



West Dunbartonshire Health and Social Care Partnership

Chief Social Work Officer Annual Report

2022-2023

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Chief Social Work Officer

Introduction

It gives me great pleasure to present this annual report 2022/2023 as Chief Social Work Officer for West Dunbartonshire. The report presents an overview of social work and social care services within West Dunbartonshire and the statutory functions delivered during that period. The report sets out some of the challenges for social work and care services as well as highlighting the many achievements over the past year.

This report, and I personally want to recognise the commitment of our social work and social care workforce in providing services to many of our most vulnerable children, young people and adults in our communities, and at a time where budgetary pressures and workforce challenges are at arguably an unprecedented point in ensuring our capacity to sustain, deliver and improve on vital social work and care services to our citizens whose rights we uphold. . The workforce section in this report highlights some of the real challenges both in terms of capacity within the social work and care workforce almost without exception and our need for a clear local strategy aligned to the National workforce strategy is a key priority to ensure services are sustainable and of a quality we expect going forward.

In West Dunbartonshire our social work and care services are diverse, and this report does not attempt to cover every aspect. This report summarises practice activity, improvement and the strengthening of service user voices, and where necessary service redesign activity that is taking place. Services need to keep evolving and changing to best respond to the needs of our communities and we need to be outward facing in all that we do.

The challenging economic policy and societal pressures are directly related to increasing demand for social work and social care services and the requirement for other supports and services within our communities, requires solution focused, collaborative leadership due to increasing complexity of needs for those we serve.

This annual report allows us to take stock and consider in a challenging landscape what requires to be our priorities in supporting communities to reduce the need for social work intervention, and deliver earlier community based support to curtail escalating needs for children and adults who need community and service support.

This year has been challenging on many levels and the continued uncertainty of the future focused policy agenda of social work and care, its value and that of its workforce requires some certainty which leaders and professionals will continue to engage with through National consultation forums.

The nature of social work is often overlooked or misunderstood in the vital role we play in supporting children and adults whose complex needs requires support, with their voice at the heart of what this needs to look like. We need to continue our development of services moving away from the doing to and understand and consult on what makes a difference and invest in our services in relation to being able to measure and evaluate the impact.

As Chief Social Worker I have in my report referred to social work and social care separately as they are two very different activities. Care is the support and help you will receive to meet your care needs and 'social work is a practice based discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people' (Global definition of Social Work 2014). Often the two are conflated and we need to have a shared understanding of what the profession delivers to making a difference to individuals and the communities we serve in West Dunbartonshire.

Social Work operates across a range of partnerships across Health and social care and Community Planning. The importance of that role is significant in making a difference to the citizens of West Dunbartonshire. All that social work delivers needs to be viewed in an integrated context, services are not stand alone and partnership working is key to delivering improved outcomes.

Despite the increasing challenges the context and future uncertainty our social work and care, our workforce including careers are our greatest asset and the commitment and dedication of our social work and social cares workforce cannot be overstated.

Put simply due to their commitment to people at a time of crisis, failing health trauma or family breakdown is a daily reality and is making a real difference in people's lives.

Governance, accountability, and Statutory Functions

1.1 Role of the Chief Social Work Officer:-

1. There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who is registered with the Scottish Social Service Council (SSSC). This regulation is set out in Section 45 of the Local Government (Scotland) Act 1994. The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Integration Joint Boards, Elected Members and Officers in the provision of Social Work services whether directly provided or commissioned.
2. The CSWO has responsibility for overall performance improvement and the identification and management of corporate risk in so far as these relate to Social Work services. The CSWO provides professional governance, leadership and accountability for the delivery of Social Work and Social Care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority.
3. The role assists the Council and the Integration Joint Board to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO is required to ensure that all social services workers meet the requirements of the SSSC Codes of Practice.
4. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social Work services are delivered within a framework of statutory duties and powers and are required to meet national

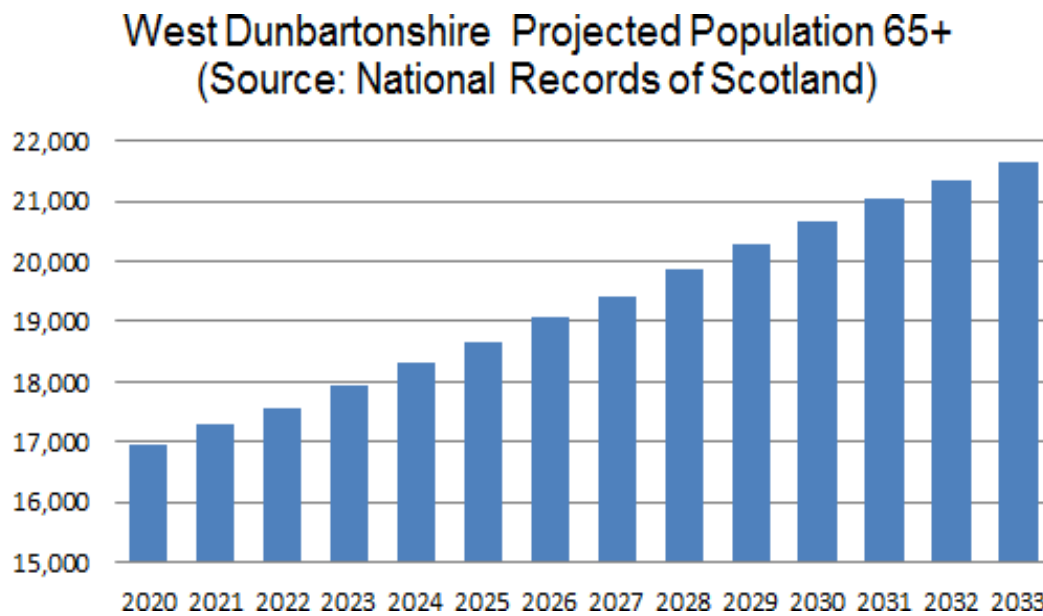
standards and provide best value.

5. West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice reporting to both the Chief Officer of the HSCP and the Chief Executive.
6. The Chief Social Work Officer is a 'proper officer' of the Council in relation to social work functions and is a member of the Senior Management Team within the HSCP and a non-voting member of the Health and Social Care Partnership (HSCP) Board.
7. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a Local Authority's statutory functions as they relate to Social Work services. The CSWO fulfils the functions of both Council and the Health & Social Care Partnership.
8. The CSWO assists the Local Authority, Integration Joint Board and their partners to understand the complexities and cross-cutting nature of Social Work delivery – particularly in relation to issues such as:-
 - Corporate parenting and implementation of The Promise
 - Child protection;
 - Adult protection;
 - The management of high-risk offenders.
 - Workforce development, professional and practice standards
9. The role also contributes to supporting overall performance improvement, management of corporate risk and a wide range of national and local outcomes.
10. Within the structure of HSCP focus on preventative and participative service approaches to improve the outcomes of those who use services is built in to the 2023-2026 strategy. The delegated functions are as follows;
 - Adult and Older People's services across all disciplines within integrated community teams;
 - Children and Young People's services across all disciplines and in partnership with Education Services.
 - Justice Social Work;
 - Community Mental Health, Learning Disability and Addictions services within integrated community teams and inpatient services.

1.2 Population profile

1. In 2021, the population of West Dunbartonshire was 87,790 (National Records for Scotland, 2022). This is a decrease of 0.6% from 88,340 in 2020. Over the same period, the population of Scotland increased by 0.25%. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.
2. The number of births in West Dunbartonshire in 2022 was 852 which was significantly higher than the low numbers in 2020 and 2021 of 771 and 769 respectively and in contrast with a decrease of 1.7% in births in Scotland on 2021 figures. In West Dunbartonshire, 17.4% of the population are aged 0-15, slightly higher than Scotland (16.6%), and 9.7% of the population are aged 16-24, which is smaller than Scotland (10.2%). In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25,220 (28.7%).

3. People aged 65 and over make up 19.5% of West Dunbartonshire's population, which is similar to the Scottish population. Currently West Dunbartonshire ranks the third most deprived area in Scotland (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inverclyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2020¹).



West Dunbartonshire's overall population is in decline however, the proportion of older people within the authority is steadily increasing. From 2018-based population estimates it is predicted that the pensionable age and over population will increase by 15.2% by 2033 and the over 75 population will increase by 34%. People are living longer with more complex health needs and therefore may require more input from health and social care services.

1.3 CSWO and Partnership Arrangements

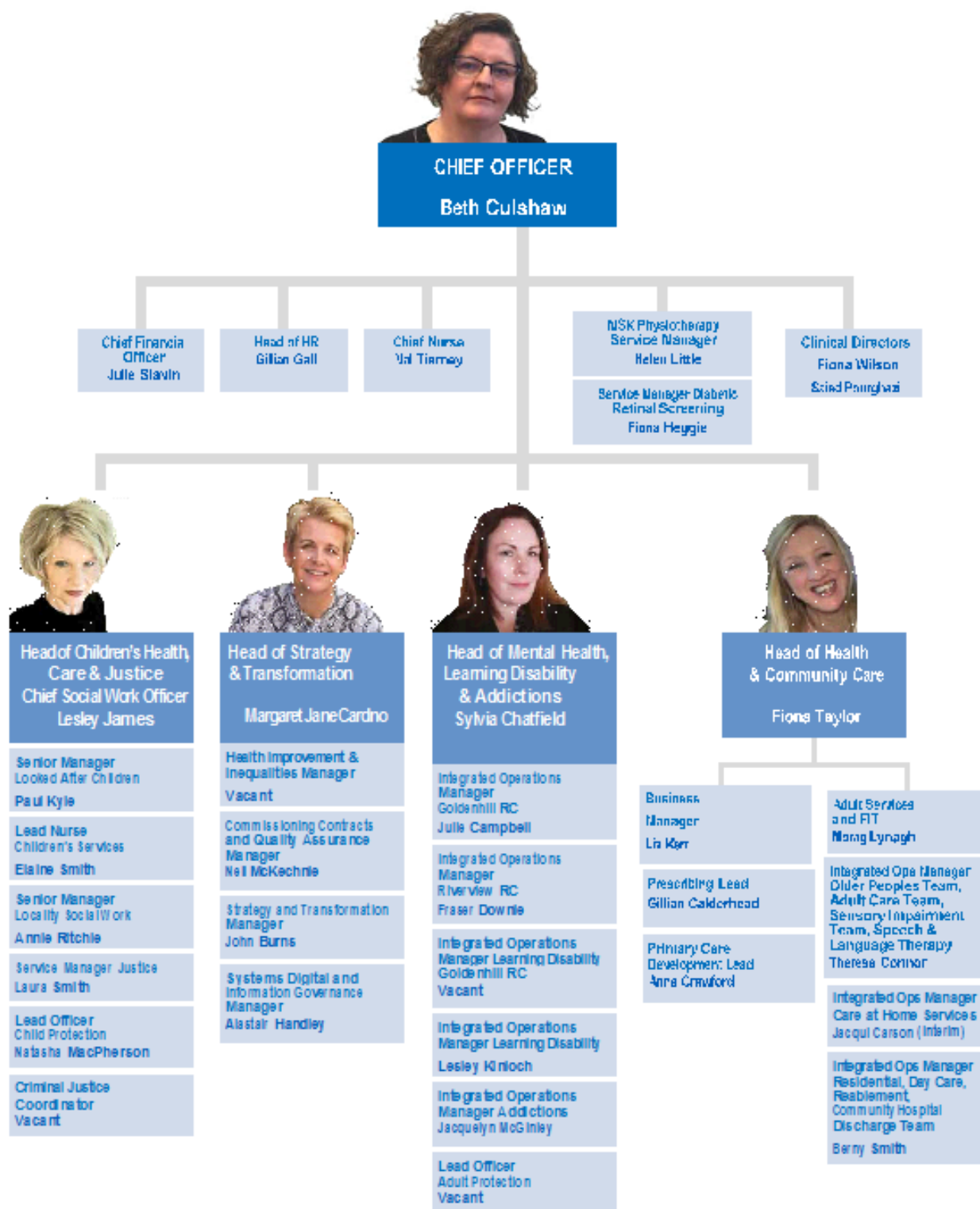
1. The Chief Social Work Officer provides a leadership role in a range of groups and forums to ensure the proper delivery of social work functions. These include the NURTURE Delivery Improvement Group (DIG) which delivers the statutory requirement of a Children's Service plan as part of West Dunbartonshire Community Planning Partnership, as well as the Public Protection Chief Officer Group (PPCOG), Child protection Committee, Adult Support and Protection Committee, Community Justice Planning Partnership the HSCP Board, HSCP Audit & Performance Committee and Clinical & Care Governance, (CCG) with a newly developed Social Work and Care sub group chaired by the CSWO.
2. These arrangements support work with a range of key partners including the Council, NHS Greater Glasgow & Clyde, third sector, Police and Scottish Children's Reporter Administration to ensure that services are developed and provided across West Dunbartonshire that reflect local and national strategic priorities. The CSWO is a non-voting member of the HSCP Board.

3. Development Sessions with PPCOG, have taken place over the past 12 months to strengthen partnership working and collaborative leadership, develop the use of partnership data, and reviewed reporting arrangements. In addition Scottish Government colleagues have supported two workshops in relation to child and adult protection with focus on the role and function of PPCOG.

1.4 Directions

1. In September 2020 the West Dunbartonshire HSCP Board approved a new Directions Policy to ensure compliance with the practice set out in statutory guidance, strengthening performance monitoring, accountability, quality and sustainability of services. This Policy was implemented on the 30 September 2020.
2. Directions are the legal basis on which the Local Authority and Health Board deliver services that are under the control of the HSCP Board. As a legal requirement, the use of Directions is not optional for IJBs, Health Boards or Local Authorities.
3. Progress continues to be made in respect of the use and implementation of Directions and the HSCP Senior Management Team continue to work closely with West Dunbartonshire Council, in streamlining the process of recruitment to vacancies which are the subject of Directions.
4. Currently all new posts or those pertaining to service restructures, whether or not they are part of a Direction, are considered by the local authorities Strategic Service Review Panel given the significant budgetary pressures. Exceptions have been agreed for all social worker and social work assistant vacancies to support the ongoing recruitment challenges across the sector.

1.5 West Dunbartonshire HSCP Structure



1.6 Programme Management Office (PMO)

1. West Dunbartonshire HSCP have implemented a Programme Management Office (PMO) approach to bring structure and governance to change projects across the partnership. The PMO Board meets monthly to review updates from individual projects and provide guidance and direction where required. The PMO board will agree on which projects should be brought forward for updates and define timescales for reporting to be submitted.
2. The PMO board is chaired by the Head of Strategy and Transformation, with board membership made up of representatives from the HSCP Senior Management Team (SMT) and Systems, Digital & Information Governance Manager.
3. The PMO approach uses standard documentation to support projects from the earliest stages. Each new project requires the development of a Project Initiation Document (PID) which will include the Business Case for the project. This document would be submitted and approved at PMO Board. Highlight Reports are completed for board updates, with End of Project reporting in place for project closure.
4. Active change projects which are driving improvements in relation to social work and care services include a redesign of Home care services in West Dunbartonshire which has yet to be completed and is currently engaging staff and Trade union colleagues in the design process.
5. A self -directed support project has been actively seeking to further embed the approach in service delivery with principles of choice, control and' good conversations aligned to outcomes at the heart of services.
6. In children's services a re-design of the current duty system has been in development since January 2023 to ensure improved response times and a dedicated focus on new referrals of concerns aligned to 2021 Child Protection Guidance and local implementation of the Scottish Child Interview Model in partnership with Police Scotland Colleagues in May 2023.
7. The launch and implementation of a My assessment and Plan tool in children's services was implemented between March and June 2023 and the evaluation of the implementation reports directly to the PMO.
8. The PMO provides a level of scrutiny and consistency to change projects across the HSCP, ensuring Project Managers are given appropriate support where required and allowing SMT to have a detailed overview of all active change projects. It also provides an appropriate governance stage for starting up and closing down projects.

1.7 Systems Change Board

1. Following on from the introduction of the PMO Board, a Systems Change Board will be introduced to improve governance around significant changes to systems. This Board will have representatives from SMT, as well as the Systems, Digital & Information Governance Manager, Information Lead and Information Systems Lead.
2. The Systems Change Board will allow system changes from individual teams and services to be documented, discussed and agreed to ensure changes are appropriate to support service redesign and ensure systems meet user requirements.

1.8 Strategy & Transformation Recruitment

1. Recruitment of a Systems, Digital & Information Governance Manager within the Strategy & Transformation Service has increased capacity within the service and allowed focus on systems and the improved use of data within HSCP and specifically social work and care services
2. Progress is being made on key roles within the team. Recruitment is underway for a Digital Business Lead role which will enable and support digital transformation, and a Project Manager to focus on Digital Telecare, supporting our telecare users through the analogue to digital switchover, implementing a shared digital alarm receiving system and establishing how new digital technologies can be used to support people in their own homes.

1.9 Management Information

1. Areas of improvements in provision of management information to teams and services have been identified, with developments underway to ensure provision of robust trend and performance data to enable services to monitor and provide effective and efficient services. Where possible automated reports will be utilised to share information with Senior Managers on a regular basis.
2. Creation of management information reporting will be aligned with existing requirements for reporting and statutory returns, to reduce duplication and ensure focus on data quality and consistent areas of focus.
3. Development of systems and reporting to produce data required to support the initial submission of the phase 1 Adult Protection Minimum Dataset, with alignment of the reporting for the new dataset aligned to reporting for the Adult Protection Committee. As the Adult Protection Minimum Dataset continues to develop through further phases, similar exercises will take place to ensure systems and reporting support the submission.
4. This year has seen improved alignment of data reporting of Social Work and Care aligned to scrutiny by Clinical and Care Governance by the CSWO and Heads of Service. The terms of reference for Clinical Care Governance has been updated to reflect enhanced scrutiny arrangement of both commissioned and West Dunbartonshire regulated services, including service user complaints and care inspectorate notifications.
5. West Dunbartonshire Council are currently rolling out Microsoft 365 across all users. As additional apps such as Power BI become available bringing new functionality, these apps will be evaluated and their use rolled out within HSCP to improve management information reporting including potential for dashboard type functionality to support managers and services.
6. The Information Team is working with West Dunbartonshire Council colleagues to explore opportunities for Robotic Process Automation (RPA) to reduce manual and duplicate processes, and to improve data quality by introducing automation to identify and resolve issues. The use of automation could bring significant benefits in simplifying processes, reducing duplication and improving overall quality of information held across HSCP systems.

2.0 Strategic Plan 2023-2026

1. To support the implementation of the new Strategic Plan – Improving Lives Together 2023 – 2026, informal SMT sessions were held to review Performance Monitoring Arrangements for monitoring and reporting on performance against the National Health and Wellbeing Outcomes, National Outcomes for Children and Young People, National Outcomes for Community Justice and Core Integration Indicators developed by the Scottish Government. Updated targets for 2023/2024 were discussed and agreed and will be utilised in HSCP performance reporting moving forward.
2. A single delivery plan now sits under the strategic plan with priorities for implementation and improvement activity aligned to the strategic priorities.

Service Quality and Performance

2.1 Performance and Improvement at a Glance 2022/23

Appointment of a Self- Directed Support (SDS) Lead in June 2022 to drive forward improvement work.

Update and release of an SDS ilearn module in October 2022.

Twice weekly SDS Clinics for one to one coaching around any aspect of SDS.

10,386 hours of homecare delivered to 1,416 West Dunbartonshire residents as at March 2023 to support them to live as independently as possible in their own homes.

Introduction of a new Adult Carer Assessment and Support Plan, eligibility criteria for adult carers and new process for how to newly identify adult carers can access different support.

£50,000 allocated by the HSCP to Carers of West Dunbartonshire to be accessed by carers for Short Breaks via Carers of West Dunbartonshire's Out the Blue Service.

827 Justice Social Work Reports completed, an increase of 4% on 2021/22.

84.2% of people with a Community Payback Order attending an induction session within 5 working days of sentence.

15 individuals supported by a new Bail Assessment and Supervision Service which commenced at Dumbarton Sheriff Court in September 2022.

Diversion services provided to 37 people who had not been convicted of an offence, supporting them not to become further entrenched in the justice system.

Close working between Justice and Housing Services to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.

Enhancement of unpaid work services by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations.

58 people participated in a Resilience Hub online meeting themed on 'Developing your Trauma- informed Practice' showcasing the range of free training resources available from the National Trauma Training Programme as well as how some local teams within Education and Blairvadach Children's House have put this into practice.

40 leaders attending the national Scottish Trauma- informed Leadership Training.

1,280 people in total have now seen the Trauma informed Resilience film with the latest viewers being foster carers, kinship carers and adoptive parents in March 2023.

Development and introduction of an HSCP Adult Support and Protection Duty system and Area Resource Group.

Mental Health Social Workers have ensured all clients have an established review date using principles of self-directed support to ensure all care packages meet the eligibility criteria for adult social care services.

Conversion rate of 83% in January- March 2023 for the proportion of children where the Child Protection Case Conference decision is to add the child to the Child Protection Register. This Conversion Rate is a good indicator of the effectiveness of our processes and decision- making. The rate was 65% in the same period in 2022.

More effective collection of Inter-Agency Referral Discussion data identified through scrutiny and Police Scotland data now being shared with the HSCP.

Revised model of initial response of 'duty' service has been developed by Children's Services, benchmarked against current services uptake of new referrals to the service.

Work undertaken with the Scottish Children's Reporters Administration to Support better management of the high volume of report requests, specifically developing a triage process to support decision making.

88.7% of looked after children being looked after in the community helping them maintain relationships and community links.

86.2% of children from a black or minority ethnic community who are looked after, are looked after in the community.

The Promise Lead Officer recruited in May 2022. Engagement sessions reached over 300 people.

Viewpoint relaunched in July 2022 with over 70 Social Workers attending training.

Free training provided by Each and Every Child to over 80 multi-agency staff offering support around language and care experience to reduce stigma.

130 young people supported by the Throughcare and Aftercare team during 2022/2023. New ways of supporting unaccompanied asylum seeking children developed including a housing supported model and working directly with the Home Office to ensure identified children who will be travelling to Scotland as part of the National Transfer Scheme are fully supported with this transition.

Leadership training for equality and inclusion and a session on the Fairer Scotland Duty from the Improvement Service provided to the HSCP's extended management team.

Addiction Services piloted a project on same day medication assisted treatment in Clydebank. Changes made to the service via the pilot led to an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment in Clydebank.

Additional funding provided to a third sector partner addiction service to support in the delivery of a family support service.

Development of a Recovery Community and Lived and Living Experience Panel.

Whole System Approach to Rights-Based, REACH advocacy workshop delivered to over 300 individuals within statutory and not statutory services as well as community members.

Recruitment of 2 dedicated advocacy workers for Addiction Services.

Recognition of sector leading support to the rights and wellbeing of our children and young people in West Dunbartonshire's Blairvadach Children's House.

In May 2023 the new Supervision Policy for Social Work and care staff was approved to support reflective supervision and essential support to staff supported by training for managers.

Children Young People and their Families

2.2 External scrutiny

1. West Dunbartonshire Community Planning Partnership was subject an Inspection of Services for Children at Risk of Harm between October 2021 and March 2023. The Joint Inspection was led by the Care Inspectorate and included scrutiny partners drawn from Healthcare Improvement Scotland, Education Scotland and HM Inspectorate of Constabulary. The active period of phase 1 and 2 of the inspection process ran from October 2021 until March 2023 and gathered evidence drawn from a range of sources across a 2 year period.
2. The Children's Services Partnership engaged in an agreed programme of improvement activity supported by the Joint Inspection Team during a period of ongoing monitoring and prior to the commencement date. The interim report on phases 1 and 2 was published on 24 May 2022 and highlighted areas for improvement.
3. Children's social work services and partners engaged in 'supported improvement' activity with the Joint Inspection Team during the third phase of inspection of ongoing monitoring and evaluation between May 2022 and February 2023.

4. As part of the improvement support the Joint Inspection Team developed and delivered series of 9 workshops on the following topics –
 - multi-agency record reading;
 - Inter-agency Referral Discussions;
 - using data; self-evaluation;
 - involvement of children and young people;
 - quality assurance;
 - Leadership relating to Quality Indicators and self-evaluation and collaboration.
5. In April 2023 the Partnership received a letter outlining the outcome from the further period of monitoring and evaluation. The letter contains a number of areas for continuing focus and improvement. Both the interim report and the letter are published on the Care Inspectorate website and together form the outcome and next steps arising from the self-evaluation and inspection process.
6. The outcome letter acknowledges the “...considerable effort...” of the Partnership to address the findings arising from the joint inspection. The letter clearly indicates that, over the next 12 months, the Partnership will need to:
 - sustain additional investment to address capacity challenges.
 - maintain enhanced governance to continue to provide appropriate support and challenge for improvement work;
 - refine the existing Improvement Action Plan to provide a greater focus on the outcomes for children and young people at risk of harm;
 - build on the work already started to ensure children and young people are meaningfully and appropriately involved in decisions about their lives;
 - continue to undertake and place emphasis on self-evaluation activity that focusses not only on how much or well services are delivering, but what difference the support is making; and
 - continue to seek external support where this is necessary to achieve change

The outcome letter concluded that the Joint Inspection Team ‘are confident ‘that the Community Planning Partnership had in place the necessary framework to effect improvement. Ongoing support in relation to strategic planning and delivery of services to children and young people at risk of harm.

7. The approach is arguably a significant departure from previous inspection methodology within Children’ services and little cognisance would seem to be have been given in relation to the context of pandemic and the impact this had on service delivery and capacity for continuous improvement.
8. Indeed the inspection activity was halted in December 2022 due to the Omicron variant of Coronavirus .Records evaluation and Care Inspectorate survey issues to staff , children and young people survey informed the initial findings . No children young people or families or staff were able to be spoken to as part of the inspection activity.

2.3 Permanence planning

1. The service continues to work on model of redesign aligned in order to better meet current challenges by ensuring that the totality of current resource is best utilised and where possible creating defined teams. An example of this has been the recent move of four locality posts to augment a small adoption team to create a permanence team to better address delay in permanence planning for

children This has been an identified area of improvement since pandemic , and compounded by staff vacancies. The principles of the redesign approach will ensure that the national policy context, including The Promise, the refresh of the GIRFEC National Practice Model, and National Child Protection Guidance 2021 will be delivered and embedded in practice.

2.4 Request for Assistance

1. Work is in final stages to implement an Initial Response Team, with clear guidance, thresholds and boundaries supporting notifications of concern and requests for assistance, initial assessment of vulnerable pregnancies and initial child protection activity. The redesign has been informed by feedback and engagement with service users, practitioners delivering current response to child concerns and managers operating within the system. Appreciative Inquiry sessions have taken place to engage staff in the redesign process.
2. The team will have a defined number of key staff, including a dedicated management structure and admin support. Early help and whole family support will be key pillars of the approach alongside good practice in child protection work including further development of the Scottish Child Interviewing Model and the embedding of Special Needs in Pregnancy (SNIPs) within a model of initial child protection assessment. Implementation and final agreement on the proposed model will be concluded in 2023.

2.5. Special Needs in Pregnancy

1. The revision of local processes with a view to better alignment with both the national Child Protection Guidance and Whole Family Support systems locally, ensuring women are provided with the right support at the right time. The current guidance is being updated and finalised to develop a children's service system response with health and police colleagues being key to the practice.
2. Interagency Referral Discussion for unborn babies have been introduced in March 2023 to inform decision making and Child protection planning. Local development of pathways to early help and support will be key to success in this area, and need to be underpinned by GIRFEC principles. This will ensure only the most high risk and vulnerable women and families are considered under child protection procedures. Work in early 2023 concluded the need for a full revision of key processes as described above which is ongoing.

2.6 Strengthening Scrutiny and the Voice of Children and Young People

1. Recruitment took place in in early 2023 of four Independent Reviewing Coordinators to undertake reviews of plans for all looked after and accommodated children. These posts will ensure that all children and young people who are looked after away from home, in formal placements or in kinship, will be regularly reviewed in line with regulatory frameworks and good practice guidance.
2. In addition the quality assurance function is key to ensuring the 'birds eye view of practice ' is fully understood and quarterly reports on a set of Key Performance for children and young people in kinship and other key settings is being developed and shared with the wider children management team . This includes consideration of retention of sibling connections as part of new reportable data to Scottish government as well as ensuring that children and young people's views are captured and are central to planning processes.

3. This aligns to brothers and sisters work led by our Promise Keeper and the Promise multi-agency team.
4. Language in West Dunbartonshire



5. “Scotland must change the language of care. Language must be easily understood, be positive and must not create or compound stigma...”

The Promise, page 87

“Organisations that have responsibilities towards care experienced children and young people will be able to demonstrate that they are embedding destigmatising language and practices across the way they work.”

6. Language was identified as a key area for focus through the development work of the Keeping the Promise group, as well as through discussions with children, young people and families. In West Dunbartonshire we have a responsibility to acknowledge, address and embed the changes required in the way we talk, write and think about infants, children, young people and their families and their lives. This area of work is aiming to address this, in a multi-faceted way.
7. We have created a language guide, highlighting principles and ethos for the language we use. This is purely a starting point, and designed to support thinking and conversations around how we talk about people’s lives.
8. We are also delivering a training session, designed and supported by young people and adults with experience of the care system. This will be multi-agency, and to reach all levels of our workforce. It aims to support people to understand the true impact of language used for infants, children, young people and their families. We will be asking staff to commit to thinking about the impact of the language they use and how they can make changes.
9. Prior to the Covid 19 pandemic a campaign around language was created by young people from Craigellachie, one of our Children’s Houses: “Words Matters”. There was a launch of the campaign and a pledge sought from attendees to think about the language they use. Unfortunately due to the impact of the pandemic further work was not possible. We would like to re-visit and build on this great work that was started and use it as a launch pad and focus for increased campaigning.
10. To further embed this change in culture we will be introducing a “Words Matter Check-In” within Review meetings for our looked after and accommodated children and young people, chaired by our Independent Reviewing Co-Ordinators. This was developed following reflections from our

care experienced young people and adults that a level of personalisation was required in relation to specific language used around the care system. Children and young people who are looked after away from home will be asked about how they would like important aspects of their lives described, and this will be shared with the team around the child to ensure consistency.

11. We must also review our documents, policies, forms, and communications to ensure we are consistently changing our approach to language. This will ensure consistency and leading by example across the local authority. We want children, young people and their families to feel the change in all of their interactions within West Dunbartonshire. Work is underway in relation to this already, with newer documents being widely considered within this lens. GIRFEC refresh and the UNCRC implementation also supports the use of strengths based, simplified language that is more accessible to all. The Lead Officer for the Promise will carry out an audit of relevant documents to identify any changes required going forward.

2.7 Evaluation – How will we know we are making progress?

- For our care experienced children and young people we will want to know that they are feeling the difference in relation to how language is used within West Dunbartonshire.
- There will be a pre-training and post-training questionnaire for staff to complete around their understanding of this area and encourage personal commitment to changing their language.
- It is proposed that an audit around language within case notes is carried out six months after the launch of the training.
- 12 months after the Language Matters Check-In is launched that we consult with children, young people and families that have participated to understand their experience of this. Given the nature/timing of reviews 12 months feels like a realistic timeframe from which to allow opportunity to participate and then measure progress.

2.8 Brothers and Sisters

“Scotland will stop the practice of separating brothers and sisters, unless for reasons of safety. Relationships between brothers and sisters will be cherished and protected across decision making and through the culture and values of the people who care for them.” The Promise

1. In March 2023 we were keeping 38% of our Looked after children and young people with all of their brothers and sisters in care. 27% of our children and young people were with 1, but not all of their brothers and sisters. 35% were separated from all of their brothers and sisters. We are significantly better at keeping brothers and sisters together within kinship care, however this is also where we see the highest number of children separated.
2. 68% of respondents to our Brothers and Sisters survey about time together reported that there was no formal plan in place to support their time together with brothers and sisters out-with contact with their wider family.
3. Actions to consider within this report span data, local policy and protocols, supporting and promoting creative practice and quality assurance. Ensuring we have a mechanism for routine data collection around the separation of brothers and sisters is essential for monitoring our progress.

This work has been carried out as part of the Keeping the Promise Working Group on Brothers and Sisters, which aims to understand how well we are doing at keeping brothers and sisters together

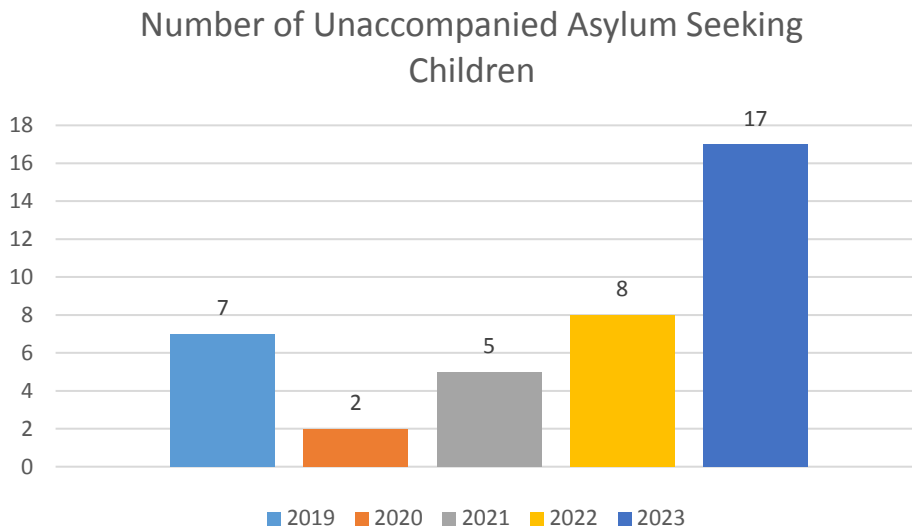
currently, the factors impacting upon separation, and how well we are doing at keeping connections between siblings when they are separated. This will support future proofing of our services, building capacity and culture change within systems to ensure relationships between brothers and sisters are valued and protected. The data gathering began in March 2023 and this report has been written in July 2023.

2.9 Family Support for Children and Young People and Families

1. The findings from research with young people and families commissioned by the HSCP in 2021 was undertaken by Glasgow University, reported a need for increased support for parents and families with children and young people as well as increased visibility of local supports and services for children, young people and their families. These themes align with the holistic family-based developments arising from the Whole Family Wellbeing Fund work. Three family wellbeing hubs have been developed in 2022 through Integrated children's service planning arrangements and are now open three days a week
2. A third sector provider has been commissioned from Whole family Wellbeing funding to provide interventions and support for children young people and families in need of intensive and flexible seven day services as required with a focus on prevention and intervention with families to keep children safely at home
3. Work has been completed in the design, build and maintenance of a website which will direct and inform local young people and families about supports and services for mental and emotional wellbeing. West Dunbartonshire Wellbeing website design has been inspired and co-produced with the local young people from West Dunbartonshire Youth Council. The working group will continue to link with youth organisations to build content and support the promotion of the resource. The time scale for initial launch is early April 2023.
4. There is strong commitment to ensuring that the voice of children and young people is at the centre of planning and care. The ongoing work of the Young Ambassadors group and Champions Board, developing work on delivering The Promise, refresh of our approach to GIRFEC and work on integrated operational guidance, paperwork and training will support improved engagement. As part of the work to implement The Promise engagement and development sessions involving a range of over 250 stakeholders including young people were held to set priorities for action, with work now taking place to develop an implementation plan.
5. The Children and Young People's Involvement and Engagement Strategy provides a framework, tools and tips for services to engage young people in decision making and to undertake successful consultation and engagement activities.
6. A bespoke programme of support for parents and carers has been delivered throughout 2022-2023 to families where a child has a new diagnosis or are awaiting diagnosis of autism spectrum disorder and other complex needs. The training has been delivered by a neurodiversity trainer.

2.10 Unaccompanied Asylum Seeking Children UASC

1. In January 2019 there were two known young people who were seeking asylum across the WDC location. In total there have been 39 children and young people seeking asylum to date.



These 3 UASC Young people are accommodated in a number of placement provisions, 2 young people have yet to have their placement identified and determined.

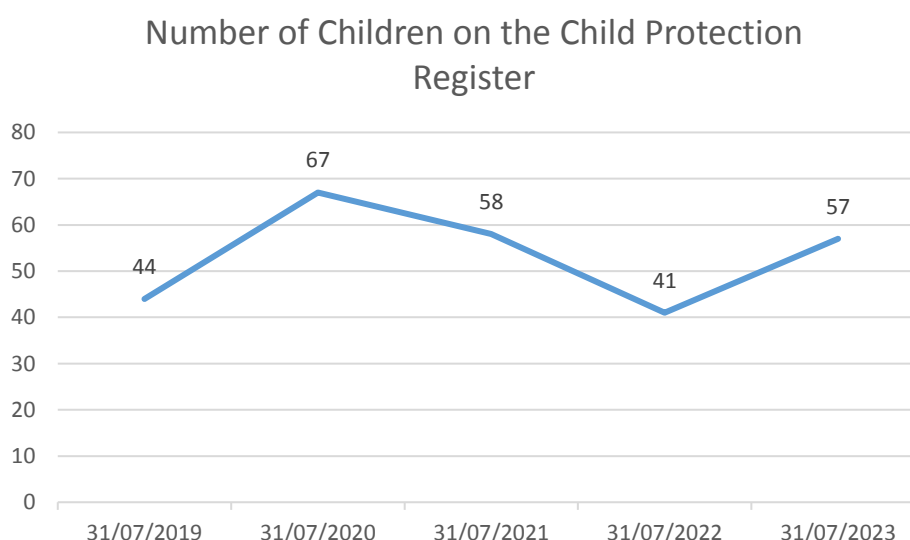
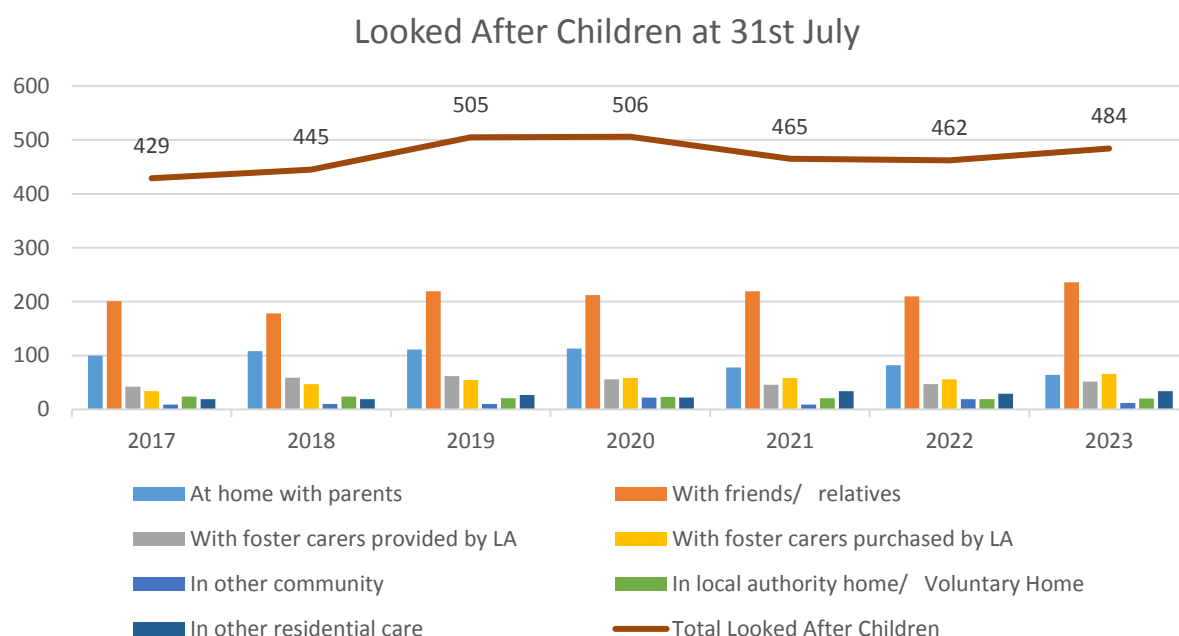
11 in supported lodgings (out of 14 available supported carers placements)

- 1 in foster care.
- 5 in residential care
- 12 in tenancies with support (NTS)
- 6 living with friends or relatives
- 1 in their own tenancy.

2.11 Self- Evaluation Activity

1. A programme of single agency audit activity combined with planned multi agency self-evaluation aligned to Child Protection Committee has been developed during 2022 and 2023. This activity has included a multi-agency review of 35 cases of children at risk of harm, a review of all children subject to Child protection re-registration, a Threshold self- evaluation in relation of children and young people where there was a notification of concern with an evaluation of case conference and registration decision making.
A pre- birth audit to inform a refreshed Pre- birth Multi-agency guidance informed by GIRFEC principles is currently taking place.
2. A single agency audit of notifications of concern and request for assistance was completed in June 2023 with the findings presented at The GIRFEC sub group of integrated children's services planning. The learning from this evaluation has helped shape the development of an 'Initial response team and the required information form partners to social work services to ensure chronologies and wellbeing assessments are part of a request for assistance process.
3. The service has been working hard to develop a long-term strategic approach in how to deliver its ambitions of 'The Promise' and keep children supported locally with family where possible. It is clear

that our use of external provision of both residential school and external foster care has consistently risen over the last 6 year with associated spend in both areas more than double. A 5 year strategic approach improving the lives with Children and Young People in West Dunbartonshire 'What would it take?' is being considered by the Integrated John Board later this year. Underpinning the strategy is a 5 year financial plan with detailed savings where children can be supported in their communities with the necessary investment and developing preventative service to mitigate and manage risk.



4. As part of our ongoing implementation of National Child protection Guidance in Scotland (2021) we have included in child protection management children and young people up to the age of 18 year and potential impact is likely to be seen in 2023 24 in reporting of this activity.

2.12 Scottish Child Interview Model (SCIM)

1. The national roll out of SCIM created an opportunity for West Dunbartonshire and Argyll and Bute, along with L division Police Scotland, to develop a model which both capitalised on the sharing on one police division, but also acknowledged some of the geographical and structural differences between the two local authorities.
Police and social work colleagues were trained between March and June 2023; an implementation group was set up with the support of the national strategic team supporting the roll out of SCIM, chaired initially by the PPU DI, now chaired by the senior manager for children and families social work services in WD. The meeting takes place every two weeks, with an alternate implementation and data meeting every four weeks; due to the initial implementation challenges however, interrogation of emerging data has not yet been undertaken as there have been insufficient interviews to consider to date.
2. All systems supporting data capture, performance management and the evaluation of both SCIM interviews and the practitioners carrying these out, are however in place, including the reinstatement of SCRA JII QA processes locally (paused due to resource pressures).
Both local authorities retain a hybrid model in respect of child witness interviews, however are working towards full implementation as per the national strategy. Two social workers are trained within WD, along with two SSWs. One WD SSW is about to undertake the evaluation course, and will lead on the review and feedback to practitioners going forward. In addition, local meetings with Police colleagues in WD take place twice weekly, to consider which child witness interviews will progress using the SCI model.
3. Implementation has not been without its challenges; staff recruitment within the social work services, have impacted both local authorities, with West Dunbartonshire in particular being most disadvantaged. While the local agreement currently notes that QSW staff will not generally work across geographical boundaries, working together to implement the new model created an opportunity to draw on the Argyll social work resource temporarily during this period, facilitating SCIM interviews of a small group of children most requiring this methodology for evidential purposes.
4. A further challenge has been the recent Crown Office decision that no child interviews would be undertaken by Police Scotland only. As such all non-familial interviews will now also require a QSW interviewer; a request to scope practice in this regard, specifically in respect of the role of both IRD, and recording practice for children and young people who may not require social work support, is underway.

Adult Services

2.13 Mental Health Officer Service

1. Since the start of 2023, the focus of the MHO service has been on improving data collection and statistical reporting, decreasing turnaround times for delayed discharge cases awaiting applications for intervention under Adults with Incapacity legislation, improving workforce capacity and increasing the number of completed Social Circumstances Reports as per the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003.

2.14 Data gathering

1. The recording of interventions undertaken by MHOs in West Dunbartonshire Council in previous years has been somewhat inconsistent and as such it has been difficult to accurately report upon the work being undertaken by the service, including being able to identify trends in relation to the use of legislation, the impact that staffing issues within the team have had on service output and the overall efficiency of the service and it's ability to meet the needs of the client group with whom we work.
2. Standing Operating procedures and workflows have been developed for several areas of MHO practice, including duty work and AWI practice and these are being reviewed on a regular basis to ensure that they are working. Work is also ongoing via team meetings, individual supervision sessions and targeted training to ensure consistency of recording within the team.
3. Closer links have been forged with the CareFirst team, with monthly reports now being provided to the service regarding the use of the legislation, the data from which is then collated by the SSW/admin worker. The CareFirst activities have been reviewed so that appropriate data can be gathered more easily and to reduce the time spent by workers on duplicate IT tasks, thereby increasing their efficiency.
4. Improvement in data gathering will be further enhanced by the proposed Resource Worker role (see below).

2.15 Delayed discharges

1. It is has been well evidenced that West Dunbartonshire has consistently had poor delayed discharge statistics. This appears to occur for a number of reasons and so a review of 22 of the most delayed cases was undertaken by the MHO service in order establish where these delays were occurring following which a multiagency discussion took place and action point identified. Measures including 30/60/90 day reviews for complex cases, more accurate gathering and recording of data (including more consistent and accurate use of CareFirst) and closer partnership working with other services including advocacy were identified with implementation being worked towards.
2. The MHO service also works closely with the Hospital Discharge service with the early identification of potential Adults with Incapacity (AWI) cases and feedback on more complex cases which may incur further delays being the keys aims.

2.16 Social Circumstance reports.

1. In the year 2021-2022, 70% of SCR1 forms in WDC were not completed, 25% were completed with an SCR attached and 5% had the SCR1 completed with an explanation that the SCR would serve no purpose. This figure improved by 20% in the period 2022/23, with 50% of SCR1s not completed, 37% prepared with an SCR attached and 13% with the SCR1 completed with an explanation that the SCR would serve no purpose. Data gathered for the 2023/24 year thus far suggests a further improvement of around 10-15% in terms of completed SCR1s and, while this is positive, it is evident that this remains an area for improvement and so continues to be a focus for the service.

2.17 My Life Assessment (MLA) Adult Services

1. The way individuals with care and support needs are assessed and supported by social work and social care services was reviewed. The My Life Assessment refocused interventions away from 'need' and deficits and towards resources and 'strengths' identifying what is working well and what can be built on. Through a human learning systems approach we will build on the work of the My Life Assessment and the "Just Enough Support" programme by starting with what people want and working to connect them in ways which enable them to achieve that.
2. A human learning systems approach, understands the need for service provision to be more person centred to meet the multiple and complex needs of individuals and communities and recognises the value of adaptability and learning together.
3. The MLA was implemented on 1 April 2022. Improvement work has progressed with the use of the My Life Assessment (MLA) for service users providing a strengths based model which empowers staff to record good conversations with service users which are focused on personal outcomes and prevention. This outcome focused assessment tool has been recognised by Health and Social Care Scotland as an exemplar of good practice. It is fundamentally important that all service users, who are eligible for HSCP services, fully understand the principles of Self Directed Support in order to ensure that people are supported to identify and achieve personal outcomes, people experience choice and control over what happens to them, people feel heard and listened to about what's important to them. Staff are enabled and empowered to implement self-directed support, the principles and values of self-directed support are embedded in practice, and there is information, choice and flexibility for people when accessing services.

2.18 Self Directed Support (SDS)

1. Just Enough Support (JES) – Between Feb 23 and Sept 23 three member of HSCP staff completed accreditation to deliver "Just Enough Support" training which will now be rolled out to all staff across the Staff can use the JES approach to ensure they are focusing on what is strong within a services user's situation which helps prevent over-supporting them which maintaining a person-centred approach that coproduces outcomes that really matter to the individual. The previous organisation that provided independent advice and guidance around SDS closed in March 2023, I have worked with Improving Lives and SIRD to secure test of change funding to roll out a new service providing independent advice and guidance starting Oct 2023 for a 6 month period. We have a further funding bid in at present that will see Improving Lives and Carers of West Dunbartonshire work together to provide an advice and guidance service from Apr 2024 - Mar 2027.
2. SDS officers have established weekly drop in clinics for staff looking for support or 121 mentoring around SDS - these run in Clydebank HC on a Tuesday and Church St, Dumbarton on a Thursday. Staff can come along to talk through cases and get support with navigating process. The SDS team are also regularly attending team meetings and sitting in with teams to help build confidence in approach to SDS.
3. An evaluation of the MLA assessment framework commenced in 2023 which will allow us to review experiences of staff and service users and look at what works well but also what needs to be updated/refreshed.
4. Coming into post in June 2022 as SDS lead I have spent time building up strong working relationships with key community partners such as Improving Lives, LAAS, Carers of West Dunbartonshire and Shopmobilty as well as linking in with all adult teams across the HSCP in order to better understand the challenges being faced but also share good practice across teams.

Active promotion of the SDS options and encouraging staff to think more creatively when support planning including use of technology to maximise independence, use of community assets to meet needs rather than traditional services and encouraging staff to link in to the SDS officers for support with both SDS and Independent Living Fund, is ongoing.

5. We are reviewing and streamlining of all SDS paperwork for direct payments, work with colleagues in procurement and finance to develop an official option 2 process and continue with support at AARG/MDT to ensure the values of principles of SDS run throughout everything we do.
6. As part of our implementation, regular training sessions around SDS legislation, sessions offer an overview of what SDS is, national eligibility framework as well the HSCP process and assessment is ongoing.

2.19 Adult Community Mental Health

1. A focus of the service has been to review support in our supported accommodation and care home places for adults with complex MH care needs.
2. The Davidson Road project in Balloch, is commissioned by West Dunbartonshire and the service provided by the Richmond Fellowship has been under review for a year. The project could provide 10 individual supported tenancies but is currently only providing 4. The issues appear to be around a lack of contract with TRFS and this is being addressed by regular meetings with TRFS/housing and the new post of contract and commissioning manager created in January this year.
3. The services users currently in these tenancies have been reviewed and having accessed their original tenancy agreements we are able to assist them to either move to more independent living or develop care plans of how they can move towards independent living in the future. These care plans are created in conjunction with the individual, OT assessment and TRFS supports.
4. With more movement in our supported living development we are then able to identify adults who are currently in specialist MH care homes who do not require this level of 24 hour care and are at risk of institutionalisation. Again working with the individuals and our OT colleagues we can support people to have the confidence to move to less supported but more empowering environments.
5. This movement in turn gives us more options for discharging people from hospital with Mental Health needs. Unfortunately one of the challenges we face is a lack of provision of social care workers which is a nationwide problem. Delayed discharges can be created by a lack of service provision from our providers. We are trying to address this by ensuring that the long standing care packages we have are reviewed regularly and ensuring we are creative in using community resources rather than 1:1 support which may be more appropriate for people coming out of hospital. The support from the SDS team has been invaluable for our workers in finding out what community resources are available.
6. Going forward we hope to develop an additional supported living resource with the help of the contract and commissioning manager in the Clydebank area. This will be a small group living home for adults who require intensive rehabilitation i.e. have been in hospital or care home for many years. We also hope to use part of this resource to provide OT facilitated independent living skills hub for younger adults who may still be living at home with their parents and require preparation for independent living.

2.20 Learning Disability Services:

1. Scotland must provide the best possible services for people with a learning disability to enable them to lead high quality lives within their family and/or their community where they experience personalised support consistent with a Human Rights Based approach. A priority within *The keys to life* is that all adults with learning disabilities, including those with complex needs, experience meaningful and fulfilled lives. This includes where individuals live, as well as the services they receive. The Scottish Government's vision for people with learning disabilities and complex needs within Scotland is that everyone is supported to lead full, healthy, productive, and independent lives in their communities, with access to a range of options and life choices.
2. The Coming Home Report, published in November 2018, identified that some people with learning disabilities and complex needs were living far from home or within NHS hospitals; there was an urgent need to address this issue. The Scottish Government commissioned a two-year project to look specifically at the support provided to people with learning disabilities who have complex needs. The focus of the project was to identify the number of people involved and also to suggest support solutions for individuals with learning disabilities who have complex needs: either those placed out-of-area or those currently delayed in hospital-based assessment and treatment units.
3. To support Health and Social Care Partnerships (HSCPs) to find alternatives to out-of-area placements, and to eradicate delayed discharge for people with learning disabilities, in February 2021 the Scottish Government allocated a £20 million Community Living Change Fund to Integration Authorities nationally via NHS Boards to:
 - Reduce the delayed discharges of people with complex needs
 - Repatriate those people inappropriately placed outside of Scotland
 - Redesign the way services are provided for people with complex needs
4. A further report, The Coming Home Implementation Report, was published in February 2022 and the actions to be taken forward from this report, published by the Scottish Government, include setting up a new national register to improve monitoring of those at risk of hospital admission or inappropriate placements. A new national support panel and a peer support network will also bring together expertise, and share best practice among professionals, to support HSCPs ensuring genuine change is delivered. The first action is to raise visibility, through improved monitoring and planning, for and with people with learning disabilities and complex care needs through the development and implementation of Dynamic Support Registers. The Dynamic Support Registers have been co-developed by a working group including people with lived experience. The Register is a tool to gather information on people that Integration Authorities already hold across various systems into one manageable place. The Memorandum of Understanding (MoU) sets out the key expectations upon Scottish Government, COSLA and Integration Authorities to continue working in partnership on this high priority agenda. Key actions include the importance of embedding Dynamic Support Registers in all Integration Authorities by July 2023 and reporting data through a new national reporting mechanism delivered in partnership with Public Health Scotland (PHS), which is in the process of being activated as of this month (September 2023).
5. The rights of people with learning disabilities and complex needs are not being protected if they remain in hospital when they should be living at home, or in a homely environment, with the right support. To achieve this vision will require a transformational change through committed thinking and planning and genuine collaboration across the entire system. A new framework is recommended, underpinned by strong local and national partnerships, to deliver the innovative and quality services needed to support people with learning disabilities and complex support needs who are currently placed inappropriately. Visibility and accountability are critical; this is not going to be an easy task, however, a collective responsibility to take action is required with sustained commitment at all levels to deliver the recommendations outlined with the funding provided.

6. NHS Greater Glasgow and Clyde, through its Learning Disability Board wide Governance structure has set up a Programme Board to support HSCPs. In West Dunbartonshire the structure required to deliver this work is not yet in place, however, it is anticipated this will be finalised by October 2023. In the meantime preparations for a review of learning disability services, in line with organisational change policies, is being planned. Developing and maintaining good, sustainable accommodation and support services is crucial to meeting the aspirations of the report and the needs of those identified. Achieving this requires coordinated effort and alignment of resources locally to create the capacity to achieve progress against the strategic objectives of the Community Living Change Fund.
7. One of the Board sub-groups 'Future Landscapes', is working with third sector and housing colleagues to recommend new sustainable models of support specifically for this group of individuals ensuring a co-production approach in terms of how services should be designed and developed. In addition to directly impacting people with learning disabilities, this work will also impact on services and how these are planned and commissioned. It will support better local long-term planning to meet the housing and support needs of individuals with complex needs including the formation of specialist multidisciplinary teams that are focused on providing the necessary services and support in the community to prevent admission to hospital as well as the proactive development of appropriate housing. Sharing of best practice and a culture that promotes open and frank discussion about the ongoing challenges, such as the role of a Registered Social Landlord (RSL) compared to the role of a specialist care provider, is vital. It is hoped that in collaborating across the six HSCP areas comprising Greater Glasgow and Clyde greater momentum will be achieved in developing and delivering services to people with learning disabilities and very complex support needs to ensure improved outcomes for those individuals and their families.
8. The Learning Disability Team within West Dunbartonshire comprises a considerable integrated workforce of both NHS and Council staff within statutory, registered, supported employability, transition and respite services with one Manager responsible for all services. The health team within the statutory service includes psychiatry, psychology, nursing, occupational therapy, physiotherapy, speech and language therapy as well as dietetics. On the Council side, within statutory services, is social work; a team that is not yet fully staffed and continues to carry a demanding caseload regarding volume, complexity and in relation to adult support and protection. In addition, it is required to provide input to carer assessments, reviews and respite. Recently welcome additional, time limited resource utilising CSWO monies for adult services to allow completion of outstanding assessments and reviews, which were not able to be undertaken during the pandemic.
9. The registered Housing Support Service (HSS) provides supported living to people with a learning disability to live as independent a life as possible. HSS work with those supported in a person centred way to develop personalised, outcome focussed, support plans This includes support with the following areas of everyday life; personal care, developing independent living skills, maintaining important relationships, remaining healthy and accessing healthcare services. HSS also offers support in being able to take an active role in local community life, identifying and accessing leisure opportunities and with all aspects relating to maintaining tenancies and being a good neighbour. Outcomes for those supported are varied and personal, however, include improving feelings of security, increasing inclusion, reducing social isolation, reducing risk and vulnerability and improving health and wellbeing. Staffing across all sites remains a challenge and, as the needs and complexity of those being supported changes, the way in which the service is delivered, to ensure it is meeting

the needs of those highlighted in the Coming Home Implementation Report, will require to be reviewed in line with Council policies.

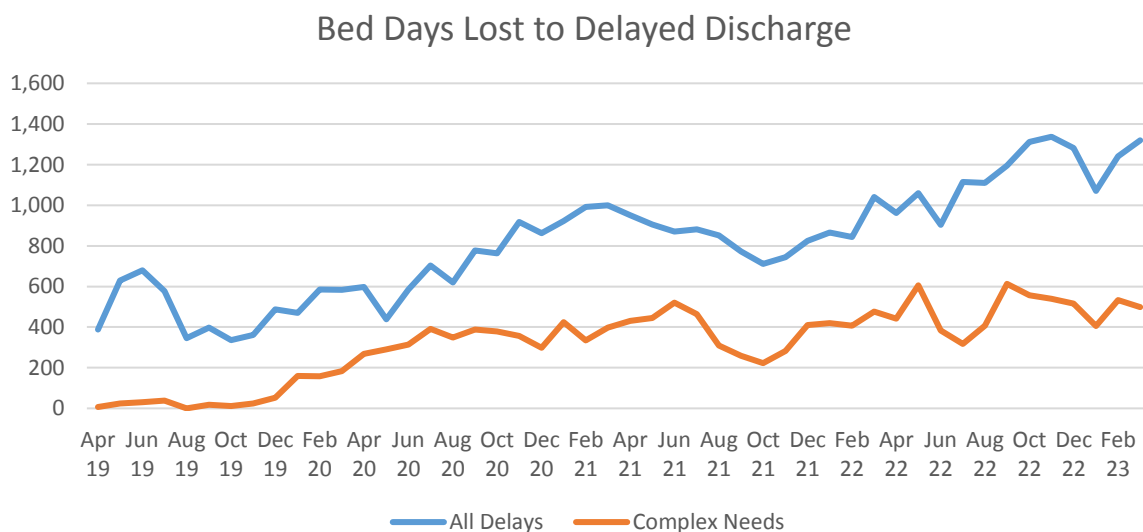
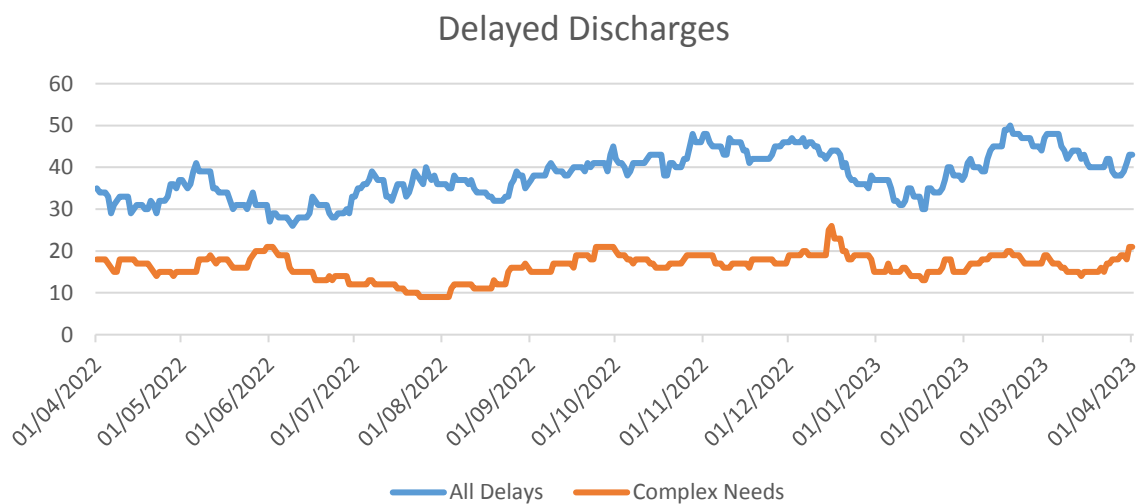
2.21 Alcohol and Drug Partnership

1. The National Records of Scotland (NRS) have recently published both the “Drug-Related deaths in Scotland in 2022” and the “Alcohol-Specific deaths in Scotland in 2022” reports which provides some of the details of those individuals who sadly lose their lives to drug-related deaths (DRDs) and alcohol-Specific deaths (ASDs) registered within that year. In West Dunbartonshire there were 20 drug-related deaths, a decrease of 28.6 % on 2021 and 21 alcohol-Specific deaths, a decrease of 48.5% on 2021.
2. Addiction services during 2022-23, the service received 826 referrals for people experiencing problems with drug or alcohol requiring assessment for treatment and support. 96% of referrals were seen within 21 days, exceeding the Scottish Government HEAT target of 90%. This highlights how our health and social care staff have continued to ensure our most vulnerable and high-risk adults with chaotic and complex drug and alcohol use could engage with services.
3. The Medication Assisted Treatment (MAT) Standards were developed by the Drugs Death Taskforce who brought together voices from a wide range of stakeholders including those with lived experience. The standards aim to drive improvement within those services and reduce harm from drug use.
4. All feedback from Public Health Scotland (MIST) has been very positive in relation to the implementation of Medication Treatment (MAT) Standards 1 to 5. The ADP will continue to work closely with all partners to ensure continued implementation of the standards. Challenges identified with standard 3 and 5 have been highlighted with issues around the numerical data collection. Work is underway locally to overcome this and MIST are reassured this will be provisional green on the next reporting cycle.

2.22 Community Hospital Discharge Service

1. A range of quality improvement activities have been implemented within the Community Hospital Discharge Team, linking also with the HSCP Senior Mental Health Officer. This has been an area of focus for the past two years due to the volume of delayed discharges (both acute and complex) in West Dunbartonshire in comparison to other HSCP's. A range of improvement activities have been progressing, in tandem with the implementation of the Discharge without Delay programme, and an improving picture in total number of delays, both acute and complex, is beginning to emerge.
2. Complex adults with capacity impairment (AWI) have reduced steadily, with the service working closely with local Solicitors so that the Guardianship process moves through each stage timeously. This dialogue involves the Senior Mental Health Officer to ensure reports are concluded on schedule and that any areas of challenge are discussed safely.
3. Early allocation of people referred for a SW assessment has also started to embed, reducing the risk of people becoming a delay.

4. A revised multi-disciplinary team Area Resource Group (MDT ARG) has also been established to provide a forum for Community Hospital Discharge Service staff to present and discuss appropriate community packages of care for those in hospital. This forum provides professional challenge, shared decision making and evidence that all community based risks are mitigated ahead of a discharge home. When risk cannot be managed in the community, the Area Resource Group considers the assessed risk and need and requirement for care based support away from home. The rights and choice of adults is paramount and services require to ensure this is central to decision making and support people at home where this is their choice.
5. The aim of improvements is to reduce the total number of bed days lost once someone has been identified as unnecessarily remaining in hospital, thereby reducing the risks inherent in a prolonged inpatient stay.



2.23 Blue Badge Applications to Support Independence

1. The waiting times for desktop assessments (DTA's) and independent mobility assessment (IMA) relating to Blue Badge allocation in West Dunbartonshire HSCP was at an unacceptable level, with numerous appropriate complaints being received by the HSCP. The reason for this significant waiting time was multi factorial.
2. One issue has been that discretionary awards given during the Covid pandemic expired in the same month (January 2023) which caused a surge in applications. In addition, the growing community based demand for OT assessments resulted in increasing community waiting times. The OT resource was targeting community demand, to support people to maintain independence at home longer and reduce the risk of admissions to hospital but this meant the blue badge waiting times increased.
3. Recognising the need to tackle this problem, the challenge was to manage this without impacting negatively on waiting times for occupational therapy (OT) community assessments. OT resource was limited due to vacancies and absences and so a proposal to address the blue badge lists whilst maintaining a risk based reactive service for high priority community assessments was agreed. The waiting times for Independent Mobility Assessment have reduced from to 12 weeks with ongoing work to reduce these further.
4. To reduce any unintentional risk with this resource allocation, community waiting lists were monitored, and by the end of the 3 month period there was no significant increase, which reassured staff. To reduce the risk of waiting lists increasing again there's an agreed weekly OT resource allocation to complete both DTA's and IMA's timeously, and monthly management reports to the service manager for oversight and scrutiny. This is also reported via the Clinical care and Governance structure via exception reports.

2.24 Focussed Intervention Service (Prevention)

1. Comprising of a highly skilled Multi-Disciplinary Team, this team provide rapid responses to people at risk of an admission to hospital; providing nursing, OT and physio care. This team was established just before the Covid pandemic, and referrals to the team had been slow to progress as the HSCP moved back to 'business as usual'. In 2021 there were 416 referrals to the service, in 2022 this more than doubled and in the first 7 months of 2023 referrals are now nearly 3 times the size of 2021.
2. The team sit under the line management of the Senior Nurse, and this allows oversight and pathways of care across the wider District Nursing Service. This approach ensures that service users experience seamless shared care, and access to Non-Medical Prescribing when appropriate. Links are also being embedded across Care at Home and the Integrated Adult Services as a whole system approach to person centred care.
3. The team are also central to a number of key Scottish Government drivers to reduce admissions to hospital and facilitate speedy discharges. The majority of these drivers sit within the Urgent and Unscheduled Care framework. These include the Home First Response service, falls pathways to reduce conveyancing and enhanced respiratory pathways of care. The Health Board Urgent and Unscheduled Care performance indicators are reported via the WD HSCP Urgent and Unscheduled Care Group. This allows trends to be monitored so that impact can be demonstrated, and indeed if impact is not demonstrated this will be explored so that improvements can be implemented.

2.25 Supporting Service Users Care Inspectorate Inspections

Service	Previous Inspection Date	Previous Grade	Latest Inspection Date	Latest Grade	Quality Theme
West Dunbartonshire Council Adoption Service	10-Nov-21	2	30-Nov-22	2	How well do we support people's wellbeing?
		2		3	How good is our leadership?
		N/A	↑	5	How good is our staff team?
		N/A		N/A	How good is our setting?
		3		3	How well is our care and support planned?
Requirements: 2					
1. By 1 March 2023, the provider must have a robust plan in place to ensure that all children in need of permanent care have their assessments completed and plans carried out without unnecessary delay.					
2. By 1 March 2023, the provider must ensure a clear, outcome focused Child's Plan is in place with statutory timeframes recorded as part of the action planning.					
West Dunbartonshire Council Fostering Service	10-Nov-21	2	30-Nov-22	2	How well do we support people's wellbeing?
		2		3	How good is our leadership?
		N/A	↑	5	How good is our staff team?
		N/A		N/A	How good is our setting?
		3		3	How well is our care and support planned?
Requirements: 2					
1. By 30 April 2022, the provider must ensure that all children in need of permanent foster care have their assessments completed and plans carried out without unnecessary delay. (Date extended to 1 March 2023.)					
2. By 30 April 2022 the provider must ensure a clear, outcome focused Child's Plan is in place and accessible to children using the fostering service. (Date extended to 1 March 2023.)					
Blairvadach Children's House	28-Aug-19	5	11-Aug-22	6	How well do we support children and young people's rights and wellbeing?
		5		N/A	How good is our leadership?
		5	↑	N/A	How good is our staff team?
		4		N/A	How good is our setting?
		6		N/A	How well is our care and support planned?
Requirements: 0					
Burnside Children's House	28-Feb-20	5	24-Mar-23	5	How well do we support children and young people's rights and wellbeing?
		N/A		N/A	How good is our leadership?
		N/A	—	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					
Craigellachie Children's House	15-Nov-19	4	29-Sep-22	4	How well do we support children and young people's rights and wellbeing?
		N/A		N/A	How good is our leadership?
		N/A	—	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					
West Dunbartonshire Council Home Care	26-Sep-19	N/A	27-Mar-23	3	How well do we support people's wellbeing?
		4		3	How good is our leadership?
		4	↓	3	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		3	How well is our care and support planned?
Requirements: 4					
1. By 30th September 2023, the provider must ensure that people's care plans are reflective of care and support that is right for them.					
2. By 30th September 2023, the provider must review and improve communication systems when people are returning home following a hospital admission.					
3. By 30th September 2023, the provider must ensure people and staff are kept safe by ensuring the workforce is appropriately trained.					
4. By 30th September 2023, the provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation.					
Crosslet House Care Home	10-Oct-19	4	14-Dec-22	5	How well do we support people's wellbeing?
		N/A		5	How good is our leadership?
		N/A	↑	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					

2.26 Residential Care Good Practice

1. Crosslet Home is a Residential Care Home with a strong focus on placing the residents in the centre of decision making and around delivering activities in the Care Home that are meaningful for them. One of these valuable areas of work is the intergenerational learning that's developed between local schools and the residents of the home.
2. In March 2023 the Care Home won a national 'Generations Working Together' award, along with a local Primary School for their intergenerational work. The award recognises projects that have demonstrated exceptional commitment to evaluating the effectiveness of their work, with benefits to residents and school children.
3. Primary seven pupils have been visiting the residents in the care home for five years as part of the initiative, which originally began as a pen-pal scheme. The pupils and residents send and receive letters and also visit the Home. During the visits the children work with residents on dementia friendly activities, physical exercise, arts and crafts and gardening to promote positive and enhanced health and wellbeing.
4. The Care Home also held a Coronation Celebration in May 2023 at the request of the residents, with music, dancing food and a bake off competition.

2.27 Reablement Service

1. WDHSCP is launching a reablement service in Autumn 2023. Following a soft launch as a test of change, the team will move towards full staffing and anticipate around 20 new referrals per week.
2. Reablement involves specialist, therapeutic interventions which are provided in the community and offered to someone who, through injury or illness, is experiencing reduced functional ability. While traditional practice is often to provide a package of support on task-orientated level, the core aim of reablement is to help the individual to recover lost independence by restoring reduced skills and confidence. This is achieved by way of a goal-orientated and interdisciplinary approach.
3. A team comprising of Occupational Therapy, Care at Home Organisers, Rehabilitation Support Worker and Home Carers will work over 7 days a week to provide goal focussed interventions to promote independence, increase functionality and reduce the need for mainstream care at home. It's anticipated that each service user will receive a maximum of 6 weeks service.
4. Measures and reporting mechanisms have been developed and a clinical pathway in place. Quality Indicators include:
 - Impact on Care at Home
 - Impact of Acute
 - Impact on service users
 - Fulfilment of scope

Baseline data from the current Care at Home service will also be used to evidence impact.

This attention to strong governance foundations will allow the test of change to be implemented and monitored and a continuum of quality improvement demonstrated.

2.28 Justice Quality and Performance

- Justice social work services experienced some notable increases in demand, the full impact, post pandemic, and is anticipated to continue over the coming years as the backlog of Court cases are heard, resulting in increased work for Justice Services.

	2020/21	2021/22	2022/23
Criminal Justice Social Work Reports	455	576	599
Community Payback Orders	234	332	374
Bail Supervision Orders	0	0	15
Structured Deferred Sentences	0	2	17
Diversion from Prosecution	21	37	28



- ❖ Current Deferment from Prosecution = 54
- ❖ Current Bail Orders = 18

2.29 Improvement Activity

- A number of improvement actions been completed during the past year including:
New staff being trained and existing staff annually updated on the suite of assessment tools used within Justice Social Work.
- Staff training being completed in Trauma Informed Practice
- Throughcare Assessment for Release on Licence –West Dunbartonshire staff having being trained in the first delivery of this tool.
- Ongoing engagement with the National Caledonian Team to bring Caledonian Domestic Abuse group work to West Dunbartonshire has continued A launch date is in place for the 26th October with training for staff completed in December 2023. West Dunbartonshire are implementing with no additional financial resource and this will be closely evaluated in relation to impact and sustainability.
- Additional Government funding has enabled the service, increase provision to our local courts including bail supervision and structured deferred sentences as an alternate disposal. The new Bail Assessment and Supervision Service commenced in September 2022.
- The operational management team has been extended using funding from the wider HSCP and this will strengthen oversight of best practice and accountability to the senior management team and operational staff have the necessary management time support and supervision required , but not yet aligned to setting the bar
- Development of senior staff have included being trained to support as trainers for the national roll out of training for Unpaid Work.
- Involvement in national strategic groups to ensure West Dunbartonshire Justice Services are linked to current and new policy and practice.

2.30 Justice Challenges

1. The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector. This means we are only able to enter into short-term contractual arrangements, which creates difficulties in both the recruitment and retention of suitably qualified staff. Justice Services do not have the ability to reduce demand on our statutory services therefore a robust funding model is essential.
2. High numbers of Domestic Abuse offending within the local authority: staff are listed to attend national training on the Caledonian system
3. Referrals from the Crown Office and Prosecution Service (COPFS) have significantly increased. In line with national policy of early intervention, the service has seen an increase in those subject to diversion in sustained attempts to reduce the number of individuals going through the criminal justice system. We continue to have regular meetings with the COPFS service through the local community justice forum.
4. Horizon scanning to anticipate the impact on Justice Social work from the Children's Care and Justice (Scotland) Act, alongside the forthcoming Bail and Release Act, currently passing through parliamentary approval.

2.31 Strengths

1. Strong partnership working is evident in the planning of support for individuals being released from prison. Our justice and housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
2. Positive and supportive working relationships with Police Scotland colleagues in the management and supervision of those assessed as posing a high risk of re-offending
3. During this year we have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations.
4. Many Service users have went on to employment, further education and volunteering through our close association with employability services.
5. We continue to work closely within established partnerships in the community including Children's Hospice Across Scotland, Alternatives and Greenspace.
6. The 'Moving Forward' Women's Service supports females involved in the Justice system and offers one to one holistic supports, looking at increasing independent skills, self-confidence and mindfulness.
7. The Women's Safety and Support Service provides specialist responses and interventions to increase the safety and wellbeing of survivors of Domestic Abuse. The service supports women offenders, (via group work and one to one supports) who have additional vulnerabilities and complex needs resulting from multiple experiences of Violence Against Women.
8. Service Users have worked alongside their allocated workers looking at specific needs relevant to

their own personal/offending circumstances. This has been done via structured one to one interventions including:

9. Home learning and focussed discussion at supervision appointments of blended learning packs concentrating on topics such as substance misuse, pros and cons of offending, healthy relationships and anger management. These have included utilising a CBT approach alongside motivational interviewing techniques. All of which has been trauma informed practice.
10. Dependent on the type of offending, staff trained in the NOTA Individual Treatment Program have supported service users, convicted of sexual offending, to understand their offending pathways and support them to contribute to their risk management plans in order to address the risk of re-offending.

Resources

3.0 Financial Pressures

1. The HSCP Board is operating within a complex and evolving Scottish Government policy landscape coupled with a challenging and potentially worsening UK economic outlook. Decisions on an appropriate, and prudent, level of un-earmarked reserve versus the delivery of strategic priorities and supporting our communities out of the pandemic and cost of living crisis is multi-layered. Financial sustainability in the short, medium and longer term, must be maintained, to allow the HSCP Board to invest proactively and drive out efficiencies through better ways of integrated working.
2. Public sector pay negotiations effective from 1 April 2023 for Social Care HSCP staff are ongoing. The currently reported annual budget for Social Care services includes an estimation of the impact of the 2023/24 pay uplift for staff within this group currently assumed at 4%, however this will be subject to change as pay negotiations continue to progress. While the Scottish Government has announced additional funding for local authority pay uplifts, the allocation of this is unknown at this time. In February, Healthcare staff across Scotland agreed a 2023/24 pay offer of an average a 6.5% uplift, compared to a budget of 2%, with an appropriate share of additional Health Board funding to flow through to HSCP's. Recruitment challenges for both qualified and unqualified health and social care staff continue, however this problem is not unique to West Dunbartonshire, and is likely to continue this year and into the medium term.
3. Financial pressures, from both internal and external care packages, continue to be experienced across social care services. The main areas of pressure are children and families residential care and community placements, learning disabilities and care at home. The following graph shows the increasing spend on children and families since 2016/17.

Graph 1: Spend on Children and Families 2016/17 to 2022/23

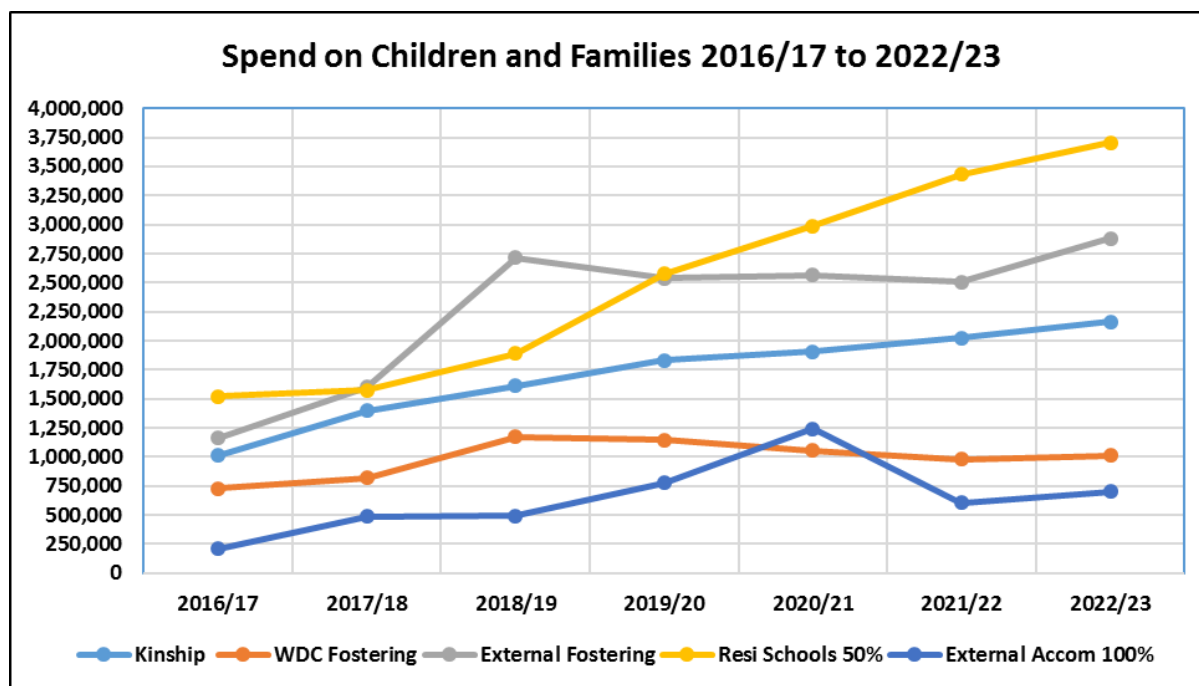


Table 1: Extract from WD HSCP 2022/23 Unaudited Accounts - Final Outturn against Budget 2022/23

West Dunbartonshire Integrated Joint Board	2022/23 Annual Budget	2022/23 Net Expenditure	2022/23 Underspend/ (Overspend)	2022/23 Reserves Adjustment	2022/23 Underspend/ (Overspend)
Consolidated Health & Social Care	£000	£000	£000	£000	£000
Older People, Health and CC	53,857	51,034	2,823	2,044	779
Physical Disability	3,584	3,242	342	0	342
Children and Families	29,553	30,529	(976)	250	(1,226)
Mental Health Services	12,578	12,086	492	445	47
Addictions	3,622	3,525	97	112	(15)
Learning Disabilities	19,784	20,487	(703)	6	(709)
Strategy, Planning and HI	2,210	1,623	587	121	466
Family Health Services (FHS)	31,226	31,224	2	0	2
GP Prescribing	19,937	21,001	(1,064)	(591)	(473)
Hosted Services - MSK Physio	7,394	7,623	(229)	(246)	18
Hosted Services - RS	860	846	14	14	0
Criminal Justice	0	45	(45)	(11)	(34)
Corporate and Other Services	6,907	7,421	(514)	(1,039)	525
Covid-19	(6,348)	2,863	(9,211)	(9,211)	0
IJB Operational Costs	377	377	0	0	0

Cost of Services Directly Managed by West Dunbartonshire HSCP	185,541	193,926	(8,385)	(8,107)	(278)
Set aside for delegated services provided in large hospitals	41,323	41,323	0	0	0
Assisted garden maintenance and Aids and Adaptions	562	562	0	0	0
Total Cost of Services to West Dunbartonshire HSCP	227,426	235,811	(8,385)	(8,107)	(278)

2022/23 Financial Position

1. The HSCP Audit and Performance Committee approved the draft 2022/23 Annual Accounts for submission to external audit on 20 June 2023. An extract from those accounts are provided below, and provide information on the scale of the integrated budget required to deliver on both health and social care services and the outturn position as at 31 March 2023.

The key explanations and analysis of budget performance against actual costs are provided in detail within the [draft](#) 2022/23 Annual Accounts.

Table: 2 Social Care Expenditure 2022/23

Social Care Net Expenditure	2022/23 Annual Budget	2022/23 Net Expenditure	2022/23 Underspend/(Overspend)	2022/23 Reserves Adjustment	2022/23 Underspend/(Overspend)
	£000's	£000's	£000's	£000's	£000's
Strategy Planning and Health Improvement	1,140	838	302	121	181
Residential Accommodation for Young People	3,105	2,995	110	(3)	113
Children's Community Placements	5,767	6,296	(529)	(53)	(476)
Children's Residential Schools	4,963	5,547	(584)	100	(684)
Childcare Operations	4,659	4,950	(291)	1	(292)
Other Services - Young People	4,143	4,079	64	(50)	114
Residential Accommodation for Older People	7,196	6,433	763	0	763
External Residential Accommodation for Elderly	9,006	8,304	702	336	366
Sheltered Housing	1,417	1,373	44	0	44
Day Centres Older People	1,211	1,010	201	0	201
Meals on Wheels	25	36	(11)	0	(11)
Community Alarms	21	111	(90)	0	(90)
Community Health Operations	2,932	2,746	186	0	186
Residential - Learning Disability	10,339	11,243	(904)	(30)	(874)
Physical Disability	2,401	2,043	358	0	358
Day Centres - Learning Disability	2,184	1,989	195	0	195
Criminal Justice	0	45	(45)	(11)	(34)

Mental Health	3,330	3,095	235	187	48
Care at Home	14,630	14,682	(52)	956	(1,008)
Addictions Services	878	1,362	(484)	(204)	(280)
Equipu	285	300	(15)	0	(15)
Frailty	141	13	128	0	128
Carers	1,564	1,059	505	506	(1)
Covid-19	(0)	8,302	(8,302)	(8,302)	(0)
HSCP - Corporate	1,838	1,132	706	333	373
Net Expenditure	83,175	89,983	(6,808)	(6,113)	(695)

2. The HSCP Board have an approved Reserves Policy which sets out the legal basis for holding reserves and the process of applying those reserves. It is recognised reserves are a key element in demonstrating financial stability in the medium to long term. The current policy strives to hold 2% of total budget in un-earmarked reserves, for 2022/23 this was approximately £3.9 million.
3. The HSCP Senior Management Team have undertaken a robust review of all earmarked. Approximately 50% of earmarked reserves are from the Scottish Government and given that conditions and outcomes are attached to them there is reduced scope to “free-up” a significant element. In addition the Scottish Government have made it a condition of funding that all current earmarked reserves must be exhausted before any 2023/24 funding will be released e.g. Primary Care Improvement, ADP and Mental Health Recovery and Renewal. There is potential flexibility within HSCP Board approved earmarked reserves, however further work requires to be undertaken by Heads of Service to determine whether other local HSCP priorities can be delivered in tandem with Scottish Government required outcomes.

Table 3: Extract from WD HSCP 2022/23 Unaudited Accounts – Movement in Reserves

Balance as at 31 March 2022 £000	Total Reserves	Transfers Out 2022/23 £000	Transfers In 2022/23 £000	Balance as at 31 March 2023 £000
	Scottish Govt. Policy Initiatives			
(9,213)	Covid	9,211	0	(2)
(2,392)	Primary Care	2,056	0	(336)
(4,595)	Adult and Older People Services	1,800	(3,789)	(6,584)
(568)	Children’s Services	493	(780)	(855)
(857)	Carers Funding	0	(506)	(1,363)
(1,780)	Other	685	(496)	(1,591)
	HSCP Initiatives			
(2,009)	Service Redesign & Transformation	259	(17)	(1,767)
(560)	Complex Care	0	(2,322)	(2,882)
(300)	Community Empowerment	0	0	(300)
(5,576)	Recovery / Renewal in Services	1,471	(664)	(4,769)
(568)	Other	140	(25)	(453)
	Prescribing			

(1,563)	Prescribing	591	0	(972)
(29,981)	Total Earmarked Reserves	16,706	(8,599)	(21,874)
(4,579)	Total Unearmarked Reserves	278	0	(4,301)
(34,560)	Total General Fund Reserves	16,984	(8,599)	(26,175)
	Overall Movement			8,385

4. The table below detail expenditure in relation to commissioned spend across Social Work services.

Table 4: Expenditure for commissioned spend across Social Care Services

Spend Category	Children and Families	Health and Community Care	Learning Disabilities, Mental Health and Addictions	Other	Total
	£000	£000	£000	£000	£000
Residential Care	5,325	14,098	3,137	0	22,559
Respite	261	200	551	220	1,232
Housing Support	1,511	1,352	11,793	0	14,656
Day Support	0	286	2,392	0	2,677
Nursing	0	0	675	0	675
Payments to other bodies	1,109	3,353	1,445	3,209	9,117
External fostering	2,726	0	0	0	2,726
Kinship payment	2,188	0	0	0	2,188
Fostering and Adoption	1,191	0	0	0	1,191
Payments to NHS	560	12	357	0	930
Direct payments	131	849	711	78	1,768
Total	15,002	20,150	21,061	3,507	59,720

3.1 Medium Term Financial Outlook

1. The HSCP Board approved the indicative 2023/24 Revenue Budget on the 15 March 2023. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, took into account current levels of service, however it was recognised that the legacy impact of the COVID-19 pandemic are not fully quantifiable at this time.
2. The challenging financial landscape for all of our funding partners (i.e. the Scottish Government, WDC and NHSGGC) in relation to future service demands, global inflation, and Scottish Government policy commitments (e.g. Mental Health Recovery and the National Drugs Mission), protracted the annual budget setting exercise. This was exacerbated by confirmation of the revised allocation of children's residential placement budget and associated costs and ongoing discussions regarding the confirmation of funding for pay uplifts within Social Care and the requirement to pass through an appropriate share of funding received by West Dunbartonshire Council to the HSCP.

3. Both WDC and NHSGGC complied with the Scottish Government directives on funding to the HSCP Board for 2023/24. For WDC the direction was at least roll over of the 2022/23 recurring budget (i.e. flat cash) plus share of allocated funding for social care in relation to Scottish Living Wage and uprating of Free Personal Care. For NHSGGC the direction was a pass through of the same 2% uplift provided to health boards.
4. For health services, the 2% uplift was accepted, on the basis that pay and other inflation was set at 2%, excluding Prescribing budgets. Prescribing is hugely complex and during 2022/23 both the volume of drugs dispensed and the average cost per item have increased to above pre pandemic levels. Given these increases and the requirement to drawdown from earmarked reserves, to partially fund the 2022/23 prescribing overspend, an uplift of 5% was applied in 2023/24.
5. A flat cash allocation for social care services from West Dunbartonshire Council, in essence, required the HSCP Board to cover all inflationary pressures (circa £6.7m) for pay awards and commissioned services, national insurance uplifts and demographic pressure, from a combination of service efficiencies, approved savings options, baseline adjustments and application of earmarked reserves.
6. The HSCP Board needs to be as financially well placed as possible to plan for and deliver services in a difficult financial climate, whilst maintaining enough flexibility to adapt and invest where needed to redesign service delivery moving forward depending on the funding available in future years.

Workforce

4.0 Workforce and Service Impact

1. Children's social work services continues to operate in a context of increased demand and complexity as communities are impacted by the cost-of-living crisis. In addition, we remain in a position of much reduced staffing across the service, with ongoing challenges regarding the recruitment and retention of staff at all levels within the service.
2. Vacancies in the service have been on average around 40 % within locality teams where the majority of statutory functions are currently delivered. The vast majority of staff able to be recruited are newly qualified which overtimes has shifted the skill profile of the service workforce in social work with a significantly higher percentage of inexperienced staff.
3. Recruitment of agency staff has had mixed success, with other local authorities also completing for both substantive and agency staff across a range of roles. Staff vacancies in services is now being reported at CPC and updates provided to PPCOG. Staffing shortages are further reflected in strategic risk registers and recognition of the impact that this is having inevitably across the wider system. Strategies to mitigate and manage risk are in place and communication across partners stressing the need for a continued focus on GIRFEC practice and principles has been issues.
4. This context has undoubtedly impacted on the continuity of service delivery for children and their families, where changes in staff have led to uncertainty and inconsistency for children, young people and their families, and for other professionals, while remaining staff have worked hard to maintain statutory functions. Unfortunately, the cumulative impact has meant a significant number of children and their families not having a single identified lead professional within social work services.

4.1 Adult services

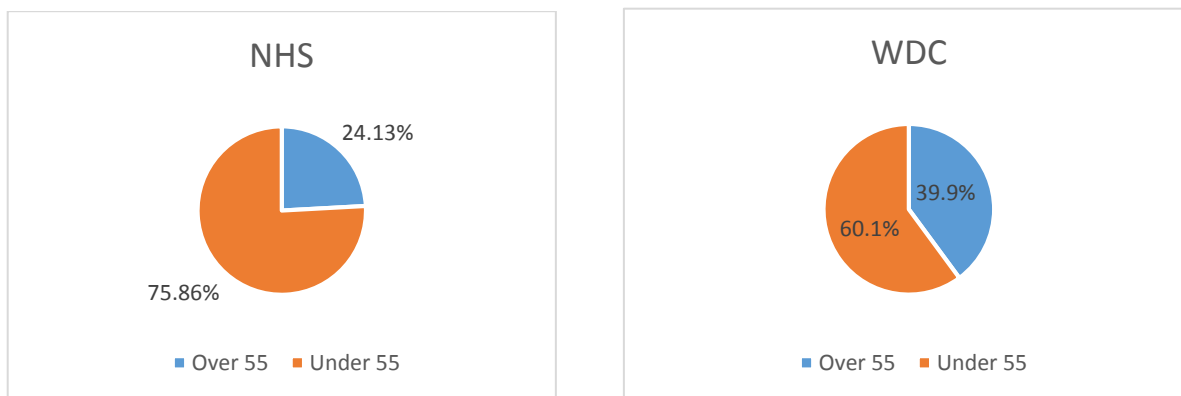
1. There have been a number of changes to the WDC MHO workforce over the last 12 months, with a number experienced staff leaving, either due to retiring or to take up posts in other local authorities and, in the case of one MHO, with an agency.
2. Recruitment to the vacant posts has been a challenge. One full-time post was filled by an MHO who had previously been working in the dual SW/MHO role within Justice Services. Whilst she brought with her a wealth of experience, her move has meant there are now no dual-role MHOs within WDC currently. This has resulted in MHO skills and knowledge being concentrated within the core team and whilst efforts are made to engage with other teams who would benefit from having regular MHO input (such as the Learning Disability and Hospital Discharge teams), there remains a need for dual-role MHOs to be in post within other teams.
3. Of note, the other 1.5 vacancies in the team have not been filled on a permanent basis, despite the posts being advertised on several occasions as no suitably qualified candidates have applied. The full time post is currently being filled by an agency worker with the part-time post being filled on a temporary basis by a returning ex-employee of the council.
4. The experience of West Dunbartonshire is similar to the overall picture nationally, with other local authorities reporting difficulties filling posts and losing experienced MHOs to agencies. Given these challenges, the focus of the MHO service over the next few years will be on training more MHOs from within the existing WDC social work workforce and encouraging those who no longer undertake MHO duties back into practice. There is currently one trainee MHO one returning MHO undertaking the course, with them both being expected to start practicing in the summer of 2024.
5. A proposal for a dedicated MHO service Resource Worker has also been drawn up. Having a skilled, knowledgeable, and reliable Resource Officer as part of the team would lead to improvements in data reporting, service response, quality assurance and information management. They would support the Senior Social Worker in reviewing the effectiveness of existing processes and procedures, provide assistance to individual MHOs by following up on matters such as the completion of AWI medicals and the arranging of court dates, and would be able to provide the Senior Management Team with up-to-date data relating to the use of legislation and the associated timescales, both on an individual and a service-wide level.
6. Additional funding from Government to Chief social work officers in 2022 to promote service delivery within adult services has been identified to develop a Principle Lead Officer for Social work and depute CSWO, and an adult services reviewing team to support quality assurance and scrutiny of quality of care and support for adults and older people. The posts have not as yet been released for advert and are being considered by the Chief Executive though the SSRG process for all posts where all posts are considered.
7. In this section I will provide an overview of the Social work and Care workforce and considerations for workforce demand, outlining the gap between where we are now and where we need to be. Highlighted through this report are the significant issues of staffing availability and recruitment

which has had an impact in nearly all areas of service delivery. As West Dunbartonshire HSCP experiences, and plans for, change, a number of resources and programmes are being developed to support our workforce through change. Whilst the effects change are acknowledged, there are levels of challenge due to a shortage of available workers for some sectors which is resulting in higher than normal level of vacancies. Never has there been a greater need for workforce planning and development to be supported to ensure the continuity of a skilled and committed workforce to deliver high quality services for the future. The National Workforce Strategy for Health and Social Care in Scotland states 'Our workforce is at the heart of delivering Health and Social Care services to the people of Scotland'. The strategy recognises the need to increase and upskill the workforce alongside supporting retention.

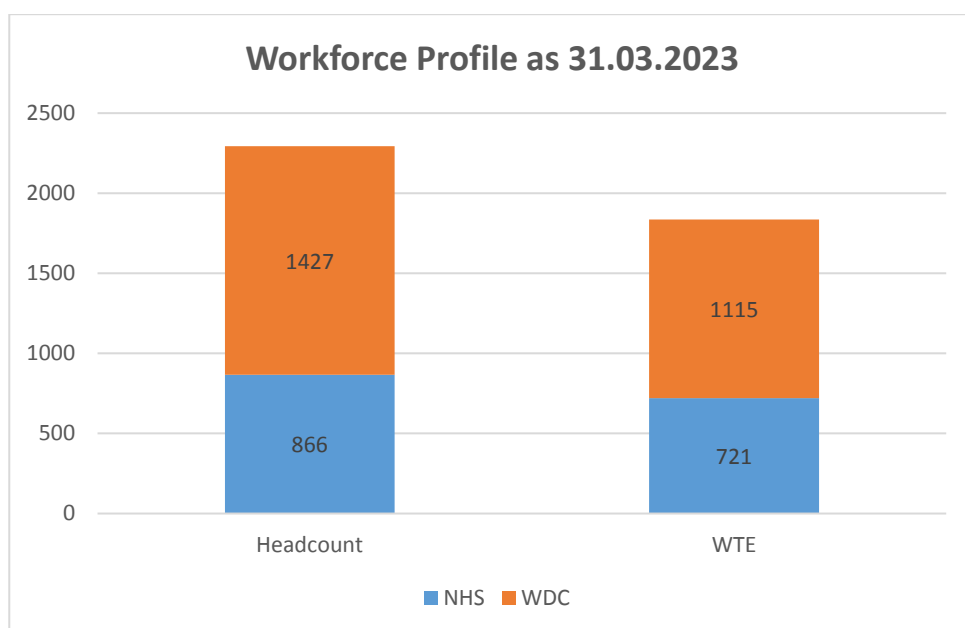
8. West Dunbartonshire HSCP has developed a three year workforce plan, over the next 3 years (mainly the next 12 months) to plan, attract, train, employ and nurture staff to help us to deliver the future workforce. As might be expected West Dunbartonshire HSCP are looking to grow and retain our workforce in the next 3 years. Recruitment and retention is a main focus of actions to help us deliver both our Workforce Plan but also encourage employability and extending the number and type of training opportunities available. Significant areas of work include how we supplement our existing workforce and how we look at supporting and developing our workforce.
9. Throughout 2022-2023 retention of staff is being supported with the development of post qualifying Social Work qualification delivered by the Open University. A number of staff are now actively engaged in post graduate social work programmes following a selection and interview process, involving as part of the panel care experienced or individuals with lived experience of service. Both the training programmes and placement provision are being supported by the wider HSCP.

Table 3
Workforce Split

Age Band	NHS	WDC	Total
<20	1	7	8
20-24	10	41	51
25-29	74	73	147
30-34	107	122	229
35-39	113	121	234
40-44	109	146	255
45-49	107	152	259
50-54	136	195	331
55-59	115	260	375
60-64	71	221	292
65+	23	89	112
TOTAL	866	1427	2293

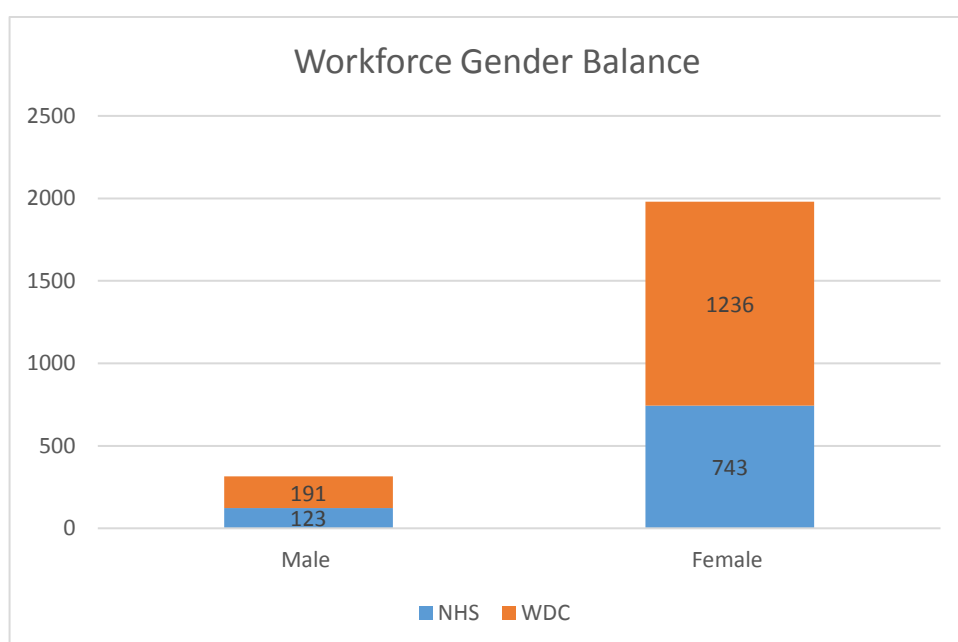


10. The age profile for NHS workforce in West Dunbartonshire HSCP indicates that there is almost an even split of the workforce under the age of 45 and over the age of 45. The picture is slightly different across WDC workforce, which indicates the majority of the workforce are over the age of 45. Whilst this does not present an immediate retiral risk, we do need to be mindful of the importance of succession planning and maintaining health and wellbeing.
11. As our workforce gets older, and we continue to rely on them, we will need to put in place policies and strategies to enable experienced workers to remain in the workforce, while maintaining their health and wellbeing. We will also have to put in place succession planning for their eventual replacements.
12. Around a third of the NHS workforce (24%) are aged 55 years and over. This presents risk of retiral of a sizeable proportion of the workforce within the next 5 to 10 years. There is a significantly higher risk with WDC workforce as almost 40% of the workforce, is aged 55 of over. The chart below shows the split of the workforce over 55 and those under 55.
13. As an employer we must recognise this, and be ready to put in place reasonable adjustments to allow colleagues to support the workforce do their role as well as when someone does have for example a long term condition, using various forms of flexible working (for example: home working, job sharing, shift working, part time working) to assist with work life balance.



4.2 Workforce Gender Balance

- As can be seen below West Dunbartonshire HSPC has a greater proportion of female workers than male workers and whilst this is not untypical within the caring profession, the HSCP does need to consider how we encourage greater inclusion within professions as part of recruitment campaigns.



4.3 Staff Turnover

- Between April 2022 and March 2023, 298 people left West Dunbartonshire HSCP. The annual turnover rate for WDC staff within the HSCP was 13.9% and for the NHS was 11.3%. This represents a reduced turnover rate compared to the same period in the previous reporting year.

The workforce may have been less willing to leave the security of their posts or actively pursue retirement.

2. To take account of the ageing patient population, as well as the workforce, both NHS Greater Glasgow and Clyde, and West Dunbartonshire Council are exploring new ways of working and new recruitment and retention strategies, as well as having a continued focus on how we support the health and wellbeing of our workforce. It is forecast that our workforce will want to work for longer.

4.4 Creating the Conditions – Measuring Effectiveness

1. The promotion of the iMatter programme continues, with a focus on action planning and team discussions with staff. This is a national staff experience continuous improvement model used locally. Our iMatter Lead supported a local focus of these principles, as well as promoting local ownership of the process and understanding of manager and team responsibilities. Within West Dunbartonshire HSCP, there is a continued emphasis on the importance of action planning; highlighted below is a comparison of results from 2021, 2022 and 2023 which demonstrates that staff feel they are cared about, are treated with dignity and respect and are appreciated:

iMatter Survey Results 2021 – 2023 (Weighted Index Value)			
iMatter Question	2021	2022	2023
I feel my direct line manager cares about my health & wellbeing	84	87	86
I feel my organisation cares about my health & wellbeing	71	73	73
I am treated with dignity and respect as an individual	83	85	86
My work gives me a sense of achievement	80	82	83
I get the help and support I need from other teams and services within the organisation to do my job	69	70	71
I feel appreciated for the work I do	71	75	77
I would recommend my organisation as a good place to work	74	75	75

4.5 Workforce Development, Learning and Collaboration

1. The West Dunbartonshire Adversity, Trauma and Resilience Programme aims to prevent childhood adversity and trauma and to mitigate the effects across an individual's life course where it has already occurred. A key component is to develop a trauma-informed West Dunbartonshire through supporting workforce development across public and third sector organisations, in line with the [National Trauma Training Programme](#) and the West Dunbartonshire Council commitment to support the [Wave Trust's 70/30 campaign](#) to reduce child abuse, neglect and other adverse childhood experiences (ACEs) by at least 70% by the year 2030 which the Council reconfirmed its original 2021 commitment to in 2023. The programme is coordinated by the local Trauma Champion and seeks to cover the **five drivers** of change of **trauma-informed systems** of;
 - **Leadership and management**
 - **Experts by experience**
 - **Data and information**
 - **Workforce knowledge and skills**
 - **Workforce wellbeing**

2. Via Trauma Training plans including Resilience Film viewings to support the development of a trauma-informed workforce supported by the Resilience Hub community of practice which now has over 500 members. The Resilience Hub held one online meeting in 2022/23 themed on 'Developing your Trauma-informed Practice' and 58 people participated. It showcased the range of free training resources available from the National Trauma Training Programme as well as how some local teams within Education and Blairvadach had put into practice.
3. Joint work with the NHSGGC Transforming Psychological Trauma Implementation Coordinator (TPTIC) included focused leadership work with leaders working in Children's Health Care and Justice with 40 leaders attending the [national Scottish Trauma-informed Leadership Training \(STILT\)](#). A training needs analysis was also carried out for Children's Health Care and Justice workforce exploring awareness and attitudes to psychological trauma and trauma-informed practice based on the national [National Trauma Training Programme: workforce survey 2021](#) to allow a learning and development plan to be developed. Staff working in the Older Adults Mental Health Team have completed the Opening Doors Learning Session on Trauma Informed practice to support planning for trauma informed change.
4. All staff working in children's houses have accessed training in the Dyadic Developmental Psychotherapy (DDP) approach. This approach encourages working with young people and their family and or other key people involved in their care. It raises awareness of trauma and its impact on young people's development and how this might affect their behaviour and supports staff to interact and talk with young people with this informed approach. It highlights use of a PACE approach in interactions i.e. to be Playful, (to allow us to attune and match young people's mood and emotions), Appreciative, (of the young person's point of view and what they are telling us about how they feel), Curious (to wonder why a young person feels the way they do, or wonder what their behaviour is really telling us) and finally to be Empathetic (to really try to understand how young people are feeling). To support this over a hundred staff across WDC Education including Educational Psychology, and HSCP Children's Social work have accessed a level 1 DDP learning opportunity. Managers have also accessed training in how to bring these approaches to supervision.

4.6 Adverse Childhood Experiences (ACEs)

1. The West Dunbartonshire Adverse Childhood Experiences (ACEs) Programme continues to address childhood adversity and trauma across the life course. The Programme supports workforce development and development of a Nurtured Strategy.
2. The Resilience documentary about Adverse Childhood Experiences (ACEs) continues to be an additional popular resource to increase ACEs awareness. One online viewing was held in 2022/23 as part of West Dunbartonshire world [kindness day activities](#) with 58 people attending. Knowledge and understanding of ACES increased from 2.84 to 3.84 out of five after viewing the film and taking part in a discussion.

Below captures a representation of the feedback received from the activity:

"I'm a student social worker and I have learned about trauma, ACEs and health at uni. Since starting placement, I have been trying to apply the knowledge I have but it has been difficult at times to transfer it to practice. I found the film really helpful for bridging that gap between theory and practice."

3. In addition two face to face viewings were held in 2022/23; One in partnership with the West Dunbartonshire [Clydesider](#) community media social enterprise co-ordinated Community Response

'If you can get the brain science into the hands of the general population, they will invent very wise actions'

Network to build capacity and understanding of trauma with a range of third sector organisations and building on the message in the film that:

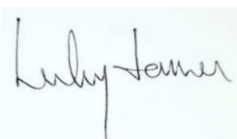
4. Feedback was positive with organisations requesting more viewings for this group. To continue to build connections with the Promise a focused viewing for foster carers kinship carers and adoptive parents was held in March 2023. Feedback was positive as below with a similar request for more viewings across West Dunbartonshire:
5. This brings the total number of people within West Dunbartonshire who have viewed the film to approximately 1,280.
Work has been undertaken to refine a local evaluation framework based on the draft Improvement Service [Creating Trauma Informed Change: What, Why and How A Quality Improvement Framework for Trauma-Informed Organisations, Systems and Workforces in Scotland](#) to develop the understanding of the impact of this work and this will continue in 2023/24 once the revised framework is available nationally.

4.7 Child Protection National Guidance Scotland 2021

1. National Guidance for Child Protection in Scotland was published in 2021. The Guidance integrates child protection within the Getting it right for every child (GIRFEC) continuum and wider strategic landscape, including incorporation of the United Nations Convention on the Rights of the Child (UNCRC) and The Promise.
2. It sets out responsibilities and expectations of everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation and violence.
3. The Guidance builds on evidence and well established single and multi-agency practice, however, there are key changes of note: Integration of the previously separate Child Protection Guidance for Health Professionals (2013) – the “Pink Book”, underlining the multi-agency nature of child protection; 4. Further clarification of the role, function and contribution of Health Boards, professionals, designated staff and services for child protection to support discharging their responsibilities safely, both individually and collectively; 5. A ‘child’ defined as being a child or young person up to the age of 18 years, where appropriate, in line with UNCRC. The legal situation with regard to young people aged 16 and 17 years is summarised;
4. The criticality of multi-agency collaboration and Interagency Referral Discussions (IRDs) is outlined where there is risk of significant harm; and the importance of continuity and consistency across organisational and sector boundaries is emphasised. Implementation is across 2 years, commencing September 2021;
5. There is an incentive within the Guidance to share best practice and procedures across Scotland, albeit recognising that individual regions and authorities currently have some variation. West of Scotland Child Protection procedures already exist (aligned with the 2014 Guidance) and although

they are in place in West Dunbartonshire, they are no longer universally used across the West of Scotland consortium, partly due to having lost their online platform and partly because they now require a significant refresh. At the West of Scotland Chairs and Lead officers meeting in December 2021, it was concluded that the majority of areas no longer wished to progress with a refresh of the West of Scotland procedures. West Dunbartonshire CPC agreed in March 2022 that until the 2021 Guidance is implemented, Partners will continue to follow the West of Scotland procedures.

6. West Dunbartonshire has been part of a smaller group of West of Scotland CPCs to commission an individual to update all multi-agency child protection policies/procedures/ protocols. This has now been concluded and further localisation of procedures is being concluded by the lead officer and will be available early 2024 to support continued implementation and training.
7. As the workforce further adapts it is important that the required collaboration, support and 'good conversations' are taking place to support staff wellbeing as well as provide effective leadership. Embedding career development conversations into workforce discussions is essential. Creating those conditions for employment opportunities, career changes and learning for our workforce is essential. The continued developing of a social work learning & development framework for the social work workforce through supporting trainees and qualified social workers to fulfil their roles being at the forefront.
Continuing to invest in the delivery of trauma informed approaches through the roll out of a trauma informed training plan, and the development of management capacity among the workforce to support succession planning and career development through Leadership Programmes alongside mentoring and development opportunities is a key objective.
8. A Chief Social Work Officer I am committed to emphasising the importance of supporting the workforce and colleagues during day to day work activities but also during difficult times. As a leader of social work services, promoting and maintaining a healthy workplace and providing support for our people, which maximises their health and wellbeing is a shared goal. The workforce priorities are clear to support and drive forward our local recruitment and retention agenda and providing support and capacity to our workforce in progressing the growth and transformation of social care in Scotland that is fit for the future.
9. The challenges are national and local authorities need to be supported to deliver and build into the system workforce capacity, both I commissioned services and recruitment to social work and social care in to deliver the high quality services regardless of the organisational alignment going forward.



Lesley James
Head of Children's Health Care & Justice
Chief Social Work Officer
31/10/2023

