Children and Justice Services

Staff Consultation Events

May 2023

CONTENTS

1. BACKGROUND

Over the past few years there have been changes in legislation, policy and guidance on a national level that has impacted on how we deliver services and prioritise work within Children and Families and Justice Social Work Services. These include The Children and Young People (Scotland) Act 2014, the Staying Put agenda and Continuing Care, Self-Directed Support, delivery of The Promise and the challenges around children and young people's mental health.

In Justice Services there have been changes to MAPPA guidance and increased focus on risk assessments, Adult Support and Protection, Community Justice developments, presumption against short term sentencing, inclusion as prevention and a review of diversion from prosecution. In addition, there is the new national strategy and associated documents such as the performance framework and delivery plan.

The above have brought increased challenges to how we deliver services within the same financial envelope and staffing resource. The SMT agreed that it is timely to look at how we currently deliver services as this has not changed in a number of years and is on a very traditional basis. Staff views were sought on current structures and operating models and whether they support the Resource and staff to deliver services to as high a standard as possible.

To take this work forward engagement sessions were organised with staff to seek their views about what is working well and whether there are areas that require to change or develop to meet the changing demands on the service and the profession.

Four Children and Justice Services Staff Consultation Events were arranged and took place on 1, 6, 9 and 10 March 2023. Each event was opened and chaired by Liam Purdie, Chief Social Work Officer and Head of Children and Justice Services with tables facilitated by staff independent of Children and Justice Services.

The purpose of these events was to allow staff the opportunity to provide their opinions and views on the current service provision and on what a future service reorganisation could look like.

2. ATTENDANCE

Over the four dates, 332 staff were invited. The attendance rate was 65%. Staff invited to these events included locality staff, Family Connections, Intensive Family Support Service (IFSS), Throughcare and Aftercare Team, Early Help Hubs, Unpaid Work, Court team and representatives from Administration Services. Job roles included Social Work Assistants, Family Support Workers, Social Workers, Team Leaders, Fieldwork Managers, Service Managers, etc.

3. CONSULTATION AND ENGAGEMENT

At the beginning of each event a live opinion meter survey was completed with 7 questions asked. A summary of the results is:

➢ 66% of respondents did not think current services were fit for purpose.
➢ 65% of respondents did not think current structures supported relationship-based interventions.
➢ 53% of respondents did not agree that current structures supported reflective practice and opportunities for reflective supervision.
➢ 48% of respondents did not believe there was a clear pathway for them within the current structure.
➢ 38% of respondents stated relationship-based practice is most important in being able to deliver high quality services.
➢ 93% of respondents agreed to commit to change or redesign of how service are delivered

The full results of these surveys are detailed in Appendix 1.

Group discussions were held where 4 questions were asked: –

1. In terms of the current operating model in the service what currently works well? We are looking for feedback in relation to team structures, roles and remits, responding to demand etc.
2. What are the barriers to delivering services? Are there things in our gift to change? Can we still meet our statutory requirements?
3. Try and identify 3 areas of work or 3 areas of changes that would improve services and how would the support staff and service users.
4. What are the priorities you think the service should look at over the next year?

All attendees were asked to provide opinions on each of these questions resulting in 566 recorded comments. The comments were organised into categories relevant to their meaning with main topics of discussion being identified. The graphic below shows that workforce emerged in the discussion across all four questions as an area which works well, albeit with barriers, but which can be changed and should be made a priority. Other areas to emerge included: workload; operational (in relation to matters which pertain to the day-to-day operation of the service); specialist teams; processes and procedures; administration; and accommodation. Although these were the most discussed points it should be noted that this list is not exhaustive. A more comprehensive list of comments made are included in appendix 2.
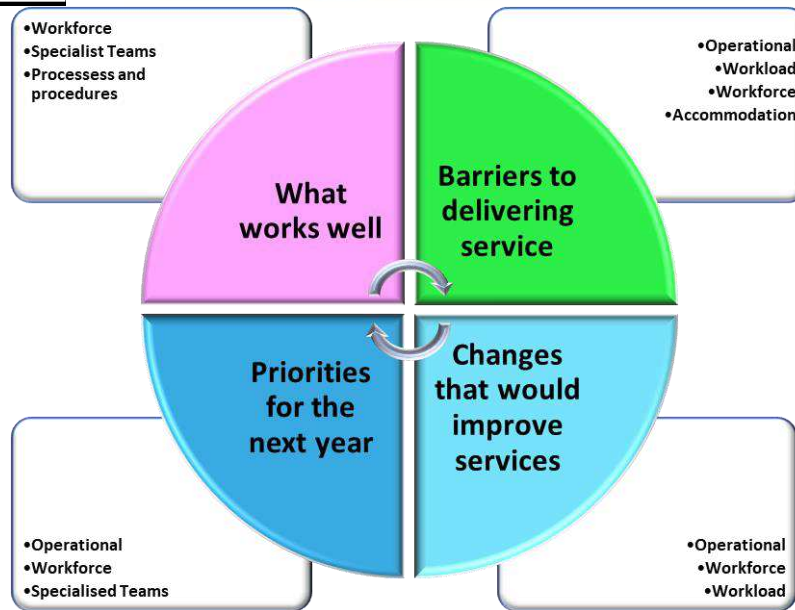
Summary of questions and responses

Question 1. In terms of the current operating model in the service what currently works well. We are looking for feedback in relation to team structures, roles and remits, responding to demand etc.
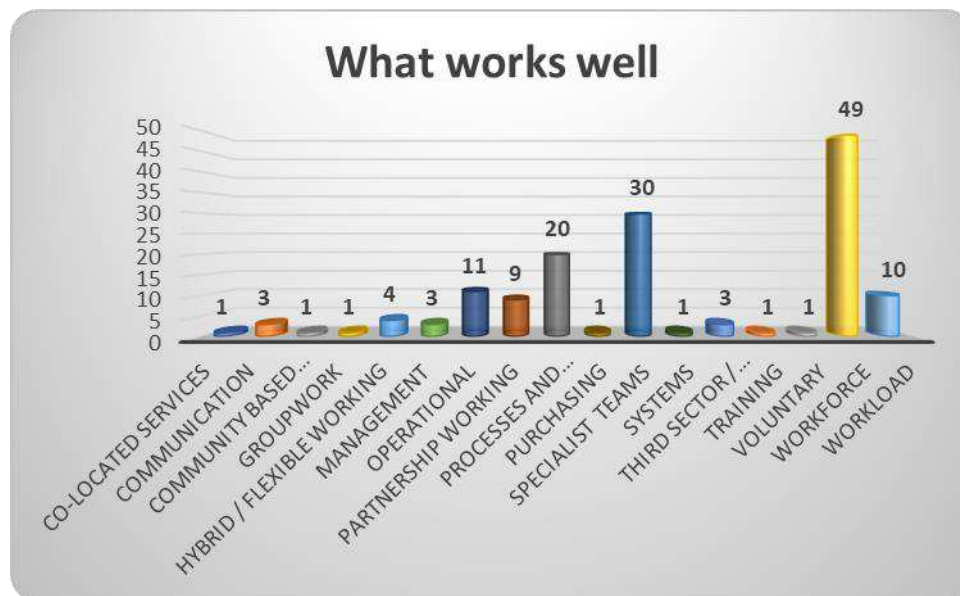
Within this section, 3 particular areas were noted as most discussed from a total of 149 comments received. These are: workforce (49, 33%); Specialist Teams (30, 20%); and Processes and Procedures (20, 13%).

It was noted that there is a sense of teamwork with workers working well together, sharing knowledge between new and experienced staff. Supervision and management support is good although not all experiences are the same.

It was acknowledged that the specialist teams such as Throughcare and After Care (TCAC), Whole System Approach (WSA), Young People's Support Service (YPSS), Early Help Hubs and self-directed support work well to support local office teams by moving some of the less complex cases on. These teams have enabled staff to develop their skills and to provide support to the service user. Early Help Hubs are able to forge relationship-based practice, are locality based, accessible and have smaller caseloads. However, it was noted that when these specialist teams are at capacity referrals are returned to local offices to progress.

Processes and procedures have been changed to ensure workload is shared more evenly across the staff group in order that the same person is not always responsible for a certain area of work. Within Justice, a new focus group is being piloted around Trauma Informed Practice to recognise trauma for both service users and staff. Good supervision has been noted as being crucial for workers and although this can be seen as positive in some areas, in others it is not consistent.

Within localities there is a strong sense of commitment, motivation and desire to work with children and families to bring about change.

Question 2. What are the barriers to delivering services. Are there things in our gift to change? Can we still meet our statutory requirements?
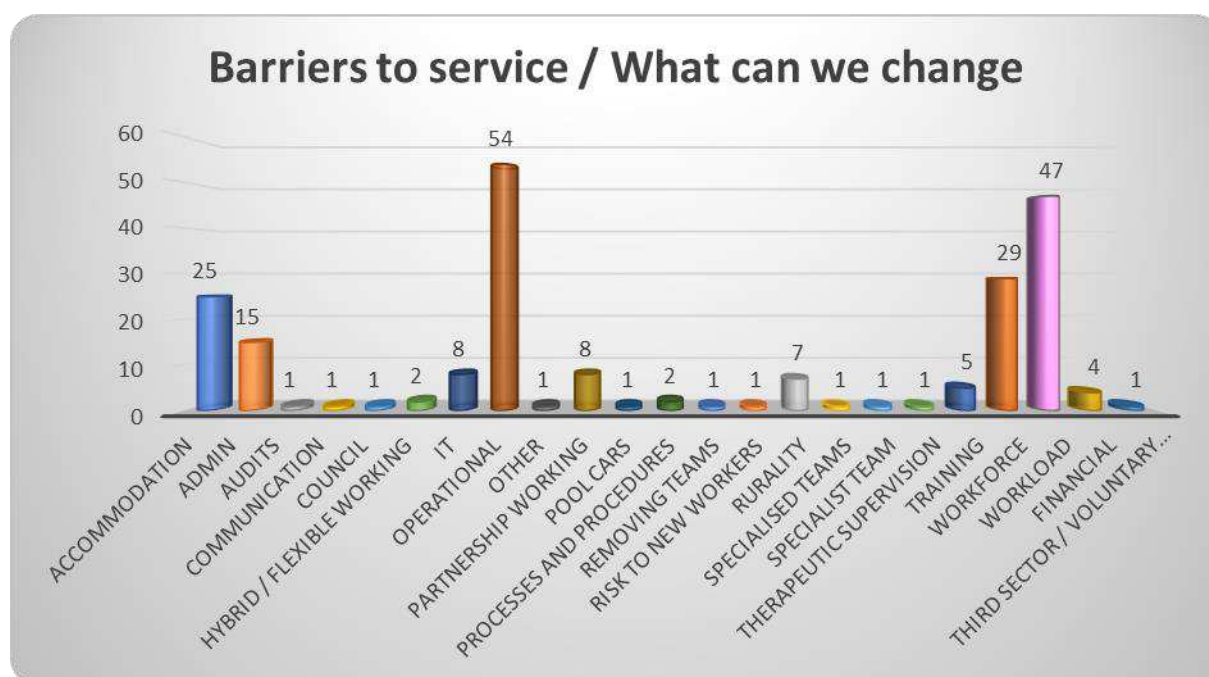
There are many barriers noted with 217 comments given. The main areas identified were: operational (54, 25%); workload (47, 22%); workforce (29, 13%); and accommodation (25, 12%).

Barriers to working operationally were duty systems, waiting lists to access services, processes needing reviewed and a 9 – 5 working day.

While specialist teams are seen as positive, they are also seen as a barrier. Lower-level cases are removed from the local office which leaves more intense and complex pieces of work, with higher risk cases being picked up by newly qualified or inexperienced staff. Therefore, workload can be intense with large complex caseloads in local teams. High staff turnover has left staff feeling overwhelmed and undervalued with no opportunities for secondments to learn new skills.

Lack of access to buildings, safe spaces and bookable rooms has created a barrier for service users to get the assistance.   In some cases, where access is denied to a building, service users are being asked to call a telephone number to access assistance.

Question 3. Try and identify 3 areas of work or 3 areas of changes that would improve services and how would they support staff and service users.
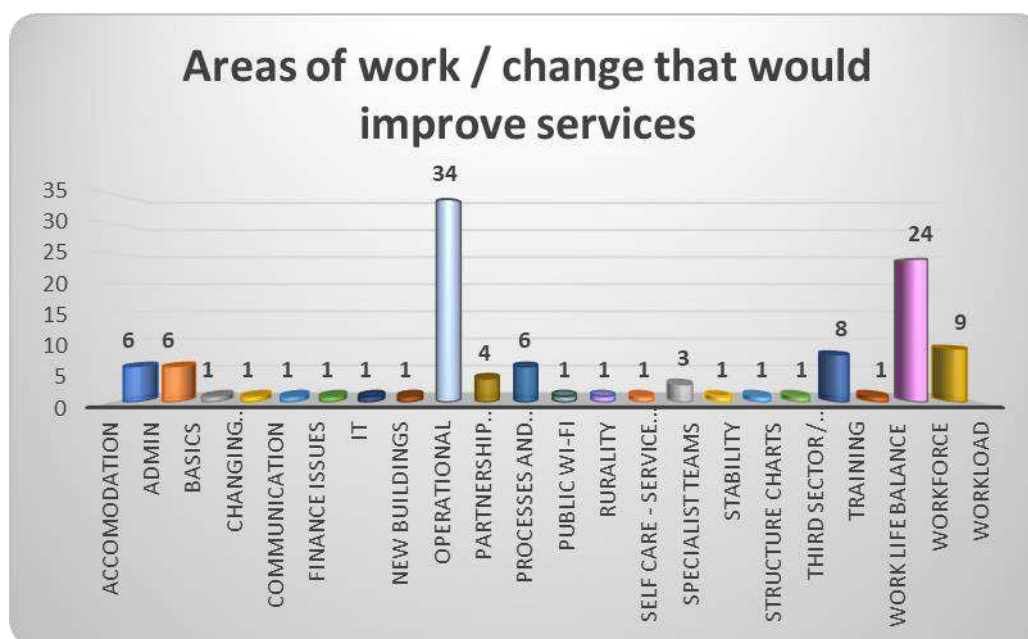

Within 'changes that would improve services' 113 comments were noted. The most discussed were operational (34, 30%), workforce (24, 21%), and workload (9, 8%).

It was suggested that the workforce be reviewed to ensure that a mixture of experience and different skill sets are within teams. Cases should be allocated to workers dependent on their experience and skill with caseloads reduced to match the complexity of cases allocated. It should be noted that cases can also be picked up from being on duty, these should also be factored into a workers' caseload.

Operationally, it was suggested that specialist teams be expanded to include other areas for example: permanence/kinship; Children with disabilities etc. and be replicated across localities. These teams could help with prioritising the workload which in turn could aid staff retention. Groupwork would be helpful in peer learning and sharing good practice across all localities. It was also suggested that the 9 – 5 working days be reviewed to allow flexibility when working with families.

Workloads which are too high or contain too many complex cases make it difficult to prioritise caseloads or allow time to build relationships with families.

Question 4. What are the priorities you think the service should look at over the next year.
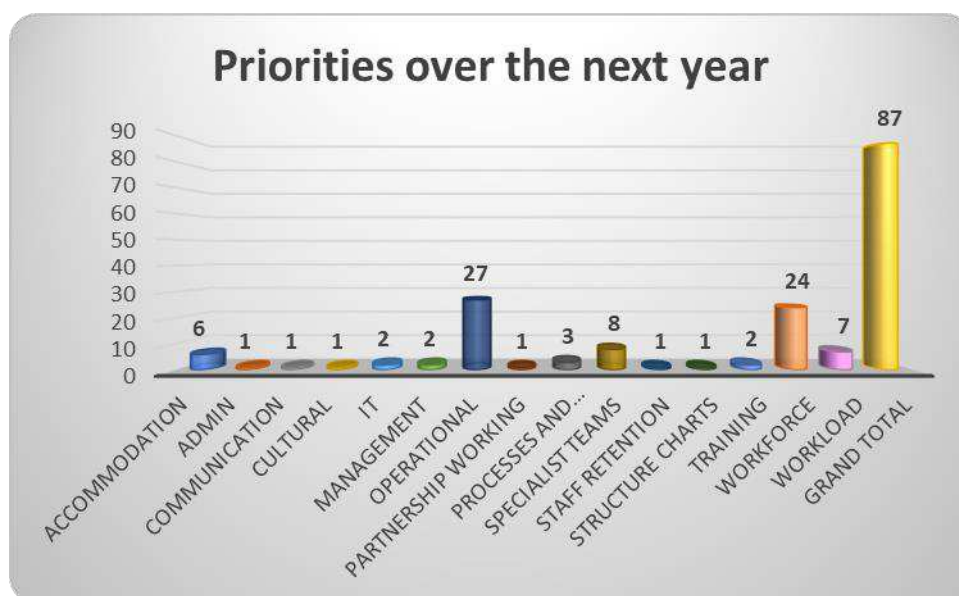
Within 'priorities over the next year' 87 comments were noted. The most areas discussed were Operational (27, 31%), Workforce (24, 28%), Specialist Teams (8, 9%) and Workload (7, 8%)

Specific areas emerged in the discussion:

- Reduce bureaucracy by simplifying forms thereby reducing time in completing paperwork. Administrative tasks are becoming onerous and time consuming taking away time which could be spent with service users.
- Restructure the teams to ensure mixture of staff with different skillsets, to allow workers to specialise in areas to support the service user ie children with disability and kinship and to allow staff to build relationships with service users. Ensure staff health and wellbeing is considered and that they are valued.
- Expanding the programme of specialised teams to consider: Child Protection; Children with disabilities; Early Intervention etc.

➢ SUMMARY

From the consultation events, the most important asset within Children and Justice Services is its workforce. Overwhelmingly there was agreement that change is needed, and participants were enthusiastic and committed to transforming services. Suggestions emerging from the discussions on how to improve service delivery and strengthen the workforce capacity are as follows:

- Teams are supporting each other by offering support and advice on both work and personal matters. This could be complemented with further training, for example, Managing Trauma, with all training being conducted in person and online.
- Supervision should continue, time should be protected for staff to speak to managers and team meetings should take place to ensure communication between managers and staff is maintained.
- Restructuring teams to look at skillset and experience, playing to people's strengths while considering caseload sizes and the complexity of cases being allocated. Ensuring staff feel valued is challenging but should be a priority.

Specialist Hubs are viewed as an asset but can also be perceived in a negative way. Suggestions on improvements are noted below:

- Early Help Hubs work well in taking away lower level/tariff areas of work but once the team reaches capacity the allocation is referred back to local office to be picked up therefore adding to the locality pressure. The referral flow requires to be reviewed. Consideration should be given to expand this model for other service and locality areas. The following are examples of areas discussed however are not a complete list:
  - Children with disabilities;
  - Child Protection;
  - Early Intervention;
  - SDS;
  - Specialist Women's hubs etc.
- New hubs would allow staff to specialise and would offer a clear pathway for allocations. It was suggested that staff rotate in and out of these teams to expand experience and knowledge which could be shared.

- ➢ The inclusion of administrative staff within these teams would be beneficial to both staff and teams.
- ➢ Potential workload and number of staff required would need to be considered when comparing the complexities of potential service users within these teams. Time to build relationships with the service users, family members and carers should also be considered.
- ➢ It was noted that locality staff and roles should be respected as there is the potential to exclude and alienate this staff group if the model of individual hubs was to be expanded.
- ➢ Consideration needs to be what hubs and where would these be located, would there be hubs in all localities? The rurality of Clydesdale could be problematic if this model was to be expanded.

Operationally, consideration should be given to accommodation, how staff can meet with service users, and on the level of paperwork which is required.
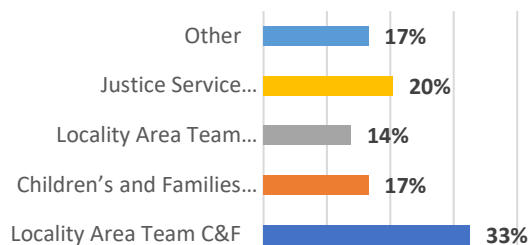
- ➢ Safe spaces for service users and staff to meet.
- ➢ Paperwork should be reviewed to simplify forms etc. to reduce duplication of effort.
- ➢ Administration support is not always available therefore workers are spending more time doing administrative tasks. Dedicated administration staff could support the process.

An opinion meter was used at the beginning of the consultation event to garner opinions and support discussions. This was a useful tool which allowed immediate responses to be viewed and noted. However future events should consider other more up-to-date interactive tools such as software like Jamboard, a collaborative digital whiteboard, would be useful in allowing staff to add comments and ideas to. This type of software would add an element of fun and anonymity while still managing to achieve the desired outcomes. All options on any available software which would aid consultations should be explored.

To ensure continued feedback and staff engagement a follow up survey should be considered.

**Appendix 1 – Live opinion meter results**

What service do you work in?

Service	Percentage
Other	17%
Justice Service…	20%
Locality Area Team…	14%
Children's and Families…	17%
Locality Area Team C&F	33%

Do you think the current operating structures in social work services are currently fit for purpose?

Response	Percentage
Yes	12%
No	66%
Don't know	21%
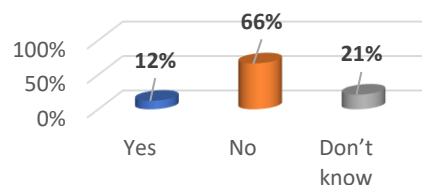
Do the current structures support you in delivering relationship-based interventions and practice?

Response	Percentage
Yes	23%
No	65%
Don't know	11%
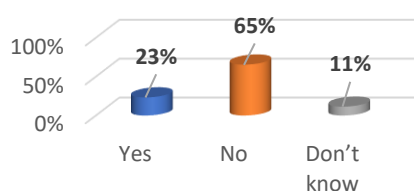
Does the current structures support reflective practice and opportunities for reflective supervision?

Response	Percentage
Yes	37%
No	53%
Don't know	10%
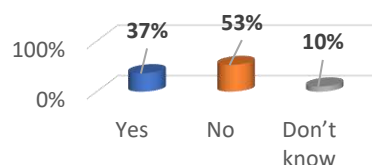
Is there a clear pathway for you in the current structure?

Response	Percentage
Yes	33%
No	48%
Don't know	19%
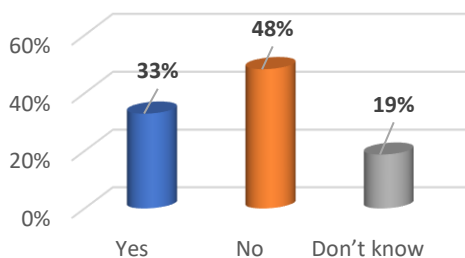
What is most important to you in being able to deliver high quality services?

Category	Percentage
Good…	7%
Learning and…	11%
Relationship…	38%
Caseload	23%
Teamwork	20%
Other	1%
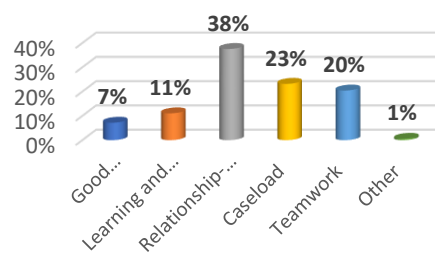
If change is needed, are you up for committing to change and redesign of how we deliver social work?

Response	Percentage
Yes	93%
No	3%
Don't know	4%
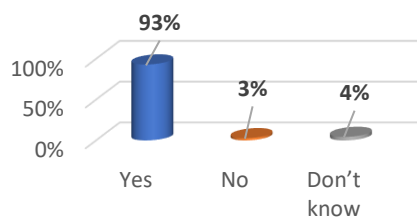
Appendix 2 – Consultation comments

Below is an example of staff comments made during the consultation events.

1. In terms of the current operating model in the service what currently works well? We are looking for feedback in relation to team structures, roles and remits, responding to demand etc.

Workforce	❖ *'Workers supportive of each other with a mix of experience and new'* ❖ *'Learning from other teams and disciplines'* ❖ *'Team structures within localities: colleagues at the same level share decision-making and provide support (although availability to do this is affected by staff numbers).'* ❖ *'Being part of a team – sense that people work well together – open to support each other and sharing practice experience – nobody is precious.'* ❖ *'Pre covid people looked for permission but COVID was liberating, allowed initiative'*
Specialist Teams / Hubs	❖ *'works well and helps to reduce the workload in local office'* ❖ *'Specialist Teams have enabled staff to develop skills'* ❖ *'The impact of the hubs on Duty provisions viewed as positive'* ❖ *'The introduction of the specialised TCAC team has been really positive, for both LO and Residential staff, the support provided to older young people is really valuable'* ❖ *'More focused teams – gives more opportunities for people to be referred to, less of a sense that you have to do everything'*
Processes and Procedures	❖ *'Sharing workload and preventing same workers always have to complete reports ie CP Referral'* ❖ *'Advocacy referrals are being submitted at an earlier stage before it reaches critical stage. There has been an expansion of services - Justice and a move to earlier intervention in general.'* ❖ *'Hamilton Justice Team have piloted a focus group around Trauma Informed Practice – this has been a positive way to recognise trauma for both service users and staff.'* ❖ *'Procedures/processes keep people on track; although they can feel restrictive and onerous, they are a safety net and work well to ensure work is completed properly.'* ❖ *'Good Supervision is essential and needs to be constructive/consistent- workers felt however that on occasion this is not the case as supervision is cancelled/rescheduled with no clear directive as to next appointment'* ❖ *'Remote projects within unpaid work – this has helped people with health issues to complete the order'*

2. What are the barriers to delivering services? Are there things in our gift to change?
   Can we still meet our statutory requirements?

Operational	❖ *'Making basic appointments to meet service users'*
	❖ *'Staff stagnate in same job for years/change better than a rest and all that!!'*
	❖ *'No male service similar to Women's Hubs'*
	❖ *'Council priority to improve the lives and prospects for all in South Lanarkshire, SW deal with the most vulnerable, yet we make it more difficult for them to communicate/contact/met/visit us'*
	❖ *'Duty systems don't always work'*
	❖ *'Waiting lists and availability – capacity for other services – throughcare, young persons service – not able to take cases from localities'*
	❖ *'IRD process needs overhaul'*
	❖ *'Early intervention hub not particularly working as workers believe that they have too many cases and therefore the reflux of cases are then being returned to the local office placing them under greater pressure'*
	❖ *'Disability not served well by social work across the life span.'*
	❖ *'A social work service which is limited to 9 – 5 is a barrier.'*
Workload	❖ *'Increasing complexities of the work across all services'*
	❖ *'Children and family local team should have an emphasis around preventative work. If the service user/family need the support from the outside hub – not everyone can access this service. This causes more pressure on workers in respect of higher tariff'*
	❖ *'Due to the above, NQSW are carrying higher tariff cases – rather than being able to start with less complex cases where they can learn and develop skills then be more capable and confident to manage the more challenging and higher tariff work'*
	❖ *'In respect of unpaid work – there is conflict in terms of long term objectives and there is too much energy spent on getting them to attend their work place. The attendance is taking priority over the quality of experience.'*
	❖ *'No time to do development work (group work, or pilot a men's HUB)'*
	❖ *'Caseload excessive'*
	❖ *'Caseload 40, with 18 statutory reports to produce (35 hour working week)'*
	❖ *'Volume of work – can specialist teams manage the demand, also how do localities manage the workloads when cases can't be moved/absorbed to other teams.'*
	❖ *'Expectations on staff – workers generally feel that they are being pulled in too many different directions due to demand of workloads and unrealistic expectations'*
	❖ *'Some work during the pandemic was great – more flexible and responding to people's needs, more therapeutic, have gone backwards from this'*
Workforce	❖ *'Staff turnover has been huge'*
	❖ *'Making people feel valued can be a challenge!'*
	❖ *'"Revolving door syndrome" – where we are losing skilled and experienced practitioners. We need to look at ways to retain skilled staff and invest in them.'*
	❖ *'Embed senior practitioners but agree salary that does not impact on the role of the current team leaders'*
	❖ *'Imbalance between experienced and inexperienced staff.'*
	❖ *'Staff are feeling overwhelmed, supervision not regular, no incentives to stay and pay rates higher elsewhere'*
	❖ *'Working in silos – we need more joined up work across C&F, Justice and A/OP – better sense of equal accountability'*
	❖ *'In the localities there is a mis match between the complexity of the work that comes in and the collective experience of the teams'*
	❖ *'No opportunity for secondment to other parts of the service to gain more experience and /or 'recharge batteries''*
	❖ *'Need to be able to retain experienced staff in area teams for longevity and continuity and have peer support for new workers*
Accommodation	❖ *'Rooms and safe space to meet service users (Battle of the rooms)'*
	❖ *'Lack of access to buildings – service users can't build relationships/worker safety – escalates crisis;*
	❖ *'Barriers for the public to access local offices. All offices are closed and those in help are sent away and told to call to request assistance. This is a barrier which is detrimental to service users in need of assistance.'*
	❖ *'Consider shared working arrangements across other council services to allow use of building facilities to update case records rather than travelling back to local office ie. Clydesdale locality'*
	❖ *'Booking Rooms can create barriers for the service users as they are faced with security guards which are not always the most empathic to individual need '*

3. Try and identify 3 areas of work or 3 areas of changes that would improve services and how would the support staff and service users.

Workforce	❖ *'Mixture of workers - experience and new with different skill set'* ❖ *'Redesign of local offices with consideration of roles and responsibilities. C&F local office could benefit from clearer boundaries/roles on what is their work/role/ Roles changing over time e.g. family support what is role of family support worker – taking on different tasks in the local offices.'* ❖ *'Develop trauma informed services which encompass support to staff as well as service users to improve retention.'* ❖ *'Specialist teams from permanence/kinship. Help to break the cycle of kinship placements breaking down – teenage years/financial implications – external placements – improve outcomes for children'* ❖ *'Make better use of the skills of staff within specialist roles within the organisation - suggest an electronic mentoring support space where they respond to questions/offer support to colleagues in the local office when dealing with more complex, specialist situations'* ❖ *Localities – clarify role & remit. Still a 'jack of all trades' approach. Can some time-consuming tasks – e.g. contact – be done elsewhere. Needs to be more streamlined – e.g. localities work with more complex cases.* ❖ *'Lack of resilience built up due to people moving around, losing staff to specialist services'*
Operational	❖ *'Develop a specialist team for children with disabilities – lack of knowledge about the assessment process for children and families staff and assessments are often delayed due to inexperience – this would result in a review of case load would enable staff to carry out greater relationship based practice'* ❖ *'Sharing good work between localities. Replicate what works in one locality across other areas ie Family Support Hubs. Improve connections between localities'* ❖ *'Replicate dedicated teams within localities'* ❖ *'Develop specialist areas of work within local offices to help prioritise work and improve staff retention'* ❖ *'Groupwork required across board to promote peer learning and reduce time for SW involvement (more service users undertaking intervention at the same time)'* ❖ *'More flexibility when we work with families - review 9 –5 working patterns'* ❖ *'Need to be more creative around SDS as a lower tariff intervention for women'*
Workload	❖ *'Identifying priorities and who would take them forward. Work to people's strengths'* ❖ *'Demand from duty – increase in tariff of referrals – the rollover of duty work onto caseload/general working week'* ❖ *'Local office caseloads reduced to reflect the increasing complexity of cases'* ❖ *'Smaller caseloads. To enable relationships to be built with young person'*

4. What are the priorities you think the service should look at over the next year?

Operational	❖ *'Review of KPIs - what are the priorities?'* ❖ *'Creating time and space for SW to build relationships with service users'* ❖ *'Focus on children with disability and kinship'* ❖ *'Restructure the locality based on community need'* ❖ *'Produce clear criteria for referral pathways, to ensure service-users are referred appropriately.'* ❖ *'Plan changes systematically to enable time to review the impact on other parts of the system'* ❖ *'Create space & time to build relationships with service users – reduce caseloads'* ❖ *'Localities have a sense of being 'set adrift' – need to work on this.'* ❖ *'Focused interventions need to be rolled out within services, need to prioritise around eg life story work, resulting in worse outcomes for CYP and escalation'*
Workforce	❖ *'Re-evaluating roles – there has been changes in services over time – expansion or contraction in service areas but structures have not been looked at/changed (Justice)'* ❖ *'Protecting social work staff and role and ensuring that people are provided with the support they need to do their job (staff wellbeing!!!)'* ❖ *'Retention of staff - trying to reduce sickness, staff leaving, to support staff throughout the services. Recruit more efficiently – reduce the time it takes to have new people in post.'* ❖ *'Ensure all staff are trauma informed'* ❖ *'Develop peer mentor across all areas of service to enable relationship practice and improve outcomes for service users'* ❖ *'Staff wellbeing and being able to be together as a team consistently for training, group supervision and team building'*
Specialist Teams / Hubs	❖ *'A lot of localities work is formal child protection – should we have Child Protection Teams?'* ❖ *'Work on hubs and all additional services – how are these services supported to operate within their remits whilst also supporting locality staff without backlog/bottleneck occurring'* ❖ *'Consider the role of specialist teams and areas of work that would better fit this model e.g. children with disabilities'* ❖ *'Early Intervention – supporting children at an earlier stage'* ❖ *'A lot of localities work is formal child protection – should we have Child Protection Teams?'*