



West Dunbartonshire
Community Health & Care Partnership

Director: Keith Redpath



WEST DUNBARTONSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP
CHIEF SOCIAL WORK OFFICER's ANNUAL REPORT 2012 – 2013

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1. Introduction and Governance

- 1.1 It is a statutory requirement that every local authority should have a professionally qualified Chief Social Work Officer. This requirement is set out in Section 45 of the Local Government etc (Scotland) Act 1994. The particular qualifications are set down in regulation. This is one of a number of officers, roles or duties with which local authorities are required to comply.
- 1.2 The responsibility of social work services is to promote people's safety, dignity and independence, and to protect communities by reducing offending and managing the risks posed by known offenders. This is done within a framework of statutory duties and powers imposed on the Council. Services are required to meet national standards and to provide best value. They are delivered in partnership with a range of stakeholders, including, most importantly, people who use them.
- 1.3 The role of the Chief Social Work Officer relates to all social work services, whether they be provided by the local authority or purchased from the voluntary or private sector, and irrespective of which department of the Council has the lead role in providing or procuring them.
- 1.4 In addition, there is a small number of duties and decisions, which relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable.
- 1.5 This annual report provides Members with an overview of how the statutory duties of the Chief Social Work Officer (CSWO) have been fulfilled over the year – 1st August 2012 to the 31st of July 2013.
- 1.6 Within the integrated Community Health and Care Partnership (CHCP) in West Dunbartonshire, the governance of social work has been considered and appropriate mechanisms put in place to ensure that these functions are being dealt with properly. The Chief Social Work Officer while not directly responsible for all areas of social work delivery relies on the close communication and cooperation of the respective Heads of Service and the Director. This report confirms that these arrangements are robust and effective.

2. Public Protection

2.1 Public Protection Chief Officers Group (PPCOG)

The highest priority in social work is to ensure that, in collaboration with partner agencies, people at risk of harm are afforded effective protection. The PPCOG is chaired by Joyce White, Chief Executive of the Council and the PPCOG is responsible for the strategic co-ordination of all public protection services in West Dunbartonshire.

The chairs of both the Child Protection Committee (CPC) and the Adult Protection Committee (APC) report directly to the PPCOG. Over the past year much of the agenda has focused on improving both the reporting to the PPCOG and further developing the action plan for the PPCOG. A development session was held in January 2013 to review the Terms of Reference of the group and establish a clear accountability and governance function.

Following this the PPCOG has agreed an Improvement Action plan which will sit within both the Child Protection and the Adult Protection, annual reports and Improvement Plans. Some of the issues which the PPCOG agreed needed to be addressed have been concluded and good progress is being made in respect of the remaining actions.

It was agreed that an amalgamated Performance reporting and Assurance Framework would be developed for the PPCOG and the first draft of this was agreed in October this year. Some additional development is required and the final version will be presented to the PPCOG in January 2014.

The PPCOG has adopted a Critical Incident Procedure initially developed in Dundee City and now being developed for national applicability by the current Chief Social Work advisor for the Scottish Government, Allan Baird, the previous Director of Dundee Social Work Services. The PPCOG benefited from hearing from Allan Baird at the session in January 2013.

2.1 Child Protection

As at 31 March 2013 there were 29 children living in 16 families on the Child Protection Register in West Dunbartonshire, compared with 41 children living with 24 families the year before. This represents a fall of 29%. Over the course of the year, a total of 77 children were registered and 78 were de-registered.

At the time of coming into post in April 2012 the child protection strategic structure included both the Child Protection Committee (CPC) and the Child Protection Health Forum, both of which were chaired by the Chief Social Work Officer (Head of Children's Health, Care and Criminal Justice). It was agreed at the PPCOG that these groups should be merged particularly in light of the partnership within the CHCP in West Dunbartonshire.

Over the course of the past six months a number of aspects of this work has been reviewed;

- ❖ The Constitution of the newly merged CPC;
- ❖ The membership of the CPC;
- ❖ The structure of work streams and sub-groups;
- ❖ The reporting mechanisms into and out of the CPC;
- ❖ The Improvement Action Plan Priorities (Business Plan);

The Improvement Action Plan will span three years from 2013 to 2016 with an annual update and review in the middle of each year. Given the need to merge the two groups and revisit the constitution and vision of the newly formed CPC, the Improvement Action Plan has been slightly delayed and will not be presented to the PPCOG until January 2014. It was felt however that to produce the plan before this review was concluded would have been unwise, particularly as this will set the focus of work and the vision for the next three years.

2.2 Adult Protection

The Adult Protection Committee (APC) in West Dunbartonshire is a multi-agency group that ensures all agencies work individually and collectively to protect adults at risk of harm. The committee is chaired by an independent chair, Peter Jennow who was appointed in March 2013. The committee has developed a 3 year action plan that reflects the 5 priority areas for Adult Support and Protection that have been identified by the Scottish Government. There are two sub-groups that work to the APC. These are:

- ❖ Practice and Communication
- ❖ Training, Development & Quality Assurance

The Action plan is considered at each sub group with up-date reports being provided at each meeting of the APC, the plan is then up-dated accordingly.

The independent chair of the APC and the lead officer report to the Public Protection Chief Officers Group on a quarterly basis.

The number of Adult Support & Protection referrals has slightly decreased, at the same time referrals for Vulnerable Adults has increased. This can be attributed to the utilisation of more appropriate referral pathways and demonstrates a better understanding of the Adult Support and Protection legislation by agencies that refer adults to social work. The police have continued to be the main source of Adult Support & Protection referrals with 62% of all referrals being made by the police. The client group with the most referrals was older people over 65. For the majority of Adult Support and Protection referrals, clients were supported via care management procedures. 11% of cases proceeded to investigation and were managed under Adult Support and Protection procedures.

Detailed and basic awareness training on Adult Support and Protection was delivered on a monthly basis. This training was well attended by a wide range of groups and feedback was very positive. To meet demand additional briefing sessions were arranged as and when required.

2.3 Criminal Justice – the Management of High Risk Offenders

The Criminal Justice service has a key role in the assessment and management of offenders including those who present a high risk of harm to others within the community. Multi-agency public protection arrangements are the principle means of discharging this responsibility with regard to registered sex offenders and restricted patients (mentally disordered offenders). Within the framework provided by MAPPA the service collaborates and shares information with the Police and Scottish Prison Service, and this function is defined as a collective responsibility.

The work being undertaken to roll out changes to practice and procedures resulting from the publication of new national MAPPA guidance in early 2012 was completed within the timescale of this report.

Serious violent offenders are not as yet included in MAPPA arrangements. However, the principles of inter-agency co-operation, information sharing and planning continue to underpin our work in this area. Work is currently being undertaken with partner authorities and the Police to formalise this area of practice.

2.4 Mental Health Officer Service and Public Protection

Mental Health Officers in West Dunbartonshire undertake legislative duties in relation to the risk assessment and management of people with mental disorders, including mentally disordered offenders. The principle duties are set out in relevant legislation, with additional policy and guidance featuring such as the Multi-Agency Public Protection Arrangements (MAPPA); the Memorandum of Procedure on Restricted Patients (2010); and the Enhanced Care Programme Approach. Mental Health Officers also directly contribute to the formulation of multi-agency formal risk assessment and management plans.

All mentally disordered offenders from the West Dunbartonshire area who are subject to statutory measures must have a designated Mental Health Officer. Several of those also benefit from the input of a social worker with a specialist remit to work in this field. This is a complex and developing area of practice therefore, to appropriately safeguard the health and welfare of the service users concerned, and the broader community; it is imperative that comprehensive assessment, care planning and service delivery takes place, particularly as in-patients approach the discharge phase of their journey.

To facilitate practice development, four Mental Health Officers have currently undertaken formal, accredited training in respect of the HCR-20 Risk Assessment and Management Tool which is a fundamental component in respect of many service users care plans. The aim is to

ensure that all Mental Health Officers working with mentally disordered offenders undertake this training over the coming year.

Risk assessment and management in the public protection context is not, however, restricted to mentally disordered offenders, and is an intrinsic component of the Mental Health Officer role.

Whilst it remains the case that people with mental disorders are significantly more likely to be vulnerable to harm on the part of others, as opposed to presenting a risk to the broader community, it is essential to identify and manage all risk factors, and Mental health Officers are central to this process.

2.5 Blue Triangle Multi-Agency Review

Between July 2012 to September 2012, three young women took their own lives whilst residing within Blue Triangle Housing Accommodation. A Multi-Agency Review was commissioned by the Chief Executive of West Dunbartonshire Council in her capacity as Chair of the West Dunbartonshire Public Protection Officers Group and the Director of the CHCP.

The review engaged and critically reflected upon contributions from the range of responsible disciplines and services of West Dunbartonshire Council, NHS Greater Glasgow and Clyde, Strathclyde Police, Third Sector organisations (including the Blue Triangle) and importantly sought the views and comments from the family members of the three young women.

In the Process of delivering the Multi-Agency Report consultation was taken with members of The Three Families , West Dunbartonshire CHCP Mental Health and Crisis Services , Children's Through Care , Social Work, Youth Services , Blue Triangle Supported Housing , Alternatives All 4 Youth , Strathclyde Scotland , NHS GG&C Children's and Mental Health Adolescent and WDC Housing Services.

In addition to formulating the specific review recommendations, during the course of the review a number of management actions were taken to respond to ongoing heightened anxieties among housing and third sector colleagues in supporting vulnerable young people:

- ❖ In order to support colleagues a clear pathway on how to access mental health services was circulated.
- ❖ CHCP Choose Life Team and WDC Children's Educational Psychology Service delivered sessions on suicide awareness to a number of local schools. This will be further rolled out across all schools in West Dunbartonshire.
- ❖ CHCP Mental Health Staff delivered training and support to housing and third sector agencies.

The lives of these three young women had much in common. Some of the key features of their lives were the lack of a stable home and of the absence of positive parental guidance. All these young

women were exposed to emotional trauma and dysfunctional family relationships. Their lives were affected by family breakdown which resulted in periods spent in the care of the local authority. All three went on to experience homelessness.

Following examination of each of the three cases, the Review found no evidence of any deficits in care. Appropriate information sharing and timely interventions were evident in all three cases with good evidence of planning, continuity of care and significant efforts made by services to keep all three clients engaged and supported.

Important questions inevitably and quite correctly arise about the preventability of these deaths, about the adequacy of the interventions made by all the services responsible for them.

The Multi-Agency Group has questioned the placement of these young women in accommodation provided for both sexes and all ages. While understanding the reasons for exclusion from other resources, the Review recommended that young people are not in future placed in shared accommodation with older homeless people. The Multi Agency Review had no criticism of the standard of care provided by the Blue Triangle, indeed the support was felt to be very good.

Across each of the three cases there is a clear pattern of the 3 young women not engaging with services, particularly in relation to the support offered by Mental Health and Addiction Services. However there is also clear evidence within the documentation and from relatives that services attempted to keep all of the clients engaged in support using flexible approaches i.e. home visits and in some cases outreach approaches.

In each of the three cases and despite the best efforts of services to offer appropriate and timely supports, clients although vulnerable were at liberty to make lifestyle choices some of which significantly increased the risk to their emotional, physical and mental wellbeing. The view expressed by the Multi Agency Review was that ultimately, services can only seek to minimise risk but cannot eliminate it completely.

The CHCP Committee supported the outcome of the Multi-Agency review report and it's associated recommendations. It should be noted that significant progress has already been made and the review group continue to meet in order to ensure that progress is effective and within expected timescales.

3. Corporate Parenting

Both the Council in it's widest sense and the Community Planning Partnership should be seen as Corporate Parents in respect of Looked After Children. In this respect we have a duty to support children and young people for whom we look after on a statutory basis. This includes both children who are on formal orders and cared

for by their parents or extended families and those who have been formally accommodated in the care of the Local Authority; either within a foster placement or residential placement.

As Corporate Parents our aim should be to ensure that these children receive high quality care and that they are afforded the same opportunities and experiences as children in the general population, in order that they can achieve the same outcomes. However we know from research and statistics that many of the looked after children in our society fair less well than the general population in a number of facets of their life, such as: training opportunities, health, educational attainment and further education, to mention but a few. In addition a far greater proportion of the prison population are people who have at some time in their childhood been looked after.

We all have a role to play in being Corporate Parents and it is imperative that we raise awareness of this duty and the reasons why this population of children require additional assistance in order to overcome barriers that come with having been looked after.

To do this we have delivered briefing sessions for elected members and each year we reinforce the role and duties of Corporate Parenting during our series of events during Leaving Care Leavers week. This year we had a very successful launch of the Care Leavers week with a programme that included; a drama production from young people from Kibble Residential School, an input from the Children's Commissioner for Scotland, Tam Baillie and we locally launched of the Who Cares Anti-Stigma campaign and signing of the Anti-Stigma Pledge.

In West Dunbartonshire we believe strongly in supporting our children and young people into their early adulthood and as such we are committed to supporting children in foster care, in our own children's units and in supported lodgings placements well beyond the age of 16. As such we were involved in the Scottish Governments adoption of the 'Staying Put' policy and guidance, which was launched in October 2013.

This Guidance for Local Authorities and other Corporate Parents outlines our need to support looked after children and young people to remain in care, as part of a staged transition towards adulthood and greater independence. It acknowledges that while not all young people will want to remain in their care placements once their supervision order comes to an end, some will, and local authorities should be able to accommodate that request. Moreover, while it is young people with the most complex needs that are perhaps the least likely to choose to stay, they are also the group most likely to benefit from the Staying Put Scotland approach.

Following our recent Care Leavers week of activities it has been agreed that the multi-agency Looked After Children Review and Improvement Group, will bring forward recommendations of how we can improve our commitment as corporate parents. From this we will

develop a Corporate Parenting Action and Improvement Plan, in order to keep this in the forefront of the work we all do.

4. Regulation and Inspection

The Care Inspectorate's role is to register care services and to inspect all care and social services with the aim of encouraging and driving improvement in those services where they have detailed either recommendations and or requirements in certain aspects of care.

We work closely with the Care Inspectorate in discharging our responsibilities to ensure that service provision, both provided and commissioned, are of the highest standard. The Quality Assurance team within the CHCP has a clear role in proactively monitoring the quality of care delivered and ensuring that the response to individual concerns about service delivery are responded to quickly and effectively.

By creating action plans and monitoring and reporting on performance and service quality, across in-house and external provision we ensure that all services improve in order to provide high standards of care for the communities within West Dunbartonshire.

All inspection findings and reports are reported to the CHCP Committee along with details of improvement actions and progress.

5. Service Achievements

5.1 HR Award

A positive result this year for the Community and Health Care Partnership (CHCP) was national recognition of our joint partnership working approach within the integrated CHCP. The approach taken by CHCP to establish effective partnership working with trades unions and other stakeholders in the processes of formulating, consulting, implementing and evaluating issues related to the provision of health and social care resulted in CHCP winning the Social Partnership Forum Award for Partnership Work from the Healthcare People Management Association.

5.2 New Care Homes

Following Council approval for the development of two new Care Homes plans are progressing well for the design and location of two Older People's Residential Care Homes with Day Care facilities.

As reported CHCP Committee, key appointments have now been made to develop designs for the Project, including the Architect; Landscape Architect; Mechanical and Electrical Consultant; Civil and Structural Consultant; and Cost Consultants. These organisations have been carefully vetted and selected by the Council and hub West Scotland (hWS) and bring appropriate knowledge, skills and experience to the Project.

As reported to CHCP Committee, the building of the Dumbarton care home and day care centre has been accepted by hWS under the terms of their Territory Partnering Agreement with West Dunbartonshire Council. This provides an agreed cost and risk framework within a specified timescale which should see the completion of this home within the first quarter of 2016. Similar arrangements, within the same timescale, will be concluded with hWS when a site for the Clydebank home is finalised.

Site investigations, options appraisal and the consultations locally have identified that the Crosslet House site is the preferred option for the site of the Dumbarton care home and day care centre.

5.3 Developing Integrated Adult and Older People Services

Until recently the adult and older people's service of the CHCP continued to work within traditional social work and health teams. Within these services there were different arrangements at each end of the authority. The proposal therefore sought to rationalise these arrangements and lay the foundation for developing consistent models of care across West Dunbartonshire.

Colleagues in mental health, learning disability and alcohol and addiction services have been managed within multidisciplinary and multi-agency teams for some time. This has improved access to services for clients, broadened the knowledge base for staff and provided coherent opportunities for planning and delivering care to clients with complex needs.

A review of the management arrangements for the adults and older people's service was undertaken. With the reorganisation of Allied Health Professional services there are fewer direct teams but it was recognised that the nature and complexity of the agenda required robust management support. The management team will be responsible for staff from a range of disciplines and may include those from social work or health backgrounds.

5.4 Developed respite provision to include respite at home.

The local respite bureau allows clients and carers to self book at a time and place of choice: the year one data shows increased uptake and improved satisfaction of carers. Respite at home has been introduced for those who are assessed as appropriate. Carer training for practical care issues and condition specific information has been developed in partnership with Carers of West Dunbartonshire. The CHCP has also introduced a carer support worker to work with families with older people at transition from hospital or home to care settings.

5.5 Adults with Incapacity and Guardianship

Presently, West Dunbartonshire CHCP is supervising 90 Private Welfare Guardians and is Welfare Guardian to 17 individuals living in the area, either in the community or within a residential service. This highlights the significant numbers of private Welfare Guardianship Orders within the area to date and this trend continues with requests

for statutory Mental Health Officer Reports to accompany private Welfare Guardianship Orders being received on a weekly basis.

As highlighted in the CSWO Report of 2011/2012, recruitment of 2 additional Mental Health Officers and 1 social worker with a specific remit to supervise private guardians and undertake reviews in relation to older adults has taken place. These posts were jointly funded by the Older Adults Change Fund and Adult Mental Health Services. Recruitment to these posts significantly increased capacity in respect of delivering statutory services. This recruitment was accompanied by streamlining of internal processes. These factors along with the introduction of practice guidance has significantly improved response times in relation to supervising Private Welfare Guardians and providing and providing statutory Mental Health Officer Reports to accompany private Welfare Guardian applications.

5.6 Criminal Justice Women's Support Service

The Women's Safety and Support Service won a Scottish Social Services Council (SSSC) Care Accolade award in the adult and other service category in 2012.

This service supports women affected by domestic abuse whose partners/ex partners are being assessed and/or managed by Criminal Justice Social Work. It also supports women offenders affected by gender based violence. It is a direct response to the very high incidence of reported domestic violence affecting West Dunbartonshire and empirical evidence of the impact of gender based violence on female offenders.

During the period 2012-13 the service received 85 referrals and at the time of writing is offering direct support to 35 women. The service has developed a pro-active approach to women referred in the immediate aftermath of an incident or subsequently at the Criminal Justice Social Work report stage. The service has developed an input into the women offender's group-work programme and supports a service users group.

The project has also undertaken research into the needs of women offenders and is currently preparing a practice guide for working with female offenders affected by gender based violence.

5.7 Community Payback Orders (CPO) – Unpaid Work

The high levels of engagement and positive public profile noted in 2011-12 have continued over the period of the present report. The profile of unpaid work received an additional boost through a visit by the Cabinet Secretary for Justice to the Clyde Coastal Path project.

5.8 Local Implementation Plan of the Getting It Right For Every Child (GIRFEC) National Practice Model

Significant progress has been made in relation to the implementation of GIRFEC. We recently formed the GIRFEC Core Group with representation from managers across; health, education, social work and police, with the aim that this small leadership nucleus will steer the implementation. Whilst legislative requirement for a 'Named Person' is

not until 2015 through the Children and Young People's (Sc) Bill the decision of the West of Scotland GIRFEC group is to introduce GIRFEC during 2014 with a years lead in time.

Significant progress has been made through; awareness raising events across all services including adult services and the third sector; delivery of Named Person and Lead Professional training; development of single agency assessment and a review of case loads within Social work teams to assess whether they meet the 'Lead Professional' test.

The Core Group has developed an Implementation Plan which covers a number of work streams which need to be progressed in order that we meet the readiness test to implement.

With some additional short term funding from the Scottish Governments GIRFEC team we have employed a part-time researcher to work with families and raise awareness of GIRFEC, seeking their views of how this should be publicised and what key information parents need to know. This will be particularly important given the current media backlash on the concept of 'named person'.

We held a very successful partnership event on the 14th of November which covered relevant issues for GIRFEC such as; information sharing with an input from the Information Commissioners Office, and introduction and launch of the Whole systems approach to youth offending and we spent time in groups undertaking a self-evaluation of progress so far. On this later piece of work we asked the mixed groups of staff from across the CPP to identify small tests of change from which we will select some improvement actions that we can implement alongside the Early Years Collaborative work which uses a very successful improvement methodology referred to as Plan, Do, Study, Act (PDSA).

6. Opportunities and Challenges for the Year Ahead

6.1 Criminal Justice Reform and review

The Scottish Government consulted on proposals to redesign Community Justice Services the consultation period concluded in April 2013. The background to the consultation included recommendations within the Commission on Women Offenders (2012) and subsequent Audit Scotland Report on reducing re-offending (2012).

The options canvassed in the consultation were;

- ❖ An enhanced Community Justice Authority model
- ❖ A Local authority model
- ❖ A single national service

The majority of responses favoured the local authority model albeit with qualifications regarding the need for clear national direction with the merits of joint commissioning and delivery of services in the interests of service efficiency and advantages of links to the recently reviewed community planning structures. At the time of writing the Scottish Government have not formally indicated their preference although it is

likely to be a local authority model. At the time of writing the details of funding (currently ring fenced; see below re finance) are not available.

The CJSW service commenced a review of its commissioning strategy to take account of the changing policy, strategic and organisational landscape. This reviewed strategy was approved by CJ Partnership Committee in September 2013).

Community Payback Orders replaced Probation, Community Service and supervised attendance orders for offences committed after February 2011. The period 2011-12 saw the transition from the one system to the other with the result that 2012-13 was the first year in which the full impact of the new orders might be judged.

The principles underpinning CPO emphasise the positive impact on the community in terms of paying back directly through unpaid work and/or other rehabilitative measures, typically achieved via supervision requirement.

The general appeal of the concept of payback appears to strike a chord with individuals, community organisations and the media above and beyond the high levels of satisfaction traditionally elicited from recipients of unpaid work. Unpaid work staff have responded to a more receptive public climate to develop, promote and consult regarding unpaid work projects. Success in generating positive media coverage in the local press/radio has generated further interest in and referrals to the unpaid work teams within the Partnership.

6.2 Criminal Justice Funding

CJSW funding is ring fenced and is allocated annually largely on the basis of historic activity levels. The funding is allocated via the CJA and over recent years has declined both in value and in real terms, bearing gradually less relationship with real service delivery costs. The outcome of the funding formula within this context does not link rising activity levels to funding levels, focusing as it does on a proportionate share of the national activity level and not the impact of more local demand.

6.3 Children and Young People (Sc) Bill

There are a number of opportunities presented within the many themes that run through the Children and Young People (Sc) Bill. Among these are: implementation of the 'named person' for all children through the implementation of the Scottish Government Policy initiative of Getting It Right For Every Child (GIRFEC) further support for kinship carers, extending the age of responsibility to care leavers to 25, extending pre-school child care provision, re-iterating the rights of the child as set out in the United Nations Conventions on the Rights of the Child and introducing outcomes based performance reporting.

The challenges of the Bill however lies in the uncertainty of the detail that will be provided in the Regulations which have yet to be finalised and in the Financial Memorandum that accompanies the Bill.

Through COSLA negotiations we have provided a significant amount of detail in respect of the potential financial impact of the themes within the Bill and have raised our concern that a number of these areas have not been fully developed.

We will continue to be involved in the various stages of this Bill as it progresses through the Scottish Parliament and in providing financial estimates of what the impact might be for West Dunbartonshire.

6.4 Self Directed Support Bill

The challenges for public services are formidable: social inequalities, an aging population and increased public expectations about the choice and control that they expect to exert when they receive services.

As reported last year, the Scottish Government has set an ambitious vision for reform of public services.

The Self Directed Support (SDS) Bill continues to be significant vehicle for change and we continue to work through the piloting and development work in preparation for implementation.

As reported last year there continues to be significant work streams in place in order to enable this change in practice both for staff and services but also for service users. Progress to date includes:

- ❖ The Children with disabilities team undertook a further summer pilot was undertaken which is now being evaluated. They also worked with the Self Directed Support Officer, Incontrol Scotland and an associate member Martin Dokin in developing a suitable resource and assessment framework for Children's Services.
- ❖ The SDS Officer continues to work with other local authorities via the Association of Director's Of Social Work (ADSW) Resource Allocation System (RAS) sub group, chaired by the West Dunbartonshire SDS Officer. The purpose of this group is to share learning, practice and progress across the country.
- ❖ There has been significant progress made with the development of an Individual Resource Framework (IRF) that will assist resource allocation. This is currently going through a desktop exercise and results will be collated and evaluated.
- ❖ The partnership pilot with the Royal National Institute for the Blind (RNIB) continues to make progress and has reviewed its Project Plan. The pilot focuses on three specific groups:
 - i) Young people with a learning disability in transition;
 - ii) Older people with a learning disability;
 - iii) Adults with a learning disability living at home with older carers.
- ❖ A robust and appropriate training plan is being developed based on the results of a staff survey and a link workers group developed to share knowledge and practice principles and the workers have access to a pilot Open University Course to help expand their knowledge.
- ❖ The SDS Officer is currently working on a five year action plan for implementation of the new legislation within West Dunbartonshire. The

SDS Officer will also link with other services to establish a strategic focus on the role out of training and relevant processes required.

6.5 Economic Challenges and Welfare Reform

It should be acknowledged that the CHCP works with children, their families and individuals from a variety of backgrounds on both a voluntary and statutory basis. Often we see the impact of what difficult family backgrounds that continue to play out in the lives of vulnerable people, beyond their childhood years, and this also can impact on generations.

In terms of vulnerability we know all too well that difficult and impoverished lifestyles can have a devastating effect. Clearly with the tightening economic climate and the impact of national government welfare reform measures we are seeing more families and individuals who are increasingly struggling to deal with poverty. This can be seen both financially and in terms of a poverty of 'opportunity'.

It will be important over the coming years for the CHCP and Council services to be able to quantify the impact that this will have on service delivery and on people within West Dunbartonshire. In the meantime we rely on the long standing and robust partnership working that exists across the Community Planning Partnership as we face the future austerity.

6.6 Attendance Management

Reducing absence levels has been a key priority for the CHCP this year. An action plan was developed by the Director and Heads of Service in April outlining actions to be taken during the year. This reinforced the need for robust management information to be available and attendance management training was delivered in all service

areas. In addition an e-learning module was developed and Attendance Management Workshops have been implemented. It is hoped this approach will result in reduced absence levels this year.

7. Integration and Public Bodies (Joint Working) (Scotland) Bill 2013

7.1 In forming the Community Health and Care Partnership (CHCP) in 2010, with a shadow period prior to this, it was agreed that the Annual Chief Social Work Officer report would be the mechanism for affirming if the construct of the CHCP continues to fulfil the governance and statutory responsibilities for Social Work Services.

7.2 This is the third annual report since the CHCP was formed and as Chief Social Work Officer I can confirm that all statutory and regulatory functions continue to be effectively managed within and across the CHCP.

7.3 In the intervening years the Scottish Government has drafted the Public Bodies (Joint Working) (Scotland) Bill 2013. This sets the policy direction for proposals for integrating health and adult social care.

- 7.4 At the CHCP Committee on the 20th November this year, Committee re-affirmed its support for the current West Dunbartonshire CHCP arrangements and proposals for a transition to a shadow Health and Social Care Partnership from the 1st April 2014, subject to final approval by both the full Council and the NHS Board.
- 7.5 Whilst the Bill states the need for integration between health and social care, given that West Dunbartonshire CHCP has to date brought together all services, including Children's Services, into the Partnership this will remain the position within the shadow Health and Social Care Partnership.
- 7.6 In conclusion as Chief Social Work Officer, I fully support and endorse the plans being presented to the Council today of the plans in moving towards a shadow period in advance of the new partnership arrangements for 2014/15.

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West Dunbartonshire CHCP
November 2013