



# West Dunbartonshire

## Chief Social Work Officer Annual Report

1 April 2024 – 31 March 2025

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## 1. Introduction

- 1.1 It gives me great pleasure to present this annual report 2024/2025 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 social work functions delivered during this period. The report aims to capture good practice, challenges and improvement activity that has taken place across the range of services delivering social work and social care services.
- 1.2 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, at a time where budgetary pressures and national local and workforce challenges are at arguably an unprecedented point.
- 1.3 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 with the needs and risks of service users visible and transparent.
- 1.4 In West Dunbartonshire our social work and care services are diverse, and this report does not attempt to cover every aspect. This report summarises practice activity, improvement and the work that is 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.
- 1.5 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 and informs how services are delivered.
- 1.6 To make changes in their lives, people assess how to meet need, recognise and manage risk to themselves and others and do this in the context of balancing often competing rights and responsibilities. Through their relationships, social workers help people analyse where they are, work out where they want or need to be, and can be the catalyst for change.
- 1.7 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 profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.'
- 1.8 I would like to acknowledge and thank the many contributors to this report and also the workforce who continue to strive to deliver relational and person centred services which enable children and adults to remain at home supported by family where possible and where this is not possible ensure their rights and care are delivered in a way that is respectful and focused in a way which best supports their needs.
- 1.9 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 black ink on a light blue background. The signature reads "Lesley James".

**Lesley James**  
**Head of Children's Health, Care and Justice**  
**Chief Social Work Officer**  
**30 October 2025**

## 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 the IJB and its partners in understanding the complexities and cross-cutting nature of social work service delivery. Including 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 Social Work Services and Social care within West Dunbartonshire underpinned by person centre approach has to care and support that improves the outcomes for people in our communities.

2.1.9 The CSWO has a defined leadership role in professional standards of practice being adhered to Aligned to Clinical and Care Governance systems which support the work of the Integration Joint Board, the development of a Social Work and Care Governance group was

implemented in 2023 Chaired by the CSWO. This has continued to develop its framework for assurance an oversight of key social work and Care services with strengthened reporting over the past year. In the reporting year further developments have taken place to align the governance to a social work assurance framework with a strengthened focus on statutory social work functions.

- 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 The CSWO in West Dunbartonshire plays no role in budget setting for social work services and this is variable across the country. This does present challenges in relation to budget settlement and allocation of resource aligned to these priority protection and care functions for some of West Dunbartonshire most vulnerable children and adults.

## 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. 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, risk registers have been developed for all 6 areas of Public Protection and aligned to a lead officer or Co-ordinator for the partnership groups delivering on these objectives.
- 2.2.3 Each reporting partnership has developed risk registers which report to PPCOG by exception where risks are considered high or above. The absence of learning and development resource within West Dunbartonshire supporting the multi-agency work of committees has been a key identified risk over the reporting period.
- 2.2.4 West Dunbartonshire continues to engage a single Independent Chair for its Adult and Child Protection Committees who reports to PPCOG. There are now 7 sub-committee reporting across both Committees including Communication and Engagement, Learning Reviews, Interagency Referral Discussion (IRD) Learning and Development, Policy and Practice, Quality Assurance and Data, Vulnerable Pregnancies (CPC) only.
- 2.2.5 As part of the continued promotion of a culture that supports learning, the PPCOG has engaged an independent lead to conduct learning reviews. These learning reviews present an opportunity for in-depth analysis and critical reflection with staff to reflect on practice and to embed learning in practice in the past year there have been two learning reviews concluded in adult services and one within children's services. These reviews and the associated improvement plans have been reported to PPCOG to ensure required oversight of the work of committees.
- 2.2.6 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).

- 2.2.7 The Violence Against Women and Girl (VAWG) Partnership was reinstated in West Dunbartonshire in 2023 with the appointment of a VAWG co-ordinator. Over the reporting period the VAWG partnership developed a local strategy to strengthen the strategic approach to addressing domestic violence in West Dunbartonshire. The prevalence of domestic Violence continues to be an extremely high and as a serious and significant impact on children, non-abusing partners and parents and justice activity and it remains a key priority in locally reducing domestic violence prevalence.
- 2.2.8 Suicide prevention Partnership has been established during the reporting period and associated suicide prevention strategy. The reporting and oversight is now aligned to PPCOG.

### **2.3 Quality Assurance**

- 2.3.1 It is important that a culture of continuous improvement is embedded across all aspects of social work. This is an area this has required significant development in West Dunbartonshire both to ensure capacity and develop a culture of learning and improvement.
- 2.3.2 Some Progress has been made in the year to 31 March 2025 in relation to the monitoring of service quality and performance across services. However there continues to be significant gaps in service information which impacts on management and senior management oversight of effective delivery.
- 2.3.3 Quality assurance and learning activity also includes learning from case, or Learning Reviews undertaken in collaboration with our partners. In 2024 West Dunbartonshire Adult Protection Committee commissioned and concluded one themed learning review with a further learning review commissioned. One Learning Review was also jointly commissioned by West Dunbartonshire and Dundee City Council Child Protection Committee.
- 2.3.4 Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured and that staff are supported in continuously improving the quality and safety of care. This ensures that good performance is highlighted, and poor performance is identified and addressed.  
The aim in monitoring clinical and care quality aligned to the principles of good governance, is to engage and involve people in ensuring clinical and care quality is associated with public transparency, meaningful accountability requirements and robust organisational arrangements for governance. A sub- group of Clinical Care Governance was developed in 2023 and further strengthened regarding the reporting and scrutiny of Social Work Governance and chaired by the CSWO.  
The group reports through the structure of clinical care governance and is underpinned by a developing framework of governance standards for social work and care.
- 2.3.5 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 and evaluation which is developing to ensure managers and leaders are enabled by the reporting of relevant data to understand data

aligned to performance and to ensure routine self-evaluation around service quality including recording supervision and lived experience is central to service practice.

2.3.6 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. Delivery of improvement projects and change is supported by Service Improvement leads who support services to support improvement and change within a structured way with necessary oversight.

## 2.4 **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.

2.4.2 Scrutiny and assurance have been 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 and evaluation 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 manual effort required to run reports and ensures, however the care first system is outdated and the information generated is sourced from several 'forms' and fields which are not integrated or joined up and at times meaning multi inputting and reports being produced with different data sets.

2.5.2 The business case for a system which is fundamentally 25 years old with the current operating model 15 years old has been developed. It is proposed this is included in the Local authorities Capital Plan to better support service oversight, ensuring accuracy of reporting, and reduce the ongoing manual effort required in collating information.

2.5.3 A range of reports from care first are generated for services to ensure management and performance oversight. Much of the development and focus over the reporting period has been to refine the reporting, ensure 'Raw Data is presented in a team specific and accessible format for managers and that fields are consistently maintained and resources to ensure accuracy of the data that is reported. Development in data sets has included Interagency Referral Data (IRD) data, brother's and sister's residence aligned to care profile.

## 2.6 **Risk Oversight**

2.6.1 The implementation of the HSCP Risk Management Policy inclusive of all delegated social work services, is maturing 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. It should be noted there is no reporting of risk or performance of delegated social work service out with the IJB.

- 2.6.2 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.
- 2.6.3 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.
- 2.6.4 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.
- 2.6.5 Public Protection Chief Officer Group (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.
- 2.6.6 PPCOG previously 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 to ensure now each thematic area of public protection has a dynamic risk register which is reported from the strategic groups.
- 2.6.7 Strengthening of PPCOG's oversight of Learning Reviews has taken place and input from both Lead officers for committees is in place and updates on Learning review progress has been developed and quarterly updates of progress are provided. It should be noted there has been challenges in recruitment of Adult Protection Lead officer during the reporting period with unsuccessful attempts at recruitment impacting on the progress of Adult Protection Committee business including self- evaluation and support to learning and development.

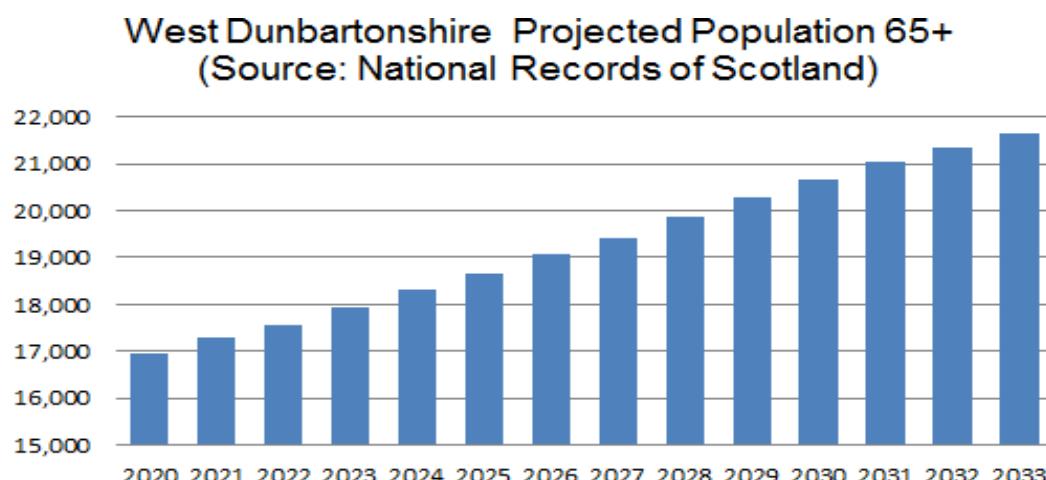
## 2.7 Population Profile

- 2.7.1 West Dunbartonshire has an estimated population of 89,120 people according to National Records of Scotland's latest mid-year population estimates 2024. This is a slight increase of 370 (0.4%) on the 2023 estimates. 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 2024 was 800 which was 2.2% higher than in 2023. Births in Scotland saw a decrease of 0.4% across the same time period. In West Dunbartonshire, 16.7% of the population are aged 0-15, slightly higher than Scotland (16.2%) and 9.7% of the population are aged 16-24, which is smaller than Scotland (10.7%). Those aged 25-44 account for 25.1% while those in the 45-64 age band represent 27.7% with a population of 24,683.

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, 2021).

Table 1 Population Projection



## 2.8 Specific Challenges for Our Communities 2024/25

2.8.1 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.

2.8.2 West Dunbartonshire has continued 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.

2.8.3 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).

2.8.4 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.

2.8.5 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).

2.8.6 The rate of drug related hospital stays in 11–25-year-olds has been consistently higher than the Scottish average since 2014/15.

2.8.7 The health and wellbeing of our youngest babies and children is also a concern within West Dunbartonshire. Over 20% of all local referrals being made to SCRA are for children under the age of 4 and almost 41% are for children aged 7 and under. West Dunbartonshire has the 2nd 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%.

2.8.8 While West Dunbartonshire's population saw a slight increase in 2024, the overall trend is a declining population with the proportion of older people within the authority steadily increasing. From 2022 based population estimates it is predicted that the 65 and over population will increase by 24.9% by 2037 and the over 75 population will increase by 40%. People are living longer with more complex health needs and therefore may require more input from health and social care services.

2.8.9 Continuing high numbers of West Dunbartonshire residents having their hospital discharge delayed.

2.8.10 Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels. A&E attendances were 3% higher than in 2023/24 and we had the 11th highest rate of emergency hospital admissions and 4th highest rate of emergency bed usage in Scotland.

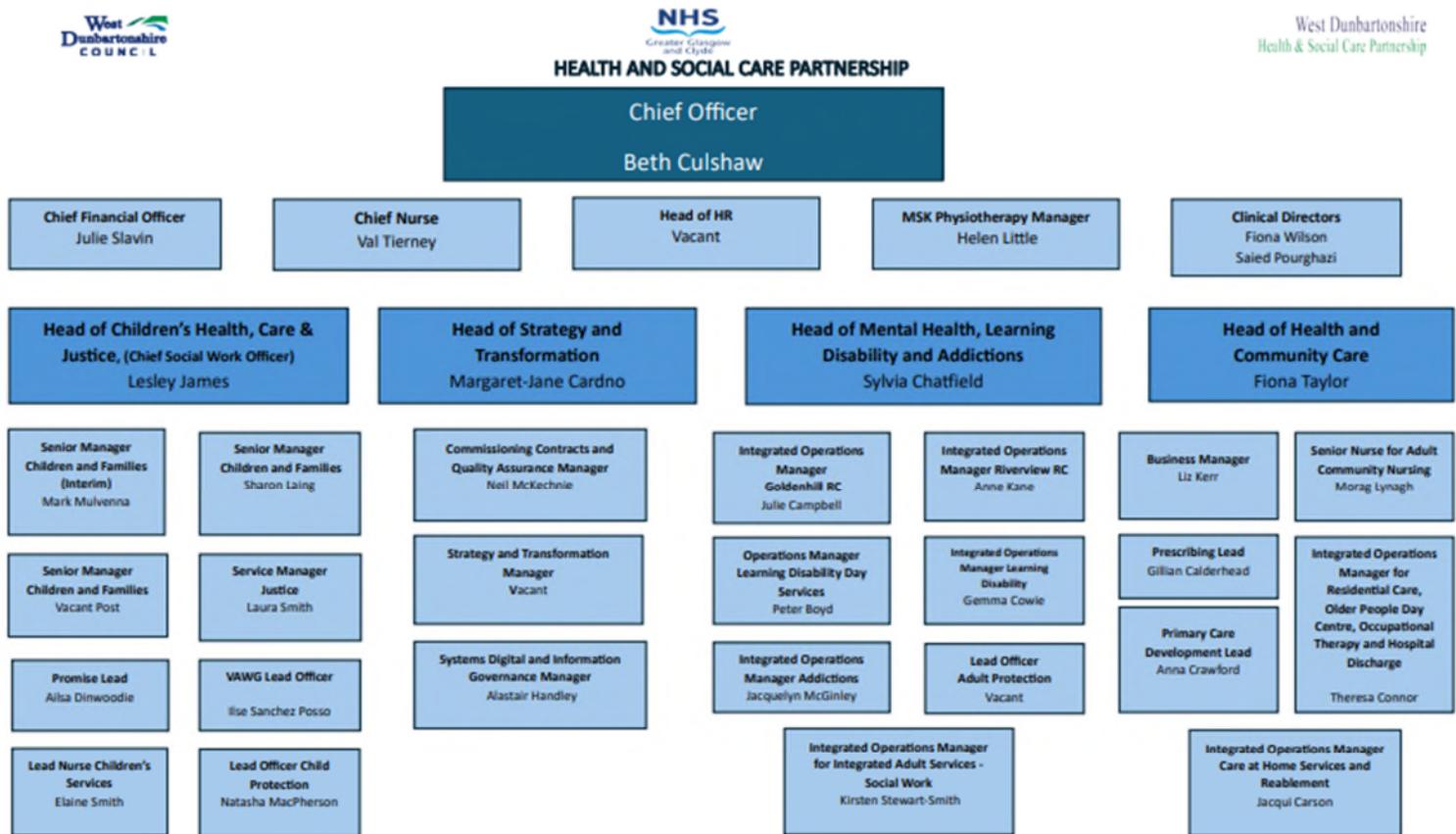
2.8.11 Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery is significant with children service most impacted on recruitment of social work staff.

2.8.12 In service which have an annual funding mode, services are increasingly restricted in the ability to plan and sustain services and recruit staff on a permanent basis, due to continued financial challenges and uncertainty of the financial context, including the allocation of pay awards where this is determined by local authority as the parent body. The impact can be felt in social work and care service including services commissioned from the Third Sector.

2.8.13 High numbers of domestic abuse offending within West Dunbartonshire. Increasing number of referrals from the Crown Office and Prosecution Service.

2.8.14 While seeing some improvement in the percentage of children reaching their developmental milestones at 27-30 months of age from 72.3% in 2022/23, when we were ranked worst in Scotland, to 79.3% in 2023/24, we still have the 4<sup>th</sup> worst level of children with no developmental concerns at their 27-30 months review.

## 2.9 Social Work Service Structure Delegated to HSCP



### 3. Service Quality and Performance

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

#### 3.2 Key Achievements 2024/25

3.2.1 During 2024/25 social work services as part of the wider HSCP against key strategic priorities, made significant progress against the key priorities outlined in our Strategic Plan 2023/2026 Improving Lives Together: caring communities, safe and thriving communities, equal communities and healthy communities.

##### 3.2.2 Caring Communities

Establishment of a new Permanence Team within services for looked after children.	83.6% of looked after children with no more than one placement in the last year.	Development of a Trauma-Informed and Responsive Strategy 2025-28.	5th highest proportion of adults with intensive needs being supported at home in Scotland.
Queens Quay and Crosslet House first care homes in Scotland to receive Food for Life Bronze award for catering from the Soil Association Scotland for serving fresh, quality and sustainable food.		1,145 people receiving homecare each week with 99.9% receiving personal care and almost 47% receiving 20 or more visits. 6th highest proportion of people aged 65 and over receiving personal care at home in Scotland.	
New Support in the Right Direction advice and guidance project launched to support carers navigate Self-directed Support and access short break funding.		Addictions Services assessed as 'Green - Implemented' for 9 of the 10 Medication Assisted Treatment Standards and 'Blue - Sustained Implementation' for the remaining standard: reduction of harm.	
91 people per week receiving a reablement service to support them to relearn their skills for daily activities.			Launch of a digital Anti-Stigma campaign to tackle stigma, language and dispel myths surrounding suicide.

##### 3.2.3 Safe and Thriving Communities

Development of a Violence Against Women and Girls Strategy 2025-2028.	9th lowest rate in Scotland for readmission within 28 days of a hospital discharge.	4th lowest weekly cost in Scotland for looked after children being looked after in the community.
Development and launch of new Access Help and Support Team within Children's Services.	1,894 people supported by the Community Alarm/Telecare service.	'Breathing Space' bench, funded by the HSCP, installed at Bowling train station as part of our Suicide Prevention Action Plan.
Delayed discharge bed days moved from 'Moderate Reductions Required' to 'Remain Low' by the Scottish Government and delayed discharge bed days for complex cases 25% below local target.		Learning Disability Housing Support Service staff trained on the requirements of the newly enacted Health and Care (Staffing) (Scotland) Act 2019.

### 3.2.4 Equal Communities

90.5% of looked after children looked after in the community.

89% of 16 and 17 year olds in employment, education or training at the point of leaving care.

Partnership working with Working 4 U to promote awareness and applications for Attendance Allowance among Community Alarm users.

8% increase in the number of people aged 65 and over consenting to a referral to Working 4 U for benefits maximisation as part of their assessment/review.

### 3.2.5 Healthy Communities

201 people with a learning disability invited for a Health Check..

301 people attending Healthy Hearing sessions across both localities.

1,157 people supported with their medication by the Homecare Pharmacy Team.

Over 100 people attended Voices of the Promise Family Fun Day held in West Dunbartonshire for Families Hubs.

297 people reached and engaged with Community Food Framework Fund initiatives and activities.

Childhood immunisation levels exceeding both Greater Glasgow and Clyde and Scotland levels for all 6 immunisations offered at 5 years of age.

## 3.3 Children Young People and Their Families

### 3.3.1 Request for Assistance -Access Help and Support Team

The access Help and support Team had a soft launch in March 2025 and implementation date of 1<sup>st</sup> April 2025. The implementation of the team has been developed to ensure a single point of contact for families and partners agencies. 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.

3.3.2 The service launched on the 1<sup>st</sup> April 2025 with an established set up Key performance indicators (KPI's) to ensure that demand for children's service is understood and reportable now with timescales for initial assessment and response being available.

3.3.3 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.

3.3.4 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.

3.3.5 The team has 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.

3.3.6 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.

### 3.4 The Promise and Strengthening The Voice of Children and Young People

3.4.1 It should be noted that there is an increase in the numbers of children being looked after in the community as a percentage of all looked after Children aligned to the ambitions of our What Would It Take? strategy. It should be noted that there was some omissions form the collated of data in relation to inclusion of Unaccompanied Asylum seeking young people who should have been included in the data prior to 2022 where a significant increase is noted.

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

Table 1 Data profile of Looked After Children as of 31<sup>st</sup> July 2025

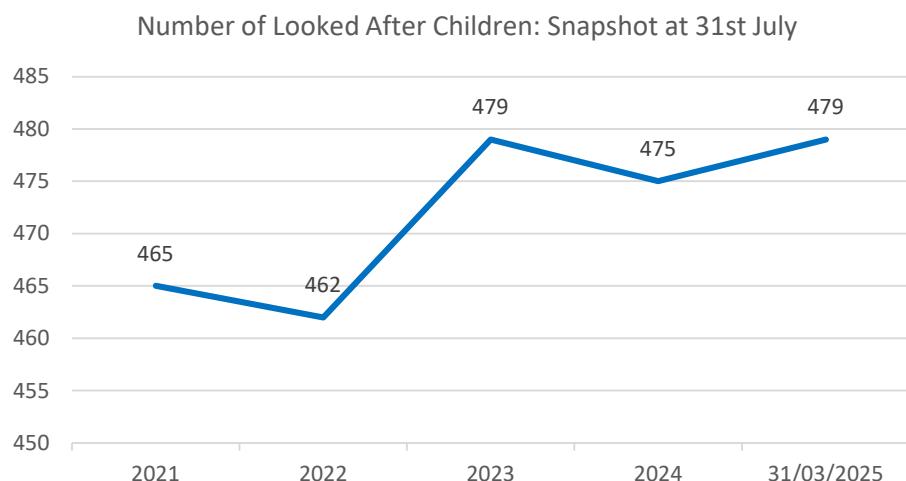


Table 2 Demonstrates the shift in balance of care with more children living in community settings.

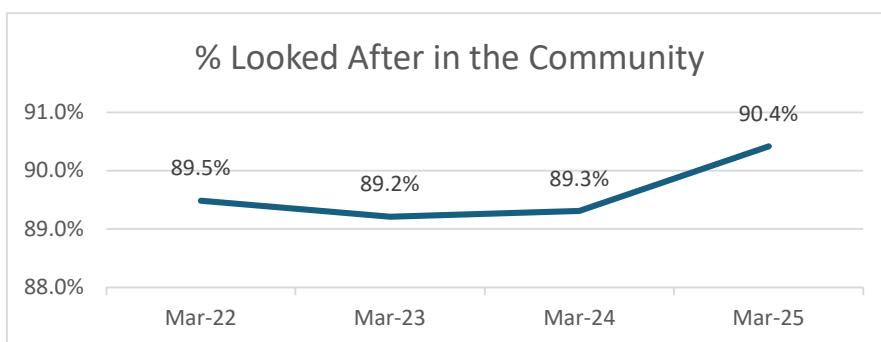
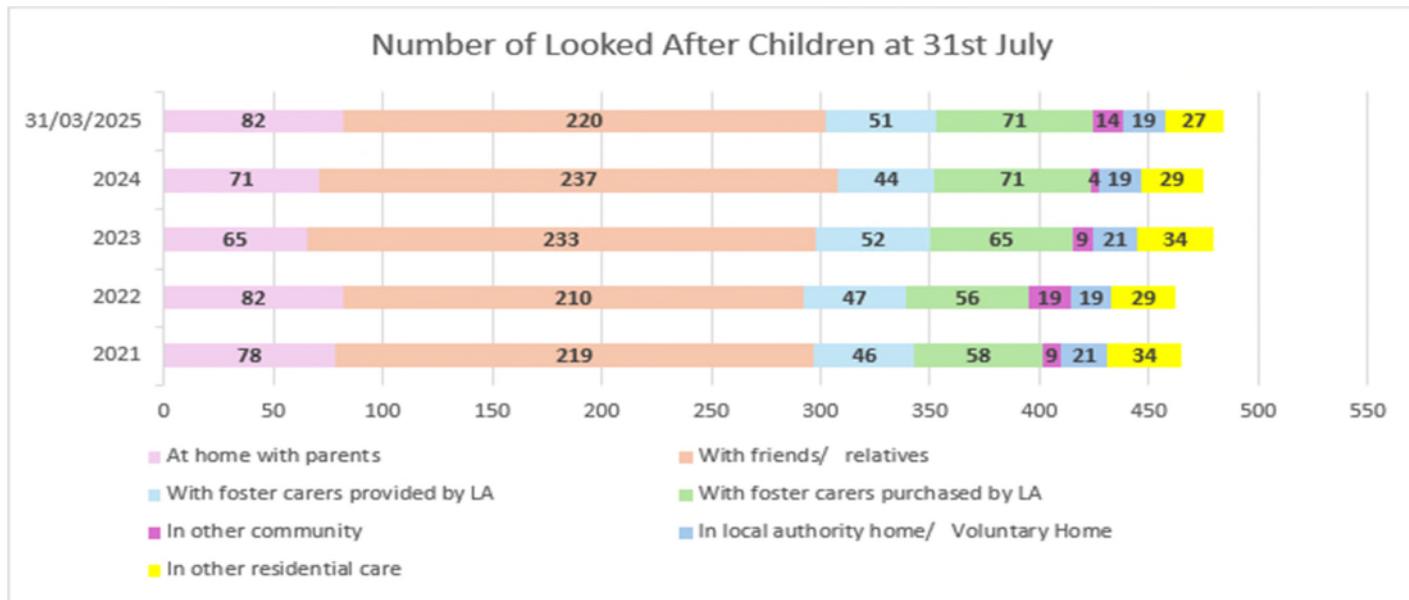


Table 3 Data profile of Looked After Children as of 31<sup>st</sup> July 2025



3.4.3 The Promise Progress Framework was launched in December 2024, and is a national tool developed by The Promise Scotland, the Scottish Government and COSLA to track and understand Scotland's progress around keeping the Promise. The framework brings together nearly 50 streams of existing national data, with 10 vision statements, linked to outcomes and indicators which will show measurable changes over time. We are working to incorporate the Promise Progress Framework in our Nurtured DIG planning and reporting structures. You can find out more about the Promise Progress Framework here [The Promise Progress Framework : Plan 24-30](#)

3.4.4 Nationally, the number of children who are looked after has been reducing since 2020 and is the lowest this has been since 2005/06. In West Dunbartonshire our number of looked after children has been increasing. This is a key driver to the What Would it Take? 5 Year Re-design of Children and Families Services, which aims to safely shift the balance of care, so we are able to support many more children and young people to remain at home with their families, or where this is not possible to live within local family-based care.

3.4.5 One of the key outcomes the Promise is working towards is around the rate of children entering care decreasing. For those that do need to enter care, a higher proportion are able to stay living at home with parents, or in a family setting.

3.4.6 We are seeing our number of children looked after relatively stable over the past 3 years and mirroring the Scottish average figures with an increase in children living in community settings.

3.4.7 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.

3.4.8 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 Improving the Lives of with Children and young People in West Dunbartonshire, What Would It Take? 2024 – 2029. This strategy 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 that families are the promote 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.

3.4.9 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, remain at home with family or in a community setting.

3.4.10 This strategic approach to engage both our workforce and children and families is supported by the development of a 'Plan on a Page' is a tool to ensure the messaging and approach of the ambitions of the strategy and understood and embedded in service provision. Consultation and feedback with families and our work force, supported by our Promise Lead has strengthened our approach to ensuring the importance of language and communication is understood and embedded. The strategy was approved by the IJB in 2024.

3.4.11 The What Would It Take? Strategy delivers the following project aims:

- Safely shift the 'balance of care,' reducing the number of children looked after away from home.
- Enable investment in family support services within our communities to help strengthen our approach to keeping children safe without the need for care.
- The strategy implements the principles of The Promise in practice through six workstreams.

3.4.12 The 6 workstreams aligned to service improvement are;

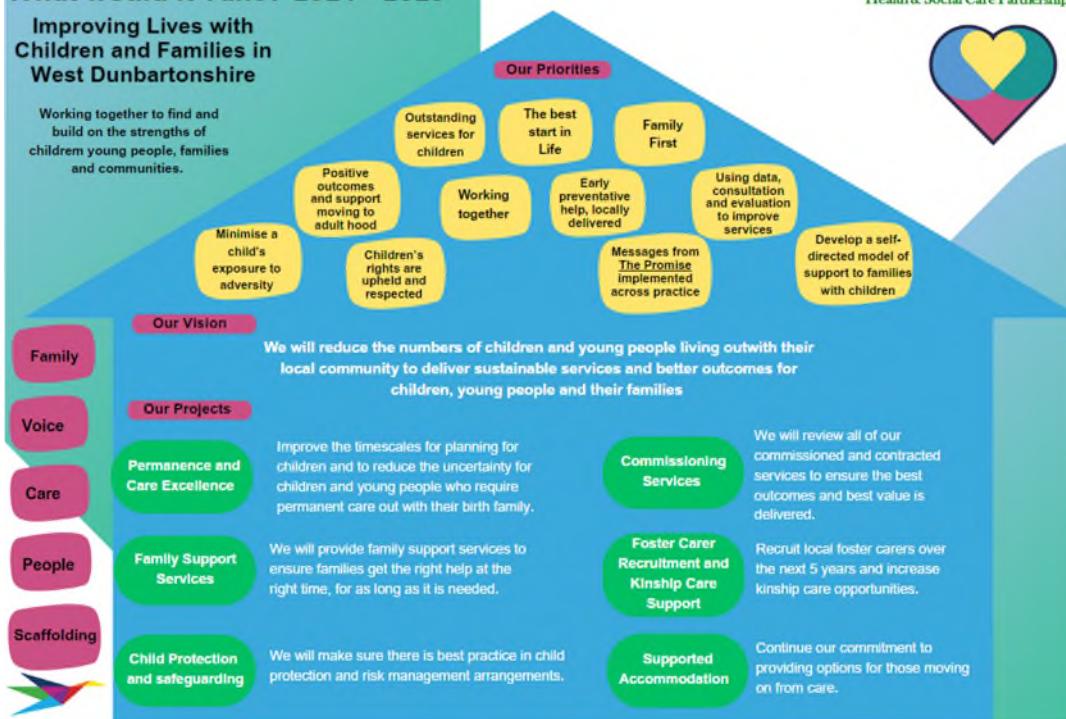
- **Best Practice in Child Protection and Safeguarding**- Assessment and Planning, Implementation of Access Help and Support Team, Implementation of Signs of Safety Accredited model, Updated Secure Procedures and resource screening.
- **Supported Accommodation for Care Leavers**- developing of accommodation options for care leavers with housing colleagues, commissioning of supported accommodation, and development of support workers within a revised Leaving Care Service.
- **Foster Care Recruitment** - recruitment videos, carers testimonials and local campaigning, streamlining access and enquiry pathways to fostering to WDC and development of Foster Care liaison Role to recruit and support local carers.
- **Permanence and Care Excellence** - improving timescales and permanence planning for children, working in partnership with the Centre for Excellence for Looked After Children in Scotland (CELCIS) with the development of a permanence team with the fostering and adoption service, and independent reviewing officers to ensure child centred and independent scrutiny.
- **Commissioning Children's Services** - development of local commissioning frameworks for fostering and residential care to enable WDC negotiations of pricing and terms and conditions. Strengthened contract monitoring with this being built into key roles within the service.
- **Family Support Services**- redesign of family support within Children and Families Services informed by voices of children and families to ensure that services are strength based on what families tells us they need to help prevent children entering or remaining out with their care where possible.

## What would it Take? 2024 - 2029

### Improving Lives with Children and Families in West Dunbartonshire

Working together to find and build on the strengths of children young people, families and communities.

West Dunbartonshire  
Health & Social Care Partnership



3.4.13 In addition to improving outcomes, the strategy is creating budgetary efficiencies with reduction in out with authority care provision and with the development of our own local frameworks for commissioning of fostering and Residential Care. The aim is to ensure that with efficiencies comes the ability to recycle the budgetary efficiency to ensure children and young people have the appropriate support and scaffolding to safely be supported in the community where possible.

3.4.14 A plan on page has been developed and is used to inform and assist communication with the workforce, our elected members and practitioners so at a glance the ethos and approach is understood and visible.

### 3.5 Scottish Child Interview Model (SCIM) aligned to Bairnshoose

3.5.1 2024/25 the second implementation 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. Interviewer and briefing manager capacity has meant that we have not been able to offer the Scottish Model of interview to all children.

3.5.2 Between May 24 and April 24, 142 children were jointly interviewed. 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 efficacy of the model is being upheld, and de-briefing and evaluation of interviews are used to reflect and develop practice.

3.5.3 Discussion with Argyll and Bute Council have taken place regarding development of a Bairnshoose with shared usage based on a hub and spoke model and making efficient use of national awards for Barinshoose funding to have a shared access options to a Helensburgh Bairnshoose base in which to support SCIM interviews for children and young people.

3.5.4 Continued efforts are taking place about identifying a Bairnshoose sight in West Dunbartonshire's Bairnshoose' spoke 'would ideally be located within Clydebank to ensure

easy reach access at both end of the authority for children and young people and their families. In the reporting period to date this is not yet been identified.

### 3.6 Permanence Team

3.6.1 The development and implementation of a permanence team to progress all children's plan 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 pandemic period.

3.6.2 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 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.

#### 3.6.3 Permanence and Care Excellence (PACE)

The introduction of a Permanence Team, which was established in early 2024 so as to prioritise the progression of permanence plans for children and young people requiring to be permanently cared for away from home, has seen improvements being made in the provision of both stable and predictable families for children and young people within which they can grow and develop.

Since the introduction of the Permanence Team in 2024, the following has been achieved or is in progress in terms of securing legal permanence for children and young people

#### 3.6.4 Permanence Orders

Permanence Orders Granted	7
Permanence Orders being progressed through Court	6
Permanence Order Applications being prepared for lodging at Court	7

#### 3.6.5 Adoption Orders

Adoption Orders Granted	1
Adoption Orders being progressed through Court	2
Adoption Order Applications being prepared for lodging at Court	5

3.6.6 Pathways for children and young people have been established in relation to this service with Permanence Tracking Meetings scheduled to take place every 8 weeks with Senior Manager, Team Leaders and Senior Social Workers to ensure oversight and to support progression,

where required, of children's plans. Ongoing work in this area is being undertaken to embed the principles of Permanence and Care Excellence (PACE) approach and reduce the drift and delay experienced by children and young people within their Permanence Plans.

### **3.7 Recruitment of Foster Carers**

3.7.1 There is clearly a national shortage of foster care to support children living within local communities with family based care. This significant issue is impacting the recruitment and retention of foster carers both across Scotland, and in West Dunbartonshire. Our local foster carer population is aging, and a number of foster carers are projected to retire in coming years. Having a robust group of foster carers in West Dunbartonshire allows children and young people to be placed closer to home, therefore more likely to remain connected to supports like schools. In addition to this it is also more financially viable than increased reliance on external foster care providers.

3.7.2 At present we have 72 children placed within external foster families with around 50 children with internal foster families with no additional capacity. Efforts are ongoing to increase the number of carers recruited by West Dunbartonshire through various approaches, some of which have involved collaboration and consultation with existing Foster Carers in order to promote this role within the local authority. Unfortunately, this has not proven to date to have had a significant impact on the number of carers being recruited with the competition from Independent Fostering Agencies proving a significant challenge. This area will however continue to be reviewed with the proposed introduction of a dedicated role within the service to be both responsive to initial enquiries as well as support prospective Foster Carers through the recruitment process and thereafter with their development. This is expected to be recruited to later in 2025.

### **3.8 Advocacy**

3.8.1 Independent Advocacy is key to making sure children Voice is heard and central to young people's views being shared and heard within care planning and decision making. Locally we have seen the continued development of independent advocacy provided by Who Cares Scotland? and Partners in Advocacy for our care experienced children and young people. At the end of 2024 we doubled our Advocacy provision with Who Cares? Scotland to reflect the increasing uptake of this service and to support the right to Advocacy for children and young people. The role of the Independent Reviewing Co-ordinators (IRC) within the formal review process for children and young people has proven to be significant in both ensuring consideration is actively given to Advocacy support being provided as well as referrals to relevant services being made.

3.8.2 Over 2024/2025, Who Cares? Scotland reported receiving 59 referrals over the period, the majority of which were received from Social Workers, with these leading to 47 young people receiving advocacy support from the service.

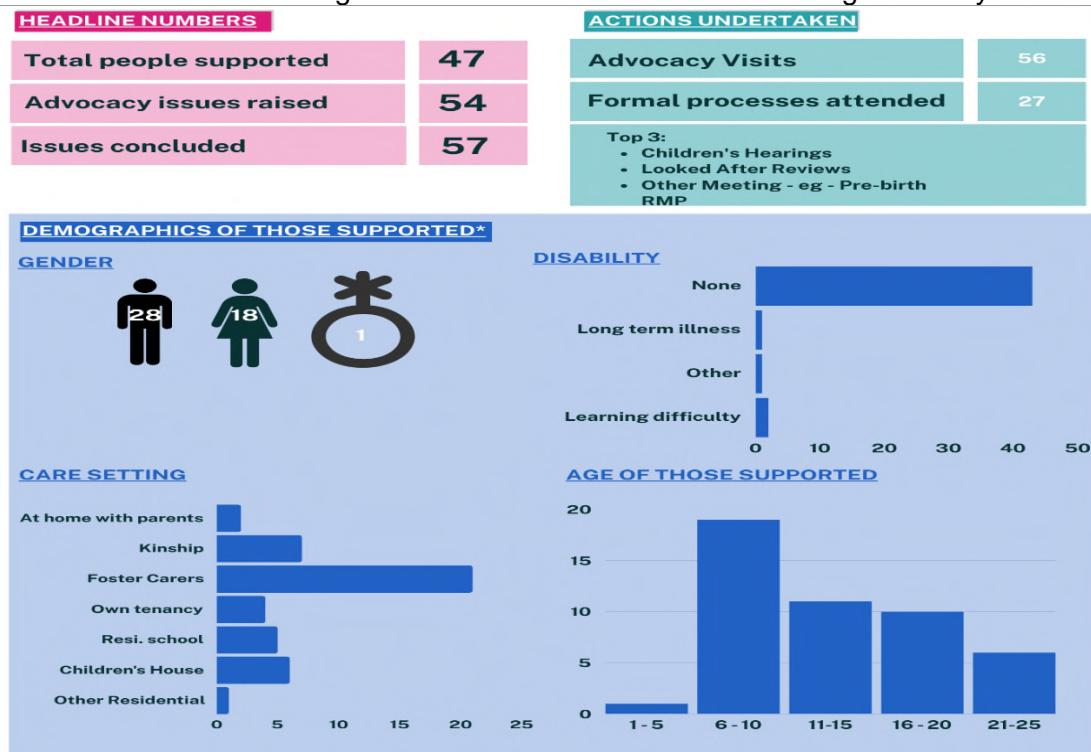
3.8.3 There was a 70% increase in referrals to advocacy provided by Who Cares Scotland between January – March 2024 and April – September 2024, and a 122% increase in Advocacy tasks undertaken during this period. Over this period there have been discussions with Who Cares? Scotland about increasing our 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 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.

3.8.4 The service was successful in obtaining Promise Partnership funding in October 2023 to deliver a service which focuses on Participation and Data Insights.

3.8.5 The service is keen to ensure we maximise participation and undertake this in a meaningful and engaging way 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.

3.8.6 This service will support the 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.

Table 1 demonstrates significant increases in children accessing advocacy services.



### 3.9 Child My Assessment My Plan- Assessment and Planning

3.9.1 West Dunbartonshire has reviewed and redesigned how we undertake and record assessments. By naming them My Assessment. My Plan we are ensuring that the focus keeps the child at the centre. A guide had been created and an i- learn module to aid improved quality of assessment and planning for children and young people. An initial audit and evaluation confirmed that this change in tool had led to more child centred assessments that contained greater analysis.

3.9.2 The implementation of the assessment tool has been subject to gathering of quantitative data and audit activity. Which will inform improvements in quality and learning needs for staff to ensure practice standards within assessment and planning are met. In 2024 the commissioning process was started in order to introduce a Signs of Safety Approach in West Dunbartonshire a strength-based model and planning to work with families where children voices are central, strengths are identified and recognised, and risks are managed and informed by chronologies. The implementation is planned in 2025.

### 3.10 Strengthening Quality Assurance and the Voice of Children and Young People

3.10.1 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. In 2024 / 25 temporary funding remains in place in ensuring these vital posts are retained to ensure consistency and scrutiny over statutory reviews of children's care plans.

3.10.2 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 Indicators 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.

3.10.3 West Dunbartonshire has one of the highest percentages of our looked after children living in kinship care in Scotland. In 2024 50% of our looked after children were in kinship care, whilst the national average was 35%.

3.10.4 Child poverty is considered a contextual factor within the Promise, providing context to the improvement work. Addressing child poverty is a crucial aspect of family support, with it widely acknowledged that whilst child poverty levels remain so high it is increasingly difficult for the Promise to be kept. In 2023 West Dunbartonshire's child poverty levels were above both the Glasgow City Region (average) and the Scottish and UK averages.

**Table 1 Children in low-income families: Local Area Statistics 2019- 2024 (%)**

Area	% FYE 2019	% FYE 2020	% FYE 2021	% FYE 2022	% FYE 2023	% FYE 2024
East Dunbartonshire	8.6%	10.7%	8.6%	8.9%	9.2%	8.2%
East Renfrewshire	9.2%	10.9%	9.1%	9.0%	8.4%	8.0%
Glasgow City	26.8%	30.4%	26.8%	26.9%	28.9%	26.4%
Inverclyde	15.9%	18.3%	15.5%	16.8%	18.6%	16.5%
North Lanarkshire	19.9%	22.9%	20.1%	19.7%	20.6%	18.7%
South Lanarkshire	15.7%	18.1%	15.6%	15.5%	16.3%	14.4%
<b>West Dunbartonshire</b>	<b>20.3%</b>	<b>23.4%</b>	<b>19.9%</b>	<b>19.8%</b>	<b>20.6%</b>	<b>18.2%</b>
Scotland	16.8%	19.5%	16.8%	16.9%	17.8%	16.3%
United Kingdom	15.7%	16.0%	15.0%	14.8%	17.2%	18.7%

3.10.5 Funding that we receive in West Dunbartonshire related to the delivery of the Promise is Whole Family Wellbeing Funding, which every local authority receives, relative to their index of multiple deprivation. The Scottish Government committed to £500 million between 2022 and 2026 to support this transformational change.

3.10.6 The Health and Social Care Partnership applied to the Corra Foundation for Promise Partnership funding in 2023 and were successful in obtaining £160,000. This was to create an 18 month project around how we embed children, young people and families voices within planning and designing of services. An element of this project was also to look at the data that we gather, and making sure we are measuring what matters to

children and families, as well as using our data to drive improvements. This project will end in March 2026.

- 3.10.7 The Lead Officer for the Promise was recruited in 2022, with funding initially for 1 year by Corra's Promise Partnership fund in 2022, with match funding from West Dunbartonshire for 1 further year. In 2024 this post was made permanent and comes from the HSCP budget.
- 3.10.8 Governance for The Promise is aligned to our Community Planning Partnership, with the Keeping the Promise Group sitting as a sub-group, reporting to the Nurture Delivery Implementation Group (DIG).

### **3.11 Family Support for Children and Young People and Families**

- 3.11.1 The review our family support services within West Dunbarton began with a listening exercise, where we commissioned a third sector partners to hear directly from children and their families what we do well, what could be better and what is missing. We heard from parents of children with disabilities and complex support and health needs that we needed to offer support earlier to prevent crisis. This has therefore become a priority area for the allocating of budget for commissioning services in 25/26.
- 3.11.2 Using the Scottish Approach to Service Design our internal family support service review commenced. This was hampered by not having adequate system to collate data to assess current needs and demand. The staff team have been involved in understanding the service as is and what would make it better. This information along with that gathered from children and families will inform the next stages of the review and redesign
- 3.11.3 Education and Social Work Area Resource Group

The Area Resource Group (ARG) was created to oversees the allocation of resources, review assessment and aims to ensure that The Team Around the Child systematically consider "what would it take" to support a child and their family to remain safely together before a child is accommodated. If a child requires to live away from their family, then care and education requirements are both considered in ensuring the best possible outcome for the child. Early evaluation indicates that ARG has supported the development of alternative support plans that have allowed children to remain at home.

### 3.12 Unaccompanied Asylum Seeking Children (UASC)

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

Between 2018 and March 2025 a total of 51 children and young people have sought asylum. There have been an additional 2 social work assistant posts added to the Leaving Care/ Throughcare Service in order to ensure sustained support is delivered to unaccompanied young people.

Table 1

Unaccompanied Asylum Seeking Children

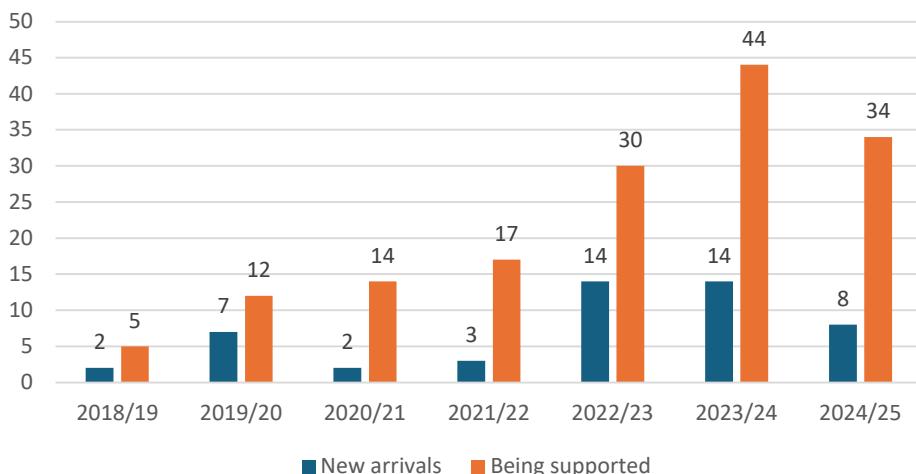
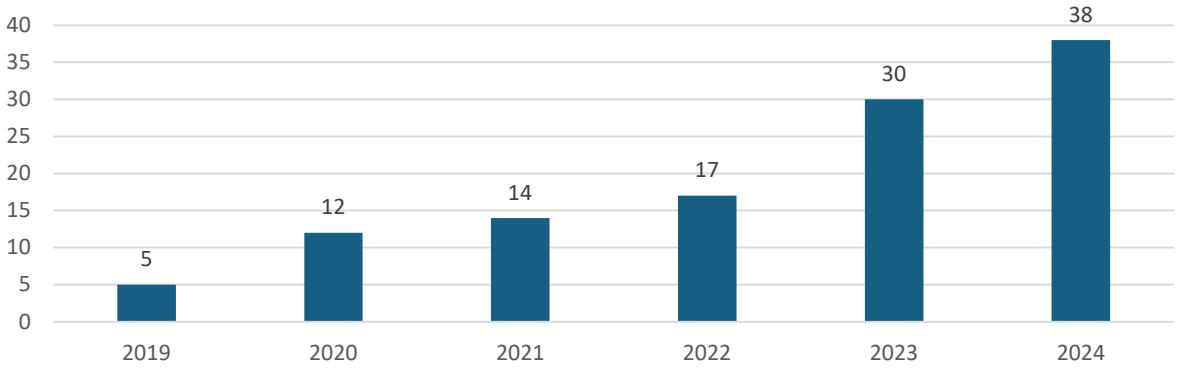


Table 2

No of Unaccompanied Asylum Seeking Children Being Supported



- 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.
- 11 young people are being supported in with supported carers.
- 1 young person in foster care.
- young people in residential care.
- 12 young adults in tenancies with support (National Transfer Scheme).
- 6 young people living with friends or relatives.
- 1 young adult in their own tenancy.

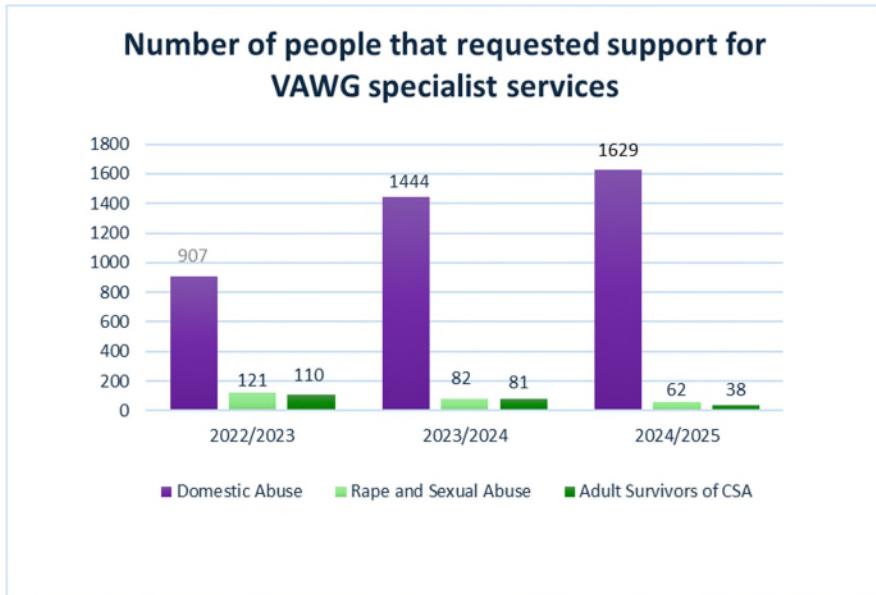
### **3.13 Self-Evaluation Activity**

- 3.13.1 A of single agency audit activity combined with planned multi-agency self-evaluation aligned to Child Protection Committee has been progressed during 2024 and 2025.
- 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 is being taken forward. Proposed changes to variations to the pre -birth planning at earliest stages have had to be delayed due to need for consistency across the Greater Glasgow and Clyde Health board pre birth protocols and this is being worked through. The need for local variation and GGC wide adherence needs carefully planning and considerations.
- 3.13.3 Quality Assurance Framework has been agreed by both Child Protection Committee and Adult Protection Committee to support the delivery of self-evaluation activity on multi agency basis.

### **3.14 Public Protection and Social Work**

- 3.14.1 Violence Against Women and Girls (VAWG) continues to be a prevalent issue in West Dunbartonshire. The last data available from Police Scotland situates West Dunbartonshire as the second Local Authority in Scotland with the most incidents of Domestic Abuse per 10,000 population (153). 45% of these incidents included the recording of a crime or offense, being this higher than the Scottish average which is 38%. Equally Safe, the National Strategy for the prevention and eradication of VAWG in Scotland consider local VAWG Partnership as the multiagency mechanisms to implement the Strategy at a local level.
- 3.14.2 West Dunbartonshire's Partnership was refreshed in 2023, it has a wider membership that comprises key partners from West Dunbartonshire Council and Health and Social Care Partnership, NHS Greater Glasgow and Clyde, Police Scotland, Scottish Fire and Rescue Service, and Specialist VAWG Third Sector Organisations. The Partnership is currently chaired by Police Scotland and is coordinated by the Violence Against Women Lead Officer. The Membership is reviewed periodically to ensure that the right partners are part of the group. During 24/25, the Partnership has focused on developing its Strategy and action plan for the next three years with the aim of meeting the Equally Safe Outcomes and Quality Standards.
- 3.14.3 The Strategy and Action Plan were approved at the end of the financial year 24/25 by the Public Protection Chief Officers Group, to which the Partnership reports periodically. The Strategy highlights the importance of having a collaborative multiagency approach, focusing on prevention and awareness raising work and engagement with people with lived experience and with the wider community. The action plan was developed in line with the areas for improvement considered in the Strategy, and in line with Equally Safe and its Quality Standards, as way to enable the appropriate measuring of the progress on meeting the outcomes. After drafting the Strategy, two sessions were held with women with lived experience of Domestic Abuse with the support of Dumbarton District Women's Aid, to ensure that the areas for development in the document were agreed as relevant by them. The feedback gathered also supported the development of the action plan. The VAWG Partnership collects data for the Improvement Service on the access to services from women and children accessing VAWG Specialist Services.

Table 1



3.14.4 We can observe an increase on the number of women and children accessing VAWG Specialist Services for Domestic Abuse, while the request for support on Rape and Sexual Abuse and for Adult Survivors of Childhood Sexual Abuse are slowly decreasing. The total number of Women and Children that accessed specialist support compared to the previous year has increased on 7.59% with a total of 1,729 women and children seeking Specialist VAWG Support during 24/25. Domestic Abuse is one of the main causes for women presenting as homeless and on average in 24/25, 47.8% of children in the Child Risk Register were registered under the Domestic Abuse heading in the Local Authority.

3.14.5 The multiagency work continues to thrive in the Partnership, and one example was the development of two prevention videos whose target audience are taxi and private hire drivers, with the aim of raising awareness of Domestic Abuse and Spiking and their signs, giving practical steps to follow in case they have concerns for a passenger. This initiative was developed after women with lived experience reached out to the L Division in Police Scotland in relation with a series of cases of VAWG that occurred a few years back in the local area, requesting the development of an initiative to support taxi and private hire drivers to understand the process to report their concerns and be active bystanders, understanding the special role they have in the communities they work in. Work is underway to launch the videos in 25/26.

3.14.6 Aligned with the focus on prevention and awareness raising, West Dunbartonshire joined between the 25<sup>th</sup> of November and the 10<sup>th</sup> of December in 2024 the “16 Days Against Gender-Based Violence” Campaign, an international campaign that calls for the eradication of VAWG around the world. The local theme for the campaign was “Imagine a West Dunbartonshire without VAWG” and called for action to achieve this vision. The Campaign had well attended opening and closing events, where 16 Days flag was raised at the Council Offices in Dumbarton and a public vigil in the memory of the victims and survivors of VAWG was held. The campaign also included awareness raising through social media, prevention sessions with young people, and a contest that invited young people to use their creative talents to illustrate their vision of a West Dunbartonshire free from VAWG. While the multiagency collaborative work is improving and strengthening, there are current challenges, particularly in relation to funding and resources.

3.14.7 The lack of sustainable funding for VAWG impacts the time and capacity that partners can dedicate to this area of work, as well as impacts the services received by women and children that are experiencing or have experienced any form of VAWG, as these are over stretched, trying to cope with the high demand for support. Because this is not a statutory area of Public Protection, there is an impact on the level of resourcing that is dedicated to preventing and eradicate VAWG. It is important to highlight, that as cross-cutting issue, adequate funding and resourcing for VAWG can have a positive and significant impact in all areas of Public Protection.

After a period without a Co-ordinator, our local Multi-Agency Risk Assessment Conference (MARAC) welcomed a new Co-ordinator in 2024.

3.14.8 Thanks to the multiagency collaborative efforts, the MARAC Chairs commitment to the process, MARAC meetings continued during the interim. However, the Co-ordinator's arrival has further enhanced the process, fostering best practices and driving ongoing improvement. For example, to ensure a consistent, safe and robust approach to address counter allegations throughout all stages of the MARAC process, a proof-of-concept pre-MARAC referral process was developed and introduced in March 2025. Increasing numbers of referrals with counter-allegations were challenging for the MARAC process and professionals, particularly if only identified at the MARAC meeting. If counter allegations are not identified and resolved, agencies may provide services to the perpetrator and inadvertently assist them to isolate and control the victim. Additionally, the process mitigates potential service generated risk. As a consequence, the victim may not be able to access the services and support they need to become safe, because they have been identified as a "perpetrator".

### 3.15 Child Protection & Social Work

As at 31st March 2025 there were 75 children on the Child Protection Register, a 29% increase on the 58 at March 2024. There were a total of 94 registrations and 77 de-registrations during 2024/25. Both numbers on the register and the number of new registrations in the year are higher than they have been since the last peak which was in July to September 2020, when the country was in the midst of the Covid pandemic lockdowns.

Table 1

Child Protection Registrations

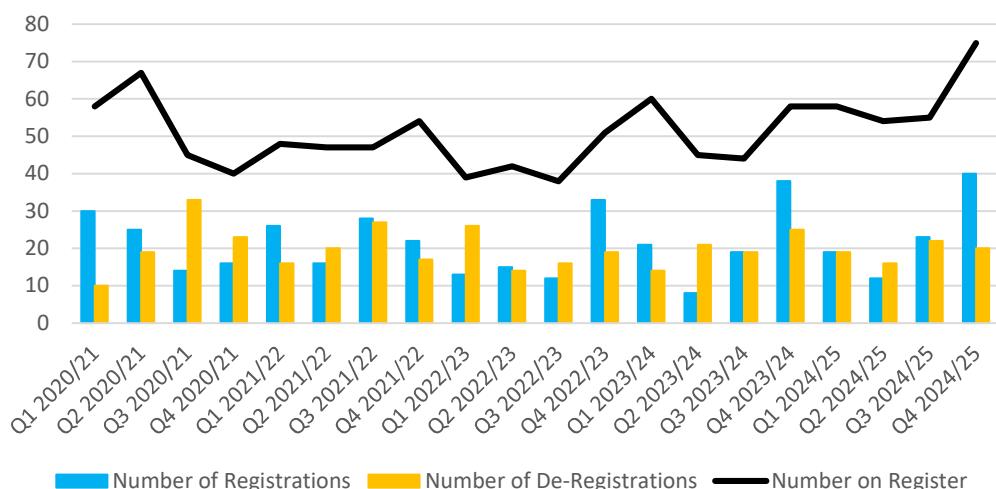
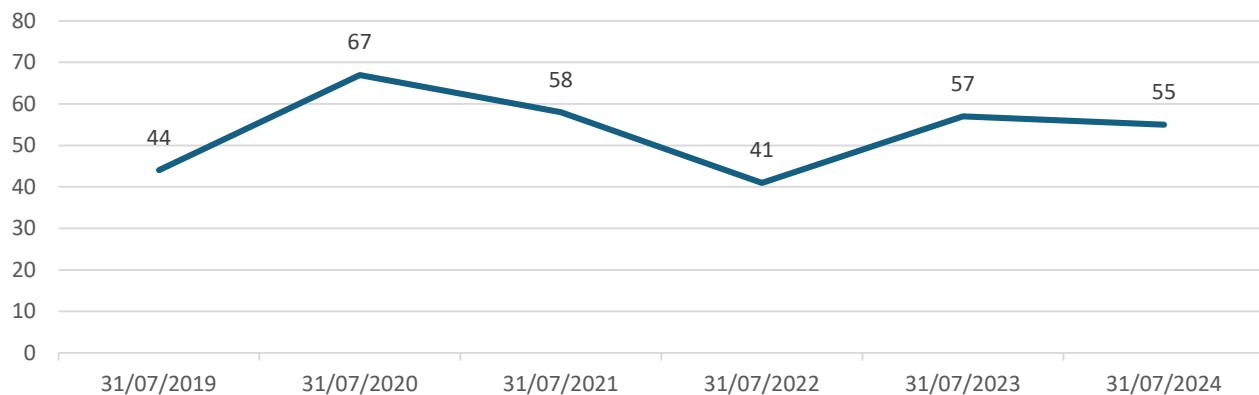


Table 2

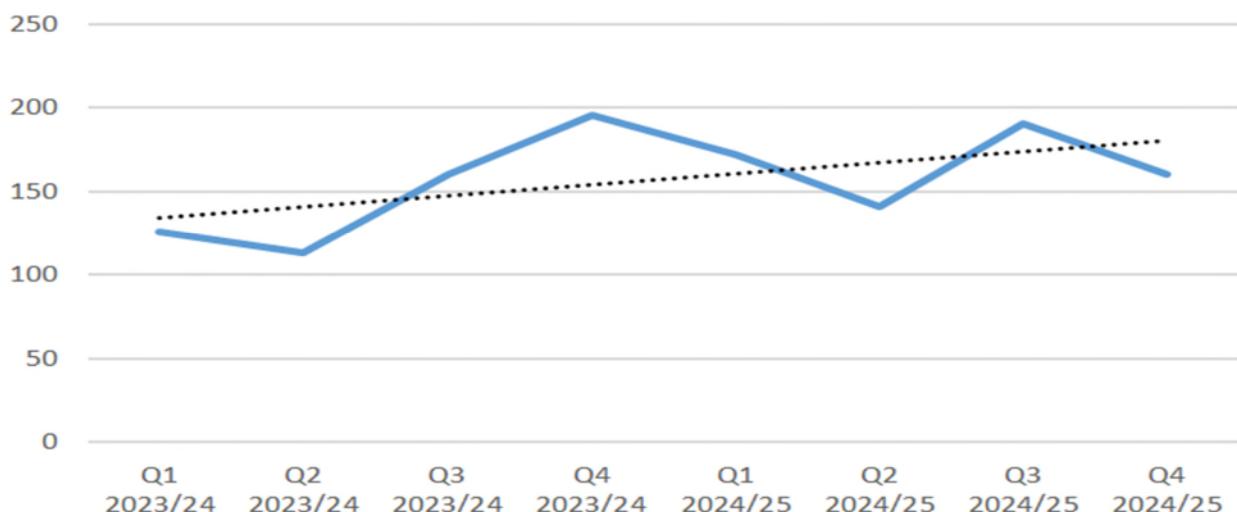
### Number of Children on the Child Protection Register



3.15.1 Child Protection referrals show an increasing trend over the previous two years. There were 664 referrals in total in 2024/25, an 11.6% increase on the 595 referrals in 2023/24.

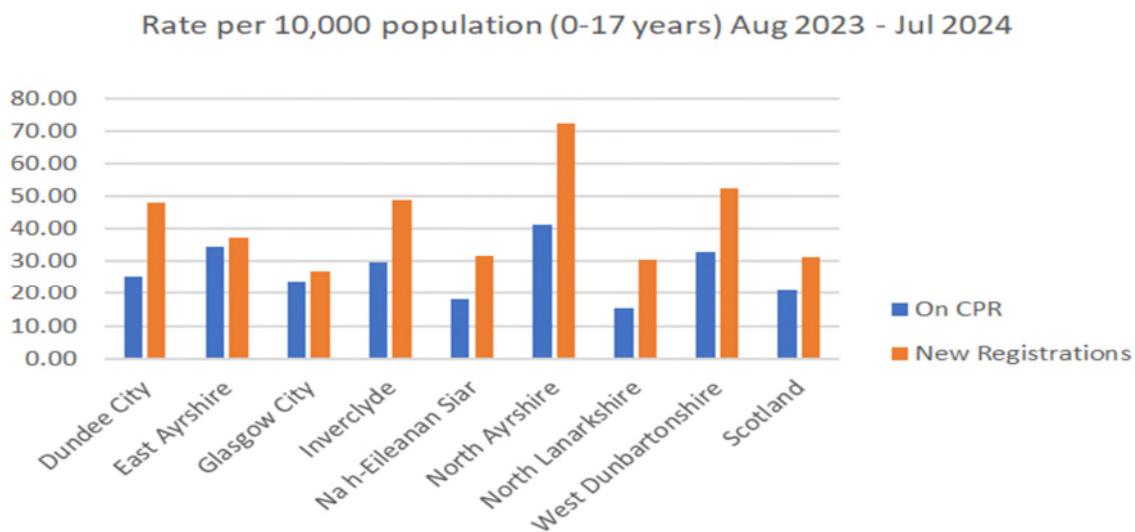
Table 3

### Number of CP Referrals



3.15.2 When converted to a rate per 10,000 of the 0-17 years population within each authority, West Dunbartonshire had the 6th highest rate on the Child Protection Register at 31st July 2024 in Scotland; 3rd highest among our Local Government Benchmarking Framework (LGBF) family group. The rate per 10,000 of new registrations within the year, August 2023 to July 2024, was also the 3rd highest in Scotland and 2nd highest within our LGBF family group.

Table 4



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

### 3.16 West Dunbartonshire Child Protection Committee

3.16.1 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.

3.16.2 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.

3.16.3 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.

3.16.4 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”***

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

3.16.5 The membership of West Dunbartonshire Child Protection Committee (West Dunbartonshire 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.

3.16.6 West Dunbartonshire Child Protection Committee (West Dunbartonshire 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.

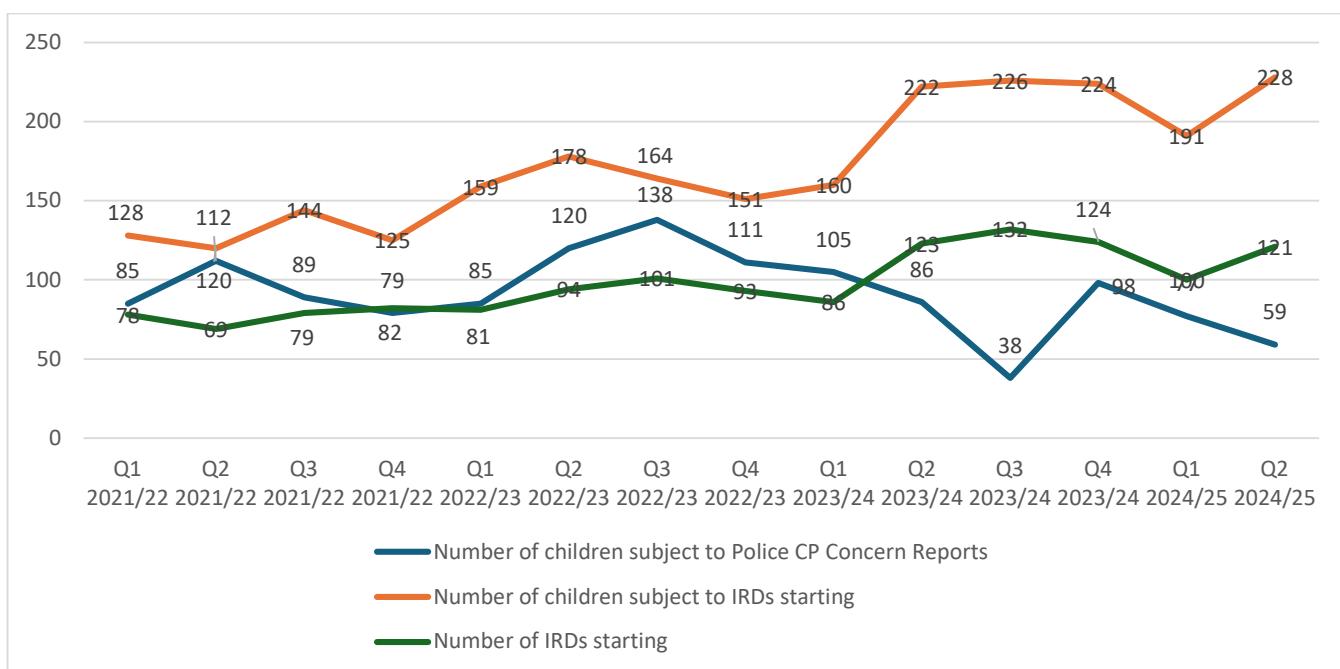
3.16.7 West Dunbartonshire CPC has a number of multi-agency sub- committees to support its work in key areas. The groups are:

- Learning and Development

- Communication and Engagement
- Policy, Practice and Improvement
- Quality Assurance, Self-Evaluation and Data
- Inter-Agency Referral Discussion
- Learning Reviews and LSI's
- Vulnerable Pregnancy

3.16.8 The sub-committees are chaired by members of West Dunbartonshire CPC and have representatives across the partners as members, assisting in the progression of each subgroups action plan. The sub-committees action plans are created from actions agreed for West Dunbartonshire Child Protection Committee (West Dunbartonshire CPC) improvement plan.

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



### 3.16.9 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. This then sharply increased to 98 in Q4 before showing a downward trend again.
- Social Work colleagues have stated this may be due to a high level of offences being carried out by a small group of young people where there are concerns, they are being criminally exploited.

### 3.16.10 Number of children subject to IRDs starting

- Between Q1 (23/24) and Q1 (24/25) the figures have shown a curve pattern, increasing then decreasing.
- Q2 (24/25) is where these figures peaked, at 228 children.
- **Number of IRDs starting**
- Between Q1 (23/24) and Q1 (24/25) the figures have shown a curve pattern, increasing then decreasing.
- Q3 (23/24) is where these figures peaked, at 132 IRDs.
-

- The low number of GP referrals was queried and it was highlighted all new GP referrals will be received via electronic pathway moving forward.

3.16.11 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, and both housing membership has now been strengthened on both protection committees and the implementation of an awareness raising iLearn module in identification and reporting of concerns.

Table 2 Number of Children subject to Initial and Pre-Birth Child Protection Planning Meetings (refer to CPCCs in table below)

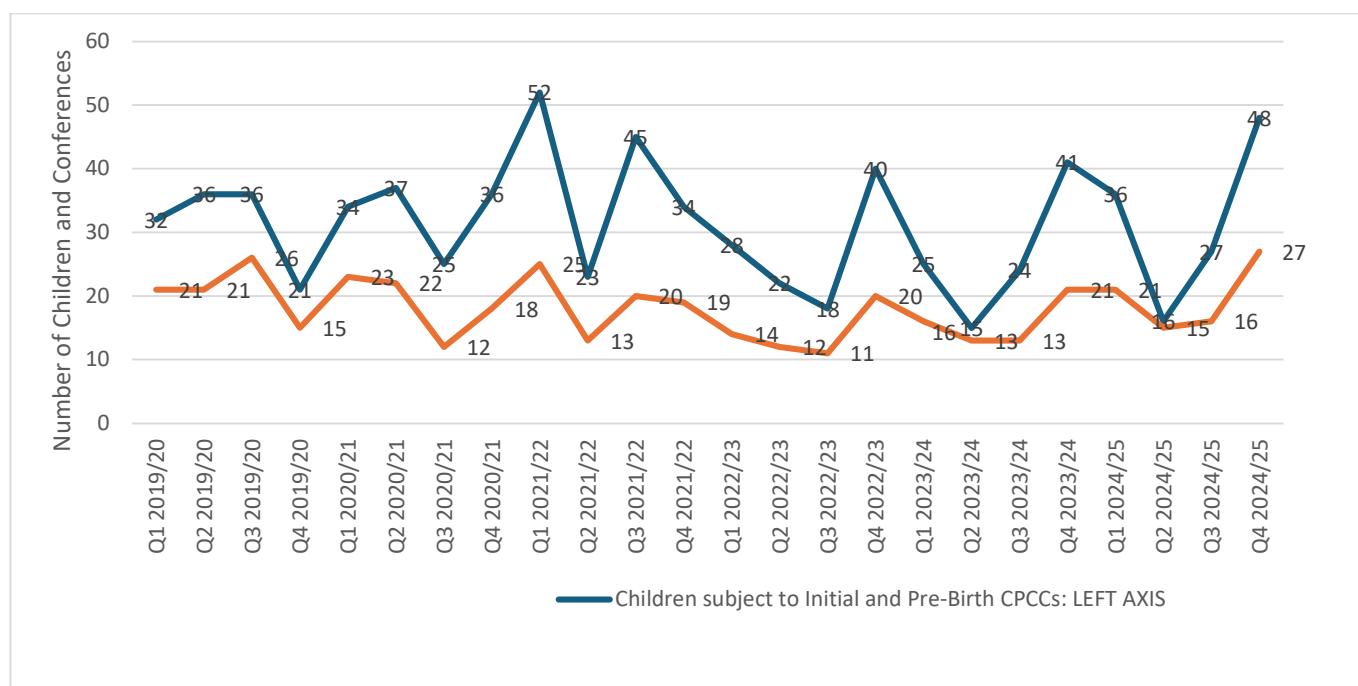
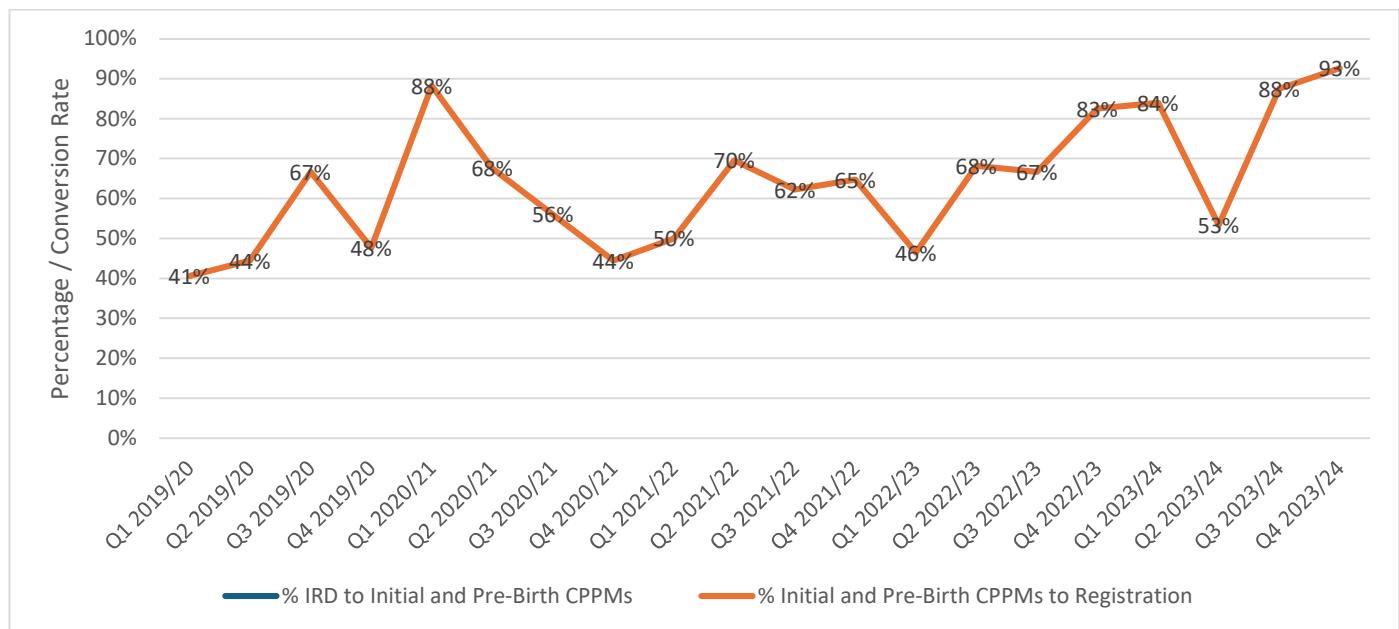


Table 3 Conversion Rate CPPMs to Registration



3.16.12 Percentage of initial and pre-birth child protection planning meeting to registration. The figures in Q3 (24/25) were at their 2<sup>nd</sup> highest at 92%.

Looking at the figures as a whole, they can be variable between quarters. It is recommended to the March 2025 CPC that should these figures change significantly again, a dip sample should take place to understand this. This recommendation was upheld therefore should be considered by the quality assurance and evaluation sub-committee if the figures change significant.

3.16.13 The absence of a Lead Officer for Child Protection throughout reporting period has impacted on some reporting for committee including the annual report for 24-25.

### **3.17 West Dunbartonshire Children Houses**

- 3.17.1 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.
- 3.17.2 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. Each of our House over care to 6 children and young people.

#### **3.17.3 Burnside**

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.

- 3.17.4 This 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 to the best possible placement to suit their individual needs

#### **3.17.5 Craigellachie**

Craigellachie children's house now offers 6 places to care for young people. This has been reduced over the last 2 years from 8 to 6 to ensure the quality of care and support can be effectively delivered.

- 3.17.6 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 Relationship

#### **3.17.7 Blairvadach**

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. Blairvadach care and support was last evaluated by the Care Inspectorate in 2023 as delivering Excellent and sector leading support to children and young people.

### 3.17.8 Table 1 Care Inspectorate evaluations carried out in WDC Children's Services

Service Name	Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
West Dunbartonshire Fostering Service	20/06/24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
West Dunbartonshire Adoption Service	20/06/24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
West Dunbartonshire Continuing Care Service	20/06/24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
Craigellachie Childrens House	23/09/24	Not Assessed	Not Assessed	Not Assessed	Not Assessed	3 Adequate

### 3.18 Adult Services

#### 3.18.1 Older peoples Residential Care Homes

In February 2025, caterers at Crosslet House and Queens Quay House earned the Food for Life Served Here Bronze Award—serving over 50,000 healthy, sustainable meals annually.

3.18.2 As part of the certification, West Dunbartonshire care home caterers ensure that a minimum of 75 percent of dishes are freshly prepared from unprocessed ingredients. Meals are also free from undesirable trans fats, sweeteners and additives, and use free range eggs, higher welfare meat, and ingredients from sustainable and ethical sources.

3.18.3 This marks a first for public sector food in Scotland, recognising their commitment to quality, local sourcing, and wellbeing.



### 3.18.4 Community Hospital Discharge Team

The Community Hospital Discharge Team (CHDT) comprises health and social care staff, with a focus on facilitating timely discharges from Acute sites, reducing the risk of people being delayed when they are medically fit for discharge.

3.18.5 The health team take referrals for people requiring further rehabilitation on discharge and liaise with Acute sites to promote the 'discharge to assess' ethos. This team holds no waiting list, it reacts to demand and flexes accordingly. The impact is a reduction in bed days for those medically fit for discharge but requiring ongoing Allied Healthcare Professional input.

Table 1 This table shows a 45% increase in referrals between 2022 and 2024.

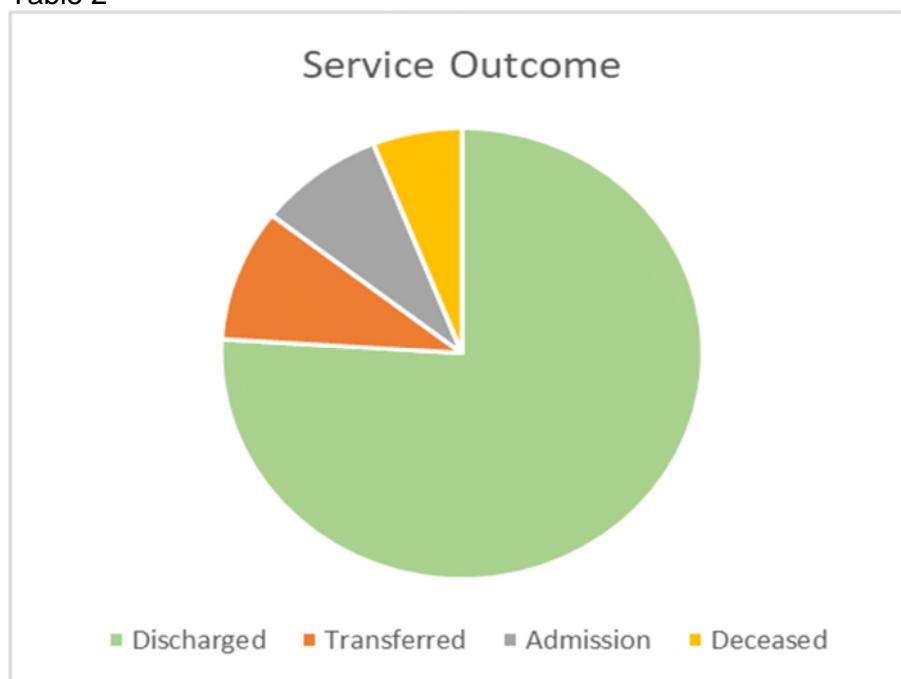
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Totals
2022	68	62	52	62	58	28	95	63	54	72	74	57	<b>745</b>
2023	70	86	74	55	74	66	60	83	73	76	82	79	<b>878</b>
2024	92	89	76	102	100	110	99	96	94	102	109	114	<b>1085</b>

3.18.6 Service users remain on the caseload on average 25 days.

Of those referred:

- 76% were discharged
- 9.5% were readmitted to hospital
- 8.5% were transferred on for further rehabilitation within the Integrated Adult Services Team
- 6% died

Table 2



3.18.7 The Social Work team within the CHDT comprise of Seniors, Social Workers and Social Work Assistants. The team supports a timely return home for those referred for a social work assessment by hospitals to support a safe return home. Between April and November 2024, the HSCP experienced a sustained reduction in hospital "bed days lost." Following a series of quality improvement initiatives and a notable decrease in staff absence.

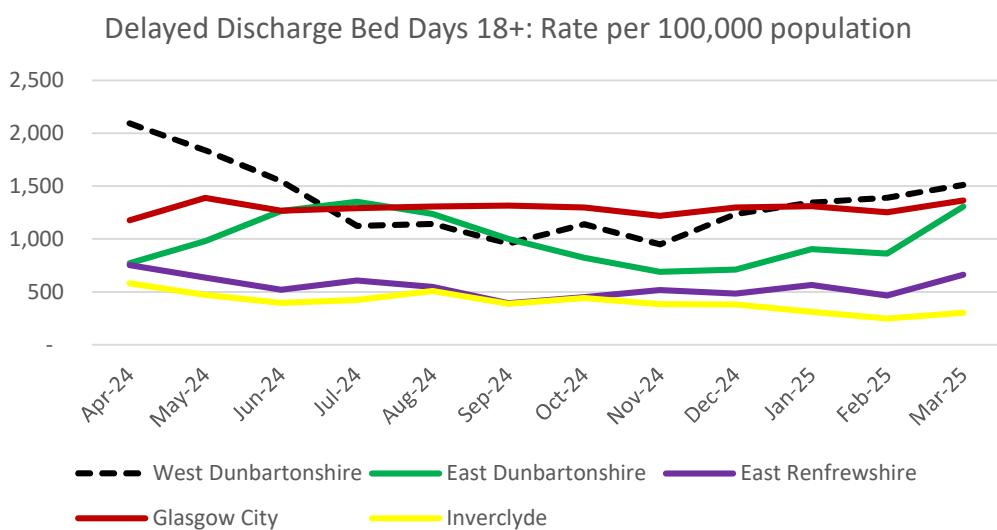
3.18.8 The sustainability of this downward trend will be influenced by both internal and external

factors. Internally, workforce stability, supported by consistent and effective leadership is instrumental in embedding and maintaining quality improvement practices. The high visibility nationally around delayed discharges places this workforce under a degree of scrutiny and with ambitious performance indicators, with resultant high turnover of those in leadership posts. With the continued local and national scrutiny in relation to supporting discharge from hospital social workers key role is to ensure peoples rights are upheld and that personal choice and planning needs to remain central to the social work intervention.

3.18.9 A number of adults have not experienced timeous return to the community as they are deemed to be adults without capacity. The HSCP Strategic Needs Analysis showed the prevalence of dementia in West Dunbartonshire is similar to the Scottish rate (7.79/1000 population v 7.25/1000 population) and a projected increase for individuals diagnosed with dementia (16.3% by 2031). Further improvement activity is planned to better understand capacity concerns in relation to people being able to return safely to the community.

3.18.10 Externally, the availability of suitable care home beds remains a significant challenge. Limitations in provision have been impacted with moratoriums required for those providers evaluated “weak” in relation to the care and support provided.

Table 3 West Dunbartonshire activity within Greater Glasgow & Clyde Health Board.



### 3.19 Telecare Award

3.19.1 West Dunbartonshire Health and Social Care Partnership has been awarded the Bronze Digital Telecare Implementation Award in recognition of the progress they have made on their analogue to digital telecare transition project. To achieve Bronze status, a Telecare Service Provider must have implemented a fully operational digital alarm receiving centre solution. This is the first major milestone in the transition to digital telecare and sets the foundations upon which the rest of the digital telecare transition will rest. Achieving this Award is a significant achievement and now that this digital alarm receiving solution is in place, West Dunbartonshire Health and Social Care Partnership can move towards the first phase of testing with alarms and peripheral and aim to achieve the next Implementation Award, Silver.



### **3.20 Power Of Attorney Test of Change**

3.20.1 West Dunbartonshire HSCP have worked collaboratively with the West Dunbartonshire Citizen's Advice Bureau (CAB) to provide access to support people to develop and register a power of attorney for residents within West Dunbartonshire.

3.20.2 During 2024/25, 81 clients were referred to the CAB for support in developing and registering their POA, this resulted in 38 POA being completed / registered with the Office of Public Guardians. 3 people were given advice as POA registration was not appropriate, 6 of the clients were visited at home. 20 individuals did not engage further in the POA process, It should be noted that the office of public guardians have a delay in processing POAs.

3.20.3 Within the HSCP we have developed our referral pathway to from the Older People Mental Health Teams to CAB, ensuring that patients have access to POA as part of the 5 pillars of post diagnostic support for people with Dementia. Work continues in the HSCP to promote referrals within the limited resource available.

3.20.4 The impact of this test of change will require longitudinal analysis as the benefits will emerge as PoA's are invoked due to decline in capacity. Qualitative methodology is being developed to explore the impact at a personal level for both the people.

### 3.21 West Dunbartonshire's Care at Home Service

3.21.1 Following a Care Inspectorate Inspection in March 2024 the following grades were awarded:

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

3.21.2 Subsequent dialogue with the Inspectorate resulted in the offer to work with two Quality Advisors within the Inspectorate to work alongside a service led project team to identify and initiate quality improvement initiatives. Their remit was to help the service meet two key requirements:

- Requirement 1: Ensure care plans are person-centred, up-to-date, and reflective of individual needs and risks.
- Requirement 2: Ensure care plans are reviewed at least every six months, with service users and their representatives involved in the process.

#### 3.21.3 Key Activities

The Advisors met with the project team and all organisers to understand challenges, strengths, and inform the improvement plan. The initial 90 day improvement cycle then focussed on process mapping sessions with Care at Home Organisers, with pain points and change potentials identified, resulting in a driver diagram to summarise output.

Over the course of the initiative, three 90-day improvement cycles were successfully completed. The collaboration between the service and the Quality Advisors was highly valued and consistently appreciated. Their engagement was recognised as a significant contributor to the process, with their involvement receiving strong positive evaluation.

#### 3.21.4 Outputs

- An Improvement Plan was iteratively refined with input from the project team and Advisors, focusing on prioritising activity to meet the requirements.
- A range of Standard Operating Procedures (SOPs) were developed to guide the service and ensure standardised application of policy and procedure.
- Quality monitoring tools were developed to establish and monitor regular self-assessment cycles.
- Data and reporting systems were refined, with a weekly dashboard established to track progress.
- The Care at Home referral process was reviewed and recommendations implemented to ensure all referrals come with an initial assessment and a high-level Care and support plan, with training for staff to support this change.

In April 2025 a subsequent full Inspection was completed with the following grades awarded:

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate

3.21.5 The Care Inspectorate evaluation identified some improvement, however there is more to do in ensuring person centred planning and as minimum statutory reviews are further embedded within Care at Home and the wider service.

### 3.22 Care Home Assurance Team (CHAT) – Reviews 2024

3.22.1 The CHAT has progressed routine reviews over 2024, with additional action required for 8 residents admitted to Erskine Home under residential care, but identified as requiring review of their assessed level of care for nursing care. It was only identified around mid-year that this was an issue. Prior to this care home managers did not have the information around care levels charged and subsequently requested review of several residents. Going forward, Erskine managers will review residents and indicate on the shared provider reviews where they feel the level of care requires review by social work.

3.22.2 A further need for additional input was identified in relation to Hill View Care Home, following a complaints inspection leading to a regrading to 2 across all assessed areas and a subsequent moratorium being put in place. The team has prioritised Hill View reviews and carried out a task to gather outstanding provider reviews from the care home. The team is working on a back log of outstanding provider reviews, which are more than 6 months overdue and as a result taking the person out of the review rotation. At present 39 provider reviews are over 186 days late. These will be prioritised for a social work review according to time as team capacity allows and a focus for 2025.

#### 3.22.3 Themes

Care homes in West Dunbartonshire present a vastly varied range of activity provision. A small number of homes are very strong in this area, with proactive and enthusiastic activity staff who are providing a very good service. Other homes have struggled to recruit and retain activity staff, this has had a significant impact on residents and families satisfaction with the placement.

#### 3.22.4 West Dunbartonshire and Commissioned Care Home Review Activity

##### Quarter 1

Month	SW reviews	PPR reviews
January	12	23
February	17	31
March	14	37
<b>Total</b>	<b>43</b>	<b>91</b>

##### Quarter 2

Month	SW reviews	PPR reviews
April	17	34
May	19	25
June	10	15
<b>Total</b>	<b>46</b>	<b>74</b>

**Quarter 3**

Month	SW reviews	PPR reviews
July	9	21
August	12	21
September	9	18
<b>Total</b>	<b>30</b>	<b>60</b>

**Quarter 4**

Month	SW reviews	PPR reviews
October	18	38
November	21	45
December	7	23
<b>Total</b>	<b>46</b>	<b>106</b>

3.22.5 A total of 320 Care Home Review's have been carried out in 2024, this represents approximately 52% of all reviews. Chief Social Work Officer funding is currently being utilised to build capacity to ensure statutory reviews are in place for all adults in care homes and in the community who require a review.

**3.23 Adult and older people Services and complex care planning Improvements:**

3.23.1 There has been a recent Short Life Working Group (SLWG) to review the current Single Point of Access Duty System (Social Work). This is to improve practice and service delivery within this system focusing on risk, urgency and priority. This SOP is finalised and will be rolled out to the staffing team to start to use with a review in 6 months to measure success. Within this SPOA duty service we have seen vast improvement with the staff adopting a new approach to practice, tailoring this to individual need and not a one size fits all – we have reduced the wait times for an initial screening assessment from 8 weeks to 1.5 weeks. This means that we are available to those individuals who need assistance more quickly, whilst promoting independence and self-determination to the wider community of West Dunbartonshire.

3.23.2 There is movement within this service, and a welcomed approach to moving towards a separate duty service (front door service) to allow for better and more focused intervention, preventing back log and increased waiting lists and will allow the adult area teams to focus on care management and review of those individuals who require more intense service provision. This would hopefully reduce waiting times for individuals for assessment and assistance and allow the social work teams to focus on improved relationship-based practice.

3.23.3 The review and redesign of the My Life Assessment is underway with sprint groups set up to engage staff at all levels in this project. We aim to include community partners, and individuals within this project to obtain views, gather feedback and encourage input to ensure our assessment meets the standards expected within our statutory role, whilst being accessible to those being assessed. With this the aim is to promote good practice, good conversations and prevent drift in assessments, delays in implementing support and unmanageable levels of bureaucracy within the workforce.

There have been multi-agency meetings undertaken to discuss more complex cases to collectively agree input and outcomes which would manage the needs and risks to those individuals discussed. Currently there is a Raising Concerns Group for each end of the authority which brings together Health, DN's, Home Care and SW, and a Multi-Agency Forum which included external partners such as Police, and other HSCP services (Justice, Housing, MARAC). This provides opportunity for information to be shared and joint working or approaches to managing identified risks or concerns. This was highlighted within learning reviews as an improvement action, to address and prevent issues with communication and accountability across MDT services.

### 3.23.4 Challenges:

Like most authorities, we have faced challenges with staffing levels across adult services. This increased the pressure and demand on the staff who remain at work, and therefore the risk of burn out and likelihood of further sickness absence increases. Although we are currently experiencing difficulties with staffing due to sickness, there appears to be an appetite to working within West Dunbartonshire Adult Services, and from vacancies we appear to be getting a healthy number of applicants who are appointable.

### 3.23.5 Adult Support and Protection Services

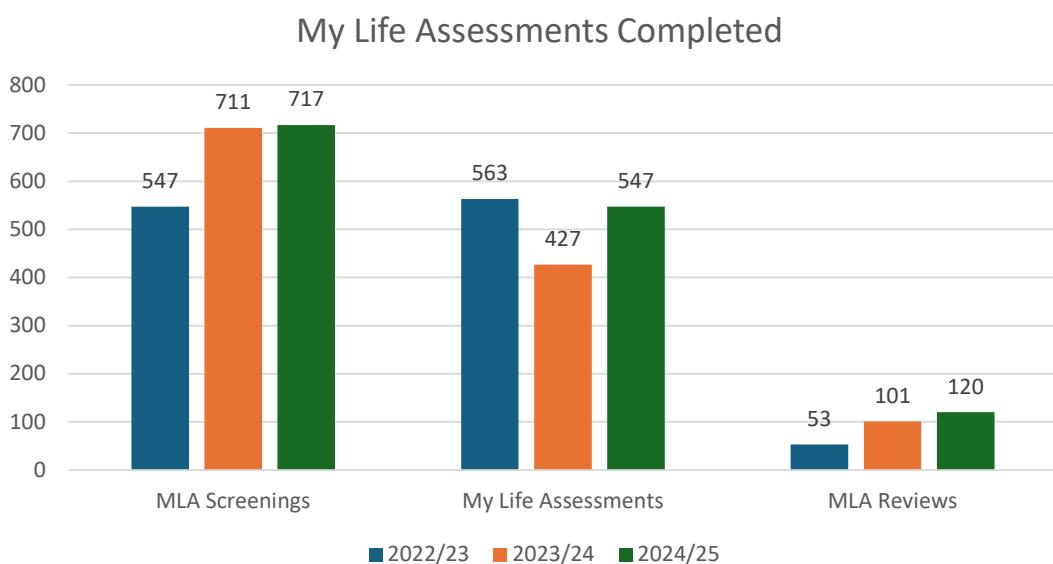
Staff are dedicated and committed to fulfilling their role on the ASP Duty Rota, there is good buy in from staff when the service is short of workers and take their responsibilities seriously. There is currently no dedicated Adult Support and Protection Team and is serviced by a range of social workers across Adult Services.

3.23.6 Recently the ASP Duty Standard Operating Procedures have been revised which will allow staff to understand their roles and responsibilities whilst working on the duty system and streamline service delivery in this area. This will promote and enhance good practice with clear guidance on the standards and expectations of all levels of staffing.

3.23.7 Challenges: In the absence of a lead officer and training and development team to support adult protection, there has been notable gaps in service delivery. Within this service we have struggled to meet the demand at times due to having low numbers of trained council officers. We have also faced challenges with managing the volume of inappropriate referrals from other departments and private or third sector organisations. This we believe is due to not having access to multi-disciplinary training or the capacity/ability for our trained staff to support other services with basic awareness training which we previously had access to. The Chief Social Work Officer has, following repeated attempts to recruit to newly developed learning and development posts been able to make the case of these to be recurrent and within the budgeted establishment.

## 3.24 My Life Assessment Evaluation

### 3.24.1 Table 1



3.24.2 The My Life Assessment (MLA) was launched in April 2022 across all adult teams in the 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.

3.24.3 In September 2023 an independent evaluation was commissioned to carry out a review of the MLA and My Life Assessment 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).

3.24.4 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

3.24.5 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 that 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.

3.24.6 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 supports was happening.

3.24.7 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

3.24.8 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. During the reporting period there continues to be improvement activity in relation to My Life Assessment Framework led by the SDS Co-ordinator and supported by nominated practitioners and managers.

### **3.25 Just Enough Support**

3.25.1 Just Enough Support (JES) is a person-centred approach to support planning that focusing 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.

3.25.2 IJES training was extended to Children and Families teams and health care professionals in the 2024/2025 year.

3.25.3 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.

3.25.4 Evaluation of the pilot is due for completion in autumn 2024, initial learning for the SDS team was around out 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.

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

### **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 early 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 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.

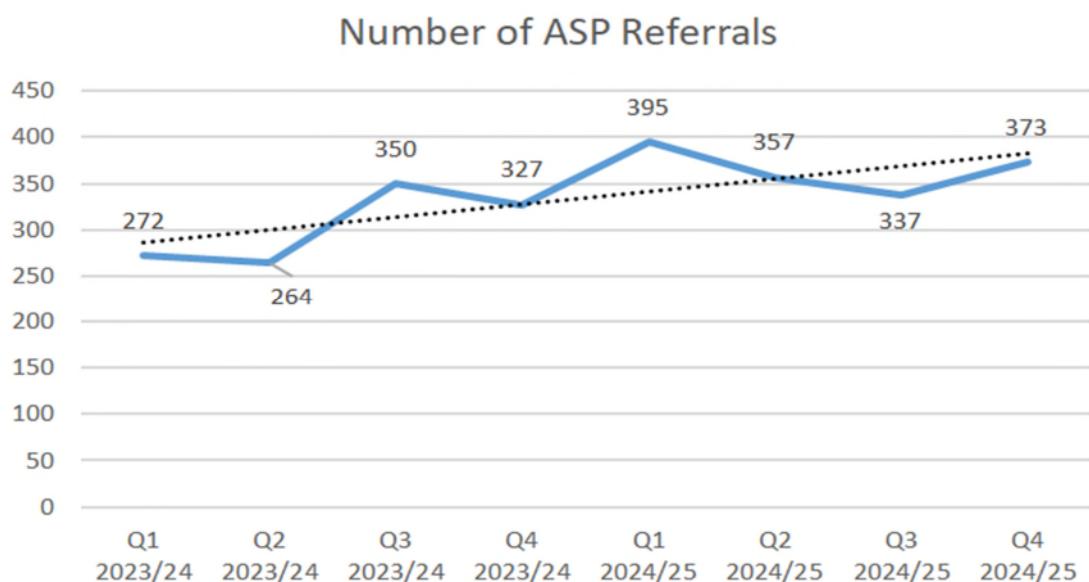
3.26.9 A quality assurance framework was agreed by adult protection committee, and the quality assurance and data sub- committee is using data to inform areas for further self-evaluation. Findings from completed Learning Reviews in 2023 are informing the Adult Support Improvement plan and areas for further improvement within Adult Services.

### 3.27 Overview of Adult Protection Activity 2024/25

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).

3.27.2 During 2024/25, there were 1,462 Adult Protection referrals received. These will sometimes be for the same individual and from multiple referral sources. As demonstrated in table 1 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 1



3.27.3 The increase in Adult Protection conferences is broadly commensurate with increase in ASP referrals

Table 2

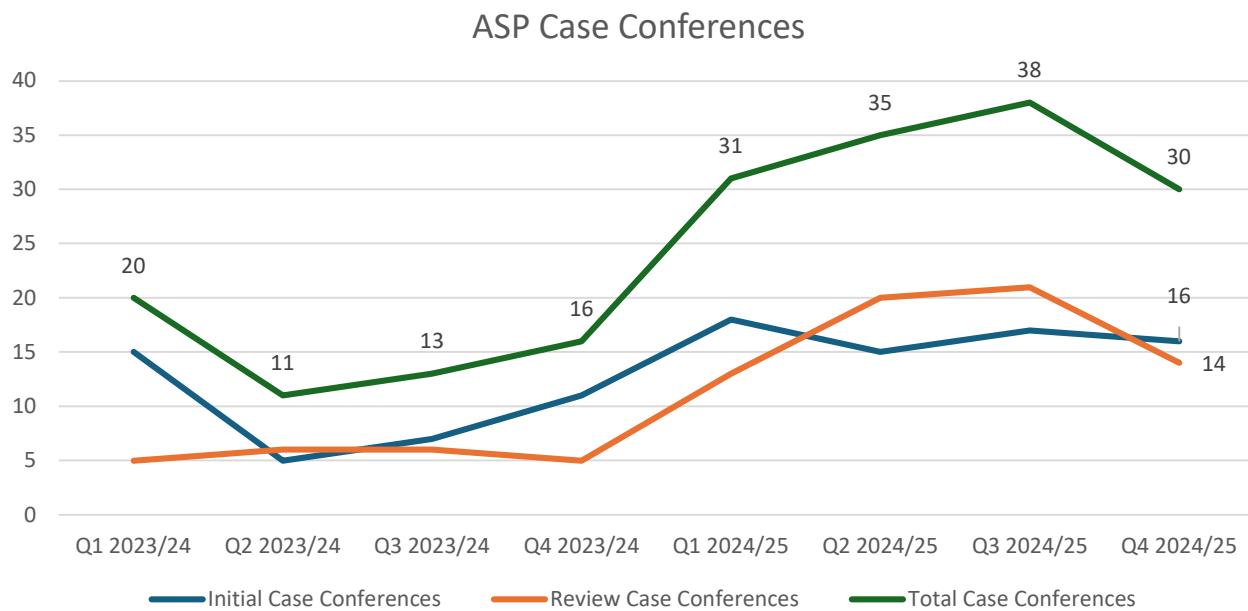
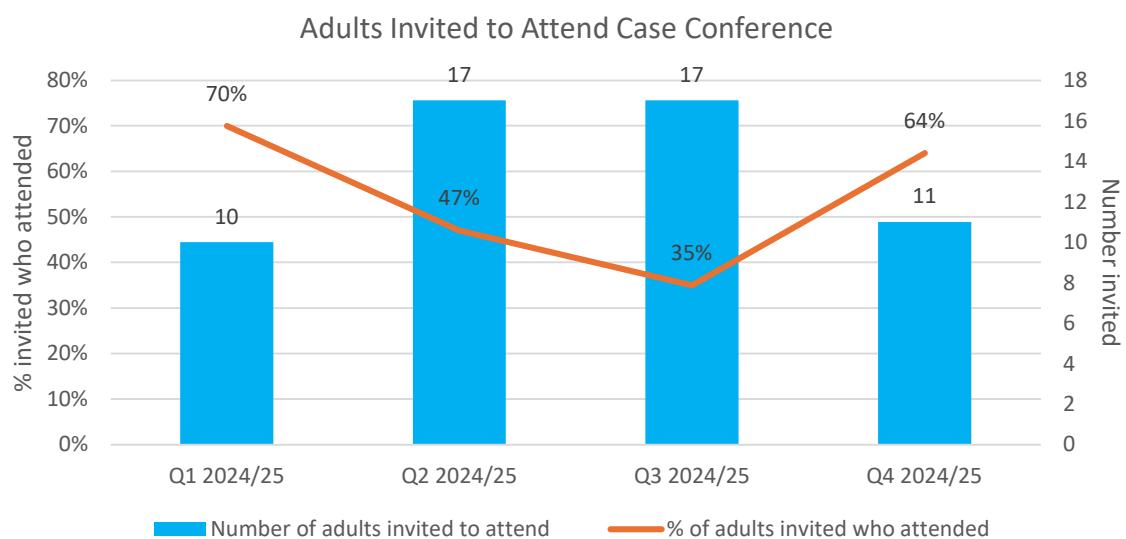
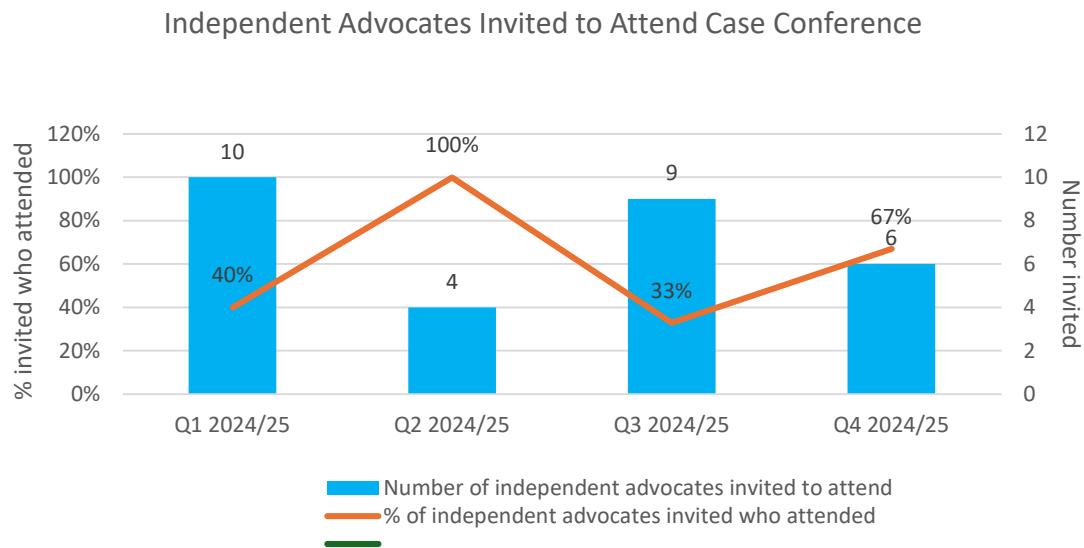


Table 3



3.27.4 This is a new indicator from April 2024 and relates to the adults who are being discussed at the case conference. The attendance of independent advocates is also now being measured. With the continual improvement focus on ensuring adults voice and views are both represented and considered within the adult support and protection process. This data is now being captured and reported on.

Table 4



3.27.5 This is a new indicator from April 2024 and relates to the adults who are being discussed at the case conference. The attendance of independent advocates is also now being measured.

Table 5

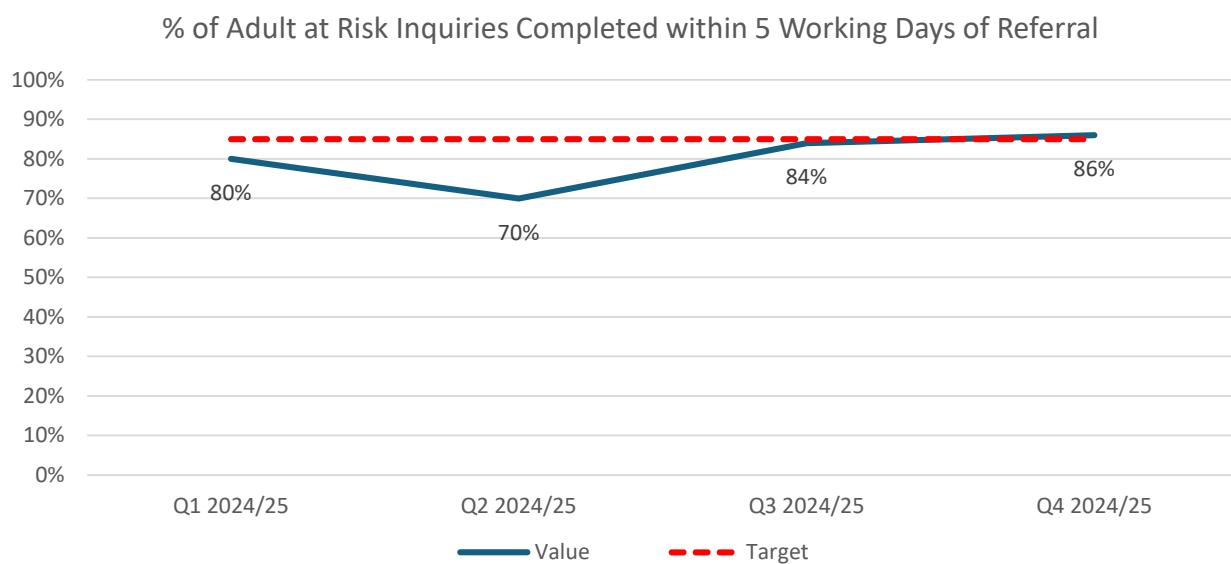
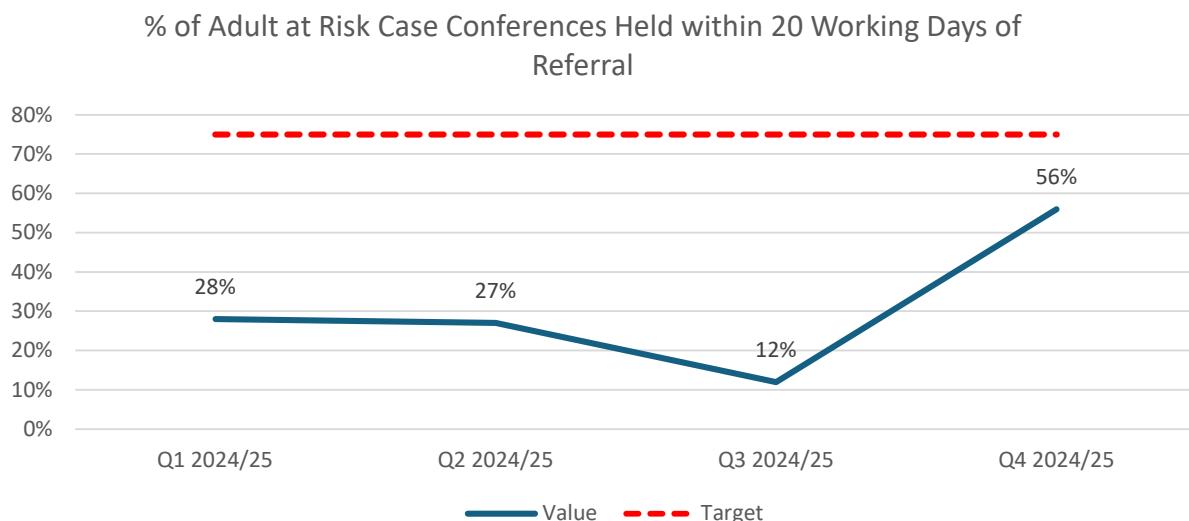


Table 6



3.27.6 Table 6 above identifies the percentage of case conferences held within 20 days, this is an area for identified improvement.

3.25.8 During the reporting period the Adult Protection Commissioned on Learning Reviews. 4 learning reviews have been undertaken on the last 3 years have been conducted. 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.

3.27.7 We recognise that staff engagement and input into the learning form 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 Mental Health Officer Service (MHO)

3.28.1 Over the last year, the MHO service has maintained the positive progress previously made in relation to the completion rates for statutory reports, gathering and managing the data necessary to inform procedures and processes, developing and facilitating information sessions for colleagues, and building the MHO workforce capacity by supporting two trainee MHOs currently completing the course.

#### 3.28.2 Staffing/workforce

There is currently one part-time vacancy within the MHO Service. This has been advertised but had no applicants. This reflects the situation nationally, as there are challenges with recruiting MHOs across the country. Given these challenges, the focus of the MHO service over the next few years will be on training more MHOs from within the existing WDC social work workforce, something which will be especially important as two very experienced full-time MHOs are due to retire within the next two years. There are currently 2 trainee MHOs being supported by the team. They are due to qualify in the summer of 2026 and recruitment for the 2026/27 MHO course will start at the end of the year.

### 3.28.3 SCRs/Mental Health Act

WD MHO Service had made significant improvements in the completion rate for SCRs in 2023/24 with the rate of missing reports being the lowest in the CCG board area last year (27% compared with 52% nationally). This improvement has been due to a revision of the processes around SCR completion and the gathering of regular CareFirst data to measure performance on an ongoing basis. Local data indicates that the completion rates for 2024/25 will be similar, with an increase in the number of full reports being completed rather than the just the SCR1 form.

### 3.28.4 Training and development

In addition to the AWI Procedures information session, the MHO Service has also developed and facilitated sessions on the topic of “Capacity and Consent” which had a focused on the sharing of information with carers and the MWC’s Mrs F investigation. A session on the Supervision of Private Guardians was also held for social work staff and positive feedback was received for both. There is also a planned information session with Justice staff on mental health legislation, and the MHO SSW attended the Kilpatrick School transition event where she shared information on Guardianships with parents and carers of young people with additional support needs.

- 3.28.5 It has been identified that much of the MHO Service information (information leaflets, letter templates, etc) needs updating. The Trauma Informed Practice Lead attended a recent MHO team meeting and there are plans for her to carry out some training with the team and support staff to redevelop the information that we give to users and carers to ensure that it is trauma-sensitive and user-friendly.
- 3.28.6 Along with other teams, the MHO Service has supported the local authority’s NQSWs by facilitating a number of shadowing and learning opportunities for them. The MHO SSW also took part in the NQSW Networking event where she was able to share information about the service and promote the MHO role. The MHO service will continue to support NQSW in their supported year as there have been benefits in the sharing of knowledge and skills (in both directions) and is important in terms of capturing the interest of the MHOs of the future.

## 3.29 Adults with Incapacity (AWI) / Guardianship

- 3.29.1 197 Guardianship Reviews were completed in 2024/25 and 166 were outstanding at March 2025. WDHSCP AWI Procedures have recently been revised and disseminated to staff. An AWI page has been set up on the staff intranet where a number of resources, including the procedures, SOPs, MWC Good Practice Guides and training materials, are located. The MHO Service has facilitated a number of briefing sessions on the procedures to increase staff awareness and confidence in using them.
- 3.29.2 The last CSWO report highlighted concerns that WDC was falling well short of practice requirements to supervise private Guardians in line with the prescribed timescales, resulting in a significant backlog of outstanding reviews. Initial improvements were made, and most private Guardianships were reviewed in 2024. Progress has slowed in 2025 however and of the 252 private Guardianships in place, 96 have overdue reviews. A change in process means that MHOs are now completing the initial 3-month supervision visit and these are happening routinely in every case where a private Guardianship is granted.
- 3.29.3 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.

- 3.29.4 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.
- 3.29.5 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.

### **3.30 Community Learning Disability Services**

- 3.30.1 Learning Disability services within West Dunbartonshire have been provided in the same way for many years against a backdrop of key economic, resource and policy changes, which have altered the landscape for individuals and communities. As such a comprehensive review of current provision was required to ascertain what the structure should be going forward.
- 3.30.2 Following the approval of a Review of Learning Disability services in June 2024 there has been substantial engagement and consultation with stakeholders in line with both national and local guidance and policy. This approach has fostered a participatory and collaborative environment to ensure that services are robust and resilient for the future while, at the same time, achieving the best possible outcomes for people with a learning disability. It has become clear there is a need to re-design to re-focus available resources to ensure that those service users with critical and substantial need are supported to achieve positive and meaningful outcomes.
- 3.30.3 A Learning Disability Review Steering Group (LDRSG) was established following IJB approval of the Review. It meets every 6-8 weeks. The Learning Disability Service within West Dunbartonshire Health and Social Care Partnership (WDHSCP) comprises a considerable integrated workforce of both NHS and Council staff incorporating statutory, registered and non-registered services.
- 3.30.4 The health team, within the statutory service, has been faced with some staffing challenges which has limited the team's ability to undertake preventative work. The social work team consistently carries a demanding caseload regarding volume, complexity and, in relation to adult support and protection, despite the fact it continues to not yet be fully staffed. Even with the ongoing recruitment challenges, a picture that is mirrored nationally, the team continues to remain committed in meeting the needs of service users, and its statutory duties, as well as providing input to carers' assessments and reviews of service users' needs. Recruitment is underway for a new permanent senior social worker to support the second senior social worker. One Newly Qualified Social Worker (NQSW) has successfully completed their CPL and received positive feedback regarding this. The team has also been successful in recruiting two new NQSWs. The CLDT continues to work hard with service users and carers to maximise people's independence and to ensure services are delivered equitably utilising WDHSCP's policy entitled Accessing Adult Social Care: Eligibility Criteria.
- 3.30.5 We have been working alongside colleagues in Children and Families services to improve our transitions to adult services by developing a Standard Operating Procedure that is aligned to The Seven Principles of Good Transitions, the European Convention of Human Rights (ECHR) and the United Nations Convention of Rights of the Child (UNCRC) and to supporting this with a WDHSCP Transitions To Adulthood for Young People paper, which outlines national policy and rationale and how this will apply within WDHSCP.
- 3.30.6 WDHSCP has been successful in embedding the Dynamic Support Register within the

integrated CLDT and continues to routinely report its data to Public Health Scotland (PHS).

### 3.31 Learning Disability registered and non-registered services

3.31.1 The registered Housing Support Service (HSS) provides supported living to people with a learning disability to live as independent a life as possible. It is a 24/7 registered service operating at the present time across three locations. There are 9 service users in receipt of this support provision. This service has been reviewed as part of the wider Review of LD services and it may be that one of the locations will be provisioned in a different way going forward, as the needs of the residents have changed from when the service was first established. There has also been considerable planning this year to upgrade and extend one of the locations to allow some service users living in accommodation that is no longer fit for purpose to move to a new home. We anticipate this move will be completed by the end of Summer 2025. There has also been training regarding the new Health and Care (Staffing) (Scotland) Act 2019.

3.31.2 The Health and Care (Staffing) (Scotland) Act 2019 provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. For care settings, the Act places a duty on those who provide care services to ensure both appropriate staffing and appropriate training of staff. In preparation for the implementation of the act, Housing Support Services had discussions at team meetings to raise awareness and understanding of the duties around the new safer staffing legislation. Furthermore, all staff were supported to sign up to TURAS learning site and complete the required training (4 domains in level 1). Staff completed this between April & July 2024

3.31.3 Following this, a staffing protocol was developed for each service showing what staff were required/where they were required and the reasons why (for safer staffing). This equipped staff with better knowledge and understanding of the legislation and how it applies in a social care setting. This resulted in it being highlighted as an area of good practice by the Care Inspectorate during an unannounced inspection in December 2024. The inspection report commented positively on the evidence they found.  
“We observed the staffing compliment was very good on both inspection days and people were coming and going out to activities as well as being supported with day to day living tasks. As a result, people were very excited and looking happy from their activities. We noted the staff rota demonstrated the reasons why extra staff had been called in or specific staff being used. “Almost all staff had completed training on the recent and new legislation, the Health and Care (Staffing) (Scotland) Act 2019 enacted on 1 April 2024. Staff spoke very confidently and competently about their knowledge of the Act and felt very happy with the current staffing arrangements.”

3.31.4 Community Connections provides support to 35 service users in the community to promote outcomes around healthy living, choice and control, independence and active citizenship. Dumbarton Centre offers both building based and community supports to service users. Service users accessing this require a higher level of support due to the complexities around diagnosis, e.g. Autistic Spectrum Disorder, restricted mobility, and compromised health conditions. There is one Registered Service Manager covering both service registrations. The Review has highlighted the need to modernise and merge the Dumbarton Centre and Community Connections allowing for a more flexible, agile outreach service to ensure sustainability of community placements for those on the Dynamic Support Register (DSR) and identified through the Community Living Change Fund (CLCF) criteria. A consistent, positive theme that has emerged from LDRSG, and from stakeholder engagement sessions, is that the LD workforce is already skilled and consistently undertakes specialist training to meet the needs of those with the most complex needs, including behaviours perceived as challenging. Ongoing development of this flexible, person-centred, asset based, approach is continuing.

3.31.5 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. 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, which is why carers are being encouraged to consider flexible short breaks, and a wider range of options, rather than only traditional respite.

3.31.6 Across the HSCP consultation and engagement has been undertaken by the strategy and transformation team in regard to this area and it is likely that respite/short breaks will be known as replacement care, in line with national policy, and there may be some changes to the way in which this is managed across the HSCP. This team has been managed by the LD Service Manager for Development and Involvement.

3.31.7 There remains a level of concern about the LD Review being undertaken given the current financial challenges within the public sector. Those undertaking the LD Review have consistently engaged and consulted to ensure the LD Review is a consultative and collaborative process intended to create services that are sustainable and fit for the future. There is acknowledgement that change is not always easy, however, recognition, also, that the LD service does need to modernise to ensure that those with the greatest complexity, and highest level of need, are the ones receiving support and that others are signposted appropriately to community based assets. LD services will continue to work with key partners, stakeholders and communities throughout the period of the Review and beyond. Partnership, collaboration and co-production remain pivotal to the success of this work.

### 3.32 **Alcohol and Drug Partnership (ADP)**

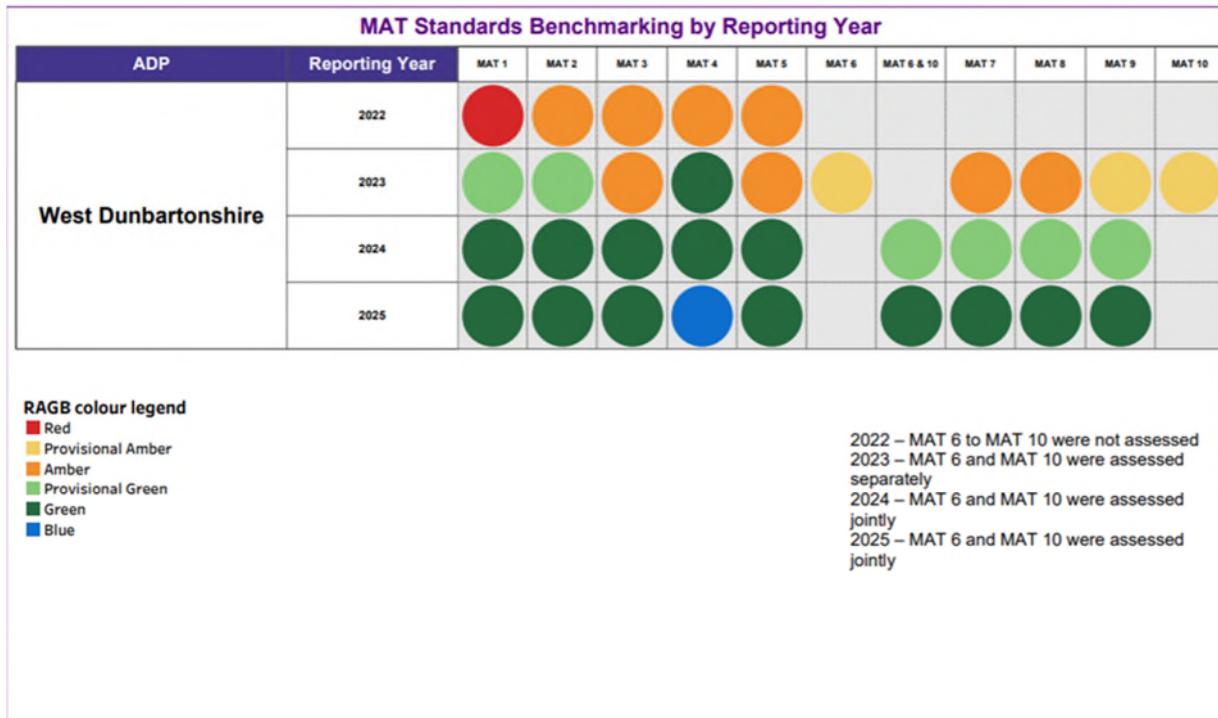
3.32.1 The Scottish Government requires all Alcohol and Drug Partnerships to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The National Mission Plan 2022, which as of 2023 includes an alcohol focus, runs until 2026. The West Dunbartonshire 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. Governance and reporting has been strengthened with the Alcohol and Drugs Partnership now reporting to Public Protection Chief Officer Group (PPCOG)

3.32.2 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

3.32.3 Medicated Assisted Treatment (MAT) Standards

In 2024/25, further progress was made with regards to the implementation of MAT Standards and West Dunbartonshire was assessed as Green for 9 of the 10 standards evaluated by the Scottish Government. The remaining standard, MAT 4, was assessed at the higher level of Blue, sustained implementation, because this standard has been Green for the previous two consecutive years. MAT 4 is Harm Reduction: All people are offered evidence-based harm reduction at the point of MAT delivery.



3.32.4 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 means 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. MAT 1–5 were confirmed as green, and 6–10 provisional green.

3.32.5 Drug and Alcohol Referral to Treatment Official Waiting Times – Report published by Public Health Scotland 27 June 2024. Table 1 below shows that in each of the four quarters of 2024/25, 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	96.8%	97.8%	99.4%	97.4%
NHS GGC	93.5%	94.8%	95.0%	90.3%
NHS Scotland	93.0%	93.6%	95.1%	92.9%

### 3.32.6 External Scrutiny: Care Inspectorate Inspection West Dunbartonshire Adult Services

Service Name	Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
West Dunbartonshire Supported Housing Service	14/06/24	5 Very Good	4 Good	4 Good	Not Assessed	4 Good
West Dunbartonshire Home Care Service	08/04/24	2 Weak	2 Weak	2 Weak	Not Assessed	2 Weak
West Dunbartonshire Learning Disability Service	21/01/25	4 Good	4 Good	Not Assessed	Not Assessed	Not Assessed
West Dunbartonshire Learning Disability Service	12/12/24	3 Adequate	3 Adequate	5 Very Good	Not Assessed	5 Very Good
West Dunbartonshire Sheltered Housing	02/04/24	5 Very Good	5 Very Good	5 Very Good	Not Assessed	4 Good
Queens Quay Care Home	19/12/24	4 Good	Not Assessed	4 Good	Not Assessed	3 Adequate

### 3.33 Justice Social Work Services

3.33.1 West Dunbartonshire HSCP Justice Social Work Service provides a range of services, including the statutory Justice Social Work functions of delivering support and supervision to people who have come into conflict with the law and are involved in the court and/or prison system.

Performance information for all Justice Social Work Services is reported publicly by Community Justice Scotland and embargo restrictions prohibit publication of some of the 24/25 information before the report is laid before the Scottish Parliament. Available information on data for 2023/24 can be accessed here:

[Justice social work statistics - gov.scot](https://www.gov.scot/statistics/justice-social-work-statistics/)

3.33.2 The full information for 2024/25 is due to be published later in 2025.

In most cases prior to sentencing, the Courts will request a Justice Social Work Report to assess risk, identify interventions required and detail potential disposals. In 2023/24 there was an increase of 10% in the number of reports being requested.

The number of CPOs imposed per 10,000 population ranged from 16.1 to 65.4 in 2023-24. West Dunbartonshire is highest in Scotland with the imposition of orders being 65.4 while the national average is 39.1.

The total number of hours of unpaid work completed during 2023/24 was 43,990 for the benefit of local communities in West Dunbartonshire.

During 2023/24, 73% of all Community Payback Orders were completed successfully. The successful completion rate in West Dunbartonshire remains above the national average of 64%.

**Table 1 Data Demonstrating Increased Demand**

	2022/23	2023/24	2024/25	-/+
Justice Social Work Reports submitted to Court	599	660	651	1.3%
Community Payback Orders imposed	374	408	409	0.2%
Bail Supervision Orders imposed	15	25	21	16%
Structured Deferred Sentences imposed	13	29	52	56.7%
Diversion from Prosecution imposed	28	29	47	47.3%
Drug Treatment and testing Orders imposed	6	12	13	8%

### 3.33.3 Prison Throughcare

In June 2024, The Scottish Government responded to a rise in the prison population with a programme of Emergency Release (under section 11 of the Bail and Release from Custody (Scotland) Act 2023) to protect the rights and safety of people living and working in prison establishments. Within West Dunbartonshire, Justice social work worked alongside the Scottish Prison Service, homelessness services, health services and community partners to provide a coordinated approach to deliver this programme. Taking place over four tranches, this involved rigorous scrutiny of systems, records and risk assessments to ensure compliance with release eligibility and supporting access to housing, health and financial support and victim safety where it was required.

### 3.33.4 Bail Supervision

There continues to be a focus both locally and nationally on promoting the use of bail supervision and bail with electronic monitoring (EM Bail) to reduce the use of remand and address the increasing prison population. Within Dumbarton Sheriff Court the bail service now has a duty worker in attendance throughout the Custody Court hearings to support proceedings and to offer advice and guidance on cases where remand may be considered. Where feasible, assessment reports will be provided to ensure anyone at risk of custody is considered for a bail supervision order.

Relationships between Justice Social Work and the local Sheriff Court continue to be strong with good communication and regular meetings between personnel to identify and resolve issues.

### 3.33.5 Diversion from Prosecution

Diversion from prosecution remains a critical part of the justice system. There continues to be a significant upturn in the number of Diversion assessments requested during 2023/24 (11% increase on 2022/23) This reflects a continuing and significant increase in demand for this service.

West Dunbartonshire Community Justice Partnership are currently developing a partnership improvement plan for Diversion to ensure we can meet the increased demand and address presenting needs in more creative ways, in response to the Scottish Government's National Strategy for Community Justice (2022) and the focus on trauma informed services.

### 3.33.6 Caledonian System

WD HSCP has independently funded the Caledonian Programme due to the high prevalence rates of domestic abuse in the locality. Staff have now been trained on assessment, 1:1 sessions and group work sessions, with a rolling programme to continue the training of new staff within the service.

The Caledonian System men's programme has been receiving assessments/orders from the Courts since January 2024. Over the course of last year, we have undertaken 78 Caledonian assessments which have either been in conjunction with justice social work reports. These are significant and complex pieces of work in themselves requiring multiple interviews, complex assessment and liaison with a variety of agencies to collate the required data/intelligence. From these Caledonian assessments this has generated 41 community payback orders with a programme requirement to undertake the Caledonian programme.

### 3.33.7 The programme is running well in the locality and outcome improvement planning is supported by the Caledonian Steering Group. The remit of the group is to support embedding and shaping of 'The Caledonian System' across West Dunbartonshire. The group is responsible for directing enhanced and targeted activity and actions, which will ensure the fidelity of the system and associated men's programme.

Activity is underpinned by a trauma responsive, needs-led framework that will contribute to wider activity effecting desistance, diversion, and effectively reduces recidivism with respect to Domestic Abuse and Violence.

Operating within Justice Services and providing support to women and children as part of the Caledonian System, the WSSS adopts a whole-system approach, supporting survivors while also working alongside services addressing the behaviour of convicted domestic abuse offenders. The service pathway includes comprehensive risk assessment, safety planning, recovery support, and change-focused practice. This integrated model ensures women and children are safer and better supported across the system.

### 3.33.8 Women's Safety and Support Service

The Service focusses on protecting women and children at risk (survivors) due to experiencing domestic abuse and other forms of Gender based violence (GBV) ensuring they receive appropriate support. The service aims to reduce harm to vulnerable individuals through various person-centred interventions, collaborative operational initiatives and strategic frameworks including providing training opportunities for professionals. The approach emphasises the importance of a whole system methodology involving both survivors' and convicted perpetrators' safety, recovery, risk management and change practice. Working collaboratively with Justice Social Work Services also enables women in conflict with the law, who have experienced GBV to be offered an integrated response targeting the complex trauma experienced by this highly vulnerable group of women due to higher rates of repeat victimisation throughout their lifespan.

West Dunbartonshire has the second highest rate of recorded domestic abuse per 10,000 population (2023-2024). Nationally 81% of reported domestic abuse has a female victim and a male perpetrator. The WSS Service has had a very busy year (2024-2025) with increases in referrals, expansion of the service and increases in intensive support demands which is met by national equalities and HSCP funding. Funding enables the co-ordinator to manage all operations within the service including those funded by HSCP allowing the incorporation of Caledonian Women's Service, Caledonian Children's Service and the planning required to integrate CEDAR Children's Service within the suite of provision offered. This has further enhanced the overall impact of WSS Service in delivering and co-producing activity that locally operationalises the equally safe priorities.

### 3.33.9 Drug Testing & Treatment Orders

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. The team are working in partnership with local Alcohol Drugs Recovery Service (ADRS) services to provide inclusive, wraparound treatment provision, supporting rehabilitation in the community. It is hoped within the forthcoming year, that a single use area will be completed to allow the team to provide a wider range of interventions and treatments and further support to the client group.

### 3.33.10 Multi Agency Public Protection Arrangements (MAPPA)

Multi Agency Public Protection Arrangements (MAPPA) are a set of statutory arrangements of which the primary purpose is to maintain Public Protection and the reduction of serious harm. The protection of children, adults at risk and other members of the public is paramount. It is a structure by which those who have committed a sexual offence, restricted patients and violent offenders who pose a risk of serious harm to the public, are managed through the effective sharing of relevant information, and the assessment and management of that identified risk.

West Dunbartonshire Justice is part of the North Strathclyde MAPPA grouping area. The number of individuals managed under the auspices of MAPPA within West Dunbartonshire remains consistent.

### 3.33.11 Justice workforce development

Throughout 24-25, there has been a noted increase in training opportunities for staff relevant to the justice role and risk management, with Social Work staff undertaking a variety of training including:

- Caledonian System
- Adult Support and Protection
- Justice Star training- (needs identification tool)
- Child Protection- Understanding neglect
- CSE awareness
- MARAC Awareness
- JSW report writing
- Risk Practice Training/SA07 (sexual offending)

Nationally social work services have seen a recruitment shortage, and this has been mirrored in west Dunbartonshire justice service. The service has sought to develop new staff by increasing attendance at national training opportunities and the provision of in-house practice development sessions.

### 3.33.12 Challenges

From April 2024 – March 2025 West Dunbartonshire (WD) has been working in financially insecure times. The implications from changes to legislation has had an impact on the delivery of Justice Social Work (JSW) too, increasing demand for services, such as the Bail and Release from Custody (Scotland) Act and changes to release arrangements for short-term prisoners from 50% to 40% of a sentence

These variations have had significant implications in terms of capacity for community based social work; longer sentences completed in the community has added an increase in workload in terms of planning and engagement with residents who have been released earlier than anticipated under the new guidance.

### 3.33.13 There remain continued resourcing challenges for JSW, including growing complexity of work, shaped both by the diverse needs of the people we support and the changing requirements of justice policy and practice. WD JSW are seeing an increase in cases involving neurodiversity, sexual offending and domestic abuse. This in turn increases the level of responsibility on the service to provide risk assessment, risk management and public protection.

There is also concern around overall funding levels and sustainability; staff recruitment, absence and retention; availability and organisation of training and the suitability of physical resources including office space.

Justice Services are required to provide a wider portfolio of services but with no substantial uplift to current budget, this clearly presents challenges in terms of service provision and delivery.

### 3.33.14 Positives / Opportunities

Despite the challenges experienced across 2024-2025, there are also many positives to celebrate. There had been preparation and planning, both locally and nationally, regarding the New Voluntary Throughcare model to ensure its smooth inception into the locality. National voluntary throughcare providers are now part of the whole-systems approach to service delivery in West Dunbartonshire and support our service users in their return to their community.

3.33.15 Over the 2024/25 reporting period, West Dunbartonshire has delivered a coordinated and partnership-led employability response for individuals with criminal convictions, focused on addressing persistent barriers to employment and promoting long-term rehabilitation. The area's strategic approach is underpinned by the Local Employability Partnership (LEP), which brings together statutory and voluntary partners to deliver an aligned and evidence-based employability offer. A key part of this offer is the commissioning of specialist support services specifically tailored to justice-impacted individuals.

The Lennox Partnership (TLP) provide trauma-informed, needs-led employability support for people affected by the justice system. This commissioning was developed with direct input from justice and social work teams and responds to evidence from local data which shows that 7% of unemployed individuals supported through No one Left Behind (NOLB) funding has a history of criminal convictions. The model recognises the need for bespoke interventions that account for the stigma, systemic disadvantage, and complex needs that individuals with convictions often face.

3.33.16 The following table outlines performance data for general employability and support from Working 4U for participants with criminal convictions and/or justice impacted and the specialist contribution to delivery by The Lennox Partnership for Justice impacted participants in 2024/25:

Table 1

<b>Outcomes</b>	<b>Working 4U</b>	<b>The Lennox Partnership (specialist support)</b>	<b>Total</b>
<b>Specialist Referrals</b>	N/A	43	43
<b>Programme Starts</b>	61	31	92
<b>Job Starts</b>	54	17	71
<b>Qualifications Achieved</b>	69	14	83

### 3.33.17 Justice Case Study

Joyce, aged 28, was made subject to two Community Payback Orders for offences primarily relating to the Emergency Workers Act - verbal and physical violence whilst detained in hospital as she struggled to regulate her emotions.

Joyce moved into West Dunbartonshire and was new to the local area with limited support networks. From the offset of the order this was managed through crisis intervention, initially relating to poor mental health and then illicit drug misuse. For approximately six months Joyce experienced a dysregulated and chaotic lifestyle, with her case management/support plan heavily involving Community mental health team (CMHT) and Addiction services.

Joyce has care experience, is a survivor of sexual and domestic abuse with her children removed from her care. She has experienced significant episodes of poor mental health, having been detained in a psychiatric unit on several occasions. As part of her coping mechanisms, there were periods of misusing illicit substances.

After a period of remand in August 2023, where detox was provided for Joyce and following release, she has remained abstinent from illicit drugs to this date. She was discharged from Addiction Services in January 2024 due to positive progress made by her hard work and determination to remain substance free.

Further referrals were made to Occupational Therapy, Woman's Safety and Support Service and Housing First, to provide wraparound support for Joyce. Throughout the Orders continued consultation with CMHT was maintained until recent discharge as Joyce's mental health has remained stable. The allocated social worker also supported Joyce to attend the tribunal to provide evidence against her perpetrator – which also enabled Joyce to feel in control of her circumstances. Joyce remains settled in her own tenancy and talks of the wraparound services made available to her to support her through her statutory order.

### 3.33.18 Challenges have included

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. The Service has experienced challenges in terms of pay awards being aligned to the Justice Service provision which has resulted in funding shortfalls which in turn has impacted in filling vacancies within the Justice staffing structure.

### 3.33.19 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 together 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 gone on 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 addressing 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.

### **3.34 MARAC (Multi-Agency Risk Assessment Conference)**

3.34.1 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.

3.34.2 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

3.34.3 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.

3.34.4 By including the voices and views of victims/survivors, MARAC ensures that its actions are centred around victims/survivors.

3.34.5 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.

3.34.6 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.

### **3.35 Community Justice**

3.35.1 The Community Justice Partnership has established 'whole systems' operational working groups with a clear term of reference for each group to support collaborative practice, effective communication and cooperation as part of a 'whole person' approach to service delivery. The groups are responsible for supporting the strategic priorities of the local Community Justice Outcome Improvement Plan and wider Justice Services outcome improvement activity.

Community Justice Workstreams are as follows;

- Prevention and Early & Effective Intervention (Including Throughcare, Diversion, Youth Justice and Employability)
- Arrest Referral Scheme
- Custody to Community (Including Bail Supervision, Voluntary Throughcare & Remand)
- Caledonian Steering Group (Including performance and audit)
- Women in Justice
- Authentic Voices – Experts by Experience

#### **3.35.2 MARAC Steering Group**

3.35.3 Stakeholder partners have been committed to their statutory duties and undertakings, and the partnership has now established integrated process and procedures and a whole systems approach to outcome improvement activity. The working groups responsible for the delivery of the local Community Justice Outcome Improvement Plan (CJOIP) have strengthened and focused their priority areas significantly in the past year.

#### **3.35.4 Prevention and Early & Effective Intervention Practices**

There has been much development activity around diversion for both youth and adult justice. The Community Justice Partnership, Justice social work and Children & Families social work are working towards a better understanding of the use of diversion across the locality through the mechanism of the Prevention & Early and Effective Intervention working group.

#### **3.35.5 Statutory Throughcare as part of Prevention and Early & Effective Intervention**

The whole-systems group has engaged in the following activity:

- The group issues a multi-agency brief to communicate the parameters of the early release of prisoners and what this means for stakeholder partners in terms of planning and provision.
- Contributed to the "Health Needs Assessment of individuals in community justice in services and untried in custody", undertaken by Community Justice Health Improvement NHS GGC. WD Justice Services has also financially contributed to and will be included in phase two of the research that will seek to better understand the health needs of those serving community-based sentences and those on remand.
- Research has been undertaken in the locality addressing "Head injury in people in the criminal justice system: Implications for social work practice". The custody to community working group is developing responses to embedding the recommendations of the research and what it means for assessment, reporting and intervention.

- To ensure that all resident who are released from custody back to community are supported, WD has created a protocol to triage prison release names and ensure that they are connected with all relevant services and that any potential risk to adult or child victims are shared, i.e. those who have been discussed at MARAC or who have children on the CP register. This has proved beneficial in terms of care planning for children/young people and safety planning for adult victims. This process will continue to be developed and embedded as part of core business.
- WD CJP has been working closely with West College Scotland (WCS) to develop pathways to education from a custody setting transitioning back to community.

### 3.35.6 Arrest Referral Scheme

West Dunbartonshire's Arrest Referral Scheme (ARS) working group is a joint working group that supports the strategic priorities for both the CJP and Alcohol and Drugs Partnership (ADP). Both partnerships have developed a unified whole-systems approach to identifying the underlying needs of individuals at the point of arrest ensuring person - centred care within police custody. Both partnerships are in the process of considering viable and sustainable options that support residents to a positive destination and will impact on decision making at the point of sentencing. Once WD has agreed on a viable operating model consideration will be given to impact measures in terms of impact to the person and impact at court and sentencing decisions.

### 3.35.7 Custody to Community Activity

The Custody Community working group has made progress in the last year and been responding to the early release of prisoner's scheme and the new legislative changes to sentencing guidelines. The group has naturally split into two working groups one that is managing risk and safety of victims as part of release planning, and another group that co-ordinates a whole – systems approach to meeting the health and social care needs of residents as they transition from custody back to the community.

### 3.35.8 Both groups have been hugely successful in terms of ensuring that needs are met. The risk and safety group has created a communication protocol between services to ensure that information around risk is shared and managed timeously. This has been beneficial in terms of safety planning for VAWG and child protection, ensuring the safety of adult and child victims. This group is responsive group that meets when there is a need to communicate and respond to risk.

### 3.35.9 Caledonian Steering Group

Caledonian Systems

The remit of the group is to support embedding and shaping of 'The Caledonian System' across West Dunbartonshire. The group is responsible for directing enhanced and targeted activity and actions, which will ensure the fidelity of the system and associated men's programme. Activity is underpinned by a trauma responsive, needs-led framework that will contribute to wider activity effecting desistance, diversion, and effectively reduces recidivism with respect to Domestic Abuse and Violence.

### 3.35.10 The group has been developing a Standard Operating Protocol (SOP) between partners to ensure effective communication and agreed protocols to manage risk and ensure the safety of victims as paramount. The SOP is being developed in a partnership approach, and each partner has contributed to its development. The 1st draft of the SOP has been referred to other strategic partner i.e. the (Violence Against Women and Girls Partnership) VAWGP and the MARAC steering group for scrutiny and agreement.

### 3.35.11 As part of ongoing commitment to quality assurance a performance and audit subgroup

has been created to support outcome improvement planning for Caledonian systems. A performance and audit tool has been developed and dip sampling of reports undertaken. The group focused on the standard of assessment including thorough analysis of the Scanning Analysis Response Assessment Model (SARA) – V3, recommendations, and sheriff sentencing along with analysis of those who were deemed not suitable for the programme.

### 3.35.12 Authentic Voices

WD CJP has made every effort to ensure that service provision and delivery is borne out of co-production and shape by authentic voices. The Authentic Voices working group has made traction in terms of gathering the voices of those with lived experiences as part of outcome improvement planning in the locality.

### 3.35.13 In September 2024 Justice Services Women's Safety and Support Service embarked on discovery activity as part of a collaborative approach with SafeLives to better understand the journey of women who have experienced domestic abuse involvement with justice systems from the point of arrest through to prosecution. The discovery report was heard at the Justice conference in June 2025 and embedding the recommendation from the report is being considered by both WD VAWGP and CJP a part of a unified response to improving outcomes for women involved with justice and wider social work systems.

<https://www.west-dunbarton.gov.uk/media/kbjav3dm/womans-justice-journeys-document.pdf>

### 3.35.14 The authentic voices working group is made up of multi-agency partners and each partner is focusing on gathering the voices of those with lived experience in their respective areas. Action for children, Engagement Coordinator, Voices of the Promise, is part of the authentic voices working group. Action for Children are currently undertaking lived experience discovery activity, and this will be reported on in the forth coming months.

### 3.35.15 This report will be escalated to WD CJP to consider the implementation and embedding of recommendations as part of prevention work for youth justice. It is hoped learnings will also inform wider outcome improvement planning for adult justice services.

### 3.35.16 Public Information, Engagement, and Involvement

To support this priority area WD CJP has hosted information and awareness raising sessions across the locality and open to multi-agency partners. Along with the wider information and awareness raising sessions, focused session on the Community Justice Outcome Improvement Plan 2014-2027 (CJOIP) have also been offered to ensure that staff groups including housing/homelessness; children & families social work; education services; health and 3rd sector partners are aware of the strategic and operational undertakings associated with the CJOIP and its delivery in the locality.

### 3.35.17 This year the partnership has engaged with partners and hosted the Community Justice "Trauma Informed Justice" Conference. The outcomes for the conference included:

- To increase awareness and support of West Dunbartonshire's Justice Services and Community Justice Partnership.
- To demonstrate West Dunbartonshire's progress, and continued commitment, to delivering National and Local Outcome Improvement Planning for Community Justice in West Dunbartonshire.

### 3.35.18 WD Community Justice contributes to the wider strategic plans of the various partnerships and ensures a whole systems approach to shared policy and priority areas. WD VAWGP and Trauma Informed and Responsive Group are taking a partnership approach to impact assessing and have begun the process of developing an Integrated

## Impact Assessment.

### 3.35.19 Case Study: Donna's Journey Through Recovery from Domestic Abuse

This structured case study illustrates how trauma-informed, whole-family intervention using Justice integrated services including the Caledonian System and the Three-Stage Trauma Recovery Model can result in meaningful, long-term improvements in safety, mental health, and wellbeing for women and children impacted by domestic abuse. Using the Three-Stage Trauma Model of Recovery (Judith Herman 1992; 2015)

#### 3.35.20 Stage 1 Safety and Stabilisation: Background and Experience of Abuse

Donna, a 24-year-old woman and mother to two daughters aged 2 and 13, endured a four-year abusive relationship. Early in the relationship, subtle controlling behaviours emerged. Donna was expected to check in with her partner and limit contact with others. Although he had a history of alcohol addiction, she attempted to set boundaries, such as prohibiting alcohol in the home. The first incident of overt abuse occurred when he returned home intoxicated and began shouting and damaging property. Though not physically assaulted, Donna felt unsafe and feared for herself and her children.

Despite police involvement, Donna gave her partner another chance, partly due to his childhood trauma and fear of abandoning him. However, the abuse escalated, including threats of self-harm and emotional manipulation, particularly when he consumed alcohol. This pattern continued for two more years, alternating between moments of calm and intense volatility. Donna ultimately ended the relationship for the safety of her children. Her ex-partner was charged with domestic abuse and referred to the Caledonian Project, the court-mandated programme for perpetrators of domestic abuse.

#### Intervention for Safety

Donna was referred to the Women's Safety and Support Services through the Caledonian system. She was offered voluntary, trauma-informed support focused on her safety and wellbeing. A personalised safety plan was developed, addressing emergency preparation, escape routes, safe spaces, and trusted support networks. This immediate intervention created a sense of structure and control in the midst of psychological turmoil. Donna expressed relief at finally receiving help and acknowledged the severe impact the abuse had on her mental health and sense of security.

Her children's needs and the impact of domestic abuse were also assessed, and the children were supported by a Caledonian children's worker, ensuring their rights were upheld and their emotional needs addressed.

#### 3.35.21 Stage 2 Processing and remembrance

##### Therapeutic Support and Emotional Processing

Donna engaged in weekly emotional support sessions. She began to process the fear, shame, and guilt she had carried, particularly around her decision to stay in the relationship. Speaking about her experiences helped her unpack the psychological impact of coercive control and emotional abuse, something she had previously internalised in silence.

Donna described experiencing hypervigilance, a common trauma response, and expressed a desire to learn how to move forward without placing herself or her children at risk. Through therapeutic conversations, she explored the root of these feelings and was supported to safely recall and work through difficult memories. She also developed an understanding of abuse dynamics, which enabled her to identify patterns and begin to separate herself emotionally from the blame and confusion.

### 3.35.22 Stage 3: Reconnection and Reintegration

#### Growth, Learning, and Future Focus

As Donna progressed, her focus shifted toward healing and future resilience. She expressed a desire to set strong boundaries, recognise red flags in relationships early on, and build a life based on self-worth and emotional safety. Her ongoing engagement with support services is allowing her to rebuild her identity, both as an individual and as a parent, outside of the abusive dynamic.

She reports that her children are “so much happier” and that she herself feels a sense of inner calm for the first time in years. Donna continues to access support and remains committed to her recovery journey. Her feedback demonstrates a clear shift from surviving to thriving, with strengthened confidence, emotional regulation, and relational awareness. Feedback from Donna:

*“I am so grateful for the support I am receiving as I felt that no one cared about my situation. I couldn’t speak to anyone as I was ashamed for staying when I should have left. My children are so much happier without him around and I feel calm inside for the first time in years.”*

## 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 £209.935m in 2024/25. The setting of the 2024/25 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 was £10.551m, split £7.530m for social work and care and £3.021m community health services.
- 4.1.4 For social work and care services the 2024/25 funding allocation from West Dunbartonshire Council was a “flat cash” one, i.e. 0% uplift for inflation and demographics. The £7.530m funding shortfall was mitigated through approved savings, a range of management actions and release of some reserves. The measures included the temporary reduction in employers’ superannuation contributions, increasing turnover savings, deletion of some vacant posts, reviewing the levels of commissioned spending across all services, closure of the Pavilion Café and capping residential bed numbers within our older people’s care homes.
- 4.1.5 Good progress was made in delivering on these actions with the overall financial outturn position for 2024/25 reporting an excess of funding against expenditure, resulting in an underspend of £0.072m across all delegated health and social care services. The underlying budget deficit for social care was £1.050m, offset by a surplus in health services of £1.122m.
- 4.1.6 Early financial performance reports during the 2024/25 financial year projected a forecast overspend of £3.525m, increasing to a peak of £4.286m in September 2024. Significant mitigating actions were put in place by the Senior Management Team to address the projected overspend and monitored closely throughout 2024/25. In addition, the Scottish

Government confirmed further funding to support the 2024/25 above inflation pay award with a proportion of this being passed on the HSCP for delegated local authority staff. While this additional funding was welcome, the impact of continued increased demand for both children and adult services resulted in the Board having to cover the early deficit projection through additional recovery plan measures.

4.1.7 Table 1 below provides details on the consolidated position and the release of earmarked reserves.

TABLE 1: EXTRACT FROM 2024/25 AUDITED ANNUAL ACCOUNTS

West Dunbartonshire Integrated Joint Board	2024/25 Annual Budget £000	2024/25 Net Expenditure £000	2024/25 Underspend/ (Overspend) £000	2024/25 Reserves Adjustment £000	2024/25 Underspend/ (Overspend) £000
<b>Consolidated Health &amp; Social Care</b>					
Older People, Health and Community Care	55,857	58,244	(2,387)	258	(2,645)
Physical Disability	3,852	3,557	295	0	295
Children and Families	31,736	31,616	120	(358)	478
Mental Health Services	14,009	13,627	382	323	59
Addictions	4,325	4,101	224	(355)	579
Learning Disabilities	21,850	21,069	781	(250)	1,031
Strategy, Planning and Health Improvement	2,244	2,082	162	(55)	217
Family Health Services (FHS)	35,107	35,174	(67)	0	(67)
GP Prescribing	21,718	22,626	(908)	0	(908)
Hosted Services - MSK Physio	7,980	8,108	(128)	(109)	(19)
Hosted Services - Retinal Screening	772	865	(93)	(112)	19
Criminal Justice	8	97	(89)	(117)	28
HSCP Corporate and Other Services	10,114	8,653	1,461	456	1,005
IJB Operational Costs	363	363	0	0	0
<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>209,935</b>	<b>210,182</b>	<b>(247)</b>	<b>(319)</b>	<b>72</b>
Set aside for delegated services provided in large hospitals	45,781	45,781	0	0	0
Assisted garden maintenance and Aids and Adoptions	303	303	0	0	0
<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>256,019</b>	<b>256,266</b>	<b>(247)</b>	<b>(319)</b>	<b>72</b>

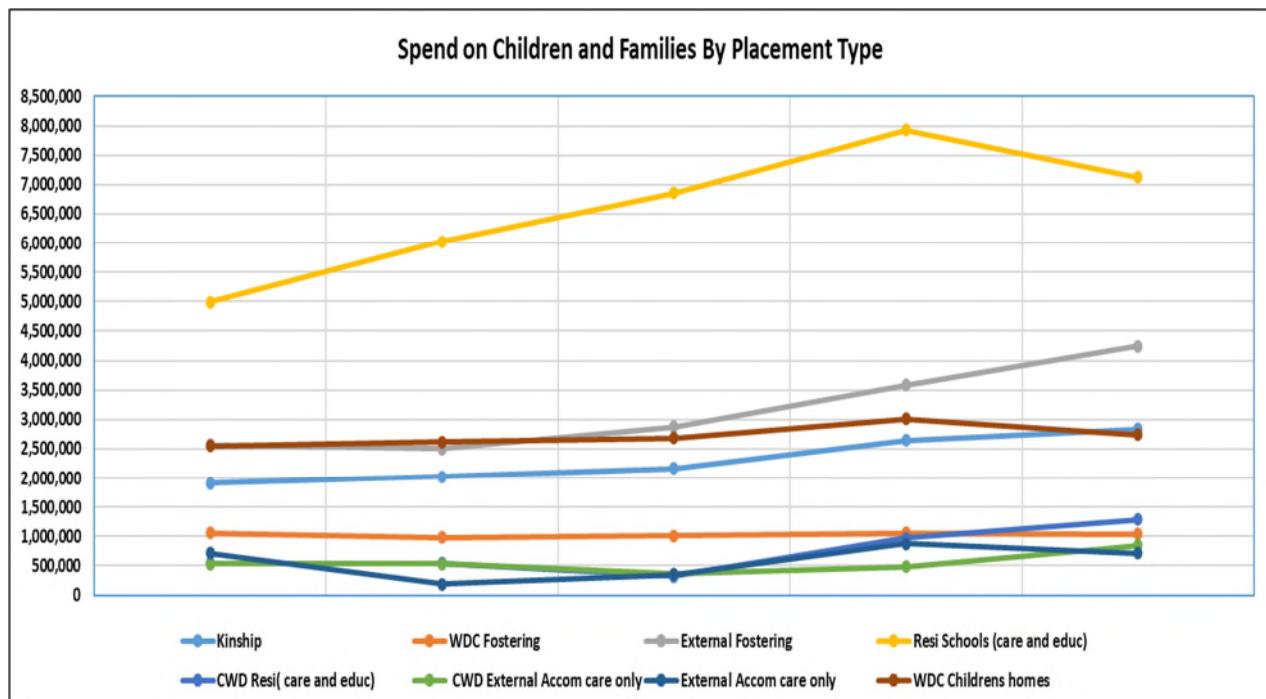
4.1.8 Table 2 below, provides a higher level of detail on the 2024/25 pressure on social work and care services, and in particular for services for Looked After and Accommodated Children and Care at Home Services. Expenditure for regulated care for children which includes fostering and residential care was circa 18.7 million. For adults' expenditure for the reporting period was 51.5 million gross.

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

Social Care Net Expenditure	2024/25 Annual Budget £000	2024/25 Net Expenditure £000	2024/25 Underspend/ (Overspend) £000	2024/25 Reserves Adjustment £000	2024/25 Underspend/ (Overspend) £000
Strategy Planning and Health Improvement	1,175	1,276	(101)	(155)	54
Children and Families	26,566	26,839	(273)	(398)	125
Older People Residential and Community Care	35,067	38,219	(3,152)	(2)	(3,150)
Adult Services - Learning Disabilities	14,023	13,277	746	(177)	923
Adult Services - Physical Disabilities	2,616	2,349	267	0	267
Adult Services - Mental Health	3,302	3,268	34	(24)	58
Adult Services - Addiction Services	1,078	1,356	(278)	(517)	239
Carers	1,511	1,455	56	0	56
Other Services	4,495	4,016	479	101	378
<b>Net Expenditure</b>	<b>89,833</b>	<b>92,055</b>	<b>(2,222)</b>	<b>(1,172)</b>	<b>(1,050)</b>

4.1.9 The financial and service pressures experienced in 2024/25 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 legacy impact of both the Covid-19 pandemic and the Cost-of-Living Crisis 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. Approximately Seventy percent of children and families allocated budget is allocated to the provision of care as detailed below. The What Would It Take Strategy aims to support more children with their families within local communities disinvest in external care costs and develop local family support-based services to enable children to remain safely within their communities.

TABLE 3: SPEND ON CHILDREN AND FAMILIES 2020/21 TO 2024/25



4.1.10 In March 2025 Audit Scotland published an article on "Integration Joint Boards – Finances Continue to be Precarious" which highlighted a concerning picture of continued overspending, depletion of reserves and savings being met through one-off rather than recurring savings and a projected funding gap for 2024/25 of £457m.

4.1.11 Within West Dunbartonshire HSCP, we recognise all 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 Medium-Term Financial Outlook 2024/25 – 2027/28. The plan 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 home 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.

4.1.15 Table 4 below, provides further detail on the financial cost of commissioning a range of social work and care services in 2024/25 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.

TABLE 4: 2024/25 COMMISSIONED EXPENDITURE

<b>Spend Category</b>	<b>Children and Families</b>	<b>Health and Community Care</b>	<b>Learning Disabilities, Mental Health and</b>	<b>Other</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>		
Day Support	0	0	2,922	0	2,922
Direct Payments	222	897	867	116	2,102
External Fostering	4,243	0	97	0	4,340
Fostering and Adoption	1,216	0	0	0	1,216
Housing Support	1,994	3,376	11,068	0	16,438
Kinship Payment	2,892	0	0	0	2,892
Nursing	0	0	610	0	610
Payments to NHS	461	113	373	319	1,266
Payments to other bodies	1,651	2,456	4,036	1,654	9,797
Residential Care	6,415	16,776	2,077	0	25,268
Respite	234	14	476	559	1,284
<b>Total</b>	<b>19,328</b>	<b>23,633</b>	<b>22,527</b>	<b>2,648</b>	<b>68,136</b>

4.1.16 The financial outlook for the HSCP and Social Work Services for 2025/26 is one of increasing financial challenge and risk despite health funding increasing by 3% and a commitment made by West Dunbartonshire Council to pass over a share of both anticipated Scottish Government funding in relation to increased employers' national insurance contributions and additional local government funding to reflect GAE indicator changes.

4.1.17 In March 2025, the HSCP Board agreed to a suite of options to close the estimated funding gap of £7.766m. 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 annual update of the Board's Medium Term Financial Outlook in 2026 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.

## 5. Workforce and Service Impact

### 5.1 Workforce Planning

5.1.1 The WD HSCP Workforce Plan (2022–2025) concludes in 2025. To align with the Strategic Planning cycle (2023–2026) we are currently developing a one-year holding Workforce Plan for 2025–2026. This interim plan will support strategic continuity and inform the development of a longer-term plan for 2026–2029.

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.

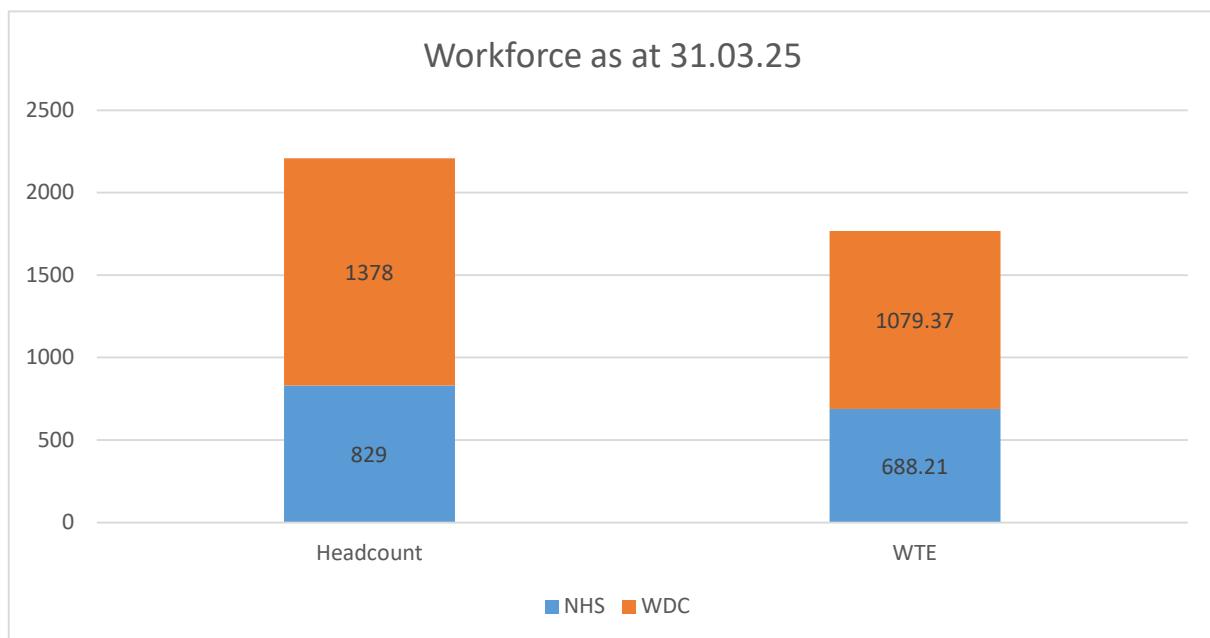
- Nurture – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

5.1.3 West Dunbartonshire HSCP are looking to grow and retain our Social Work and Care workforce in the next five years. Recruitment and retention is a main focus of actions to help us deliver both our Workforce Plan but also encourage employability and extending the number and type of training opportunities available. 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 Universities. The programme has now been implemented since 2022 and we have successfully supported a number of employees to undertake the undergraduate and post-graduate programme through the Open University across Children's, Adults and Justice Services.

## 5.2 Workforce Split

5.2.1 The workforce of West Dunbartonshire HSCP is made up of staff employed by both NHS Greater Glasgow and Clyde and West Dunbartonshire Council, reflecting the integrated nature of health and social care delivery in the area. As of 31 March 2025, the total workforce stood at 2,207 staff with 829 employed by the NHS and 1,378 by West Dunbartonshire Council.

Table 1 Workforce as at 31.03.25 (WTE and Headcount split)



5.2.3 This split highlight the significant contribution of both employing organisations to the delivery of services across the HSCP. The Council workforce is larger, accounting for approximately 62% of the total, while NHS staff make up the remaining 38%. This distribution is consistent with the range of services delegated to the HSCP which include both health and social care functions.

5.2.4 The integrated workforce model enables the HSCP to draw on a broad mix of skills, experience and professional backgrounds, supporting multidisciplinary working and more coordinated care for the people of West Dunbartonshire. Maintaining a balanced and collaborative workforce across both employers is essential for sustaining high-quality service delivery and responding flexibly to changing needs.

### 5.2.5 Age Profile and Retirement Risk

The age profile for staff in West Dunbartonshire HSCP indicates that the majority (59%) of our workforce are over the age of 45.

**Table 1 People Count and Age Profile**

Age Band	NHS	West Dunbartonshire Council	Total
<20	0	3	3
20-24	10	30	40
25-29	59	69	128
30-34	125	120	245
35-39	106	138	244
40-44	113	139	252
45-49	104	145	249
50-54	112	185	297
55-59	113	251	364
60-64	71	213	284
65+	16	85	101
<b>TOTAL</b>	<b>829</b>	<b>1,378</b>	<b>2,207</b>

5.2.6 The data for the 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, while the picture West Dunbartonshire Council workforce is slightly different across and 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, the implications of an ageing workforce and maintaining health and wellbeing in coming years.

5.2.7 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.

5.2.8 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 ten 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.

5.2.9 The parent bodies as employers, 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 2 Age Profile

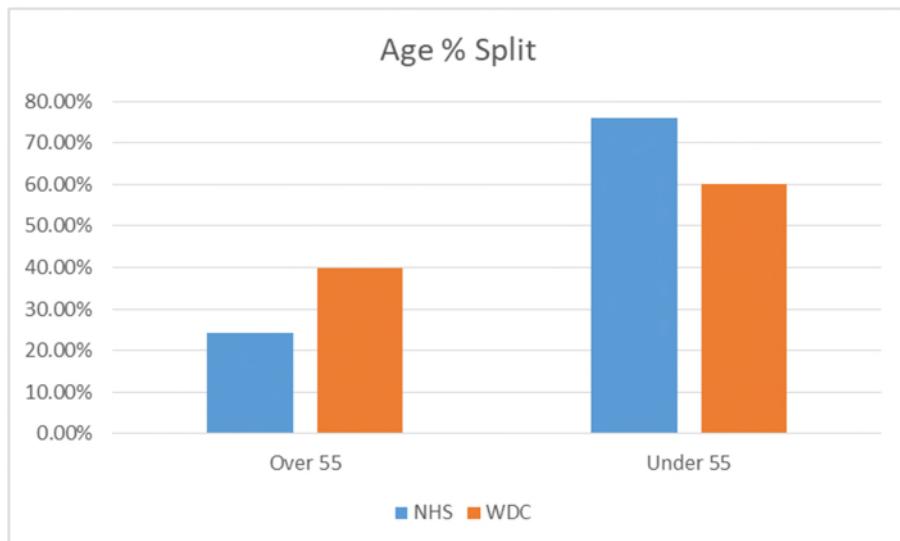
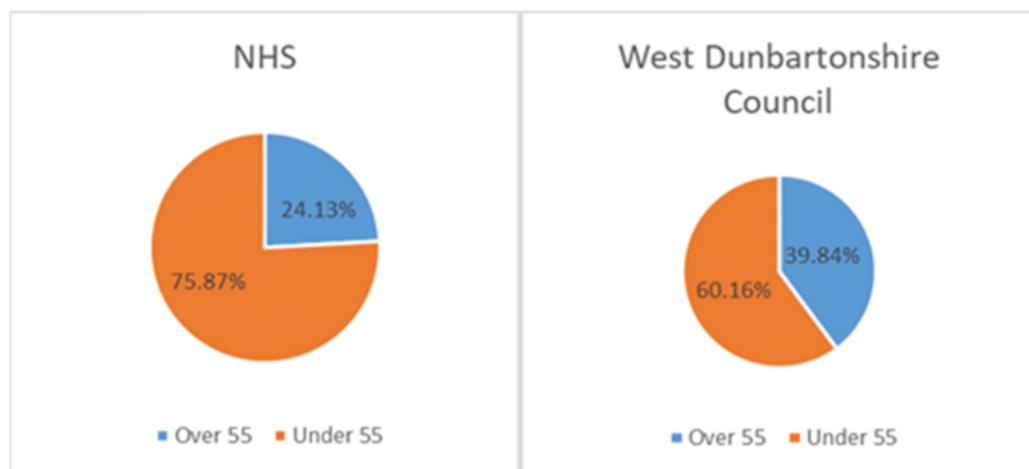


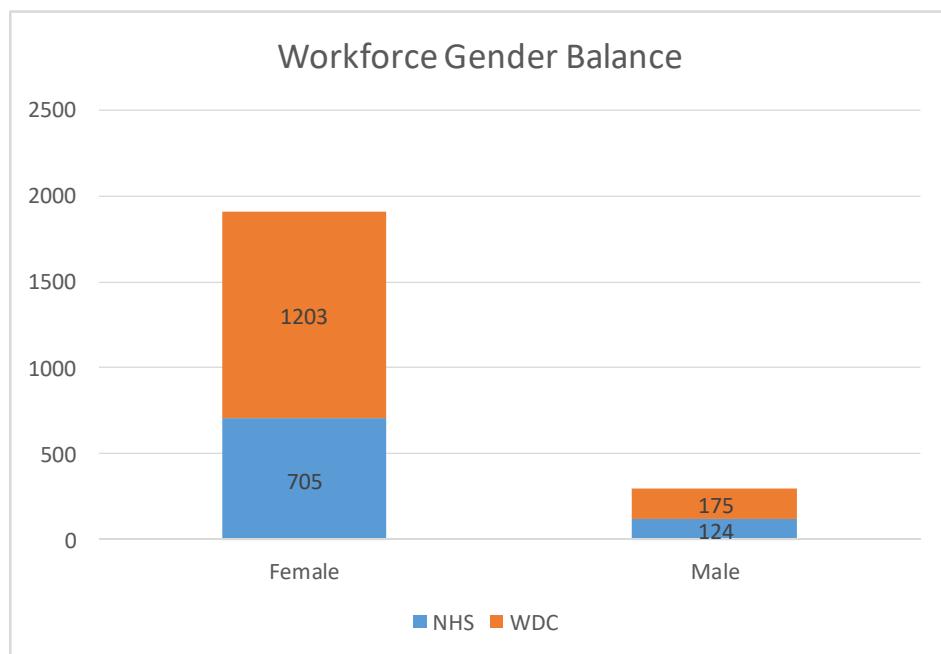
Table 3 HSCP Age Profile



#### 5.2.10 Workforce Gender Balance

As can be seen below West Dunbartonshire 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 Gender Balance



#### 5.2.11 Staff Turnover

Between April 2024 and March 2025, 251 people left WD HSCP. The annual turnover rate for West Dunbartonshire Council staff within the HSCP was 12.7% and for the NHS was 8.5%. This represents reduced turnover rates compared to the same period in the previous report. The workforce may have been less willing to leave the security of their posts or actively pursue retirement.

5.2.12 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.

### 5.3 West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

5.3.1 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.

- 5.3.2 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.
- 5.3.3 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 West Dunbartonshire HSCP, there is a continued emphasis on the importance of action planning.

#### **5.4 Workforce Development, Learning and Collaboration**

- 5.4.1 NQSW Supported Year: Building Foundations for Professional Growth. The NQSW Supported Year has become a cornerstone of our commitment to nurturing newly qualified social workers as they transition into professional practice. Over the past year, West Dunbartonshire HSCP has embedded a robust and responsive framework that supports NQSWs through structured learning, peer engagement, and reflective practice.  
The Programme has been guided by a dedicated Steering Group comprising senior and operational managers who provide strategic oversight, ensuring alignment with national standards and local workforce priorities.  
In September 2025, a total of 20 NQSW's were being supported through the programme.

##### **5.4.2 Programme Structure and Offerings**

The Supported Year is aligned with the Scottish Social Services Council (SSSC) requirements and includes a blend of mandatory and optional activities designed to build confidence, competence, and professional identity. Key components include:

- Individual Development Planning: Supervisors support NQSWs in creating and reviewing Individual Learning Plans (IDLs), with supervision every four weeks.
- Protected Learning Time: Half a day per week during core hours for study, reflection, and development activities.
- Protected Caseloads: Designed to match the NQSW's growing confidence and competence.
- Induction and Information Events: Tailored sessions, such as the half-day Information Event held in June 2025, provide targeted support for those new to the organisation, ensuring a smooth on-boarding experience.
- Peer Support Forums: Held every 6–8 weeks at Church Street, Dumbarton, these informal gatherings offer NQSWs and students a space to connect, share experiences, and learn about different roles across the organisation.
- Core and Mandatory Learning Activities: These are integrated into the Supported Year and linked to evidence-gathering requirements.

- Dedicated Intranet Resources: The NQSW Toolkit and Social Work Practice and Resources pages provide accessible guidance, links to SSSC materials, and practical tools to support learning and development
- SSSC Webinars and Forums: NQSWs and their supervisors are encouraged to participate in quarterly national forums hosted by SSSC, which offer opportunities to share practice, challenges, and successes.
- Job Shadowing: Shadowing is recognised as a mandatory component of the Supported Year and is key to broadening professional experience. A minimum of six weeks shadowing across Children & Families, Justice Services, and Adult Services is offered.
- Mentors: NQSWs are matched with a mentor who may be an experienced social worker or a Social Worker who has recently completed their SSSC Supported year.

Achievements and Impact

- Collaborative Development: The programme has evolved through active collaboration with colleagues across Justice, Adult Services, and Children and Families. Feedback from NQSWs has informed improvements to induction processes and learning pathways.
- Manager Engagement: Regular catch-ups with NQSW line managers and Steering Group meetings have ensured that the programme remains responsive to frontline needs and strategic priorities.
- Skills Passport: This initiative has been reviewed and updated to better support NQSWs in evidencing their development and accessing relevant training.
- Supervision: The Programme has improved the clarity and consistency of Supervision, Mentoring, and Continuous Professional Learning (CPL) Tracking.

#### 5.4.3 Challenges

The NQSW Supported Year is continuing to evolve. As an organisation, we regularly seek feedback from the Newly Qualified Social Workers themselves, as well as their direct Line Managers, Mentors, and Senior Managers as we endeavour to continually improve the content.

Current challenges include:

- Ensuring consistent uptake and awareness of the different offerings and materials across all teams.
- Balancing workload demands with time for reflective supervision.
- Identifying and supporting NQSW's promptly within dynamic staffing environments.
- Creating frameworks to sustain meaningful shadowing and mentoring experiences for all NQSW's.

#### 5.4.4 As we approach the second year of implementation, West Dunbartonshire HSCP remains committed to refining and strengthening the NQSW Supported Year. Plans include expanding peer-led learning opportunities, enhancing digital resources, and deepening collaboration across the sector.

#### 5.4.5 Additional funding from Government to Chief Social Work Officers in 2022 to promote service delivery within adult services has been identified to develop a Lead Officer for Social work and will be known as the depute CSWO. In addition, an adult services reviewing team to support quality assurance and scrutiny of quality of care and support

for adults and older people has been put in place.

- 5.4.6 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.
- 5.4.7 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 2024/2025 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.*
- 5.4.8 The HSCP has a statutory duty to provide a workforce plan. In a Director's Letter dated 17 December 2024, the Scottish Government requested Partnerships and Health Boards to produce a 1-year workforce plan for the period 2025–26. This represents a shift from the previous 3-year planning cycle and reflects both the current workload pressures and the challenges of forecasting workforce needs in a rapidly changing environment.
- 5.4.9 This 1-year plan serves as an interim measure and is designed to align with the development of the HSCP's strategic plan for 2026–2029. The intention is to return to a longer-term planning horizon from 2026 onwards, ensuring continuity and strategic alignment across service delivery and workforce priorities.
- 5.4.10 Workforce planning activity is embedded within routine business continuity processes across all levels of the HSCP. The plan primarily addresses workforce requirements for West Dunbartonshire Council and NHS Greater Glasgow & Clyde, while also considering the contribution and needs of the Third and Independent Sector workforce.
- 5.4.11 The Health and Care (Staffing) (Scotland) Act 2019, which came into force in April 2024, places a statutory duty on NHS Boards and care service providers to ensure appropriate staffing arrangements are in place to support safe, high-quality care. This includes having workforce plans that reflect current and projected service demands and align with strategic planning cycles
- 5.4.12 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.
- 5.4.13 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 pathways, in partnership with the Open University.
- 5.4.14 Staffing challenges throughout the reporting period have resulted in both increased waiting times for service users and is in part being mitigated by the regular use of

agency staff. There is a clearly changing profile of experience and skillset across the social work workforce with vast majority of successful recruitment activity resulting in newly qualified social workers being appointed. Over time this shifts the balance of experienced staff who are managing highest public protection risk.

5.415 The experience of West Dunbartonshire is similar to the overall picture nationally, with other local authorities reporting difficulties filling posts and losing experienced social workers to agencies. With the maturity of HSCP's structural arrangements there is a risk that parent bodies have reduced capacity and ownership of the need to appropriately support the social work workforce both from learning and development and HR perspective.

5.4.16 A review of the Children and Families structure was scoped in 22/23 and challenges regarding implementation have resulted in a significant delay in achieving the required service configuration. The proposed structure would act as a footprint for aligning the social work roles grading and structure across social work services.

5.3.17 Highlighted through this report are the significant issues of staffing availability and recruitment which has had an impact in nearly all areas of service delivery. As West Dunbartonshire HSCP experiences, and plans for, change, a number of resources and programmes are being developed to support our workforce through change. Whilst the effects change are acknowledged, there are levels of challenge due to a shortage of available workers for some sectors which is resulting in higher than normal level of vacancies. Never has there been a greater need for workforce planning and development to be supported to ensure the continuity of a skilled and committed workforce to deliver high quality services for the future. 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.