

## **Item: 7**

**Policy and Resources Committee: 23 November 2021.**

**Chief Social Work Officer's Annual Report.**

**Report by Chief Social Work Officer.**

### **1. Purpose of Report**

To present the Chief Social Work Officer's annual report for 2020/21.

### **2. Recommendations**

The Committee is invited to scrutinise:

#### **2.1.**

The Chief Social Work Officer's Annual Report for 2020/21, attached as Appendix 1 to this report, in order to obtain assurance that social work and social care services are being delivered to an acceptable standard locally.

### **3. Background**

Section 45 of the Local Government etc. (Scotland) Act 1994 requires each local authority to have a professionally qualified Chief Social Work Officer (CSWO). The role is to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions as described in Section 5 (1B) of the Social Work (Scotland) Act 1968. The role covers the full range of a local authority's social work functions to provide a focus for professional leadership and governance. The role provides strategic and professional leadership in the delivery of social work services. The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain social work functions by a local authority to an integration authority.

### **4. Delivery of the Role in the Orkney Context**

#### **4.1.**

Orkney Health and Care integrates services of the Council and the National Health Service (NHS) to provide the best possible community health and care services to residents. Professional leadership roles are required in specific areas including the CSWO, a role vested in a Senior Officer who is a Social Worker within the management structure, in addition to their general management duties. The role of the CSWO is defined in statute and is a "proper officer" in relation to the Council's Social Work function.

## **4.2.**

The CSWO is responsible for specific decisions and will discharge their responsibilities under the Social Work (Scotland) Act 1968 and take the final decision on a range of Social Work matters including the Children (Scotland) Act 1995, the Secure Accommodation (Scotland) Regulations 1996, the Mental Health (Care and Treatment) (Scotland) Act 2003, and the Adults with Incapacity (Scotland) Act 2007. These decisions relate to:

- Adoption.
- Secure Accommodation for Children.
- Emergency Movement of Accommodated Children.
- Certain Community Orders imposed by the Courts on Offenders.
- Guardianship.
- Adults with Incapacity.
- Other statutory decisions required from time to time.

## **4.3.**

The Scottish Government requires the CSWO to produce an Annual Report of service quality and performance and key challenges, including the impact of COVID-19.

# **5. Annual Report**

## **5.1.**

A report on activity related to the role of CSWO for 2020/21 is attached at Appendix 1.

## **5.2.**

The CSWO Annual Report provides a range of activity reporting in respect of the following:

- Children's and Adults' Social Work Services, including Child and Adult Protection, Older People, Disabilities, Home Care, Workforce.
- Resources.
- Budget.
- Staff Development.
- Implications of COVID-19.

## **5.3.**

The single most significant aspect of the Annual Report, aside from the implications and impact of COVID-19, is the Progress Review published in August 2021 following the Joint Inspection of Children and Young People in need of Care and Protection in Orkney which took place from August to October 2019. The work on which the

Progress Review is based is fully inclusive of this reporting period albeit publication of the Progress Review report falls within the next reporting period.

### **5.3.1.**

The Progress Review recognises that significant progress has been made, while having much work still to do. It summarises that, despite the initial delay where opportunity for change and improvement was potentially lost, the Care Inspectorate is confident partners have subsequently taken the findings of the Joint Inspection in Orkney very seriously.

### **5.3.2.**

Chief Officers, Senior Leaders and Partnership representatives met in person, with the Care Inspectors to discuss a further Progress Review and are currently engaged in the process of scoping and setting time scales. There are five Key Improvement areas from the Children's Services Improvement Plan and following the Progress Review which are:

- Recognising and responding to neglect.
- Practice supporting Chronologies of Significant Events.
- Developing Initial Referral Discussions for greater consistency.
- Strengthening recording, and responding to the voice of the child, including independent advocacy.
- Strengthening recording, and responding to the views of parents, carers, and families.

### **5.3.3.**

It should be noted that the CSWO Annual Report covers the period 1 April 2020 to 31 March 2021 and does not include current progress on the Improvement Plan, which is reported separately to the Integration Joint Board, the Council and NHS Orkney.

### **5.4.**

The Committee is invited to scrutinise the Annual Report in order to obtain assurance that social work and social care services are being delivered to an acceptable standard locally.

## **6. Human Resource Implications**

The Annual Report from the CSWO details a number of staffing and workforce challenges which it will be important to address in due course to ensure and safeguard the quality-of-service provision.

## **7. Corporate Governance**

This report relates to the Council complying with governance and scrutiny and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

## **8. Financial Implications**

### **8.1.**

The CSWO discharges their obligations within the funding made available by the Council.

### **8.2.**

There are no immediate financial implications arising from this report, although the Annual Report does refer to the significant and increasing financial challenges facing the Council and other public sector partners in delivering the volume and quality of services required, particularly with an older population that is increasing faster than the national average.

### **8.3.**

Section 5 of the Annual Report covers the budget for the Integration Joint Board, the main heads of expenditure and financial outlook from increasing demographic and other pressures. The breakeven revenue expenditure outturn position for 2020/21 is reported as is the savings target of £4.2 million to be achieved by the end of 2022/23, of which Council provided services are targeted with savings of £1.8 million. To date there has not been any significant savings identified and the Orkney Health and Care Senior Management Team is evaluating savings proposals.

## **9. Legal Aspects**

There are no immediate legal implications arising from this report.

## **10. Contact Officer**

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## **11. Appendix**

Appendix 1: Chief Social Work Officer Annual Report 2020/21.

## CHIEF SOCIAL WORK OFFICER REPORT FOR 2020/2021

### 1. Governance and Accountability

#### 1.1. Introduction

I am pleased to present the Chief Social Work Officer's (CSWO) annual report for Orkney Islands Council for the reporting period 1 April 2020 to 31 March 2021. Due to the publication of findings and important developments which sit outside this reporting time frame, mention is made of specific work related to the Children's Services' partnership improvement work, which took place during this reporting period, and the published findings.

The CSWO report provides an overview of Social Work and Social Care services and information on statutory decisions made by the CSWO on behalf of the Council. The role of CSWO has been held by me since June 2020.

This year as with 2019/20, there is a reduced template to enable CSWOs to present shortened reports for local governance structures due to the workload implications caused by the COVID-19 pandemic. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector.

#### 1.2. The Role of the CSWO

The role of the CSWO was established to ensure provision of professional advice in the discharge of a Local Authority's statutory functions as described in Section 5 (1B) of the Social Work (Scotland) Act 1968. It is expected that the CSWO will undertake the role across the full range of a Local Authority's Social Work functions to provide a focus for professional leadership and governance within these functions. The role provides strategic and professional leadership in the delivery of Social Work services.

There are also certain functions conferred by legislation directly on the CSWO by name and specific statutory responsibilities are discharged by the CSWO, mainly to decisions about the curtailment of individual freedom, the protection of individuals, and the public. This includes, for example, children in secure accommodation and welfare guardianship for adults. These decisions must be made by the CSWO or by a senior, professionally qualified Social Worker, to whom the responsibility has been delegated by the CSWO and for which the CSWO remains accountable.

In May 1995 the then Scottish Office explicitly recognised that the need for the role was driven by "the particular responsibilities which fall on Social Work services in that they affect personal lives, individual rights and liberties to an extent that other Local Authority services do not" (Circular: SWSG2/1995). Every Local Authority must have a professionally qualified CSWO as set out in Section 45 of the Local Government etc. (Scotland) Act 1994. The qualifications are set down in Regulations which state the CSWO must be registered as a Social Worker with the Scottish Social Services Council (SSSC).

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The overall aim of the CSWO role is to ensure Orkney Islands Council and Orkney Health and Care receive effective, professional advice and guidance in the provision of all Social Work services, whether provided directly, in partnership with other agencies, or purchased on behalf of the Local Authority. The CSWO has a responsibility for overall performance improvement and the identification, management and reporting of corporate risks as they relate to Social Work and Social Care services.

To fulfil these responsibilities, the CSWO has direct access to Elected Members, reporting directly to the Chief Officer/Executive Director of Orkney Health and Care; and wider through the Integration Joint Board; the full Council as required; and has direct links to the Chief Executive of the Council and full membership of the Chief Officer Group for Public Protection.

Elected Members have important leadership and scrutiny roles in Councils, and they must assure themselves that the quality of service is maintained, and risks are managed effectively. The CSWO provides professional leadership and promotes values and standards of professional practice, ensuring that only Registered Social Workers undertake those functions reserved in legislation and meet the requirements of their regulatory body and the SSSC Codes of Practice.

Any Social Worker or Social Care professional may approach the CSWO for advice. Integration authorities: The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions by a Local Authority to an integration authority e.g. a Health and Social Care Partnership.

In 2016, Audit Scotland noted in its report on Social Work in Scotland, that the role of the CSWO has become increasingly complex with the introduction of Health and Social Care Partnerships. The CSWO's responsibilities in relation to Local Authority Social Work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. The responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the Local Authority itself.

The CSWO is a member of:

- The Integration Joint Board, comprising members nominated and appointed by NHS Orkney and Orkney Islands Council (the CSWO is a co-opted non-voting member).
- Orkney Health and Care's Senior Management Team comprising the Chief Officer and Senior Managers responsible for health and care services.
- The Chief Officer Group (COG) as an adviser for Public Protection. COG provides leadership, governance and ensures local accountability for all aspects of public protection in the areas of child protection, adult protection, offender management (Multi-Agency Public Protection Arrangements (MAPPA) processes for sexual and violent offenders), and also including Multi-Agency Risk Assessment Conference (MARAC) processes in respect of risks of domestic

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abuse. Linking to Orkney Community Planning Partnership, the COG is responsible to Elected Members and Scottish Ministers.

## 2. Service Quality and Performance

### 2.1. The Social Work Profession

Social Workers are required to work in the context of legislation, organisational rules, service structures, and hierarchies including Health and Care Partnerships. Within this context Social Workers retain significant freedom in their work.

The ways in which Social Workers relate to organisational rules and structures is a key dimension for them in understanding the discretion and professional scope they hold to make the best possible decisions in the best interests of the people they serve, often our most vulnerable and marginalised children, adults, and older people.

### 2.2 Cross Cutting Matters

Improving our approach and practice in public protection is the single most important aspect of cross cutting work across the Social Work service and with our community planning partners in children's and adult's services. Self-evaluation and improvement work has been progressed during this reporting period.

Recruitment has been a cross cutting matter which is covered in detail under section 4 'Island and Rural Social Work – Key Challenges' below.

There have been issues across Social Work services with the *systems support* resource, of the Social Work management information system, presenting challenges with information management, data collection and analysis.

During the reporting period, Service Manager posts were reviewed for responsibilities and grading purposes and will be updated in the CSWO report for 2021/22.

### 2.3. Adult Social Work

Adult Social Work Services includes adult support and protection, mental health and treatment, services for older people and justice services amongst other things.

### 2.4. Adult Protection

Adult support and protection include the:

- Complex and interconnected nature of harm.
- Value of skilled and open-minded practitioners.
- Need to build and maintain respectful relationships.
- Understanding that thresholds are not as clear cut as we might like them to be.
- Realisation that *protecting* means supporting, consistent high quality inter-agency work.

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- Recognition that nationally opportunities for justice, through the court, might still be limited.

There has been a clear focus on adult support and protection work in this reporting period. The Lead Officer for Public Protection has been working closely with the Chair of the Public Protection Committee and the CSWO, and a major self-evaluation of adult protection activity was undertaken, leading to a new improvement plan. An external consultant was commissioned by Orkney Health and Social Care Partnership and its partners, to undertake the review and contribute to the improvement work identified.

The audit comprised a review of operational practice, procedures, and a case file audit, involving staff and partners across the multi-agency adult services partnership. The results of the audit led to an update and refresh of operational guidance for Health and Care Staff and for multi-agency partners, which for noting, were launched by the COG (Public Protection)) in early September 2021. This will be more fully reported in the CSWO report for 2021/22.

A parallel process of revised forms and guidance, incorporating material into the Social Work information management system has been undertaken, and a refreshed introduction to adult protection is being progressed for multi-agency staff groups, Third Sector, and independent partners.

Further specific training has been delivered to Council Officers (Social Workers with responsibilities to investigate Adult Protection referrals), and a series of other focused training, Defensible Decision Making, Chairing Case Conferences, Self-Neglect and Hoarding. Training being arranged across the Social Work Service will be on Chronologies of Significant Events.

The Improvement Plan is now operational and will form the basis of continual service improvement and review activity, supported by the two new Sub Committees of Orkney Public Protection Committee covering: Learning and Development, and Quality Assurance.

In 2020/21 there were 190 Adult Protection/Police Vulnerable Person Database (VPN) referrals, a significant increase from the previous accounting period, possibly related to greater public awareness and an increased focus of service management within Adult Social Work services. The proportion of VPDs passed to Social Work Services depend on criteria set by Police Scotland, and the Service Manager, Adult and Disabilities Services, discusses VPDs with Police Concern Hub staff to ensure the most appropriate approach.

From the referrals received during this period, one person was managed under a protection plan within Adult Protection Procedures following an Adult Protection Case Conference. All referrals are progressed to ensure appropriate support and protection is offered, including where the adult protection threshold is not met.



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All referrals are discussed weekly with Highland (Police) Concern Hub to ensure effective information sharing and appropriate actions are taken. Some of these referrals required no further action and many resulted in information sharing with GP Practices, the Community Mental Health Team, and the provision of support from agencies such as Orkney Blide Trust (a charity company, voluntary organisation) that supports people with mental health problems, and Age Scotland Orkney, an independent charity supporting older people.

### 2.5. Mental Health Services

Social Work is crucial in delivering and maintaining excellent mental health services. Good quality Social Work can transform the lives of people with mental health conditions and is an essential part of multi-disciplinary and multi-agency working. In partnership with our partners in Health, Social Care, Housing, Employment and others, Social Workers play a key role in identifying and accessing local services which meet people's needs at an early stage, helping to improve overall mental health outcomes and reducing the risk of crisis and more costly demands on acute health services.

For many reasons, not least of which is the worldwide COVID-19 health pandemic, mental health and mental health services have been in national focus and there would appear to be heightened public awareness and interest.

Initial research including, (Ref: Media Consumption and Mental Health during COVID-19 Lockdown..., Journal of Public Health, Neil R; and Blair C; et al, 20 March 2021) indicates that higher media consumption was associated with higher levels of anxiety and depression. This research acknowledged that worldwide excessive media consumption, particularly social media relating to COVID-19, can influence mental health.

Other research highlights the impact of mental health on loneliness, lack of social support and heightened risk perception. This research has indicated that younger adults, women, and people living in the most deprived areas have greater anxiety and depression.

Orkney Health and Care and Third Sector partners are committed to providing a cohesive Mental Health Strategy, adopting the principles and aims of the national Scottish Mental Health Strategy 2017-27 whilst ensuring the needs of the people and communities of Orkney are appropriately reflected. The strategy, approved by Orkney Integration Joint Board (IJB) on 29 October 2020, is a five-year document, providing a framework for working in partnership to determine future development and actions, whilst enabling time for evaluation and review in 2025.

The priorities are to build capacity and capability, promote collaborative working, promote, and support recovery-based approaches, enable individuals and communities to have greater choice and control, invest in our young people, improve on life opportunities, and reduce stigma and discrimination.

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Whilst it might be expected, due to restrictions of activity related to COVID-19 lockdown measures in 2019/20 and during a large part of 2020/21, there would be an impact on the amount of Mental Health Officer activity. Towards the end of the current reporting period, we have seen an increase in other Mental Health Officer assessment activity, as we might have expected, due to easing of lockdown measures.

For example, in respect of Mental Health Tribunals, it might reasonably be expected that the more admissions we have under compulsory powers, the more Tribunals we might expect, related to potential challenges on improper admissions or unduly protracted detentions.

The Mental Health (Care and Treatment) (Scotland) Act 2003 sets out some of the main legislative mental health provisions, the impetus for which came largely from a change in psychiatric practice with the move towards care in the community.

Principles of the legislation include participation of patients (people) in the process; respect for carers; use of informal care; least restrictive alternatives; the need for maximum benefits to patients; and the welfare of a child with a mental disorder being considered paramount, all of which we have been working to uphold within the adult services side of our Health and Care Partnership.

Table 1 below shows activity levels for Guardianship and Intervention from 2018-2021.

**Table 1: Intervention and Guardianship Orders 2018-2021**

Type of Order/Intervention (Guardianship)	2018/19	2019/20	2020/21
New welfare guardianship orders where the CSWO is the Guardian	3	4	6
<b>Total</b> orders for which the CSWO is the Guardian	12	15	22
Number of assessments made by Mental Health Officers in relation to applications for welfare guardianship including private and CSWO	6	40	62
Number of private Guardians being supervised by Officers of the Local Authority	95	63	32

Compulsory Treatment Orders are intended to create individual measures for the care and treatment of a patient who requires a degree of compulsion to accept these, done by means of a care plan which may specify detention.

Short Term detentions follow an assessment undertaken by a Psychiatrist, to which an MHO must consent, to secure the immediate safety of a patient and lasts 28 days. There were 4 detentions during the reporting period, 2 males and 2 females. 3 of them took place in Royal Cornhill Hospital, Aberdeen and 1 in Balfour Hospital, Orkney.

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Emergency detentions are intended to secure the immediate safety of a patient when there is no Psychiatrist available to undertake an assessment for short term detention. They are undertaken by Hospital Doctors or GPs with consultation with a MHO. These last 72 hours with no right of appeal and generally it is not the preferred option. There were 7 adults detained in this reporting period, 6 females and 1 male, all of whom were transferred to Royal Cornhill Hospital, Aberdeen.

There were 6 Mental Health Tribunals, 3 at Royal Cornhill Hospital, Aberdeen and 3 in Ayr Clinic, South Ayrshire. All were female adults, some of whom had Advanced Statements, some had Named Persons (as per legislation), and 1 had legal representation who attended the Tribunals. Table 2 below provides activity levels for mental health intervention and orders from 2018-2021.

**Table 2: Intervention and Mental Health Orders 2018-2021**

Type of Order and Intervention (Adults)	2018/19	2019/20	2020/21
Mental health Compulsory Treatment	1	0	6
Short-term detentions	2	3	4
Emergency detentions	4	7	7
Other Mental Health Officer assessments (those not leading to detentions, assessments to extend or vary orders, and social circumstances reports)	5	7	23
Mental Health Tribunals	1	1	6

### 2.6. Adult Social Work Staffing Complement

- 1 FTE Service Manager, Adult and Learning Disability Services.
- 1 FTE Senior Social Worker Practitioner (Adults).
- 1 FTE Senior Social Worker Practitioner (Learning Disability).
- 7.4 FTE Social Workers (Adults).
- 2 FTE Social Workers (Learning Disability).
- 2 FTE Social Workers (Community Mental Health Team).
- 1 FTE Support Worker = 2 Part-time posts.
- 2.5 FTE Admin Support.

During the reporting period, there were gaps in one of the FTE Admin Support posts, the FTE Support Worker posts, and the FTE Senior Social Worker Practitioner (Adults) post.

### 2.7. Mental Health Officer activity

Approximately 100 people required support by MHOs within the Adult Social Work staff complement during the reporting period (there were 3 MHOs from 1 April - 30 September, 5 from 1 October - 31 December and then 4 until 31 March) and 30 people who did not require a MHO were supported by a Social Worker in the Community Mental Health Team.

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### 2.8. Criminal Justice

As noted above, the global pandemic throughout 2020/21 has been challenging for individuals and services alike. The changing landscape required developments in practice, process and policy which have altered the delivery and receipt of Justice Services (as it has for other services) for people who perpetrate harm and those who have been harmed.

During the 3-month nationwide lockdown from March 2020, the Criminal Justice Team (Justice Team) continued to ensure those people referred had their needs appropriately assessed, were supervised in the community and the risks they presented were managed effectively by alternative means, including telephone contact and video links as appropriate.

Duties undertaken by the Justice Team include preparation of court reports and risk assessments to aid the Court in making effective sentencing decisions; reducing re-offending and protecting the public through supervision and management of offenders who are subject to community-based disposals; and the rehabilitation of offenders who have been subject to custodial sentences.

To ensure an equitable service continued to be delivered, which meets the needs of those we support while adhering to Government health advice and restrictions, the service took possession of a larger, centrally based office space and workshop in Kirkwall town centre.

The Justice Team completed a range of reports during the reporting period which would be less than the broad, comparative to the size and nature of justice activity in Orkney, activity we might expect.

There was a total of 41 reports completed, the subjects of which comprised 34 males and 7 females, which resulted in 30 Community Paybacks Orders. Table 3 below provides details of Justice Social Work activity from 2018-2021.

**Table 3: Justice Activity from 2018-2021**

<b>Justice Activity</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Social Work Court Reports	55	82	30
Supplementary Reports and Review Reports	5	4	9
Home Leave and Home Circumstances Reports	6	3	2
<b>Totals:</b>	<b>66</b>	<b>89</b>	<b>41</b>
<b>Community Payback Orders (CPOs)</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
CPOs imposed by the Court	46	59	30

The figures for 2020-21 are a reduction of more than 50% of the requested reports during 2019/20 reporting period. It is acknowledged this reflects the actual number of cases which were brought before the Court during the lockdown period, and it is

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recognised nationally and locally, that as the Courts progress the backlog of cases, this will lead to concentrated, increased demand on Justice Services.

### 2.9. Justice Staffing Complement:

- 1 FTE Service Manager.
- 2 FTE Qualified Social Workers.
- 1.6 FTE = 3 Part time Community Placement Supervisors.
- 1.5 FTE Clerical Assistants.

Unfortunately, due to recruitment challenges for one of the FTE Qualified Social Worker posts, this post has only been filled on a one day per week basis for the entire reporting period. This presented an operational challenge to the full and effective delivery of service which impacted on management time due to cover requirements.

Due to recruitment challenges, the 0.5 FTE Clerical Assistant post has remained unfilled in this reporting period.

### 2.10. Children and Families Social Work

Children and Families Social Work incorporates child protection, fostering, adoption and kinship, residential childcare, continuing care, after care and children and disabilities, children's services planning including child poverty action work, amongst other things.

There has been a range of developments in children and families Social Work taking place or being developed during the reporting period. These include:

- Continued work on the extensive Improvement Plan for children in need of care and protection.
- Significant Case Reviews, now Learning Reviews.
- Planning and preparation for the Care Inspectorate Progress Review.
- Partnership self-evaluation activity.
- Registered services inspections in Fostering, Adoption and Residential Care.
- Staff recruitment including Social Workers and managers.
- Delivery of training and development.
- Getting it Right planning and development.
- Production of practice procedures and guidance.
- Engagement in the process for the introduction of the new national Joint Investigative Interviewing model.

### 2.11. Child Protection

Child Protection has remained the top priority in the Partnership with the development of Child Protection Procedures for Social Work Services staff, multi-agency IRD (Initial Referral Discussion) Procedures, multi-agency Child Protection Guidelines, multi-agency Guidance for attending Child Protection Conferences, revised partner services single agency Child Protection Procedures, and a Partnership Self-evaluation and

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Continual Improvement model based on the Care Inspectorate's Quality Improvement Framework.

Learning and development activities associated with the above were undertaken across the Partnership and were received positively.

Child Protection activity levels have not fluctuated significantly during the reporting period when considered against the size of our partnership area. While there were fewer Registrations in 2020/21, than the preceding two reporting periods, there were more children and young people accommodated (for example, 5 in 2019/20 and 8 in 2020/21), including in residential schools and specialist care provision on mainland Scotland, than the preceding two reporting periods.

This increase was related to the impact of actions in the children's services Improvement Plan and the need to ensure children were not left overlong, in the community, in neglectful circumstances.

During the pandemic, the collaborative working that most children had received was rated as good or better, as was the continuity of protective processes, by the Care Inspectorate.

Table 4 below provides Child Protection registration trends from 2018-2021.

**Table 4: Registration Trends from 2018-2021**

During the Year	2018/19	2019/20	2020/21
Child Protection Registrations	13	18	18
Children De-registered	6	5	11
New Registrations	10	14	6

### 2.12. Looked After Children

Looked After Children activity levels have been stable with fluctuations in the number of children Looked After Away from Home between 2019/20 and 2020/21 falling from 29 to 21 related to the impact of COVID-19, and national lockdown measures including school closures. New COVID-19 related legislation from 27 March 2020 meant that only those Hearings required for the urgent and immediate protection of a child would be able to take place and all non-essential Hearings were cancelled and rescheduled.

Table 5 below shows Looked After Child activity levels from 2018-2021.

**Table 5: Trends from 2018-2021**

During the Year	2018/19	2019/20	2020/21
Looked After at home	12	10	15
Looked After Away from Home	30	29	21
<b>Totals</b>	<b>32</b>	<b>39</b>	<b>36</b>

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In 2019/20 there was a significant fall in the number of children referred to the Reporter from the previous year 2018/19 which was a pattern across several areas including Shetland Islands Council, one of our closest family group comparators.

This was also the year in which the Care Inspectorate undertook their full inspection in Orkney highlighting significant areas requiring improvement. There was a further but lesser fall in 2020/21 from 2019/20, related to the impact of COVID-19, and national lockdown measures including school closures.

Table 6 below provides details of referrals to the Reporter, and Children's Hearings held from 2018-2021.

**Table 6: Children Referred to Reporter from 2018-2021**

<b>Referrals and Children's Hearings</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
<b>No. Children Referred to Reporter</b>	104	57	43
<b>No. Children's Hearings Held</b>	70	83	59

### 2.13. Children and Families Staffing Complement

- 1 FTE Service Manager.
- 1 FTE Operational Manager.
- 7.2 FTE Children and Families Social Workers.
- 1 FTE Social Work Assistant.
- 1 FTE Operational Manager (Fostering, Adoption and Kinship).
- 4 FTE Social Workers (Fostering, Adoption and Kinship).
- 1 FTE Senior Family Support Work.
- 1.9 FTE Family Support Workers.
- 1 FTE Attainment Funded Family Support Worker.
- 4 FTE Admin (Child Protection, Fostering, Adoption and Kinship).

There have been significant, and at times, prolonged gaps in Children and Families staffing, including the Service Manager, Operational Manager, Social Workers across the service, Family Support Workers (2.83 temporary staff, not in above complement, were funded which also experienced staff absences), and Admin staff.

Locum staff were employed to ensure the functioning of the service and statutory duties for Child Protection could be met. There was significant staff turnover related to sickness absence, people leaving, short term contracts, retirement, and recruitment challenges.

This has meant, amongst other things, significant challenges associated with the operational delivery of Children and Families Social Work services. These issues were reflected in the Care Inspectorate inspection of 2019 (published February 2020).

### 2.14. Out of Hours Service

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There have been significant challenges with the provision of Out of Hours Social Work services due to staff gaps and absence. At one point during the accounting period, there was 47% of eligible staff unable to take up their contractual Out of Hours duties due to underlying health related matters. Vacancy levels impacted on the number of eligible staff available to undertake Out of Hours duties. This placed an additional strain on the service which was at a critical tipping point.

A Working Group was formed to consider some of the possible underlying reasons, to make recommendations for developing the service with a focus on ensuring all available eligible staff are properly supported to undertake Out of Hours Social Work duties. This included engagement with Human Resources and Occupational Health staff.

This will be reported in the CSWO report for 2021/22.

### 2.15. Partnership Initiatives

As part of our direct partnership work with young people, Orkney Alcohol and Drugs Partnership (ADP) and guidance staff from Kirkwall Grammar School were developing an on-line tool for young people in Orkney. Initially consultation was to be carried out in schools – by young people, for young people, with support on the content from the ADP.

For noting, due to lockdown, schools being closed and having to prioritise moving classroom learning on-line, this work was not completed by the September 2021 target and a new target date of October 2021 was set and will be reported in the CSWO report for 2021/22.

The Orkney Emotional Wellbeing Service led by Action for Children, a national charity supporting vulnerable children, mentioned in the CSWO report for 2019/20, and after readvertisement, the post holder started on 1 April 2021. This service is crucial for early support required for young people and their families in Orkney. Strong partnership working is required, and initial introductory activities included:

- Engagement with different pupil year groups from Kirkwall Grammar School and Stromness Academy to discuss the service and what young people may want from it.
- Engagement with key partners, including: Social Work Services, Education, Police, Health, and Third Sector to establish a good working foundation based on professional relationships.

Currently the service is supporting 11 families, with 13 young people ranging from 8 to 17 years of age. The whole family approach can ensure the service is 'Getting it Right' for the young person referred and their siblings.

Most referrals have come from guidance staff in Kirkwall Grammar School; however, there have also been referrals from Police, Social Work, School Nurses, and the Third Sector, indicating awareness of, and confidence in, the service by partners.



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For noting from the CSWO report of 2019/20, planned partnership training with Action for Children to implement their Neglect Toolkit, delivered the first session to frontline practitioners in Education, Children's Health Services and Children and Families Social Work. Wider roll out, including Train the Trainer courses are planned for 2022 and will be reported in the CSWO for 2021/22.

A joint bid, between Action for Children and Orkney Health and Care, secured three years grant funding from the Partnership Drugs Initiative (PDI). This grant will be managed by the Practice Team Leader, Action for Children, funding both a full time and a seventeen-hour Family Practitioner post to focus on '*Vulnerable children, young people and families affected by alcohol and/or other drug use*'.

For noting, the full-time Family Practitioner post was recruited to and will commence in post during October 2021, which will be reported in the CSWO for 2021/22.

### **3. Service Improvements in Children's Services: Joint Inspections**

The Joint Inspection of Children and Young People in Need of Care and Protection in Orkney took place between August and October 2019 with the report published in February 2020. It concluded that the inspection partners cannot be confident that Orkney Partnership will be able to make the necessary improvements without additional support and expertise.

A robust action plan was created to deliver the recommendations from the report and a project management approach was adopted to oversee and drive the work. This included bringing in additional staff resources to provide extra support, experience, and capacity to deliver the identified improvements.

As a follow up to the inspection in 2019, the Care Inspectorate undertook a Progress Review from April to July 2021. While the Progress Review report was published on 24 August 2021, it was reviewing the work undertaken from the publication of the full inspection report of February 2020 up to the conclusion of their Progress Review in July 2021, which fully covers and overlaps this current CSWO reporting period.

#### **3.1. Progress Review Summary**

The Progress Review recognises the Partnership has made significant progress while having much work still to do. It summarises that despite the initial delay where opportunity for change and improvement was potentially lost, the Care Inspectorate is confident partners have subsequently taken the findings of the Joint Inspection in Orkney very seriously.

Chief Officers have prioritised necessary change and improvement alongside responding to the demands of the COVID-19 pandemic. They found evidence of progress, much of which was quite recent, in relation to the four priority areas for

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improvement from their 2020 inspection. This included a new IRD process, *improved collaborative working* through the relaunch of Getting it Right for Every Child (Getting it Right) and better support to staff through training and supervision.

Partners recognised they need to maintain the current momentum if improvement and change is to be sustained. Inspectors found this a particular challenge for Orkney given the limited number of Senior Officers, many of whom are still in interim positions, and the competing demands they face. They believe the visibility of Senior Leaders, especially those within health, is key to the impetus being maintained. Their profile is crucial to successfully driving the improvements still required and in sustaining the changes made.

They found there is scope for partners to further refine and strengthen their strategic planning arrangements, supported by their self-evaluation approach and commitment to introduce effective quality assurance systems. For example, evidence is still required to show that the improvements intended to provide more effective support and intervention for children in need of protection, are in turn making a difference for them.

They believe children's rights and participation, for those who are not looked after by the Local Authority, is an under-developed area, and a multi-agency approach to the recognition of and response to neglect requires further investment. There is also opportunity to further improve practice, such as in relation to the use of chronologies and the preparation of outcome-focussed plans.

Recruitment and retention of staff, particularly Social Workers, continues to present challenges to operational practice, especially in the development of sustained relationships with children and families. Whereas changes to key processes had made the agreed approaches clearer and easier to follow though, most of the changes had only been introduced relatively recently over the previous six months and were still being embedded. Although there were encouraging signs, it was therefore too early to see conclusive evidence of their effect either on multi-agency practice, or on outcomes for children in need of protection.

### 3.2. Key Messages

The key messages from the Progress Review are:

- The Partnership remains committed and serious about the improvements we are making.
- We have prioritised areas of improvement from the 2020 Inspection, and the Progress Review and have addressed the following questions:
  - Recognising and responding to the need for child protection – how well have we improved our partnership practice?

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- Helping Children and Young People to stay healthy and recover from their experiences of neglect and abuse – how well are we working together as a partnership?
- How do we, as a partnership, assure ourselves of the quality of services and decision-making in supporting Children and Young People, and families in need of care and protection?

### 3.3. Partnership Response

The Partnership is satisfied with the main findings of the Progress Review which tells us we are *heading in the right direction*. The report is reflective of where we believe ourselves to be, underlining the importance of our approach to self-evaluation and continual improvement.

Individual comments within the Progress Review are very positive, for example, page 14, third paragraph:

“In the records we read, we saw examples of strong decision making and robust planning for Children and Young People linked to their needs rather than the availability of resources. In addition, not only were case conferences being independently chaired but senior managers were also more closely involved in reviewing complex cases”.

Page 11, second paragraph:

“...in most records we read we judged the multi-agency team as good or better at effectively ensuring the immediate safety of the child when subject to a multi-agency plan”.

### 3.4. Key Improvement Areas

Our 5 Key Improvement Areas are:

1. Recognising and responding to neglect.
2. Developing practice supporting Chronologies of Significant Events.
3. Further developing the approach to Initial Referral Discussions (IRDs) for greater consistency.
4. Strengthening the approach to receiving, recording, and responding to the voice of the child, including independent advocacy.
5. Strengthening the approach to receiving, recording, and responding to the views of parents, carers, and families.

The Partnership both recognises and continues working to meet the challenge within Children’s Services, of recruitment, particularly Children and Families Social Work which has experienced high turnover rates as per section 2.13 above.

### 3.5. Staff Engagement

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The Partnership met with the Children's Services workforce on 20 August 2021, in reflective discussion, to share the findings of the Progress Review and to thank them for their efforts and contributions. It was acknowledged that for some, the pace of some changes had been challenging but necessary. The need to continue working together, as one team, to sustain and further develop the improvements being made was emphasised.

This was followed by individual Service Feedback sessions aimed at improving "partnership effectiveness" from learning and reflection.

As a Partnership, we continue to engage the childcare workforce in improving our approaches to children in need of care and protection, while maintaining momentum to sustain and further develop our improvements.

As a Partnership, we remain committed to learning from feedback, findings from complaints, learning reviews, scrutiny, lived experience, auditing, self-evaluation, individual service self-evaluation activities, Inspections, and Progress Reviews.

Chief Officers, Senior Leaders, and Children Services Partnership representatives met in person, with the Care Inspectors to discuss a further Progress Review and are currently engaged in the process of scoping and setting time scales.

### **4. Island and Rural Social Work – Key Challenges**

As with previous reporting periods, Orkney Health and Care continues to face three significant barriers and challenges which impact on each other:

- ❖ Recruitment and Retention.
- ❖ Capacity.
- ❖ Funding and Resourcing.

#### **4.1. Recruitment and Retention**

To deliver high quality Social Work and Social Care services to the local community we need to recruit and retain capable, strong, resilient professional, suitably qualified staff. We have been experiencing high levels of staff turnover and sickness, particularly in Children and Families services which has impacted on the staff team and disrupted the continuity of care and support for our children, young people, and families. This is noted in the Care Inspectorate Progress Review of August 2021.

Recruitment from within our local communities remains a challenge; due, amongst other things, to:

- Population size.
- Varied career choices.
- Challenges of dual relationships.

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Suitable candidates, with the required qualifications and experience are often located out with Orkney, requiring time to find suitable accommodation in Orkney to allow people to relocate. The lack of accommodation can impact on successful recruitment.

As mentioned in the CSWO report for 2019/20, we are developing a Social Worker Trainee Programme to address these challenges, excluding the challenges of dual relationships. A general approach involving opportunities for existing staff and recruitment of additional staff has been considered and initial budget identification has been promising, particularly in recognition of existing high costs of locum staff arrangements, which will be additional for some time to come

“Dual relationships” refers to Social Workers also being close neighbours, members of the same clubs, social organisations, wider community and family groupings, school communities, community councils, and direct and extended family members, as the people they are employed to serve. Issues can present in the form of professional boundaries, ethical considerations, barriers to family and professional roles, remote working, and conflicts of interest.

These challenges have manifested in this reporting period as they have in previous reporting periods and require careful understanding and management.

Dual relationships challenges in rural settings are unavoidable, and the smaller the setting, the greater the challenge. They impact on the personal lives of Social Workers and Social Care Staff (as well as all staff working in Local Authorities and health care settings) and present an additional dynamic in Social Work and Social Care operations, recruitment, and retention.

As with the previous reporting period, these intrinsic staffing challenges were intensified by COVID-19 restrictions on staff moving from other geographical locations, and staff being off due to underlying health conditions, or shielding.

### **4.2. Capacity**

Secondly, the capacity of small councils and Health and Social Care partnerships can present challenges for undertaking the range and scope of all requirements expected of any such organisations. Operating in such smaller care and health systems can present both challenges and opportunities, which can hinder or enhance innovation and transformation. Here the small-scale nature, for example, of our operational Social Work services can lead to speedy and effective new service delivery models and practice being introduced and embedded.

It can also mean a small number of distinct lead Officers are involved in delivering a range of diverse and complex change initiatives, including drafting, reviewing, and updating of policies, guidelines, protocols, and procedures; new working practices; evidence-based research approaches; new legislation; and social policy changes, while at the same time running safe and effective front-line services, managing increased

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demand. For noting, this is highlighted in the Care Inspectorate Progress Review of August 2021 and will be commented upon further in the CSWO report for 2021/22.

As per the last reporting period, balancing strategic planning and operational delivery is a challenge generally and is intensified in rural and island settings particularly when faced with the staffing issues mentioned above.

### 4.3. Funding and Resourcing

The third challenge facing Social Work and Social Care services relates to the climate of public funding including savings requirements within the context of the above mentioned 2016 Audit Scotland report, which highlighted the challenges of available resource and funding set against public demand and expectation.

Successful management of demand, amongst other things, depends on the development of preventative and community-led approaches to ensure support is received in the right way, at the right time, thus reducing the demand for urgent and high-intensity support later.

The Chief Officer/Executive Director of Orkney Health and Care, has started the process of reviewing Health, Social Work and Social Care Services structure within the context of the Local Authority and Health Board which shall be reported on in the CSWO report for 2021/22.

Changing service delivery models often brings anxiety for our communities and we must ensure effective communication of the changes required and why. This requires effective communication on the benefits sought and reassurance to our people we are continuing to meet their needs with a greater focus on their strengths, family and community supports.

As with the previous reporting period, during the COVID-19 restrictions, staff maintained weekly face to face contact with children and young people on the Child Protection Register and undertook risk assessments on families based on immediate need to maintain continuity of care.

Staff teams having adjusted their working practices to an *electronic system* while recognising, like elsewhere in Scotland, that face-to-face contact and interaction is the best means of providing *personalised* Social Work services.

## 5. Resources

The main financial issues reported throughout the year were:

### 5.1. Children and Families

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Additional staffing requirements have persisted in this reporting period due to sickness absence within the Children and Families team and the additional work required for the joint inspection improvement plan. There continues to be additional costs for residential care within Orkney due to the current Children's House being at full capacity and the need for additional medium-term capacity by means of a temporary children's house and staffing.

Additional costs relate to the travel and accommodation costs of care settings for children and young people on mainland Scotland.

### 5.2. Older People

There is a continued reliance on locum staffing due to recruitment issues and long-term sickness absence within residential care homes. Some of the COVID-19 costs are incurred within these cost centres. There are residual costs such as maintenance and security regarding St Peter's House, the former residential care facility in Stromness. A recruitment campaign was launched week commencing 18 October 2021 to promote roles within Social Care Services. Pending recruitment checks this should reduce some reliance on locum staff. However, it should be noted that our workforce is ageing and much of the work is physically demanding despite modern day equipment.

### 5.3. Home Care

The demand for Home Care continues to grow as the ageing population is continuing to increase. Once an assessed need has been identified and agreed, budget availability cannot be a deciding factor on provision of service due to the current eligibility criteria.

There is currently an increase in short term sickness within the team whereby there is a requirement to use locum staff.

### 5.4. Year End Position

The revenue expenditure outturn statement in respect of Social Care for financial year 2020/21, had a breakeven position as shown in Table 7 below detailing the budgetary elements till full year spend:

**Table 7: Indicative Budget to Full Year Spend**

<b>Indicative Budget</b>	<b>Additional Allocations</b>	<b>Reduction in Funding</b>	<b>Full Year Budget</b>	<b>Full Year Spend</b>
<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
20,343	109	0	20,452	20,452

The additional allocations can be broken down as follows in Table 8, budget summary to allow a breakeven position:

**Table 8: Budget Summary**

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<b>Budget Summary</b>	<b>£000</b>
Original Net Budget	20,343
Additional Funding at Year End	109
<b>Revised Net Budget</b>	<b>20,452</b>

It was anticipated there should be a three-year savings target which would give Orkney IJB a set figure to work towards over a three-year period. In total, there is a savings target of £4.2 million to be achieved by the end of 2022/23.

To date there has not been any significant savings identified and the Senior Management Team is evaluating savings proposals.

Table 9 shows the savings which have been applied by each partner:

**Table 9: Partner Savings**

<b>NHS Orkney</b>	<b>Orkney Islands Council</b>	<b>Total</b>
<b>£000</b>	<b>£000</b>	<b>£000</b>
2,400	1,800	<b>4,200</b>

To date £258K has been identified as recurring savings.

Due to medical advances and improved quality of care, individuals who require or are in receipt of care packages to meet their complex care needs (long-term care or continuing care) receive substantial and continuing Health and Social Care provision. This can be the result of chronic illness, disabilities or following hospital treatment. Social Care services have shown an increasing requirement for specialist input as individuals have the rightful expectation to receive care whilst in their own homes.

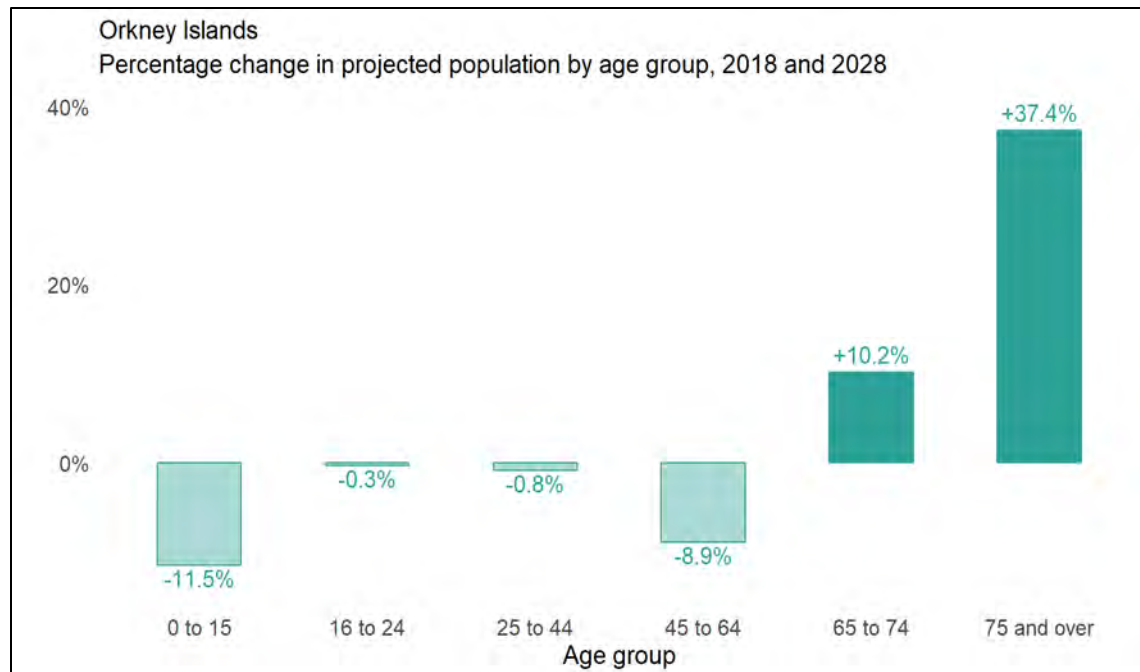
Although this challenge is not unique to Orkney, our older population is increasing faster than the national average. In addition, significant numbers of our working age population are leaving the islands and so fewer people are available to provide the care and support required with the predicted levels of chronic illness and disabilities. This is highlighted in NHS Orkney's Transforming Services Strategy, which states 'if nothing else changes in the way we deliver care, this means that for every 10 people over 85 currently accessing health and Social Care services, there will be 31 people over 85 accessing it by 2033'.

The National Records of Scotland has produced population projections for Orkney (2018). As illustrated in Table 10 below, the older age group is projected to increase by 37.4% whilst the working age group will decrease by 10%. This will have a significant impact on how we deliver services in the future. Table 10 below provides the percentage changes in population from 2018-2028.

**Table 10: Percentage Changes in Population from 2018 to 2028**



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Alongside the challenges, the contribution that older people make to our society needs to be recognised. For example, people over 65 years of age deliver more care than they receive – acting as unpaid carers, child minders, and volunteers.

## 6. Workforce

There continues to be significant difficulties in recruiting to, and in retention of, certain posts within our Social Work and Social Care services. With a limited labour pool available and increasing demand, recruitment within our Adult Social Care Services and Children’s Social Work Services has been a continual activity. During 2020 and continuing into 2021 we have needed to recruit locum Social Care and Social Work staff to Orkney for both brief and medium periods of time to ensure ongoing safe delivery of service.

### 6.1. Staff Development

The pandemic had a serious effect on the delivery of core and specialist training in 2020/21; all training ceased in March 2020 as ‘lockdown’ began, and the Orkney Health and Care Training Co-ordinator was seconded to other tasks for the start of the pandemic. Training was moved on-line but for most courses this was not possible due to practicalities. It is expected that where appropriate, training will continue to be delivered on-line.

In September 2020, small group face-to-face practical training sessions recommenced. To protect staff and our people, wherever possible participants were from the same work bubble and in the workplace rather than in a third-party venue.

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Step 2 Child and Adult Protection training was delivered via MS Teams in November 2020 and again in February 2021. Multiple factors including the pandemic, changes in Children's Services management, and trainer unavailability resulted in only around 50 people completing the training this year instead of the expected 240, which has led to a backlog. Plans are in place to significantly increase the number of places available on-line to clear the backlog.

In December 2020, a Child Sexual Exploitation Awareness training session (specifically aimed at professionals), was delivered on-line by Barnados, a children's charity supporting vulnerable children.

Other training delivered to Social Care staff included Basic First Aid, People Handling, Practical Medication Training, Epilepsy Awareness and the Administration of Midazolam, and Caring for Smiles.

All frontline care staff were required to complete NHS Orkney COVID-19 Infection Control PPE Training in addition to the mandatory iLearn course. The complete programme will be refreshed by all staff every 12 months.

Studio 3, Crisis Management training, was not delivered during the pandemic as it was not possible to undertake any social distancing in the practical activities, which makes up most of the course.

Where there was a need within care settings for immediate training for staff working with people where there are challenging circumstances, a specially developed low arousal training session (Studio 3 model) was delivered in-house to ensure there was not a gap in training for employees with the greatest need for this training.

Mandatory and existing training courses continue to be available for Orkney Health and Care Staff.

Table 11 below provides details of Social Care training qualifications and sponsored staff in 2020/21.

**Table 11: Qualifications and Sponsored Staff**

Qualification	Number of Sponsored Staff 2020/21
HNC Social Service and Healthcare (Children and Young People)	1
SVQ 4 Health and Social Care (Adults)	0
SVQ 3 Health and Social Care (Adults)	2
SVQ 3 Social Service and Healthcare (Children and Young People)	2
SVQ 2 Health and Social Care (Adults)	15
CPD Leading and Managing Care Services	2
PDA Health and Social Care Supervision	5

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<b>TOTAL</b>	<b>25</b>
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The following staff training and developments have been completed as part of the Children's Services Improvement Plan, detailed in Table 12 below.

**Table 12: Improvement Plan Training and Developments**

<b>Date</b>	<b>Purpose and description</b>
2 December 2020	<p><b>Inter-agency Child Protection Guidance Training</b></p> <p>Focusing on the Inter-agency Child Protection Guidelines and the individual's role within the process of ensuring partnership actions are taken when children are seen to be at risk. The event provided inputs on the Inter-agency Referral Discussion process and how it works in practice.</p> <p>The launch event offered opportunities to:</p> <ul style="list-style-type: none"> <li>✓ Learn about roles of partners in Child Protection and what can be expected by way of action, follow up, feedback, and investigation.</li> <li>✓ Have a fuller understanding of the whole Child Protection process (the Guidelines focus on the main steps to be taken when there are child protection concerns).</li> <li>✓ Have an opportunity to fully understand the IRD process and how staff can contribute to the process.</li> </ul> <p>Interaction allowed for inter-agency engagement which is always a positive experience for partners learning together about their respective roles and responsibilities working with children, young people and families.</p> <p>Approximately 120 attendees with representation at all levels across the partnership including Education, Health, Police Scotland, Social Work and Third Sector.</p> <p>The session was recorded and distributed for those who could not attend.</p>
19 February 2021	<p><b>Orkney's Post School Transitions Guidance Training</b></p> <p>The training session was to familiarise staff with the newly amended Orkney Guidance on Post School Transitions. The Guidance describes good practice in supporting the transition to further education, training, employment, and independence for all young people. It focuses on how agencies should work together to ensure effective transitions for young people who may have</p>

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Date	Purpose and description
	<p>significant additional support needs arising from neurodevelopmental issues or significant social, emotional, and behavioural needs arising from complex social circumstances. Staff attending were brought up to date with national guidance and policies which influence approaches to post school transition.</p> <p>Skills Development Scotland, Social Work, NHS Orkney, Education and Third Sector Colleagues were heard from regarding what universal and more specialised opportunities and supports are available for young people in Orkney.</p> <p>There were 51 primarily operational staff from across the Partnership including Education, Health, Police Scotland, Social Work and Third Sector.</p> <p>The session was recorded and distributed for those who could not attend.</p>
17 March 2021	<p><b>Multi-agency Child Protection Training for Third Sector</b></p> <p>This event covered topics from the training event previously held on 2 December 2020. The session focused on the Child Protection Guidelines and Self-evaluation.</p> <p>There were 31 attendees from across the Third Sector, most of whom could not attend the training on 2 December 2020.</p> <p>The session was recorded and distributed for those who could not attend.</p>
25 March 2021	<p><b>Whole Family Approaches for Child Neglect - VIG development</b></p> <p>Delivered as part of Orkney Getting it Right action for developing early intervention work in the context of child neglect, particularly with families where there are cumulative concerns around the quality of the emotional environment for the child.</p> <p>This learning event was on the use of Video Interaction Guidance (VIG) within the context of early intervention and complex Child Protection practice.</p>

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Date	Purpose and description
	<p>Speakers included Hilary Kennedy, the original developer of VIG in the UK, and Matt Forde, previous Head of Service for NSPCC Scotland, now Partnerships Director for NSPCC UK.</p> <p>Different examples of how VIG is being used within Social Work practice in Scotland were shared, whilst considering how we build on this work in Orkney as part of our broader Getting it Right multi agency approach.</p> <p>There were 30 primarily operational staff from across the Partnership including Education, Health, Police Scotland and Social Work.</p> <p>Aspects of the event were recorded due to sensitivity of content.</p>
	<p><b>Planned Training</b></p> <p>Further training, which will be covered in the CSWO report for 2021/22, includes:</p> <ul style="list-style-type: none"> <li>➤ Orkney Partnership Event: Child Exploitation Workshop.</li> <li>➤ Multi-agency Getting it Right.</li> <li>➤ Responding to Young People Reported Missing to the Police.</li> <li>➤ Getting it Right - Team Around the Child.</li> <li>➤ Neglect Toolkit - to be delivered by Action for Children.</li> <li>➤ Chronologies of Significant Events – Children and Adults.</li> </ul>

## 7. COVID-19

It is self-evident that there had been a lack of preparedness for the COVID-19 pandemic across the world, with almost all research participants agreeing that preparations for a pandemic within the Health and Social Care sector were inadequate. Research participants also felt that there was no clear or strategic policy dealing with a pandemic in Health and Social Care (ref: *Journal of Interprofessional Care, volume 34, issue 5, COVID-19, Exploring the challenges faced by frontline workers in Health and Social Care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK* by Nyashanu M; Pfende F; and Ekpenyong M, 17 July 2020).

Feelings of anxiety and fear of the condition, based on initial understanding it was not treatable, have been reported in research and should be taken into consideration when reflecting on our response to the pandemic and the challenges faced in maintaining public services.

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The factors below, from our Partnership experience in Orkney, might be encapsulated in themes including communication challenges and changing work conditions, particularly during the early stages of lockdown restrictions, work-related stressors, support structures, personal growth, and individual resilience levels.

The impact of COVID-19 on the workforce and services includes the following:

- Staff engaged in meetings via MS Teams, and essential Social Work and Social Care Staff attending workplaces and undertaking front-line duties including seeing vulnerable children, young people, adults, and families.
- Staff redeployed for emergency responses whilst maintaining statutory service delivery within Scottish Government COVID-19 guidance.
- Emergency Hubs staffed seven days a week – staff and volunteers redeployed to deliver services from the Hub.
- Development and dissemination of Interim Inter-Agency Child Protection Guidelines and Child Protection Procedures COVID-19 specific.
- Staff capacity further stretched within a small system where staff already have multiple roles and responsibilities.
- Many staff self-isolated or were shielding which impacted on the remaining staff levels compounded by recruitment challenges.
- Staff working longer periods without annual leave due to need to maintain services and cover services gaps as required.
- Staff feeling tired and at times challenged with service demands in the context of COVID-19 restrictions.
- Some Children and Families staff found the pace of some changes in the Children's Services Improvement Plan had been challenging, including for some, within the context of COVID-19 restrictions.
- Caring for People weekly meetings with partners to discuss and co-ordinate emergency responses.
- Infrastructure for remote working was limited and had to be rapidly upscaled.
- Development and roll out of a Person at Risk Database for all vulnerable citizens using services.
- Young People actively engaging with on-line Children's Hearings.
- A very effective vaccination strategy and roll out programme which helped protect front line staff to support our most vulnerable people.

There were also positive factors such as faster implementation of new communication systems; for example, MS Teams and laptops for use away from office bases reduced travel requirements, and the ability to communicate with people far away from business offices, across Scotland, the UK, and wider.

Greater involvement of children and young people in engagement processes which do not involve "in person" interaction, greater teamwork, and reflection, for example, the responsiveness and collaboration in establishing and running the Emergency Hub including volunteers.

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Greater reflection on the things which really matter in life, for example, Caring for People and staff going above the call of duty to ensure our most vulnerable people were supported.

### 7.1. Key Priorities for Recovery

The support needs of Social Workers and Social Care Workers as well as all Health, Education, Police, Third Sector, Private Sector, Local Authority staff, Volunteers, and all Social Care partners, amidst continued and future disruptions caused by the pandemic are extremely important.

Strategies such as mindfulness, hobbies, socialising under the new rules allowed by easing of lockdown restrictions, restricting news and media intake, virtual socialising activities, which can be deployed by Health and Social Care professionals can support their resilience and wellbeing, and can be used to guide future support initiatives. Examples of specific recovery actions include:

- Service Operational Recovery Team weekly meetings – helped to identify priorities for de-commissioning emergency response services, scaling back and opening services in line with Scottish Government COVID-19 advice as the vaccination programme progressed.
- Planned moves of staff back to substantive posts and service locations as services re-opened helped rebuild public confidence.
- Continued delivery of statutory services including Public Protection which had been prioritised throughout the emergency phase.
- Ensuring the “lessons to be learned” to prepare for further emergency responses, should this be required, are effectively managed and embedded in our routine professional practice which are currently being progressed.

Engaging with our communities and sharing the experiences of how we have collectively dealt with the pandemic, is central to how we continue to work together to effectively support our most vulnerable people.

Jim Lyon  
Interim CSWO  
Orkney Islands Council / Orkney Health and Care  
**Date:** 30 September 2021.