
**ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER
2012**

Report by Director of Social Work

SCOTTISH BORDERS COUNCIL**13 December 2012**

1 PURPOSE AND SUMMARY

- 1.1 This is the fifth annual report of the Chief Social Work Officer on the work undertaken on the behalf of the Council by the Director of Social Work in his statutory role as Chief Social Work Officer.**
- 1.2 The report provides the Council with an account of decisions taken by the Chief Social Work Officer in the statutory areas of Fostering and Adoption, Child Protection, Secure Orders, Adult Protection, Adults with Incapacity, Mental Health and Criminal Justice.
- 1.3 It also gives an overview of regulation and inspection, workforce issues and social policy themes over the year April 2011 to March 2012, and highlights some of the key challenges for Social Work for the coming year.

2 RECOMMENDATIONS

- 2.1 **I recommend that the Council notes:-**
 - a) The number and range of decisions taken by the Director of Social Work as the Council's Chief Social Work Officer (section 5).**
 - b) The summary outcomes of inspections in the services provided by and commissioned by Social Work (section 6).**
 - c) The ongoing development work of the Social Work workforce (section 7).**
 - d) The public policy issues contained within section 5.**

3 BACKGROUND

- 3.1 The requirement that every local authority should have a professionally qualified Chief Social Work Officer is contained within Section 45 of the Local Government etc (Scotland) Act 1994. This replaced the requirement in Section 3 of the Social Work (Scotland) Act 1968 for each Local Authority to appoint a Director of Social Work.
- 3.2 This requirement was further reinforced by the recommendations contained in the Changing Lives Report published by the 21st Century Social Work Review Group, one of which was to strengthen the governance and leadership roles of the chief social work officer.
- 3.3 A national working group, chaired by the Director, developed guidance for local authorities on the principles, requirements and guidance of the role of the Chief Social Work Officer. This work was approved by Scottish Ministers on 27th February 2010.
- 3.4 The Council agreed at its meeting on 27 September 2007 to receive an annual report from the Director of Social Work fulfilling his statutory role as Chief Social Work Officer.

4 OVERVIEW AND EVALUATION

- 4.1 This report is set in the context of significant demographic challenges with a growing older population and a smaller working age population available to provide care and support. The Scottish Borders has a predicted higher demand for services with an increase of 3,000 older people in the next 5 years. In addition there has been a significant increase in children and young people looked after requiring out-of-area placements this is in line with national trends.
- 4.2 All of these factors have led to increase demand on services and financial pressures on the department in the context of reducing public sector funding. This poses challenges to ensure that the Council continues to prioritise the safety of all Borders residents, and I will ensure that this is robustly undertaken in my role of Chief Social Work Officer.
- 4.3 Also of significance in this report is the apparent reduction in quality of care in some care services, as evidenced by the grades provided by the Care Inspectorate for registered care services. I will ensure that where concerns are highlighted services will continue to be robustly monitored over the coming year and a risk assessment/monitoring process is being introduced within Social Work Services to monitor quality of care in these services together with the Care Inspectorate.

5 PUBLIC POLICY

5.1 WELFARE REFORM

- 5.1.1 On 8 March the Welfare Reform Act 2012 received Royal Assent. The Act principally provides for the introduction of a 'Universal Credit' to replace a range of existing means-tested benefits and tax credits for people of working age, starting from 2013. Besides introducing Universal Credit and related measures, the Bill makes other significant changes to the benefits system that will impact on the Scottish Borders. These include:
- i. The introduction of Personal Independence Payments to replace the current Disability Living Allowance
 - ii. The restriction of Housing Benefit entitlement for social housing tenants whose accommodation is larger than they need
 - iii. Amendments to the forthcoming statutory child maintenance scheme
 - iv. The limiting of the payment of contributory Employment and Support Allowance to a 12-month period
 - v. The introduction of a cap to the total amount of benefit that can be claimed.
- 5.1.2 The implementation of the Welfare Reform Act will have a significant impact on the Scottish Borders Council Social Work services and the clients it serves. In addition to this the implementation will also have an effect on Social Works income stream for services it currently charges for. It is therefore important that insofar as it is able that the Council should manage the implementation of the Welfare Reform Act and seek to mitigate the negative consequences as far as it is able to do so, both for the Council and for those whom will be affected by it.

5.2 CORPORATE PARENTING

- 5.2.1 Corporate Parenting is a major responsibility for Scottish Borders Council and one that we take very seriously. This agenda sits as key within the Children & Young People's Planning Partnership and the Children's Services plan 2012-15.
- 5.2.2 In 2011 we carried out a full self evaluation of the work of the Corporate Parenting agenda.
- Key areas being addressed are
- i. Improving provision of educational and operational opportunities and supports for children and young people Looked After at home
 - ii. Supporting and improving attainment and achievement
 - iii. Enabling Looked After children and young people to

participate in community based activities and opportunities

- iv. Ensuring that Looked After and Accommodated Children will be supported with their mental health wellbeing, and drug and alcohol issues.

- 5.2.3 To this end we have significantly increased the number of sports memberships for Looked After children and young people through a contract with Border Sport & Leisure, these memberships have increased from 300 in 2010-11 to 350 memberships in 2011-12 and the actual usage has increased by 46.5% in the same period.
- 5.2.4 Raising awareness and understanding of the responsibilities to and needs of Looked After children and young people is a major area of responsibility within the Corporate parenting role and therefore training is a major area. In 2012 there has been an *Introduction to Corporate Parenting* workshop held for Councillors, *We Can & Must Do Better (LAC)* 2 day training for 42 multi-agency staff and a *We Can & Must Do Better* half-day training event for 60 Additional Needs Assistants.
- 5.2.5 The Corporate Parenting groups have continued to focus on improving outcomes for all Looked After children and do this in close partnership with NHS Borders.

5.3 **PRIVATE FOSTERING**

- 5.3.1 Private Fostering is the term used when parents make arrangements with people who are not close relatives or officially approved foster carers to care for their children for 28 days or longer. If the child is to stay with this person for 28 days or more at a time, then there are duties on the parent and the carer under the Foster Children (Private Fostering) (Scotland) Regulations 1985 to notify the relevant local authority of the arrangement. Once notified, local authorities have a duty to secure the well-being of every privately fostered child.
- 5.3.2 In 2007 Scottish Borders Council set up a commissioned service with a fostering agency to meet the needs of children and young people in private fostering arrangements. These included clear procedures on referral, assessing welfare and need, professional contact and review. Despite the setting up of this commissioned service and the dissemination of publicity materials relating to private fostering to a wide variety of agencies and resources, the service received very few referrals and never managed more than 2 private fostering arrangements at any one time.
- 5.3.3 The Private Fostering policy, procedure and guidance were revised in July 2011 and the service brought back in-house and is now managed by Integrated Children's Services, with the Resources Team (Family Placement Team) managing private fostering arrangements. The information leaflets, have been revised and

reissued to relevant offices and resources (schools, social work offices, health centres, etc.). The information available on Scottish Borders Council website was also updated and better labelled.

- 5.3.4 The ICS Resources Team currently oversees 3 private fostering arrangements in the Scottish Borders (one child placed with friends due to family circumstances and two placed as they are on long-term school exchanges). It is likely that private fostering arrangements are still significantly under reported and there is a need to provide better information for parents and relevant childcare professionals from across a range of agencies and disciplines regarding their statutory responsibilities in relation to private fostering arrangements.

5.4 **COMMISSION ON WOMEN OFFENDERS**

- 5.4.1 There are a number of policy drivers within the Criminal Justice sector that will impact on local services, and the establishment of the Scottish Government's Reducing Re-offending Programme phase 2 will influence service delivery and redesign.
- 5.4.2 One of the significant policy drivers is the final report and recommendations published in April 2012 by the Commission on Women Offenders.
- 5.4.3 Over many years it has been clear that the justice sector struggles to deal with the complex needs of women offenders and there is an urgent need to reducing the number of women re-offending and going to prison. The recommendations contained within this report focus on service re-design, alternatives to prosecution, alternatives to remand and sentencing.
- 5.4.4 There are a total of 37 recommendations and they include the replacement of Cornton Vale prison with a smaller specialist prison and the establishment of a new national service, called a Community Justice Service. The latter has clear implications for the services currently delivered from within the council's Social Work Services.
- 5.4.5 The Scottish Government has accepted that the status quo in commissioning, providing and managing adult (not just women) offender services in the community is no longer an option and they have plans to consult on the new structures that may be required to achieve real change.
- 5.4.6 In Scottish Borders we have recent experience of delivering an effective group work programme to women offenders. This has been done in partnership with the drug and alcohol treatment charity Addaction, NHS Borders and with some funding through the Alcohol and Drug Partnership. The programme delivered is a

holistic approach to working with women and follows a framework developed across the Community Justice Authority and links with the Willow Project in Edinburgh. As a relatively small service delivered within a rural setting it is important that development of a new national service properly reflects the views of agencies working in this area and the needs and risks of our offender population.

5.5 SOCIAL CARE AND HEALTH INTEGRATION

5.5.1 The Scottish Government has been developing proposals to progress the integration of social care and health services and the Scottish Borders Partnership responded to the official consultation with comments on the proposal. The outcome of the consultation is awaited. Locally an approach which builds on partnership work to date and focuses on a locality approach involving communities is supported.

5.5.2 The Scottish Government proposes a Health and Social care bill be introduced to parliament in the current session with a view to enactment in 2015. The Bill will put in place:

- i. Nationally agreed outcomes, which will apply across adult health and social care, and for which Health Boards and Local Authorities will be held jointly accountable
- ii. A requirement on Health Boards and Local Authorities to integrate adult health and social care budgets
- iii. A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

The Bill aims to ensure that adult health and social care budgets are used effectively to achieve quality and consistency, and to realise a shift in the balance of care from institutional to community based settings.

Partnerships will be jointly accountable to Ministers, Local Authorities, Health Board Chairs and the public for delivering the nationally agreed outcomes.

5.5.3 Of significance to the Council is the consideration of the implications any changes to the role of the Chief Social Work Officer and the need for clear accountability and governance of social care services in any new proposed arrangements. I will be ensuring that robust processes are in place as we move forward with any updated arrangements for integration.

5.6 SELF DIRECTED SUPPORT

5.6.1 Self-directed Support (SDS) empowers people to direct their own care and support and to have informed choice about how their support is provided. The Social Care (Self-directed Support) (Scotland) Bill is currently making its way through Parliament and in anticipation of its duties, Social Care and Health have been offering SDS to people who are eligible for social care support.

- 5.6.2 There has been significant learning through the one year pilot. Forty people from 17 to 87 years of age took part. There were interesting examples of people using their allocated budget flexibly to meet their outcomes – one person replaced carpet with wooden flooring in order to be able to safely move around the house in a wheelchair; for another the purchase of riding equipment was a means to improve fitness and health and meet new people.
- 5.6.3 The evaluation indicated that individuals using SDS, and their carers, felt that the approach gave them more control, gave them the support they needed, and improved their health and wellbeing.

6 STATUTORY DUTIES AND DECISIONS

- 6.1 The Council's Scheme of Delegation as amended in March 2011 identifies the Director of Social Work as the Agency Decision Maker to make the final decision in certain legal matters:

6.2 FOSTERING AND ADOPTION

- 6.2.1 Adoption is a positive route for a child where it is apparent that he or she is unlikely to be able to safely return to the immediate or extended family. There is a strong body of evidence to indicate that permanent and/or stable long term placements, including adoption, lead to better outcomes for the child where these placements can be put in place early enough to enable the child to form solid attachments with the carers. This is especially crucial in the early years of 0-3. In the year to March 2012, 9 children were adopted, which shows a marked rise in comparison with previous years. This is due to dedicated work on better, more focused permanence planning especially in the Early Years Assessment Team where plans are being made for children who are Looked After from birth, where there is no realistic option of rehabilitation home.

	09-10	10-11	11-12
Children adopted	3	4	9
Children placed with prospective adopters at end of year	8	6	6

- 6.2.2 The Chief Social Work Officer is also the Agency Decision Maker (ADM) for Fostering and Permanence decisions – Regulation 12 C(S) Act 1995.

It is the ADM's responsibility to make decisions based on recommendations by the Fostering or Permanence Panels. In Scottish Borders Council these panels are held on a monthly basis and consider the following:

- i. Fostering assessments
- ii. Foster carers reviews
- iii. Assessment of Prospective Adoptive Parents

- iv. Children being considered for Permanence (Long term fostering and Adoption)
- v. Matching of children with prospective adopters or long term foster carers
- vi. Advice & guidance on complex situations that may be considered for permanence

The ADM receives minutes of the meetings, meets with the chair of the meeting, if required, and makes decisions based on the recommendations.

- 6.2.3 Scottish Borders Council is continuing to see an increasing number of children and young people requiring accommodation by the local authority, in line with a national trend which has seen the numbers of children in care in Scotland at their highest for 30 years. It has been difficult to recruit sufficient additional foster carers to keep pace with this demand, however this is being addressed and following a Member Officer Working Group initiative in Dec 2011 there has been a marked increase in enquiries and subsequent assessments for Foster Carers. These assessments are expected to go to the Fostering Panel for approval in the second half of 2012 and into 2013.

	09-10	10-11	11-12
Foster Carers approved	14	10	8
Foster Carers de-registered	9	9	10
Foster/Short Breaks Carers reviewed	29	30	37
Long term (permanent) foster carers approved	0	0	2
Children registered for permanence	10	7	9
Prospective adopters approved	2	1	8
Prospective adopters not approved	0	0	0

- 6.2.4 Difficulties in recruiting sufficient carers within the Scottish Borders have continued the necessity of placing children with external carers, although the proportion of Looked After and Accommodated Children (LAAC) that are placed outside the area has been maintained at 27%. This is still a relatively high level and further work will be done to reduce the use of external placements in the future. This includes additional capacity focused on recruiting and assessing local foster carers.

	2010	2011	2012
LAAC placed outside area as at 31 March	19%	27%	27%

- 6.2.5 The use of kinship carers in particular is starting to have an effect on the requirements for large numbers of foster carers. Kinship care is a desirable outcome for children who are unable to be looked after by their birth parents, and enables children to remain and be cared for within their extended family and community, with

clear benefits for their identity and sense of belonging as they develop. This reduces the need for local authority foster carers and promotes better outcome for the children themselves.

	2010	2011	2012
Kinship placements as at 31 March	31	38	41

- 6.2.6 a) The total number of Looked After and Accommodated Children has also been increasing, in line with a national trend. There has been a small drop in numbers locally recently, however it is too early to say if this is a result of the focus on early intervention work within the Integrated Children's Service.
- b) Between 2006-2011 national statistics have shown at 24.5% increase in the number of children & young people who are looked after. During the same period, Scottish Borders Council has seen an increase of 26.2%. However, the rate of Looked After Children as a percentage of the population aged 0-18 in the Scottish Borders remains below the national average. Nationally, the rate is 1.5% of population aged 0-18. The Scottish Borders has an equivalent rate of 0.9%.
- c) National figures are not yet available for 2011-12, but the reduction in numbers of Looked After Children in the Scottish Borders from 221 in 2011 to 211 in 2012 is a positive sign.

	2010	2011	2012
Looked After Children as at 31 March	202	221	211

6.3 CHILD PROTECTION

- 6.3.1 a) The number of children on the Child Protection register remains relatively low at 34, which is well below the national average rate per head of population. The national average is 2.8 per 1,000 of population aged 0-15. The Scottish Borders has an equivalent rate of 1.7.
- b) The proportion of children who have been re-registered within 2 years has been maintained at 3%. This indicates that the decisions to de-register children are appropriate and not leading to further risk for children.
- c) The average age of children on the register has also been maintained, with 59% of children on the register being aged 4 or under.
- d) The length of time that children spend on the register has stayed relatively low, down to 32 weeks compared with 41 weeks in 2009-10.

	09-10	10-11	11-12
Children on the Child Protection Register	33	30	34
Children re-registered within 2 years	13%	3%	3%
Children registered during the year	44	64	61

Children de-registered during the year	59	67	57
Children aged 4 or under	50%	59%	59%
Average number of weeks registered	41	26	32

6.4 **SECURE ORDERS**

- 6.4.1 No children were the subject of a Secure Order by the Children's Hearing process during 2011/12, the last such case since being in 2010.
- 6.4.2 Secure Orders are used very infrequently in Scottish Borders, and more early-intervention and community-based support packages are considered to be a better approach to these complex cases.

6.5 **ADULT PROTECTION**

- 6.5.1 A total of 292 Adult Protection referrals were received in 2011-12, a significant increase on previous years. An Adult Protection Referral is where there is a concern reported that an adult is at risk of harm.

	09-10	10-11	11-12
Adult Protection Referrals	113	133	292

There has been a significant increase in referrals since 2010/11. However, close examination of records has shown that this was due in part to a shift in policy to report and record medication errors in care settings. This resulted in an additional 54 referrals. This process is being reviewed, as only errors resulting in harm need to be reported and we anticipate that this will result in a reduction in referrals. However the general trend is clearly increasing.

- 6.5.2 Clients with a Learning Disability and Older People (excluding people with dementia) and are by far the largest client groups being referred, accounting for 35% and 25% of the referrals received respectively.
- 6.5.3 The reasons for referrals are quite diverse, with physical harm (24%), financial/material harm (21%) and acts of omission/neglect (20%) being the most common, but significant numbers of referrals for psychological abuse (12%), sexual abuse (5%) and self harm/neglect (5%) also being recorded.
- 6.5.4 There were increases in all areas of the service, with initial case conferences, review case conferences and Large Scale Investigation Planning Meetings all showing significant increases compared to previous years.

	09-10	10-11	11-12
Initial Case Conferences	25	25	41

Review Case Conferences	12	14	28
Large Scale Investigation Meetings	5	11	19

- 6.5.5 The increase in activity above reflects improving reporting and awareness of Adult Protection procedures, and of significance is increased reporting of concerns raised in a number of residential care settings and Large Scale Investigations. This is also highlighted in Care Inspection reports.

6.6 ADULTS WITH INCAPACITY

- 6.6.1 The Adults with Incapacity (Scotland) Act 2000 aims to help people (aged 16 and over) who lack capacity to make some or all decisions for themselves. It enables carers or others to have legal powers to make welfare, health care and financial decisions on their behalf.

- 6.6.2 a) The act makes provision for financial and welfare guardianship and intervention orders, court appointments which authorise a person to take action or make decisions on behalf of an adult with incapacity. A guardianship order can be in relation to property and financial matters, personal welfare, or a combination of these. Guardianship is likely to be more suitable where the adult has long-term needs in relation to these matters. The standard term for a guardianship appointment is 3 years, although the Sheriff has the discretion to make the appointment for a longer or shorter period.
- b) A guardian must be an individual, unless the guardianship order relates to personal welfare matters only, in which case the Chief Social Work Officer for the adult's local authority may be nominated. An individual can be a private individual, e.g. a relative or friend of the adult, or someone acting in a professional capacity, such as a solicitor or accountant. An application can be made to appoint more than one guardian and/or substitute guardians.

- 6.6.3 As of 31 March 2012, we monitor 37 Private Welfare Guardianships, and the Chief Social Work Officer has Welfare responsibility for 20 guardianships.

	2010	2011	2012
Private Welfare Guardianships	23	30	37
Chief SW Officer Welfare Guardianships	16	14	20

- 6.6.4 Welfare Guardianships can be held by the Chief Social Work Officer in the absence on an appropriate relative. In recent years, CSWO guardianships have shown a small but steady increase.

6.7 MENTAL HEALTH SERVICES

- 6.7.1 The Mental Health (Care and Treatment) (Scotland) Act 2003 came into effect in October 2005. The Act enables medical professionals to detain and treat people against their will on grounds of mental disorder. This term is used to cover mental health problems, personality disorders and learning disabilities.

The Act is based on a set of guiding principles. In brief, they are;

- i. Non-discrimination
- ii. Equality
- iii. Respect for diversity
- iv. Reciprocity
- v. Informal care
- vi. Participation
- vii. Respect for carers
- viii. Least restrictive alternative
- ix. Benefit
- x. Child welfare

- 6.7.2 The Act allows for people to be placed on different kinds of compulsory order according to their particular circumstances. There are three main kinds of compulsory powers:

i. Emergency detention

This allows someone to be detained in hospital for up to 72 hours where hospital admission is required urgently to allow the person's condition to be assessed. It will only take place if recommended by a doctor. Wherever possible, the agreement of a Mental Health Officer (a social worker specially trained in mental health) is also obtained.

ii. Short-term detention

This allows someone to be detained in hospital for up to 28 days. It will only take place where it is recommended by a specially trained doctor (a psychiatrist) and agreed by a Mental Health Officer. The Act refers to short-term detention as the 'preferred gateway' to detention.

iii. Compulsory Treatment Order (CTO)

This has to be approved by a Tribunal following an application by a Mental Health Officer. The application has to include two medical recommendations and a plan of care detailing the care and treatment proposed for the patient. The patient, the patient's named person and the patient's primary carer are entitled to have any objections that they have heard by the Tribunal. The patient and the named person are entitled to free legal representation for the Tribunal hearing.

	09-10	10-11	11-12
Emergency Detentions	9	21	14
Short-term Detentions	38	54	55
Compulsory Treatment Orders	13	13	58

6.8 CRIMINAL JUSTICE SERVICES

6.8.1 Multi Agency Public Protection Arrangements (MAPPA) is the framework which joins up the agencies who manage sex offenders. The fundamental purpose of MAPPA is public safety and the reduction of serious harm. The introduction of MAPPA across Scotland in April 2007 gave a consistent approach to the management of offenders, providing a framework for assessing and managing the risk posed by some of those offenders.

6.8.2 There are three levels at which risk is assessed and managed under the MAPPA. These levels are:

- i. Level 1: ordinary risk management
- ii. Level 2: local inter-agency risk management
- iii. Level 3: Multi-agency Public Protection Panels (MAPPP)

- 6.8.3
- a) In Scottish Borders we have agreed that there should be two operational panels that meet monthly - MAPPA Panel Level 1 and MAPPA Panel Level 2. The MAPPA Level 3 Panel is arranged as and when required.
 - b) The Level 1 and Level 2 panels are very well supported by all partner agencies and are regularly attended by members of staff with decision making powers. Specific staff, such as case managers or support workers will be invited to attend as required.
 - c) The number of discussions held at each level in 2011-12 were at a similar level to 2010-11 and includes new case discussions as well as case reviews.

	2010-11	2011-12
Level 1	152	151
Level 2	22	28
Level 3	3	2

6.8.5 From April 2011 to March 2012 the overall number of sex offenders subject to MAPPA within the Scottish Borders was 104 out of a total across Lothian and Borders of 747. 92 of these cases were managed at level 1, 11 at level 2 with only one case being managed at level 3.

6.8.6 The full MAPPA Annual Report for Edinburgh, Lothian and the Borders is attached as **Appendix 1**.

7 REGULATION AND INSPECTION

7.1 Since April 2011 the Care Inspectorate has held responsibility for inspecting all Social Work services in Scotland, including Child Protection services, and ensuring that care service providers meet the Scottish Governments National Care Standards.

7.2 In the period April 2011 to March 2012, the Care Inspectorate carried out inspections on 11 SBC provided services, as well as 23 private care services and 26 in the voluntary/not-for-profit sector. These consisted of both announced and unannounced inspections.

7.3 These inspections are based on Quality Themes, and grade each service against each theme on a scale from 1 (Unsatisfactory) to 6 (Excellent).

The Quality Themes are:

- i. Care and Support
- ii. Environment
- iii. Staffing
- iv. Management

7.4 Overall, 82% of services were graded as 'Good', 'Very Good' or 'Excellent'.

A summary of the inspections carried out is attached to this report as **Appendix 2.**

8 WORKFORCE DEVELOPMENT

8.1 Social Work Services has invested heavily in workforce development and this has proven successful in assisting with the recruitment, retention and development of a highly competent workforce. Furthermore, the Senior Management Team and individual services have taken a strong lead on workforce planning issues, liaising with colleagues from other departments to discuss workforce planning issues.

8.2 A Social Work Workforce Planning Group has been established to further improve co-ordination and to ensure consistent workforce planning across the Social Work Department and with internal and external partners. The Workforce Group have been taken through a 4-Step workforce planning process: Strategic Analysis, Demand Forecasting, Supply Forecasting and Strategy Development.

- 8.3
- i. Workforce planning in Social Work seeks to address:
 - ii. The need for changes in the workforce to balance increasing demand for services with financial constraints
 - iii. The need to ensure that services remain outcomes focussed for those with critical needs
 - iv. The development of Self Directed Support
 - v. The need for redeployment opportunities across service areas
 - vi. Loss of skills due to ageing workforce / retirement
 - vii. Integration / alignment with other agencies
 - viii. Inability to recruit to fill gaps
 - ix. Greater understanding of the nature of workforce required in future.

- 8.4 It was identified that the following broad scenario was one that could enable SWS to prepare for the future:
- i. Streamlined services maximising use of resources across partnerships
 - ii. A flexible generic workforce within divisions albeit one that allows for a degree of specialist working to make best use of scarce resources
 - iii. Communities engaged in supporting people
 - iv. An investment in quality commissioned services – requiring a de-commissioning of services with subsequent reinvestment
 - v. Shared learning and development across agencies.
- 8.5 Across the Department the impact on and priorities for workforce development in the coming year will include:
- i. Developing a knowledgeable and qualified workforce, with recruitment from a wide age range and gender mix
 - ii. The provision of good training opportunities
 - iii. The provision of alternative employment / redeployment opportunities for specific staff, where appropriate
 - iv. A clear commissioning strategy to ensure that the private / third sector is able to plan its workforce requirements
 - v. Consideration of flattening of structures and more flexible working, where appropriate
 - vi. Development of 'paraprofessional' role
 - vii. A review of skills / role / grade mix within teams
 - viii. Better or more targeted recruitment for heard to recruit to posts
 - ix. Consideration of the most appropriate management structures/models.
- 8.6 The Joint Midlothian and Scottish Borders Practice Learning and Development Team works in partnership with operational and planning managers to provide a learning and development service to Social Work and Social Care staff across both authorities. Annual Learning and Development Frameworks have been produced for each of Social Care and Health and Integrated Children's Services and were agreed by the Joint Management Board in April 2011. These frameworks can now be linked to workforce planning information to provide a sound basis for predicting refresher training, learning and development / qualifications requirements over the coming years.
- 8.7 It is planned to extend the Learning & Development Frameworks to other areas of service such as Criminal Justice Services to ensure that all staff have a framework to work with and relate to their PRD and individual development plans.
- 8.8 Joint working with Midlothian has enabled the effective delivery of a number of joint programmes:

- i. Newly Qualified Social Workers (13 in SBC) are supported through a bi-monthly group.
 - ii. Effective Practice Course in Children Services
 - iii. PDA in Supervision
 - iv. PDA in Practice Learning for South East Scotland.
 - v. Advanced supervision skills
 - vi. Court Witness Skills
- 8.9 The Department has continued a 'grow your own' programme for developing staff, although reductions in available budget and greater ease of recruiting to certain social work posts has led to fewer sponsorship opportunities for staff. However, essential development programmes are still in place and the creative use of existing funding and the wider use of Independent Learning Accounts (ILAs) have enabled other development opportunities.
- 8.10 The Joint Midlothian & Scottish Borders SVQ Assessment Centre continues to receive 'Excellent' External Verification reports from the SQA with no development points for its programmes.

9 IMPLICATIONS

9.1 Financial

There are no costs directly attached to the recommendations contained in this report. However there is clearly a need to effectively manage the impact of increasing demand and the challenging efficiency agenda in public services whilst ensuring that people with significant needs are kept safe and quality of service provision is maintained.

9.2 Risk and Mitigations

There are no specific concerns that need to be addressed in respect of the recommendations contained in this report.

9.3 Equalities

It is anticipated that there will be no adverse equality implications arising from the work contained in this report

9.4 Acting Sustainably

There are no anticipated economic, social or environmental effects.

9.5 Carbon Management

There is no impact on the Council's carbon emissions.

9.6 Changes to Scheme of Administration or Scheme of Delegation

There are no changes required to either the Scheme of Administration or the Scheme of Delegation.

10 CONSULTATION

- 10.1 The Chief Financial Officer, Head of Legal and Democratic Services, Head of Audit and Risk and Clerk to the Council have been consulted on this report and their comments are incorporated in the report.

Approved by**Andrew Lowe, Director of Social Work Signature****Author(s)**

Name	Designation and Contact Number
Andrew Lowe	Director of Social Work 01835 824000
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Background Papers: None**Previous Minute Reference:** None

Note – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. Nicola Tait can also give information on other language translations as well as providing additional copies.

Contact us at Social Work, Scottish Borders Council, Newtown St Boswells, Melrose, TD6 0SA, 01835 825080.