

South Ayrshire Council

**Report by Chief Social Work Officer
to Cabinet
of 17 January 2023**

Subject: Chief Social Work Officer Annual Report

1. Purpose

- 1.1 The purpose of this report is to update the Cabinet on the performance of statutory social work services for 2021 – 2022.

2. Recommendation

2.1 It is recommended that the Cabinet:

2.1.1 considers the performance of statutory social work services; and

2.1.2 requests that the Annual Report 2021-2022 is submitted to the Office of the Chief Social Work Adviser.

3. Background

- 3.1 Every local authority must have a professionally qualified Chief Social Work Officer (CSWO) as per Section 45 of the Local Government etc. (Scotland) Act 1994. The role of the CSWO 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.

- 3.2 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.

- 3.3 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 – for example, a Health and Social Care Partnership.

- 3.4 The Scottish Government requires the CSWO to produce an annual report of service quality and performance, key challenges, and for this particular year, the initial impact of COVID-19. The report requires to be submitted to the Scottish Government via the Office of the Chief Social Work Adviser.

4. Proposals

- 4.1 The CSWO annual report (Appendix 1) highlights areas of performance across statutory Social Work services. The CSWO would wish to draw attention to the following key points within the report:

- 4.1.1 The impact of Covid in the reporting year on the model of service delivery and of the flexibility of our practitioners to respond to these challenges to ensure delivery of Social Work Services.
- 4.1.2 The range of transformational work within Children's Health and Justice Services leading to more children remaining at home and within their community.
- 4.1.3 The developments in relation to Justice and Public Protection that we have achieved in the past year.
- 4.1.4 The development of our Workforce Plan that seeks to address the retention and recruitment issues within the profession.
- 4.1.5 The transformation of Adult Services based on our learning review that aims to deliver early intervention and prevention and the right care at the right time.

4.2 Alongside these key issues, the CSWO would wish to publicly recognise and acknowledge the skills and compassion shown by our practitioners, managers and partners every day to provide services to our community.

5. Legal and Procurement Implications

5.1 There are no legal implications arising from this report beyond those contextualised within the body of the annual report.

5.2 There are no procurement implications arising from this report.

6. Financial Implications

6.1 There are no financial implications arising from this report beyond those contextualised within the body of the annual report.

7. Human Resources Implications

7.1 There are no human resource implications arising from this report beyond those contextualised within the body of the annual report

8. Risk

8.1 Risk Implications of Adopting the Recommendations

8.1.1 There are no risks associated with this report beyond those contextualised within the body of the annual report.

8.2 Risk Implications of Rejecting the Recommendations

8.2.1 Rejecting the recommendation may impact on the reputation of the Council.

9. Equalities

9.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that

affect the Council's communities and employees, therefore an equality impact assessment is not required.

10. Sustainable Development Implications

- 10.1 This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

- 11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

- 12.1 The matters referred to in this report contribute to Commitment 1 of the Council Plan: Fair and Effective Leadership/ Leadership that promotes fairness.

13. Results of Consultation

- 13.1 There has been no public consultation on the contents of this report.
- 13.2 Consultation has taken place with Councillor Lee Lyons, Portfolio Holder for Health and Social Care, and the contents of this report reflect any feedback provided.
- 13.3 The contents of this report have been reported through other structures attended by Cabinet/ Portfolio Holders. The CSWO has regular meetings with Cabinet/ Portfolio Holders to brief them on developments and progress with Social Work and Social Care services.

14. Next Steps for Decision Tracking Purposes

- 14.1 If the recommendations above are approved by Members, the Chief Social Work Officer will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

<i>Implementation</i>	<i>Due date</i>	<i>Managed by</i>
Not applicable	Not applicable	Not applicable

Background Papers None

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Date: 4 January 2023



Chief Social Work Officer Annual Report 2021 – 2022

October 2022

RESPECT



Contents

<u>Foreword</u>	3
1. <u>Governance and Accountability</u>	5
2. <u>Service Quality and Performance</u>	7
3. <u>Resources</u>	30
4. <u>Workforce</u>	33

Acknowledgement

South Ayrshire Health and Social Care Partnership, South Ayrshire Council and South Ayrshire Integrated Joint Board would like to acknowledge the dedication, industry and wisdom of Professor Paul Martin and Scott Hunter.

Professor Martin relinquished his role as Independent Chair of our Child Protection Committee and Adult Support Protection Committee. Paul brought a depth of analysis and reflection that was always given with clarity and kindness. Through his leadership the Partnership, CPC and APC have grown and developed.

We were pleased to appoint, Jim Kerr, as Paul's successor. Jim brings a wealth of knowledge from various roles throughout our community. Jim is well known in South Ayrshire having represented Police Scotland at both the Adult and Child Protection Committees

Scott Hunter served as South Ayrshire's first standalone Chief Social Work Officer until December 2022. He laid the foundations to enable the roles and responsibilities of this office. Scott's work in setting the future direction of services through the adult social work review is a legacy to deliver care in the right place and at the right time for the people we serve.

We wish them all every success in the future.

Foreword

I am pleased to present the Chief Social Work Officer's (CSWO) annual report for South Ayrshire Council for 1st April 2021 – 31st March 2022. This report provides an overview of key Social Work and Social Care activity provided by South Ayrshire Health and Social Care Partnership to ensure that the people we fulfil our ambition to Start Well, Live Well and Age Well.

The last year has seen the continuation of the evolving story of how Social Work and Social Care has risen to the challenge of the pandemic and the new dawn that we emerge into. We have transformed and continue to deliver Social Work and Social Care to children, adults and families ensuring their safety and security. From 'crisis comes opportunity' and throughout the pandemic we have seen innovation and creativity to allow us to carry out our statutory responsibilities to those we serve.

Our practitioners and managers have strengthened connections, shown how adaptable they can be and worked in collaboration to make a difference in the lives of individuals and families needing support, advice and guidance. Closely working alongside our colleagues across South Ayrshire Council, NHS Ayrshire and Arran, the Third Sector and Voluntary Organisations has ensured the sum of our response to Covid was far greater than our individual parts could ever have been.

My own personal reflection is that we have seen a shift in our practice paradigm. Moving towards an approach more underpinned by commitment to working in partnership with, and listening closely to, people who use services, carers, families and communities. In the face of fighting the common enemy of Covid the timbre of our conversation changed to identifying what we could do to provide the greatest support, assistance and help. An approach based on promoting rights, dignity and respect while also identifying the strengths and abilities of those we serve. These are the core principals of Social Work.

I recognise the toll the pandemic has taken, and continues to take, on all our Social Work and Social Care workforce. The toll, both personal and professional, will take time to heal. Many have lost. During this fight we worked tirelessly. We must be mindful to take care of ourselves so we may continue to practice with emotional kindness, care and compassion.

The past year has also seen the growth and maturity of our plans in relation to the future provision of support and services. Some of which are outlined in this report,

Social Work and Social Care profession is vital in our communities and throughout South Ayrshire. While we aspire to establish the 'paradise' that Edwin Morgan describes in 'Brothers and Keepers' we will continue strive for a decency of society, that helps those who cannot help themselves.

Gary James Hoey
CSWO
October 2021

1. Introduction

The Chief Social Work Officer (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.

The CSWO has a “stand-alone” function across Social Work Services and reports directly to the Chief Executive of South Ayrshire Council. The CSWO also reports directly to the Director of South Ayrshire Health and Social Partnership on operational matters across the service. Social Work provides a variety of services to protect and support people and in South Ayrshire; this is split across three distinct services:



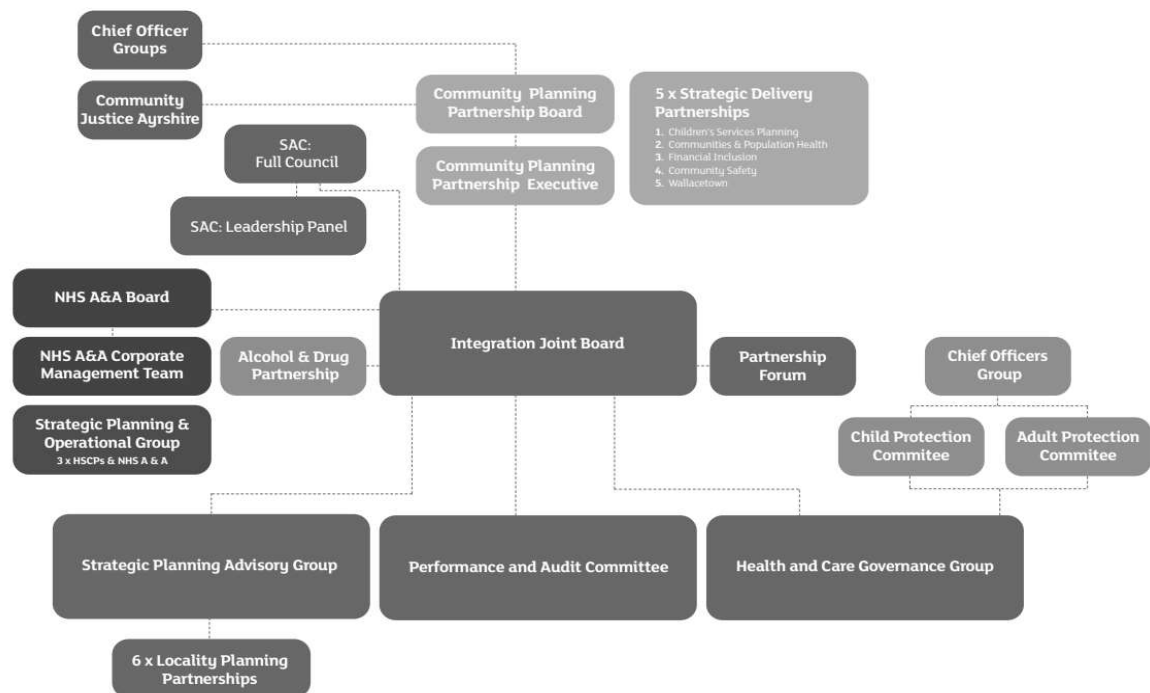
2. Governance and Accountability

The CSWO is responsible for professional and specialist advice on the provision of social work services to strategic governance and accountability structures within South Ayrshire. These are shown in diagram 1.

The scope and responsibilities of the CSWO is outlined here: [“The Role of the Chief Social Work Officer: Guidance for local authorities regarding the role of the Chief Social Work Officer”](#) In summary they are:

- Values and standards
- Decision Making
- Leadership
- Reporting

The Governance structure for SAHSCP is shown below.



The CSWO sits on a number of these structures including:

- Integrated Joint Board
- Chief Officers Group
- Adult Protection Committee
- Child Protection Committee
- Strategic Planning Advisory Group
- Performance and Audit Committee
- Health and Care Governance Group.

In addition to this the CSWO is an integral member of the SAHSCP's Directorate Management Team and is therefore involved in key aspects of planning, budgeting, service development and implementation.

The role also involves responding to enquiries, providing support and information and reflection and direction to elected members, relevant Cabinet members and attendance at relevant Council and Leadership Panel meetings, where required

The CSWO is currently the Chair of South Ayrshire Alcohol and Drugs Partnership and the Social Work Governance Board. Participation in short life working groups and service specific governance such as Community Service Oversight Group, and other working groups is integral to the core tasks of the CSWO.

In addition to this there are a small number of areas of decision-making where legislation confers functions directly on the CSWO by name. These areas relate primarily to the curtailment of individual freedom and the protection of both individuals and the public. Such decisions must be made either by the CSWO or by a professionally qualified social worker, at an appropriate level of seniority, to whom the responsibility has been formally delegated and set out within local authority arrangements. Even where responsibility has been delegated, the CSWO retains overall responsibility for ensuring quality and oversight of the decisions.

These areas include:

- deciding whether to implement a secure accommodation authorisation in relation to a child (with the consent of a head of the secure accommodation), reviewing such placements and removing a child from secure accommodation if appropriate;
- the transfer of a child subject to a Supervision Order in cases of urgent necessity;
- acting as guardian to an adult with incapacity where the guardianship functions relate to the personal welfare of the adult and no other suitable individual has consented to be appointed.
- decisions associated with the management of drug treatment and testing orders
- carrying out functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

Additionally, the CSWO assumes the role of Agency Decision Maker performing an essential role in making decisions about the best plans for children, their carers and adopters. The Adoption and Children (Scotland) Act 2007 provides the framework for this role.

3. Service Quality and Performance

For the purposes of the annual report, we will focus on the following key areas of service quality performance. The report aims to describe our journey and achievements over the past year but also to identify the next steps we must take to excellence.

- Children Services
 - Child Protection
 - Looked After Children
- Adult Services
 - Adult Support and Protection
 - Adult Care and Support
- Mental Health Services
- Justice Services
 - MAPPA
 - Prevent
 - MARAC
- External Scrutiny

Childrens Services

Child Protection

Children are placed on the child protection register when a child is deemed at risk of significant harm. Children on the register will be reviewed by the team around the child at core group meetings on a frequent basis. (4 weeks) Families and children will also experience more supportive visits to ensure the progression of the child's protection plan.

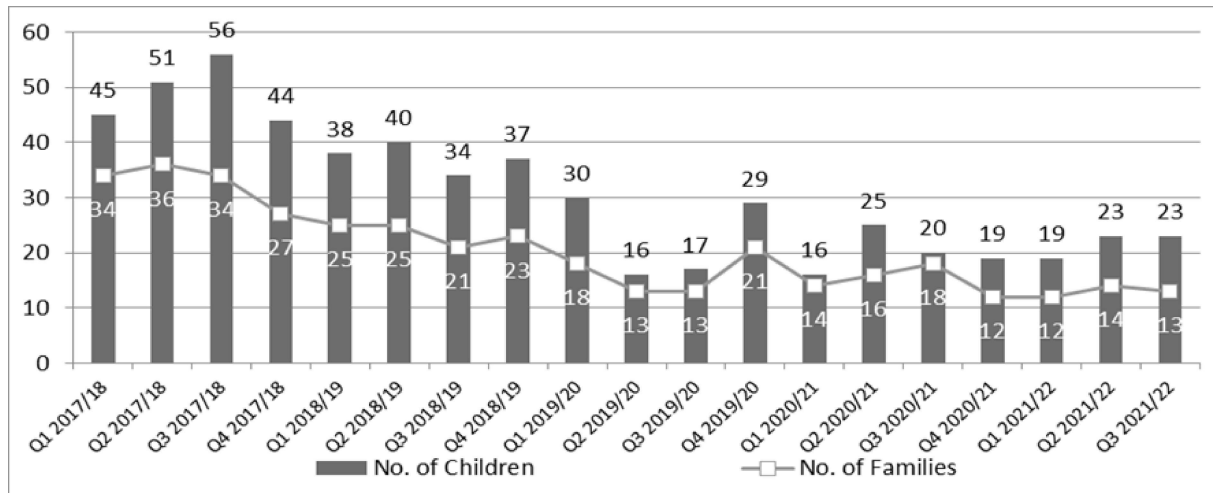


Table 1 – Children and Family Groups placed on the Child Protection Register

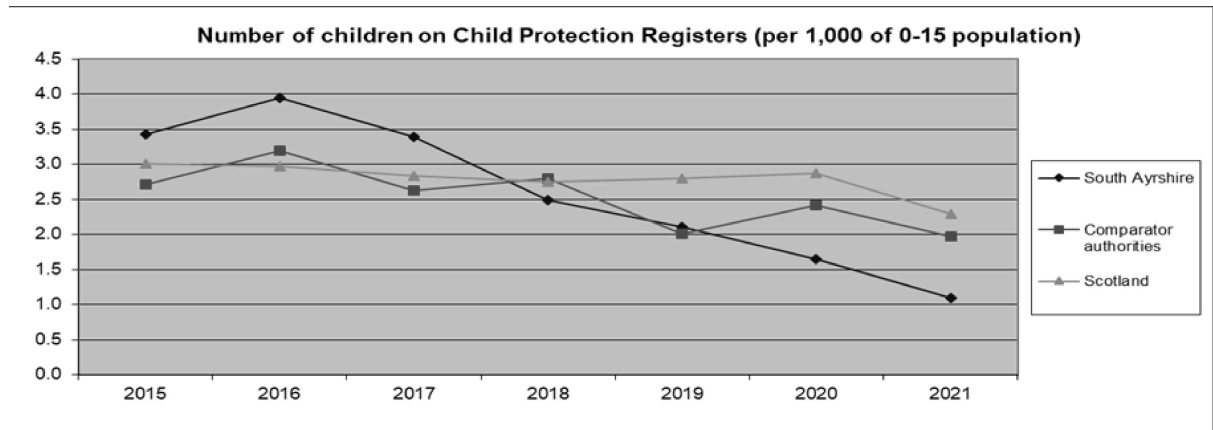


Table 2 - Number of Children on Child Protection Register by Year.

As of April 2022, the number of children placed upon the child protection register was 23 children from 13 families within South Ayrshire. This has been consistent for the past two and a half years. Referencing Table 2, South Ayrshire has shown a downward trend over the past five years in the number of children placed on the register.

Local Authority Benchmark comparators	Rate per 1,000 children
South Ayrshire	1.1
Angus	1.3
Dumfries and Galloway	1.5
Scottish Borders	1.8
Highland	2.5
Argyll and Bute	2.5
Comparator average	2.0
Scottish average	2.3
Local Comparators LA	
East Ayrshire (for local context)	3.4
North Ayrshire (for local context)	5.2
Signs of Safety Local Authorities	
East Ren (Signs of Safety LA)	0.4
East Lothian (Signs of Safety LA)	1.5
D & G (Signs of Safety LA & LGBF)	1.5

Table 3 Children on Child Protection Register by Benchmarked and Comparator authorities.

Table 3 highlights the number of children on the register per 1000 children is lower than neighbouring authorities. However, it is within the range of our comparator authorities. Of note also is the range of those authorities who have embraced the signs of Safety Approach into Practice. All notably fall below the Scottish Average.

The main reasons for registration for children on the are:

- Neglect
- Parental Mental Health Problems
- Parental Alcohol Use.

Working with our Practice Development Team, our Child Protection Committee and our partners we will ensure that we have a workforce that has the confidence and skills to identify prevent, intervene and support.

The Child Protection Committee reports to the Chief Officers Group (COG) through the Independent Chair.

In the past year, both committees have continued to discharge their responsibilities and function with regards to

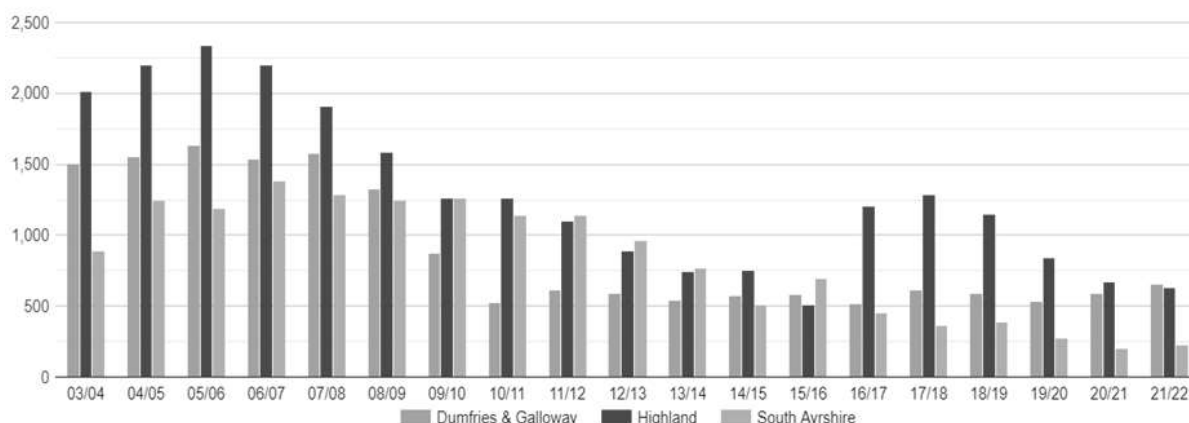
- Continuous improvement
- Public information, engagement and participation
- Strategic planning and connections
- Annual reporting.
- Quality assurance / self-evaluation / performance / improvement
- Learning / development / training

Over the next year we will continue to progress the ambitions of our Child Protection and Adult Protection Committees Business Plans with a particular focus.

- The implementation of revised and new guidance relating to Child Protection and Adult Support and Protection. New Guidance
- Restructuring of the sub committees –
 - Policy and Performance
 - Practice Development
 - Communications.
- Development of auditing activity across adult and children's services

Looked After Children

South Ayrshire Health and Social Care Partnership also carry out their statutory function in relation to children and families who may require more focussed support. These children and families will have been referred to the Scottish Childrens Reporter Administration. (SCRA) that may evoke the use of statutory orders to promote their welfare.



Graph 4 – Referrals to SCRA by comparator authorities.

Graph 4 Highlights an ongoing downward trend in relation to children who are referred to SCRA.

This trend is reflected in the numbers of children who are subject to orders highlighted in Table 5 below.

Summary As At 01/04/2021		Summary As At 01/04/2022	
At Home with Parents	40	At Home with Parents	35
Fostering provided by Local Authority	88	Fostering provided by Local Authority	82
Fostering purchased by Local Authority	22	Fostering purchased by Local Authority	15
Hospital	1	LA Childrens Home	10
LA Childrens Home	10	Other Residential	3
Other Residential	3	Residential School	7
Residential School	12	Voluntary Childrens Home	1
With Friends/Relatives	59	With Friends/Relatives	35
With Prospective Adopters	12	With Prospective Adopters	2
Sum:	247	Sum:	190

Table 5 – Placement Breakdown of Children on Statutory Orders.

The rationale for this downward trend may point to the investment that Children's Health and Justice Services have placed in Early Intervention and Prevention Work with reference to:

- Kinship Care
- Signs of Safety Approach
- Belmont Family First
- Small Steps to Wellbeing Service.
- Carrick Family Wellbeing Service

Children's Health and Justice Services are committed to continuing to work on a preventative basis applying the Christie Commission four P's of Prevention, People, Performance and Partnership.

Looking ahead, children services will look to the learning from the transformational projects that have shown efficiency and improved service delivery over the past three years. Namely the Belmont Family First project, the implementation of the Signs of Safety and the Cunningham Place extended throughcare model.

These transformation projects have evidenced financial efficiencies over and above targets as well as delivered improved service user experience. This creates an opportunity to continue to invest in transformational work to further enhance early intervention and preventative approaches.

The team will focus on developing further proposals to:

- Roll out to other schools a Family First Schools project, learning from the Small Steps to Wellbeing project and expanding on the Belmont First model;
- Transform and modernise the children with disability team;
- Create neurodevelopmental support within Ayr North/ Wallacetown;
- Redesign current Young Persons Support and Transition Team#
- Develop trauma informed therapeutic services for children looked after in Foster and Kinship Care, including the employment of a Play Therapist and enhanced training to reduce the number of family care break downs
- Enhance our support to families applied the principles of the Promise family support, through our Intensive Family Support Service, and Functional Family Therapy
- Learn from the work of Horizons Research commissioned by the Children Services Planning Group, to develop a whole family approach offer in South Ayrshire that is informed and reflects the whole Community Planning Partnership contribution through the Children's Service Planning Group.
- To deliver on the Promise and change the "whole system" and how we care for Children who are in care or Care Experienced.
- To deliver on the Parenting Promise and our objective of loving our Care Experienced Children and young people in word and in action.

The strategic ambition of Children and Family services is to continue to build on the strengths of families and ensure that our children Start Well, Grow Well and Live Well. The downward trend in both looked after and children on statutory orders is to be welcomed as we shift from the servicing of statutory work to the provision of preventative and early intervention services.

Adult Services

Adult Support and Protection

In the year 2020-2021 there had been 796 Adult Support and Protection (ASP) referrals received. This was a reduction of 31% from the previous year. This reduction was partly due to the impact of COVID-19 restrictions but mainly due to the introduction of a revised “Adult Concern/Vulnerable Adult” escalation procedure. In 2021-2022 (the first full year of the implementation of the revised procedure) the reduction in ASP referrals continued, with a total of 315 ASP referrals. This change in practice has resulted in the pattern of ASP referrals in South Ayrshire now being more aligned with those in neighbouring East and North Ayrshire.

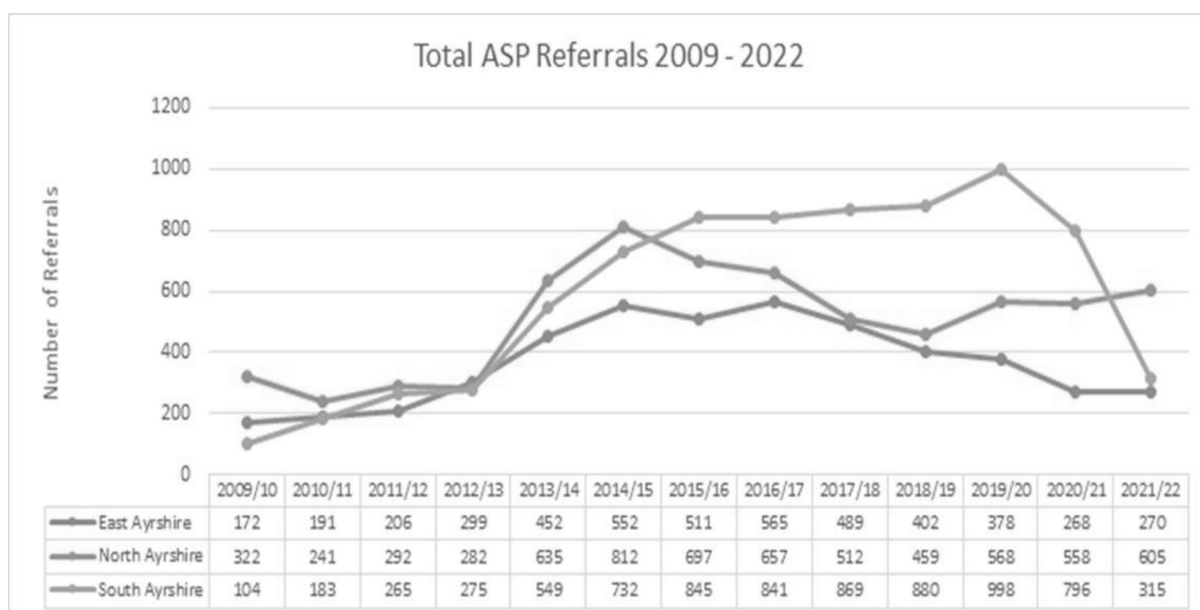


Table 6 – Total ASP Referrals 2009 - 2022.

This procedure was introduced following an audit of ASP referrals which showed that a large number of “Adult Concern/Vulnerable Adult” referrals were being escalated to be dealt with under ASP procedures without the subjects’ circumstances having met the “three-point-test”. Further analysis concluded that the existing “Adult Concern/Vulnerable Adult” escalation trigger did not sufficiently take account of the risk of harm or the principle of adopting the “least restrictive” option. Discussion with partners in the West of Scotland Adult Support and Protection Consortium showed that other partnership areas had previously revised their own “Adult Concern/Vulnerable Adult” escalation procedures, based on similar experiences as those in South Ayrshire. Consequently, the Adult Protection Committee agreed that the escalation trigger be revised from three “Adult Concern/Vulnerable Adult” within twelve months to three “Adult Concern/Vulnerable Adult” referrals within three months. Additionally, the agreed escalation response was that the responsible Social Work Team Leader was required to consider whether to convene a multi-agency meeting to share information and assess the risks involved, with the addition of a case-note clearly outlining the rationale for convening (or not convening) such a meeting. (These changes reflected the practice across the majority of partners in the Consortium). This revised procedure resulted in fewer cases of vulnerable adults being unnecessarily escalated to ASP.

There has been ongoing monitoring of the impact of the revised escalation procedure. This has shown that while there was initially a proportionate reduction in the number of ASP Investigations carried out, this has settled, with recent figures indicating an increase in the number of Investigations.

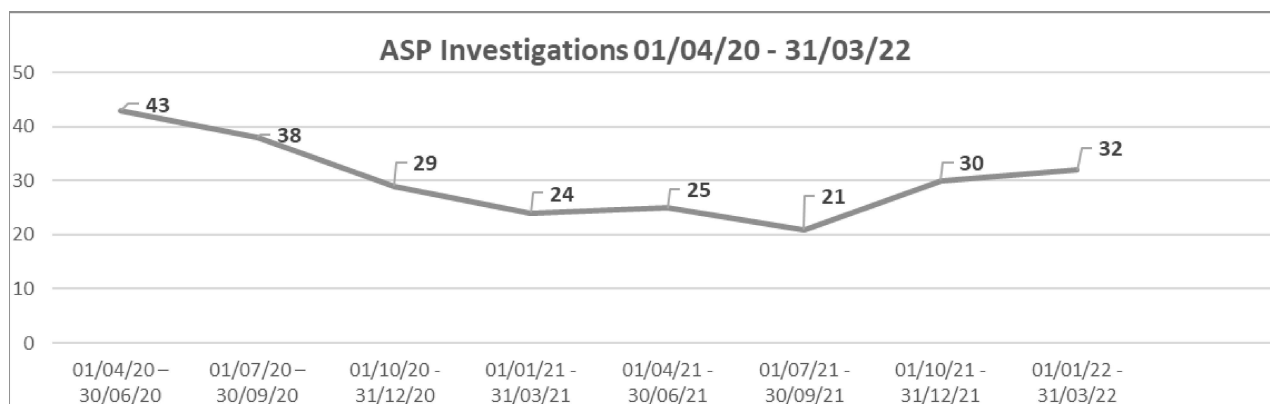


Table 7 – ASP investigations 01/04/20 – 31/03/2022.

Historically, South Ayrshire has had significantly fewer such referrals than partners in East and North Ayrshire but each partnership area has seen significant increases in the number of these referrals.

Adult Services

Within the reporting period the Community Health and Care Service published the Adult Social Work Learning Review a culmination of work to transform the delivery of integrated leadership, management and service delivery arrangements relating to Adult Services. The culmination of a 12-month project seeking the views of those we serve, collaboratively working with partners across agencies, academics, researchers and third sector and commissioned services to establish the key outputs of:

- Design and enable easy access to modern wellbeing hubs for the general public
- Co-located services to reduce bureaucracy and duplication for those accessing the hub.
- Individuals receive the right help at the right time in the right way
- Locality services become more joined up and embedded in communities and delivered in a way to meet the needs of the community

We are now able to begin to implement our proposed new model and enter the implementation phase. At the heart of our new model is integrated leadership and improving the outcomes for individuals and carers who access our services. The revised mode will also contribute to how we will deliver of our 'Wellbeing Pledge'

To promote the professional identity of the social work role we developed an Ethics of Care Framework based around five ethics of care: responsibility, competence, responsiveness and integrity of care. This was developed alongside frontline staff and with input from individuals with lived experience.

As a result of this work, the Community Health and Care Service is being restructured to improve both access to, and delivery of, social work through a new multi-disciplinary team locality 'front door' providing a single point of access to both community-based and more normal services. Our Team Around the Locality work is a priority within our Service Improvement Plans.

Our approach to the assessment of individuals and carers is person-centred and underpinned by the Talking Points outcome framework. A strength-based person / carer centred throughout informs our practice and planning.

We gather feedback through reviews on experience measures to evaluate our performance. Over the last 12 months (August 2021 to August 2022) 1957 individual support plans have

been completed and during a review of these plans the experience measures demonstrated very positive feedback.

- 81 %of respondents felt more confident about managing their health.
- 90 % of respondents stated that they have been fully supported in relation to SDS options.
- 86 % stated that they have been provided with information and advice about a range of community based services.
- 92% stated they had a say in how their care was provided.

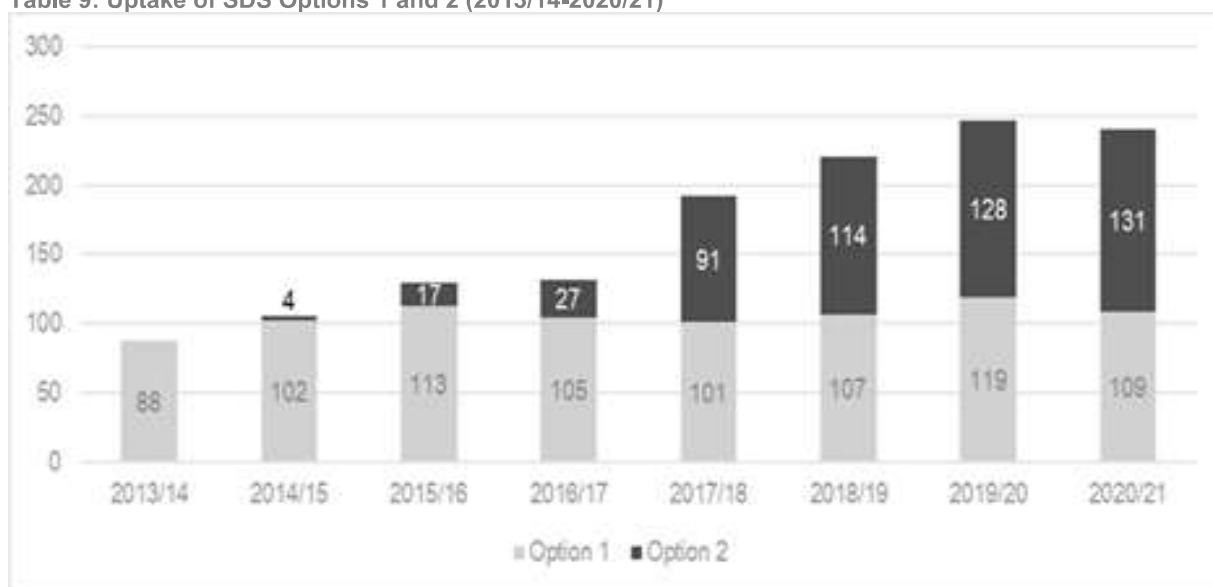
As a result of our multiagency assessment, planning and support 81% of respondents identified that they feel more confident about managing their health and wellbeing.

Self-Directed Support

Choice and control are core to the delivery, of person-centred health and social care and we utilise Self-Directed Support (SDS) to deliver this across all our services. Staff carry out their statutory role to offer SDS at each assessment and review (as evidenced by our audit of support plans) and information on SDS is available on this [website](#).

The uptake of SDS options 1 and 2 has increased by 71% from 192 in 2017/18 to 328 in 2021/22. Option 1 uptake increased by 40% from 101 to 142, and Option 2 increased by 104% from 91 in 2017/18 to 186 in 2021/22. Although we have seen a steady increase in SDS uptake, through benchmarking, we are aware that other partnerships perform better in this area. We are continuing to focus our improvement efforts on SDS in 2022/23 - this priority piece of work is being monitored through the Community Health and Care Driving Change Group.

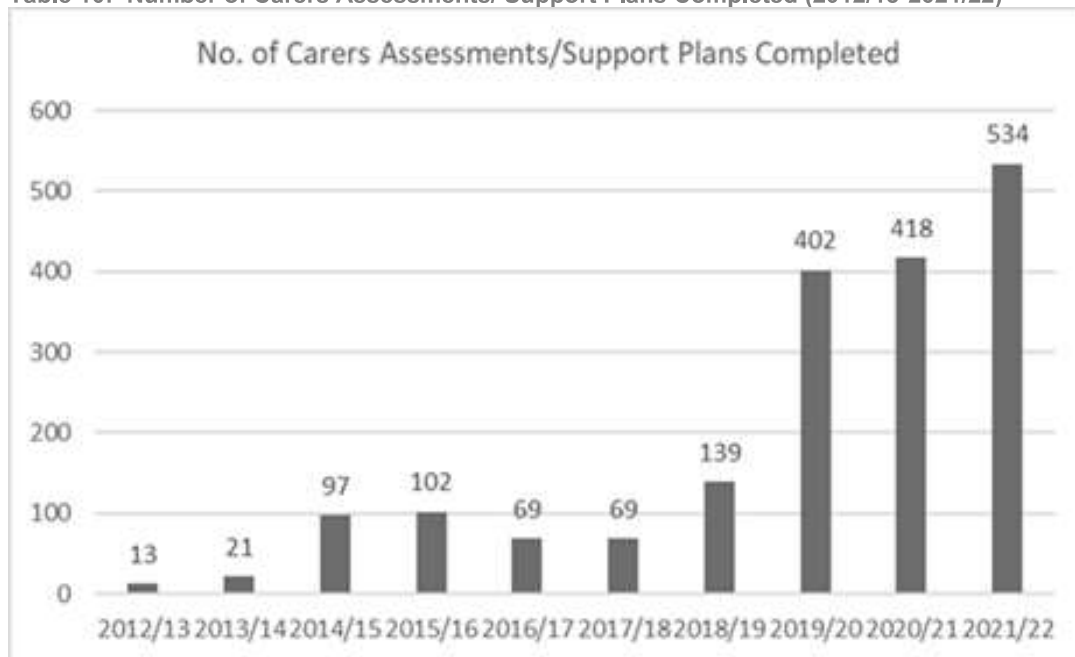
Table 9: Uptake of SDS Options 1 and 2 (2013/14-2020/21)



Carers Support Plans

An audit of the current Adult Carer Support Plan (ACSP) documentation focused on the quality of completed plans and how they evidenced an improvement in the quality of life for carers. Despite the challenges of the pandemic, there has been a 28% increase in the number of Carer’s Support Plans/ Assessments completed in 2021/22 compared with those completed in 2020/21. 418 in 2020/21 rising to 534 in 2021/22.

Table 10: Number of Carers Assessments/ Support Plans Completed (2012/13-2021/22)



The Public Health Scotland Core Suite of Integration Indicators (20/09/22 Release) evidences that for people with caring responsibilities in South Ayrshire in 2021/22, 33.8% of carers feel supported to continue caring (national average = 29.7%).

The Health and Care Experience Survey 2022 evidences that in South Ayrshire:

- 65% of people with caring responsibilities feel they have a good balance between caring and other things in their life. (National average = 63%)
- 52% of people with caring responsibilities feel they have a say in services provided to those they have caring responsibilities for. (National average = 39%)
- 32% of people with caring responsibilities feel local services are well coordinated for those they have caring responsibilities for. (National average = 29%)

Delayed Transfers of Care.

With the pressures throughout the system created by the pandemic and its continued impact on the health of our people and our workforce delayed transfers of care has become a focus of attention. The Community Health and Care Services governance group and the Directorate Management Team maintained oversight of plans across an array of services to meet this challenge, acknowledging the factors unique to South Ayrshire and the pressures on interdependent services that create a significant demand.

From April 2021- March 2022 our delayed discharges figure doubled from 37 to 76 largely due to issues in accessing care packages and the impacts and effects of the pandemic.

Community Health and Care Services have continued to pursue and implement strategies to create capacity and efficiency across the system.

These include:

- The continuing roll out of the CM2000 Care Management System enabling real-time care monitoring, scheduling, outcome's measurement, digital care management and business intelligence reporting
- Implement our 'Hospital at Home' Initiative
- Building capacity into the reablement team to facilitate delayed transfers of care relating to care at home;
- Implement a test of change within the responder team to reduce admissions to hospital and enable return home from hospital out of hours;
- Further embed moving and handling process and procedures through training practices to reduce the need for double carers providing additional care at home capacity;
- Enhanced intermediate care screening of GP calls and schedule appointment to the Combined Assessment Unit to reduce the number of GP admissions to hospital
- Identify and implement digital solution to delivery prompts and supports where applicable
- Delegate decision making to enable the quicker approval and volume of care packages.
- Implementation of Near Me in Social Work Services.
- Review and streamlined our guardianship process.
- Focussed work to promote recruitment and retention in care at home.

Community Services Oversight Group

While the impact of Covid has been felt across society it has disproportionately affected our older adult residents and our front-line practitioners who provide compassionate care and support daily. During the reporting year the Community Services Oversight Group (CHOG) broadened their remit of oversight and monitoring across services to enable our people to experience the right care in the right place. Working with private providers, commissioned services and colleagues in the Care Inspectorate, the CSOG maintained an oversight of the impact of covid and enabled the supports and assistance we could provide to providers and services during lockdown and our transition post-pandemic. Our Community Services Oversight Group (CSOG) is chaired by Head of Service for Community Health and Care Services continued to report on the status of our provision.

Learning Disability Strategy

In the past 12 months we have published our Learning Disability Strategy. A summary of this can be found [here](#): Instrumental to this was our League of Champions group who through their lived experience supported us to develop and coproduce the strategy. This group will continue to be the vanguard of assisting us to grow and develop.

Community Supports

We transformed our community supports in the Girvan and Ayr areas and developed a new building-base to enable those with a learning disability to meet up with friends in safe spaces, participate in themed groups and develop life skills. The service provides a front door for advice and support.

Core and Cluster

Core and Cluster is very much part of the housing options offered within South Ayrshire for our residents who have a Learning Disability. We are due to open our 3rd Core and Cluster site. This new model is allowing us to have a true core and cluster model to deliver the vision of our new Learning Disability strategy which is “Live your best life in the way you choose. “

Next Steps:

Moving forward there are a number of areas of improvement that we will continue to deliver these are:

- Build practice knowledge and competence around SDS leading to empowerment for those who use our services.
- Continued development with the third sector on the use of micro enterprises to support the social care landscape to increase choice.
- Improve performance management dashboard and develop methods to collect qualitative data (service user and carer survey, provider survey, roll out Care Opinion).

- Continue to invest in locally tailored, prevention and early intervention initiatives and microenterprises through Participatory Budgets
- Development and provision of easy-to-understand information and service directories to help people to self-manage and find the support they need.
- Embed team around the locality approach within each of the six localities to Improve access for people and their carers for early intervention, assessment and support using learning from new initiatives to reshape our approach.
- Promote and support the early identification of Power of Attorney to ensure those who cannot offer their views have a voice through their appointed person.
- Development of advocacy strategy.
- Further improve visibility of Partnership improvement work within the NHS and Council, building on current work to celebrate success locally, nationally and internally.

Mental Health

The past year has seen significant development and improvement in relation to our capacity and resource to safeguard and promote the rights of those who experience mental health issues. South Ayrshire have invested in a dedicated team of Mental Health Officers who are registered social workers required by law to have undertaken specialist training and hold an additional qualification in mental health. All local authorities are required to employ sufficient MHOs to undertake their statutory functions. MHO duties include:

- protecting health, safety, welfare, finances and property
- safeguarding of rights and freedom
- duties to the court
- public protection in relation to mentally ill offenders.

MHOs are involved in the assessment of individuals experiencing mental disorder who may need compulsory measures of care, treatment and in some cases, detention. The MHO role carries considerable autonomy and responsibility and involves working alongside medical and legal professionals.

The new MHO service was developed after recommendations by an independent Mental Health Consultant who was commissioned to support the partnership to develop an improvement plan and agenda in this area.

Significantly the partnership recognised the need to put more MHO support at the front door of the hospital to actively work with those presenting. We also considered the Scott report in relation to supported decision making and autonomous decision-making and want to ensure our residents are not in hospital any longer than is necessary for medical treatment due to capacity issues. AWI procedures and raising the standards and processes for AWI meeting across the HSCP. The service will be promoting the national agenda for change in working on supported decision making and other aspects of the Scott review alongside colleagues from the MWC.

The new MHO statutory team has been up and running for the past five months. A clear strategy is in place for the team which is very much linked to the operational demands for the team and has begun to make significant inroads into improve the MHO service. There is a five-point plan to implement the team and progress change, new recording systems, improved professional standards and the promotion of the mental health officer service through training, mentoring and forums.

Next steps

The team are currently identifying our key performance data set that we can use to drive change and improvement. We are baselining the these to inform our next step in our improvement journey. The team and service will work on improving knowledge and competence in the field of Mental Health through training and awareness.

Justice Services

This last year has been challenging for Justice Service as many parts of the criminal justice system have been coming back online and trying to deal with backlogs resulting from the pandemic. Courts are back to operating at full capacity, however within Ayr Sheriff the custody court continues to operate remotely from Saltcoats Police Office. This is now part of a test of change for a national rollout. This has caused difficulty in supporting some of the most vulnerable people in police custody with the supports that were available within the Court building. Many workarounds have had to be adapted. There are social work staff based within Ayr Sheriff Court to support sentencers and other court users, where applicable.

Community Payback Orders had been managed in line with Government guidance the previous year and this year was no different, with monitoring continuing, along with support and welfare concerns being addressed through supervision requirements. Unpaid work requirements were more difficult to manage due to physical distancing, etc. However, during periods of lockdown, home craft kits were given out for completion. These kits were then given to charities to sell for their own funds. The main beneficiary was Whiteley's Retreat. A new workshop is currently being constructed which will allow more creativity in the delivery of unpaid work.

Justice Services also supervise people released from prison sentences when they have statutory throughcare release licences or post custodial supervision imposed by Courts. These are usually the higher risk individuals and require robust risk management plans.

Covid funding received was used to support the wellbeing of service users and also increase the staffing compliment to assist with backlogs of orders. The Third Sector also received additional funding to assistance with this and peer mentors were employed to support service users involved with substance use.

Table 10: Number of Carers Assessments/ Support Plans Completed (2012/13-2021/22)

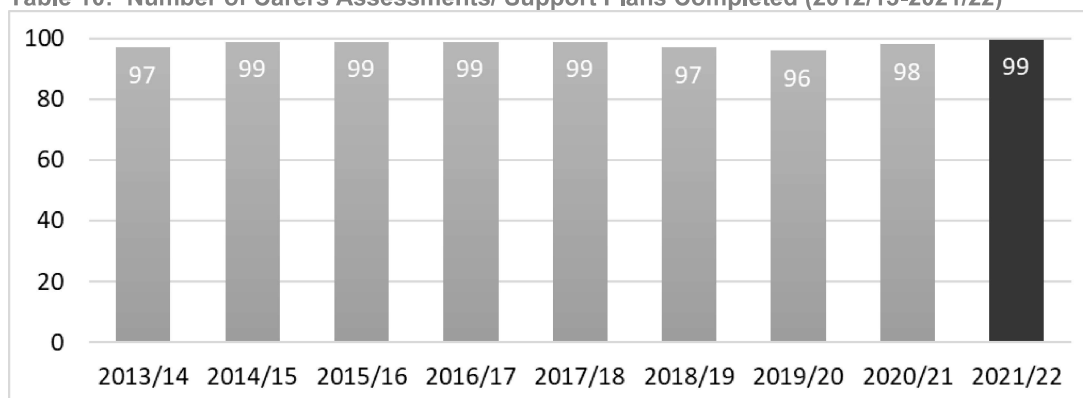


Table 10 highlights strong performance in the provision of Criminal Justice Social Work Reports submitted to Court on time.

Multi Agency Public Protection Arrangements (MAPPA)

Multi Agency Public Protection Arrangements is the framework which joins up the agencies who manage offenders. The fundamental purpose of MAPPA is public safety and the reduction of serious harm and places a statutory function on police, local authorities, and the Scottish Prison Service (the responsible authorities) to establish joint arrangements for assessing the risk from sex offenders including the effective sharing of information. Health Services are included in relation to Mentally Disordered Restricted Patients.

The 3 management levels in MAPPA are:

- Level 1: Routine Risk Management.
- Level 2: Multi-Agency Risk Management.
- Level 3: Multi Agency Public Protection Panels (MAPPP).
- Category 3: other dangerous offenders, at risk of causing serious harm

For MAPPA purposes the imminence and likelihood of risk of serious harm is classified as follows:

- Very High: there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently, and the impact would be serious;
- High: there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.
- Medium: there are identifiable indicators of serious harm. The offender has the potential to cause such harm, but is unlikely to do so unless there is a change in circumstances, for example failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse; and
- Low: current evidence does not indicate likelihood of causing serious harm.

South Ayrshire Social Work Justice Service is responsible for managing these offenders as the lead agency alongside the Police: Sex Offender Policing Unit (SOPU). The agencies provide robust risk assessments and manage as per this identified risk.

MAPPA cases in South Ayrshire 20-21 / 21/22						
	2020-2021			2021 - 2022		
	Number	Comm.	Prison	Number	Comm.	Prison
Level 1	127	107	20	64	44	20
Level 2	3	1	2	3	3	0
Level 3	0	0	0	2	2	2
Total	130			69		

Table 12: The number of MAPPA cases and MAPPA levels in 2021-22 with Justice as lead agency.

Of the 69 cases managed over the year, nine cases came to an end completing orders and registration requirements and one case transferred out with South Ayrshire, one person died during period and one order was revoked due to breach. There were two orders breached within the year.

Partnership Delivery Team

The Partnership Delivery Team (PDT) is part of the three Ayrshire Justice Services: East, North and South. It has a pan Ayrshire remit and is responsible for delivery of specific services which offer an economy of scale. It is jointly funded and strategically managed by the three Ayrshires. North Ayrshire are the host authority. The services delivered by PDT are Caledonian System (domestic abuse), Moving Forward Making Changes (sex offending), Drug Treatment and Testing Orders, Women's Service, Bail Supervision, Structured Deferred Sentence and Diversion from Prosecution.

During this year, PDT have managed on behalf of South Ayrshire:

- *Structured Deferred Sentence: 11 imposed*
- *Drug Treatment & Testing Orders: 10 imposed*
- *Caledonian requirements: 56 currently being supervised, 29 imposed in 2021/22*
- *MFMC: 20 being supervised, 14 imposed in 2021/22*
- *Bail Supervision: 17 cases commenced*
- *Diversion: 64 assessments undertaken; 48 cases commenced*

Multi Agency Risk Assessment Conference

In the reporting year we worked collaboratively to established Multi Agency Risk Assessment Conferences, procedure and governance on a pan Ayrshire basis. The MARAC process provides a structured response to the highest risk cases of domestic abuse and gender-based violence (GBV) and is embedded within the Scottish Government's Equally Safe Delivery Plan. It is an ambition of all Violence against Women Partnerships in Ayrshire to support those most at risk of serious harm.

A Multi-Agency Risk Assessment Conference (MARAC) is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. The meeting provides a safe environment for agencies to share relevant and proportionate information about current risk, after which the Chair will summarise risks and ask agencies to volunteer actions to reduce risk and increase safety. Information is shared that is relevant and proportionate about the identified risks faced by those victims, any protective factors currently in place and the risks posed by the perpetrators of domestic abuse. Following this the actions needed to create a multi-agency risk management plan and the resources available locally to do so are agreed.

PREVENT

Prevent is an early intervention programme, mobilised locally by a range of partners, which protects individuals targeted by terrorist influences by providing local, multi-agency safeguarding support. The type of support available is wide-ranging, and can include help with education or careers advice, dealing with mental or emotional health issues, or digital

safety training for parents; it all depends on the individual's needs. During the reporting period the arrangements to establish PREVENT meetings and oversight have been established.

External Scrutiny

Adult Support and Protection.

The Joint Inspection of Adult Support and protection in South Ayrshire took place between August 2021 and November 2021. The Inspection was led by the Care Inspectorate and was carried in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland. In response to the subsequent report an Adult Support and Protection Improvement Plan was developed, with the Adult Protection Committee and Chief Officers' Group maintaining oversight of its implementation.

Child Protection

There have been no external inspection activity in relation to Child Protection.

Fostering and Adoption Services

There have been no external inspection activity in relation to Child Protection.

Childrens Houses

There have been no external inspection activity relating to Childrens Houses.

Care Homes

As of 31 March 2021 there are currently 39 services registered within the partnership. The overall grade determined by the Care Inspectorate is based on the following scale. Services have continued to engage positively with the HSCP. A strengthened approach has emerged over the last couple of years following the implementation of Community Services Oversight Groups, resulting in effective intervention and support being identified with a range of professionals.

Grade	Evaluation	Description
6	Excellent	Outstanding or sector leading
5	Very good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

Service	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
Older People	0	0	15	5	3	0
Children and Young People	0	0	1	4	1	0
Learning Disability	0	0	1	4	1	0
Total	0	0	17	13	5	0

Learning Reviews

Learning Reviews are significant in that they deliver learning recommendations relevant at a national level. The decision to proceed to a Significant Learning Review (SLR) is taken at the Initial Learning Review to review circumstances and decide if progression to SCR is required.

Within the reporting period the Adult Protection Committee have overseen the final stages of the implementation of the action plan of one adult services SLR. The report and the recommendation of this is available here. [Significant Case Review MJ](#)

In the area of children services three SLR's have been undertaken. Publication of circumstances relating to Child H can be accessed via this link. [Significant Care Review Child H](#). One SLR into matters relating to Child F was held in abeyance as some areas of inquiry fell sub judice. The completion of this SCR relating to Child P was nearing completion in last quarter of the reporting period with the COG maintaining oversight of support to those impacted publication and communications.

In a further four Initial Learning Reviews progression to a SLR was not required.

Additional to this this the COG provided oversight on professional discussions relating to the safeguarding and protection of children because of our duties under the Child Death Oversight Protocol (CDOP) and Death of Looked after Children (DLAC) review and reporting mechanism. Within the period one child was notified reported to the Care Inspectorate with the outcome no need to move toward a learning review.

Large Scale Investigations

An Adult Support and Protection Large-scale Investigation in respect of a private care-home was initiated in September 2021. This followed a number of concerns, raised by both the Care Inspectorate and the South Ayrshire HSCP Care Home Review Team, regarding practices around tissue viability, the fabric and cleanliness of the physical environment and access to hot water. The LSI Team was a broad multi-agency team, with representatives from the South Ayrshire and North Ayrshire HSCPs, the Care Inspectorate, Independent Advocacy and Scottish Care and was Chaired by the HSCP Head of Health and Community Care Services. The care and support plans for individual residents were reviewed and contacts established with the individual residents' families/legal proxies. The management and owners of the care home were co-operative and engaged with the LSI team to address the identified concerns and the HSCP provided significant staffing support to assist (in light of significant staffing issues that were impacting on the care home's ability to meet the needs of its residents). An improvement plan was drawn up, which the LSI team had regular oversight of. The APC and COG were kept updated on the progress of the LSI. There were no individual ASP referrals made in this case.

Care Home Moratorium

Within the reporting period 2 Care homes and 2 care at home providers were subject to local moratoria. These were instigated by the feedback and reporting of her Care Home Review Team, Care Home Oversight Group and the Care Inspectorate.

Working with providers we were able to offer leadership guidance and support to ensure that the necessary improvement plans were implemented and people using those services continued to experience a high standard of care.

3. Resources

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. This year additional reports were presented detailing the financial cost in responding to the Covid Pandemic. Our Winter Investment Plan was approved representing how the additional recurring investment in health and social care would be spent to alleviate the pressures emerging in the sector, this included investment in Multi-Disciplinary working, care at home capacity, early intervention and prevention approaches including technology enabled care.

The overall financial performance against budget for the financial year 2021-22 was an underspend of £25.025m. This position reflects additional non-recurring funding received from the Scottish Government to support the ongoing financial costs in responding to the pandemic in 2022-23. A total of £25.025m has been allocated to reserves for use in future financial years. The reserves balance includes £11.713m earmarked for the continued financial response to the Covid pandemic, £2.020m earmarked to support the Primary Care activities, £1.917m earmarked for Mental Health investment, £0.502m earmarked for ADP support and £0.410m earmarked for the Community Living Fund to redesign services for people with complex needs. The IJB have approved earmarking of £5.118m for specific areas of spend that were delayed due to the pandemic and invested into services to help immediate response to current health and social care pressures. A further £1.518m has been committed to specific change fund activity this includes creation of specific posts to lead on service improvement. This leaves a balance remaining of £5.506m for further investment and to meet any financial challenges in the future. Proposals for approval will be prioritised to ensure future financial sustainability.

The main financial variances during 2021-22 are noted below:

Community Care and Health underspend of £3.196m mainly due to additional funding to alleviate pressures in the health and social care system. Expected outcome from investment was an increase in care at home capacity and interim care placements to reduce delayed transfers of care. The ability to recruit and commit the full allocation during the winter period was unattainable and the funding has been earmarked for use in 2022-23.

Mental Health Services – underspend of £1.530m mainly due to underspends in funding allocations received for Alcohol and Drugs Partnership, the Community Living Fund and Mental Health staffing.

Children and Justice Services – underspend of £1.284m mainly due to less than anticipated internal foster care placements and underspend in adoption orders due to court backlogs.

Support Services – underspend of £3.119m included in this underspend is specific funding for Hospital at Home and unscheduled care programme to be earmarked for use in 2022-23. Delays in recruitment and staff turnover also resulted in an underspend.

Covid-19 Expenditure – underspend of £11.707m additional funding of £12.731m was received from the Scottish Government at the end of the financial year to earmark into 2022-23 to meet the costs of recovery and renewal from the pandemic.

Lead Partnership – mainly due to additional funding for Primary Care and Mental Health Recovery and Renewal to be earmarked into 2022-23.

It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on that basis. Significant progress has been made during 2021-22 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2022-23.

Key successes for 2021-22 include:

- Repayment of £1.092m, being the annual instalment of outstanding debt to the Council, leaving a balance of £0.802m to be paid next year;
- Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities and continued Covid-19 recovery and renewal;
- Savings totalling £3.960m were delivered in-year, against an approved savings plan of £3.960m, £0.151m savings were delayed due to Covid-19 and will be met or reviewed in 2022-23;
- Reduction in need for foster and kinship carers, this will be monitored closely in line with the transformation plans;
- Increased capacity within the reablement team has helped reduce demand on mainstream services;
- Investment in services based on information and data gathered following various service reviews.

Strong financial leadership will continue to be required to ensure that future spend is contained within the budget resources available, and the IJB moved into 2022-23 with an approved balanced budget

Financial Reporting

Financial monitoring reports were presented to the Integration Joint Board throughout the year. A full analysis of the financial performance for 2021-22 is detailed in the Year End Outturn report. The chart highlights the spend by service this year, including Covid expenditure of £5.549m.

The financial funding made available from NHS Ayrshire and Arran and South Ayrshire Council to the IJB to deliver services and the costs associated with delivering these services over the last 5 years is detailed in the table below from 2017/18 to 2021/22.

Best Value

NHS Ayrshire and Arran and South Ayrshire Council delegate functions and budgets to the IJB in accordance with the provision of the Integration Scheme.

The IJB decides how to use these resources to achieve the objectives set out in the Strategic Plan. The IJB then directs NHS Ayrshire and Arran and South Ayrshire Council to deliver services in line with the objectives and programme set out in its Plan.

The governance framework sets out the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders and residents of South Ayrshire. The IJB also has a duty under the Local Government in Scotland Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised, having regard to economy, efficiency, effectiveness, the need to meet the equal opportunity requirements and contributing to the achievement of sustainable development.

The budget for 2021-22 approved transformation investment to increase capacity in kinship and foster carers support this reduces the need for expensive out with authority placements. Investment was made into reablement and rehabilitation community services to reduce delayed transfers of care and demand on care homes. The IJB also approved further investment to front line resources to increase capacity in the community to provide early intervention support as well as mainstream care in the community.

The Wellbeing pledge approved as part of the Strategic Plan provided investment to community groups to enable them to provide valuable services in the community to benefit mental health and well-being of citizens.

During the pandemic, services had to respond to delivering care and support in different ways, often with the use of technology. This has provided opportunity to review how we deliver services and make use of technology where possible to enhance service users experience. Technology has been vital in engaging with various stakeholders during the year to create a new Learning Disability Strategy.

4. Workforce

Work commenced during 21/22 in the development of the [SAHSCP 2022-25 Workforce Plan](#). This, the Partnership's second workforce plan, focused on the following key themes set by the Scottish Government -

- PLAN - 'supporting evidence based- workforce planning'
- ATTRACT - 'using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland'
- TRAIN - 'supporting staff through education and training to equip them with the skills required to deliver the best quality of care'
- EMPLOY - 'making health and social care organisations "employers of choice" by ensuring staff are, and feel, valued and rewarded'
- NURTURE - 'creating a workforce and leadership culture focusing on the health and wellbeing of all staff'

A detailed Action Plan has been developed and updates will be reported annually to the Integrated Joint Board and Scottish Government Workforce Planning Unit. A 'Staff Governance' group has been established to progress the actions and ensure clear outcomes. Input from social worker employees and managers, alongside a variety of workforce related data (such as vacancies, recruitment, turnover, absence, staff surveys) helped inform the plan.

There is recognition that a range of factors continue to take a heavy toll, and there has been a strong focus on methods to support the health and wellbeing of our colleagues. This focus has been a key priority for the Directorate Management Team and the Partnership will continue to develop a range of support from emotional support to practical activities.

A Social Worker 'grow our own' programme has been implemented as a means of supporting the career development of existing employees through the opportunity to train as Social Workers and support existing recruitment and retention difficulties in Social Work. The approach to this has been inclusive and open across the Partnership and we have successfully enrolled 4 candidates onto the Open University Post Graduate Route and 6 Candidates onto the Open University Undergraduate programme. We have agreed ongoing commitment to this programme dedicating £250, 000 over the next 4 years. Future thinking and planning will consider how we can strengthen this programme through a workforce planning and pathway approach.

Ayrshire College and University West of Scotland

We have established strong links with the University of the West of Scotland and Ayrshire College to identify opportunities for collaborative working, to offer placements, part time, structured learning opportunities and flexible contracts.

Social Media

Our investment in a dedicated communications lead has resulted in an increase profile both in print and electronic media. We aim to continue to promote the South Ayrshire Health and Social Care Partnership to increase this profile to augment our recruitment.

Ayrshire College and University West of Scotland

We have established strong links with the University of the West of Scotland and Ayrshire College to identify opportunities for collaborative working, to offer placements, part time, structured learning opportunities and flexible contracts.

Social Media

Our investment in a dedicated communications lead-officer has resulted in an increased profile both in print and electronic media. We aim to continue to promote the South Ayrshire Health and Social Care Partnership and the support and services we can

Practice Development Team.

The Practice Development Team support the role and function of the Chief Social Work Officer. The team drive performance, development and improvement ensuring that we have a skilled and competent workforce who practice with the ethics and values of Social Work at their heart. The development of the “Growing our Own Leaders Programme” will enhance professional leadership and create succession from within. In early 2022 the team established an audit calendar to provide overview of performance in certain practice areas and drive improvement.

Our ability to deliver face to face training was severely impacted due to the Covid Pandemic during 2020/21. Where possible the team embraced and promoted online learning to continue to deliver training to enable the safe care of our people during lockdown and beyond. Significantly the team were also able to establish a central training base consisting of two training rooms and dedicated moving and handling suite.

Training Delivered in 21/22 is detailed below.

- Moving and Handling
- Food Hygiene
- Chronology and Case Recording Practice Sessions
- Moving and Handling Observations
- Food Hygiene
- MAPPA
- Dangerous Difficult Evasive
- Working with Epilepsy
- Parental Mental Health/Impact on the Child
- ASP Level 1 Hearing
- 2 Day Child Protection
- Leadership and Management Programme

- Intro to Leadership Growing our own leaders
- Childhood Trauma
- Child Sexual Exploitation
- Gender Based Violence , this is recovering to the levels expected.
- Self-Directed Support
- Signs of Safety
- UNCRC

The Covid Pandemic also had a significant impact on the ability for SVQ work to continue. However, this is recovering to the levels expected.

- 33 Staff Members Registered and undertaking SVQ Level 2
- 20 Staff Members Registered and undertaking SVQ Level 3
- 8 Staff members Registered and undertaking SVQ Level 4
- 4 Staff Members undertaking the CSLM Certificate

Practice Teaching

South Ayrshire Health and Social Care Partnership has continued to facilitate its practice learning programme whilst managing to navigate the challenges that the COVID-19 pandemic.

The Partnership has continued to work with the Learning Network West and Universities to meet its full allocation of social work students. This was achieved through the commitment and creativity of South Ayrshire's Practice Teachers and Link Workers and services who were committed to ensure that social work students were well supported with all students being successful in completion of their placement.

Practice Teaching staffing numbers in South Ayrshire remain steady with good uptake on the Professional Development Award in Practice Learning although this will need to be maintained and promoted to maximise capacity for student opportunities across all services.