providers of advocacy in Perth and Kinross.

Over this past year, we have continued to review the arrangements for advocacy and for seeking the views of children and young people at key child protection meetings, Looked-After Reviews and Children’s Hearings.

As the COVID-19 pandemic has continued to pose significant challenges in terms of how face-to-face work is carried out, additional risk assessment has remained a priority. This has ensured that children and young people are still having their views captured; in many cases virtually, while limiting the number of staff entering homes or schools for in person visits.

In terms of advocacy and seeking views, and the service level agreement between Perth and Kinross Council’s Education and Children’s Services and PKC partners is embedded;

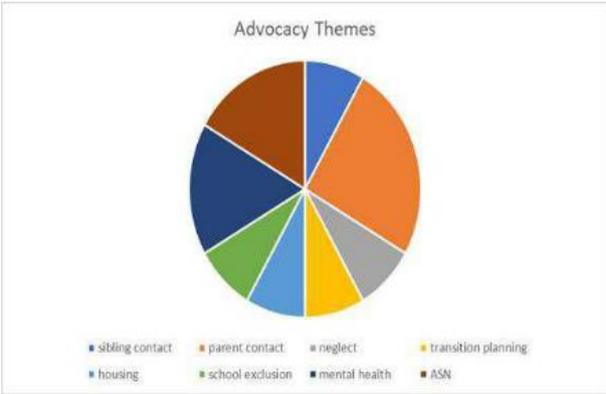
ensuring the advocacy provision for children and young people across three priority groups is consistently sustained.

These three groups include those who are looked-after and accommodated; those who are looked-after at home and those who are open to child protection services. In addition, the Council’s CYRO has continued to support children and young people with advocacy who are not open to social work.

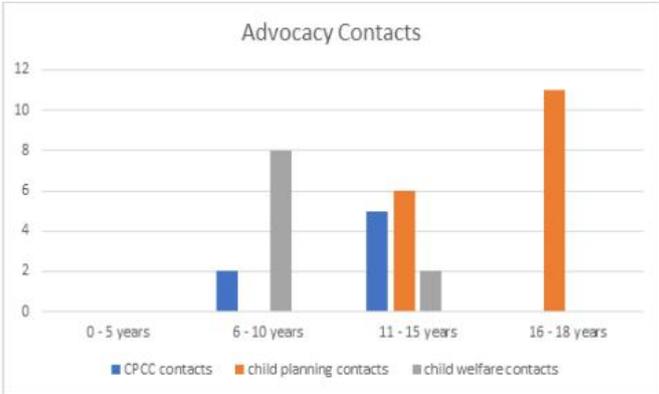
The following information illustrates the increasing number of children and young people who have had their views advocated / presented at key meetings since July 2020, either virtually or by workers / advocates via the submission of an All About Me Form:

- 155 (147 in 2019 / 2020) children and young people’s views presented at a Child Protection Case Conference (CPCC) by their social worker, carer, advocate or other professional
- 265 (233 in 2019 / 2020) looked-after children and young people’s views presented at a Looked-After Conference (LAC) by their social worker, carer, advocate or other professional
- 92 (100 in 2019 / 2020) children and young people helped to submit an All About Me Form to CPCCs and LAC

**Table 36: Advocacy themes**



**Table 37: Advocacy contacts**



The development of a REAP strategy aims to support the promotion of rights, engagement and participation for children and young people not necessarily engaged in services. RRSA (Rights Respecting Schools Award) was recognised as an effective way to work with and support schools to consider their current mechanisms for pupil voice, learner participation and individual advocacy and how these might be strengthened. To do this the CRO has worked alongside a professional advisor from UNICEF to coordinate and deliver, Achieving Silver and Achieving Gold training for participating schools. Additionally, the CRO has arranged assessment visits, undergone assessor training, and attended strategic lead meetings for national updates, support, and training.

[Independent Advocacy Perth and Kinross \(IAPK\)](#) has continued to provide advocacy support virtually throughout the COVID-19 pandemic and restrictions 2020 / 2021; with the staff team working from home since March 2020. Independent Advocates have and continue to liaise with advocacy partners (client group) via phone, video conference and with WhatsApp, when advocacy partners only had this app available.

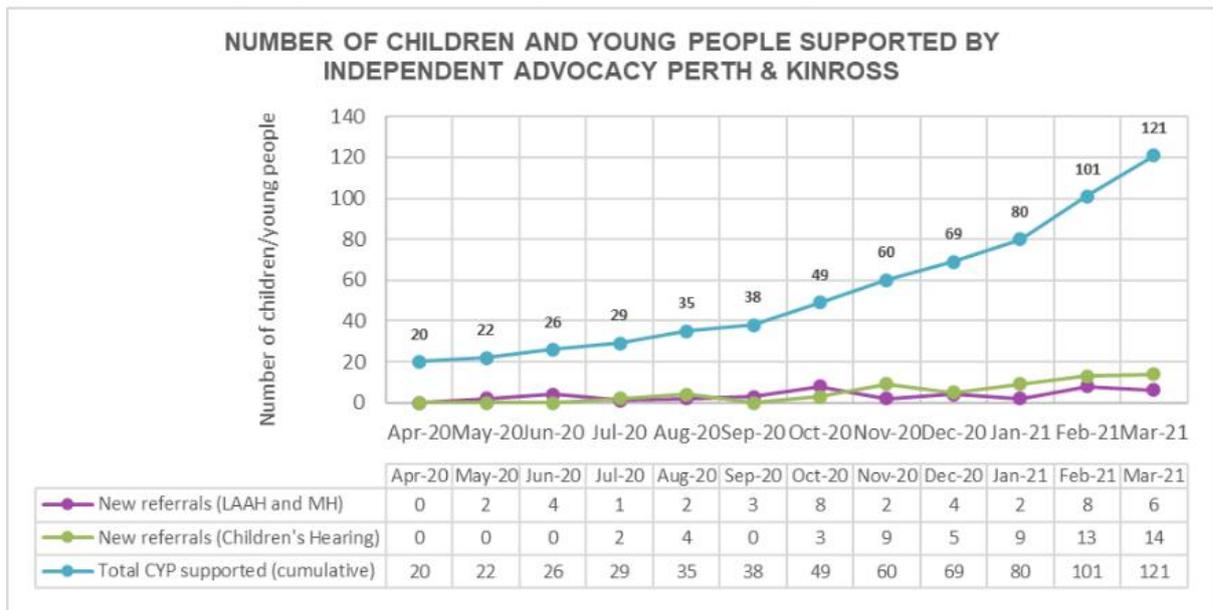
For children and young people who did not have access to technology, IAPK staff wrote letters and cards and included a pre-addressed envelope, so that the children and young people could write back for free. This ensured that contact between the child and Independent Advocate was sustained throughout lockdown. Independent Advocates have utilised opportunities with services who provide devices and IT skills to individuals and families who have experienced the ‘digital divide’ during the pandemic.

Meetings with children and young people advocacy partners continued to be held throughout the year. Initially these were all via telephone conference; however whenever it has been permitted and safe to do so, Independent Advocates have met with children and young people in schools and outside; in accordance with Scottish Government guidance. The implementation of Microsoft Teams has also led to an increase in the number of virtual meetings IAPK attended to share the views of children and young people.

In November 2020, [Section 122 of the Children’s Hearings \(Scotland\) Act 2011](#) came into force. The Act states that children and young people, subject to Children’s Hearings must have an offer of Independent Advocacy support to uphold their rights. Given the obligation to refer children and young people to Independent Advocacy through the Act, and with IAPK being the primary providers of Children’s Hearings Advocacy in Perth & Kinross, there has been a significant increase in referrals for children and young people overall since November 2020. Despite children and young people’s right to be referred, it is not mandatory to accept advocacy.

However, in terms of impact, from the referrals received in 2020 – 2021 there has been a 96% uptake of the advocacy service offered. Those children and young people who have or are declining advocacy are either sharing their views themselves, or they do not wish to share their views.

**Table 38: number of young people supported by independent advocacy**



 **121** Number C/YP supported in last 12 months

 **20** Existing advocacy partners (from March 2020)

 **42** New referrals

 **59** New referrals for children’s hearings

 **28** Number of cases closed this year

**Characteristics of children and young people supported**

 **2-18** Range of ages

 **8** Average age

 **75%** Proportion of referrals for children under 12 years old

 **59% Female**

**41% Male**

**Feedback:**

*"Where was children's advocacy years ago?" – Kinship Carer*

*"You have a calming influence in meetings" – Head Teacher*

*"I think you going to meetings for me is perfect" – 9 Year Old*

*"I'm impressed you (Independent Advocate) thought to ask these questions to the children, their answers are really helpful" – Panel Member at Children's Hearing*

*"With advocacy there, I feel the children are now being listened to" – Parent*

**Case Study: Advocacy 1**  
*A 10 year old child who lives in kinship care with a grandparent was referred to the children and youth rights officer. The referral came from a reviewing officer and was in relation to the safety of the child's place of residence. For some time, the child had shared that they did not feel safe in this property due to anti-social behaviour in the community. This was seen by the reviewing officer as an 'unmet need.' Following the referral, the children and youth rights officer visited the child and gauged their views. The content of the meeting was shared with the senior social care officer supporting the family and together they liaised with the housing association. As a result of the meeting, it became apparent to housing colleagues that there was information about the family that had not been brought to their attention previously which affected their application. The child and the grandparent were soon placed on the strategic housing list and have since moved into a new property which better suits the child's needs.*

The following figures are for the various *types of meetings* where the views of children and young people were gathered by IAPK, and the Independent Advocate shared the views at professional multi-agency meetings (virtual and face-to-face).

IAPK's capacity to work with children and young people has increased by 100% in the last year. This has enabled IAPK to increase the provision of Independent Advocacy to children and young people. Evidence of the impact of the commissioned services by the local authority, Perth & Kinross, and changes in legislation are reflected in the referral numbers and the number of meetings recorded in the last year.

These figures do not include staff meetings, training courses, meetings held to promote and discuss advocacy with other agencies; it also does not include letters written to children during lockdown when phone calls were not possible:

**Table 39: Advocacy support per type of meeting**

	Advocacy Partner Meetings and Calls	Hearings	LAC Reviews	Case Conferences	Core Groups	Other	Total
<b>2020</b>	308	51	28	12	14	39	<b>452</b>
<b>2019</b>	140	13	7	7	16	7	<b>209</b>

### Case Study: Advocacy 2

*"I have been Sam's Independent Advocate for 2 years. This year Sam moved to his Dad's home so there was a meeting, as there will now be different Social Worker as he lives in a different area of Perth and Kinross. I attended the hand over meeting with family and education.*

*As Sam is in first year of high school, the school had not known him long. I realised in the meeting that out of all professionals attending the meeting, I was the one consistent person throughout this time. The Social Worker had known the family as long, but their involvement was ending.*

*Together, Sam and I attended school meetings, social work meetings, such as LAC reviews and hearings. Over this time, I have had many one-to-one meetings with Sam to find out how he is, what he thinks, and how he feels. I have then been able to share these views at decision-making meetings, have got to know Sam and knowing his views, reduces the need for Sam to share repeatedly his story with new professionals he has to work with.*

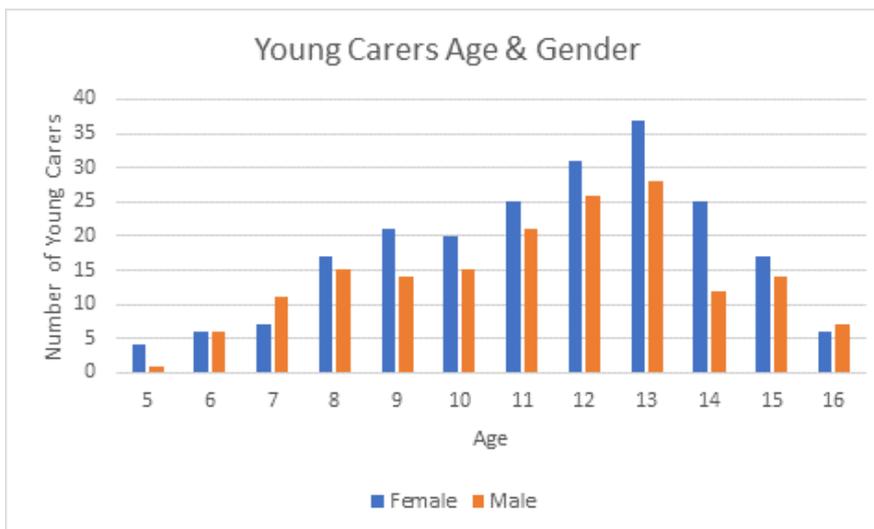
*Reducing this barrier to Sam's engagement has increased the rapport and trust allowing for easier conversation and understanding of his views"*

### 3.14 Young Carers

**PKAVS Young Carers Hub** continues to support increasing numbers of children and young people, aged between 5 and 18 years old, to cope with what can often be an all-encompassing caring role. A Young Carer is anyone under the age of 18, or over 18 and still at school, whose life, is in some way, restricted because of the need to take responsibility for the care of a person who is ill; has a disability; is experiencing mental distress or is affected by substance misuse. Currently PKAVS supports 323 Young Carers, has 69 on a waiting list and received a total of 149 new referrals during the timeframe for this report.



**Table 40: Young Carers Age and Gender**



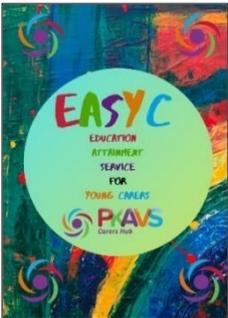
The past 15 months have been extremely difficult for everyone. However, for Young Carers, they have seen many of the arrangements / mechanisms they had in place, to give them support and a regular short break from their caring role, close almost overnight. This has meant that the past 15 months have seen Young Carers

become ever more immersed in their caring roles, with little to no access to a break. Many families cancelled care packages because of the uncertainty of letting other people into their homes, especially at the first lockdown in March 2020.

Other supports were also cancelled by providers as staff were re-deployed elsewhere or because of staff shortages. All this undoubtedly added to the caring responsibilities faced by Young Carers as they were left having to do more. The biggest worry / concern Young

Carers told us they had, was how COVID-19 could impact on the health of the person they care for. This added another level of anxiety, on top of everything else and in some cases, resulted in the Young Carer’s own health and wellbeing being adversely affected. School and continued learning was also a real issue for many Young Carers, as the workload was difficult to manage alongside the additional caring responsibilities they had taken on during this time. The feedback we received was many Young Carers felt this only added to the additional stress they were already under.

However, we have been able to support Young Carers during this time and some of the ways we did this are highlighted below. As restrictions ease and youth work guidance allows, it is our hope that our offer of short breaks and other supports Young Carers can access will continue to increase over the weeks and months ahead.



**Educational Attainment Service for Young Carers (EASYc)**

**EASYc** began in May 2019, as part of the legacy for the late Councillor Barbara Vaughan, this service was initially set up to support Young Carers who were dis-engaging with education and did so through access to private tuition lessons, homework clubs and by having access to educational hardware and software.

Clearly this past year has seen us increase the reach of this service and direct it towards any Young Carer who was struggling with the ‘new way of schooling’ adopted by schools because of COVID-19 and Scottish Government Guidance.

Within the timeframe of this report 148 Young Carers have accessed this service with 1,418 private tuition lessons having been delivered and 76 homework-based groups. Referrals for the service have come from schools, social work, self-referrals and from PKAVS Young Carers Support Workers.

Below are some examples of the impact this service has made in the past 12 months:

<p><i>“Both my tutors have helped me to understand areas in their specialty, which my parents couldn’t. I feel I am able to ask questions I couldn’t ask in class” (Young Carer)</i></p>	<p><i>“It helps to fill the gaps in learning that Young Carers may have missed. I also think it gives Young Carers the opportunity to be able to learn and catch up with their work in a less stressful or busy environment” (Teacher)</i></p>
<p><i>“Being disabled, I can’t give my son the help &amp; support he needs when it comes to his schoolwork. This service has relieved the guilt that I feel. He has a tutor (who is fantastic with my son) who can help and support him and has shown him he is capable of raising his attainment to a ‘higher’ level” (Young Carer’s Parent)</i></p>	

**Young Carers Voice**

This forum continues to meet regularly and now has representation on the Young Carers Strategy Monitoring Group. The consultation we did with Young Carers around their mental health and wellbeing for the National Young Carers Action Day in March 2021 came through input from the Young Carers Voice to the Strategy Monitoring Group. The Group are also working together with Columba 1400 on a Leadership Academy that Columba approached us to facilitate. The Leadership Academy has obviously had to be changed from what would normally be delivered, but still gives Young Carers a chance to get a break from caring, as well as creating a real feeling of teamwork amongst the Young Carers Voice participants.

### *Additional Respite Short Break Awards*

Throughout the COVID-19 pandemic, funders have been extremely flexible in supporting Young Carers to get respite in new and innovative ways, with a significant shift to the purchase of technology equipment; garden play equipment; bikes and games. During the timeframe for this report, PKAVS made 155 additional short break small grant awards to Young Carers, totaling £22,344.00.



#### **Case Study: Young Carer**

*James cares for both his older sisters and does not often get the attention of his parents just focused on him. He wanted to have a day out dedicated to him and getting respite from his caring role.*

*Mum arranged to take James and a pal to Edinburgh for a night away. They spent the day out at the skate park and trampoline park with time for a meal out. James is big into scootering.*

*James is a secondary carer for his two older sisters. They both have extremely high needs and their Mum, being the primary carer, is often tied up making sure they are alright. James spends a lot of time alone and making his own fun. At his review James mentioned that he gets enough time for himself, but rarely is able to spend time with his Mum.*

*This really was a rare opportunity for them both to get away and spend time with each other. The trip to Edinburgh was very special, because it gave James time away with Mum and a pal, where the focus was on him and what he likes to do for fun. James and his Mum really appreciated the bonding time and break from their caring roles together.*

*James said, “he had so much fun!” and “really enjoyed the skate park and trampolines”*

### 3.15 Social Work Services to Protect Children

#### **Child Protection & Duty Team (CPDT)**

The past year has been unique due to the restrictions enforced by the pandemic. However, there has been great learning achieved through this period about what works and what does not work when delivering a social work duty service in such circumstances. This rich information will inform future processes and practices should a similar situation arise in the future.

Despite very difficult circumstances brought about by the COVID pandemic, the duty team has continued to respond to the needs of children and families in crisis throughout the lockdown period and throughout the restriction levels. Whilst some of the support has been delivered through virtual means, visits to children deemed to be the most vulnerable have been made, using the government’s safety guidance and the use of PPE.

A positive outcome of the restrictions is the use of technology when engaging children and their families. Children’s views have continued to be gathered as this is central to planning and decision making. Where possible and if in line with COVID guidance, this has been through direct contact. However, much of the contact during lockdown happened either virtually or by phone.

There has been investment in additional staff within the CPDT and Senior Social Care Officers (SSCOs) within the team are skilled in carrying out work with parents to increase their understanding of children's needs and to promote healthy relationships. This early help is preventing the need longer-term Social Work intervention by increasing the parent's confidence and skills and preventing difficulties from escalating.

Over the reporting period from 1 April 2020 to 31 March 2021 the child protection duty team have dealt with **4153** contacts/referrals. This has not been a significant change from 2019-20 (4149) and on average **346** new referrals are managed each month. There was a significant decrease of almost 50% in the referral rate during the first quarter of 2020/21 with a considerable increase from July/August onwards following the gradual easing of restrictions and children returning to universal services.

### **Change is a Must**

The Change is a Must (CIAM) based at Almondbank House is committed to making sure babies are given the best start in life. Early intervention is supported through referral through UBB MASG and pre-birth assessments. Assessments promote a multi-agency and Whole Family Approach. This includes joint working with Midwifery, Health Visiting and Family Nurse Partnership to consolidate ante-natal and parenting advice. CIAM also focuses on supporting parents to support themselves and improve social skills, independence, improved mental health, tackle substance use issues pre and post birth.

The CIAM team adapted pre-birth and post-birth assessments to ensure assessments were undertaken to a high standard. CIAM ensures fathers are included in any pre-birth and post birth assessment and promote their involvement in their children's lives if safe to do so. CIAM has aimed to include extended family members in pre and post birth assessments as a potential support to parents and their babies. Family Group Decision Making (FGDM) is now being considered pre and post birth.

Children's safety continued to be the top priority for the team and staff became skilled in running Child's Plan and Child Protection Core Group meetings virtually and ensured these were held in agreed timescales. Overall, there was limited interruption of face-to-face visits taking place. Over the reporting period, workers have been acutely aware of their responsibility for the welfare of babies as CIAM was often the sole agency partner visiting babies at home. Families where a child / unborn baby was on the child protection register continued to be seen weekly. We organised food deliveries, equipment, household goods for our most vulnerable families throughout periods of lockdowns. We addressed digital exclusion for service users through provision of equipment and flexible use of funds.

During 2020/21 all team members have been working very hard to provide a quality service for vulnerable babies, children and parents. Over the year we have provided a service to 61 children and their families:

**Table 41: CIAM Case Load**

Number of cases open to Change is a Must during the reporting period	61
Number of referrals allocated to Change is a Must through UBB MASG within the reporting period	31
Pre-birth CP case conferences	18
Initial CP Case conferences	8
Review CP case conferences	22
Children Subject to Child Protection Registration	32
Pre-birth conferences meeting the 28-week target	13 out of 18
Number of Looked After Children	5

Children, Young People and Families social work services are organised across 5 teams serving a geographical patch. These are Perth City, Perth City North and Highland; Perth City South and the Carse, Strathearn and Kinross and Blairgowrie.

The following is an example of their experiences of the last year. The Strathearn and Kinross team has seen a decrease in the number of children who are living at home and subject to compulsory supervision and child protection registration. The number of children accommodated away from home has remained similar to last year. The team has experienced a significant increase in section 22 cases (coordinated support for children and families through a Child's Plan coordinated by a Lead Professional Social Worker). The number almost doubled from 73 cases to 137. Over the last year, the team has supported 162 children (up from 153 last year). This large number reflects the amount of early intervention that the team continues to manage. There is a level of complexity inherent in this voluntary work including mental health difficulties (in both child and adult), domestic abuse, disability (in both child and adult), problematic substance use and a history of trauma. Isolation and poverty are further risk factors.

#### **Feedback from a parent**

*...I am a mother to 3 children under social work working with KB social worker. I am writing this email in recognition towards K. K has been my children's social worker for 4 years now I first met K when she introduced herself to me when I was in Murray Royal hospital extremely ill with my mental health K explained who she was and how she was working for my children's best interests. I immediately felt relaxed and she spoke in an appropriate but comforting way where I was able to understand I found this fantastic because I was in a vulnerable way and was very scared with psychosis. K has now worked with us for 4 years and my children are in kinship with family. I just wanted to say how much we appreciate K...she is very professional but empathetic... as their mother she has always engaged appropriately with me understanding my mental conditions and working in the best way to manage contact...K is so professional and great at helping me understand everything she takes time to listen to me and guides me in the best interests of my children she is a fantastic social worker she is efficient all paperwork meetings anything that needs to be done K has it done we all know what's happening beforehand we know who to go to if K is not going to be available she also has a kind nature and I believe makes a massive impact on our life's guiding me in the best way possible with understanding of my mental health to make sure my children's needs are met... Thank you for making a difference and choosing to be a social worker as your career because you completely change the stigma that surrounds social work.*

#### **Feedback from grandparent**

*J, our Social Worker, has been and still is a fantastic support to L and ourselves. I admire the way she has handled and supported the finding of a permanent family for L. Although, it still breaks our heart that we are unable to meet L needs, she has supported and still is supporting us through this.....I feel there is still a lot of negativity to the way social workers handle things. However, this has not been the case for us, we cannot thank the social work department from before L birth till now on the way things have been handled. However since J took over L's case I feel that the support and understanding of how all of us involved are feeling have been handled with due thought and consideration for each person as an individual in their own right by J.*

*The way J has handled things by answering questions and giving reassurance of things that we may not fully understand are a credit to her (even though she might feel I am a pain in the \*\*\* with my 40 thousand questions) she never lets that show and if she is unavailable when we do try to contact her she always returns my calls again when she is free I can't thank her enough for that. I can't thank you enough for giving J the placement of being L's social worker*

### **3.16 Corporate Parenting**

Services for Children, Young People and Families has led on the development of a new Corporate Parenting Plan for 2021/24 which sets out the intentions and actions to deliver better outcomes for children and young people who are looked after by the Council and to deliver on the Promise. An Independent Care Review was commissioned by the Scottish

Government in 2016 to listen to those with experience of living and working in and around the care system to understand what needs to change. The report of that review was published in February 2020. The data that has informed the plan is set out below. The number of children and young people who are looked after is measured each year on 31 July. This year there were 288 children which is one more than on the same date in the previous year. The rate per 1000 child population remains higher than comparator authorities. The balance of care remains very positive at 96% of children and young people being looked after in community/family based care. There has been a significant reduction in the use of external foster placements with the last being commissioned in September 2019 which has meant that more of our children remain in their local communities and continue at their school with their peers. This continuity is vital for improving outcomes, such as educational attainment, for our children and young people; there is also benefit to their health and continuing to access healthcare.

Key elements of the corporate parenting plan for 2021-24 will be the need for increased and effective whole family support which helps children to remain within their own families and that brothers and sisters are helped to stay together. This will place greater demands on kinship and foster carers.

The Adoption Team has a 100% record of seeking and obtaining Interim Orders in court allowing children to move to their prospective adoptive families before the legal process (POAA and Adoption Order) have run their course thus ensuring children are placed within their permanent families as quickly as possible. The benefits of this are well researched and Perth and Kinross was the only local authority in Scotland making successful use of these orders for children. This practice has been shared with other Local Authorities and Adoption Agencies through the AFA North East consortium, PAN Scotland Meetings and the Adoption Task Force. The Adoption Team is promoting the importance of relationships between brothers and sisters with prospective adopters.

## Perth & Kinross Council Scottish Government Annual Returns



In Perth & Kinross on the 31st July 2021 there were 288 children looked after.



The number of children being cared for continues to rise.



Across Scotland the number of children being cared for is falling.

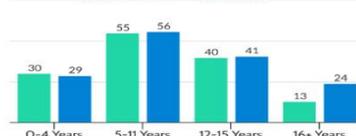
Number of Children Looked After (per 1,000 of 0-17/0-18 population)



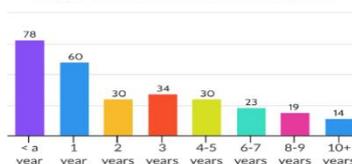
Perth & Kinross Comparator authorities

### WHO WAS LOOKED AFTER ON 31/07/2021?

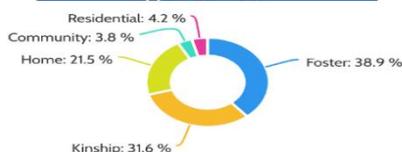
Gender & Age



Length of time cared for at 31/07/2021



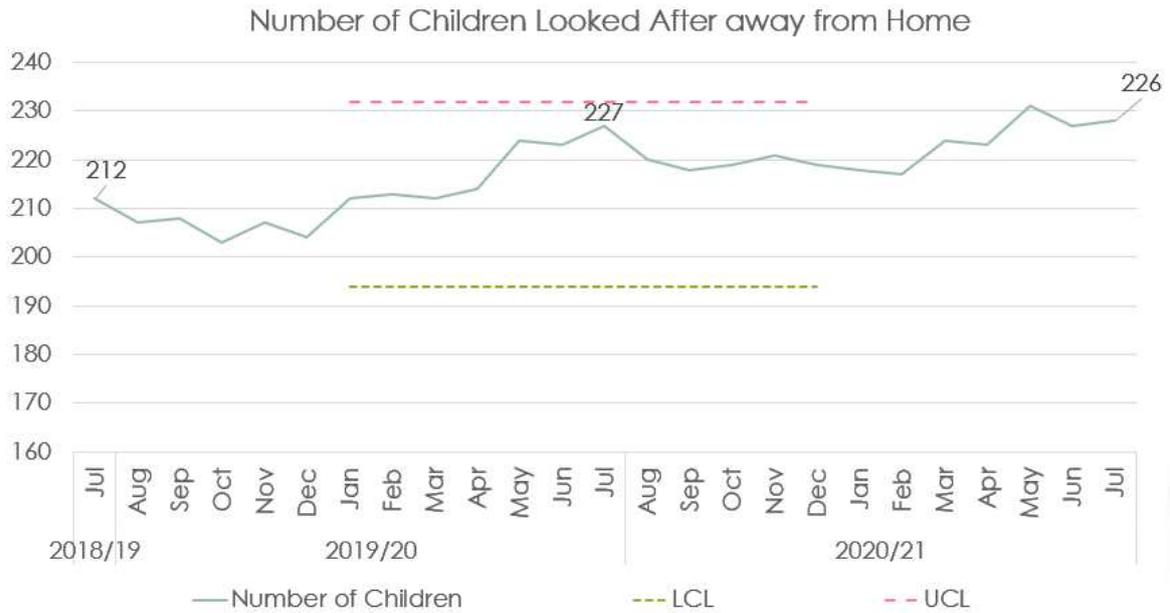
#### Types of Care



#### Brothers & Sisters

- 85 brothers and sisters across 42 sibling groups are looked after.
- Of the 42 sibling groups, 27 are all cared for together.
- 21 children are not placed with any of their brothers or sisters.

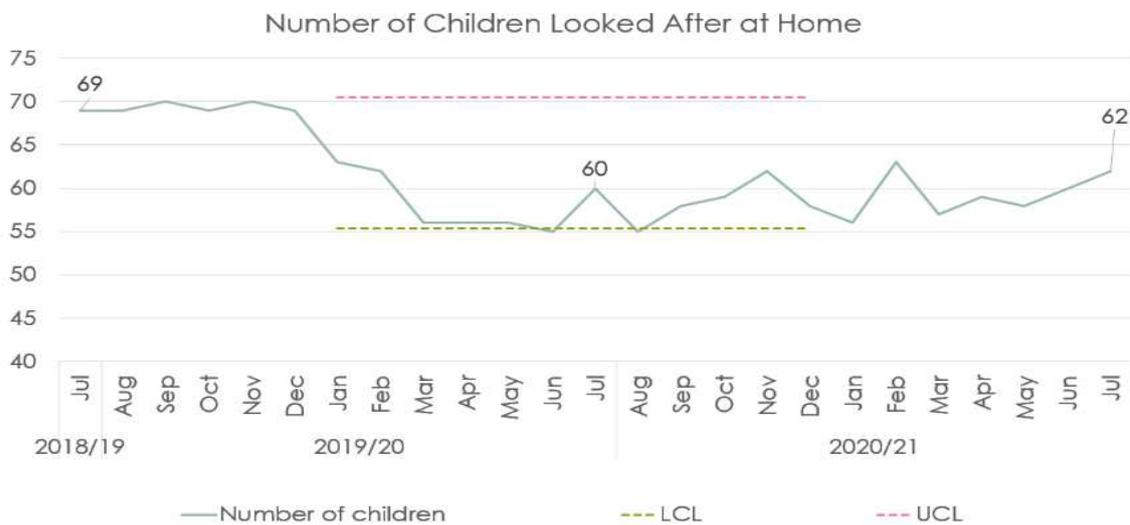
**Table 42: Number of Children Looked After Away from Home**



Improving Lives Together | Ambition | Compassion | Integrity

The number of children looked after away from home increased in the first 6 months of the COVID-19 pandemic. Thereafter this has remained relatively steady over the last year so the increase in workload, pressures on placement availability has continued and is not showing signs of reducing.

**Table 43: Number of Children Looked After at Home**



Improving Lives Together | Ambition | Compassion | Integrity

The number of children who are looked after at home has remained relatively stable over the last year with monthly variations.

Over 2017-2021 good progress has been made to build solid foundations for realising the Promise for Perth and Kinross children. The following is a summary of the progress:

<b>A good childhood</b>	Increased support to kinship carers by creating a dedicated <b>Kinship Care Team</b> to support carers by offering practical advice and a listening ear.
	Changed ways of working through <b>REACH</b> so that young people aged 12-18 who are on the edge of care are supported 24/7 to stay within their families, schools, and communities.
	Introduced <b>Lifelong Links</b> which makes it easier for children and young people to reconnect with people from their past and build lasting relationships for the future.
	Increased the number of <b>foster and kinship carers and supported lodgings</b> providers so children and young people can live within a family for as long as they need to.
	Created the <b>PRAISE</b> team which provides support to primary school children who are looked after at home and who need extra support with their learning.
	Provided <b>online tutoring and mentoring</b> for young people preparing for exams.
	Provided additional support for young people leaving care by ensuring that all care experienced young people are prioritised for <b>affordable homes</b> in an area of choice and supported to make local connections.
	Increased levels of <b>Independent Advocacy Support</b> to ensure your voice is heard and listened to.
	FYI created a film called Milestones, to raise awareness of the issues faced by care experienced young people and a workshop around "language" being used to describe care experienced young people.
	Created <b>Care Experienced Education Guidance</b> to ensure all education staff have an awareness of The Promise and know how to best support care experienced children and young people
	Created <b>Education Guidance for Unaccompanied Asylum Seeking Children</b> , ensuring we have appropriate understanding of their needs and suitable education placements
	<b>Scottish Fire and Rescue</b> prioritise a <b>home safety check</b> for all care experienced young people.
<b>Whole Family Support</b>	<b>Strengthened and increased levels of family support</b> by funding third sector to support family wellbeing and to help them stay together.
	Introduced <b>Family Group Decision Making</b> to support families to create their own solutions for their children and young people.
	Developed <b>family mentoring</b> to support families – Barnardo’s and Tayside Council on Alcohol.
	Testing a new way of delivering family support through partnerships with local families and resources – <b>Families Empowering Communities</b>
	In partnership with adult drug and alcohol services developed a test of change creating a <b>whole family assessment</b> and plan to meet the needs of whole families where parents are using drugs or alcohol.

The Promise stresses that: "*Scotland must hold the hands of those who hold the hand of the child*". The Family Change Team provides therapeutic support for children and provide advice through consultations to parents/carers and professionals supporting children who have experienced trauma. Over the last year, the team has provided **136 consultations**. This compares to 103 in the previous reporting period. We have adapted to working online and have found that often this has been very positive, enabling us to reach people who may find it difficult to access the building physically, due to geographical or time constraints for instance. We have been particularly pleased to be able to reach more education staff through this. All consultation sessions recognise the importance of offering time and space for reflection and support; this is particularly important for the people supporting and caring for children who have experienced trauma.

This year we have set up a **new introduction service** for all newly approved adoptive parents and foster carers. This takes the form of a short Teams call to inform new parents and carers about our service and promote a more proactive response to supporting carers to care for vulnerable children. We know that it can be helpful to build in from the start an expectation that support will be both needed and available for people who care for traumatised children and it has been welcomed as a way to start to build friendly and trusting relationships from the start.

## **Throughcare Aftercare Team**

The Throughcare and After Care Team's workload has increased from 238 to 248 in the last year. This includes 36 young people who are currently looked after and accommodated and reflects the duty to support care experienced young people up to the age of 26 years..

## **Unaccompanied Asylum Seekers (UASC)**

The Council has accommodated young people via the National Transfer Scheme, mainly transferring from Kent as this is the main point of entry into the UK. The Council's commitment to supporting UASC has allowed the Social Worker and Senior Social Care Officer posts being made permanent from March 2021. This supports us in our commitment to reach our target of 20 young people which equates to 0.07% of PKC's child population and the figure the Home Office use to suggest each Council's quota. We are currently supporting 17 young people from 9 countries. Plans are underway to offer care and support to a further 3 young people before the end of 2021 dependent of availability of accommodation.

The Home Office has given positive feedback about the services offered by PKC and our good practice and expertise in this area has been shared with a number of smaller local authorities, who are looking to begin supporting unaccompanied asylum-seeking children and young people. The social worker gave a short presentation to COSLA UASC groups that meets quarterly in Edinburgh. This was with the aim of sharing PKC's experiences in caring for UASC in order to encourage more local authorities to offer placements. Following a successful application to the care inspectorate, the Supported Lodging adult placement is now a registered service

## **Wellbank**

Wellbank House provides a housing support service to up to 12 young people aged 16-24 years. The Wellbank team continue to meet the standards set within the Health and Social Care Standards. Requests from the Care Inspectorate have led to weekly reporting on staff and young people who have been affected by COVID-19, shielding and self-isolating.

Wellbank House completed a self-evaluation of the COVID-19 infection control measures in place. This was to ensure that both young people and staff felt safe living and working in a close group living environment. This was undertaken in conjunction with PKC Health and Safety Team who undertook a walk-through of the building to assess areas including cleaning regimes, sanitising, signage, wearing of face coverings and physical distancing. The outcome of the inspection indicated that there was nothing viewed which gave rise to a contravention of current COVID guidance. The assessment was found to be "robust and of a good standard".

## **REACH**

REACH was established in 2019 as an innovative new approach to supporting children and young people who are on the edge of residential care and to help them remain with their families, thrive, and achieve their best. A dedicated multi-disciplinary team provides individualised support to help prevent young people needing to be moved to alternative, residential care and, long-term, enable them to flourish within their family and community, becoming healthy, resilient, and resourceful adults.

The project also ties into the Council's commitments to The Promise Scotland - a national initiative to improve circumstances for care experienced children, young people and adults through shifts in policy, practice and culture - and upholding children's rights as stipulated in the United Nations Charter on the Rights of the Child (UNCRC). The project has, ahead of schedule, achieved its original aim to reduce the requirement for residential care to only those who have been assessed as being best supported in this way - helping to cut

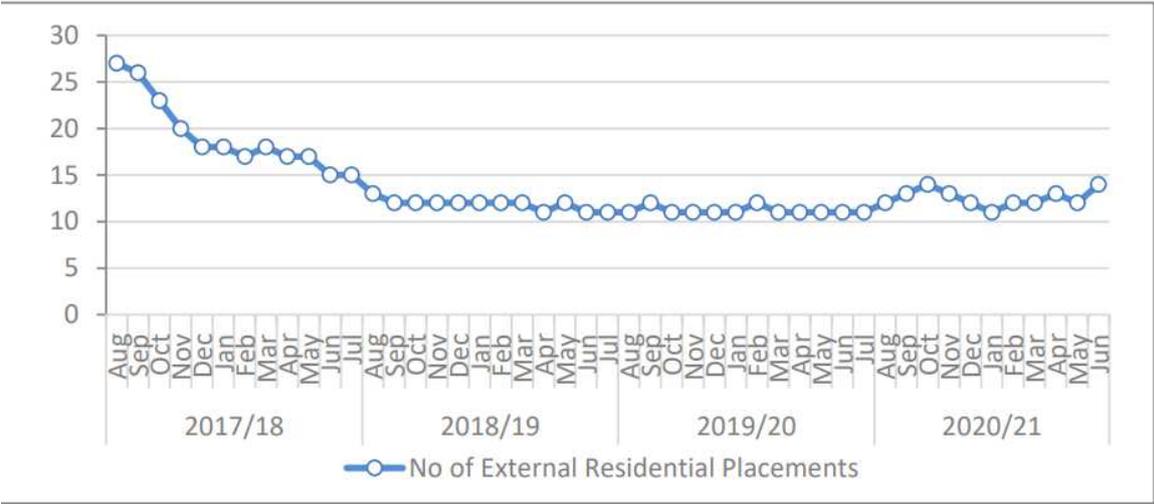
numbers of young people in residential settings by 48% and consequently avoiding significant additional costs. The impact is demonstrated through case studies and performance evaluation - showing how tailored work with individual young people has supported them to better express themselves and improve their mental health and wellbeing; to gain stability in their lives and relationships; and to progress their learning and life skills. It has been possible for more young people on the edge of care to remain at home, to strengthen links with family and community, and to find meaningful paths in education, training, or employment.

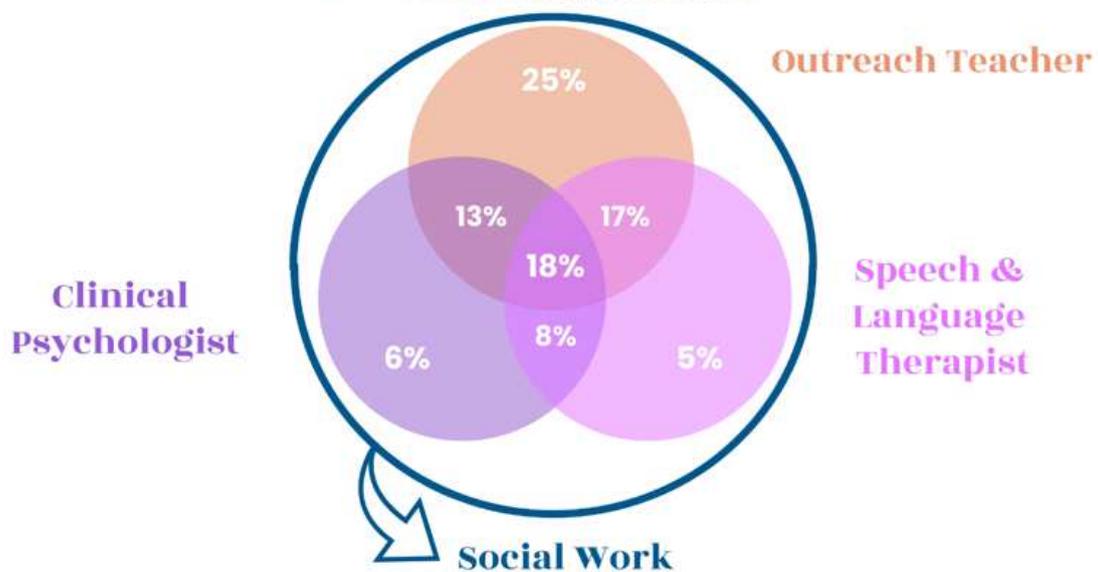
REACH is one of several interventions helping to reduce reliance on external residential care placements. The original aim for REACH was that by 2022, the only children and young people who will require to be supported in residential care will be those for whom this is assessed as being the only way of meeting their specific needs. This fundamental aim has already been achieved and since inception, REACH has contributed to reducing the numbers of young people in residential care by 48%.

On 30 June 2021, 14 children were in an external residential care placement. Due to the very small numbers and nature of this indicator, it is expected that this figure will continue to experience small fluctuations whilst remaining significantly lower than the August 2017 figure of 27 children. The reduction in residential care costs has been projected to provide the financial resources required to sustain the entire REACH service provision beyond 2021, which highlights the end of the project period. This element of transformation has been closely monitored by the REACH Project Board and there is confidence that this objective has been achieved.

In 2019, Perth and Kinross Council was ranked 1st out of 32 Scottish Local Authorities in terms of the balance of care for the percentage of looked after children being looked after in the community at 96.1%. In 2020, after a drop of 0.5% the Council was ranked 2nd out of 32. It is recognised that REACH contributes to Perth and Kinross Council being one of the top performing Councils in this Local Government Benchmarking Framework indicator. The Board will continue to meet throughout 2022 and will support the ongoing development of REACH and support the roll out of 'lessons learned' throughout this transformation.

**Table 44: Number of children in external residential placements 2017-2021**





All young people have had social work input when supported by REACH. The diagram above shows the breakdown of the specialisms that young people worked with.

- From 01/08/2018 – 30/06/2021 the REACH team has worked with 101 young people.
- Within this time frame 58 young people have finished working with REACH.
- REACH has also supported eight sibling groups of 17 individuals.

#### Speech & Language Therapist

- During the reporting period 65 young people have undertaken a communication screen to identify any Speech, Language and Communication Needs (SLCN).
- There were 38 young people identified as having SLCN.
- Outcomes are available for 24 young people who have completed work with their SLT. 100% of young people have achieved at least one of their outcomes.

#### Clinical Psychologist

- During the reporting period 38 young people have been supported by the Clinical Psychologist.
- 19 young people supported by the Clinical Psychologist were previously accepted by Child and Adolescent Mental Health Services but then discharged e.g. did not meet criteria for neuro-developmental diagnosis (such as ADHD, ASD) or due to non-engagement/attendance.

#### 16+ Youth Worker

- Since appointment in July 2020, the 16+ youth worker has provided focussed support to help young people to fulfil their potential.
- Partnerships with both local and national organisations have been established. Including joint working with Ocean Youth Trust, Perth YMCA, Enable Scotland; Skills Development Scotland; Star Fish Project and Services for Young People 16+.

#### Outreach Teacher

- Since the implementation of REACH the Outreach Teacher has finished working with 24 young people.
- Of these 24 young people, 18 achieved positive outcomes including qualifications, awards and starting college.
- Young people experienced an increase in their levels of aspiration, confidence and participation.

### 3.17 Support for Carers

Support for unpaid, informal carers in Perth and Kinross continues to expand. These include information, advice, support from a dedicated Carer Worker, complimentary therapies, counselling and respite. These services support carers' health and wellbeing and enable carers to have a break and sustain their caring role. Carer's assessments are carried out by locality-based Carer Support Workers and other assessing workers, providing support to identify appropriate supports and develop Adult Carer Support Plans. All interventions seek to mitigate the risks of carers going into crisis and prevent the person who is cared for being admitted to long-term care, so keeping families together longer, within the community. Carer Support Workers have continued to operate during COVID-19, ensuring continuity in carer support; particularly maintaining contact with those carers who were considered most at risk.

Day care services, which provide carers with a break, were substituted by online meetings or outreach support in the person's own home where online was not appropriate. Sitting services have also continued and statutory workers were re-tasked to meet increased demand caused by the lack of alternative support such as respite in care homes, due to the pandemic. Between May and August 2020, 35 families accessed this support.

Respite breaks in care homes was less available and some carers were reluctant to accept this as the person who is cared for would have to isolate on admission. All locality Social Work teams were vigilant throughout this time to the needs of carers when they bore an unprecedented burden arising from the pandemic. An online Carers event was made held in November 2020. This replaced the annual in-person conference. The film of the event is available on YouTube and has received more hits than previous attendances at the in-person event.

An information booklet highlighting available support for carers and coping strategies was developed and distributed. A range of information is also available online including three short videos highlighting Carer services. Future developments include a Befriender Service, and a number of community-based groups and cafes.

A service to support carers with their own mental health was developed with the third sector, in response to an increase of 73% in carers supported by the service (*in 2019/20, 154 carers were supported increasing to 267 in 2020/21*) as their mental health was being detrimentally affected due to stress caused by the pandemic.

A Palliative Carer Support Worker post has been recruited to ensure support is available within five days of referral in accordance with statutory guidelines.

### **Good practice in Carer Support**

*Mrs A is the main carer for her husband who has dementia. A twice-weekly sitting service provided by Crossroads was in place, but she felt she was struggling to continue caring with her own health challenges and that she would benefit from a longer break. This was borne out by a review of Mrs A's Adult Carer's Support Plan by the Carer Support Worker. An increase in Crossroads Sitting Service to 6 hours per week was agreed, together with Carer Respite Vouchers to "top up" her support as she needed it. The carer was also able to access the Carer Therapy Vouchers and use these with a therapist living in her area.*

*Mrs A said:*

*"Having the Crossroads sitting service has made a huge difference to us. Because of the type of dementia he has, it means he wants to be on the go all the time and is very active. Because I'm not in the best of health, I can't keep up with him and I get tired. When Crossroads come in, he looks forward to them coming and enjoys his time with them. When they can take him out, I can rest if I feel tired and I don't need to worry about him.*

*I know that he is safe and getting well looked after and is in good hands. I look forward to having some time to myself to do the things I enjoy whether that's just pottering about the house, having a rest/catch up on some sleep, meeting my sister-in-law for a coffee and a chat or just getting some time to do what I want to do. He's happy, so I'm happy and it means I can keep looking after him and we are together in our home".*

## **3.18 Adult Social Work and Social Care Services**

### **3.18.1 Commissioned Services**

Commissioned services represent a rich and varied level of provision essential to achieving the Perth and Kinross Health and Social Care Partnership's objectives. The PKHSCP Strategic Commissioning Plan places a significant level of emphasis on the need for services and support to intervene early to prevent later, longer term issues arising. It aims to enable people to manage their own care and support by taking control and being empowered to manage their situation. Where this is not possible, our aim is for services to target resources where they are needed most, reducing ill health and deterioration, and ultimately reducing health inequalities.

Commissioned services are instrumental at stepping in at an early stage and intervening prior to a person reaching crisis and preventing difficulties escalating or requiring statutory services. The level of quality maintained by providers and other commissioned services, for example, our third sector service level agreements is vital to the provision of health and social care within Perth & Kinross.

### **3.18.2 Care Homes**

Perth and Kinross has a comparatively higher number of care homes per person than any other local authority in Scotland with 41 Commissioned Care Homes in which we purchase placements. There are 1470 Care Home placements available, a mixture of small independent homes and large care home chains, providing care and support to older people, people with a mental health condition and those with a physical and or a learning disability.

COVID-19 has had an enormous impact on the Care Home sector and caused a range of complex issues for homes and meant that they have been under sustained and considerable levels of stress. COVID-19 is highly contagious and as such has meant staff on the whole have had to rapidly upskill and continue to adapt to changing policy and instruction both locally and nationally on a regular basis.

In order to cope during the pandemic, the Enhanced Care Home Team was established – this team is dedicated to Care Homes to help navigate the pandemic and to respond with urgency to outbreaks within the sector. In the longer term the team will contribute to wider strategic improvement within older people services, as a point of contact and a pivotal role in taking forward improvements in relation to flow and overall management of older people's health and wellbeing.

A Perth and Kinross Care Home Oversight group (inclusive of the Health and Social Care Partnership, Health Protection, Scottish Care and the Care Inspectorate representatives) was formed and met daily from mid-May. Daily reporting of data, care home visits, testing, PPE and staffing are considered, and the compilation of a daily exception report are all used to facilitate decision making to support care homes and coordination of the most appropriate support teams. Daily reports were provided to senior officers including the Council's Chief Social Work Officer.

All Care Homes in Perth and Kinross have received two Assurance visits, the first between June and August 2020 and the second over February and March 2021. Overall, the visits have been positive with some excellent examples of practice identified. As the pandemic has progressed so has our learning, in addition national guidance has altered. Care Homes have coped well with the rapidity and regularity of change that has occurred. Issues identified were predominantly in relation to Infection, Prevention and Control (IPC) and the need for a clinical environment within a home environment. This has been a recurring theme. The support of Public Health and the IPC Nurse team has been invaluable. Managers welcomed the visiting staff and were appreciative of the support given and the "All in it together approach".

A large number of Care Homes have experienced outbreaks at different times and only a few were overwhelmed by the impact of such an outbreak. Where this did happen the Health and Social Care Partnership stepped in and allocated staff to work alongside the Care Home, they delivered frontline care and support, healthcare provision, clinical and managerial leadership and support to families and carers of residents within the Care Home.

A range of activities has been undertaken in relation to the Care Home workforce and online learning opportunities have been made available. A wellbeing webpage has been developed with access to opportunities available and a pathway of psychological support has been made available for those requiring more intense and personalised input.

### 3.18.3 Care at Home

We currently commission a total of 15 external Care at Home providers who provide support across the Self Directed Support options and across all localities. External Care at Home Options 2 and 3 currently employs, in the region of, 457 staff who deliver approximately 810 packages of care.

There are 584 Personal Assistants (Option 1) employed by 249 individuals who receive a Care at Home package of care.

Care at Home providers have worked tirelessly to sustain their services, they have changed and adapted in accordance with changing guidance, they have supported those most in need in our communities. We introduced the Enhanced Carer's Pilot - each winter the NHS faces pressure due to a rise in seasonal illnesses and a worsening of chronic health conditions in our older population. Regular 'winter pressures' in 2020 were further impacted by Covid demands and delayed discharges from hospital to care at home services began to increase at an earlier stage than normal.

This short 'test of change' was designed to provide a 'step up' and 'step down' from hospital type service, supported by regular and more in-depth contact with individuals either at

home or in hospital. The Enhanced Carers provide an intense level of support for a short time and would also link individuals to other community-based resources which could be sustained for a longer time.

COVID-19 has impacted on what the Enhanced Carers were able to do. For a while, their focus moved to prevention of admission to hospital but as restrictions on footfall within hospitals lifts this is shifting back to hospital discharge.

#### 3.18.4 Supported Living Projects

Supported Living Projects work with a diverse range of individuals, including people with a learning disability, autism spectrum condition, mental health condition or forensic need. We have 16 supported living projects supporting 74 individuals across all localities within Perth and Kinross. In addition to this we commission individual packages of care and support in people's own home, again there is a large variation in the size of these packages, of which there are in the region of 140 packages of care. The majority of current specialist supported accommodation units in Perth & Kinross support people with learning disabilities and/or autism/complex needs. There are currently 388 staff employed by supported living providers.

Providers within our Supported Living projects have continued to deliver as normal a service as possible. Access to activities has been limited and this has caused frustration to some, those who would normally attend a day centre, or a supported workplace found themselves with large gaps in their day which Providers then worked creatively to find meaningful alternative activities.

One Provider has developed the Woodlands Wanders Club by securing additional external funding. They have developed 3 specific John Muir Awards and specific programmes to support individuals with Learning Disabilities and/or Autism to work towards gaining awards in outdoor community settings for example Kinnoull Woodlands and local green spaces. These activities have provided people with the opportunity to re-connect with each other and have a shared goal which is conservation in their local community promoting active citizenship within the group.

#### 3.18.5 Service Level Agreements (SLA)

There are 25 different organisations who work across all service user groups via Service Level Agreement (SLA) providing a wide array of services for every service user group including day care services; helping people to navigate services; support (advice, information, buddying); providing opportunities for people to lead active and healthy lives; provide social opportunities; non health related practical support (repairs, shopping, transport); providing a voice for particular groups or communities; providing specialist knowledge of a particular condition.

Services have had to radically change their delivery model and prioritise those most in need. Our partners have continued to provide a range of essential support services, providers have been flexible and adaptable, adopting new ways of working, embracing digital solutions where possible. Providers have risk assessed and prioritised those most in need, ensuring that the most vulnerable people are getting the support they need.

#### 3.18.6 Employment Support Team

The Employment Support Team (EST) offers employability related support to people facing additional challenges to prepare for, find and maintain employment. People aged 16+ who have additional challenges as a result of mental ill-health, learning disabilities, acquired brain injuries, autistic spectrum conditions or those affected by drugs and alcohol are eligible to access the supported employment service.

A remote service was delivered throughout the pandemic and all service users were contacted regularly by their named worker. Face to face support has been available throughout the pandemic if required. A Remote Employability Hub was developed to support job seekers. The Employment Support Team supported 148 individuals with mental ill health, learning disabilities, acquired brain injuries or autism spectrum condition to move through at least one of the employability pipeline stages. Going forward a blended model of support will be available. Individuals furthest from the job market will be prioritised for specialist support to engage in paid employment.

**Case study – Employment Support**

*Claire is employed as a Kitchen Assistant in a local school and enjoyed working at the school and serving the pupils their meals every day and working as part of a very busy team. Claire required support from the Employment Support Team with Independent Travel when she started working. Due to COVID-19 and schools closing, Claire could no longer work at the school and spent time during lockdown with parents. On returning to work, Claire was out of character and confused while in the work environment.*

*Claire was admitted to hospital and prescribed medication which helped improve her mental health and she was also diagnosed with diabetes during her hospital stay. Throughout this time, the Employment Support Worker kept regular contact and Claire returned to work in March 2021. Along with the Employer's support and Employment Support worker, Claire has been back at work for five months and continues to do well and receives regular support from Mental Health Services and attends Diabetic Clinic.*

### 3.18.7 Technology Enabled Care (TEC)

Technology Enabled Care (TEC) is the use of technology to provide health and social care services to people in their own homes, or near to home, helping people to live independently and safely. TEC has played an essential role in ensuring continued delivery of Social Work and Social Care services during COVID-19.

The TEC Team has worked hard to optimise the use technology through the active engagement with staff, carer, and service users via online interactions, face to face meetings and web presentations. The key focus has been on increasing information sharing and improving accessibility to resources. For example, a virtual tour of the Smarflat, which contains working examples of TEC equipment, was developed.

During COVID-19 there has been a steady increase in demand for 'NearMe' virtual meetings and consultations. The expansion of licencing criteria enabled Social Work and Social Care to further use the consultation tool and continue the delivery of essential services.

Mobile working for HART (the reablement service) has been introduced. Care plans and rotas are now sent to workers' smartphones rather than paper copies. This has dramatically increased the efficiency of the service.

Remote access to the Community Alarm control room systems was implemented. This enables call handlers to work from home to reduce the risk of contracting COVID-19 and/or self-isolating. This has helped ensure the continued delivery of the service.

The turnaround time for the installation of Community Alarm devices increased to 8 days during lockdown, however, did not exceed the target of 10 days for installation. With the easing of restrictions and streamlining of internal processes this has now reduced further to under 4 days. The target for emergency installations within 48 hours has been met throughout 2020-2021.

Perth and Kinross is part of the Analogue to Digital telecare pilot and achieved the Bronze award in recognition of progress to date. A fully digital service will improve the reliability and quality of service to clients. The analogue to digital programme will continue over the

next few years to refresh all analogue devices used by our 3,600 service users across P&K.

### 3.18.8 Transitions

The Transition Team works with young people with learning disabilities and autism and their families to help them negotiate the transition into adulthood. Support for transitions is provided for as long as is necessary to ensure the correct support is in place to meet outcomes and that this can be maintained. Young people have historically been supported to remain at home, move into their own tenancies, access day opportunities, both internal and external or community-based resources. The team is currently supporting 75 young people at varying stages of their transition.

Initially due to the pandemic staff within the Transition Team was unable to progress with any transition planning, especially for those who were due to leave school in the summer 2020. This lack of ability to offer any meaningful transition planning impacted significantly on the young people and their families, leading to increased anxiety and fear of the future. Staff continued to communicate regularly with the young people, families, and schools during the first lockdown to provide support and where possible, provide updates. Assessments continued virtually and as soon as changes to guidance were made staff recommenced face to face visits both to young people’s homes and schools.

Staff have worked closely with schools, young people and families and have adapted their transition planning to comply with the relevant guidance which was in place during each stage of the pandemic. Access to services such as day opportunities and college has been limited, with building-based day opportunities only becoming available from April 2021, for existing service users only. This has meant that staff have worked with families to look at alternative ways of providing support, including outreach, virtual day opportunities and college and small packages of 1:1 support to enable young people to get ‘out and about’ within their own communities.

An additional Social Worker post was deployed to support the Transition Team to address the increase in workload which has come about as result of the pandemic, and to ensure the young people and their families were provided with support that was required at a time of uncertainty. Despite the challenges all young people leaving school after the 2020/21 academic year had support confirmed for the summer and provisional plan for ongoing support from the autumn.

Numbers of young people supported by the Transition Team is shown in the table below:

**Table 45: Number of young people supported by Transition Team**

Year	No of Young People	*GOFAs to be Completed	Planning	Planning due to Covid	Review
2019/20 leavers	16	0	0	16	16
2021 leavers	24	2	22	0	24
2022 leavers	21	5	16	0	0
2023 leavers	12	12	0	0	0
2024 leavers	2	2	0	0	0
<b>Total</b>	<b>75</b>	<b>21</b>	<b>38</b>	<b>16</b>	<b>40</b>

\* GOfA – Generic Outcome Focussed Assessment

The Transition Team is included in the scope of the ‘Complex Care Transformation Programme’ to improve support for people with autism and/or a learning disability who have complex support needs. This programme will continue to be developed during 2021/22.

The team is involved in the development of new transition pathways as well as a transition information website and pack which meets with the ‘Principles into Practice (Good

Transitions 3)' guidance which has been developed by the Scottish Transition Forum. There is currently a 2-year pilot and Perth and Kinross is one of the authorities undertaking the universal pilot. This will inform the development of transition work moving forward.

## **4 Quality of Care and Support – Independent Scrutiny**

### 4.1 Registered Services

Perth & Kinross Health and Social Care Partnership manages 10 in-house registered care services on behalf of the Council: Blairgowrie, Strathmore, Gleneagles, Kinnoull and New Rannoch Day Centre all provide Day Services. Parkdale Care Home and Day Care Service, Dalweem Residential Care Home, the Supported Living Team for Adults with Learning Disabilities and the Home Assessment and Recovery Team (HART).

Inspection activity to HSCP services during the 2020-21 year was adjusted in light of COVID-19, and the inspections which took place had a primary focus on pandemic response. The Care Inspectorate paused inspections to our Registered Services and conducted COVID-19 specific inspections to Care Homes that had experienced an outbreak of COVID-19 or which were identified locally as having emerging issues.

### 4.2 Day Services

Learning Disabilities and Older People's registered day services were stepped down in March 2020 due to COVID-19. Outreach support was made available during this time to support people who would have attended day services. Initially this support was prioritised to those in greatest need and/or to prevent carer stress. Throughout the last year the service has been enhanced and extended to provide support to a wider group. Since May 2020, we have been providing a new virtual service which offers stimulating and engaging activities online for people. Many people have said they have enjoyed the virtual support, and some say they prefer it to attending in person. This has been taken into account and a blended model of building based, virtual and outreach support will be available ongoing.

The development of a Day Care/Day Opportunities Forum has also been beneficial to internal and external services. This has supported joint working and shared practice and has been effective in ensuring that all COVID-19, Health & Safety and Legal guidance is adhered to by internal and commissioned services in Perth & Kinross.

### 4.3 Care Homes

Dalweem and Parkdale Care Homes were closed to visitors and social distancing was brought into effect within the care homes for residents, as well as for staff at the start of the pandemic. Staff encouraged the use of ipads and mobile phones so that families could maintain contact. PPE was used as per Scottish Government guidance. Both care homes received two COVID-19 support visits providing assurance that residents were in a safe environment. Staff continue to social distance whilst on duty and are supporting the residents to stay in their bubbles within the Care Homes.

Neither Dalweem or Parkdale experienced high levels of sickness absence with only small numbers of staff having to self-isolate. Staff continue to be tested through PCR and LFDs and all staff and residents have been double vaccinated.

Care Homes continue to follow guidance on 'Open with Care' so that families can visit again safely. Residents are now able to go out with their families for trips in the car and for overnight stays. Activities such as exercise classes are now taking place and birthday celebrations. This has had a hugely positive effect on residents' mental health and general wellbeing.

#### 4.4 Supported Living Team

The Supported Living Team (SLT) provides support to adults with a Learning Disability and/or Autism. The support delivered enables individuals to maintain their own tenancy within the community.

In response to COVID-19 and to ensure service users and families continued to receive support, SLT helped service users to purchase devices to enable them to engage virtually with family and friends and participate in virtual activities to support their health and wellbeing. Initially this was set up by day services who welcomed SLT service users to participate in weekly, online events. The SLT also created and implemented their own virtual activities that ran independently and provided engagement in the evening and at the weekends to further reduce impact of isolation.

The pandemic impacted on staffing levels. In the first few weeks of lockdown the service experienced a high rate of staff having to self-isolate. The staff group responded to this challenge and all shifts were covered through people agreeing to work extra hours.

#### 4.5 Complaints

**Table 46: Number of Complaints as at 31 March**

	Number of complaints				Number of complaints acknowledged on target			
	2017/18	2018/19	2019/20	2020/21	2017/18	2018/19	2019/20	2020/21
Adult Services	14	18	25	11	12	18	24	10
Children's Services	10	9	15	9	10	9	15	8
<b>Total</b>	<b>24</b>	<b>27</b>	<b>40</b>	<b>20</b>	<b>22</b>	<b>27</b>	<b>39</b>	<b>18</b>

#### **Social Work and Social Care Complaints**

The findings of complaints are shared with relevant managers, to ensure that any lessons learned are shared.

This year, complaints handling had to be prioritised against the need to focus on business-critical areas and responding to emergency situations as a result of the pandemic. However, all complaints were screened to ensure that the issue was not something that needed an immediate response, and Service Users were kept updated as to the progress being made. A number of the complaints concerned issues related to:

- the COVID-19 pandemic, such as changes in service provision and use of PPE
- services provided to children and young people
- policy and procedures

## 5 Resources

Adult Social Work and Social Care	2018/19 £m	2019/20 £m	2020/21 £m
Net Recurring Expenditure	52.21	54.79	54.56

Services for Children, Young People & Families	2018/19 £m	2019/20 £m	2020/21 £m
Net Recurring Expenditure	18.07	18.47	18.40

Criminal Justice Services*	2018/19 £m	2019/20 £m	2020/21 £m
Net Recurring Expenditure	2.154	2.173	2.153

\* Criminal Justice Services is funded via Scottish Government grant

## 6 Workforce

In the initial stages of our COVID-19 contingency planning it was anticipated that during the pandemic we would experience staff shortages in areas of critical service need and it was likely that this would be accompanied by unprecedented demand for social work and social care services. In order to mitigate these risks processes for assessing service sustainability and deployment of staff into essential services were put in place. The Council's Gold Command Structure included a Bronze Group responsible for re-tasking staff to areas of priority. This was accompanied by very regular monitoring of staff absence and availability across all social work and social care services ensured. A Workforce Matching Unit was established to ensure minimum staffing levels. An interim 1 year Workforce Plan was developed for health and social care staff which had a focus on mitigating key staffing risks.

Safeguarding the wellbeing of staff is essential to the delivery of safe and effective social services. Resilience has been tested with the continued pressure of responding to the challenges of working through a global pandemic and attending to additional demands and complexities. Following on from a successful Staff Wellbeing Conference in Autumn 2020 a wellbeing champion has disseminated key messages about supporting mental and physical wellbeing and ways to access practical support.

### Learning and Development Team

Our vision in Learning and Development (L&D) is for 'the best learning experience' and if there is something that stands out over the past year which has enabled this, its partnership working. The ability to work together with others to create opportunities for the workforce has been key to our L&D offer here in Perth and Kinross. Exploring and learning during the time of a pandemic has brought its challenges, however, it has also brought a shift in thinking, an acceleration of online and digital opportunities, as well as connections and sharing, all supporting the workforce at a time when face to face has not been possible. This will expand options for learning and offer more choice in the future.

L&D supported the re-tasking of the workforce, and our external website enabled a quick response. We worked together with our health partners and developed a learning programme to support re-tasked workers, [PK Learning & Development - COVID-19 LEARNING CONTINGENCY](#). As well as supporting re-tasked workers through a digital learning programme, which we have used throughout the 2<sup>nd</sup> and 3<sup>rd</sup> waves, we also enabled more than 170 re-tasked workers with an adapted face to face Manual Handling session, also digitally supported by our previously designed Manual handling website [Easy Manual Handling | Home](#). Web-based resources showed increased in traffic, not only within P&K, but they were also being accessed nationally.

During this time, we also collected some stories of care, [PK Learning & Development - Essential Learning and Development](#) and we were asked to share these with the Scottish Government who were interested in workforce experience during the pandemic. This further highlighted the need to ensure the wellbeing of our people too. This was increasing during the 3<sup>rd</sup> wave (including our care home partners, who we have supported as a partnership response following their covid experience) and led to the development of wellbeing signposting, resources and access to support, [PK Learning & Development - Spaces for Listening](#), [PK Learning & Development - Health & Wellbeing Resources](#).

Our work environment went from being a physically closely connected team, to each other and the SW teams, to homeworking. We worked together to find ways to support each other, using daily team time for a chat as we would have in the office, monthly catch ups, monthly team meetings and catching up for a Teams calls for tea breaks. We used Teams for supporting NQSW forums, ASP and AWI forums, coaching, reflective conversations, supervision/group supervision, assessment, development time and tried to adapt our needs to the digital context. We also recruited and inducted digitally into L&D roles during this time. We do hear though that people really want to get back into a room now physically and we feel this too.

Prior to the pandemic, we were supporting SVQ candidates and Social Work students and during the first wave, student placements were suspended and the SVQ candidate progress reduced due to limitations and capacity for learning at a time of crisis. This initiated development for these areas. We started to work with SVQ candidates online, using digital methods such as Learning Assistant, creatively supporting observations with Witness Testimonies, and purchased digital resources to support candidates' studies. The SQA External Verifier's report, May 2021, stated that the outcome of their visit was "High Confidence" in the delivery of the awards – candidates' work was of a high standard and candidates reported a high level of support and guidance from our SVQ L&D Officers.

## Accredited Learning

**Table 47: Learning and Development**

<b>Practice Learning:</b>	
<b>Social Work Students</b>	Placements were suspended in March 2020 due to Covid-19 and were resumed in August 2020. From August 2020 - March 2021, 9 students from 3 universities had placements. 2 were staff on the Distance Learning SW degree.
<b>HNC Students</b>	Placements were suspended due to Covid-19. Placements are planned to resume Autumn 2021- Summer 2022
<b>Newly Qualified Social Workers</b>	As at 04.08.21 there are 18 NQSWs in PKC – 11 in HSCP and 7 in Children's Services
<b>SVQ Candidates</b>	<b>SVQ in SSHC @SCQF level 6</b> – 8 active/ 4 completed <b>SVQ in SSHC @SCQF level 7</b> – 8 active/ 1 completed <b>SVQ in SSHC @SCQF level 9</b> – 5 active/ 1 completed <b>L&amp;D9DI</b> – 1 active (member of L&D working towards SVQ Assessor award to increase capacity and meet development goals)

After the 1<sup>st</sup> wave and into the 2<sup>nd</sup> wave we worked with Universities and Practice Learning colleagues nationally to resume placements. We worked with our great teams here in Perth and Kinross to creatively design student placements and worked collaboratively for what was a different and yet engaging experience. An evidence-gathering tool was developed by one of our Practice Educators (PE) which has been adopted by Stirling University and

accepted as a method of reporting the final assessment by Dundee University. This supports students to evidence practice, reducing the PE's load. We have accessed national funding to support students digitally.

As a team we have adapted in many different ways during the last year, including, members of the team being re-tasked into different roles, including, Manual Handling, re-tasking learning and admin, care homes, the vaccination programme and community volunteering. We also had the joy of two people from elsewhere in the organisation working with us to support the admin around re tasking. A great team and we were grateful for the support.

We have also been excited by the partners we have collaborated with to develop our learning offer. We have partnered with our health colleagues, 3<sup>rd</sup> sector, Independent sector and this has created fantastic opportunities such as [PK Learning & Development - Adults With Incapacity Online](#), [PK Learning & Development - Harmful Practices](#), [PK Learning & Development - Learning about Autism](#) and many more. It has been a time too, to consider our learning and development within the team, so we have supported, facilitation development, a member of team on a digital learning qualification, Made on a Mobile sessions, Service Design programmes, as well as Insights facilitation to support the P&K Offer development. Our key challenges have been and are in relation to:

- Capacity within the team, Practice learning, SVQ and Manual Handling
- Online induction into the team of 3 new members
- IT skills of SVQ candidates – Assessors need to support with IT as well as SVQ
- L&D Team skills update in relation to digital learning
- Learners missing face to face
- Homeworking – Challenges in relation to collaboration and connectedness

However, we continue to be committed to our workforce and explore opportunities such as:

- We have been provided with £34,000 of funding to support an additional member of staff through the Mental Health Officer programme. This money will also be used for backfilling for the SW post while the Social Worker is attending the course.
- We are working with ASW&SC on the development of a learning framework, within a learning culture and supporting learning through NQSW and onwards. We have submitted an application for funding to be part of an early implementation project for the NQSW supported year.
- We have been recently selected as part of a collaborative in relation to the redesign of day services. This is supported by Healthcare Improvement Scotland and is alongside 3 other HSCP's [PK Learning & Development - Learning about Autism](#)
- Application for a Kickstart placement with Skills and Employment Initiative - for our Digital Development
- Partnership Learning and service/team development

## **Case Study**

### **HOW DID COVID-19 IMPACT LEARNING?**

Practice learning makes up 50% of the assessed learning on Social Work programmes. The national decision to cease all practice placements in March 2020 created challenges for students to meet the requirements of their course and gain the necessary practice experience to support them as NQSWs. The challenge was to create solutions for resuming practice learning, safely and effectively by August 2020. We contributed to this work, designing changes to learning in practice and assessing students, considering changes in the work environment and contact with service users as a result of Covid-19 restrictions. This has supported the through-flow of NQSWs for recruitment.

## WHAT DID WE DO TO RESUME PRACTICE LEARNING?

The HSCP L&D Team are responsible for practice learning across PKC. We worked with our Practice Educators and Link Workers locally, and with the Social Work Education Partnership (SWEP) representatives, HEI leads, SSSC representatives and colleagues in other placement-providing agencies, nationally. We asked what practice looked like for our staff and how that could provide sufficient learning opportunities for students. With our PEs, we identified the pain-points in assessing and supporting students and developed ideas about how to reduce the workload to promote placement offers. We fed this into the national and local work groups, contributing to the development of risk assessments, options for the facilitation of supervision and direct observations online and the creation of an Evidence Gathering tool (EGT) to involve placement teams in supporting the student to gather evidence of progress from a range of supportors and stakeholders.

The EGT has been incorporated into the Stirling University assessment process and has been adopted by Dundee University. We co-developed an assessment for child protection competence with the University of Dundee; developed a student group-learning programme linked to the Standards in Social Work and identified and supported PEs and experienced practitioners to lead some of the group sessions. We recognised the need to keep students connected whilst engaged in hybrid work patterns and working from home. The group learning allowed for peer support and the use of Teams supported online spaces for the students and for PEs and LWs to have peer support.

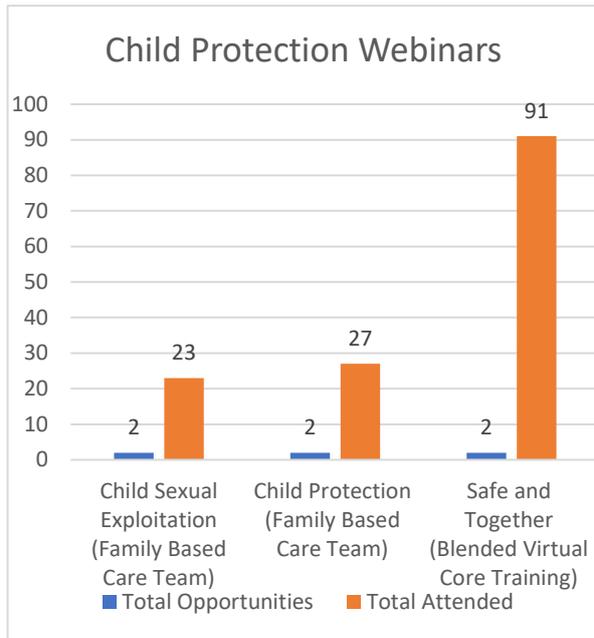
We offered more placements in this period than in the same period the previous year. Feedback on the use of the EGT by students and PEs at Stirling University was positive regarding placing the onus of evidence gathering on the student rather than the PE, encouraging Link Workers to provide feedback on evidence presented by the student and incorporating service user feedback. Practitioners enjoyed their learning sessions with the student group and gained confidence in sharing their knowledge. Students appreciated this opportunity to learn from a range of SWs, during a more restricted placement.

### Child Protection

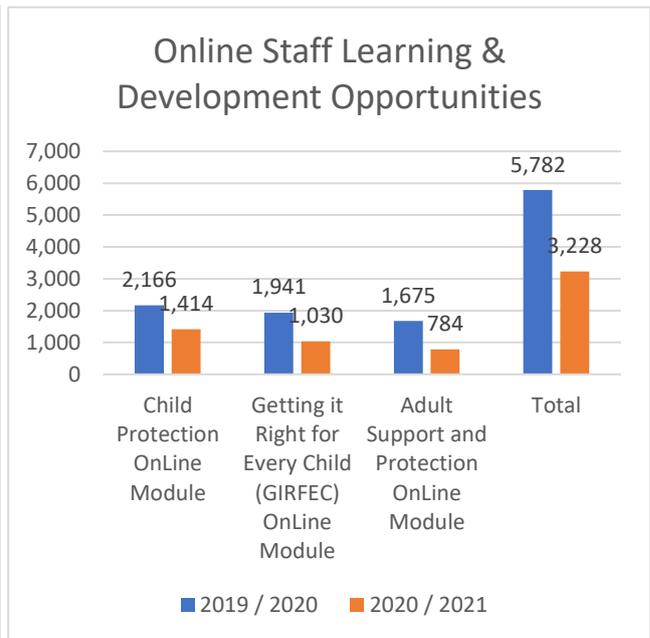
Over the last year, the COVID-19 pandemic and containment measures prevented us from delivering face-to-face inter-agency training, resulting in all such training being paused since March 2020. The CPC rapidly responded, taking an innovative approach by updating and adapting learning and development opportunities to ensure they remained relevant and accessible to the changing needs of the inter-agency child protection workforce. Throughout the last year, we have continued to embrace new technologies to create a more flexible blended approach to our inter-agency learning and development programme. We have delivered live webinars, created short learning films and invested in new software to expand our range of interactive Online Learning Resources; allowing busy practitioners to learn at a time, pace and place convenient to them; whilst ensuring relevance to the general contact workforce; specific contact workforce and the intensive contact workforce and in compliance with [National Guidance](#).

CPC inter-agency child protection learning and development opportunities and resources continue to be delivered within the existing budget and free-of-charge at the point of delivery. We continue to collate evaluation reports which evaluate our training opportunities very highly. The CPC fully intends to recommence its face-to-face inter-agency training when safe to do so. The charts below show changes to the CPC inter-agency child protection staff learning and development opportunities delivered from March 2020; by way of Webinars and Online Learning Resources:

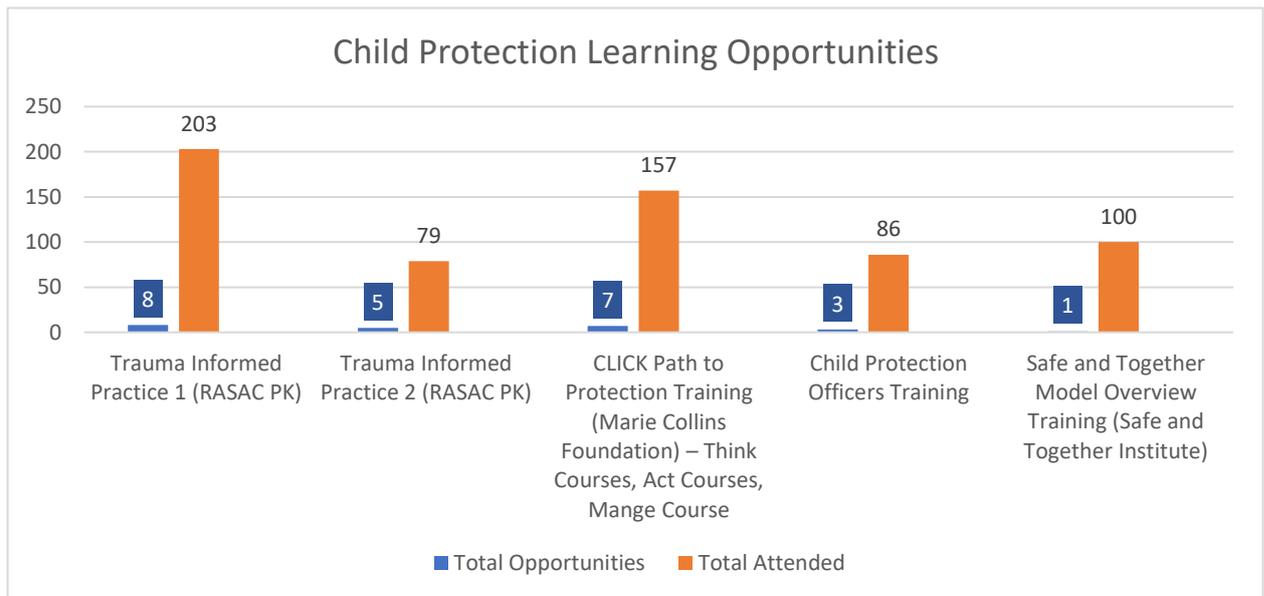
**Table 48: Child Protection Webinars**



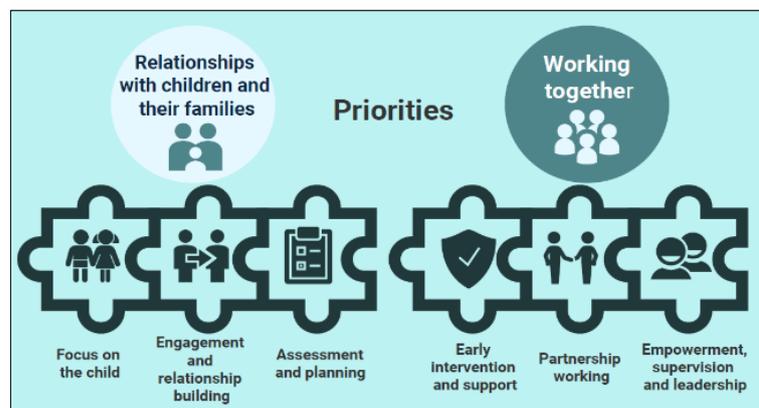
**Table 49: Online Staff Learning & Development Opportunities**



**Table 50: Child Protection Learning Opportunities**



In October 2020, TRIC PG5, organised a virtual Tayside Chief Officers Group Leadership Event to share Dr Vincent’s research findings into ICRs and SCRs. This provided a forum for considering how this research informs our agenda for continuous improvement, shared leadership, and vision for protecting children over the next three years and to



consider the shared approach to workforce development for staff working across children's services.

35 Senior officers from across Tayside attended this event and following a presentation from Dr Sharon Vincent delegates were able to discuss the research findings and refine the priorities for multi-agency workforce development. This has now led to the development of six Priorities for Practice under the themes of Relationships and Working Together. A workforce development programme has commenced with groups of frontline practitioners and managers working with each other to devise learning and development opportunities which will best meet their needs. This programme aims to enhance leadership, change culture, ethos and day-to-day working practices to deliver better outcomes for unborn babies, babies, children, young people and their families.

## Glossary

AAASG	All Age Autism Strategy Group
ADP	Alcohol & Drugs Partnership
AP	Adult Protection
APC	Adult Protection Committee
APCC	Adult Protection Case Conference
ASC	Autism Spectrum Condition
ASD	Autistic Spectrum Disorder
ASP	Adult Support and Protection
ASIST	Applied Suicide Intervention Skills Training
BAAF	British Association for Adoption and Fostering
BMIP	Business Management & Improvement Plan
BPD	Borderline Personality Disorder
CAB	(Perth) Citizen Advice Bureau
CAMH	Children and Adolescent Mental Health
CCR	Child Concern Reports
CELCIS	Centre for Excellence for Children's Care and Protection
CHD	Chronic Heart Disease
CHP	Child Health Partnership
CJA	Criminal Justice Authority
CJOIP	Community Justice Outcomes and Improvement Plan
CJS	Criminal Justice Service
CJSW	Criminal Justice Social Work
CLD	Community Learning & Development
CMHT	Community Mental Health Team
COG	Chief Officer Group
COPD	Chronic Obstructive Pulmonary Disease
CPO	Child Protection Order
CPCC	Child Protection Case Conference
CPP	Community Planning Partnerships
CPO	Community Payback Order
CPR	Child Protection Registration
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSP	Children's Services Plan
CSO	Compulsory Supervision Order
CSWO	Chief Social Work Officer
CYP&FP	Children, Young People and Families' Partnership
CYRO	Children and Youth Rights Officer
ECS	Education & Children's Services
EDC	Emergency Detention Certificate
EFQM	European Foundation for Quality Management
ESF	European Social Fund
FYI	Fun Young Individuals
FLR	Front Line Resolution
GP	General Practitioner
GDPR	General Data Protection Regulations
GIRFEC	Getting It Right for Every Child
H&SCI	Health and Social Care Integration
H&SP	Health & Social Care Partnership

HART	Home Assessment and Recovery Team
HEAT	Health Improvement Efficiency Access to services and Treatment
HMP	Her Majesty's Prison
HRARG	High Risk Adult Referral Group
IAPK	Independent Advocacy Perth & Kinross
ICR	Initial Case Review
ICSP	Integrated Children's Services Plan
IDART	Integrated Drugs and Recovery Team
IJB	Integrated Joint Board (for Health and Social Care)
ILG	Independent Living Group
IRD	Inter-Agency Referral Discussion
IRF	Integrated Resource Framework
IRISS	Institute for Research and Innovation in Social Services
ITT	Independent Travel Training
LAC	Looked After Children
LinCS	Locality Integrated Care Service
LSI	Large Scale Investigations
MA	Modern Apprenticeship
MAP	Multi-Agency Plan
MAPPA	Multi Agency Public Protection Arrangements
MASG	Multi Agency Screening Group
MEAD	Minority Ethnic Access Development Project
MECOPP	Minority Ethnic Carers Of People Project
MHO	Mental Health Officer
NHS	National Health Service
NPS	New Psychoactive Substances
NRS	National Records of Scotland
OT	Occupational Therapy
OWLS	One-Stop Women's Learning Service
PAN Tayside	Perth, Angus and Dundee Councils across Tayside
PB	Participatory Budgeting
PG5	Priority Group 5, Tayside Regional Improvement Collaborative
PKAVS	Perth & Kinross Association of Voluntary Service
PKC	Perth & Kinross Council
PRTL	Post Registration Training and Learning
RASAC PK	Rape and Sexual Abuse Centre Perth and Kinross
REACH	Resilient; Engaged; Achieving; Confident; Healthy
ROSC	Recovery Oriented Systems of Care
SCR	Significant Case Review
SCRA	Scottish Children's Reporter Administration
SIMD	Scottish Index of Multiple Deprivation
SDS	Self Directed Support
SLA	Service Level Agreement
SMHFA	Scotland's Mental Health First Aid
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SMT	Senior Management Team
SOHCG	Strategic Oversight of Care Homes Group
SPS	Scottish Prison Service
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
START-AV	Short-Term Assessment of Risk and Treatability: Adolescent Version
STDC	Short-Term Detention Certificate
SUSE	Scottish Union for Supported Employment
SVQ	Scottish Vocational Qualification
TCA	Tayside Council on Alcohol
TCJA	Tayside Criminal Justice Authority
TEC	Technology Enabled Care
TISS	Tayside Intensive Support Service
TRIC	Tayside Regional Improvement Collaborative
TSMS	Tayside Substance Misuse Services
UBB	Unborn Baby
VPR	Vulnerable Person Reports
VPD	Vulnerable Person's Database
YTS	Young Carer Statement



*"Our staff are using their full range of skills and experience, together with the resources of people in local communities to support people to lead active, independent and healthy lives in their own communities".*

*As part of the **Go4Gold** awards – with the theme of **our natural world**, this collage prepared by care home residents really shows their fabulous outdoor space and how it was being used during the pandemic.*