

West Dunbartonshire Health and Social Care Partnership

Chief Social Work Officer Annual Report

2020-21

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1. GOVERNANCE AND ACCOUNTABILITY

Role of the Chief Social Work Officer (CSWO)

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in Section 3 of the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc. (Scotland) Act 1994.

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.

West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice.

The Chief Social Work Officer is a 'proper officer' of the Council in relation to social work functions and is a member of the Senior Management Team within the HSCP and a non-voting member of the Health and Social Care Partnership (HSCP) Board.

Covid-19

At the time of writing last year's CSWO annual report, a UK-wide lockdown had only recently been implemented. As we all faced the unknown impact of the global Covid-19 pandemic, social work was one of the priority professional groups designated as an essential workforce. This reflects the critical role of social work, as reflected in legislation and statutory duties. By its very nature, the social work profession has always adapted to meet local and national demands, priorities and the needs of the most vulnerable in our communities and this was never more apparent than during the past year.

At its meeting of 25 March 2020, HSCP Board members approved the suspension of normal governance arrangements during the Covid-19 pandemic and accepted alternative Board meeting arrangements. The Board approved delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, to be enacted "if required", to meet immediate operational demand on decisions normally requiring Board approval. The Chief Officer and the Chief Financial Officer have continued to meet weekly with the Chair and Vice Chair of the HSCP Board to provide an opportunity for scrutiny of the delegated responsibilities. The frequency of Board meetings also increased to provide appropriate oversight of key issues and allocation of additional Scottish Government funds to support changes to service provision.

Throughout this annual report, information on services, performance and delivery continually refers to the pandemic and how individual teams and services responded and adapted to its impact. A number of significant actions have taken place over the past year to ensure services to children, young people, families and adults continued to be provided in the context of the pandemic. It is to the credit of the entire social work and social care workforce that these vital services in West Dunbartonshire continued and is testament to the dedication, commitment and individual strength of each social worker, social care worker and manager.

As the scale and impact of the Covid-19 pandemic unfolded on a daily basis from March 2020, services moved rapidly to reflect guidance from Public Health Scotland and legislative changes within the Coronavirus (Scotland) Act 2020. Actions were focussed on ensuring provision of essential services, within the context of protecting staff, service users and our wider communities.

Sections 16 and 17 of the Coronavirus (Scotland) Act 2020 allowed local authorities to dispense with specific social care assessment duties for children, adults and carers to enable a response to urgent care needs without undue delay. Locally, social work services did not require to use these powers and this is reflected in continued survey responses to Scottish Government to monitor the extent to which these powers have been used.

Throughout the past year the key focus for service planning and delivery has remained on those individuals and families at risk and this model of prioritisation continues to be kept under ongoing review by operational managers.

Prioritising services during the pandemic continued to be at the core of work to respond to the pandemic, focussed on:

- Child protection (including ensuring pathways for new referrals from agencies and continuing to see and support children at greatest risk, including those on the child protection register);
- Adult support and protection (including pathways for referrals, methodology to progress investigations and provide robust decision-making);
- Justice social work (prioritising supervision of those deemed to require a higher level of supervision and support, suspension of unpaid work and new opportunities to address this as well as the impact of periods of closure of Dumbarton Sheriff Court for routine business).

Social work services moved quickly to a largely remote model of working, with some core work continuing in premises primarily focussed on duty services for child protection, justice and adult services (where a joint hub for all adult services was implemented). This model reflected the moves of the wider Council to protect staff by supporting home working wherever possible and to limit the need for staff to travel to work or enter buildings where alternative, home-based working allowed. Alongside this, a significant move to virtual and digital working included meetings taking place by teleconference and using a range of online meeting platforms including Microsoft Teams and Zoom.

The following summarises a number of key developments over the past year, many of which are explored in greater detail later in the report. This is by no means exhaustive but highlights the wide-ranging, dynamic and pivotal activity by social work and social care teams, as well as key partners, in ensuring services continued to be provided, within an adaptive model:

- Joint work to maintain contact with the most vulnerable children and families between social work, education and health teams;
- Provision of a personal protective equipment (PPE) store for HSCP, Council and third sector organisations;
- A combined duty team for all adult services, ensuring consistent overview of concern referrals, including adult support and protection;
- Comprehensive local guidance written and implemented across teams, regularly reviewed and updated, as national guidance including from Scottish Government and Public Health Scotland, was issued and amended;
- Daily care home meetings to review access to PPE, infection rates, clinical and care requirements of residents, staffing needs etc.;
- Redeployment of a number of social care and administrative staff from HSCP teams to the Council's Humanitarian Assistance Centre to support children and adults who were shielding, vulnerable or at risk;
- Daily reports on staffing capacity, absence, PPE needs etc. to assist service planning and redeployment as required;
- Weekly contact and 'eyes on' children whose names were on the child protection register;

- A comprehensive resource tracker across all services to direct budgets, supplies etc. to areas of increased demand or vulnerability;
- Business continuity plans and service prioritisation models, particularly in the early weeks and months of the pandemic, to plan for the impact of staff absence and other critical events;
- Working with key partners to support their reduced operating models including Scottish Court Service and the Scottish Children's Reporter Administration including virtual and blended children's hearings (combining in-person and digital means);
- Workforce models for children's houses and residential care homes for adults;
- Managers' database for high risk offenders including an agreed communications protocol with partners;
- Planning with Scottish Prison Service for early release from prison of eligible individuals to manage the impact of Covid-19 in custodial settings;
- Weekly data returns to the national Covid-19 dataset to monitor and manage public protection activity and continued service provision across children, adults and justice services;
- Additional support and remote assistance to care-experienced young people including provision of digital devices to address social isolation, digital exclusion and support access to education;
- Continued planning for Brexit including impact on staff, children and young people from the EU;
- Recovery plans as services adapted to the pandemic and prepared for services to scale up towards established provision and practice (and scaling these back as infection rates entered a second and third wave).

Population Profile

In 2020, the population of West Dunbartonshire was 88,340 (National Records for Scotland, 2021). This is a decrease of 0.7% from 88,930 in 2019. Over the same period, the population of Scotland remained almost the same with only an increase of 0.05%. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.

The number of births in West Dunbartonshire in 2020 was 771 which, in common with a number of other Scottish local authorities, was much lower than the figures of 845 in 2019. In West Dunbartonshire, 18% of the population are aged 0-15, slightly higher than Scotland (17%), and 9.7% of the population are aged 16-24, which is smaller than Scotland (10.4%). In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25,664 (29%).

People aged 65 and over make up 19% of West Dunbartonshire's population, which is similar to Scottish population. Currently West Dunbartonshire ranks the third most deprived area in Scotland (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inverclyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2020¹).

Partnership Arrangements

The Chief Social Work Officer participates in a range of groups and forums to ensure the proper delivery of social work functions. These include the 'Nurtured' and 'Safer' Delivery & Improvement Groups (DIGs) which lead on the relevant strategic priorities of West Dunbartonshire Community Planning Partnership as well as the Public Protection Chief Officer Group, the HSCP Board, HSCP Audit & Performance Committee and the Senior Management Clinical & Care Governance group. These arrangements support work with a range of key partners including the Council, NHS Greater Glasgow & Clyde, third sector, Police and Scottish Children's Reporter Administration to ensure that services are developed and provided across West Dunbartonshire that reflect local strategic priorities.

¹ <https://www.gov.scot/publications/scottish-index-multiple-deprivation-2020/pages/5/>

As part of its ongoing activity during 2020-21, the Nurtured Delivery and Improvement Group published the integrated children's services plan for 2021-23, with the strategic outcomes themed around the SHANARRI outcomes for children and young people (safe, healthy, achieving, nurtured, active, respected, responsible and included).

Clinical and Care Governance

The HSCP Clinical and Care Governance group has a responsibility to provide scrutiny and oversight across health, care and social work services in West Dunbartonshire. The group meets quarterly to ensure that services provide quality, effectiveness and efficiency to meet the needs of local residents and communities, as well as evidencing good practice around professional standards, risk management, staff learning and development.

The Clinical and Care Governance group comprises the HSCP Chief Officer, Heads of Service, Chief Social Work Officer, Chief Nurse and is chaired by a Clinical Director; the group also reviews progress around quality assurance improvement plans arising from inspections.

Self-evaluation and improvement activity is regularly reported in addition to compliance with statutory and mandatory training for staff across the HSCP. Furthermore, the group is a key part of the partnership governance arrangements for initial and significant case reviews and significant clinical incidents. The Clinical and Care Governance Group will publish their annual report later in 2021.

Public Protection Chief Officers Group (PPCOG)

West Dunbartonshire's multi-agency Public Protection Chief Officers Group (PPCOG) is responsible for the strategic co-ordination of public protection services in West Dunbartonshire and is chaired by the Council Chief Executive. Core membership also includes the Chief Nurse: Public Protection (NHS Greater Glasgow & Clyde), the Divisional Commander (Police Scotland) and the Chief Officer (HSCP). The Chief Social Work Officer, the Council's Chief Education Officer and the Locality Reporter Manager (Scottish Children's Reporter Administration) also attend the PPCOG. The group scrutinises the strategic direction and performance of services for child protection, adult protection, multi-agency public protection arrangements (MAPPA) for the management of high risk offenders, violence against women and the Alcohol & Drugs Partnership.

The PPCOG regularly reviews the purpose and function of the group in terms of assurance and governance. During 2020-21, the PPCOG met more frequently, to ensure senior oversight of public protection arrangements during the Covid-19 pandemic. As part of this, the strategic risk register for the PPCOG was regularly updated by group members to provide focus on risks being managed by them in the context of the Covid-19 pandemic within a multi-agency approach to risk management. This continues to be reviewed on a quarterly basis to ensure that senior officers have appropriate oversight of actions and resources required to mitigate risks here and includes risks beyond those specifically related to the impact of Covid-19 on public protection.

The Performance and Assurance Reporting Framework (PARF) provided PPCOG members with a quarterly report on performance against targets for child protection, high risk offenders, adults at risk and vulnerable adults. Work is currently ongoing to refresh the report to fully reflect the national minimum data set for child protection.

Chief Social Work Officer Oversight

In addition to the above arrangements, the CSWO has maintained oversight of social work practice and performance by a range of means, including:

- Meetings with managers for children's and justice services;
- Social work governance meetings with operational managers for adult social work services and the Heads of Service for Health & Community Care and Mental Health, Learning Disabilities & Addictions;
- Regular meetings with the lead officer (child protection) and independent joint Chair of the Adult Protection Committee and Child Protection Committee;
- HSCP Senior Management meetings including the HSCP Chief Officer, operational Heads of Service, Head of HR, Chief Nurse and Chief Finance Officer;
- Extended Management Team meetings (including managers across all HSCP services).

In response to the Covid-19 pandemic, these groups met more frequently, with daily touch-down meetings for senior officers and managers as services responded to the pandemic, to maintain close oversight to support services.

The national CSWO Committee moved to weekly meetings during the pandemic, providing an important forum to consider key policy changes, the impact of Covid-19 on social work practice and a professional response to national recovery planning.

The impact of the pandemic on social work services was the subject of a report in December 2020 by the Institute for Research and Innovation in Social Services (IRISS) with Social Work Scotland which looked at the professional response by CSWOs. In addition, Social Work Scotland published a CSWO annual survey in March 2021, providing an important national oversight of the experience of CSWOs. These reports noted the significant increased demand on CSWOs, particularly in response to the pandemic and 'the need for this role to be more strongly resourced, recognised and supported at local and national levels'.

A range of management information has continued to be provided to the CSWO and operational managers to inform service planning. This includes:

- Quarterly performance and review data for child protection, adult protection and MAPPA (also reported to the Public Protection Chief Officers Group);
- Monthly management information report for children's and justice services (including service demand, initial response, case allocations and performance against key performance indicators) – this report is also shared with the HSCP Chief Officer and Council Chief Executive;
- Registered practitioners subject to performance improvement plans or other formal measures including referral to the Scottish Social Services Council (SSSC);
- Professional practice discussion as part of quarterly meetings with the link inspector from the Care Inspectorate.

2. SERVICE QUALITY AND PERFORMANCE

The role of CSWO includes responsibility for ensuring that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC).

During 2020-21, the CSWO, HSCP Chief Officer and other Heads of Service continued to engage positively with the link inspector and other colleagues from the Care Inspectorate, where service performance, strategic planning and inspection activity were reviewed. In addition to quarterly meetings with Care Inspectorate colleagues, operational Heads of Service met fortnightly with the link inspector during 2020-21 to provide updates on service responses to the pandemic, review any notable developments in services including initial and significant case review activity and to discuss any national learning that could support continued service development. This close communication continues to support a focus on service quality within robust arrangements for governance and accountability.

Care Inspectorate Inspections

The Care Inspectorate provided notice in early 2020 that West Dunbartonshire adult support and protection services would be inspected within a joint model of inspection with Her Majesty's Inspectorate of Constabulary and Healthcare Improvement Scotland, however this activity was suspended as a result of the pandemic. This inspection activity will, however, recommence during 2021, as part of scrutiny and assurance across 13 Police Scotland Divisional areas and concern hubs that align to these boundaries.

One service was inspected in West Dunbartonshire during the past year: Crosslet House, Dumbarton, one of our residential care homes, achieved a grade of 'Very Good' for the quality indicator: 'how good is our care and support during the Covid-19 pandemic?'

PUBLIC PROTECTION

During 2020-21, the HSCP Board approved funding to support the creation of two distinct lead officer posts: one for adult protection and one for child protection. This followed recognition that the previous arrangement of one combined post presented challenges in terms of the span of responsibility. Recruitment to the child protection lead officer post has been completed and an interim adult protection lead officer is in post while recruitment on a permanent basis takes place.

It is also proposed to create two additional public protection posts for a fixed term of two years: one for learning and development, to support single and multi-agency training and professional development across services with responsibility for public protection, whilst the other post will focus on performance, audit and quality assurance. This will be progressed during 2021-22.

Child Protection

The following provides an analysis of child protection activity during 2020-21, in line with the format of the national minimum dataset, created by the Centre for Excellence for Children's Care and Protection (CELCIS).

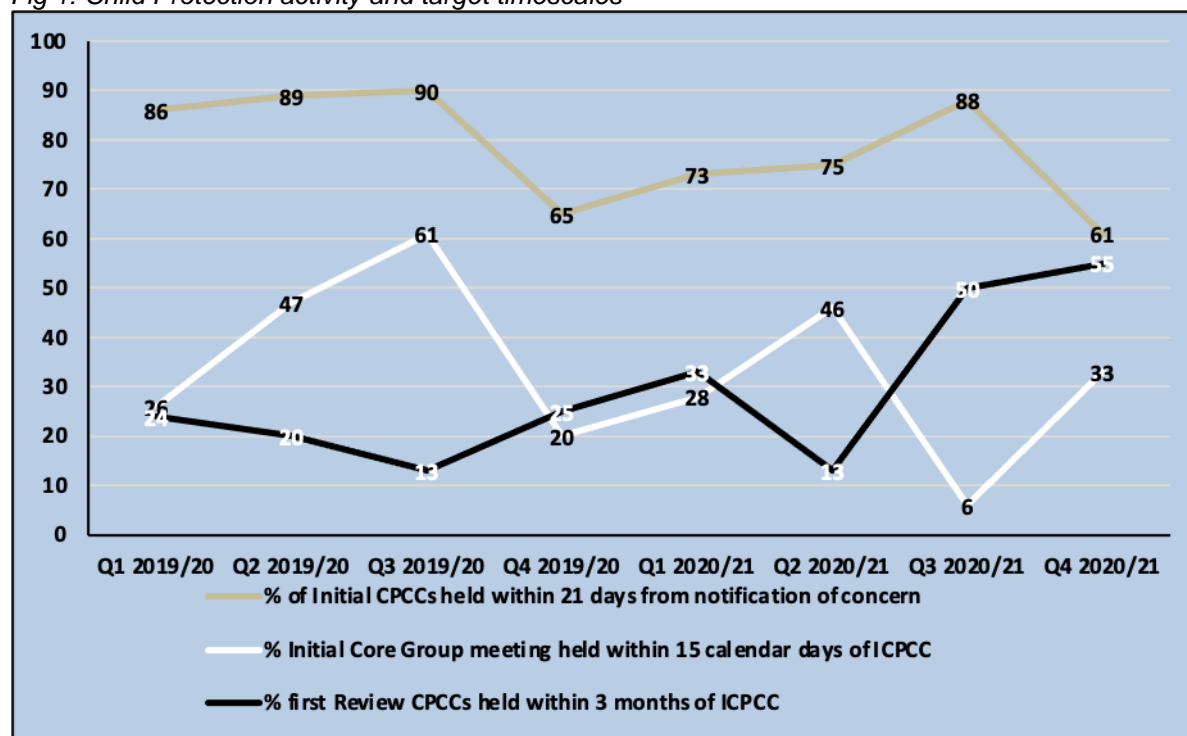
In 2020-21, the most noted concern report for children at the time of child protection registration was domestic abuse, as was the case in the previous year, however this increased during 2020-21 which may reflect the impact of the introduction of multi-agency risk assessment conferences (MARAC) in April 2020 which focus on women and children at risk of significant harm; the impact of lockdown restrictions on perpetrator behaviour and risk to individuals is also likely to have been a significant contributory factor.

Parental mental health was the next most reported concern for children being placed on the child protection register in 2020/21 (41%). This increased by 15% from 2019-20. Again, lockdown pressures are widely perceived to have impact on presenting mental health problems in children, young people and their parents. The impact of school closures and restrictions on interacting with others outwith the family home will have also impacted on the mental and emotional wellbeing of children, young people and their families.

A similar picture is evident when considering parental drugs misuse, where concerns in this regard increased from 28% in 2019-20 to 39% in 2020-21.

Performance against timescales for child protection activity is included in Figure 1, below:

Fig 1: Child Protection activity and target timescales



There were fewer initial child protection case conferences held within 21 days in 2020-21, reflecting the impact of restrictions upon the submission of information by multi-agency services to inform these meetings. Meanwhile, the percentage of initial core group meetings held within 15 calendar days of an initial child protection case conference reduced, followed by a notable recovery in the fourth quarter of 2020-21.

Furthermore, other than Q2 in 2020-21, there more review child protection case conferences were held within 3 months compared to 2019-20.

Despite the challenges experienced since March 2020, services have continue to work together to reduce the risk to children and young people. This has been achieved by convening additional Child Protection Committee (CPC) meetings to monitor Covid-19 related issues.

Due to the impact of the pandemic, there was reduced capacity to develop and deliver training and learning sessions as well as additional complexities around the virtual nature of training which limited methods of interaction. To address this, the training subgroup of the Child Protection Committee is taking forward a range of activities to support the multi-agency workforce. This includes the development of a training strategy, completing a training/learning needs analysis and sharing learning resources between multi-agency partners.

The capacity to undertake audit and review work was also affected, although the lead officer is now supporting a plan which will address this. Nevertheless, some audit work has continued, including an audit of Initial Referral Discussions to inform priorities for practice.

The Scottish Children's Reporter Administration moved children's hearings from face-to-face to virtual hearings. Despite some challenges with technology, meeting the needs of those most vulnerable and at-risk children has been achieved and all orders have been reviewed; emergency transfers, along with Child Protection Orders, have been ratified at children's hearings. Plans are in place to deliver virtual hearings on a new, more stable, IT platform in 2021 along with the gradual return to face to face hearings, as lockdown eases.

Partners have worked well together to improve access to digital means of communication, for example by providing iPads to vulnerable families to ensure they could engage in children's learning. This also assisted families in continuing to receive contact from agencies, whether by virtual support or attending meetings such as child protection case conferences.

The most vulnerable children in West Dunbartonshire have continued to receive robust support from our partners and young people with emotional wellbeing issues have been prioritised. Our Specialist Children's Services focussed on a quick response for those young people with mental health problems who were most at risk. In addition, visits were also made to families to ensure they had the resources they needed prior to lockdown, to minimise the negative impact lockdown would cause.

Specialist links were also made with Sandyford Services for Family Nurses to support contraceptive choices and with Shelter Housing to support people with accommodation issues during these difficult times.

Education hubs were created during the pandemic for both key workers and vulnerable pupils during term and non-term time. These have included the provision of social work bases within the Hubs to facilitate child protection engagement. There has also been a blended learning approach with guidance on regular contacts for those children and young people who are most vulnerable and at risk. This included a number of children who attended Education Hubs due to the risk and impact of domestic abuse.

The provision of free meals via vouchers, packed lunches and direct payments to eligible families and all Early Years and P1 to P3 pupils was implemented, along with the provision of digital resources to support access for the most vulnerable children and young people.

In response to increasing concerns about incidents of inappropriate image sharing and correspondence between young people, their peers, and strangers online, a short life working group was created to share knowledge and information across the partners in supporting those who may be at risk of this type of harm and to ensure key messages to parents and young people were disseminated as widely as possible during the pandemic when the risk to young people's online safety increased.

The West Dunbartonshire Community Volunteer Service has continued to connect the local community and the third sector to the child protection agenda. During the last year, this has included providing a Covid support service, accessed by a range of local partners including GPs and duty social work. They have also helped families in need with supplies of food, prescriptions, power top-ups and welfare calls etc. In addition, they assisted the HSCP in maintaining contact with individuals who were shielding, providing support and assistance.

Work has commenced on a suicide prevention and response protocol to ensure a joined-up approach across all services with clear guidance for the response when a young person completes suicide. This protocol will also ensure those who may be affected by the death of the person who completes suicide, are identified quickly and receive the support they require. Furthermore, work continues on the introduction of Equal Protection from harm legislation, led by a short life working group to develop a local protocol.

At the end of 2020-21, the Child Protection Committee agreed revised terms of reference for the training subgroup which will explore the training needs of multi-agency partners, methods of training and learning delivery as well as short and long term goals.

Priority areas for improvement across partners over the next twelve months are:

- Update single agency and multi-agency training Calendar and deliver training priorities based on recent multi agency audit;

- Develop participation and feedback from families and staff to support service improvement;
- Conclude a programme of Audit and reporting to inform further evaluations;
- Progress a strategy for action to address the increased risk to children and young people from online offending;
- Update local interagency procedures to align with the revised National Guidance for Child Protection In Scotland (scheduled for 2021) and development of a Suicide Prevention and Response protocol;
- Focus on supports to parents with mental health issues.

Adult Support and Protection (ASP)

During 2020-21, referrals for adults at risk decreased by 7%, from 539 in 2019-20 to 500 in 2020-21. Of a total of 500 inquiries, 77% were complete within 5 working days against a target of 85%.

The number of inquiries taken to investigation decreased by 18%, from 65 in 2019-20 to 53 in 2020-21. Of the 53 investigations, 89% were commenced within 8 working days of referral, exceeding the target of 80%.

The number of investigations taken to case conferences decreased by 25%, from 12 in 2019-20 to 9 in 2020-21, of which four were held within 20 working days of referral. Meanwhile, vulnerable adult referrals increased by 68%, to 1196 during 2020-21 from 713 in 2019-20.

The progress of working groups as part of the Adult Protection Committee to develop local policies and procedures around Large Scale Investigations, hoarding and financial harm was affected by the pandemic. As referred to above, whilst recruitment to the lead officer post for adult protection continues, a temporary lead officer will ensure continued support to the independent Chair of the Adult Protection Committee.

The ability to provide ongoing training for new and existing Council Officers was impacted by the restrictions arising from the pandemic, however the service has continued to explore methods to safely deliver training. Partners and providers were consulted via a training survey and suggestions included updating online 'iLearn' material, ongoing use of external providers for Council Officer training and the provision of basic and detailed awareness training in-house through a Training for Trainers model.

An independent audit was commissioned in early 2021 to consider strengths and areas of development for adult support and protection practice; an improvement plan has been developed which provides a framework for development in 2021-22.

Local policies were updated and developed to uphold multi-agency awareness of key processes and best practice, including interagency adult support and protection guidance, case recording standards and the social work & social care supervision policy. Plans for wide implementation and future training events will be taken forward in 2021-22.

Multi-Agency Public Protection Arrangements (MAPPA)

West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, Police Scotland, NHS Greater Glasgow & Clyde, NHS Highland and the Scottish Prison Service which are all deemed 'responsible authorities'. A dedicated MAPPA co-ordinator provides professional advice and guidance within a small MAPPA Unit which supports 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 CSWO continued to attend the North Strathclyde Strategic Oversight Group in 2020-21 which moved to remote, increased meetings during the pandemic and the Justice Service Manager is a member of the Management Oversight Group.

The local service achieved 100% compliance with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators related to MAPPA meetings being convened and notifications submitted to the MAPPA Unit within fixed timescales; no exceptions were reported during 2020-21.

Initial Case Review (ICR) notifications across North Strathclyde and, indeed, nationally, increased during 2020-21; within West Dunbartonshire, one Initial Case Review was completed in October 2020 and the decision was made not to proceed to a significant case review based on progress made within the service to improve practice. Key learning points were identified and have been progressed within an improvement plan which guides local improvement activities, including:

- Enhanced access to training for staff and managers;
- Opportunities for expanded training including accredited interventions;
- Quality assurance and practice governance;
- Additional support for service improvement.

CHILDREN AND FAMILIES

Locality Children's Services

Locality based children's social work services were, in early 2020, beginning to benefit from work to resolve earlier challenges around staffing and caseloads during 2019 which put teams in a somewhat stronger position just prior to moving into a period of remote working and significant adjustment as a result of the pandemic.

Staff moved to primarily remote working, supported by the development of a range of local guidance, informed by statutory and public protection duties as well as national guidance. Managers and staff worked closely with all partners including health, education and Police Scotland to maintain services and decision making as well as agreement on immediate plans to safeguard children and young people, including the provision of a range of placements and secure care.

An additional management information tool was developed, highlighting the most vulnerable children and families across social work, health and education services; this was continually updated to provide assurance regarding prioritisation, particularly early in the pandemic response.

The service continued to work into the local community addressing a range of ongoing needs, risks and vulnerabilities, all of which were initially subject to a prioritisation process which supported staff to focus on those most in need. This also mitigated any staff absence with targeting of resources. Children subject to legal orders, those named on the child protection register and women and children at risk due to domestic abuse were all prioritised for safety planning to reduce risk and promote strengths wherever possible.

Duty services continued to provide an immediate crisis response, children and young people continued to be accommodated in places of safety and trafficked young people were successfully supported into local accommodation.

Further local practice guidance reflected emerging national guidance and advice regarding specific duties including for children on the child protection register and people who had experienced domestic abuse. This remains in place and continues to be updated to reflect

the developing nature of the pandemic and emerging evidence in respect of working practices and changing expectations.

Prioritisation of direct visits to maintain contact with the most vulnerable children, including those on the child protection register was supported by close partnership working, particularly with Education colleagues as education hubs were established.

The service developed in its capacity to utilise technology including the use of digital platforms for a range of purposes, including for looked after children to maintain relationships with their families during lockdown. Child protection and other meetings were undertaken using teleconferencing facilities which (notwithstanding some of the challenges) facilitated ongoing multi-agency collaboration and planning for those children and young people most at risk.

Contact arrangements between children and their families and assessment of parental capacity continued, albeit within challenging conditions. Initially these were managed using a blended direct and virtual model in which the primary focus was the maintenance of relationships, although this impacted on the progress of some plans for children, given the lack of face-to-face contact and limitations on assessment ability. The service has gradually moved to a more positive position, however the recovery plan for the service will reflect the impact of lockdown on children's plans.

Oversight of performance and demand has continued, with managers receiving monthly data reports and more specific weekly data which focuses on achievement of key timescales for children's hearings, reports to case conference, initial referral discussions (IRDs) and current child protection investigations.

During 2020-21, as part of improvement actions arising from local audit activity related to case management, the team improved recording around decision-making for allocation processes, allowing better tracking of timescales for allocation within a specific prioritisation system.

A more recent quality improvement action has been the local management review (LMR) process which provides assurance and oversight of interventions, including work to review all plans for children who are looked after or in kinship care.

Policy developments also continued: by the end of 2020-21, the service launched an adult services "Parental Strengths and Capacity Assessment" to be undertaken by adult social work services colleagues for individuals with caring responsibilities for children. This is a significant development, strengthening the shared responsibility for the safety and wellbeing of children and young people, adding significantly to the quality of assessments for children where parental mental health, addiction or other issues may impact on their ability to provide safe, nurturing care.

Furthermore, work on the local Carers Strategy has developed, with a specific focus on arrangements for young carers and young adult carers. An action plan which develops the statutory requirements for young carers' statements will seek to provide a more sustainable approach to local support and the provision of respite opportunities for young carers.

Support and respite arrangements for children with additional support needs were initially paused during the first months of the pandemic, however these have been gradually scaled up in accordance with national guidance; transition planning for young people with additional support needs has also been maintained, with specific additional aspects of the Carers Strategy identified for parents of children moving into adult services by providing support towards the development of an adult carers statement (where required), as a key element of the transition planning process.

Scottish Government Winter Support funding towards the end of 2020 provided significant opportunities for children with additional needs to engage in safe activities at home, as well as exercise and respite. Many of the items purchased will also provide longevity for safe diversionary activities within the home. Children who are looked after, in kinship placements and other vulnerable families were also supported in a range of ways including outdoor activities, IT equipment for diversionary and leisure activities or which enhanced the home environment for families.

An emerging trend has seen an escalation of organised crime activity related to drug dealing, exploitation, violence and domestic abuse. Staff and managers continue to work closely with police and other colleagues to support better planning for vulnerable children, young people and women affected by this activity.

The service's recovery planning includes continued joint work with key partners including the Scottish Children's Reporter Administration (SCRA) to plan for remote and in-person children's hearings, as well as further expanding contact space and varied means to support and assess the needs of children, young people and families.

Services for Looked after Children and Young People

The number of children and young people looked after in West Dunbartonshire on 31 March 2021 reduced slightly, by ten, from the same time last year to 493. There was a slight increase in the number of children requiring specialist residential services outwith the local area; the number of children in foster placements reduced marginally.

The breakdown of placement type is included in Figure 2, below:

Fig 2: Placements for looked after children & young people 2020-21

	2020/21	2019/20	Change (n)
Kinship care	209	208	+1
Fostering (internal)	52	54	-2
Fostering (external)	57	58	-1
Residential schools	26	21	+5

This reflects the ongoing need for kinship and external fostering placements; as such, the service continues to recruit local foster carers and this activity will be extended over the next two years to enable children to remain in their local area and reduce the demand for external placements. Significant effort has been made to reduce the number of children in long term fostering placements and the service has continued to support children to move to permanent families. Around 30 children had their permanence route agreed through our formal panels during 2020-21 and, as at 31st March 2021, there were a number of children in pre-adoption placements.

The demands on service provision during the last year have been significant with a growth in the number of children requiring support away from home. Over the next year, links to work around The Promise, as a national policy priority will support the service to focus on early intervention within the community and it is anticipated that this will enable a further reduction in the need for formal care provision.

Family Placement Service

At 31 March 2021, children were placed with 109 fostering households, of which 52 were registered with West Dunbartonshire Council and 57 were provided by external agencies. Carers provide a mix of short breaks, interim, long term and permanent placements and fostering is key to ensuring better outcomes for children within loving homes.

Figures 3 and 4, below, illustrate the level of activity over the last year:

Fig 3: Fostering Panel activity 2020-21 and change from 2019-20

	2020-21	2019-20
Fostering Assessments	*	*
Approvals	*	*
Reviews	28	29
Changes in registration	7	13
De-registrations	*	5
Transfer from independent fostering agency	0	0

* fewer than 5

Fig 4: Adoption and Permanence Panel activity 2020-21 and change from 2019-20

	2020-21	2019-20
Adoption assessments	5	5
Adoption approvals	5	5
Adoption reviews	0	0
Matches	8	7
Permanence decisions	11	15
Routes	16	22
Matches	8	8

Over the last year, the Family Placement service, comprising Fostering and Adoption teams, has continued to assess people wishing to be foster carers, adoptive parents and supported carers. The service has also provided support and training to existing carers and, despite, the pandemic, there has been a steady, positive interest in both fostering and adoption across West Dunbartonshire.

Staff have developed other ways to work with carers and prospective adopters including regular online support meetings and informal drop-in sessions to enable carers to come together for peer support and to share views around a variety of issues, including those arising from Covid-19. All foster carer reviews took place within timescales and the team has used this learning to schedule all reviews for the year ahead, ensuring support, evaluation and oversight of fostering placements.

Our carers have always been a significant support to our children and over the past year their dedication in difficult, unprecedented circumstances has been outstanding. They have coped well with additional demands which arose from periods of isolation, home schooling and unpredictable developments within some children's care plans. Carers have navigated these with limited face-to-face contact with professional supports and have worked tirelessly to ensure that children's experiences have been positive and that their wellbeing and interests continue to be met.

Activity to engage new carers and adoptive parents has continued using virtual training and engagement sessions including home study assessments for new carers/adopters. Staff have worked imaginatively with children and carers to enable them to make connections with new 'forever families' through adoption. Despite the challenges, this led to positive outcomes and these new ways of working will be consolidated into custom and practice for the future. This will reflect the principles of The Promise, recognising the need for children being able to remain in their local area.

The adoption service has continued to work co-operatively with other local authorities and approved voluntary sector agencies to identify families for children. During 2020-21, a number of permanent family destinations have been found, with more children in pre-adoptive placements awaiting legal support to move to adoptive homes.

Alternative to Care Team

The Alternative to Care (ATC) team has continued to operate a 24 hour support service across 7 days. This includes an out of hours support line for families and staff between 8am and 10pm, when young people are more likely to require supports.

The team worked to support young people who were at risk of family or placement breakdown to reduce the likelihood of them requiring a care placement, as well as responding to family crisis situations through intensive and early intervention. This included focused approaches and diversionary activities with young people, parents and carers. As the pandemic continued, service demand has risen, alongside which staff have supported other young people, including unaccompanied children seeking asylum and working into our children's houses when Covid-19 impacted on the capacity of residential staff teams.

The ATC team has also provided additional support to foster carers during lockdown and with remote learning which impacted on children and carers alike. Carers have provided positive feedback around this and the involvement of the team has contributed to placements being sustained.

The Family Group Decision Making (FGDM) service experienced a small reduction in referrals although demand began to return towards normal levels in the last quarter of 2020-21. A small number of dedicated FGDM staff developed the range of supports to families across the area, reflecting the value of this model of intervention and support as a significant component to building family capacity and echoing the ethos of The Promise as a primary driver for the further development of services. As such, the team are looking to develop this methodology further as communities move out of restrictions.

Children's Houses

The last year in our three children's houses has provided a significant challenge for our young people as well as our staff, arising from Covid-19. Despite this, they adapted well. Staff continued to provide reassurance and the best possible care to children and young people within a homely, loving environment. The context of providing care in residential settings during the pandemic has been challenging across the HSCP, however within our children's houses, national and local guidance helped to define learning here.

Staffing levels were impacted by the occasional need for individuals to isolate however close working with Public Health Scotland was invaluable in the early months to provide guidance and reassurance that all measures to manage the impact of Covid-19 to reduce transmission were being implemented successfully. In addition to necessary physical changes, it has been particularly important to provide emotional support and continuity for our children and young people.

Staff continued to maintain strong links with families, social work teams, Young People in Mind (for mental health and wellbeing support), the Children's Reporter and other key services. They have also supported our children and young people with online learning and with the impact of loss of routine due to Covid-19 restrictions.

Although no formal inspections took place, regular contact continued with Care Inspectorate colleagues, during which no issues were identified which would have impacted on the inspection grades previously achieved:

Despite the challenges that have presented this year, there have been a number of achievements, including:

- Supporting young people to return home and maintaining links with staff and other young people;
- Review of staff supervision arrangements;

- Activities to support young people's wellbeing and learning;
- Eco garden project;
- Equine supported learning project;
- Cycling proficiency certificates awarded to young people;
- Cultural awareness days;
- A number of young people secured places on or completed college courses, secured employment and one achieved a place on a university placement.

To assist children moving into our children's houses and other care settings, the service worked with the Scottish Throughcare & Aftercare Forum (STAF) to introduce wellbeing boxes for every child who moves to a care setting. This included research-based, well considered items to help a child or young person feel more secure in those early days. Initial feedback has been positive and, as part of the commitment to The Promise, training is being rolled out across residential staff, social workers and foster carers. The team will continue, with children and young people, to review and improve the initial experience of moving into care settings.

Throughcare and Aftercare

During 2020-21, the Throughcare and Aftercare team supported over 90 young people as they prepared to move towards independent living, as well as offering support, advice and guidance to young people taking up after care support, up to the age of 26.

The team has two services registered with the Care Inspectorate: Adult Placement and Housing Support, however no inspections took place during 2020-21 due to the pandemic. Nevertheless, regular contact has been maintained with the Care Inspectorate representative and there has been positive feedback received on the work of the service during the last year.

The team has continued to build on close working relationships with housing colleagues; through the development of the local care leavers housing protocol, young people have been able to access quality housing as a priority. Full rent abatement has been implemented for young people in full time education and this initiative continues to be further refined. The team promote and are the check point for care experienced young people applying for council tax exemption.

Multi-agency work continued through 2020-21 to ensure our continuing care guidance aligns with the requirements of the Children and Young People (Scotland) Act 2014.

These supports, along with the care experienced bursary have supported young care leavers into full time education: 15 young people were supported via these initiatives to attend further education in during 2020-21.

With the impact of Covid-19, working remotely meant adopting new ways of working, particularly around communication with young people, utilising a range of digital platforms. Home working has impacted on how services have continued to be provided, however a model of remote and office based activity will shape the service into the future. In addition, a further social worker post was developed in the team to strengthen the skill mix of support to young people.

The team worked to ensure provision of mobile phones and devices to enable young people to access electronic transfer of allowances and links to the Department for Work and Pensions have been strengthened to support young people to make electronic claims. Furthermore, the team gained a 'Connecting Scotland' award for 48 devices and data packages which were distributed to young people who were digitally excluded.

In recognition of the impact of Covid-19 on young people's mental health, the team applied for funding to support physical activity amongst care leavers. Our "Active Care leavers" grant

allowed the provision of sports equipment such as bikes, weights, online classes etc, which all promoted physical activity.

Further support from the Scottish Government Winter Support Fund enabled the service to provide or replace household items for supported carers during the pandemic. These additional funding opportunities were important, positive developments during a time of significant challenge.

Finally, the manager of the service has been working with partners in the public and third sector to develop a joint Asylum, Migration and Integration fund (AMIF) bid for two support workers to provide dedicated support to unaccompanied asylum seeking young people and to help them to engage in their local communities.

West Dunbartonshire Champions Board

The aim of the Champions Board is to create a platform for all care experienced young people across West Dunbartonshire to build strong, positive and long lasting relationships with their corporate parents which enable positive change.

Since March 2020, when the global pandemic struck, interactions between young people and their corporate parents have been largely restricted to digital and online methods. This has challenged the positive relationships which had been established over recent years, however young people have been particularly understanding and responded well to the efforts made in continuing to keep in touch.

Online events and activities during over the past year have included cooking classes, treasure hunts, one-to-one meetings and drop in sessions. Social media platforms such as Facebook, Instagram and TikTok have also provided opportunities for engagement, information and online links for further help and support in relation to Covid-19.

Reflecting the commitment of our young people to being part of local and national changes, a number of them took part in national working groups including 'Creating a Gold Standard Practice for Accessing Care Records' and 'Better Hearings' (Children's Hearings Scotland). Our care experienced young people have also been part of interview panels for Children's Hearings panel members and have taken part in a number of research programmes.

Regular national online meetings with other Champions Boards enabled sharing of best practice as different areas worked to meet the demands and impact of the pandemic on care experienced young people in terms of access to support, education, peers and emotional wellbeing. West Dunbartonshire Champions Board has also been part of the development of a group across many local authority areas to examine the impact, challenges and opportunities of the introduction of 'The Promise' as a key driver for change for whole systems improvement for children and young people with care experience.

Another positive development during 2020-21 was the Champions Board securing new premises in a central location, offering a positive opportunity for young people, their families, corporate parents and others to meet, re-engage and promote positive relationships as restrictions ease. As the service enters its final year of funding from the Life Changes Trust, the future arrangements for the Champions Board and ways to ensure the ongoing engagement of young people to shape services and work with partners to deliver on The Promise will be a key focus for the year ahead.

Finally, as part of the commitment to ensure that the views of children and young people continue to inform service developments, a new online opportunity was developed in partnership with Viewpoint to include the latest wellbeing self-assessment questionnaires as well as a version for children with communication difficulties. Young people and their social workers continue to be supported to use this new development.

The Promise

Following publication of the independent care review in February 2020, The Promise Scotland was established to enable Scotland to 'keep the Promise' to care experienced children and young people, in the broad context of changes to policy, culture and practice to enable children and young people to grow up 'loved, safe, respected and able to realise their full potential'. Work on the Promise to 2030 will be included in three 3-year plans, complemented by an annual Change programme.

The local commitment to the Promise principles is reflected in many of our staff, children and young people who contributed to the findings of the independent care review and are already committed to ensuring the change required is met positively, as referenced above.

Since the creation of The Promise, teams across the HSCP and key partners within the Nurtured Delivery and Improvement Group as part of West Dunbartonshire Community Planning have met with the national Promise team to consider how existing practice can be built on to continue our local improvement journey to children and young people.

The Promise is at the centre of the vision for redesigning children's social work services in the next year, recognising that established models for services do not always work effectively for everyone and reflecting the commitment to making services better, using a whole community approach to support those most in need.

During the last quarter of 2020-21, funding from the Promise Partnership Fund was secured to enable a fixed term dedicated lead officer post. Supported by match funding from the HSCP Board to develop the post for two years, the post will support corporate parents and other stakeholders to understand and develop changes to practice and other developments that uphold The Promise at a local level and support staff, partners, children and young people, to assist with the developments around the first Promise Plan for 2021-2024.

ADULT SERVICES

Mental Health Officer (MHO) Service

The Covid-19 pandemic had a very significant impact on statutory activity related to interventions under the Adults with Incapacity (Scotland) Act 2000, and the Mental Health (Care and Treatment) (Scotland) Act 2003.

In terms of the Adults with Incapacity (Scotland) Act 2000, there was a suspension of all but the most urgent Sheriff Court business during the initial lockdown period (April to August 2020). A small number applications were processed and orders granted on the basis that the welfare of individuals was considered to be significantly compromised should statutory measures not be in place.

The consequence of this suspension in activity was a considerable backlog of applications and renewal applications to be addressed once court restrictions started to ease. This inevitably impacted upon the MHO service resource, where prioritisation of cases was based on those individuals in need of immediate attention, notably where a Guardianship Order was required to facilitate the discharge of a person from hospital.

Some provision was made within temporary amendments to legislation to process (among other things) statutory interventions, as outlined in sections 16 and 17 of the Coronavirus (Scotland) Act 2020. The team ensured adherence to all relevant legislation and good practice guidance and continued to liaise closely with key partners, particularly colleagues in the Council's legal services team.

Interventions under the Mental Health (Care and Treatment) (Scotland) Act 2003 decreased markedly during the initial lockdown period. Subsequent to the easing of restrictions, there was a significant increase in activity, albeit not unexpected and is likely to be due in part to the impact of the pandemic on people with existing mental health conditions and those who were unknown to services but found the circumstances of the pandemic to be challenging.

One impact of the pandemic was the decrease in community support provision which impacted on care packages. The increase in hospital admissions of older people with dementia subject to compulsory measures might reflect this. Reduced home support services, closure of day centre provision, and respite services are likely to have contributed to the wider impact on people's mental health and wellbeing needs and increased reliance on carers and informal support networks.

Vacancies in the MHO team were successfully filled and the service is once again at full complement. In addition, a social worker from another team successfully completed the MHO training programme and will be eligible to practice.

Mental Health Services

The Covid-19 pandemic introduced a significant alteration in service delivery since March 2020. The service continues to adapt and transform in response, having introduced remote team working and enhanced digital technology including remote service user video conferencing.

During 2020-21, 4,838 referrals were received, an increase of 4.9% on the previous year. This rise is less than previous years and may largely be a result of lockdown. Latterly referrals during March 2021 began to increase, compared to the final quarter of 2020-21.

Despite restriction, 53,378 service user appointments were offered, an increase of 26.1% on the previous 12 months. Different methods of contact were adopted, including telephone and video contact via the NHS Near Me model. The team also were responsible for providing "isolation and support welfare" calls to people who received a positive Covid-19 result.

The service continued to provide an immediate same-day response service to known service users. The HSCP supported the development of Mental Health Assessment Units, where all emergency mental health referrals from Police, Ambulance and GPs will be routed instead of attending Emergency Departments. This service will operate 24 hours, 365 days a year and has an in-reach capability, with unscheduled care staff being able to attend homes or community sites as necessary. The service will have direct medical supervision and is an enhanced service from previous unscheduled care provision for local residents.

During 2020-21, the peer support worker role, commissioned from a third sector partner, enabled individuals to make better links with community assets; this development will be monitored to measure the impact on discharge from statutory services and supporting self-recovery.

The Primary Care Mental Health Team have continued to focus on meeting the Psychological Therapies target of delivering treatment within 18 weeks of referral and the also commenced a non-medical therapist service that provides mentalisation-based therapy for people with a borderline Personality Disorder. Two additional staff are delivering this enhanced service provision

Learning from the pandemic is reflected in the service's recovery plan which includes extensive review of systems following staff consultation and process mapping; an example of this is how new requests and existing clients' needs are reviewed by an Area Resource Group to support social care needs within the model of Self Directed Support. Enhanced governance processes for social care packages have supported the team to meet demand

alongside the introduction of a revised policy and new eligibility criteria in addition to the 'My Life Assessment'.

Care Homes

The impact of the Covid-19 pandemic on residents in care homes and the staff who care for them was significant and continues to be a key focus for local services. Social work, health and care services recognised the need for additional support for enhanced infection prevention and control, end of life care, support for residents during lockdown and staff wellbeing.

In May 2020 the Scottish Government issued an update to the National Clinical and Practice Guidance for Adult Care Homes in Scotland during the Covid-19 pandemic. Enhanced national professional and clinical oversight structures for care homes were established within which NHS Scotland Executive Nurse Directors and Chief Social Work Officers were included, reflecting the critical role of social work to deliver on behalf of local communities.

As nursing colleagues led on clinical oversight, the role of the CSWO and operational managers included ensuring services were delivered in a way that upheld human rights, welfare and wellbeing of residents as well as the social care workforce and community based social work services.

The Scottish Government recognised the need for additional resources to support CSWOs and their teams to undertake their professional roles and within West Dunbartonshire this additional funding supported reviews of residents' care plans and care assurance visits.

The HSCP initiated a care assurance process in advance of the national request for care assurance visits for local authority care homes, to seek assurance on infection prevention control measures and to provide support to maintain care quality in the context of the pandemic.

Multi-disciplinary assurance processes were developed and care assurance visits have been undertaken by a senior nurse and a senior social worker with the intention of working with care home managers and staff to support scrutiny of processes and procedures and benchmark them against current guidance. This has assured that processes are in place or identified areas where support may be required to strengthen actions to achieve the aim that homes are able to continue to provide safe, effective, person centred care for their residents.

Visits used the principles of appreciative enquiry to document and celebrate good practice and identify areas of improvement where support might be required to secure improvements. This involved discussions with the care home managers, staff and residents alongside observation of the units and interactions with staff and residents. Assurance visits focussed on infection prevention and control; resident health and care needs and workforce, leadership & culture.

Before the pandemic, productive collaborative relationships existed between non-local authority care home providers, the HSCP and Scottish Care. Relationships were strengthened during course of the pandemic. Social work, social care and nursing colleagues will continue to build on this, supported by increased Chief Nurse capacity, investment in District Nursing to support the appointment of a District Nurse Team Lead with a lead for quality in the District Nursing Service, care assurance within care homes and further social work resources, enabled by additional Scottish Government funding, to support individual reviews for residents.

This joint approach to support care homes was reflected in daily meetings of the multi-professional care home assurance support and oversight group, which reviewed rates of Covid-19 amongst staff and residents, implemented changing national guidance around infection control, care and, as restrictions ease, visits from family members in a

compassionate and informed way. The CSWO has continued to join this meeting, chaired by the Chief Nurse, alongside colleagues from the Care Inspectorate, HSCP Clinical Directors, Public Health, District Nursing and Scottish Care which also considers care home hub data to support continued improvements.

It is intended that multi-disciplinary care assurance visits will continue until at least June 2022 with a minimum frequency of twice per year; proactive support will be offered at times of transition i.e. appointment of a new care home manager or at the onset of an outbreak whilst continued learning and improvement support will be provided.

Given that the threat from the pandemic has not ended, the group continues to review local oversight and support arrangements to ensure that the balance of assurance and support is proportionate, reflects care home providers' priorities for improvement and is responsive to their support requirements. Partners will continue to review these local arrangements to ensure they remain robust and will also explore how to appropriately extend the scope of interest and support across other adult social care services.

Community Older Peoples Team and Sensory Impairment Team

These integrated teams include a range of social work and health professionals, working with individuals aged 65 years and older to support them to live as independently and for as long as possible in their community.

The teams received on average 66 new referrals per week during 2020-21, reduced from around 80 per week in the previous year. The initial impact of the pandemic was reflected in a reduction in referral levels however these began to increase in early 2021. Public health guidance and restrictions impacted on waiting times and a review of referrals noted that individuals were increasingly being referred to the service over the past year with greater frailty and more complex needs.

In line with practice requirements and the added significance of the impact of the pandemic in care homes, staff undertook a programme of care assurance visits and statutory reviews of residents within care homes, supported by some additional Scottish Government funding to increase capacity.

The community older people's team developed a daily integrated duty system to respond to referrals which included senior management oversight of referrals and triage/screening to ensure urgent and high priority issues and concerns were addressed. All adult support & protection inquiries and vulnerable adult concerns were managed through this process, providing greater co-ordination and oversight.

The impact of the pandemic meant that work on the iHUB Frailty Collaborative was paused, however the service will participate when this restarts, given the priority of supporting people aged 65 and over with frailty within a partnership approach with GPs and district nursing services.

A particular challenge over the past year, given the impact of the pandemic, was managing statutory timescales around supervision of Guardianship Orders and senior managers will continue to monitor performance here and identify opportunities for improvement, within regular allocation and review meetings. Nevertheless, quality assurance activity continued during the year and results were shared with staff as part of a learning process, with any common themes being reviewed on a team basis.

Learning Disabilities Service

In 2021-22 the Learning Disabilities service continued to implement the key recommendations from the national strategy (Keys to Life, 2013) and have embedded its

four strategic outcomes, Independence, Choice and Control, Healthy Life and Active Citizen, in support planning and care review processes.

The integrated approach to service delivery across community health and care, as well as third sector providers, has supported the delivery of effective and targeted specialist services, prioritised around the key aims of people with a learning disability using an outcome-focussed approach to promote person-centred assessment and planning. This has been achieved at a time of immense challenge due to the pandemic, which required significant adjustment to service provision to meet client and carer need.

Risk assessments helped to ensure the most vulnerable people continued to receive support during restrictions and lockdown – this was particularly important when day-care provision ceased, albeit the service operated an emergency support for clients in critical need. Some day-care support roles moved to enhance this community support whilst frontline services such as housing support, supported living and care at home continued to offer face-to-face contact.

Carers in particular have had to meet the challenge of reduced day care services and the service sought to support them during this time, whilst also recognising their resilience and capacity to navigate the challenges of lockdown and restrictions over the past year. Meanwhile, the Work Connect service supported the wider community through the Council's resilience group, including welfare calls and food parcel distribution to vulnerable residents.

Other developments included review of the Transition Group that supports joint working with key partners including education, children's services and other adult services who contributed to improvements in the transition of young people with additional support needs (including learning disability) into adult services. More young people had their adult service needs identified up to two years in advance, in recognition of the importance of this significant transition for young people to support their care in a person-centred, compassionate approach.

Joint work with colleagues in housing services and housing developers also progressed during 2020-21 to identify future housing stock that can best support people within a 'core and cluster' model of support. A number of people moved to new build accommodation within the Dumbarton harbour area and the service will continue to work in partnership to expand on further housing provision during this year.

Addiction Services

During 2020-21, the service received 851 referrals for people experiencing problems with drugs or alcohol requiring assessment for treatments and support. 96.6% of referrals were seen within 21 days, exceeding the Scottish Government HEAT target of 90%. During the first phase of the pandemic the team offered also offered assessment appointments to 97% of people within this timeframe. A total of 19643 appointments were offered.

Throughout this challenging period, an assertive outreach approach by health and social care staff included face-to-face, telephone and Attend Anywhere appointments. This ensured the most vulnerable and high risk adults with chaotic and complex drug and alcohol use, often with co-existing mental health issues, could engage with services. The team also supported the Special Needs in Pregnancy (SNIPS) multi-professional model of care to vulnerable women throughout their pregnancy and post-birth.

A further example of co-production during the last year was joint work with children's services colleagues to develop a Parental Capacity, Strengths & Support assessment. The assessment integrates well-being indicators and focuses on the adult service user's strengths and achievements as well as pressures and areas for improvement in relation to their child's well-being. This will be embedded fully to the practice of all health and social care staff early in 2021-22.

Independent Review of Adult Social Care

A national independent review of adult social care arrangements was announced in September 2020 by the First Minister, the main aim of which was to identify improvements for adult social care, focussed on improving outcomes for users of services, their carers and families, whilst including the views and experience of people employed in adult social care.

The review was published in February 2021 and, whilst it did not specifically consider the role of social work in adult care or the implications of any potential change in adult social care arrangements upon the social work profession, it made a series of recommendations within the report which was accepted by the Scottish Government in February 2021. Chief Social Work Officers provided individual and collective input to the work of the review, meeting with the Chair and highlighting the central role of social work in the provision of services to adults in need of care.

The new Programme for Government is expected to take the review forward and the CSWO and other senior officers will continue to participate in local and national discussions about the future model of provision of social work and social care services for adults, as well as consideration of the implications for children's and justice services, within the context of the duties, values and role of the social work profession.

JUSTICE SOCIAL WORK SERVICES

Justice Services have continued to provide support, interventions and monitoring to individuals subject to statutory orders and licences. Despite the impact of Covid-19 on service delivery the team has continued to take forward a range of improvement actions during 2020-21 in relation to public protection and reducing reoffending. These included an audit of training needs by staff and managers to inform workforce development, updated Level of Service Case Management Inventory (LSCMI) risk assessment guidance and plans to implement the SAPROF accredited structured professional judgement risk assessment tool. Staff also completed training in interventions to support their work with registered sexual offenders as well as trauma-informed practice.

New performance reporting on a monthly and quarterly basis was implemented to improve monitoring of service performance against key performance indicators. Clear governance structures for Justice Services have continued to maintain oversight, with regular reporting on practice during the pandemic, performance and adherence to professional standards. Internal mechanisms include the HSCP Board, Audit & Performance Committee, Public Protection Chief Officers Group, Community Planning Safe Delivery & Improvement Group (DIG) and MAPPA regional strategic oversight group. External oversight and scrutiny has been provided through regular Care Inspectorate meetings and quarterly returns to the Justice Division of the Scottish Government.

All work-related risk assessments were reviewed to include the risk associated with Covid-19 to enable staff to maintain office working safely, albeit on a reduced basis. As the unpaid work service re-started in July 2020 it was introduced incrementally in each locality across the local authority area; work squad capacity was reduced to maintain social distancing and all control measures were implemented to help the sustainability of the service.

Workload

During 2020/21, justice social work services experienced some notable decreases in demand compared to the previous year. This is fully reflective of the impact of the global pandemic which saw the closure of Scottish courts, the cessation of temporary release of prisoners and requests for statutory reports. Figure 5, below, provides further information:

Fig 5: Demand for Justice Services (2020-21 compared to 2019-20)

	2020-21	2019-20	Change %
Criminal Justice Social Work Reports	455	636	-28%
Community Payback Orders	234	426	-45%
Drug Treatment and Testing Orders	5	12	-58%
Diversion from Prosecution	21	30	-30%
Throughcare(Community)	32	50	-36%
Throughcare (Custody)	22	50	-56%
Home Circumstance Reports	119	143	-22%
Home Detention Curfews	17	19	-10%

Within recovery planning, service modelling anticipated an exponential growth in community-based sentencing, including the need to address a backlog of cases. Additional funding as part of the Scottish Government response in December 2020 supported Justice Services to start to address the backlog of unpaid work hours by commissioning third sector partners to provide online workshops with service users.

Services were also commissioned to provide digital support and learning to service users to mitigate digital poverty and develop access to Justice Services on a virtual platform.

Further funding in March 2021 will enable the service to recruit to some additional posts to enhance capacity for service recovery alongside additional provision for services to courts including bail supervision and structured deferred sentences.

Community Payback Orders

Community-based services were suspended twice during 2020-21 on the advice of the Chief Medical Officer for seven months approximately. During the first period of suspension, staff moved to primarily working from home, continuing to support individuals by telephone and digital contact, with prioritisation of direct contact focussed on those who presented the highest risk of re-offending and harm. A number of staff were reassigned to assist with the Council's Humanitarian Response Centre, including calls to individuals who were shielding.

In January 2021 the service built on learning from the first suspension of services and, with the support and guidance of the national Unpaid Work Forum, home learning packs were introduced to provide educational support to individuals subject to a Community Payback Order (CPO) whilst encouraging learning at home. Targeted learning packs about drugs/alcohol and relationships were also used whilst unpaid work squads were deployed as national guidance and restrictions permitted; this included ongoing collaborative work with the Council's Greenspace project where individuals worked to restore memorial benches across West Dunbartonshire.

Third sector partners, Street Cones, were commissioned to deliver creative workshops using online platforms, designed around lived experiences. This work will continue in addition to unpaid work squads during 2021-22.

Having secured a new workspace for unpaid work orders in the previous year, work is ongoing to configure these premises to enable delivery of a wider range of supports and learning for the recovery phase of the service onwards. The team continues to maintain face-to-face contact with service users in line with assessed risk levels and these continue to increase incrementally in line with public health guidance.

Diversion from Prosecution

During 2020-21, the service provided Diversion services to 21 people (a decrease of 9 on the previous year) who had not been convicted of an offence. Here, individuals were

supported to address the underlying causes of their behaviour such as addiction support, mental health and emotional wellbeing, housing, income maximisation and employability.

The service has taken forward improvements around the referral process; this and other earlier interventions from the point of arrest will be priorities for development in 2021-22.

Drug Treatment and Testing Orders (DTTO)

The DTTO service is provided by an integrated care team hosted by West Dunbartonshire and working across East Dunbartonshire, West Dunbartonshire and Argyll and Bute, to support individuals whose offending is primarily due to their established addiction issues, encouraging recovery, reduced offending behaviour and promoting stability.

2020-21 required new and diverse ways of working to continue to support individuals. The easing of restrictions will enable more direct contact alongside the use of mobile technology; testing has also been reintroduced and is being continually reviewed to ensure best practice for service users and stakeholders within a safe, robust community-based model.

Prison Throughcare

The provision of services to individuals prior to their release from custody and into the community continues to support successful reintegration. All temporary home leaves were suspended during 2020-21 in line with Government pandemic guidance; it is expected that this will restart early in the next year.

Meanwhile, staff completed further training in the assessment and management of high risk offenders during autumn 2020.

Community Justice

During 2020-21, community justice activity has focussed on three pathways: Point of Arrest; Custody to Community and Community Sentences, reflecting key components of the community justice continuum. A Justice Settings sub-group of the Alcohol and Drug Partnership facilitated good progress with aligning and developing activity to these community justice pathways and outcomes.

Other key developments included:

- Arrest Referral Scheme (Point of Arrest): third sector partners submitted a successful bid to the Drug Deaths Taskforce Fund which has enabled a 2 year pilot in Clydebank Custody Suite to be implemented in partnership with Police Scotland;
- Prison Custody and Liberation data (Custody to Community): the council's homeless service Lead Officer offered a housing options service to the majority of individuals being released from custody to the local area, minimising pandemic-related barriers and, through existing relationships, maximising the use of technology to assist here;
- Strengthening Partnership Working (Community Sentences): Justice Social Work and Police Scotland colleagues worked together at strategic and operational levels, including through the Alcohol and Drug Partnership Justice Settings sub-group to develop and implement short, medium and long-term improvements for people in the justice system affected by addiction.

Community justice priorities for 2021-22 include a refresh of current governance arrangements, in line with the recommendations of the Community Justice Scotland scrutiny report; development of partnership approaches to violence prevention; undertake consultation and engagement activity within a co-production approach in Justice Social Work

Services; further develop the Arrest Referral Scheme and develop a whole systems prison release pathway.

Violence against Women

Violence against Women and Girls (VAWG) is located within West Dunbartonshire's Community Planning arrangements, however work is ongoing to further develop the VAWG Partnership as both a key aspect of the PPCOG and as a specific key strategic group within community planning partnership arrangements.

During the pandemic, the activity of the group continued to report into the PPCOG, providing assurance and oversight, whilst retaining oversight, scrutiny and progress in respect of other key areas of development.

Throughout 2020-21, partners focussed on delivering the National Violence against Women Covid-19 action plan, ensuring that services continued to be available to women and children at risk and remained responsive to locally identified trends during this period.

In addition, a key local aspect supporting planning and decision making was the successful implementation of local multi-agency risk assessment conferences (MARAC) from April 2020. Despite this occurring at the onset of the pandemic, West Dunbartonshire's MARAC has developed positively over the past year and, as anticipated, received and managed incrementally higher numbers of referrals, reflecting both the prevalence of domestic abuse in the area and the likely impact of lockdown. The MARAC process is further complemented by local multi-agency tasking and co-ordination (MATAC) arrangements and the Domestic Abuse Disclosure Scheme, ensuring a holistic response within the area.

A local MARAC steering group is now in place, enabling developmental opportunities for representatives and potential Chairs, whilst also retaining oversight of local systems and processes, including the development of audit and quality assurance processes and training needs analysis for practitioners. All representatives for local MARAC arrangements have been trained by Safe Lives with additional Chairs training due to take place during 2021-22.

Adverse Childhood Experiences (ACEs)

The West Dunbartonshire Adverse Childhood Experiences (ACEs) Programme continues to address childhood adversity and trauma across the life course. The Programme supports workforce development and development of a Nurtured Strategy.

In 2020-21, ACEs workforce development activities moved online. Since the re-launch of West Dunbartonshire's ACEs Hub as a strength-based 'Resilience' Hub in February 2020, membership has remained at around 400. The Hub, which is a community of practice, includes staff working across the Council, HSCP and third sector. The first virtual Resilience Hub meeting was held in March 2021 with 70 local staff attending.

The ACEs documentary film, 'Resilience: The Biology of Stress and the Science of Hope' continues to be a key resource to increase ACEs awareness among the local workforce. The film was shown online in December 2020 with 60 people attending and participating in the post-film panel discussion. This brings the cumulative total to 1060 staff who have seen the film since 2018.

Planning is underway to look at implementing the national Trauma Training Plan locally, supplemented by the range of national training material in both a targeted and universal approach. This is being co-ordinated by the local Trauma Champion alongside local trauma-informed leaders in services including Justice, Education and HR. They are working collectively to implement the six elements of the Improvement Service and Scottish Government Trauma-Informed Approach to Scotland's Covid-19 Recovery, Renewal and Transformation via a reformed ACEs/Trauma Reference Network.

Children and Young People's Mental Health

National Policy and investment to support measures to improve mental health and emotional wellbeing services for children, young people and adults remains a priority. Locally within the Nurtured Delivery and Improvement Group, a working group for children and young people's mental health and wellbeing community supports and services was established in June 2020. The group works in line with the national framework which promotes a 'whole system' approach and sets out the supports that children and young people (aged 5-24 years or 26 years old if care experienced) should be able to access for their mental health and emotional wellbeing within their community.

During 2020-21, Glasgow University were commissioned by the Health & Social Care Partnership on behalf of the wider community planning partners to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports.

The review sought to understand the prevalence of collaboration and explored how sectors worked together to support children and young people's mental health and emotional wellbeing. Phase two involves engagement within a co-production approach to seek the views of children, young people and their families on local needs and will take place in summer 2021. This work will build on the Children's Neighbourhood Scotland (CNS) programme and will inform action planning by the working group.

The working group developed an 'animation' outlining the purpose of the group. This was co-produced with our lead young person from the Champions Board who co-wrote and provided the voice over. The animation aims to convey the key work of the group to the wider community, in particular children and young people.

A number of short term projects were delivered to support children and young people with emotional wellbeing, isolation and loneliness, access to physical activity opportunities and support for parents and carers of children with complex needs. The planning and development of a new distress brief intervention associate programme is also in progress; this new service will provide time-limited support to young people experiencing distress.

3. RESOURCES

The HSCP Board approved the 2020-21 revenue budget on 25 March 2020 which included specific funding streams from the Scottish Government including Primary Care, Mental Health Action 15, Alcohol and Drug Partnership, Carers, Scottish Living Wage and Investment in Integration.

Since mid-March 2020 the HSCP reflected its response to the Covid-19 pandemic in the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2020-21 is expected to include full year costs for the HSCP of £8.068m. It is assumed that Scottish Government funding for these costs will continue into 2021-22. Total funding of £13.038m was received in 2020-21 resulting in a significant underspend of £4.970m which will be held in an earmarked reserve to address future Covid-19 cost pressures.

At the start of the pandemic the most significant cost to be fully understood was financial support to externally commissioned services including residential care, especially for older people and social care support across all client groups. The Scottish Government committed to support the social care sector during the pandemic to help the longer-term sustainability of the sector. The HSCP Board currently commission approximately £47m with external providers, however the level of support and how long it will continue for is an

ongoing and emerging issue, making costs difficult to predict. Early estimates of £4.2m were included in the financial tracker with final costs for 2020-21 being £2.164m.

The most significant element of this £2.164m sustainability cost was related to support to care homes totalling £2.097m with other provider support of £0.067m. The sustainability support for other providers was mainly in relation to small amounts of personal protective equipment (PPE) or social care support fund payments in accordance with relevant guidance. With the exception of care homes, other providers continued to be paid based on planned levels of care until 30 November 2020 and at approved levels thereafter.

The final outturn position at 31 March 2021 was an overall surplus of £13.744m as detailed below in Figure 6:

Fig 6: 2020/21 Final Outturn against Budget

West Dunbartonshire HSCP Board	2020/21 Annual Budget £000	2020/21 Net Expenditure £000	2020/21 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People, Health and Community Care	47,983	45,717	2,266
Physical Disability	3,278	3,214	64
Children and Families	25,255	25,500	(245)
Mental Health Services	11,342	10,244	1,098
Addictions	3,520	2,933	587
Learning Disabilities	17,511	16,868	643
Strategy, Planning and Health Improvement	1,862	1,392	470
Family Health Services (FHS)	29,959	29,955	4
GP Prescribing	19,432	19,003	429
Hosted Services - MSK Physio	6,703	6,247	456
Hosted Services - Retinal Screening	840	719	121
Criminal Justice - Grant funding of £2.1m	198	(6)	204
HSCP Corporate and Other Services	7,145	4,468	2,677
Covid-19	10,810	5,840	4,970
IJB Operational Costs	329	329	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	186,167	172,423	13,744
Set aside for delegated services provided in large hospitals	32,276	32,276	0
Assisted garden maintenance and Aids and Adaptations	505	505	0
Total Cost of Services to West Dunbartonshire HSCP	218,948	205,204	13,744

The key explanations and analysis of budget performance against actual costs are detailed below:

- Older People, Health and Community Care reported an underspend of £2.266m mainly related to the timing of the opening of the new Queens Quay Care Home, reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the pandemic on both care home resident numbers and the cost of care at home services.
- Mental Health Services reported an underspend of £1.098m mainly due to additional Action 15 funding, staffing vacancies and recruitment delays and additional income due

from NHS Highland under the terms of the Service Level Agreement for access to in-patient beds. This is based on a 3 year rolling average.

- HSCP Corporate and Other Services reported an underspend of £2.677m mainly due to additional primary care funding and non recurring underspends from Scottish Government funding initiatives..
- A Covid-19 underspend of £4.970m was mainly due to reduced spend on Community Assessment Centres and provider sustainability along with additional funding received in advance of need from the Scottish Government. This underspend has been transferred to an earmarked reserve for the ongoing response to the pandemic in 2021-22.
- The movement in earmarked reserves is an overall increase of £12.186m, bringing the closing balance to £17.440m. There were a number of draw-downs and additions amounting to £0.104m and £12.290m respectively.
- The movement in unearmarked, general reserves is an overall increase of £1.558m, bringing the closing balance to £4.367m which is in excess of the 2% target as set out in the Reserves Policy.

Financial Outlook

The first medium term financial plan was approved by the HSCP Board in March 2020 covering the period 2020-21 to 2024-25.

The 2021-22 revenue budget was approved on 25 March 2021 while the HSCP continued to react to, and look to recover from, the Covid-19 pandemic. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, took into account current levels of service, however it was recognised that the longer term impact of the pandemic are unquantifiable at this time.

The HSCP Board revenue budget for 2021-22 to deliver against strategic priorities is £200.948m, including £30.851m relating to set aside (notional budget allocation). The budget identified a potential funding gap of £0.941m which will be addressed through an application of earmarked reserves totalling £0.323m and a number of approved savings programmes equating to £0.618m, mainly relating to service redesign projects currently underway.

The HSCP Board will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and the HSCP Project Management Office (PMO). As part of its commitment to a strong governance framework around regular and robust budget and performance monitoring and on-going assessment of risk, the HSCP Board and the senior management team, will monitor these developments and take appropriate action as required.

The risk of financial sustainability has long been identified as a key strategic risk of the HSCP Board and the ongoing reaction to and recovery from the pandemic adds a further layer of risk to its stability going forward. The indicative budget gaps for 2022-23 and 2023-24 are detailed in Figure 7, below and illustrate the scale of the risk:

Fig 7: Indicative Budget Gaps for 2021/22 to 2023/24

	2021/22 £m	2022/23 £m	2023/24 £m
Indicative Revenue Budget	72.244	74.424	76.717
Indicative Funding (including application of earmarked reserves)	72.744	71.211	72.226
Indicative Budget Gaps	nil	3.213	4.491

Due to uncertainties surrounding the legacy impact of the Covid-19 pandemic, the update of the plan has been delayed and the refresh is expected to be reported to the HSCP Board in November 2021. It is also anticipated that this will incorporate any quantifiable impact of the Scottish Government progressing with the recommendations of the Independent Review of Adult Social Care.

In 2021-22 the HSCP Board intends to respond to these challenges by continuing to build on the strong governance frameworks already in place, continue to engage and collaborate with stakeholders, manage and mitigate risk and invest in the workforce and local communities.

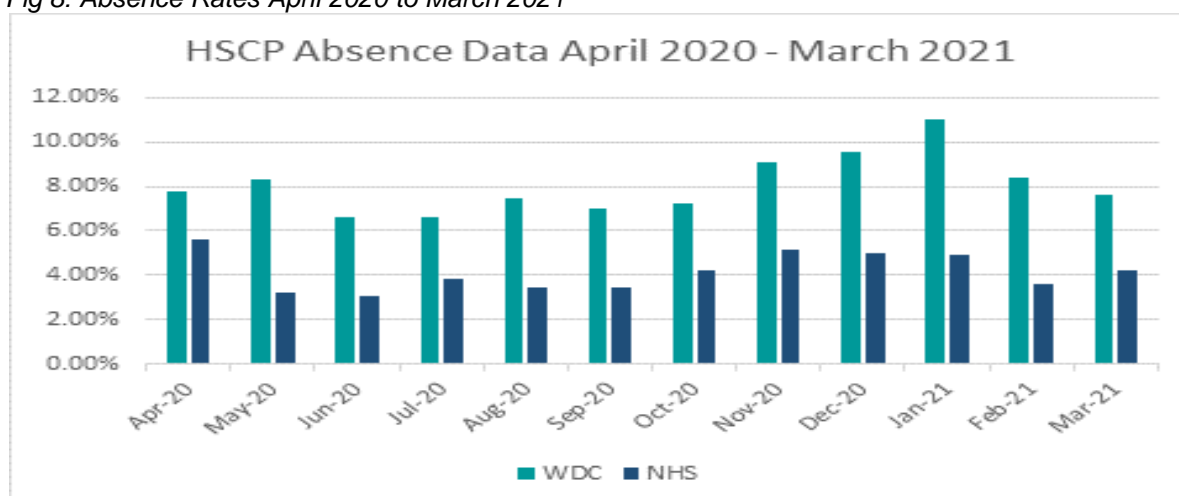
4. WORKFORCE

Workforce Planning

Early in the pandemic, as part of the national response, the Scottish Social Services Council (SSSC) provided localised lists of registered social workers who were available to support services and to mitigate any significant staff absence as a result of the pandemic. Locally, services managed to maintain service provision primarily within the existing workforce, where increased flexibility and willingness to work additional hours ensured a level of continuity for service users, carers and families.

During 2020-21, in response to the pandemic, absence levels were monitored daily to enable service continuity, contingency planning and to inform any need to transfer staff to support other essential services within the HSCP or other frontline services. Figure 8, below, shows the absence trend over the last year. Overall, absence levels were lower than previous years, however this is expected to increase as the impact of the pandemic continues.

Fig 8: Absence Rates April 2020 to March 2021



As more became known about the longer-term impact of Covid-19, programmes of support for employees experiencing Long Covid were developed. Staff who were shielding during periods of lockdown and restriction continued to be supported remotely, whilst easing of shielding helped more recently with increasing staffing levels across teams.

Non-Covid absence levels on the whole remained lower than preceding years, however in later months, absence levels increased again; whilst this is not entirely unexpected, the provision of targeted HR interventions will ensure staff and managers receive appropriate levels of support.

Managers continue to provide informal support and supervision to staff within established processes, albeit utilising telephone or video calls and within the established frequency, reflecting relevant supervision policies.

Support to staff and managers

A range of supports were promoted to staff and re-enforced within staff briefings, team meetings and Trade Union meetings including the National Wellbeing Helpline and the National Wellbeing Hub. Coaching for Wellbeing was a further support online option for staff including support in building resilience, improving wellbeing and, where appropriate, how to lead and support others who may be struggling.

In addition, all HSCP staff were encouraged to take part in mental health check-ins, provided by NHS Greater Glasgow and Clyde, which took place in August 2020 and February 2021 and which will be repeated.

West Dunbartonshire Council provided a series of wellbeing webinars which were available to all HSCP staff, covering a number of topics including supporting a remote workforce, Mindfulness etc. Furthermore, staff were encouraged to use their annual leave allowance and managers encouraged staff to fully utilise their leave to maintain a healthy work/life balance.

Many services continue to work in response mode as the pandemic restrictions continue. Many staff having been working from home since March 2020 and all employees have had to adapt their normal working practices. As part of restart planning and scaling up direct service provision, it will be essential to continue to support the wellbeing of all employees.

During 2020-21, HR colleagues, operational managers and Trade Unions have worked together to highlight, respond to and support social work staff who have continued to work during the pandemic, despite the very real impact on their professional roles and their personal lives. Meetings of the Joint Staff Forum were held weekly and, more recently, fortnightly, to ensure that trades unions and staff side were able to raise any concerns relating to, or support required for, employees in a timely manner.

Recruitment and retention of staff continued to be challenging in certain service areas, however staff retention was supported by funding for some post-qualifying training opportunities. Within Children and Families, many social workers joining the organisation were newly or recently qualified, with robust induction, mentoring and development measures in place to support them. This means, however that the skill mix within teams has been more challenging to maintain, with more experienced social workers holding more complex cases whilst newer colleagues develop their skills and experience.

Recruitment to adult services has also continued, however the pandemic appears to have, understandably, impacted on the number of people seeking new job opportunities. Nevertheless, as part of the Learning Network West consortium, a number of social work student placements are being developed across the HSCP for 2021-22, enabling future social workers to gain diverse, challenging and supportive experience prior to qualification.

The Cabinet Secretary approved the deferral of publication of the first full 3 year workforce plans until March 2022 and this was replaced with a shorter interim plan to cover the period April 2021 to March 2022. The shorter interim workforce plan was developed and submitted to the Scottish Government in May 2021 and there are plans in place to commence work on the full 3 year workforce plan with the Workforce Planning Group being re-established.

A degree of flexibility with workforce plans is required to take account of any future changes to levels of Covid-19 cases and the impact this has on restrictions. The 3 year plan will also consider that some of our existing services will change or may be delivered in a different way and some new services may be required.

The return to the workplace for staff will primarily be dependent on Scottish Government guidance and Public Health advice, however in all instances this will be based on the

requirements of the role being carried out and will also take into account any personal circumstances of individuals. This is currently being reviewed by managers and discussed with staff.

Furthermore, proposals for some fixed term additional capacity are being scoped for 2021-22 to undertake specific pieces of work to move services forward. This will also assist in scoping the shape of the workforce for the future, as teams and key partners work differently and service design reflects learning from the pandemic.

Workforce Development

Supervision sessions continued to be the main opportunity for staff to discuss career development, learning and profession-specific training to support them in their roles.

Despite Covid-19, leadership development programmes have continued, however uptake levels were not particularly high due to service pressures and other priorities. During 2021-22, there will be an increased focus on leadership programmes and development, such as Project Lift, Leading for the Future etc. as part of the remobilisation of services into the new model of working and delivery of services.

A number of staff continue to be supported on other leadership programmes through the NHS and the Council, representing positive opportunities for staff to develop into leadership and management roles.

Within Children and Families, Joint Consultative Committees (JCC) are now in place for locality services and looked after children's services; this builds on significant work over the past two years to address a number of long-standing issues of concern pertaining to staffing, recruitment, workloads and premises. This model has been particularly valuable as the pandemic continued during 2020-21, ensuring improved opportunities to identify and resolve matters as they arose. Alongside this, regular Council workforce updates and NHS Core Brief emails contributed to a range of additional communications with staff and managers.

At the end of 2020, West Dunbartonshire HSCP staff took part in an 'Everyone Matters' pulse survey, with a local response rate of 52%. The survey asked about wellbeing, worries, support and change and responses were generally quite positive but reflected the uncertainty as a result of changing restrictions and will continue to inform HR and employee wellbeing priorities over the next year.

Staff will be offered the opportunity to take part in the annual iMatter staff engagement survey once again during summer 2021. Following this, team action plans will be developed to support improvements and to identify what is important to staff.

Finally, the creation of an Organisational Development Officer post within the HSCP will provide additional strength to the development of the workforce and the wider organisation during the next year. Learning by services from the response to, and recovery from, the pandemic will be an important source for longer-term organisational development activity across teams.

5. KEY PRIORITIES FOR RECOVERY

The organisation has continued to learn from the experiences of staff and service users around the use of technology as a response to the pandemic-related restrictions on service provision; this will inform future investment in new technology to support staff who will continue to work in different ways and also support service delivery, including the continued use of remote and digital services where appropriate. Local and regional workstreams will progress this activity into 2021-22, given the learning from moving several aspects of service provision onto digital platforms.

Returning to the workplace for staff will primarily be dependent on Scottish Government guidance and Public Health advice. West Dunbartonshire Council's accommodation strategy will also determine the speed of any return to the workplace, however in all instances this will be based on the requirements of the role being carried out and will also take into account any personal circumstances of individuals. This is currently being reviewed by managers and being discussed with staff as part of the Council's restart planning process.

The key areas of priority for social work services in West Dunbartonshire are expected to focus on a number of key areas:

- Exploring how redesigning services can integrate to recovery work, including a community based family support model and review of current "duty" services across adults and children's services to improve access to services, consistency of approach to referrals of concern and requests for assistance;
- Ongoing work with Council and Health Assets teams to review the future needs for services, informed by a significant review of workstyles for staff that reflect learning from the pandemic;
- Review and update risk assessments for operational social work activity, reflecting up-scaling direct contact with users of services, buildings reintroducing public access etc.
- Online or blended models for child protection and adult protection training if face-to-face training is not possible in the short term;
- Securing appropriate technology to ensure ongoing flexibility of working and to promote digital engagement with services users where this is appropriate, safe and manageable;
- Identifying how we can support new members of staff and students within increased levels of home working;
- Contingency planning to meet a spike in demand, including for child and adult protection services as well as a backlog of demand for justice social work and mental health services as Sheriff Courts plan for a return to normal criminal and civil business;
- Continued activity to scope how services can operate in ways that protect the health of the workforce, individuals using our services and the public by following national and local guidance and protocols;

Finally, as acknowledged throughout this report, the past year has presented unforeseen, fast-changing and hitherto unknown challenges to service users, staff and managers which have impacted on us all, both personally and professionally. Despite this, in writing this report, I am again struck by the courage, commitment, tenacity and dedication of my social work, social care and health colleagues and their ability to not only ensure provision of essential services to the most vulnerable in our communities but to continue to innovate, inspire and achieve in the most uncertain and demanding of circumstances. Again, the successes of the past year are theirs; whilst the impact of Covid-19 will continue for some time, I am certain that the resilience and strength of our staff and our key partners will continue to improve lives with the people of West Dunbartonshire.

Jonathan Hinds
Head of Children's Health, Care and Justice
Chief Social Work Officer
August 2021