

WEST DUNBARTONSHIRE COUNCIL
Report by the Chief Social Work Officer

Council: 26 January 2011

Subject: Chief Social Work Officer's Annual Report 2009/10

1. Purpose of Report

- 1.1 This report provides Council with information on the statutory work undertaken on the Council's behalf during the period 1 April 2009 to 30 September 2010. The report considers arrangements for the governance and quality assurance of Social Work Services; values, standards and the competence of the Social Work workforce; inspection and regulation; protection issues; statutory duties and decisions; complaints; and issues which are pertinent to the future delivery of Social Work Services in West Dunbartonshire.

2. Background

- 2.1 Section 45 of the Local Government etc (Scotland) Act 1994 sets out the requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO). The Social Work (Scotland) Act 1968 required each local authority to appoint a Director of Social Work but with organisational arrangements changing over time, and not every local authority having a stand alone Social Work Department, it became necessary to clarify the role and function of the CSWO.
- 2.2 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 local authority but also those commissioned or purchased from the voluntary or private sector. Social Work Services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.
- 2.3 Some particular duties and decisions, relating primarily to the curtailment of individual freedom and the protection of individuals and the public, must be made either by the CSWO personally or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO but for which the CSWO remains accountable.
- 2.4 Guidance from the Scottish Government on the role of the CSWO comments on the particular challenges raised for staff working in integrated service delivery arrangements and multi agency partnerships. There is no doubt that, in order to meet the needs of our communities,

joined up and collaborative working can benefit effective delivery of services. Such arrangements need to value the professional contribution made by each of the partners and there is a need for clarity of accountability and professional leadership. These are issues which are entirely familiar to professionals from other disciplines but are relatively new within Social Work. It is, therefore, opportune that these matters should be reported upon at the start of the new Community Health and Care Partnership. It is proposed that future CSWO reports should be timed to coincide with the annual review of that partnership arrangement in order that Council may be satisfied that the Social Work function is being delivered appropriately.

3. Governance and Quality Assurance of Social Work Services

- 3.1 Across the Social Work Service there are service plans which are reviewed annually, involving the workforce and taking into account evaluation of our services and feedback from users and carers.
- 3.2 Service Plans relate directly to national outcomes and the Single Outcome Agreement. In this way, the Social Work Service contributes to the Council's priorities in achieving better outcomes for the citizens of West Dunbartonshire. Performance against our service plans and national standards is reported quarterly to relevant Council committees and an annual report is also produced. This ensures that the Council can scrutinise activity across the whole of the Social Work Service by regularly monitoring performance.
- 3.3 The Social Work Service has embarked upon developing commissioning strategies for each area of service. This is proving to be a complex and challenging task, projecting future need across the various responsibilities of the service and planning how to commission and procure services in response. It is expected that the commissioning strategies will begin to be reported to committee during calendar year 2011.
- 3.4 Scottish Government Guidance emphasises the need for the CSWO to have access to the Chief Executive as required and for arrangements to be in place to facilitate this. The Chief Executive for West Dunbartonshire is always available immediately if urgently required and makes time available to discuss any issues of concern. There is ready access to Elected Members as appropriate.

4. Inspection, Regulation and Improvement Activity

- 4.1 Social Work Services are subject to external scrutiny from the Social Work Inspection Agency (SWIA); the Care Commission, HMIE Services for Children; and the workforce is regulated by the Scottish Social Services Council (SSSC).

- 4.2 During the period covered by this report, the Care Commission has visited all our residential units and Day Care Services across all client groups twice a year and has paid annual visits to our Throughcare and Aftercare; Adoption and Fostering; Home Care; and Housing Support Services. The outcomes of these inspections have been reported to relevant committees and are all available on the Care Commission website. Action plans are put in place to address any recommendations made in these reports. There have been no requirements or improvement notices and, overall, our reports from the Care Commission have shown steady improvement.
- 4.3 The Social Work Inspection Agency conducted a full inspection of Social Work Services during 2008 and produced the report on this in April 2009, the outcome of which was reported to Council. The follow up visit from SWIA took place in October 2010. Considerable effort went into working on the areas for improvement identified by SWIA and we are pleased that this has been recognised in the follow up report. An action plan has been produced in response to the follow up report and will be presented to the next CHCP Committee.
- 4.4 A joint inspection of Services to Protect Children was undertaken by HMle in 2007 with their follow through report published in 2009. Notification has recently been received that the next inspection of Services to Protect Children will take place in October 2011.
- 4.5 Self-evaluation is an increasingly important element in evidencing outcomes for service users and improving services. It will also be a key factor in how inspections by all Inspection Agencies will be conducted in future, as these will be proportionate and based on the evidence available to the inspectors to guide them towards the areas that require scrutiny. Over the period covered by this report, activity in self evaluation has increased markedly across the Social Work Service. We have put in place regular case file audits and collaborated with SWIA on piloting the PSIF self evaluation alongside the SWIA Guide to Self Evaluation. In preparation for the Child Protection Inspection, a multi-agency audit is being undertaken. Criminal Justice Services across the Argyll, Bute and Dunbartonshires' Criminal Justice Partnership have recently undertaken a supported self evaluation exercise along with SWIA in relation to work with High Risk Offenders (serious violent and sex offenders).
- 4.6 It is important to learn from both good practice and from reports into things that have gone wrong. Briefings are arranged for staff in response to reports and significant case reviews. The Mental Welfare Commission publishes reports which are disseminated to staff in Mental Health Services but also, more widely, across the service. Briefings for staff in Criminal Justice Services took place in response to a national audit of work with High Risk Offenders. Two reports into child deaths (Baby P and Brandon Muir) were published during the period covered by this report and a briefing was prepared which was delivered very widely

across all partner agencies. Locally, there has been one completed significant case review and two are currently underway. Issues from the completed case review are still being followed up including correspondence with the Scottish Government to progress some of the recommendations.

- 4.7 The Social Services workforce is regulated by SSSC. The need to register with SSSC is being phased in and arrangements are in place to ensure that those employees who require to register are aware of the timescales for doing this and are on target to have the relevant qualifications in time for that registration.
- 4.8 Registration with a professional body is still relatively new for the Social Care workforce in comparison with other professions and joint work along with trade unions through the Joint Consultative Committee (JCC) has sought to emphasise the importance of the registration process.

5. Values, Standards and Professional Practice

- 5.1 *Changing Lives*, the 21st Century Review of Social Work, described the changing social environment in which Social Work operates and the complexities, challenges and expectations of the service. The Review notes that we require a confident, competent and valued social care workforce.
- 5.2 As noted earlier, the regulation of the social care workforce continues through the SSSC. Codes of Practice for workers and employers, produced by the SSSC, are now widely understood and well embedded within our practice. These are supported by practice standards; continuous professional development requirements; and by regular supervision of staff which is a standard feature of social work practice.
- 5.3 As we move forward into our new Community Health and Care Partnership, ensuring professional support for Social Workers who are not directly managed by a professional social worker will need to be put in place. Again, as noted earlier, this is commonplace for other professional groups and it is not expected that there will be any difficulty in arranging this where required.
- 5.4 West Dunbartonshire has a good track record in offering training opportunities to staff and encouraging professional development. There is a well established Local Practitioners Forum and regular "Lectures At Lunch" take place with guest speakers covering a variety of professional topics. This development opportunity for staff was commented upon favourably by SWIA who said they met many enthusiastic, professional and committed staff.
- 5.5 We subscribe to Care Knowledge, an internet website which provides best practice guidance, publications and national research, through a weekly e-mail received by all qualified social work staff as well as many

other staff. It includes a local West Dunbartonshire page which we piloted, and a toolkit on which staff can record their Continuing Professional Development evidence.

- 5.6 There are excellent links with local training institutions and West Dunbartonshire is noted as providing more student placements than would be expected for an authority of our size. In addition, employees from West Dunbartonshire have contributed effectively to university training programmes which has been commented upon very positively by the universities.
- 5.7 Workforce planning is crucial to identifying how best to meet projected future needs. During the period covered by this report the department developed its first Workforce Plan. This links directly to the work being undertaken on service planning and the development of commissioning strategies.
- 5.8 Within the new partnership arrangement, it will be important to establish a forum to address particular professional practice issues for Social Work and the Chief Social Work Officer is currently considering how best to do this.

6. Protection and Risk Management

- 6.1 Social Work and Social Care Services are delivered usually, but not exclusively, to the most vulnerable in our communities and therefore have a particular contribution to make to safeguarding individuals from harm and protecting the public. These are complex issues requiring a balance to be struck between needs, risks and rights. The assessment and management of risk posed to individual children, vulnerable adults and the wider community require Social Work Services to not only have clear systems in place to govern our own responsibilities but also require us to collaborate very closely with partner agencies.
- 6.2 The local Child Protection Committee is currently chaired by the Chief Social Work Officer, who also chairs the West of Scotland Child Protection Chairs Consortium. As noted earlier, the Child Protection Committee has embarked on rigorous self evaluation in preparation for inspection next year. The Child Protection Committee produces an Annual Report and Business Plan which is reported to relevant Committees and is available through the CPC website which was launched recently. The Committee has seven sub groups which progress the work outlined in the Business Plan. Representatives from Social Work are involved in all of these workstreams.
- 6.3 As a single agency, Social Work Services have a robust quality assurance mechanism in place in relation to all child protection work. The child protection co-ordinator for Social Work scrutinises all of the paperwork produced in relation to Child Protection investigations, case conferences and review case conferences. One of the lessons learned

from significant case reviews is that children are generally well protected once they are in the Child Protection system but can be more vulnerable when their circumstances have not been assessed as requiring Child Protection procedures. For this reason, all decisions not to proceed with investigation under Child Protection are scrutinised.

- 6.4 A particular area of concern for those working in services to protect children is the issue of parental substance misuse and the impact this can have on the safe care of children. The National Guidance for all staff working with this issue is called "Getting Our Priorities Right" and our local guidelines for staff, which are commissioned jointly by the Child Protection Committee and the Alcohol and Drugs Partnership, were reviewed last year. One of our current Significant Case Reviews concerns this area of our work and any recommendations will be incorporated into our practice.
- 6.5 The Adult Protection Committee meets quarterly and is chaired by an independent convener. There is a Practice and Communications sub-group and a Council Officers' Forum both of which inform the working of the committee. In March 2010 the committee initiated a public awareness campaign using the local media, posters and leaflets which were distributed widely. The bi-annual report has been completed and submitted to the Scottish Government and is available on the Council's intranet site.
- 6.6 Multi-Agency Public Protection Arrangements (MAPPA) are now in their third year of operation and have brought additional clarity and rigour to joint working with High Risk Offenders (Registered Sex Offenders and Restricted Patients). Level 3 MAPPA discussions, involving the most complex and serious cases, are chaired by the Chief Social Work Officer as part of her responsibilities for Criminal Justice Services.
- 6.7 West Dunbartonshire is the lead authority for the Argyll, Bute and Dunbartonshires' Criminal Justice Partnership which, along with Inverclyde, Renfrewshire and East Renfrewshire makes up the North Strathclyde Community Justice Authority (CJA). MAPPA is organised on a CJA area basis and an annual report is submitted to the Scottish Government. This is reported to the Criminal Justice Partnership Joint Committee. The MAPPA Oversight Group meets quarterly, hosted by West Dunbartonshire, to progress strategic arrangements in relation to public protection. At a local level, we have had in place a High Risk Offenders Forum for a number of years and, although much of the work of the Forum has been superseded by MAPPA, the Forum continues to meet to ensure continuing good local working arrangements.
- 6.8 The Chief Officers' Group for oversight of the Child Protection Committee, which comprises the Chief Executive of the local authority, the Chief Executive of the Health Board and the Divisional Commander of the Police, has recently extended its remit to encompass the whole public protection agenda. The Chief Officers' Group, therefore, now

scrutinises the work of the Child Protection Committee, the Adult Protection Committee and the High Risk Offenders Forum.

7. Statutory Duties and Decisions

7.1 Adoption and Fostering

7.1.1 The Chief Social Work Officer is the agency decision maker in relation to adoption, fostering and permanence decisions for children. Over the past 18 months there has been very considerable activity in relation to new legislation and regulation in relation to adoption, fostering and kinship care which has required briefing and training for staff. A comprehensive report on proposed changes required to our arrangements for fostering, adoption and kinship care was presented to the CHCP Committee in December 2010.

7.1.2 There has been an increase in the number of children for whom we are seeking permanent substitute family care, which is a position reflected across the country. We currently have 22 children who require a permanent family placement.

7.2 Secure Accommodation

7.2.1 In particular circumstances where a child or young person poses such risk to themselves or to the community that they may require to be held in conditions of physical security, this decision must be agreed by the Chief Social Work Officer. We have a system in place for such decisions to be considered by a Secure Screening Panel which is chaired by the CSWO and, as this system is considered to be good practice, we have been part of a national project looking at decision making processes around secure accommodation.

7.2.2 For the past 9 months there have been no young people from West Dunbartonshire held in secure accommodation which, we believe, is the positive result of several years of early and effective intervention and the impact of particular services such as Alternatives To Care and Intensive Support and Monitoring. Although our use of Secure Accommodation has reduced over recent months, we do still have some young people in highly specialised and costly placements. The complex needs of our most difficult young people are no longer necessarily met by being held in conditions of physical security but may need much longer care in an environment which can cope with their behaviour. Our involvement with the national project looking at the use of Secure Accommodation suggests that this may be a developing trend. Wherever they are cared for, including in the community with very intensive support, these young people present particular challenges in respect of balancing the management of risk and attempting to meet their needs.

7.3 Emergency Transfer of Children

On occasion, it is necessary to remove a child from where they are placed as a matter of urgency. If the child is subject to a supervision requirement this can only be done with the approval of the Chief Social

Work Officer and the matter is then reviewed by the Children's Panel within 24 hours. In the period covered by this report this has happened 18 times, involving 18 individual young people. Emergency transfers happen for a range of reasons, sometimes because of breakdown of the placement, including the need to admit to Secure Accommodation, but also because of other critical incidents such as illness or death of a carer. Unusually some of the transfers over this period were necessary because of the closure of a residential school.

7.4 Corporate Parenting

7.4.1 The Council has particular responsibilities as corporate parent to young people who are Looked After or Looked After and Accommodated. Following the publication of the Scottish Government Guidance "We Can and Must Do Better" an executive group, chaired by the Chief Executive and including Elected Members, was set up within the Council to progress the corporate parenting agenda. A Corporate Parenting Strategy has now been produced, an implementation group is established, and the SWIA Inspection commented favourably on our arrangements for Looked After Children. Performance indicators in relation to Looked After Children are reported regularly to committee. It has, therefore, been decided by the executive group that the group no longer needs to meet and outcomes in relation to corporate parenting will be reported through the Chief Social Work Officer's report to Council.

7.4.2 A consultation event was organised recently by a group of Looked After young people and some of our care-leavers. This was attended by a number of interested people from across partner agencies and the Chief Social Work Officer, the Section Head of Child Care and an Elected Member were on a "Question Time" style panel chaired by one of the young people. There were a few interesting points raised and these are already being followed up. This was the first time that an event like this had been held. The workers who supported the young people to undertake this will encourage them to consider doing it again so that we can build on what was achieved and try to extend the reach of the event next time.

7.5 Adults with Incapacity

7.5.1 Welfare Guardianship is principally used in relation to older people or adults with a learning disability or brain injury, who require care to be provided but cannot consent to this or make decisions in this regard. Most welfare guardianship orders are known as "private" meaning that they are applied for by a family member or other relevant person who is then appointed as guardian. When this happens, the private guardian must be supervised by a qualified officer of the local authority, with a statutory requirement to undertake reviews every six months at a minimum. The supervising officer also has a role in supporting the private guardian, and offering advice, guidance, and assistance where appropriate.

- 7.5.2 Private welfare guardianship applications have seen an increase over recent months and this is putting considerable pressure on our Mental Health Officers (MHOs), who are required to provide reports in relation to the application to the court. These reports are often complex and resource intensive in nature, with several interested parties to be interviewed. The reports have to be completed within a short timescale, and this is creating an issue with capacity. Consideration is currently being given as to how best to address this issue.
- 7.5.3 Welfare Guardianship can also be applied for by the local authority in which case the CSWO is appointed as the guardian. Responsibility for day-to-day guardianship functions are then delegated to a MHO or social worker. Local Authority welfare guardianship orders must be formally reviewed at 3 monthly intervals.
- 7.6 Compulsory Detention and Treatment
Among many other provisions, The Mental Health (Care and Treatment) (Scotland) Act 2003 provides for compulsory detention in hospital or compulsory treatment in the community. Local authority MHOs have a statutory duty to prepare applications, reports and care plans in relation to people who are being considered for compulsory care and treatment. A further prescribed role is that of “designated MHO”, whereby the MHO continues to liaise with all relevant parties and monitor and review the care plans while an individual remains subject to statutory measures under the terms of the act.
- 7.7 Mentally Disordered Offenders
Mentally Disordered Offenders are a particular group requiring close liaison between MHOs and criminal justice colleagues, the Mental Health Tribunal, and, in the case of individuals subject to restriction orders, the Scottish Ministers. A recent development has been the transfer of management responsibility for these clients from the Criminal Justice Service to the MHO Service with arrangements currently being made to ensure that the relevant officers receive appropriate training and support in respect of this role.
- 7.8 Adult Support and Protection
Under the arrangements for Adult Support and Protection, named Council Officers need to be appointed. Training has been undertaken with over 800 multi-agency staff and 60 qualified social workers and their line managers in adult services, including Criminal Justice, have been trained and designated as Council Officers.
- 7.9 New Charges
Over the past year a range of new charges have been introduced, or increased, for some Social Work Services. Where these charges might prove detrimental to the welfare of a service user, application can be made for the charges to be waived. In such circumstances, the Chief Social Work Officer would offer advice during the process of any decision about whether to waive the charge.

8. Good Practice

8.1 A number of areas of good practice have been identified through the scrutiny of external inspection and from feedback received. For example:

- Our SWIA inspection report said that they found a good commitment to joint planning and good examples of involving stakeholders in planning service development;
- Our Residential and Day Care Units for Older People have conducted annual consultation for a number of years and have now refined this, in the light of experience and through working to retain Chartermark accreditation, to be much more informative. The most recent consultation showed a high level of satisfaction and many very positive responses;
- Our Children's units also have Chartermark accreditation, as do the Children with Disabilities Team and our Groupwork and Family Support Teams;
- Home Care Services run regular targeted consultations, sometimes to gather responses to particular issues, such as the quality of meals delivered;
- Criminal Justice Services find exceptionally high satisfaction reported from those receiving a service from our Community Service Order squads;
- SWIA found good examples of involving people who use services in improving them in both Learning Disability and Addiction Services. This is an area of activity which will see continued growth and development with effort going in to maintaining the momentum of our existing ways of engaging service users while looking for other positive ideas on ways of doing this;
- SWIA reported that an area of strength was demonstrated by the links between financial, strategic and operational plans and it was concluded that overall financial management of the service was very good;
- Our commitment to good partnership working has been commented upon by both SWIA and HMLe; and
- SWIA found a coherent set of values and aims and saw that we contributed well to the corporate and community planning agendas. Strategic partnerships were characterised by shared purpose and positive working relationships.

8.2 It would be our intention to build on these very positive foundations in moving into the new Community Health and Care Partnership.

9. Complaints

9.1 Information on complaints made about Social Work Services is reported regularly as part of our performance reporting to committee. Systems for dealing with complaints timeously and effectively will be reviewed within the new Community Health and Care Partnership. There is room for

improvement in how quickly and effectively Social Work complaints are dealt with and reviewing procedures across the CHCP offers an opportunity to learn from colleagues elsewhere in the partnership and share best practice.

9.2 Work has already been undertaken to improve our performance by:

- Producing information leaflets and posters to highlight the particular process for Social Work complaints. It is set down in Social Work legislation that there is a right to a Complaints Review Committee which is a bit different to other complaints dealt with by the Council or Health Services;
- Reviewing our policy to include ensuring that complainants are kept aware of any slippage in timescales; and
- Surveying the views of people who have had a complaint dealt with to see what we can do to improve our practice in the light of their experience of the process.

10. Issues which will impact on Social Work Services in the Coming Months

10.1 The impact of the financial crisis will be a major challenge for Social Work Services. Benefit changes and the effect on income to the department, coupled with the potential for increasing demand for our services, will have to be very closely monitored and responded to.

10.2 As noted earlier we are looking at our commissioning strategies and a related imperative is to consider the competitiveness of our services. It is clear that substantial service re-design is likely and we need to consider how best to manage this process in order to maintain standards and ensure good outcomes for service users.

10.3 As regulation of the Social Services workforce progresses an increasing number of employees within social care will be required to register with the SSSC. Maintaining proper records of continuing professional development and ensuring that people are progressing towards achieving required qualification will become an increasing task. It is expected that the new Workforce Management System will be utilised to manage and monitor this information.

10.4 The impact of the Clyde Valley shared services work is likely to start being felt over coming months and will relate to the issues of commissioning, competitiveness and service re-design.

10.5 The Crerar Report led to changes in the organisation of inspection regimes and this year the new inspection body, Social Care Social Work Improvement Scotland (SCSWIS) will replace SWIA and the Services for Children Section of HMIe. Inspections of our services thereafter will be conducted by SCSWIS.

- 10.6.1 Some major policy directions remain drivers for the development of Social Work and Social Care Services. One is the reshaping of older people's care with an emphasis on rehabilitation and re-ablement and continuing to shift the balance of care from residential to care in the community. Coupled with this is the personalisation agenda which again presents challenges in how we commission and re-design services to meet the aspirations of our service users. The Scottish Government recently announced plans to provide funding to support the reshaping of care for older people, subject to approval by Parliament of the draft Scottish Government budget for 2011/12. This funding was stated to be £70m across Scotland for 2011/12 and would require the development and submission of local transformation plans. Support would be planned to be available in future financial years upto 2014/15 though this has yet to be agreed.
- 10.6.2 The funding would provide bridging finance to local partnerships to allow them to make the necessary investment in new service provision to assist people to live within their own homes rather than seek care in hospital or care homes. The theory behind this would be that if the new service delivery was successful then fewer acute hospital beds and fewer care home places would be needed. Funding would be released from these service areas to provide the ongoing longer-term funding for the new service provision.
- 10.6.3 This funding presents a significant opportunity to assist the Council in continuing to shift the balance of care and the Council will work with Health Services, providers and community and voluntary organisations to develop a plan in order to access this funding stream.
- 10.7.1 We have worked to promote and extend our personalisation agenda. Since July 2009 there has been a 39% increase in direct payment recipients. In addition, we continue to undertake self-directed support briefings and training sessions across the authority and with our partner agencies. We have produced a range of literature for potential applicants. The Self Directed Care Policy and procedural guidelines were approved by Committee in March 2010.
- 10.7.2 Personalisation is not just about control over the funding of services and we are committed to promoting more personalised ways of working across all service areas. For example, all of our Residential Units and Day Care Centres for Older People operate within a model of person-centred care which puts the service user at the heart of the process, including the use of the "Liverpool Care Pathway" which allows our homes to offer holistic care for our residents and their families during the end stage of life. The Pathway is also being used in the community to allow people who wish to die at home the support they need to do this. Full training has been provided to the MacMillan carers, the hospital discharge team and augmented homecare staff. There are examples of personalisation in practice which we intend to build into the future.

- 10.8.1 Changes to the Independent Living Fund (ILF) are likely to have a significant impact on the Scottish Government's Self Directed Support Strategy and on local authorities' desire to promote Self Directed Care, including personalised budgets. It will affect the household budgets of many disabled people and place additional pressure on local authorities to resource the gaps created should ILF be withdrawn.
- 10.8.2 In West Dunbartonshire there are currently 122 people in receipt of ILF to a value of £1.9 m. As none of these people are in paid employment they would not be eligible for ILF under the new criteria. It is also the case that the new criteria means that it is unlikely that there will be any future applications to the Independent Living Fund.
- 10.9 Delivering appropriate levels of service to people on the Autistic Spectrum is a concern for both health and social work agencies. Signposting individuals to appropriate support is an important means of ensuring equity of access to service. The Autism Resource Centre in the Greater Glasgow and Clyde Health Board area has been re- designed, resulting in the appointment of Autism Co-ordinators who will have a role in diagnostic assessment and support to specialist adult teams. We have made constructive links with the co-ordinator for our area. There is forthcoming legislation which is likely to create additional expectations and pressures on local authorities whilst having no new funding attached to it. As the implications become clear, any issues arising will be reported to Committee as required.
- 10.10.1 Getting it Right for Every Child has already made fundamental shifts in the organisation of the delivery of children's services and this will continue both locally and across the West of Scotland. All of the evidence from the areas which were "pathfinders" for Getting It Right, including the Domestic Abuse Pathfinder in Clydebank, has shown improved outcomes for children and their families from this approach. The principle is that children should receive appropriate and timely support, as far as possible from universal services, and the emphasis is on early and effective intervention. This is sometimes expressed as "children should get the help they need when they need it".
- 10.10.2 The Scottish Government is most concerned to underline this focus on early intervention as the key to improving outcomes for children in the longer term. As noted earlier in this report, we are seeing the impact of early and effective intervention starting to feed through into improving trends for some indicators around children and young people we are working with. This is a prime example of the crucial inter-dependence of services and the need to be working in partnership, as much of the early work with children and their families is not necessarily undertaken by Social Work but by colleagues in Health or Education. At times of financial constraint, it can be more difficult to protect the things that might be seen as lower level interventions as the impact of their loss is not seen immediately. It will be particularly important to have sound

evaluation of the impact of these various interventions in order to properly inform such debate.

- 10.11 The implementation of the Criminal Justice and Licensing (Scotland) Act 2010, which comes into force in February this year, involves substantial changes for Criminal Justice Social Work. Community Payback Orders will replace familiar community disposals such as Probation and Community Service. The implementation of these changes has involved an extensive training programme for all Criminal Justice staff as well as briefings for Elected Members through the Criminal Justice Joint Partnership Committee and for colleagues in partner organisations. The impact of the change to Community Payback Orders will be monitored and reported to the Partnership Committee.
- 10.12 The Scottish Government has just completed a review of the Child Protection Guidance which has been in place since 1998. The new guidance was published in December 2010 so the first few months of this year will see very extensive briefing of staff and awareness raising for Voluntary groups and the general public. The Child Protection Procedures for the West of Scotland have also been substantially revised and updated. These procedures are now web-based so can be relatively easily amended to reflect the new National Guidance. The launch of the Guidance, coupled with briefings for staff on the new Procedures offers the opportunity to emphasise yet again the crucial importance of this area of our work.

11. Financial Implications

- 11.1 There are no financial implications as a direct result of this report. As indicated in Section 10, issues for service delivery and finance will almost certainly emerge from some of these developments. As things progress, any such matters will be reported to the appropriate Committee.

12. People Implications

- 12.1 There are no personnel issues arising directly from this report.

13. Risk Analysis

- 13.1 There is a risk to the Council if Social Work Services are not delivered to an appropriate standard and Elected Members need to be satisfied that proper arrangements are in place to ensure sound governance. Part of the arrangements that each local authority should have in place is the production of a report by the Chief Social Work Officer. Guidance suggests that this report should be presented to Council annually. This first CSWO report covers a period of 18 months in order to be as current as possible rather than reporting only on the year to March 2010. It is proposed that arrangements for the next, and subsequent, CSWO Report will be aligned with the review of the Community Health and Care Partnership which will give Elected Members the opportunity to

scrutinise the delivery of Social Work Services within that organisational arrangement.

14. Equalities Impact

14.1 No significant issues were identified in a screening for potential equality impact of these measures.

15. Conclusions and Recommendations

15.1 This report has sought to explain the particular duties and responsibilities that the Council exercises through the delivery of the Social Work function and the various ways in which that work is managed, evaluated and scrutinised so that Elected Members may be satisfied that proper governance arrangements are in place. The report also seeks to highlight to Elected Members some potential future issues and developments and further reports on these will be provided as required. It is anticipated that the CSWO will produce a report on an annual basis aligned to the annual review of the CHCP.

15.2 Members are asked to:

- (1) note the content of this report; and
- (2) request that a further report be made available at the point of the review of the Community Health and Care Partnership.

H. Anne Ritchie,
Chief Social Work Officer

Person to Contact: Anne Ritchie, Tel: 01389 737709, Garshake Road, Dumbarton.

Appendix: None

Background Papers: None

Wards affected: All