

West Dunbartonshire

Chief Social Work Officer Annual Report

1 April 2023 – 31 March 2024

Contents

1.	Introduction	4
2.	Governance, Accountability and Statutory Functions	6
2.1	Role of the Chief Social Work Officer (CSWO).....	6
2.2	Public Protection	7
2.3	Quality Assurance	8
2.4	Clinical and Care Governance	9
2.5	Management and Performance Information	9
2.6	Risk Oversight	10
2.7	Population Profile	11
2.8	Specific Challenges For Our Communities 2023/24	11
2.9	West Dunbartonshire HSCP Structure	14
3.	Service Quality and Performance	15
3.1	Key Achievements 2023/24	15
3.2	Children Young People and Their Families	17
3.3	Scottish Child Interview Model	20
3.4	Permanence Team.....	20
3.5	My Assessment My Plan.....	20
3.6	Family Time.....	21
3.7	Request for Assistance	21
3.8	Strengthening Scrutiny and the Voice of Children and Young People.....	22
3.9	Brothers and Sisters	22
3.10	Advocacy	23
3.11	Family Support for Children and Young People and Families.....	24
3.12	Unaccompanied Asylum Seeking Children (UASC).....	25
3.13	Self-Evaluation Activity	26
3.14	Child Protection and Social Work.....	27
3.15	West Dunbartonshire Child Protection Committee.....	28
3.16	Child Protection Activity – What Our Data Tells Us	30
3.17	Child Protection Committee Achievements in 2023/24	33
3.18	West Dunbartonshire’s Children’s Houses	36
3.19	Adult Services	38
3.20	My Life Assessment Evaluation.....	38
3.21	Just Enough Support.....	40
3.22	SDS Staff Training and Development.....	40
3.23	Short Break Pilot	41
3.24	Support in the Right Direction – Inspiring Scotland.....	41
3.25	SDS Circle and Providers Network.....	41
3.26	Adult Support and Protection	42

3.27	Overview of Adult Protection Activity 2023/24	43
3.28	Multi-Agency Forum (MAF)	45
3.29	Mental Health Officer Service (MHO)	46
3.30	Adults with Incapacity (AWI) / Guardianship	46
3.31	MHO Data Oversight	47
3.32	Support to Adults Leaving Hospital	48
3.33	Community Learning Disability Services	49
3.34	Housing Support Service for Adults with Learning Disabilities	50
3.35	Alcohol and Drug Partnership (ADP)	51
3.36	Official Waiting Times	52
3.37	External Scrutiny: West Dunbartonshire Care Homes	52
3.38	Justice Social Work Services	54
3.39	MARAC (Multi-Agency Risk Assessment Conference)	56
3.40	Community Justice	57
4.	Resources	60
5.	Workforce and Service Impact	64
5.1	Workforce Planning	64
5.2	West Dunbartonshire HSCP Approach to Staff Health and Wellbeing	67
5.3	Workforce Development, Learning and Collaboration	68

1. Introduction

It gives me great pleasure to present this annual report 2023/2024 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 aims to capture the good practice and improvement activity that has taken place across a range of services as well as highlight some of the challenges for social work and social care services as well as highlighting the many achievements over the past year.

The commitment and enthusiasm of our social work professionals and social work and care workforce in providing services to many of our most vulnerable children, young people and adults in our communities is clear, however at a time where budgetary pressures and workforce challenges are at arguably an unprecedented point. The social work workforce require leadership to sustain, deliver and improve our vital social work and care services to our citizens whose rights we uphold is challenged in many directions.

The workforce and resources section highlights those continued challenges and the impact both in terms of capacity within the social work and care workforce. We need to ensure that a strong 'social work voice' is heard with the rights of those we serve being at the forefront, and the impact of financial decision making and recruitment challenges on needs and risks of service users visible and transparent.

In West Dunbartonshire our social work and care services are diverse, and this report does not attempt to cover every aspect. Our structural arrangements are complex as is the variability of both integration and professional oversight arrangements.

This report summarises practice activity, improvement and the work that has taken place to strengthen service user voices, and where appropriate service redesign. 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 enhanced collaboration to meet some of the current challenges across the public sector is vital. Our communities, require solution focused, collaborative leaders to address the impact and growing need that is evident for those individuals and communities who use our social work and care services regardless of structural arrangements and ability to plan on a longer-term basis with investment in preventative approaches.

This year has again 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.

The nature of social work is often overlooked or misunderstood in the vital role that it plays in supporting children and adults to ensure their voice and rights are upheld and that individuals lived experience is truly understood.

We continue to strive to build services that are truly co-designed with the voice of those we serve at the heart of what services that make a positive difference looks like.

We need to continue our development of services moving away from the doing to and understand and consult on what makes a difference for people. We need to invest in our services in relation to being able to measure and evaluate the impact at a time of increased

budgetary constraints. We need to hold a position of longer-term objectives to disrupt and make meaningful change in those systems that impact on the lives of those we serve.

In my report I have referred to social work and social care separately as they are two very different activities and often misunderstood. 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 role of social work and social care are, to enable policy and decision makers to understand the requirements and importance of the separate roles and within that our statutory responsibilities.

Despite the increasing challenges, the uncertainty of a National Care Service and National Social Work Agency, our workforce are our greatest asset and the commitment and dedication of our social work and social care workforce cannot be overstated.

Put simply due to their commitment, adults and children at times of crisis, failing health, family breakdown, or where there is a risk of harm, are on a daily basis enabling and supporting people to live safely with care dignity and respect.



A handwritten signature in blue ink that reads "Lesley James".

Lesley James
Head of Children's Health, Care and Justice
Chief Social Work Officer
30 October 2024

2. Governance, Accountability and Statutory Functions

2.1 Role of the Chief Social Work Officer (CSWO)

- 2.1.1 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.
- 2.1.2 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.
- 2.1.3 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.
- 2.1.4 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.
- 2.1.5 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.
- 2.1.6 The role of the CSWO assists the local authority and its partners in understanding the complexities and cross-cutting nature of social work service delivery. This includes issues such as corporate parenting, child protection, adult protection and the management of high-risk offenders, but also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.
- 2.1.7 In West Dunbartonshire, NHS Greater Glasgow and Clyde and West Dunbartonshire Council have gone beyond the statutory minimum requirements when determining which functions to delegate to the Integration Joint Board. As such Children's Services, Social Work and Adult Services Social Work including Criminal Justice are all part of the West Dunbartonshire Health and Social Care Partnership and are overseen by the Integration Joint Board who must ensure that delegated functions are carried out effectively.
- 2.1.8 The CSWO plays a fundamental role in the context of Health and Social Care Integration, and as required, is a non-voting member of the Integration Joint Board. The professional leadership provided by the CSWO in these integrated arrangements is central to the effectiveness of improving the quality of care within West Dunbartonshire.

- 2.1.9 The CSWO has a defined role in professional and clinical and care leadership and has a key role to play in Clinical and Care Governance systems which support the work of the Integration Joint Board. This is set out in the Integration Scheme.
- 2.1.10 The integration of health and social care highlights the complexity of social work governance arrangements, but regardless of integration, West Dunbartonshire Council retain statutory responsibilities in relation to social work services. Elected Members have important leadership and scrutiny roles, and this annual report seeks to support Elected Members to discharge these functions. It is essential that Elected Members assure themselves that service quality is maintained and that risks are managed effectively.
- 2.1.11 Work has progressed in this area with the CSWO now chairing the Community Planning Partnership Nurture Delivery and Improvement Group which oversees the implementation of the Integrated Joint Children's Services Plan.
- 2.1.12 The Community Justice Act 2016 adds to the complexity of governance arrangements for Justice social work and partner agencies. The Community Justice Act 2016 established a new model for delivering Community Justice service, through the establishment of Community Justice Partnerships. The establishment of the West Dunbartonshire Community Justice Partnership in late 2023 seeks to build on these improvements. The Partnership is responsible for local planning and monitoring of Community Justice services along with their partners, including West Dunbartonshire Council and NHS Greater Glasgow and Clyde. The partners have a duty to collaborate in preparing a strategic plan and are accountable for delivering it. Although in its infancy this partnership is demonstrating promise. It should be recognised that this is due in part to the appointment of a dynamic Community Justice Coordinator, highlighting the need for governance structures to be adequately supported and effectively resourced.
- 2.1.13 The synopsis of the governance structures outlined above exemplifies how the role of the CSWO has become more complex and challenging in recent years. Going forward there is further uncertainty surrounding social work governance arrangements as we await greater clarity in respect of the National Care Service (Scotland) Bill. This Bill, currently at stage two, establishes the National Care Service and allows Scottish Ministers to transfer social care responsibilities from local authorities to a new national service. This could include adult and children's services, as well as areas such as justice social work and has implications for the existing regulatory bodies. The important piece of legislation remains largely silent on public protection.

2.2 Public Protection

- 2.2.1 Within West Dunbartonshire the term public protection is used to encompass the many different strategic approaches and responses to keeping children and adults safe in our communities, this includes Child Protection, Adult Support and Protection, Multi-Agency Public Protection Arrangements (MAPPA), Alcohol and Drug Partnership, Violence Against Women and Girls and Suicide Prevention.
- 2.2.2 The West Dunbartonshire Public Protection Chief Officers Group (PPCOG) has been established to reduce the harm to children and adults at risk. Effective public protection requires agencies to work together at both a strategic and operational level. It is critical that this work is overseen by Chief Officers to ensure that barriers to joint working are addressed, and solutions are found.

- 2.2.3 Through the PPCOG actions have been taken to better align governance structures and system oversight as well as the collective approaches to risk management and assurance, this focus has been strengthened, however, work is ongoing to fully embed a culture of quality assurance and risk management.
- 2.2.4 West Dunbartonshire continues to engage a single Independent Chair for its Adult and Child Protection Committees. To further embed a culture of quality improvement and promote a culture that supports learning and the PPCOG has recently engaged an independent lead to conduct learning reviews. These learning reviews present an opportunity for in-depth analysis and critical reflection to gain greater understanding of inevitably complex situations and to develop strategies to support practice and improve systems across agencies.
- 2.2.5 West Dunbartonshire is part of North Strathclyde Multi Agency Public Protection Arrangements (MAPPA), along with five other local authority areas, supported by a dedicated MAPPA co-ordinator who provides professional advice and guidance. The MAPPA Unit team also support responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA. The Chief Social Work Officer continues to attend the North Strategic Oversight Group, and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities (Local Authorities, Police Scotland, Scottish Prison Service and Health).
- 2.2.6 The MAPPA Unit's performance report noted 100% compliance, with key performance indicators KPI's) for cases managed at level two and three (multi-agency risk management) being reviewed no less than every 12 weeks. Justice Services were fully compliant with all national KPI's, where all MAPPA meetings were held, and notifications submitted to the MAPPA Unit within fixed timescales: no exceptions were reported during 2023/24.

2.3 Quality Assurance

- 2.3.1 It is important that a culture of continuous improvement is embedded across all aspects of social work.
- 2.3.2 Progress has been made in the year to 31 March 2024 in relation to the monitoring of service quality and performance across all services. This includes a range of performance data which is reported at several levels: operational management teams, the Clinical and Care Governance Group, the Health and Social Care Partnership Senior Management Team, and the Health and Social Care Partnership Board Audit and Performance Committee.
- 2.3.3 This continuous learning includes utilising complaint data with teams understanding common themes in relation to complainants' views on the quality-of-service provision, failures in service provision, communication, and access to services.
- 2.3.4 Quality assurance and learning activity also includes learning from case reviews whether they be service specific, or Learning Reviews undertaken in collaboration with our partners. In 2022 West Dunbartonshire Adult Protection Committee commissioned and concluded in 2023 one themed Learning Review with a further Learning Review commissioned. A Learning Review was also commissioned by the Child Protection Committee.

- 2.3.5 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.
- 2.3.6 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. 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. 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.
- 2.3.7 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.

2.4 Clinical and Care Governance

- 2.4.1 West Dunbartonshire Health and Social Care Partnership Clinical and Care Governance Group plays an important part in the arrangements for scrutiny of care quality, within the services which the Health and Social Care Partnership provides, and those that it commissions. During 2023 the approach to Clinical and Care Governance continued to evolve. Scrutiny and assurance were strengthened with the wider inclusion of social work and social care services within Clinical and Care Governance arrangements and a social work subgroup developed and Terms of Reference updated to include oversight of social work and social care quality has been enhanced and fully incorporated into Clinical and Care Governance activity. Social Care and Social Work subgroup led by CSWO has been established and in scope are all commissioned services providing social care and support, complaints, notifiable incidents, regulated inspection and improvement plans, service data trends with specific focus on the statutory social work data which is developing to ensure managers and leaders are equipped to understand service data to ensure targeted and focused improvement.

2.5 Management and Performance Information

- 2.5.1 Development of management and performance information for statutory social work and social care services has been a key priority over the reporting period. A range of information reports to meet reporting requirements has progressed, with several automated reports introduced that are distributed to teams and services on a regular basis. This type of automated reporting reduces the amount of manual effort required to run reports and ensures information is provided in a consistent way.
- 2.5.2 An HSCP Performance Dashboard has been developed to provide the senior management team (SMT) with a dashboard view across all teams and services showing trend information in comparison to previous reporting weeks as well as utilising graphs to show wider trends. The dashboard also includes information

relating to areas such as HR and Complaints and will continue to be developed over time to add additional information.

2.6 Risk Oversight

- 2.6.1 Risk is a difficult and complex notion that can create understandable anxiety for many. Although the management of risk is an integral element of the social work function the governance of risk was raised in both the Joint Inspection of Adult Support and Protection (July 2021) and the Joint Inspection of Services for Children and Young People at Risk of Harm in West Dunbartonshire (May 2022) as an area which requires improvement.
- 2.6.2 The Integration Joint Boards Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management policy and strategy. The current Risk Management Policy and Strategy was approved by the Integration Joint Board on 20th September 2021. This work was further enhanced in March 2024 by the approval of a supporting risk appetite statement.
- 2.6.3 The implementation of the Risk Management Policy is relatively mature and strategically has gone some way to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key strategic decisions. This means that the Integration Joint Board can take an effective approach to managing risk in a way that both address significant challenges and enables positive outcomes.
- 2.6.4 The policy and supporting strategy provide the framework for the implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting. The Integration Joint Board receives a report on strategic risks and key operational risks on a six-monthly basis.
- 2.6.5 This governance structure provides the necessary assurance that the Health and Social Care Partnership has put in place the structures, behaviours and processes necessary for setting risk appetite, for delegating the identification of both significant events and trends, for assessment and mitigation of risk, and for putting in place effective controls and assurances which are properly owned and actioned.
- 2.6.6 Prior to this, the Strategic Risk Register is reviewed by the Health and Social Care Partnership Senior Management Team. This includes a review of operational risks which may impact across multiple service areas or, because of interdependencies, require more strategic leadership. The Senior Management Team can propose risks of this nature for escalation to 'strategic risk' status for the Integration Joint Board.
- 2.6.7 The PPCOG meet quarterly, and one part of this process is to review the key risks which the Chief Officers group should be aware of, need to take action on and/or provide strategic direction on next steps.
- 2.6.8 In August 2022 the PPCOG approved a risk management process, the objective being to ensure all stakeholders understood how the risk register for PPCOG was collated and updated setting the context for risk management within the PPCOG. This has been further developed in 2023 into 2024 with the development of risk registers from the reporting strategic groups.

- 2.6.9 In 2023 presentation regarding oversight of child and adult protection function were delivered by the Scottish Government National Teams, as well as external development sessions which focused on multi-agency oversight of data, development of risk register, reporting by exception and oversight aligned to Protecting Children and Young People: Child Protection Committee and Chief Officers Responsibilities (2019).
- 2.6.10 Strengthening of PPCOG's oversight of Learning Reviews has taken place and input for both Lead officers for committee and updates on Learning Review progress has been developed and quarterly updates of progress are provided.

2.7 Population Profile

- 2.7.1 West Dunbartonshire has an estimated population of 88,750 people according to National Records of Scotland's latest mid-year population estimates 2023. This is a slight increase of 480 (0.5%) on the 2022 estimates which were the first to be based on Scotland's Census 2022. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.
- 2.7.2 The number of births in West Dunbartonshire in 2023 was 783 which was 8% lower than in 2022. Births in Scotland saw a decrease of 2.2% across the same time period. In West Dunbartonshire, 16.9% of the population are aged 0-15, slightly higher than Scotland (16.3%) and 9.6% of the population are aged 16-24, which is smaller than Scotland (10.7%). Those aged 25-44 account for 24.8% while those in the 45-64 age band represent 28.2% with a population of 25,066.
- 2.7.3 People aged 65 and over make up 20.5% of West Dunbartonshire's population, which is similar to the Scottish population (20.3%). 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, 2023).

2.8 Specific Challenges for Our Communities 2023/24

- 2.8.1 West Dunbartonshire has both a high percentage of lone parent families and lone parents who are not employed; 50% of lone parents in West Dunbartonshire are not in employment, the third highest of all local authorities in Scotland. Children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories. West Dunbartonshire is likely to have a high percentage of children, young people and parents who have a number of Adverse Childhood Experiences (ACES). Parental mental health is also the second highest reason for parents not being in employment.
- 2.8.2 Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.
- 2.8.3 West Dunbartonshire has a continuing high rate of child poverty across the whole area (26%) with 22.6% of children living in low-income families and there is a high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half

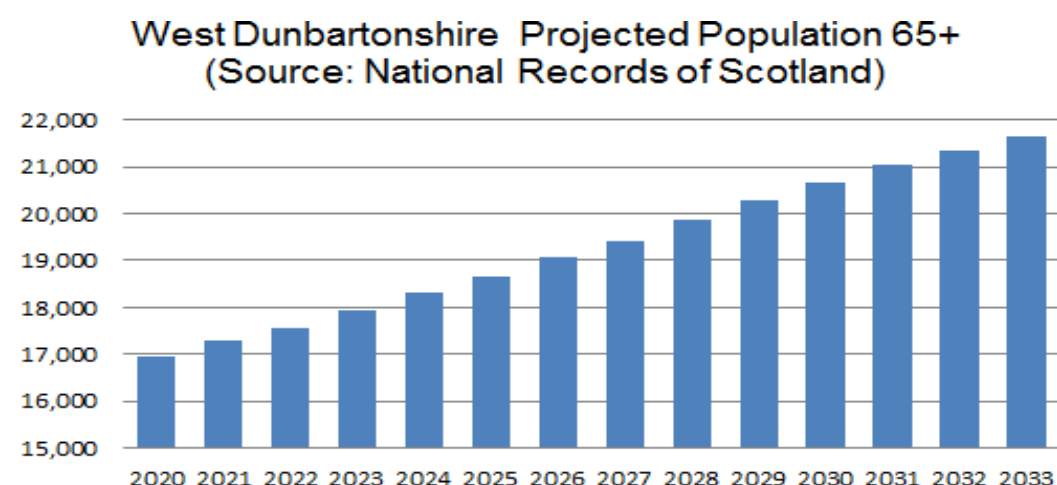
of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.

- 2.8.4 The total number of households in West Dunbartonshire is projected to decline between 2023 and 2043, with 42% of those named as responsible for the accommodation being over the age of 60. By 2028 it is projected that 1 in 2.4 households will have a single adult with the number of single adult dwellings increasing since 2012 to an average of 41.1%. Since 2016, 45.4% of children are living in homes that failed the Scottish Housing Quality Standard (SHQS).
- 2.8.5 West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils; 26% of residents report having a lifelong time limiting condition (Scotland is 24%). Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse compared with both non-disabled people and disabled men; 458 Individuals with a learning disability are known to West Dunbartonshire HSCP learning disability services. Learning disability rates are above the Scottish average and these individuals have some of the poorest health outcomes of any group in Scotland.
- 2.8.6 Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 10,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children). This is the main reason of concern for children identified at case conferences for the child protection register and reason for referral to Scottish Children's Reporter Administration (SCRA).
- 2.8.7 West Dunbartonshire has 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5% and 4.1% of S4 pupil reporting using drugs monthly. The rate of drug related hospital stays in 11–25-year-olds is increasing and is higher than the Scottish average. West Dunbartonshire also has 543 young people in prison per 100,000. This is the highest figure of any local authority in Scotland.
- 2.8.8 The health and wellbeing of our youngest babies and children is also a concern within West Dunbartonshire. Over 25% of all local referrals being made to SCRA are for under 5's. West Dunbartonshire has the highest percentage of children with at least one developmental concern being identified at the 27–30 month health visitor assessment. In addition, 13% of the children accessing funded early learning and childcare have social, emotional and behavioural difficulty compared to the Scottish average of 5%.
- 2.8.9 While West Dunbartonshire's population saw a slight increase in 2023, the overall trend is a declining population with the proportion of older people within the authority 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.
- 2.8.10 Record number of West Dunbartonshire residents have their hospital discharge delayed.
- 2.8.11 Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels. A and E attendances were 7% higher than in 2022/23

and we had the 7th highest rate of emergent hospital admissions and 3rd highest rate of emergency bed usage in Scotland.

- 2.8.12 Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery.
- 2.8.13 The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector.
- 2.8.14 High numbers of domestic abuse offending within West Dunbartonshire. Increasing number of referrals from the Crown Office and Prosecution Service.
- 2.8.15 A further decline in child development in West Dunbartonshire, with the lowest level in Scotland of children with no developmental concerns at their 27-30 months review and a fall from 73.95%.

Table 1



2.9 West Dunbartonshire HSCP Structure



3. Service Quality and Performance

3.0.1 A single delivery plan sits under the strategic plan with priorities for implementation and improvement activity aligned to the strategic priorities.

3.1 Key Achievements 2023/24

3.1.1 During 2023/24 social work services as part of the wider HSCP against key strategic priorities, made significant progress against the key strategic priorities outlined in our Strategic Plan 2023/2024 Improving Lives Together: caring communities, safe and thriving communities, equal communities and healthy communities.

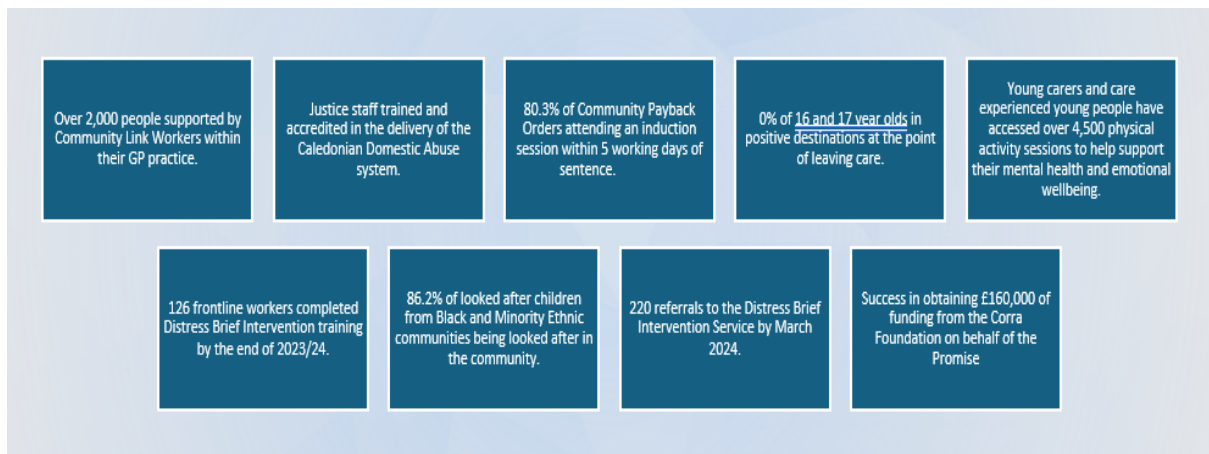
3.1.2 Caring Communities



3.1.3 Safe and Thriving Communities



3.1.4 Equal Communities



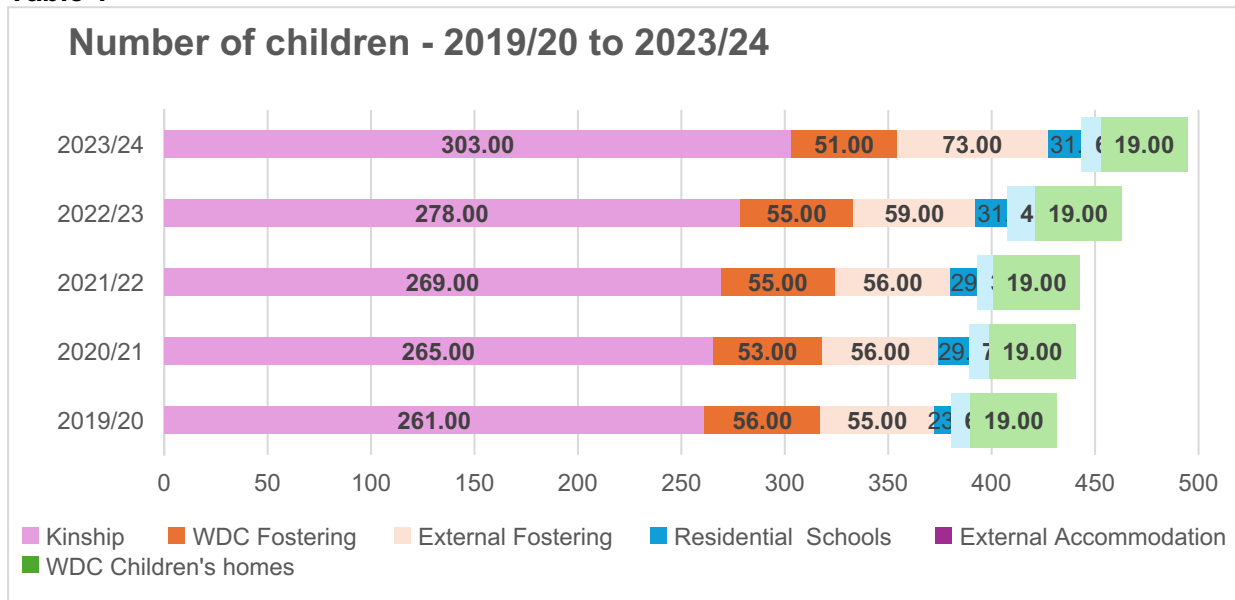
3.1.5 Healthy Communities



3.2 Children Young People and Their Families

3.2.1 Table 1 shows the steady increase of looked after children and young people in West Dunbartonshire over a five-year period.

Table 1



3.2.2 Our balance of care profile tells us there is a declining number of children being looked after at home. In order to keep The Promise and shift the balance of care, we need to consider what would it take? To keep children safely looked after at home with birth families, and develop the resources required to meet the needs of the families we serve.

- 3.2.3 Significant development work has taken place within children and families services aligned to wider Children Services Planning to develop a 5-year strategy underpinned by a 5-year medium term financial plan.
- 3.2.4 A programme board was initiated in 2023 and six project areas identified to progress our ambitions in continuing to implement and deliver The Promise. Improving the Lives with Children and young People in West Dunbartonshire, What Would It Take? 2024 – 2029. This programme known locally as What Would it Take? Asks the question of practitioner and leaders at all levels to truly understand what supports families with a principle of creative innovative practice in partnership with children and young people with families being the experts in understand the challenges they face. The Strategy is underpinned by investment in services to reverse the need for care and enable children and young people to remain in their communities with family or kin, focus on and building strengths with families to keep children and young people safe and supported.
- 3.2.5 The strategy presents the road map to delivering sustainable services within Children and Families. The ambition is to shift the Balance of Care ensuring children and young people have the support, where possible, to remain at home with family or in a community setting.
- 3.2.6 The What Would It Take? Programme is a five-year plan which recognises the importance of using The Scottish Approach to Service Design to evaluate and improve Children and Families services. The Scottish Approach to Service Design is informed by data and evidence and encourages service change to be deliberate and purposeful, as opposed to organic and reactive. It also emphasises service users' voices, both providers and recipients of a services at the centre of policy and service design.
- 3.2.7 This strategic approach to engage both our workforce and children and families is supported by the development of a 'Plan on a Page' as a tool to ensure the messaging and approach of the ambitions of the strategy and understood and embedded in service provision across children and families. Consultation and feedback with families and our work force has concluded supported by our Promise lead and the importance of language and communication in our approach has been enhanced and developed by the voices of service users and practitioners.
- 3.2.8 The What Would It Take? programme deliver the following project aims:
- Safely shift the 'balance of care,' reducing the number of children looked after away from home.
 - Strengthening the contribution of universal services, for example health and education.
 - Outcomes are improved for children and young people by increasing; community-based supports when children and their families need them.
 - The need for the workforce to align to the service demand.
 - Implement the changes within the Nurtured Delivery Implementation Group.
 - Implement the Care Inspectorates' recommendations.
 - Projects are led by data including the Children's Strategic Needs Assessment.
 - Services are sustainable and delivered within the available budget.
 - Across health visiting, school, nursing and social work services, ensure early help is delivered locally, providing the right help in the right place to meet the identified needs of children and young people. We will collate and measure any gaps in service provision and annually report on identified gaps in service provision through our Area Resource Group.

- Ensure all children have the best start in life. Children of all ages will thrive through loving and consistent living arrangements supported by access to early learning, family support and childcare, to ensure we get it right at infancy through multi-agency planning.
- Implement the Early Child's Development Transformational Change Programme.

3.2.9 A family first approach will ensure children and young people:

- Remain at home or with birth family where possible.
- Have a rights based approach in line with United Nations Convention on the Rights of the Child;
- Have the right to family life by valuing relationships with siblings, the wider family and community; and
- For a small minority of children who cannot remain with their family due to the risk of harm, support will be local, and we will endeavour to keep children within 15 miles of their home community.
- We will minimise children's exposure to harm with fully embedded Getting it Right for Every Child (GIRFEC) principles and approaches supported with robust assessment and planning including chronologies to support analysis.
- We will strive to keep families together and develop services to ensure the 'scaffolding' of support helps to enable families facing complex and enduring challenges is available through use of reserves and redesign of our service provision and commissioning'.
- We will ensure services are relational and not transactional.
- Support employees by ensuring training is in place to show what a 'good conversations' is with a focus on outcomes and SMART care plans ensuring that this becomes part of employee's core practice; and
- Through the use of data, consultation and evaluation we will develop, improve and evaluate our services, with the voice of those who use our services having a meaningful part to play in our community.



3.3 Scottish Child Interview Model

- 3.3.1 This was the first year of using the Scottish Child Interview Model for joint investigative interviews (JII) and became operational in November 2023. This has been a year of learning, and we have met routinely with the National JII Team, Police Scotland and our colleagues in Argyll and Bute to review our performance and develop an action log to ensure continuous improvement of our practice. Interviewer and briefing manager capacity has meant that we have not been able to offer the Scottish Model of interview to all children.
- 3.3.2 Between November 2023 and March 2024, 54 children were jointly interviewed by social work and Police Scotland with 41% of interviews being conducted under the new model. There has been a commitment by both West Dunbartonshire HSCP and Police Scotland to increase the number of trained interviewers and briefing manager. There is good evidence that the fidelity of the model is being upheld and de-briefing and evaluation of interviews are used to reflect and develop practice.
- 3.3.3 The feedback from many children and their families is they feel calm and have been able to engage in the process and give an account. This has resulted in protective and supportive action for the child including the crimes being detected and reported, with physical abuse and sexual abuse or exploitation being the highest two reported concerns.

3.4 Permanence Team

- 3.4.1 The development and implementation of a permanence team to progress all children's plans was implemented in early 2024. Due to a number of children whose permanence plans were not being able to be prioritised due to continued vacancies within locality teams and a back log following the pandemic period.
- 3.4.2 Four Social Worker posts were configured using existing resource in locality teams to provide a dedicated team of qualified staff in this area of work. A clear pathway has been developed within the service for children and young people for whom it has been decided will require to be cared for permanently away from home to the Permanence Team. This dedicated resource means that children and young people's plans will be progressed timeously affording them the care, predictability and security required for them to grow and develop. The initial focus for this team of staff has been to prioritise the progression of plans for children and young people where drift has existed for some time as well as those children and young people who have more recently seen their plans progress to the need for permanence planning with early indicators showing this to be successful.

3.5 My Assessment My Plan

- 3.5.1 There has been comprehensive redesign of the assessment framework to address the issues identified in Joint Inspection of Services. This was undertaken in collaboration with the workforce as an improvement project and went live in March 2023. The new format is child centred and begins with a summary of the assessment written directly to the child. It also encourages analysis of risks and protective factors. There are also quality assurance processes in place and a monitoring of completion to timescales to prevent drift and delay in planning for children.
- 3.5.2 There has been an evaluation with:
- 69% of respondents agreeing the new assessment reduced bureaucracy.

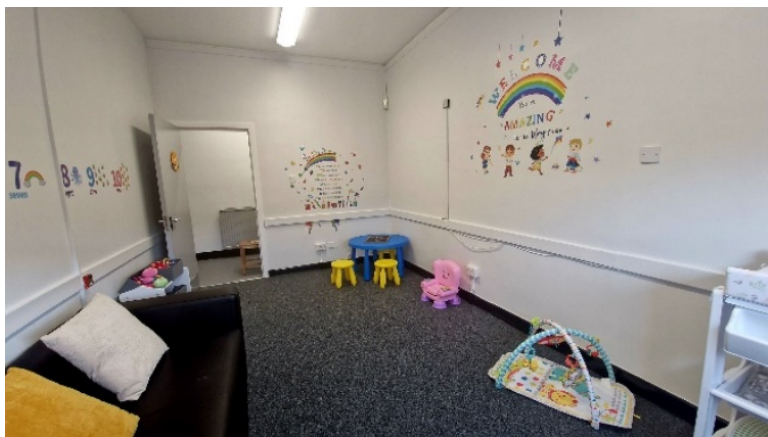
- 100% of respondents agreed or strongly agreed it aligned with the GIRFEC national practice model.
- 73% of respondents agreed or strongly agreed that it was more accessible for children and their families.
- 82% of respondents agreed or strongly agreed that the assessment framework has improved the quality of assessment and plans.

3.6 Family Time

- 3.6.1 We have listened to the children and families we support and there has been investment in creating welcoming spaces for family time, within local communities and out with social work offices. Two family time spaces have been developed over the last year to a high standard within our community in Dumbarton and Alexandria to support local accessible family friendly spaces in West Dunbartonshire. Families have told us about their experiences visiting.

Quote from parent

"As it was my first time ever in a contact centre, I was so pleasantly surprised, the facilities that are available to use are great and the area is so well resourced for the kids. I had a sort of "vision" of what I expected a contact room to look like and the room totally exceeded my expectations, I don't feel like I I'm in a contact room and I feel that is important as I don't want my kids to be aware of what is going on/where they were. I am grateful for the team providing a clean, welcoming and safe space for me to spend time with my kids"



3.7 Request for Assistance

- 3.7.1 Work is in final stages to implement a Children and Families Access Help and Support 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.

- 3.7.2 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 and a survey to staff with a final three options concluded on the name of the team.
- 3.7.3 Our Promise Lead engaged with families and young people to ensure the use of plain English and a clear shared understanding of a front door to children's service was understood and made sense to those accessing social work services.
- 3.7.4 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 2024.
- 3.7.5 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.
- 3.7.6 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 needs to be underpinned by GIRFEC principles. This will ensure only the highest 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.

3.8 Strengthening Scrutiny and the Voice of Children and Young People

- 3.8.1 Recruitment took place 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.
- 3.8.2 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's 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.

3.9 Brothers and Sisters

- 3.9.1 This aligns to brothers and sisters work led by our Promise Keeper and The Promise multi-agency team.



- 3.9.2 The Brothers and Sisters group began in March 2023 by gathering our local data to establish a baseline for how we are doing in keeping brothers and sisters together, alongside efforts to establish how decisions and being made, and how we are supporting on-going relationships when siblings are separated. A Brothers and Sisters plan was created with the findings of this data.
- 3.9.3 A repeat gathering of this data was carried out in April 2024 to consider our progress in this area. Learning from this work has been shared locally and nationally, with the Lead Officer for the Promise presenting the findings at the national Community of Practice for Siblings in January 2024, and the Promise Conference in February 2024. Following this there were a number of other local authorities who were interested in replicating the work within their own area, which the Promise Lead is supporting. We are currently progressing through our Brothers and Sister's Plan, which has been informed by both the qualitative and quantitative data gathered.

3.10 Advocacy

- 3.10.1 We have seen a significant increase and development of independent advocacy provided by Who Cares Scotland? and Partners in Advocacy increase over the past year for our care experienced children and young people. There was a 70% increase in referrals to advocacy provided by Who Cares Scotland between January – March 2023 and April – September 2023, and a 122% increase in Advocacy tasks undertaken during this period. Over this period there have been discussions with Who Cares? Scotland about increasing our Advocacy provision with them to reflect the need for this service and support this right for children and young people. It is hoped that our increased Advocacy provision will be available from October 2024. Our Advocacy worker has reflected on what has supported this increase in advocacy uptake, considering the introduction of our Independent Reviewing Co-ordinators, who now consider advocacy at every review meeting, and make referrals on to Who Cares? Scotland themselves when appropriate.
- 3.10.2 It was also noted that there has been a shift in relation to understanding and support of advocacy, and a recognition of the importance of ensuring voices are heard.
- 3.10.3 The HSCP was successful in obtaining Promise Partnership funding in October 2023 to deliver a service which focuses on Participation and Data Insights.
- 3.10.4 The HSCP is keen to ensure we maximise participation and undertake this in a way which is meaningful and engaging to children and young people. We also require to better understand how our data can help us inform and develop services aligned to our local need. We have commissioned this service to Action for Children and the Children and Young People's Centre for Justice (CYCJ), and this project began in July 2024.
- 3.10.5 This service will support the need to understand and implement different ways to measure progress, keeping children and young people at the centre, supporting effective ways to tell these stories and ensure they are linked to clear, tangible actions. The outcome that this service is seeking to achieve, is around a fuller, more nuanced and accurate story being understood by HSCP staff at all levels about our infant,

children, young people's and families' needs and experiences. We want our data to go beyond standard reporting measures, and to provide a deep dive into our families' experiences, cutting across different multi-agency services and supporting the identification of solutions.

- 3.10.6 In October 2023 there were two full days of learning provided, which 37 children and families social work staff attended, on Communicating with Infants, Children and Young People. This included guest speakers from the Glasgow Infant and Family Team about supporting staff to understand more about infant mental health and infant voice. Learning was shared from two Speech and Language Therapists from West Dunbartonshire around ways of supporting communication with children and young people where there are communication difficulties.

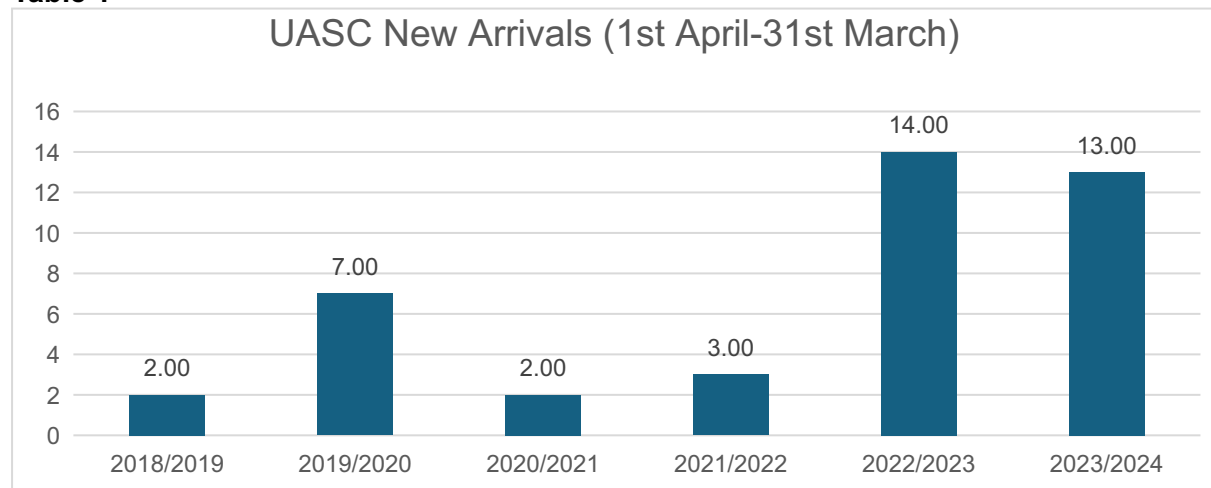
3.11 Family Support for Children and Young People and Families

- 3.11.1 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.
- 3.11.2 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.
- 3.11.3 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.
- 3.11.4 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.
- 3.11.5 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.

3.12 Unaccompanied Asylum-Seeking Children (UASC)

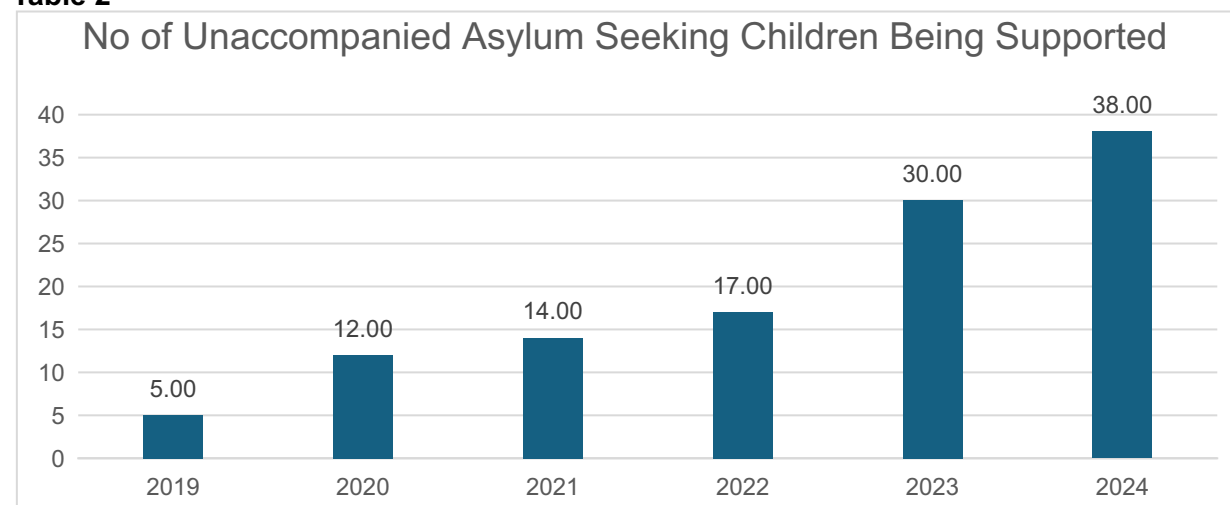
3.12.1 Since 2018 a total of 41 children and young people have sought asylum.

Table 1



3.12.2 Thirty-eight children and young people seeking asylum being supported with appropriate accommodation and care.

Table 2



3.12.3 These 38 UASC Young people are accommodated in a number of placement provisions, 2 young people have yet to have their placement identified and determined.

3.12.4 11 young people are being supported with supported carers.

3.12.5 1 young person in foster care.

3.12.6 5 young people in residential care.

3.12.7 12 young adults in tenancies with support (National Transfer Scheme).

3.12.8 6 young people living with friends or relatives.

3.12.9 1 young adult in their own tenancy.

3.13 Self-Evaluation Activity

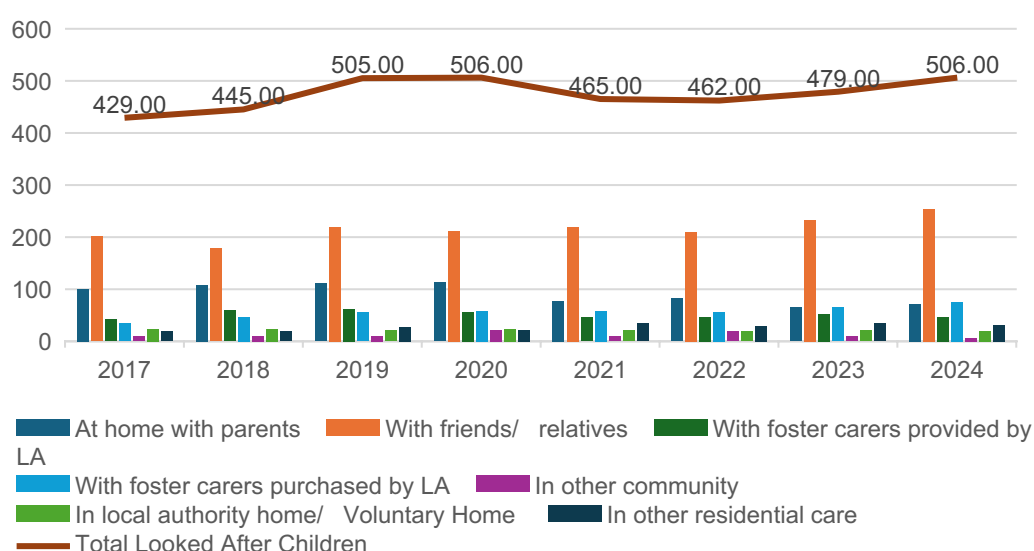
3.13.1 A programme of single agency audit activity combined with planned multi-agency self-evaluation aligned to Child Protection Committee has been developed during 2023 and 2024.

3.13.2 A pre-birth audit to inform a refreshed Pre-birth Multi-agency guidance informed by GIRFEC principles has concluded and informing a test of change regarding Notifications of Concern and the multi-agency guidance for Unborn Babies.

3.13.3 A single agency audit of notifications of concern and request for assistance was completed in June 2023 with the findings presented at The GIRFEC subgroup 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 from partners to social work services to ensure chronologies and wellbeing assessments are part of a request for assistance process.

Table 1

Looked After Children at 31st July

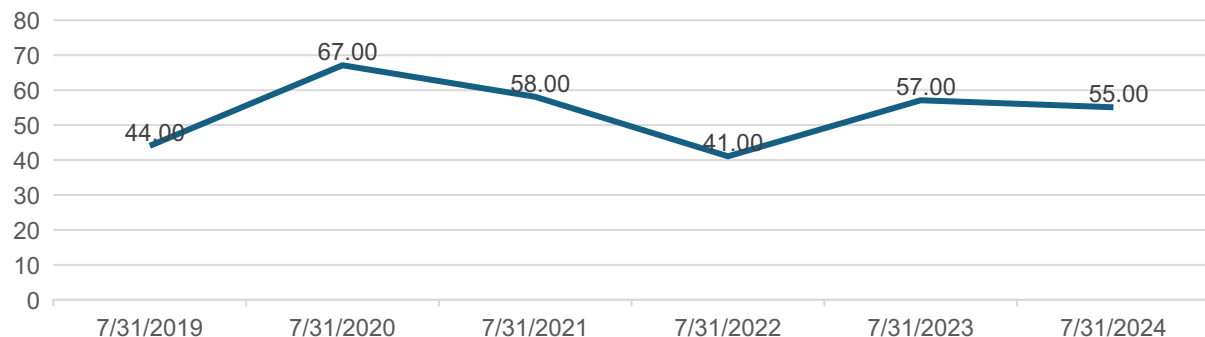


3.13.4 It was identified for some unaccompanied young people that their looked after status had not been accurately recorded and we see a significant increase of our looked after population between 2023 and 2024 because of this.

3.14 Child Protection and Social Work

Table 1

Number of Children on the Child Protection Register



3.14.1 There were 89 registrations and 91 de-registrations between 1 August 2023 and 31 July 2024.

3.14.2 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 2023/2024 in reporting of this activity.

3.14.3 The National Guidance for Child Protection in Scotland (2021, Updated 2023) 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.

3.14.4 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.

3.14.5 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.
- 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.
- 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 regarding young people aged 16 and 17 years is summarised.
- Widening the scope of child protection to include young people at risk in the community and not just those at risk of harm within the family.
- The criticality of multi-agency collaboration and Inter-agency 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.

- 3.14.6 The National Guidance for Child Protection in Scotland (2021, Updated 2023) states Child Protection refers to the processes involved in consideration, assessment, and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm.
- 3.14.7 National Guidance emphasises that Child protection is part of a continuum of collaborative duties upon agencies working with children. The Getting it Right For Every Child (GIRFEC) approach promotes and supports planning for such services to be provided in the way which best safeguards, supports, and promotes the wellbeing of children and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising.
- 3.14.8 Child protection processes fall at the urgent end of a continuum of services which include prevention and early intervention. Children who are subject to child protection processes may already be known to services. Child protection processes should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, and to meet the child's needs. Services have a two-year timeframe in which to implement guidance including cultural, policy and practice changes. West Dunbartonshire is at the early stages of awareness raising and mapping of the process changes required. We have worked with others in the West of Scotland to develop policies and guidance for staff. Work on implementation of change to reflect improvements required by National guidance will be a focus of work over the next few years.

3.15 West Dunbartonshire Child Protection Committee

- 3.15.1 The Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (2019) outlines the roles and responsibilities for the Child Protection Committee and the Chief Officers Group. Child Protection Committees (CPC) and partners are central to fostering an inter-agency approach and providing support for the development and delivery of processes, common standards, and continuous improvement.
- 3.15.2 CPCs are the key local bodies for developing, implementing, and improving child protection strategy across and between agencies, bodies, and the local community. A Child Protection Committee (CPC) is expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that ***“It’s everyone’s job to make sure I’m alright”***. Child Protection Committees (CPCs) must ensure all these functions are carried out to a high standard and are aligned to the local Getting It Right for Every Child arrangement.
- 3.15.3 The functions of Child Protection Committees (CPCs) are grouped as follows:
- Continuous improvement,
 - Public information, engagement, and participation,
 - Strategic planning and connections,
 - Annual reporting on the work of the CPC.
- 3.15.4 The vision, values and aims of West Dunbartonshire Child Protection Committee have been reviewed and agreed by all parties represented on the Committee, and the Public Protection Chief Officers Group in 2023/2024 and are as follows:

“Child Protection is Everyone’s Responsibility”

We believe that:	We aim to:
<ul style="list-style-type: none"> The Child's right to protection from harm is our primary and overriding concern 	<ul style="list-style-type: none"> Improve the safety of children in West Dunbartonshire
<ul style="list-style-type: none"> Children and young people should get the help they need when they need it 	<ul style="list-style-type: none"> Provide an integrated approach to identifying, intervening and providing ongoing support to protect children and young people at risk of harm
<ul style="list-style-type: none"> Children and young people should be listened to and respected 	<ul style="list-style-type: none"> Ensure we have a competent and confident workforce
<ul style="list-style-type: none"> Information should be shared about children and young people where this is necessary to protect them 	<ul style="list-style-type: none"> Listen to the views of children and families at all times and involve them in the delivery of services
<ul style="list-style-type: none"> Children, young people and their families have a right to be kept informed of all processes involving them 	<ul style="list-style-type: none"> Support families and the community to safely care for children
<ul style="list-style-type: none"> Provide public information about child protection. Agencies individually and collectively should demonstrate leadership and accountability for their work and its effectiveness 	<ul style="list-style-type: none"> Support our children and young people to achieve their full potential
<ul style="list-style-type: none"> The promotion of cultural diversity and equality of opportunity in our communities is central to our work in improving the lives to children and young people 	<ul style="list-style-type: none"> Offer our children and young people a safe place to live, work and play

3.15.5 The membership of West Dunbartonshire Child Protection Committee (WDC CPC) is multi-agency and includes senior representatives of the Health and Social Care Partnership, West Dunbartonshire Council, Police Scotland, Scottish Fire and Rescue Services, Scottish Children's Reporter Administration, Greater Glasgow and Clyde Health Board, and other organisations who have a role to play in child protection. The role of the Committee is to provide individual and collective, collaborative leadership and direction for the delivery of Child Protection Services. As part of the Community Planning Partnership arrangements the Child Protection Committee reports to the Public Protection Chief Officer's Group and strong links exist between the Children's Planning Partnerships. Links with the Community Planning Partnership will be further reviewed and strengthened as part of our improvement plan.

3.15.6 West Dunbartonshire Child Protection Committee (WDC CPC) is responsible for the design, development, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in West Dunbartonshire. We are responsible for continuous improvement, strategic planning, public information and communication and involving children and young people and their families.

3.15.7 West Dunbartonshire CPC has a number of multi-agency subgroups to support its work in key areas. The groups are:

- Learning and Development
- Communication and Engagement
- Policy, Practice and Improvement
- Quality Assurance, Self-Evaluation and Data
- Inter-Agency Referral Discussion Steering Group

- Learning Review

3.15.8 In addition, we have established a Special Needs in Pregnancy working group, which address early responses to child protection concerns for unborn babies.

3.15.9 The subgroups are chaired by members of WDC CPC and have representatives across the partners as members, assisting in the progression of each subgroups action plan. The subgroup action plans are created from actions agreed for WDC CPC improvement plan.

3.16 Child Protection Activity – What Our Data Tells Us

3.16.1 Since 1 April 2023 WDC CPC has continued to present key child protection data in the format of the national minimum dataset.

3.16.2 The Minimum Dataset is a set collection of agreed measurements, criteria, or categories required to create a robust understanding of information about a service. The data populated through these measures provides a baseline and then a progress measurement for the planning and development of services delivered.

3.16.3 The Minimum Dataset for Child Protection Committees responds to an action within the Scottish Government's Child Protection Improvement Programmed to:

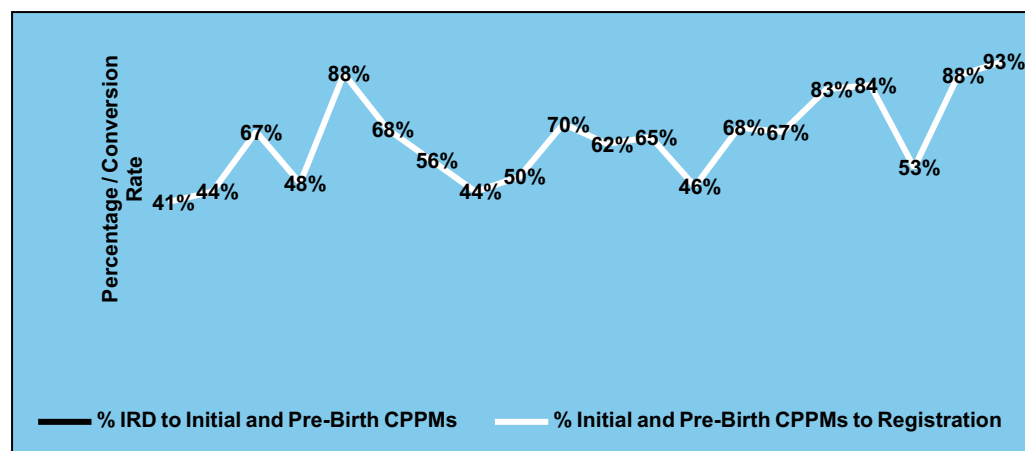
- Deliver robust datasets to support child protection improvement.
- Develop a national resource for advice on using child protection data for local planning and service development.
- Expand analytical capacity.

3.16.4 The Minimum Dataset for Child Protection Committees is a package of data collation, presentation, analysis, scrutiny questions and reporting.

3.16.5 WDC CPC have created a scrutiny group where key partners meet on a quarterly basis to consider the data and provide analytical context or recommendations to WDC CPC in terms of quality assurance or evaluative work that may be required.

3.16.6 In the summer of 2023 Version two of the dataset was implemented and work continues to ensure all indicators are reportable, requiring some changes to our data systems. This is reference to Care and Risk Management and Age of Criminal Responsibility data.

Table 1 Number of Police Scotland-recorded Child Protection Concern Reports and Inter-Agency Referral Discussions



3.16.7 Number of children subject to Police concern reports

- This peaked in Q3 (22/23) to 138, however has shown a downward trend since. This was at the lowest in Q3 (23/24) at 38.

3.16.8 Number of children subject to IRD's starting

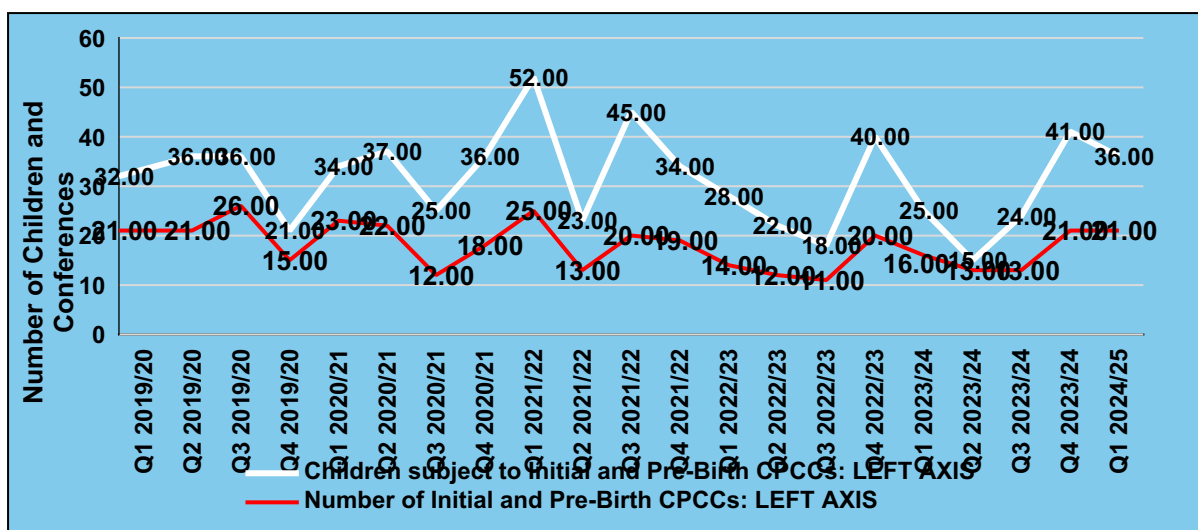
- This has increased in Q2 and Q3 (23/24) and is currently at a peak of 226 in Q3.

3.16.9 Number of IRD's starting

- This has increased in Q2 and Q3 (23/24) and is currently at a peak at 132 in Q3.

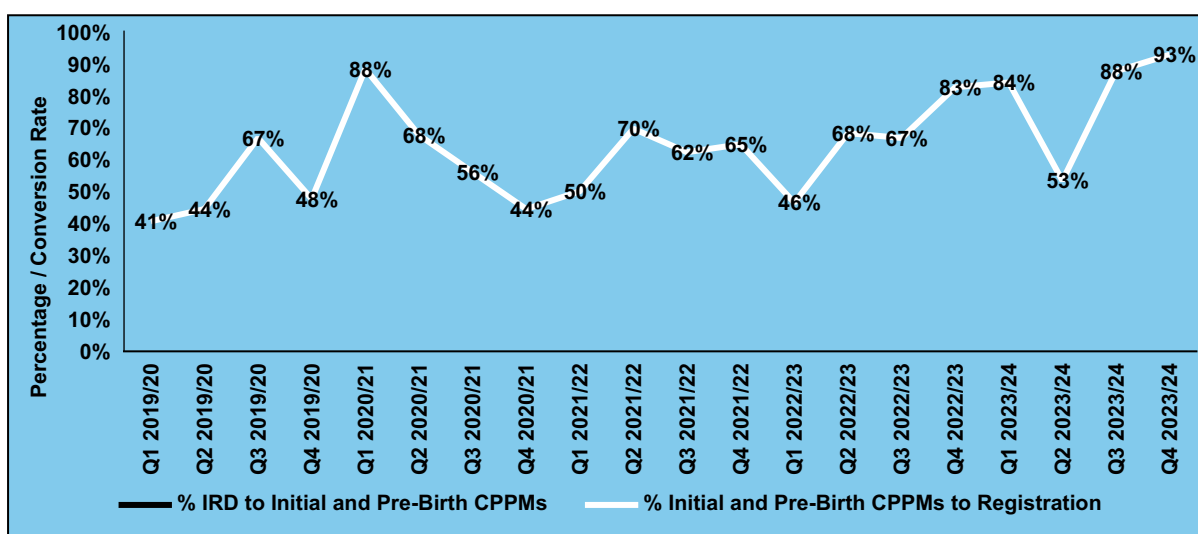
3.16.10 When exploring the source of child protection referral to Social Work Services, Police, Education and Health colleagues are consistently the Partners which make the most referrals. This is expected as core agencies. There remain no referrals from Fire and Rescue and Housing, with low anonymous referrals recorded. Plans are underway to ensure basic child protection awareness training is available to Partners, aiming to raise awareness of child protection to those who may not work directly with children and young people. This has been a gap particularly for our Housing colleagues in recent years.

Table 2 Number of Children subject to Initial and Pre-Birth Child Protection Planning Meetings



- 3.16.11 Children subject to initial and pre-birth child protection case conference. These figures had been on a downward slope between Q3 (21/22) and Q3 (22/23), however significantly increased between Q3 (22/23) and Q4 (23/22) to 40. From this point they have been variable. Decreasing over 2 quarter, then increasing for 2 quarters in 23/24.
- 3.16.12 Number of initial and pre-birth child protection case conferences. These figures have remained relatively steady in recent years.

Table 3 Conversion Rate CPPMs to Registration

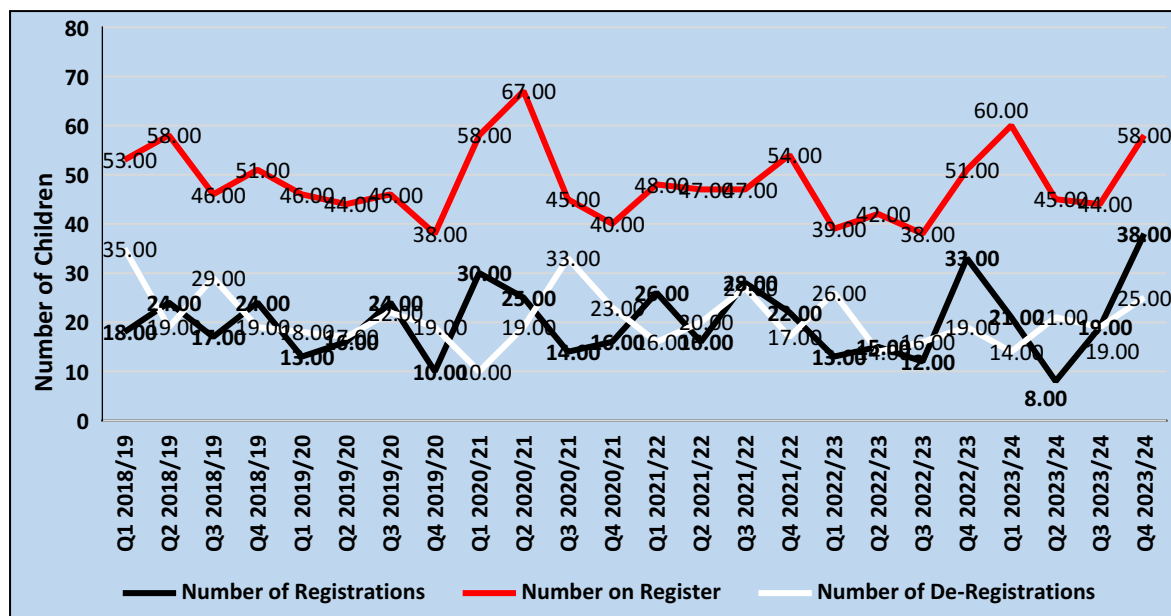


- 3.16.13 Percentage of initial and pre-birth child protection planning meeting to registration. The figures in Q4 (23/24) were at their highest at 93%.
- 3.16.14 In June 2022 a test of change was implemented whereby the Social Work Team Leader, Senior Social Worker and Social Worker meet to discuss whether a CPPM was required based on information gathered for the child protection assessment and gathering views from Partners involved in the investigation. Work is being progressed to review this test of change to ensure this is a multi-agency decision, linking also to work being undertaken in relation to Inter-Agency referral discussions and this being a process until either the decision is reached not to

progress to a CPPM or a CPPM takes place.

- 3.16.15 In addition, a thresholds audit had previously taken place with findings reported to the CPC in March 2023 where the following was explored:
- Understanding the thresholds and process for initiating a child protection referral to the Social Work Department.
 - Inter-agency referral discussion and the decision making in this forum and its relationship with the number of initial child case conferences taking place (please note these meetings are now referred to as child protection planning meetings).
 - Partnership working relating to child protection registration and children being placed on the child protection register.
- 3.16.16 The findings from the audit reported no significant issue with the thresholds being applied.

Table 4 Number of Children (including Pre-Birth) on the Child Protection Register, New Registrations, and De-Registrations



- 3.16.17 Number of Registrations. These figures peaked in Q4 (24/24) at 38 and then began to decline to 8 in Q2 (23/24).

3.17 Child Protection Committee Achievements in 2023/24

Learning and Development

- 3.17.1 Two training sessions have taken place in relation to the Assessment of Care toolkit used to measure neglect. Further training is planned on a monthly basis for the remainder of 2024.
- 3.17.2 Additional training has taken place in relation to:
- Awareness of Neglect
 - Child protection roles and responsibilities in child protection planning meetings.
 - Social work specific training across children and adult services in relation to reflective supervision.

- 3.17.3 Implementation of the Scottish Child Interview Model has been established with the development of our data sets which is supporting understanding of improvement and performance.
- 3.17.4 A planning group comprised of key partners has been established to progress a complex case forum and a written proposal has been agreed detailing the scope of the forum.

Communication and Engagement

- 3.17.5 A joint child and adult protection communication and engagement strategy was agreed at the child and adult protection Committees.
- 3.17.6 Work is ongoing to review and update the child protection website informed by feedback from young inspectors and children, young people and families in West Dunbartonshire.
- 3.17.7 Plans are underway to evolve the CPC newsletter.
- 3.17.8 We continue to promote national campaigns and child protection awareness raising locally.

Policy, Practice and Improvement

- 3.17.9 Plans are underway to implement the National Guidance for Child Protection in Scotland (2021, Updated 2023). This includes making necessary changes to timescales for key child protection meetings, which were implemented in January 2024. Local child protection procedures are currently being progressed with an aim of implementation for summer 2024.
- 3.17.10 A child protection escalation and dissent protocol was ratified by the CPC.
- 3.17.11 Signs of Safety has been explored and it is hoped implementation will commence at the end of 2024.

Data Scrutiny

- 3.17.12 Version Two of the national minimum dataset was implemented.

Quality Assurance and Self-Evaluation

- 3.17.13 Although there has been some delay in adhering to the audit schedule, there continues to be ongoing audit activity, including audits in relation to:
- Police Concern reports.
 - Special Needs in Pregnancy.
 - A single agency Social Work audit and survey has commenced to understand the current position in relation to reflective supervision in children and families social work services.
 - An audit of child protection planning meetings is being progressed.
 - Given the audit activity that has taken place in recent years, a process is being considered for ensuring recommendations from audits are being completed. The quality assurance and evaluation subgroup would have oversight of this.

Inter-Agency Referral Discussion (IRDs)

- 3.17.14 The inter-agency referral discussion Guidance was ratified by the CPC to align with the National Guidance for Child Protection in Scotland (2021, Updated 2023).
- 3.17.15 Introduction of a daily multi-agency triage meeting.
- 3.17.16 Terms of reference have been written in terms of implementing quarterly audits of IRDs.
- 3.17.17 Electronic IRD's (E-IRD's) have been explored with the Public Protection Services at NHS GGC. Discussions are presently underway with initial agreement from Police, Social Work and Health to look at West Dunbartonshire as a Pilot Project/test of change for a new booking system designed by NHS GGC which will allow an interface between agencies and remove current manual and repetitive booking processes. Initial discussions with information security and IT across agencies have been positive which has allowed for a next steps meeting to be convened. It is anticipated this app-based solution will significantly improve IRD processes and timescales.
- 3.17.18 Significant amendments to multi-agency process have been made to ensure compliance with national guidance for Child Protection Scotland 2021, including IRD's being conducted for 16 and 17-year-olds and un-born children.

Challenges

- 3.17.19 Whilst recognising considerable achievements, there are challenges both locally and nationally in staff recruitment and retention, these are best summarised as follows:
- Recruitment of staff has been challenging for some services, particularly children and families Social Work. Although we recognise this is a national as well as a local challenge, there has been direct impacts on service provision, with extensive waiting lists. It should however be noted that our most vulnerable children, those where there may be a child protection concern are prioritised.
 - Although funding has been agreed for a 2-year fixed term to support learning and development, this post has not been appointed despite re-advertising. Consideration is now being given to a full-time learning and development post for children and families, including child protection, rather than a shared post across child and adult protection.
 - Given the above gap, a full learning needs analysis to identify training priorities across partners has not been possible.
 - Delivery of multi-agency training has largely been delivered by external trainers due to being unable to recruit to the two dedicated posts for the adult and child protection committees (quality assurance and training posts). This has come at a significant financial cost and limits what training can be delivered.
 - Establish a centralised location for all child protection policies, procedures and protocols to ensure this is easy for staff to access has been a challenge and links to the ongoing work in relation to the CPC website.
 - Agree and undertake a plan to update all policies, procedures and protocols, and develop new ones that may be required. All policies require to reflect the 2021 National Guidance.

3.18 West Dunbartonshire's Children's Houses

Burnside

- 3.18.1 Burnside House's staff team continue to develop on their trauma informed approach with the majority of staff being trained in Dyadic Developmental Psychotherapy (DDP) and dates for new recruited staff identified, DDP allows staff to approach situations that arise in a manner that allows for the best resolution for the young people being able to explore their views and wellbeing using the PACE model which is Playfulness, Acceptance, Curiosity, Empathy. This approach allows staff to encompass a trauma informed approach when engaging our young people who have experienced developmental trauma in their lives allowing us to best support and care for them through turbulent times building attachment and trust. This is reflected in the calming environment which supports and allows young people to thrive and engage into their respected educational placements and hobbies such as martial arts, gym and swimming on a weekly basis. Burnside staff have also supported young people on an emergency basis and provide effective care to allow the time for them to be placed and supported in the best possible placement to suit their individual needs.
- 3.18.2 Burnside staff arranged and supported their young people at various outings over the summer period ranging from Head of Ayr Farm Park to fun days in the community. One of the attributes of Burnside is its location in the community and the young people have made friends who have come to Burnside House. This has allowed staff to meet their friends and their parents and build relationships, having fun days in the garden with paddling pools and slip and slide and lawn games with the young people of Burnside being able to thrive and make friends at their home.
- 3.18.3 Burnside House care for two groups of siblings who are staying together within Burnside. This encapsulates in keeping The Promise of having siblings cared for together. One of Burnside's senior workers attends The Promise working group and being pro-active in her networking and sharing the good work from the group and invited Talie Maysey who is The Promise participation worker and is tasked with carrying out the Brothers and Sisters questionnaire which has been developed for the group. Talia attended Burnside on 3 September 2024 to complete the questionnaire and there was great engagement with the young people. Talia will return to Burnside to run a workshop for the young people to create a promise board for the house which aims the young people to build a base of knowledge of The Promise.
- 3.18.4 Burnside is going through a time of positive change and development with new staff in post to further safer recruitment strategies and employed due to their individual strengths shown to further strengthen a strong team who work hard with the young people at the centre. Burnside also have a new manager in house who was previously a senior worker in house and through effective supervision is now in post as house manager.

Craigellachie

- 3.18.5 Craigellachie has had a busy and challenging year so far. This has included staff leaving and four new members of staff joining the team at a busy time they have been a welcome asset to the team.
- 3.18.6 We continue to embed our DDP and Trauma informed into our practice. We have accessed training to reinforce DDP with management, to support staff to be confident in PACE and ensure this is the model of practice within Craigellachie. The Scottish Attachment in Action project offered free training for a cohort of staff across the houses on Attachment, Racism and the Impact on Relationships.

- 3.18.7 Two young people have returned to their family home, and one is awaiting kinship approval to return to family. This has been positive for our young people and Craigellachie will continue to support both them and their families through this transition.
- 3.18.8 Staff have received sexual health training from the NHS, further dates are organised to ensure all staff have information regarding sexual health and the impact on our young people.
- 3.18.9 In January Craigellachie took the lead to organise a Football tournament for all the houses. This was an excellent day, managers and staff from all the houses and Alternative to Care (ATC) Team contributed to the day being such a success. Our players included, our current young people, young people who had stayed in Burnside, Craigellachie and Blairvadach previously, police, fire and rescue, unaccompanied young people project, as well as family and friends of staff and young people.

Blairvadach

- 3.18.10 Blairvadach Children's House remains committed to delivering exceptional care and support to the young people we serve. Throughout 2024, our efforts have focused on continuous improvement, guided by 'The Promise Scotland' recommendations. This report outlines our key achievements, changes, and progress over the past year, reflecting our dedication to both the young people and staff.
- 3.18.11 In 2024, we welcomed four new young people, each with complex needs, and we have supported eight young people overall. Additionally, our staff team has seen transitions, with four members leaving and three new staff joining, with more recruitment expected. Leadership saw changes as well, with Alexis promoted to Team Leader of Residential Services and Paul stepping into the House Manager role, several staff members have also celebrated personal milestones, welcoming three new babies into their families.
- 3.18.12 We have supported five young people in full-time education since August 2024, while one is enrolled in an English as a second language course. Two others are receiving more tailored educational support. Despite Blairvadach's rural location, the young people have been encouraged to travel independently to school, initially accompanied by staff to build confidence.
- 3.18.13 This year has seen several notable achievements from our young people, including one completing the John Muir Discovery Award and three passing their cycling proficiency tests. Additionally, we've seen academic success with several young people passing Highers, National four and five exams, and other qualifications.
- 3.18.14 We continue to prioritise facilitating family connections, including reunifications when possible. Our recent success in reuniting two siblings with their mother in August 2024 is a testament to the diligent work of our staff. When reunification is not feasible, we ensure family time is maintained to support strong relationships. Staff continue to involve families in decision-making, promoting positive family dynamics.
- 3.18.15 Ensuring that the voices of the young people are heard remains central to our mission. We encourage their involvement in developing and reviewing their personal care plans, ensuring their preferences and goals are reflected.

Additionally, we participate in 'The Promise' working group. We are excited to collaborate with new Promise Participation Workers, who will help further involve the young people in shaping their care.

- 3.18.16 Blairvadach has welcomed visits from our Chief Executive and CSWO and these visits have reinforced our shared commitment to transparency and creating opportunities for the young people to engage with their corporate parents. We were also involved in drafting the newly approved Continuing Care guidance, which aligns with our approach to supporting children's ongoing transitions from care.
- 3.18.17 Staff development remains a priority at Blairvadach. A number of staff completed their SVQ levels three and four, while others received advanced training in PPB. We also attended sessions on Self-Harm and Suicide, First Aid, and DDP. These training initiatives ensure our staff are equipped to provide high-quality care. We also held a development day, the outcomes of which have informed updates to our overall development plan, ensuring we remain on a trajectory of progress and growth.
- 3.18.18 In 2024, Blairvadach saw a significant reduction in violent incidents, with only five secure guides (restraint) needed and 14 successful de-escalations. This improvement is attributed to our relationship-based approach, underpinned by PPB and DDP principles. We also experienced a low number of missing person incidents, reflecting the safe and settled environment we strive to create.
- 3.18.19 All our Children's houses continue to support unaccompanied asylum-seeking young people collaborating with external agencies to ensure their safety and engagement with the wider Scottish community. Staff members also contribute to national work on unaccompanied asylum-seeking children age assessment.

3.19 Adult Services

- 3.19.1 The ongoing development and implementation of Self-Directed Support (SDS) is aligned to the National Framework of Standards National Improvement Plan 2023-2027 which highlights themes and activities that are aligned to the SDS Framework of Standards.
- 3.19.2 Below in section 3.20 to 3.25 is a high-level overview of the work undertaken between April 2023 and March 2024 in relation to continued implementation of Self-directed support whilst recognising this is a sample of the good practice and activity being progressed. This is not an exhaustive list, the team also managed Independent Living Fund Accounts and reviews which generates income of approx. £1.4million in funds to the West Dunbartonshire area.

3.20 My Life Assessment Evaluation

- 3.20.1 The My Life Assessment (MLA) was launched in April 2022 across all adult teams in HSCP following the feedback and subsequent improvement plan from the 2019 Care Inspectorate report (Thematic Review of Self-Directed Support in Scotland). The My Life Assessment was developed as a person-centred assessment framework that focused on the assets of supported people and the positive outcomes they were looking to achieve.
- 3.20.2 In September 2023 an independent evaluation was commissioned to carry out a review of the MLA and MLA Screening (MLA-S) tools within adult care services over a 6-

month period spanning 2023/2024. There were two main outcomes of this evaluation:

- How effectively the MLA and MLA-S process is being implemented as intended, including adhering to the retrospective guidance documents; and
- How effectively the MLA-S is meeting the outcome of “more people have needs identified for early help and community support more quickly and access accordingly (alongside or instead of a full MLA).

3.20.3 The evaluation involved:

- Practitioner surveys and focus groups with both frontline practitioners and senior social workers
- Redacted samples of 48 MLA and MLA-S documents across 4 adult teams
- Telephone interviews with service users and carers
- Comparison analysis against a sample of other local authority paperwork

3.20.4 The findings of the evaluation were published in Spring 2024 and highlighted that the implementation of the MLA and MLA-S was variable across teams, despite extensive and detailed guidance available, this was not well known or well used by staff. Practitioners perceive the MLA and MLA-S is not supportive of being person centred, rights based, or outcomes focused on approach and this perception was reinforced by the case file review. This highlighted a tendency towards deficit-based language use and approach with a tendency to focus on care at home services to meet outcomes and a lack of creativity with support planning. The MLA is viewed as repetitive and time consuming and staff are predominantly unhappy with the structure, length and format of the tool.

3.20.5 Service users and carers were unfamiliar with the screening or assessment process, and many felt their needs were unmet or were unclear regarding the outcomes they were working towards through current support. There was no evidence from the samples collected or service users contacted that early access to community support was happening.

3.20.6 From the publication of the evaluation as SDS, the lead has been working on development of an improvement plan focusing on the 5 key recommendations:

- Review the process holistically
- Co-produce a new system with practitioners
- Refine the assessment and screening tool
- Consider training and induction more holistically
- Consider developing collegiate, practitioner led spaces

3.20.7 An improvement plan following the evaluation is being developed and progressed in 2024. Work has begun on points within the improvement plan including development of an SDS Champions network that will bring adult team staff together to help drive forward positive changes to practice across teams, but also influence future changes to the MLA and process, ongoing roll out of Just Enough Support training for all frontline staff and partner organisation.

3.21 Just Enough Support

3.21.1 Just Enough Support (JES) is a person-centred approach to support planning that focusses on the assets and natural support a person has around them to ensure no one is over supported and they are maximising opportunities for independence. JES works on the belief that an outcome is something that isn't working for a person currently or an aspiration they wish to achieve. In March 2023 4 staff members began the Train the Trainer course for JES, completing this in September 2023. At present 2

members of the original 4 have been rolling out the one-day training programme since September 2023. Between September 2023 and March 2024 over 80 staff members and 12 external partners attended face to face sessions completing this training so they were equipped to understand and use the person-centred tools that maximises on good conversations happening between practitioner and service user. There has also been additional 121 mentoring session around outcome creation and support planning for staff through the drop in SDS clinics that run twice a week in Clydebank and Dumbarton.

- 3.21.2 It is anticipated that JES training will be extended to Children and Families teams and health care professionals in the 2024/2025 year.

3.22 SDS Staff Training and Development

- 3.22.1 An annual training calendar was published for all HSCP staff in January 2024 that offered regular in person training opportunities in several key areas including:

- SDS Overview – the legislation and our approach to SDS in West Dunbartonshire HSCP
- SDS and Carers – an overview of Carer's legislation and how SDS overlaps.
- SDS and TEC – how SDS can be used with Technology Enabled Care to support outcomes.
- Exploring option one – a detailed breakdown of option one and the responsibilities that go with this.

- 3.22.2 The SDS officers (2FTE) also provide two drop-in support clinics every week for staff to come along for mentoring to support and navigation of SDS approach and help build staff confidence when discussing SDS with service users and carers.

- 3.22.3 There has been ongoing attendance at team meetings to ensure that SDS is kept on the agenda, some teams have requested bespoke training sessions which have been delivered around indicative budget and SDS paperwork, as well as Independent Living Fund (ILF) applications and reviews.

- 3.22.4 An I-Learn module is available online for staff to gain an understanding of SDS, or to refresh their knowledge, this is due for review in 2024 and this is recommended to all staff joining the partnership. There is also ongoing work around the induction process for new staff.

- 3.22.5 The SDS intranet pages have been updated to support staff to easily access relevant documents and legislation to help build their confidence and knowledge.

- 3.22.6 SDS training has been delivered to colleagues in finance and procurement as part of the new ethical commissioning approach being developed through Foundations for Change programme.

3.23 Short Break Pilot

- 3.23.1 In May 2023 a pilot was launched focusing on short breaks for carers utilising the SDS process as a means of getting funds to carers quickly. In a short period, a process was established that involved development of an application, agreement of resource allocation process and establishment of key staff and roles they would fulfil.

- 3.23.2 Within a 12-week period £216k was allocated to unpaid carers (from all teams across the HSCP), funds were equivalent to up to £4766 per application (equivalent to 6

weeks of traditional respite). Practitioners supporting carers to make applications ensured a care and support plan was in place for the person but also encouraged more creative support planning that would meet the outcomes important to the carer. Funds were requested for a wide variety of spends including garden renovations and equipment, short courses, gym memberships and holidays (that in some cases included the cared for person going on the break with the carer). The support planning involved in these applications showed excellent evidence of relationship-based practice between staff member and carer and outcomes heavily focused on supporting the carer to lead their own life alongside their caring role.

3.23.3 Evaluation of the pilot is due for completion in autumn 2024, initial learning for the SDS team was around our paperwork process and date recording for option 1 budgets which has been streamlined and our SOP updated to reflect a more responsive approach in getting funds to service users and carers promptly.

3.23.4 SDS will also be involved in the review of approach to carer budgets/respite due to start in October 2025.

3.24 Support in the Right Direction – Inspiring Scotland

3.24.1 Within the SDS framework of standards and the National Improvement plan for 2023-2027 there is a focus on independent support around SDS for service users and carers.

3.24.2 In March 2023 the existing provider of independent advice and guidance for SDS in West Dunbartonshire relinquished their funding leaving the local area without service. After engagement with Improving Lives and Inspiring Scotland it was agreed that a test of change pilot would be funded for a 6-month period from October 2023 until March 2024 to build awareness of what SDS is and how it can be accessed via the HSCP. A variety of awareness raising events took place across the area alongside advertisements in local publications and local radio.

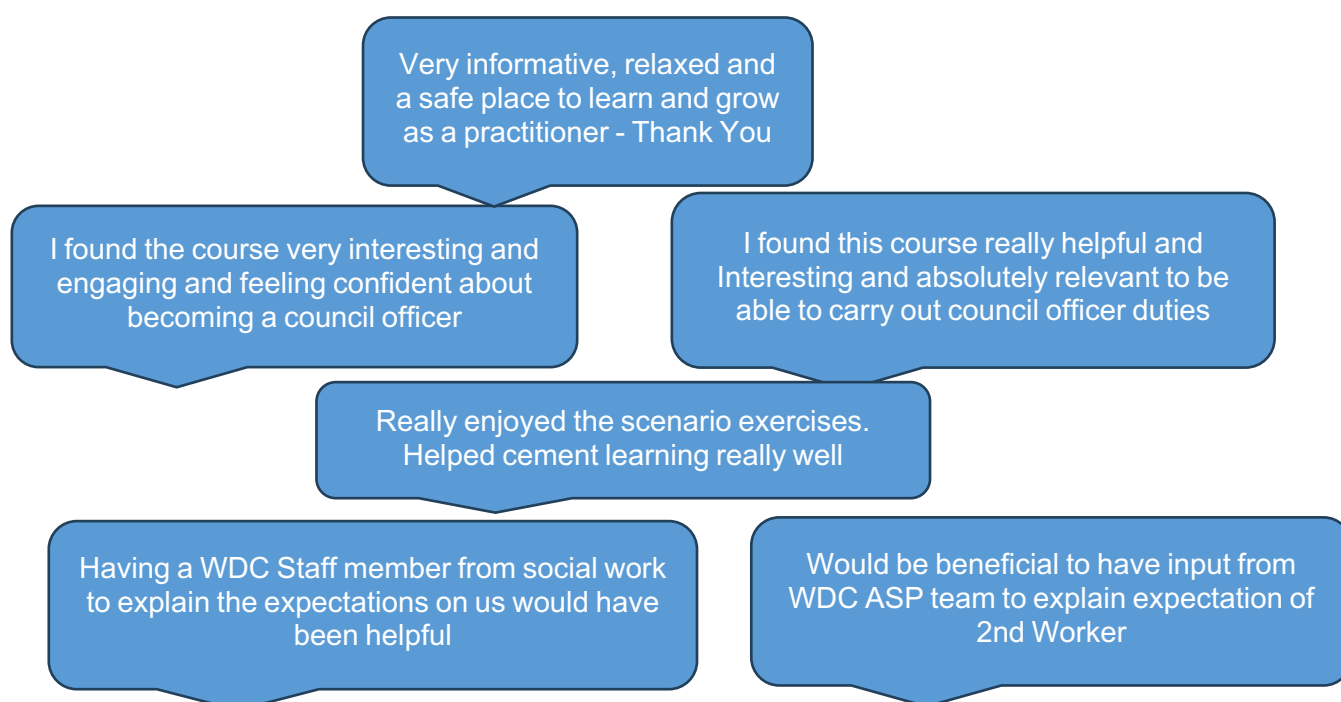
3.25 SDS Circle and Providers Network

3.25.1 Throughout 2023 and continuing in 2024 our SDS Circle was established and meets on a quarterly basis bringing together key stakeholders and partners from the Third Sector as well as paid providers of social care services in the local area. This forum has been key to strengthening working relationships with these key partners, allowing the HSCP to establish an open communication channel for reflective practice, sharing of good news stories and an opportunity to expand knowledge about the vast range of assets within our communities. The quarterly meetings are also ensuring a more joined up approach to support planning and will be involved in future improvement work from the MLA evaluation and public engagement sessions.

3.26 Adult Support and Protection

- 3.26.1 In all aspects of the HSCP work we actively promote a culture of continuous learning. We ensure feedback from the people we work with informs our planning and development of staff and services. The extended use of data, service standards and the continued use of the quality assurance framework has supported the identification of what is working well and highlighted areas for improvement.
- 3.26.2 In the reporting period the Quality Assurance and Evaluation subgroup took forward work relating to multi-agency audit, quality assurance and evaluation. A multi-agency audit was completed in February 2024. Thirty case files were evaluated of referrals processed in the previous two years. The tool used was based on the criteria and standards used in the Care Inspectorate in the Multi-Agency Inspection.
- 3.26.3 The key areas for improvement included:
- Application of the three-point test.
 - Protection plans require to be strengthened.
 - Timescales for key processes requires to be monitored.
- 3.26.4 Chronologies are found in the majority of cases but the quality of these require to be improved.
- 3.26.5 Engagement / inclusion of service users and their carers requires to be strengthened at all stages of Adult Support and Protection.
- 3.26.6 Good practice areas the audit identified were:
- Practice was rated as good or very good in 80% of cases at Duty to Inquire, 80% of cases at investigation and 79% at case conference.
- 3.26.7 The aim of this activity has been to produce an accurate picture of Adult Support and Protection work conducted within West Dunbartonshire and to clearly identify shared priorities for improvement work across the partnership. We plan to conduct regular audits in the coming year which will be smaller in numbers with the emphasis in capturing the views of service users.
- 3.26.8 The Adult Protection Committee understands the importance of its function in “improving the skills and knowledge of staff”. The training programme has been impacted in the reporting period due to the absence of a Lead Officer. We are now relaunching an in-person training calendar consisting of training in relation to Multi-Agency Basic Awareness, Multi-Agency Detailed Awareness, Council Officer, Council Officer Refresher, Second Worker, Supportive Decision-Making, and Crossing the Acts training.
- 3.26.9 In person sessions have taken place during the reporting period covering the roles and responsibilities in relation to ASP. These sessions covered:
- | | |
|-------------------------------|------------------------------|
| ○ Council Officer – | ○ Second Worker – |
| ○ 18/09/2023 (6 attended) | ○ 09/10/2023 (9 Attended), |
| ○ Council Officer Refresher – | ○ 27/11/2023 (6 attended), |
| ○ 02/10/2023 (10 attended), | ○ Case Conference Chairing – |
| ○ 06/11/2023 (4 attended) | ○ 20/11/2023 (12 attended) |

3.26.10 Feedback from these sessions:



3.26.11 Suggestions for improvement will be taken forward and considered for future session.

3.26.12 The feedback from the Adult Protection Inspection and the recent Learning Reviews highlighted a need for ongoing staff training in relation to coercive control, impact of alcohol and substance abuse on older people, disguised compliance/working with resistant families, chronology, consent and capacity, assertive practice, professional curiosity, line of sight. These key learning sessions highlighted from the improvement plan will be evaluated when delivered.

3.26.13 Further plans are in place to develop the provision of basic and detailed awareness training through a supported "Train the Trainers" programme. This will be led by the Adult Protection Lead Officer and this programme will be key to moving forward and modernising the approach for learning and development activities.

3.26.14 Linked to the above has been the re-introduction of the frontline Adult Support and Protection Practitioner's forum. This will allow representatives of the forum to collate views and questions to allow continued feedback of Adult Support and Protection related information to front-line teams. This will ensure those workers views continue to be heard. These sessions will introduce key themes and introduce short learning workshops on the topics raised above.

3.27 Overview of Adult Protection Activity 2023/24

3.27.1 The increase in Adult Protection conferences is broadly commensurate with increase in ASP referrals as detailed in table 1 and table 2 (below).

Table 1

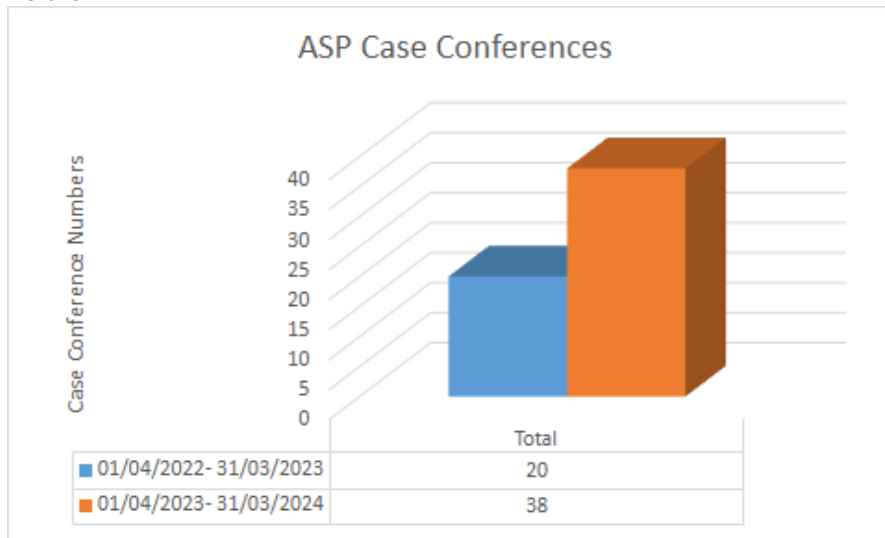
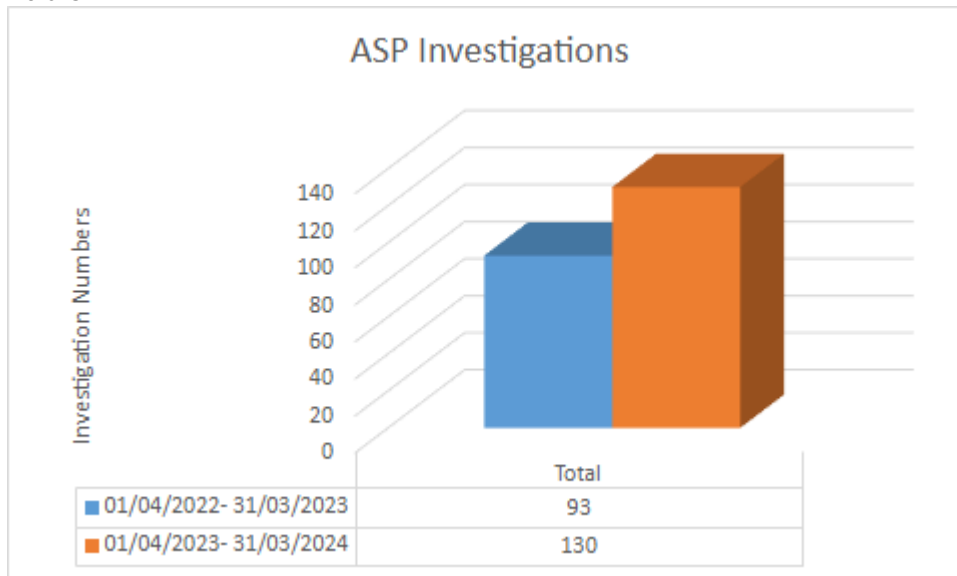
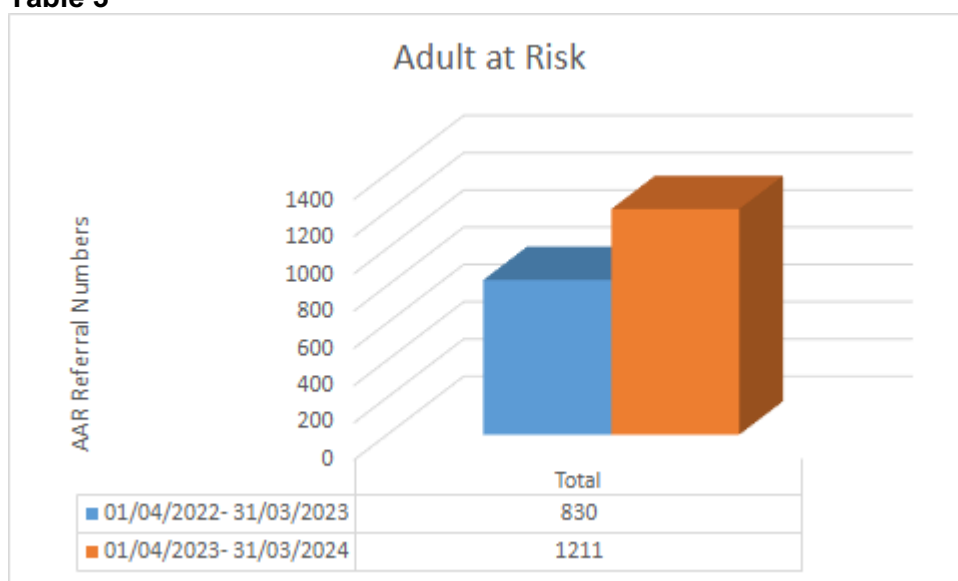


Table 2



3.27.2 As demonstrated in table 3 the number of referrals is increasing significantly and further work by the Adult Support and Protection Committee to understand the significant rise in demand is planned.

Table 3



3.27.3 During the reporting period the Adult Protection Committee has commissioned three Learning Reviews, two have been conducted and one is ongoing. The Committee has promoted a culture of learning and in response to these Learning Review and is in the process of developing a revised Improvement Plan. Significant work has since progressed on the recommendations which will form the basis for the work of the APC moving forward.

3.27.4 We recognise that staff engagement and input into the learning from reviews is crucial and an action plan following independent reviews concluded in 2024 is now in place with input from staff and operations managers to support practice improvement.

3.28 Multi-Agency Forum (MAF)

3.28.1 The Partnership's Multi Agency Forum (MAF) continues in the HSCP. The overall aim of this forum is to have first line sight of individuals who repeatedly contact services and to provide a platform for multi-agency discussion to decide on the most appropriate response. The agencies attending this forum include Social Work, Justice, Health, Police, Housing and Scottish Fire and Rescue.

3.28.2 Work has been undertaken to refresh the Terms of Reference of the group to ensure its role is fulfilling in line with current policy and practice and also to ensure the right partners are round the table to facilitate appropriate sharing of information and to create a space for a range of agencies and partners to consider alternative future responses to recurring complex issues that have not been previously resolved at service level or through reflective practice.

3.28.3 Feedback from staff indicates that the MAF is now better placed to fulfil its duty of care to those it serves. More regular meetings ensure early identification of people who frequently contact or present to a range of services, particularly those where an immediate pathway may not be clear. We will continue to work closely with our partners to improve responses to those with recurring needs and complex risks who may not routinely fit into services as currently structured.

3.29 Mental Health Officer Service (MHO)

- 3.29.1 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.
- 3.29.2 Dedicated MHO now retain statutory review arrangements in respect of guardianship before onward review and care management within the wider adult service. Through 2024, the focus for the MHO service has been on reviewing and improving procedures and processes relating to Adults with Incapacity Legislation, identifying and developing briefing sessions which have been delivered to colleagues, developing closer working relationships with other services and developing the skills, knowledge base and confidence of the MHO service as a whole.

3.30 Adults with Incapacity (AWI) / Guardianship

- 3.30.1 Following a request for data from the Mental Welfare Commission in June 2024, it was established that West Dunbartonshire required to improve its statutory requirement to supervise private Guardians in line with the prescribed timescales, resulting in a significant backlog of outstanding reviews and a requirement to adapt existing processes to address this.
- 3.30.2 In March 2024 there were 139 Guardianship supervision reviews outstanding - this figure now sits at 90.
- 3.30.3 80 reviews have been completed since 1 July 2024 across the adult social work teams. Whilst this is a move in the right direction, there remain issues which need to be addressed. The number of overdue reviews is not increasing however as the procedures have been altered and MHOs are completing the initial three-month supervision visit.
- 3.30.4 Fortnightly Guardianship Governance meetings have been established to review progress and address any issues that might arise, and Care First provide regular reporting on the data for this.
- 3.30.5 The AWI procedures and ancillary guidance standing operating procedures (SOP's) are being updated and an AWI resource page on the intranet is planned. One of the Mental Health Officers is also looking at ways in which the information that is shared with prospective Guardianship applicants can be standardised so that consistent and up to date information is given. This includes the use of QR codes and other digital means of access.
- 3.30.6 The MHO service has developed and delivered briefing sessions on Supported Decision Making and the Supervision of Private Guardians. These have been delivered to social work colleagues with positive feedback received. There are also briefing sessions planned on Capacity and Consent.
- 3.30.7 The MHO service recently held an internal development session whereby our response to the proposed AWI amendments was considered. The entire team attended this, and it was a thorough examination of the changes being considered, with particular focus on human rights, the principles of the legislation and the challenges of ever-increasing workloads and expectations. Another development session is planned for October.

The team are keen to invite speakers, etc. to team meetings and there are plans for a representative from the Women's Safety and Support Network to attend in October.

- 3.30.8 As the core MHO team is now fully staffed, there is scope for MHOs to represent West Dunbartonshire on a number of forums and groups in addition to their regular MHO tasks. There is currently West Dunbartonshire MHO representation at the Scottish Association ASW MHO forum, the Social Work Scotland MHO subgroup, the NHS GGC legislation subgroup and the Forensic Peer Support Network. One of the Mental Health Officers is keen for members of the MHO team to develop their practice in areas of particular interest to them and the MHOs seek out and attend training which is relevant to their needs and interests.
- 3.30.9 By its nature, the MHO service is not one which will ever have newly qualified social workers (NQSW) as permanent members of the team. The CSWO and West Dunbartonshire commitment to the NQSW Supported Year is clear and part of our offer and will ensure that all social workers within their first year will be able to spend a minimum of six weeks with a range of social work teams to ensure there is experience and understanding of the diversity of social work functions across the HSCP. This includes within the MHO service, again with the aim of sharing knowledge and skills (in both directions) and promoting the MHO role.
- 3.30.9 In last year's CSWO report, it was noted that there were significant issues with the recruitment of MHOs nationally and these challenges remain. Because of this, the focus of the MHO service over the next few years will be on training more MHOs from within the existing West Dunbartonshire social work workforce. It is recognised that recruitment from out with West Dunbartonshire is likely to be challenging. Unfortunately, there were no applications for the 2024/25 MHO course, with workers citing the demands of their substantive post, concerns over the intensity of the course and anxieties about the demands of MHO practice as being reasons for this.
- 3.30.10 To address this, various strategies are being employed to make the MHO service more visible to colleagues in other teams. This will improve the sharing of information, knowledge and skills between services. This has included MHOs working more frequently from Church Street and Clydebank Health Centre, undertaking joint visits with colleagues where necessary, facilitating briefing sessions on areas of practice and participation in meetings and case conferences where appropriate. There is also a plan to link specific MHOs with specific teams.

3.31 MHO Data Oversight

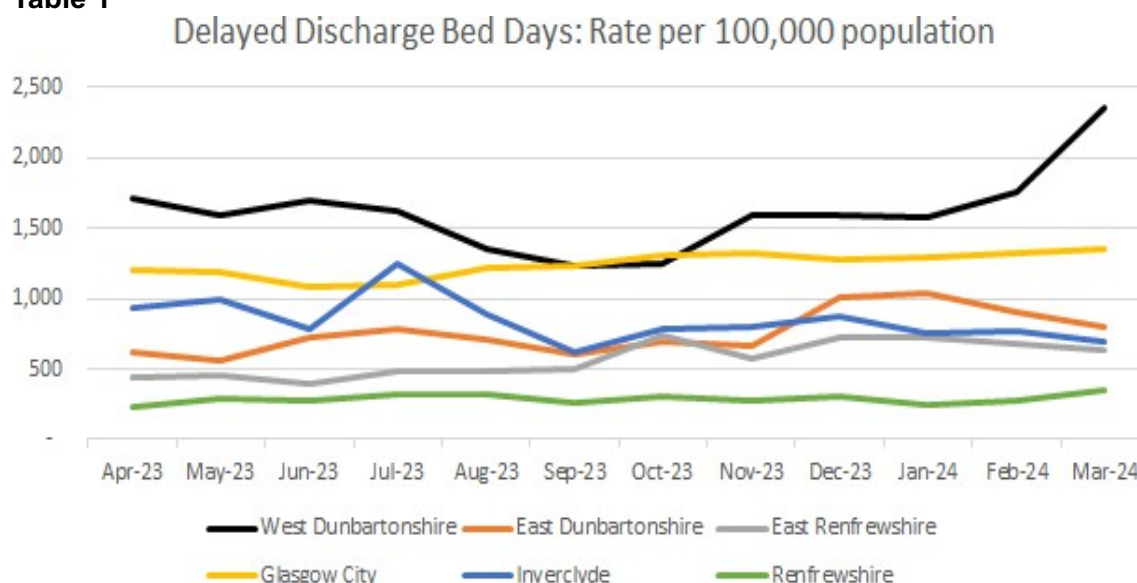
- 3.31.1 The recording of interventions undertaken by MHOs in West Dunbartonshire Council in previous years has been somewhat inconsistent and as such it has been difficult to accurately report upon the work being undertaken by the service, including being able to identify trends in relation to the use of legislation, the impact that staffing issues within the team have had on service output and the overall efficiency of the service and its ability to meet the needs of the client group with whom we work.
- 3.31.2 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.

3.31.3 Development of monthly reports now being provided to the service regarding the use of the legislation, the data from which is then collated and reviewed to support performance improvement.

3.32 Support to Adults Leaving Hospital

3.32.1 2023/24 also saw the creation of a Reablement Team comprising of a Team Lead, an Occupational Therapist, four Rehabilitation Support Workers, two Care Organisers and when fully staffed 24 Home Carers.

Table 1



3.32.2 The service has been increasing gradually since August 2023 with its role to provide assessment and support to people recovering from acute illness or injury. This is with a view to helping them regain and maintain independence and reduce their risk of long-term reliance on services such as care at home and potentially prevent hospital admissions.

3.32.3 Delayed hospital discharge of West Dunbartonshire patients has reached unprecedented levels during 2023/2024.

3.32.4 While delayed discharges have been a challenge nationally, when looked at as a rate per 100,000 population, West Dunbartonshire has had the highest rate across Greater Glasgow and Clyde apart from a slight dip in September/October 2023.

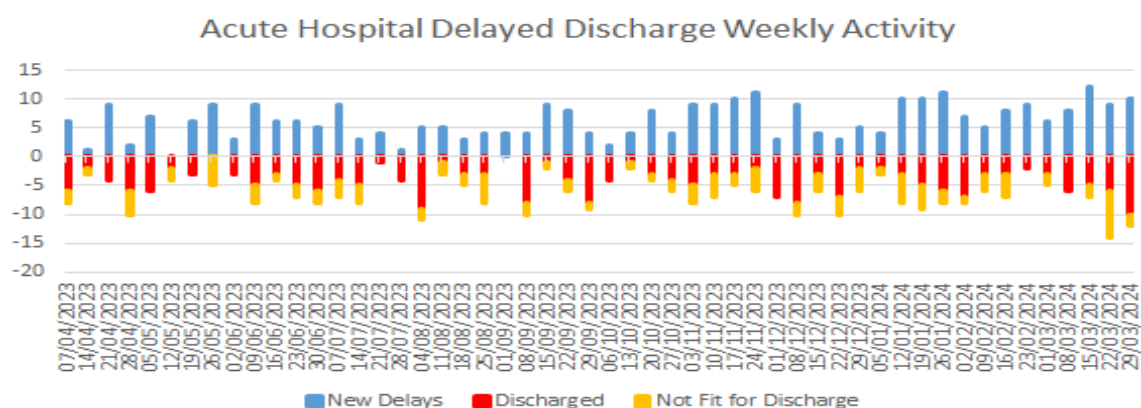
3.32.5 Delayed discharges are closely monitored and scrutinised on a daily basis by the Community Hospital Discharge Team and Heads of Service.

3.32.6 Recent quality improvement activity includes a test of change with older adult wards at Gartnavel General Hospital, with a multi-disciplinary focus on all West Dunbartonshire inpatients to ensure pathways of care were appropriate and early discharges encouraged.

3.32.7 An enhanced delays dashboard has also been developed by NHS Greater Glasgow and Clyde which presents HSCP specific delays information around the reasons for delays based on the Scottish Government codes.

3.32.8 Analysis of our delayed discharges quite clearly shows the volume of throughput. While numbers are rising, they remain fairly similar each week, however these are not the same individuals waiting each week.

Table 2



3.32.9 As well as the significant volume of activity around delayed discharge, we can see that our efforts in relation to arranging appropriate discharges for those complex delays (Code 9s) can be evidenced by the reduction in the average length of complex delay during the year while the average standard delay has remained steady.

3.33 Community Learning Disability Services

3.33.1 The Learning Disability Service within West Dunbartonshire Health and Social Care Partnership (WDC HSCP) comprises a considerable integrated workforce of both NHS and Council staff within statutory, registered, supported employability and respite services. At the end of January 2024 West Dunbartonshire was successful in appointing a Service Manager for Learning Disability Services, on a fixed term basis for two years, to lead on the review and development of the Learning Disability Service in line with organisational change policies. This role will be crucial in supporting WDC HSCP to meet the aspirations of the Coming Home Implementation Report published by the Scottish Government in February 2022.

3.33.2 An Operational Manager, Services, has also been introduced, for an initial two-year fixed term period, to work alongside the Service Manager and the Integrated Operations Manager (IOM) for Learning Disabilities. The Operational Manager, Services has management responsibility for registered services, supported employability and respite services, with the IOM retaining management responsibility for statutory services, which includes the health and social work teams known as the Community Learning Disability Team (CLDT).

3.33.3 From a statutory delivery perspective as part of the integration arrangements there is a social work team that consistently supports adult with complex learning regarding volume, complexity and in relation to adult support and protection despite the fact it is not fully staffed. With the continuing recruitment challenges, a picture that is mirrored nationally, the team remains committed to meeting the needs of service users and its statutory duties, as well as providing input to carers' assessments and reviews of service users' needs. A new permanent senior social worker has been appointed and a newly qualified social worker has also been welcomed to the team. The team continues to work hard with service users and carers to maximise people's independence and to ensure services are delivered equitably utilising WDC HSCP's policy:- Accessing Adult Social Care: Eligibility Criteria.

- 3.33.4 One of the actions to be taken forward from The Coming Home Implementation Report (2022) published by the Scottish Government, included setting up a new national register to improve monitoring of those at risk of hospital admission, placement breakdown or inappropriate placements. The first action was to raise visibility, through improved monitoring of, and planning for, and with, people with learning disabilities and complex care needs through the development and implementation of Dynamic Support Registers (DSRs). WD HSCP has been successful in embedding the Dynamic Support Register within the integrated CLDT and has routinely reported its data to Public Health Scotland (PHS).

3.34 Housing Support Service for Adults with Learning Disabilities

- 3.34.1 The registered Housing Support Service (HSS) provides supported living to people with a learning disability to live as independent a life as possible. Staffing has improved within this service during 2023-2024 with a successful recruitment drive and has seen the addition of 4 new staff. This has been against a backdrop of a general crisis in recruitment within social work and care. The service will be reviewed as part of the wider review of Learning Disability services planned for 2024 – 2026.
- 3.34.2 West Dunbartonshire HSCP Respite/Short Break Service involves the co-ordination and booking of respite/short breaks for carers of adults with a learning disability to meet their assessed need and outcomes. In addition to traditional residential respite, the Respite/Short Break Service continues to promote and provide alternative resources to carers through self-directed support; direct payments, flexible respite or a combination of the three options. Partnership working WD HSCP, with Carers of West Dunbartonshire and with local providers has been enhanced through representation and work undertaken in the Carers Development Group. This included participation in the development and redesign of the new Adult Carer Support Plan to ensure the assessment is outcome focused, and asset based. This includes prompts for workers to support carers to complete emergency and future planning information, further building resilience to support carers. Future considerations include the increasing number of young people with complex needs and behaviours perceived as challenging that will require a different approach to support carers in their caring role.
- 3.34.3 Current capacity within social work is impacting on carers being encouraged to consider flexible short breaks rather than traditional residential respite against a backdrop of constrained budgets and financial challenges.
- 3.34.4 That said there has been very positive feedback from carers who have chosen the Flexible Respite budget (option two), and they have thanked the team for their support, guidance and the coordination of their break. Carers appreciate they have immediate access to the service when they have a query or wish to book a break.

Dumbarton Centre

- 3.34.5 Highlights of good person-centred practice: The staff team have been working closely in core groups to create person-centred care plans for those service users that display behaviours perceived as challenging. This involves good communication, problem solving, developing strategies and adopting an innovative approach. The strategies that have been put in place, as well as Positive Behaviour Support (PBS) plans are regularly discussed and modified as required.
- 3.34.6 Staff Development: Two members of the staff team have completed PBS postgraduate qualifications. Two members of the staff team are Promoting Positive Behaviour (PPB) trainers. Two staff are trained in music therapy, which allows for meaningful music therapy sessions. One member of staff is a trained Yoga teacher and has embedded

this practice into some service user care plans, which has been beneficial therapeutically and has been well received.

Community Connections

- 3.34.7 Good practice: The service has implemented new opportunities for service users in literacy, gardening and art. The staff team has also supported service users to participate in a recent Boccia tournament; the team has fundraised for new equipment and has a meeting with Boccia Scotland to discuss further opportunities to compete in competitions including the Paralympics.
- 3.34.8 Staff development: Four of the staff team have recently completed Rebound therapy training to allow Community Connections the opportunity to offer Rebound therapy to those service users who have been assessed by Physiotherapy to access this invaluable intervention.
- 3.34.9 Both Dumbarton Centre and Community Connections sometimes experience a lack of capacity due to staffing levels and it is hoped the review of Learning Disability services in the coming year will address this challenge.

3.35 Alcohol and Drug Partnership (ADP)

- 3.35.1 The Scottish Government requires all Alcohol and Drug Partnerships to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The National Mission Plan 2022, which as of 2023 includes an alcohol focus, runs until 2026. The WD ADP strategy refresh aims to deliver an ambitious programme of priorities that will improve the quality of life for people, families and communities in West Dunbartonshire.
- 3.35.2 The strategy outlines five strategic priorities:
- Substance Use Prevention
 - Young People and Families
 - Improve services to support those with co-existing mental health and substance use and/or multiple complex needs.
 - Tackling alcohol and drug related stigma
 - Reducing the harm associated with alcohol and drug use.

Medicated Assisted Treatment (MAT) Standards

- 3.35.3 The 29 Alcohol and Drug Partnership (ADP) areas were assessed against the 10 MAT standards using three streams of evidence: process, numerical and experiential. This meant that 290 individual assessments were carried out, 145 for MAT standards 1–5 and 145 for standard 6–10. The evidence required to demonstrate implementation of each MAT standard was based on the criteria and indicators in the MAT standards document.
- 3.35.4 MAT 1-5 was confirmed as green, and 6-10 provisional green.

3.36 Official Waiting Times – Report published by Public Health Scotland 27 June 2024

- 3.36.1 Table 1 below shows that in each of the four quarters of 2022/23, West Dunbartonshire has been over the 90% threshold (for waits 21 days and below), and the percentages have been consistently higher than both NHSGGC and Scotland as a whole.

Table 1

Area	Q1	Q2	Q3	Q4
West Dunbartonshire	95.7	97.5	93.7	96.4
NHS GGC	91.9	94.1	92.9	92.7
NHS Scotland	89.2	89.7	90.8	92.2

3.37 External Scrutiny: Care Inspectorate Inspection West Dunbartonshire Care Homes

- 3.37.1 The Care Inspectorate is responsible for inspecting standards of care in Scotland. They use a quality framework that sets out key elements to help answer key questions about the difference care is making to people, and the quality and effectiveness of the things that contribute to that. The primary purpose of a quality framework is to support services to self-evaluate their own performance. The same framework is then used by inspectors to provide independent assurance about the quality of care and support.
- 3.37.2 The Care Inspectorate use Key Questions rather than Quality Themes in their inspections. Key Questions:
 KQ1 – How well we do we support people’s wellbeing.
 KQ2 – How good is our Leadership.
 KQ3 – How good is our staff team.
 KQ4 – How good is our setting.
 KQ5 – How well is our care and support plan.
 KQ6 – Capacity for improvement
 They still use the six-point scale of 1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4 – Good, 5 – Very Good, to 6 – Excellent in grades awarded against each quality indicator.
- 3.37.3 The Care Inspectorate uses requirements and recommendations to help regulated care services improve. A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.
- 3.37.4 Six of the ten care homes in West Dunbartonshire were inspected between April 2023 and March 2024. The grades awarded are depicted in Table 1. Of these, four had requirements and had areas for improvement identified.

Table 1

Care Home	Date of Inspection	Inspection Grades					No of Requirements	No of Areas for Improvement
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5		
Clyde Court	25.05.23	2	2	3	2	N/A	8	5
Clyde Court	24.08.23	3	3	3	3	N/A	0	0
Kingsacre	19.06.23	4	4	4	5	3	0	4
Castle View	27.06.23	3	3	3	3	3	7	9
Castle View	21.09.23	4	4	4	N/A	4	0	2
Hill View	07.08.23	4	3	N/A	N/A	4	1	0
Hill View	23.11.23	N/A	4	N/A	N/A	N/A	0	0
Edinbarnet	04.09.23	4	4	N/A	N/A	N/A	0	3
Alderwood House	13.11.23	2	2	2	2	2	8	0
Alderwood House	23.01.24	3	3	3	3	3	0	0

3.37.5 Due to grades awarded at the inspection on 25 May 23 it was agreed with the provider that a Moratorium on admissions would be placed on Clyde Court until sufficient progress had been made to meet the 8 requirements detailed within the inspection report. At the inspection in August 2023 the Care Inspectorate confirmed that all 8 requirements had been met. This was a result of the hard work of the Management and staff team and their willingness to embrace the support offered from the HSCP and Care Home Collaborative teams. The moratorium on placements was removed on 25th August 2023. Work is ongoing with HSCP and Care Home Collaborative to ensure improvement is sustained and the service continues to improve.

3.37.6 Due to the grades awarded and nature of the requirements highlighted following the inspection in October/November 2023 it was agreed with the provider that a Moratorium on admissions would be placed on Alderwood House until sufficient progress had been made meet the eight requirements. The HSCP also took the decision to undertake an Adult Protection Large Scale Investigation (LSI) due to the number and nature of the Adult Protection referrals which had been submitted following the Inspection. The LSI required officers from the HSCP to undertake reviews for all West Dunbartonshire Council clients within the service to ensure clients were safe and receiving the appropriate level of care. This request was also made to all other HSCPs who had clients placed in Alderwood House.

3.37.7 All reviews were completed and any issues highlighted were addressed. The HSCP staff held weekly meetings with the Management Team at Alderwood to offer support and guidance.

3.37.8 The Care Home Collaborative also provided training and support. At the inspection visit in January 2024 Inspectors confirmed that all 8 requirements had been met and grades would be increasing. The Moratorium on placements was removed and the LSI process was concluded on 1st March 2024. Work is ongoing with HSCP and Care Home Collaborative to ensure the service continues to improve.

3.38 Justice Social Work Services

Table 1 Data Demonstrating Significant Increased Demand

	2021/22	2022/23	2023/24	-/+
Justice Social Work Reports submitted to Court	524	599	660	+ 11%
Community Payback Orders imposed	338	374	408	+9%
Bail Supervision Orders imposed	0	15	25	+66%
Structured Deferred Sentences	0	13	29	+123%
Diversion from Prosecution	37	28	27	-3.5%
Drug Treatment and testing Orders	18	6	12	+100%

3.38.1 Justice activity throughout the reporting period from Courts has increased from the previous year, explained largely by the backlog of Court cases being addressed. The number of social work reports to Court alongside the numbers of Community Payback Orders (CPO's) have increased significantly.

3.38.2 Equally of note, were the number of cases of Structured Deferred Sentences (SDS) put in place by Courts locally, which saw an 123% increase from the previous reporting year. These increases across the service, are significant against a backdrop of vacancies within the team and reduced capacity, as the SDS also requires regular social work support and intervention comparable to low level Community Payback Orders.

3.38.3 Within Justice Social Work services, the backlog in outstanding Unpaid Work hours to be completed was addressed through use of allowing multiple days of attendance where capacity allowed, and it is a credit to staff and those subject to the orders that the backlog is reducing.

3.38.4 Drug Treatment and Testing Orders (DTTO) evidenced a dramatic rise in orders being imposed throughout 2023/2024. The DTTO service is provided by an integrated care team working across West Dunbartonshire to support individuals whose offending is primarily due to their established addiction issues. The staff provide both medical intervention and social work support, encouraging recovery, reduced offending behaviour and promoting stability.

3.38.5 Regular attendance at Court reviews from DTTO staff promote service user engagement and sentencers confidence in the use of this disposal.

3.38.6 DTTO staff have established relationships with Addiction Recovery Services supporting services users in their choice of substitute prescribing and supporting links to recovery communities within the local area.

3.38.7 The provision of services to Multi-Agency Public Protection Arrangements (MAPPA) continued throughout the reporting year, and the multi-agency work and sharing of information through this structure is reported to have worked continuously well. Those on orders subject to MAPPA receive intervention from Justice social work on increased

contact levels, in response to presenting risks, therefore the numbers of people subject to those orders does not need to see a large increase in numbers of orders to have a significant effect on the capacity and resources of the service.

3.38.8 Justice Social Work has contributed to good partnership working within the West Dunbartonshire Community Justice Partnership (WD CJP). This work underpins the development of a local Community Justice Outcome Improvement plan which will see publication within the next reporting period.

3.38.9 It will be necessary to continue to monitor the resourcing of Justice social work services with some notable increases in demand, continuing the trend of previous years. It is anticipated this will persist as the backlog of Court cases are heard, resulting in increased workloads for Justice Services.

Improvement Actions

3.38.10 A number of improvement actions have been completed during the past year including:

- New staff being trained, with existing staff annually updated on the suite of assessment tools used within Justice Social Work.
- Staff are now trained and accredited in the delivery of the Caledonian Domestic Abuse system. This is now available to the Court and will address the high levels of domestic abuse prevalent within the local area.
- Several Justice staff are now accredited trainers and actively involved in the national roll out of training for Unpaid Work workforce.
- Involvement in national strategic groups to ensure West Dunbartonshire Justice Services are linked to current and new policy and practice.
- Established close links with employment partners, enabling greater numbers of service users to access employment and training opportunities.
- New meeting established with the local living experience group to ensure feedback to support service development.

Challenges have included:

3.38.11 A significant challenge for the Justice Social work service through the reporting period was recruitment to vacancies within the service. This coupled with the increase in workload for the service has continued to impact on development and improvement work.

Strengths include:

- Strong partnership working is evident in the planning of support for individuals being released from prison. Our justice and housing services are working closely to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
- 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.
- Service users have progressed to employment, further education and volunteering through our close association with employability services.
- We continue to work closely within established partnerships in the community including CHAS, Alternatives and Greenspace.
- 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.
- 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.

- Our Anti-discriminatory intervention with women in Justice is essential to address the unique challenges and systemic biases, they face within the justice system. Women in Justice often encounter multiple layers of discrimination based on gender, race, socioeconomic status, and other intersecting inequalities and vulnerabilities. The Women's Safety and Support Service provide intervention underpinned by a trauma-informed approach that recognises the specific circumstances leading to offending behaviour, such as histories of abuse, poverty, mental health issues and addictions caused or exacerbated by the gender-based violence and abuse they experience.
- The service aims to empower women to address these underlying issues by reducing barriers to accessing the service and maximising choice. Proactively engaging with women, building trust and maximising their power to identify priorities and solutions assists in reducing the vulnerabilities they experience and improve safety and well-being. Inclusivity in core programmes with others not involved in justice, maximising engagement with activity to reduce social isolation as well as safety planning and collaboration with women to raise awareness of how abuse has affected them across their lifespan; are crucial contributions to promoting positive outcomes for women within the justice system and maximising equality.

3.39 MARAC (Multi-Agency Risk Assessment Conference)

- 3.39.1 West Dunbartonshire MARAC commenced April 2020, and meetings continue to be convened 4-weekly. Information about domestic abuse victims at high-risk of the most serious levels of harm, including murder, is shared between representatives from a range of local agencies to inform a coordinated action plan to increase the safety of the victim and their children.
- 3.39.2 At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. MARAC, with its focus upon working collaboratively to ensure the safety of domestic abuse victims and their children, allows partners involved to share those insights and to develop robust and effective safety and risk management plans. Any frontline agency representative that undertakes a risk assessment with a victim, or uses professional judgement, to determine high risk threshold is met, can make a referral to West Dunbartonshire MARAC through the MARAC co-ordinator.

Table 1

West Dunbartonshire MARAC	Per year	Year to date	Female Victim	Male Victim	Children / YP
2023/24	326	144	322	4	606
2024/25	-	99	97	2	261

- 3.39.3 The strengths of MARAC lie in its proactive and unified approach by agencies who each bring a unique perspective and set of resources to address the complex challenge of domestic abuse.
- 3.39.4 By including the voices and views of victims/survivors, MARAC ensures that its actions are centred around victims/survivors.

- 3.39.5 Following a series of deep dive events into MARAC, Scottish Government Independent Strategic Review of Funding and Commissioning of VAWG services recommends that MARAC is put on a statutory footing with standards of operation and resourcing which would apply consistency across all 32 Local Authorities in which it is now operating.
- 3.39.6 Scottish Government VAWG Equality and MARAC Working Group will publish a government response to the Report by May 2025. It is estimated that for every £1 spent on MARACs, at least £6 of public money can be saved annually. The potential 'beneficiaries' of this saving across West Dunbartonshire are for all the existing organisations, public and voluntary sector, who currently contribute to multi-agency responses and support for women at significant risk of harm – source Scottish Government Equally Safe Delivery Plan.

3.40 Community Justice

- 3.40.1 Community Justice in West Dunbartonshire is a priority area in terms of improved outcome planning in the locality. In October 2023 a full time Community Justice co-ordinator was employed to support the National Aims and Priority Actions of 'The National Strategy for Community Justice' and associated 'The National Strategy for Community Justice Delivery Plan'.
- 3.40.2 To centre the approach to community justice outcome improvement planning a Strategic Needs and Strengths Assessment (SNSA) was undertaken, which included the analysis of 6-year trend data, to better understand the landscape and identify strategic priorities for 2024-2026. As part of this activity West Dunbartonshire Community Justice Partnership (WD CJP) have developed and ratified the local Community Justice Outcome Improvement Plan (CJOIP) with updated Terms of Reference (ToR) including new governance structures for the Community Justice Partnership. Key improvement areas are:
- Ensuring that co-production is central to future shaping of service delivery and service availability. To deliver on this Authentic Voices working group has been established. This group will also undertake discovery and scrutiny activity underpinned by a gendered analysis and specifically looking at women's experience of justice and justice services.
 - Establishment of a multi-agency partner stakeholder Arrest Referral working group to support the National relaunch of the 'Arrest Referral Scheme' lead by Police Scotland.
 - Establishment of the Caledonian steering group to support the embedding of 'The Caledonian System' across the locality and ensure victim safety.
 - Establishment of the CARM/FAME Steering group to support the embedding of processes for young people in conflict with the law. This activity will support the embedding of the new Children (Care and Justice) (Scotland) Act 2024, ensuring that youth justice is underpinned by a child's right based approach that supports child protection within the context of an enhanced welfare model.
 - Establishment of a Custody to Community working group to support justice service users in their journey from custody back to community ensuring that all health and social care needs are met with a view to reducing recidivism. As part of this activity WD HSCP has commissioned The Lennox Partnership to work with justice service users to support their employability needs within the context of reducing barriers to employability i.e. disclosure considerations.
 - Establishment of the Prevention and Early and Effective Intervention working group to develop a targeted approach to preventing West Dunbartonshire residents becoming involved with justice services and, where they are already touching

justice services, to create space for disruption, diversion, and desistance activity – preventing people being involved with justice services for prolonged periods of time.

- 3.40.3 The Community Justice Partnership is further collaborating with wider justice services and undertake and SNSA in regard to Bail; Remand; Electronic Monitoring (EM) and other Community Based Sentences. This activity will seek to inform strategic priorities beyond 2026.
- 3.40.4 The local delivery plan is being realised through the thematic working groups and this is proving to be fruitful and constructive to meeting the local and national strategy. Working group membership consists of multi-agency stakeholder partners - all working towards a unified approach to the deliverables. Group members are a combination of operational and strategic staff who are best placed to offer a bottom-up approach which is strengthened by top-down strategic support, guidance and governance.
- 3.40.5 The CJP has also sought to raise the profile of community-based sentences by engaging in profile raising activity and other community engagement activity.
- 3.40.6 Focused sessions were arranged for partners to come together as part of working groups to discuss themes and direction of particular work strands relevant to the group's undertakings to direct and shape the outcomes and improvement activity to the National Aims and identify local priority areas.
- 3.40.7 Multi-agency partner stakeholders Information and Awareness raising sessions have been hosted (including opportunity for local Elected Members) to provide an overview of Community Justice as a whole; the work, purpose, and function of the WD CJP and 'The Caledonian System'. There have also been drop-in sessions to support this activity.
- 3.40.8 Discussion on local priority aims and deliverables took place across wider working groups and in meetings with other partnerships including West Dunbartonshire Alcohol and Drug Partnership, West Dunbartonshire HSP (Housing Solutions Partnership), West Dunbartonshire VAWGP (Violence Against Women and Girls Partnership); West Dunbartonshire LEP (Local Employability Partnership); and West Dunbartonshire Safe DIG (Development and Implementation Group).
- 3.40.9 Following ratification of the draft CJOIP the document was sent to wider staff groups for comment and consideration, all inclusions and amendments contributed to the final published draft.
- 3.40.10 Community consultation for 'The Caledonian System' was undertaken ensuring the voices of women victims, children, victims and the wider community were captured in regard to understanding the system's function; the need for such provision; and support for such an intervention within the local community.
- 3.40.11 Information and Awareness raising sessions have been held to help staff groups to better understand the system and the need for such a joined-up approach to tackling Domestic Abuse in West Dunbartonshire. Peer review from multi-agency managers, staff and WD VAWGP was sought for the 'Caledonian System' strategic Risk Assessment and Safety Protocol' along with the 'Standard Operating Protocol'. This activity has included a communication loop with the MARAC Steering group.

- 3.40.12 WD CJP consulted with all local community justice partner's organisations strategic plans, safeguarding potential conflict between WD CJP strategic direction and those of our partners ensuring that important areas or themes were not omitted when devising our CJOIP.
- 3.40.13 WD CJP worked closely with Community Justice Scotland (CJS) in particular the 'Community Justice Improvement Tool' and new Community Justice 'Targeted Resource to Support National Outcome Improvement Planning in Local Authority Areas Tool'. The new targeted resources were reviewed by relevant service areas for scrutiny and applicability. Comments and considerations were shared with CJS.
- 3.40.14 'The Community Service Support Tool' (CSST) developed by CJS was peer reviewed with WD VAWGP and WD ADP to ensure due diligence and allow partner comment, consideration and discussion regarding potential service generated risk across and between service areas. Comment and consideration were shared with CJS.
- 3.40.15 In developing the Community Justice Outcome Improvement Plan (CJOIP), WD CJP carried out an Equalities Impact Assessment (EIA). The purpose of an EIA is to work out how a policy or function will affect the wellbeing of different groups of people with particular needs or who are disadvantaged in some way. An EIA is an opportunity to drive fairness and good practice. As part of the EIA, and in line with the Fairer Scotland Duty, WD CJP also considers the socioeconomic impacts of its policies, process and strategies. WD CJOIP EIA and 'The Caledonian System' EIA can be located on the HSCP website. WD CJP is committed to better understanding equalities duties and undertakings, to ensure that service provision is accessible and inclusive.
- 3.40.16 Partners have been hugely instrumental, working towards unified outcomes. A SMART (Specific, Measurable, Achievable, Relevant and Time Bound) approach to planning, collaboration and delivery has been adopted and this has proved to create a strong infrastructure with partners working towards clear outcomes, clear data collection and analysis, with clear roles and remit in terms of contribution to outcome planning activity.
- 3.40.17 The creation of working groups has initiated a collaborative approach across and between WD HSCP/West Dunbartonshire Council services. All of the working groups are shared interest groups with other strategic partners: VAWGP; CPC; HSP; LEP and Safe DIG – the groups seek to collaborate in a unified way to ensure that all partner strategic outcomes are met alongside justice outcomes. This model could be replicated in other smaller local authorities in terms of viability and SMART planning collaborative working arrangements.
- 3.40.18 WD CJP has created an Authentic Voices working group that is tasked with gathering the voices of service users, ex-service users, families and staff members for quality improvement and assurance of service provision and service development. This group is a multi-disciplinary group who are engaged with authentic voices discovery and change activity.
- 3.40.19 This group is engaging in activity that gathers authentic voices views, and these views will inform future strategic and operational change as part of a co-production outcome improvement model.
- 3.40.20 WD CJP undertook a 6-year trend data analysis to help inform strategic directions and priorities.

4. Resources

- 4.1.1 The Integration Joint Board (IJB), known locally as the HSCP Board, is responsible for the strategic direction and performance of these services, together with delegated community health services for adults and children.
- 4.1.2 The HSCP Board's current Strategic Needs Assessment highlights demographic pressures, health inequalities and the deprivation profile of West Dunbartonshire compared to other parts of Scotland and how these factors result in higher levels of support from services.
- 4.1.3 Our Board had responsibility for an overall net budget resource for delegated health and social care services of £200.643m in 2023/24. The setting of the 2023/24 budget was even more challenging than the previous year, as partner funding contributions failed to keep pace with the increasing costs of service delivery and the increasing demand for those services. The overall HSCP funding shortfall (before pay awards) was £6.0m, split £4.7m for social work and care and £1.3m community health services.
- 4.1.4 For social work and care services the 2023/24 funding allocation from West Dunbartonshire Council was a "flat cash" one, i.e. 0% uplift for inflation and demographics. The £4.7m funding shortfall was mitigated through savings, a range of management actions and release of some reserves. The measures included increasing turnover savings, deletion of some vacant posts, reviewing the levels of commissioned spend across all services and capping residential bed numbers within our older people's care homes.
- 4.1.5 While good progress was made in delivering on these actions, the overall financial outturn position for 2023/24 was an excess of expenditure against funding, resulting in an overspend of £7.529m across all delegated health and social care services. The underlying budget deficit for social care was £8.185m, offset by a small surplus in health services of £0.656m.
- 4.1.6 This final outturn position had been monitored closely throughout 2023/24, and while additional mitigating actions were approved by the HSCP Board, the impact of another 5 year of unfunded pay for local authority employed staff coupled with continued increased demand for both children and adult services, resulted in the Board having to cover the deficit from the release of reserves.
- 4.1.7 Table 1 below provides detail on the consolidated position and the release of earmarked reserves.

TABLE 1: EXTRACT FROM 2023/24 AUDITED ANNUAL ACCOUNTS

West Dunbartonshire Integrated Joint Board	2023/24 Annual Budget £000	2023/24 Net Expenditure £000	2023/24 Underspend/ (Overspend) £000	2023/24 Reserves Adjustment £000	2023/24 Underspend/ (Overspend) £000
Consolidated Health & Social Care					
Older People, Health and Community Care	54,612	57,210	(2,598)	(1,626)	(972)
Physical Disability	3,485	3,402	83	0	83
Children and Families	30,761	32,238	(1,477)	(321)	(1,156)
Mental Health Services	13,893	13,631	262	(124)	386
Addictions	4,131	4,021	110	(166)	276
Learning Disabilities	21,276	21,147	129	(120)	249
Strategy, Planning and Health Improvement	2,341	1,889	452	143	309
Family Health Services (FHS)	33,004	33,075	(71)	0	(71)
GP Prescribing	21,323	22,667	(1,344)	0	(1,344)
Hosted Services - MSK Physio	7,450	8,262	(812)	(748)	(64)
Hosted Services - Retinal Screening	879	879	0	(87)	87
Criminal Justice	0	274	(274)	0	(274)
HSCP Corporate and Other Services	7,116	9,105	(1,989)	(2,750)	761
IJB Operational Costs	372	372	0	0	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	200,643	208,172	(7,529)	(5,798)	(1,731)

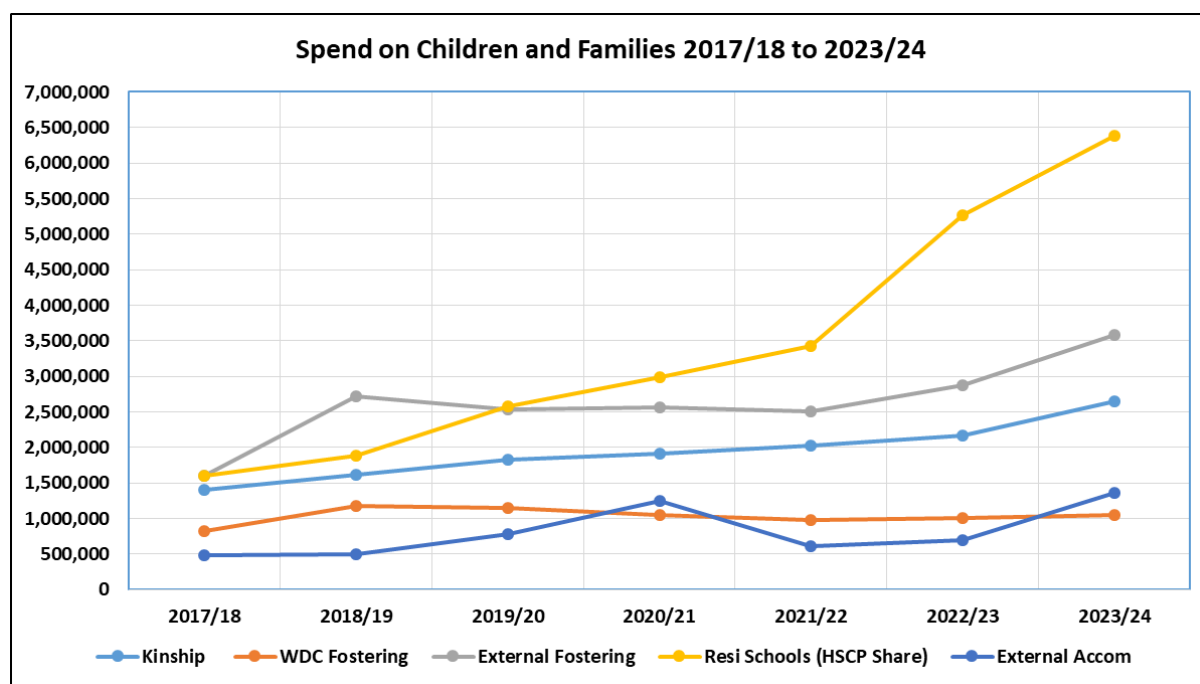
4.1.8 Table 2 below, provides a higher level of detail on the 2023/24 pressure on social work and care services, in particular for services for Looked After and Accommodated Children and Care at Home Services. However, it should be noted that considering national comparators West Dunbartonshire's spend on children's care spend is fourth most efficient.

TABLE 2: 2023/24 SOCIAL WORK AND CARE FINANCIAL PERFORMANCE

Social Care Net Expenditure	2023/24 Annual Budget £000	2023/24 Net Expenditure £000	2023/24 Underspend/ (Overspend) £000	2023/24 Reserves Adjustment £000	2023/24 Underspend/ (Overspend) £000
Strategy Planning and Health Improvement	1,264	1,081	183	30	153
Children and Families	25,668	27,395	(1,727)	(571)	(1,156)
Older People Residential and Community Care	33,636	37,137	(3,501)	(1,538)	(1,963)
Adult Services: Learning Disabilities	13,498	13,384	114	(133)	247
Adult Services: Physical Disabilities	2,315	2,197	118	0	118
Adult Services: Mental Health	3,549	3,530	19	58	(39)
Adult Services: Addictions Services	955	1,389	(434)	(419)	(15)
Carers	1,564	1,972	(408)	(444)	36
Other Services	2,547	5,096	(2,549)	(3,437)	888
Net Expenditure	84,996	93,181	(8,185)	(6,454)	(1,731)

4.1.9 The financial and service pressures experienced in 2023/24 are not new, in particular demand for children's services, which was on an increasing trajectory since 2017/18, has been further exacerbated by the impacts of both the Covid-19 pandemic and the Cost-of-Living Crisis is having on families across West Dunbartonshire. This is shown in stark detail in the graph below covering the increasing costs of Kinship, Fostering and other Residential Accommodation. Seventy four percent of children and families allocated budget is allocated to the provision of care as detailed below.

Table 3



4.1.10 The recently published (July 2024) Audit Scotland published a report on “Integration Joint Boards - Finance and Performance 2024”, clearly articulated the “complex landscape of unprecedented pressures, challenges and uncertainties” facing all IJBs. Overall funding to IJBs decreased on average by 9% in real terms in 2022/2023 requiring significant savings having to be identified, many non-recurring and an increasing reliance on using reserves, which is not a sustainable approach going forward.

4.1.11 Within WD HSCP, we recognise all of these Audit Scotland findings as we continue to operate in an extremely challenging environment both locally and nationally. These challenges are set out within our current Medium Term Financial Plan 2022/2023 – 2026/2027. The plan (due to be refreshed this year) also sets out our key themes on how we aim to redesign our services and look for other opportunities to reshape our delivery models to work within the continuing financial constraints projected over the medium term.

4.1.12 These are:

- **Better ways of working** – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services.
- **Community Empowerment** - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health, social work and care.
- **Prioritise our services** – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it.
- **Equity and Consistency of approach** – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and
- **Service redesign and transformation** – build on the work already underway redesigning support to people to remain or return to their own homes or a homely

setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

4.1.13 These themes are expended in greater detail by individual service redesign plans, approved by the HSCP Board over the last two years. These are our Care at Home Service Redesign Project, our Review of Learning Disability Services and our Medium-Term Financial Plan for Children's Services: "What Would It Take". The progress on the delivery of these plans is underpinned by a refreshed strategic plan, expansion of local commissioning, robust financial management, a prudent reserves policy and a range of actions to support our workforce.

4.1.14 These individual service strategies are committed to working with our residents, our own workforce and those we commission services from, to ensure that high quality services can be delivered whilst demonstrating Best Value from our constrained resources.

TABLE 4: 2023/24 COMMISSIONED EXPENDITURE

Spend Category	Children and Families £000	Health and Community Care £000	Learning Disabilities, Mental Health and £000	Other £000	Total £000
Residential Care	6,702	15,500	2,359	0	24,561
Respite	115	22	355	646	1,138
Housing Support	2,487	1,248	10,702	8	14,445
Day Support	0	177	2,844	0	3,021
Nursing	0	0	809	0	809
Payments to other bodies	1,246	3,440	3,593	1,697	9,976
External Fostering	3,580	0	230	0	3,810
Kinship Payment	2,678	0	0	0	2,678
Fostering and Adoption	1,237	0	0	0	1,237
Payments to NHS	571	187	355	551	1,664
Direct Payments	255	940	861	87	2,143
Total	18,871	21,514	22,108	2,989	65,482

4.1.15 Table 4 below, provides further detail on the financial cost of commissioning a range of social work and care services in 2023/24 and with the Scottish Government's continued commitment to pay all social work and care workers a realistic living wage, this is another financial risk that requires to be managed.

4.1.16 The financial outlook for the HSCP for 2024/25 is one of increasing financial challenge and risk, as flat-cash allocations were again passed over from our funding partners. While there has been some assurance that pay awards for health board staff will be funded, there are no such assurances for local authority social work and care staff.

4.1.17 In March 2024, the HSCP Board agreed to a suite of options to close the estimated funding gap (before pay awards) of just under £10 million. Recognising that transforming and redesigning services requires more time, the majority of the shortfall will be covered by a continuation of non-recurring turnover savings, non-filling of some vacant posts and the remaining application of any available reserves.

4.1.18 The planned refresh of the Board's Medium Term Financial Plan later in 2024, will seek to address how best we can mitigate these risks going forward and work with our

partners to take forward the main recommendations of the Audit Scotland report, to work collaboratively and share learning both locally and nationally.

- 4.1.19 The Integration Joint Board (IJB), known locally as the HSCP Board, is responsible for the strategic direction and performance of these services, together with delegated community health services for adults and children.
- 4.1.20 The HSCP Board's current Strategic Needs Assessment highlights demographic pressures, health inequalities and the deprivation profile of West Dunbartonshire compared to other parts of Scotland and how these factors result in higher levels of support from services.
- 4.1.21 Our Board had responsibility for an overall net budget resource for delegated health and social care services of £200.643m in 2023/24. The setting of the 2023/24 budget was even more challenging than the previous year, as partner funding contributions failed to keep pace with the increasing costs of service delivery and the increasing demand for those services. The overall HSCP funding shortfall (before pay awards) was £6.0m, split £4.7m for social work and care and £1.3m community health services.
- 4.1.22 For social work and care services the 2023/24 funding allocation from West Dunbartonshire Council was a "flat-cash" one, i.e. 0% uplift for inflation and demographics. The £4.7m funding shortfall was mitigated through savings, a range of management actions and release of some reserves. The measures included increasing turnover savings, deletion of some vacant posts, reviewing the levels of commissioned spend across all services and capping residential bed numbers within our older people's care homes.
- 4.1.23 While good progress was made in delivering on these actions, the overall financial outturn position for 2023/24 was an excess of expenditure against funding, resulting in an overspend of £7.529m across all delegated health, social work and care services. The underlying budget deficit for social work and care was £8.185m, offset by a small surplus in health services of £0.656m.
- 4.1.24 This final outturn position had been monitored closely throughout 2023/24, and while additional mitigating actions were approved by the HSCP Board, the impact of another year of unfunded pay for local authority employed staff coupled with continued increased demand for both children and adult services, resulted in the Board having to cover the deficit from the release of reserves.

5. Workforce and Service Impact

5.1 Workforce Planning

- 5.1.1 WD HSCP Workforce Plan (2022-2025) is due to come to an end in March 2025. Our current workforce plan is currently being reviewed in accordance with the priorities identified in our Strategic Plan (2023-2026). A new plan will be developed for 2025 to 2028.
- 5.1.2 The latest version of guidance from Scottish Government is clear and sets out a continuation of the National Workforce Strategy for Health and Social Care with the 'Five Pillars of the Workforce Journey':
- **Plan** – supporting evidence-based workforce planning.
 - **Attract** – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland.

- **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care.
- **Employ** – making health, social work and care organisations “employers of choice” by ensuring staff are, and feel, valued and rewarded.
- **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

5.1.3 As might be expected, West Dunbartonshire HSCP are looking to grow and retain our workforce in the next five years. Recruitment and retention are 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. We utilise supervision session to discuss career development, learning interventions and progression of specific training to support our workforce in their roles. Several programmes of work have progressed, including, this year, supporting and developing employment with relevant qualifications by utilising funded places for undergraduate and post graduate programmes at university, applications have been successful for five employees in 2024 from within the HSCP.

5.1.4 The updated plan will also reflect the requirements of Scottish Social Services Council (SSSC) Newly Qualified Social Worker (NQSW) Supported Year implementation. The implementation will bring developments to ensure our NQSWs are fully supported throughout their first year of practice. This includes individual and group support as well as a caseload that is built up incrementally over several months.

Workforce Split

5.1.5 The age profile for NHS workforce in WD HSCP indicates that there is almost an even split of the workforce under the age of 45 and over the age of 45, with only a subtle difference over the age of 45. The picture is slightly different across West Dunbartonshire Council workforce, which indicates the majority of the workforce are over the age of 45 (64%). 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.

5.1.6 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.

5.1.7 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 five to 10 years. There is a significantly higher risk with West Dunbartonshire Council 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.

5.1.8 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.

Table 1 People Count and Age Profile

Age Band	NHS	West Dunbartonshire	Total
<20	-	5	5
20-24	14	36	50
25-29	66	74	140
30-34	114	105	219
35-39	116	136	252
40-44	103	141	244
45-49	104	141	245
50-54	116	192	308
55-59	119	237	356
60-64	75	239	314
65+	14	74	88
TOTAL	841	1380	2221

Table 2

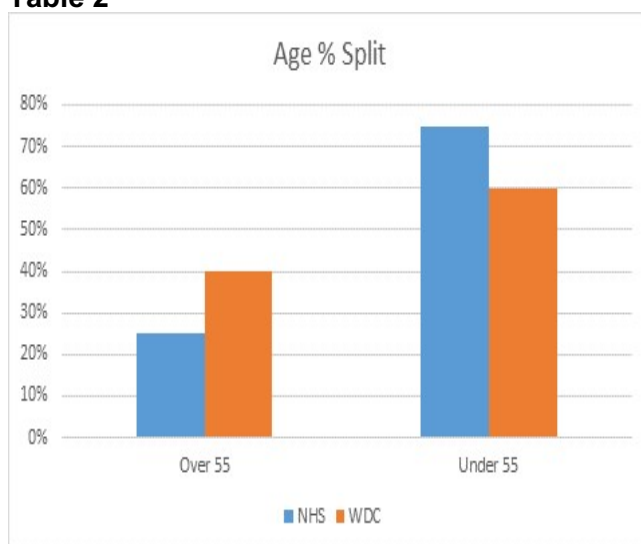
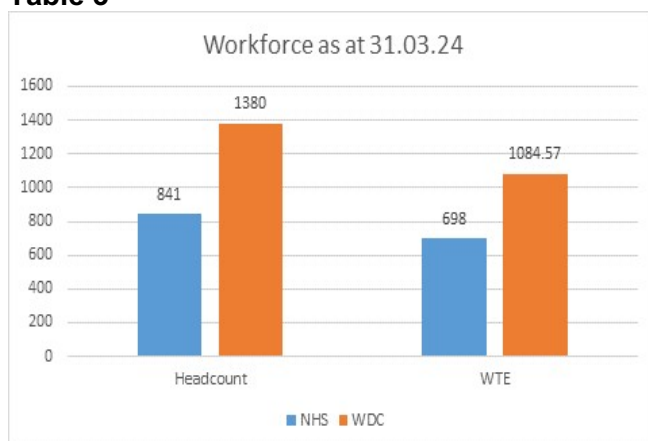


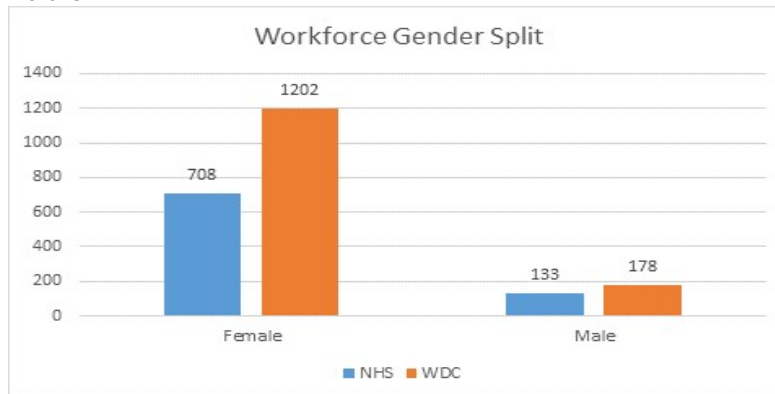
Table 3



Workforce Gender Balance

5.1.9 As can be seen below WD HSCP 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.

Table 4



Staff Turnover

5.1.10 Between April 2023 and March 2024, 297 people left WD HSCP. The annual turnover rate for West Dunbartonshire Council staff within the HSCP was 16.9% and for the NHS was 8.7%. This represents a very slightly 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.

5.1.11 To take account of the ageing patient population, as well as the workforce reaching retirement age, 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. Our workforce plan aims to mitigate the risks of diminishing workforce against area of growing demand.

West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

5.2.1 A range of supports are regularly promoted to staff and re-enforced within staff briefings, team meetings and through wellbeing conversations which includes, National Wellbeing Helpline and the National Wellbeing Hub, dedicated wellbeing resources and further support online options for our workforce through employee assistance programmes including support in building resilience, improving wellbeing and, where appropriate, how to lead and support others who may be struggling.

5.2.2 Key priorities for our workforce in support of maintaining a healthy working environment include personal development, promoting diversity, fair work practice. We want to ensure that employee wellbeing is embedded in the HSCP leadership, culture and people management practice. We want to help equip our people with the wellbeing skills and supports needed to thrive in the workplace.

5.2.3 Our workforce continues to be offered and encouraged to take part in the annual iMatter staff engagement survey. Team action plans have been developed to support improvements and to identify what is important to staff. The HSCP 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 WD HSCP, there is a continued emphasis on the importance of action planning; highlighted below

is a comparison of results from 2021, 2022, 2023 and 2024 which demonstrates that staff feel they are cared about, are treated with dignity and respect and are appreciated:

iMatter Survey Results 2021 – 2024 (Weighted Index Value)				
iMatter Question	2021	2022	2023	2024
I feel my direct line manager cares about my health and wellbeing	84	87	86	86
I feel my organisation cares about my health and wellbeing	71	73	73	71
I am treated with dignity and respect as an individual	83	85	86	85
My work gives me a sense of achievement	80	82	83	82
I get the help and support I need from other teams and services within the organisation to do my job	69	70	71	70
I feel appreciated for the work I do	71	75	77	76
I would recommend my organisation as a good place to work	74	75	75	73

Workforce Development, Learning and Collaboration

- 5.3.1 In addition to core training, our workforce continues to have access to a wide range of learning and development opportunities. During 2024 the Health and Care (Staffing) (Scotland) Act 2019 was implemented. Whilst social workers are not covered within the duties or the Act, our workforce in registered services will be covered. A continual programme of awareness and learning platforms specific to functions has been promoted.
- 5.3.2 Opportunities for obtaining formal social work qualifications has been made available within the HSCP. During the reporting period we had 5 employees enter formal academic study to obtain a Social Work degree and we are looking to widen this access for a career pathway, in partnership with the Open University.
- 5.3.3 There have been a number of changes to the West Dunbartonshire Council MHO workforce over the last 12 months, with a number of 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.
- 5.3.4 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 West Dunbartonshire Council 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.
- 5.3.5 Staff supervision has been a key priority for social work and social care staff over the last year. Self-evaluation of staff experience and recording has taken place across Children and Justice Services to inform the most recent training and learning for staff in relation to effective supervision for staff. Staff feedback and development of

champions for Supervision has been an outcome from the learning session with further audit.

- 5.3.6 A range of statutory training has been commissioned to support learning and development of staff. Two learning and development posts have been agreed and will be recruited to in the future to develop capacity for learning and development and support the Newly Qualified social work year and core training aligned to the priorities for APC and CPC.
- 5.3.7 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 West Dunbartonshire Council 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.
- 5.3.8 A proposal for a dedicated MHO service Resource Worker has also been developed and is awaiting conclusion from job evaluation.
- 5.3.9 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 through the SSRG process for all posts where all posts are considered.
- 5.3.10 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 is 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.
- 5.3.11 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. Throughout 2023/2024 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.
- 5.3.12 WD 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 WD HSCP are looking to grow and retain our workforce in the next 3 years. Recruitment and retention are a main focus of actions to help us deliver both our Workforce Plan but also encourages 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 going forward.