

Chief Social Work Officer's ANNUAL REPORT

2016 - 2017



Council Priorities

Dumfries and Galloway Council Priorities are at the heart of our Council services. They are based on improving our region's economy and ensuring better lives for our children and other vulnerable groups.

Our Priorities and Commitments are:



1 Build the local economy

This continues to be the number one priority for our Council and we are committed to ensuring that Dumfries and Galloway emerges from the economic downturn in a stronger position.

We are committed to:

- Improve the level of skills within our communities and workforce
- Support our small and medium sized businesses to be established and grow
- Invest in our key infrastructure
- Provide an attractive location to do business
- Develop a diverse economy that creates sustainable, high wage job opportunities



2 Provide the best start in life for all our children

We are committed to giving all local children and young people an equal chance to fulfil their potential.

We are committed to:

- Ensure early intervention, in particular to keep our region's most vulnerable children safe
- Invest in creating schools fit for the 21st century, which are at the heart of our communities
- Raise ambition and attainment, in particular to address inequalities
- Support children to be healthy and active



3 Protect our most vulnerable people

We want our most vulnerable residents - many who live in poverty or suffer poor health - to have the support and resources they need to live healthy and independent lives.

We are committed to:

- Tackle the causes and effects of inequality and poverty
- Help older or vulnerable people live healthy and independent lives
- Ensure our older or vulnerable people receive the care and support they need
- Keep our communities safe



4 Be an inclusive council

We are passionate about the importance of working with local people, our communities, our businesses, our staff and other organisations in our region. There is no monopoly on good ideas and we all have a shared interest in making the most of the talents, vision and commitment of the people who live and work in Dumfries and Galloway.

We are committed to:

- Ensure that local people and communities are at the heart of our decision making
- Empower our communities to make the most of their assets
- Increase equality of opportunity

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1. Summary of Performance 2016/17



Welcome to the Chief Social Work Officer report (CSWO) which will cover the period of 1st April 2016 to the 31st March 2017. The purpose of this report is to provide

information on the role and responsibilities of the Chief Social Work Officer (CSWO)

The period of 2016/2017 has been extremely challenging for Dumfries and Galloway as we embed the substantial service redesign and developments identified in previous CSWO reports.

The environment in which Social work currently operates presents significant challenge. At present this includes the economic downturn which has resulted in reduction of resources available to the Local Authority, statutory partners and partners in the third sector. Simultaneously these economic challenges have led to an increased demand in service. Demographic growth in Dumfries and Galloway mirrors that at a national level.

My report provides an overview of social work service activity and achievements over this period including the greater emphasis I have placed on ongoing self-evaluation to scrutinise all aspects of service delivery. This has provided evidence of good progress towards identifying priorities both within our own service delivery and for those services delivered in partnership. In particular it recognises that through the effort, dedication and professionalism of the social work staff group at all levels our services are increasingly focused on person centred outcomes. It is recognised that there is scope for further and continuous improvement;

however, we have made significant progress in ensuring that, robust performance information is available to inform service development, resources are more effectively deployed and integrated working underpins our approach.

Whilst we recognise there will always be a need for social work to intervene in matters of protection, our continued ambition is to develop services focused, where possible on early intervention and support which could prevent the need for such interventions. To this end over the past year we have enhanced and developed our public protection arrangements, with the recruitment of a Public Protection Manager. More information on this is included in the report.

The report provides information on the statutory decisions I have made as the Chief Social Work Officer on behalf of the Council and highlights some key challenges for the service in the forthcoming year.

The report is not intended to be exhaustive, rather it seeks to summarise activity by care group. Further information on care group activity can be obtained from relevant headquarters care group senior managers and from the relevant locality social work manager for locality specific information.

Other sources of performance information are available, for example, service performance reports to the Social Work Committee, Area Committees, the Adult and Child Protection Committees and the South West of Scotland Multi Agency Public Protection Arrangements (MAPP) MAPP Strategic Oversight Group.

2. Partnership Working - Governance and Accountability Arrangements

From April 2017, social work has been part of the newly established Children, Young People and Lifelong Learning Directorate (CYPLL). This includes Children and Families, Criminal Justice and Mental Health Officer provision with professional responsibility and oversight of Adult Services which is part of the Dumfries and Galloway Integrated Joint Board arrangements.

During 2016/17 the Integrated Joint Board structure was implemented. The Children, Young People and Lifelong Learning Directorate became fully operational on 1st April 2017. This has been a challenging time for the service as we transition between structures alongside other major pieces of work.

In August 2016, I appointed a Public Protection Manager reporting directly to me as CSWO to oversee all aspects of public protection work, and implement a strategic review. In being one of the first areas in Scotland, if not the first to fully combine all aspects of public protection under a single strategic lead, Dumfries and Galloway Council Social Work and partners are being innovative in the approach to ensure that those who are at risk and vulnerable are protected, and to minimise the risk from those who pose a risk to our communities. The portfolio for public protection in Dumfries and Galloway Council includes Child Protection, Adult Support and

Protection, MAPPA, Domestic Abuse and Violence Against Women, Community Justice and the Alcohol and Drugs Partnership.

In March 2017, the Chief Officers Group: People Protection agreed proposals to commission the establishment of a single Public Protection Partnership through 2017/18. This will amalgamate the current Child Protection Committee, Adult Protection Committee, and Domestic Abuse and Violence Against Woman Partnership. This was in follow up to the Community Planning Executive Group decision in September 2015 to have a single public protection structure across Dumfries and Galloway .

This recognises the significant overlaps of all aspects of public protection to develop a more effective, efficient and streamlined service. Any revision in structure will provide greater reassurance and a more efficient oversight of the various strands within public protection and will have a fundamental purpose to support operational staff across all partner agencies to improve outcomes for the most vulnerable service users in Dumfries and Galloway¹.

Performance reporting which assures the quality of social work services sits across three key committee structures. This includes the council's Social Work Committee, CYPYLL Committee and Area Committees. Adult services reports through the Integrated Joint Board and the council's Area Committees.

We report regularly to Social Work Committee on the outcome of external scrutiny of regulated services within children and families and adult services, and this allows for elected member scrutiny of performance providing an overview of

1 The Community Planning Executive Group in September 2015 agreed that a structure was required that would:
Reduce the number of strategic level partnerships;
Develop a clear co-ordinated strategy across public protection;
Enhance relationships between thematic issues and individual cases



Chief Social Work Officer's Annual Report

the ongoing progress and improvement in grades within these services. This has provided evidence of an overall improvement in the quality of services with the majority of regulated services now graded at good or above.

Externally commissioned social care services are monitored through a Contract Management Framework which was implemented in 2015-16 and further developed in 2016/17. Under this framework care homes and care at home services submit quarterly returns and have had at least one direct contract monitoring visit during the year from our Contracts and Quality Assurance team. Through this we identify areas for improvement for providers and also share best practice between providers to seek to drive up standards across our service provision.

In 2016, inspectors returned for a second follow-up review of Children's services in the area after an initial inspection in February 2014 raised concerns and identified five priority areas for urgent improvement. Their report noted the close working on an improvement plan and that we had prioritised actions to protect children and young people from abuse and neglect. The report also noted that governance arrangements had been significantly improved and strategic management strengthened.

In October 2016 the report on the Integrated Inspection of Older People's services was published and the service has been involved through the health and social care partnership in the development of an improvement plan in respect of the recommendations made. The report noted the partnership delivered positive outcomes to older people who use services and their carers but needed to make improvements in delayed discharge, intermediate care, supporting carers and the development of early intervention and prevention approaches as well as anticipatory care planning for older people.

There has been no inspection activity in respect of criminal justice services within this reporting period.

We have continued to consider how best to involve service users in service planning, commissioning and development and whilst we have a number of good examples of this happening we recognise that this is still work in progress and that we have much further to go to support and embed this as an overall approach to our work.

The ongoing development of our response to self-directed support is an important element of this as we seek good conversations with people as part of the process of defining outcomes and facilitating individual personal plans.

An example of partnership working involving service users - We have continued through our work with the Self-advocates groups to support the Keep Safe initiative in raising awareness of Disability Hate Crime working with a network of businesses who have agreed to make their premises a "Keep Safe" place for people to go if they feel frightened, distressed or are the victim of crime when out in the community. Disabled and elderly people who wish to take part in the initiative are issued with a contact card. Businesses who agree to take part in the initiative are trained by Police Scotland and issued with a Keep Safe sticker to display in their premises window to let vulnerable people know they provide a "Keep Safe" place. If a person goes into the "Keep Safe" place and show their contact cards to staff, the staff member will reassure the person and ring one of the numbers on the card and/or contact the police if a crime has been committed.

The service is represented and involved in the stakeholder involvement process within the integrated arrangements which support the development and design of the Integrated Strategic Plan.

3. Social Services Delivery Landscape



Maintaining an effective and skilled workforce, in the context of increasing numbers of older people and adults with complex health and social care needs, a reducing working age population, and pressure on resources is a fundamental challenge. Through 2016/17, the Strategic Planning team within the Integrated Joint Board have been engaging with providers across all sectors and operational staff within each of the localities and in the acute services to develop new models of care. These include more personalised care delivered at home, care supported and enabled by technologies and step up/step down provision in care homes.

Increasing pay for social care staff through the Scottish Government commitment to ensure that the living wage of £8.25 per hour would be paid to care workers providing direct care and support to adults and older people from 1st October 2016 gave providers an opportunity to begin to compete locally with other low pay employers, to attract

new staff and maintain their existing workforce to improve the quality of care and support.

In 2016 we tendered for all Care at Home and Support Services for adults and older people. All providers operating locally who tendered made an explicit commitment to pay the Living Wage (£8.25) from the 1st October 2016. Additional funding of £2.3m was invested in Care at Home and Support services in 2016-2017 to implement these new rates from October with full year additional costs estimated at £4.5m. This has been significant investment in care at home services for this region.

As a result of this tender there is now a Single Contract and Framework Agreement across Dumfries and Galloway. Under this contract there are two separate ranked frameworks a Specialist Adults Services Framework with twenty-six providers of which eighteen are currently providing services in the region and a Non-Specialist Older Peoples Services Framework with twenty-one

providers listed of which nineteen are operational locally. New hours of care for people living in their own homes, including supported accommodation and sheltered housing schemes are now purchased under this Framework.

Commissioning Managers with lead responsibility for commissioning and contract management of social care services have direct contact with providers through provider meetings where challenges in care homes and care at home/support provision are shared with a view to identifying sustainable ways forward.

We remain committed to the delivery of care in people's own homes wherever possible but at times placement in a care home facility is the right service for individuals and families. We have thirty Care Homes for Older People including Elderly Mentally Infirm (EMI) services operating across the region at this time. The size and scale of some of our care homes operations along with the residential rates payable under the National Care Homes Contract mean that increasingly our local care homes are under pressure to sustain quality services. We have three specialist care home for adults with learning disabilities and mental health problems and have been working with the providers of these service to bring them in line with the terms, conditions and requirements of the Scotland Excel National Framework for Care Homes for adults with learning disabilities.

Review and redesign of commissioned learning disability services in line with the principles and priorities of the Strategic Plan has been a key area of focus over the last year. This has included the decommissioning of dated services, including a care home facility and shared living environments (houses of multiple occupancy). We have commissioned new models of care and support focussed on more personalised approaches. There is early evidence at this time, of very positive outcomes for people who have transferred into these new services.

The programme of review of current contracts and services is ongoing and will be strengthened by new business partner structures within the integrated structure.

Children's Services continue to commission services from independent, private and third sector organisations. Throughout 2016/2017 there have been a number of challenges for local and national service providers which include the implementation of the Children and Young Peoples (Scotland) Act 2014. This has been further challenged by the implementation of the living wage across a range of independent and third sector organisations. Providers have responded well to ensure that their staff are treated fairly but this has required both the Local Authority and providers to think creatively when meeting the needs of vulnerable children and their families throughout Dumfries and Galloway.

Self-directed support has been rolled out for children with disabilities and their families and there are a number of creative and innovative care packages which have been developed to ensure that children and their parents/carers have enhanced choices and control in how services are provided to them.

Children and Families social work services continue to work in partnership with Scotland Excel to develop national frameworks in order to ensure a wide and diverse range of residential childcare, secure care, day education, short breaks and fostering services to achieve good quality services which represent best value for money in times of significant austerity.

As Corporate Parents and in partnership with sport and leisure services an Access to Leisure card was initially introduced in 2015/16. During 2016/17 this has been expanded to cover all Looked After Children living in Dumfries and Galloway, including those children who are placed in the region living with independent providers. This ensures equity of access and ensures the same rights and choices to access a range of activities promoting inclusion and encourages physical activity.

Children and Families social work teams continue to work closely with a range of statutory services and housing providers to ensure that the needs of the most vulnerable care leavers are supported to ensure a seamless transition to becoming an adult. This is not always easy and there are many challenges along the way to ensure that young people who have experienced trauma in their lives are supported to become responsible adults.

Direct engagement with service providers continues to ensure that the needs of those providing the services and the needs of those receiving services is regularly monitored and reviewed in order that service provision is continually changing to respond to local needs.

2017/18 will see the implementation of the Carers Act 2016 which places increasing duties and powers on Local Authority children's and adult services in times of increasing demand and reducing budgets. Work is under way in preparation for this to provide clear eligibility criteria.

From February 2016, the Carers Centre has been delivering Adult Carer Support Plans on behalf of the authority. Up until March 2017, 127 plans had been developed with sixty-eight percent of these being shared with the service. Overall, the Carers Centre experienced an increase in the number of new carers from 551 in 2015/16 to 783 in 2016/17 and worked with a total of 1383 carers during 2016/17.

4. Resources

The total budget delegated to the IJB for predominantly Adults services in 2016/17 was £60.8m. This in net of expected income and was £2m less than the available budget for the previous year. Nevertheless, we managed to control total expenditure for the year to £60.6m, delivering a small underspend of £250,000 or 0.4%. The budgets for Statutory Mental Health, Children and Families, Public Protection and Criminal Justice Social Work are retained by the Council. The outturn position for Criminal Justice, which is in the main funded by ring-fenced grants totalling £2.8m, was in line with budget. The overall position for the rest of Social Work was a slight underspend of £50,000. The total available resource to deliver the non-delegated Social Work functions in 2016/17 was £20.3m, net of income. Of this, we spent £17m on Children and Families, £2.2m on Strategy and Quality Improvement, including the senior management team, £860,000 on the Statutory Mental Health function and £100,000 on Public Protection duties.

The main area of focus for savings in the Council managed part of Social Work continues to be external out of region agency placements for both Looked After Children and Children with Disabilities. We are pleased with the progress we have made over the last three years and will



continue to drive the reduction programme. Progress against targets is shown below. The programme is on track to deliver an annual saving of over £3m, part of which is being re-invested to create and strengthen sustainable alternative in-region support to improve outcomes for the families involved.

During 2016/17 the service has continued to work towards a more agile and flexible workforce supported by planned changes in office accommodation. This work will continue through 2017/18 as major initial steps in this programme are completed.

Reduction in Number of Children's Out of Region Agency Placements 2014 to 2020



5. Service Quality and Performance Including Delivery of Statutory Functions

During this reporting period the service received 17,598 referrals.

Public Protection

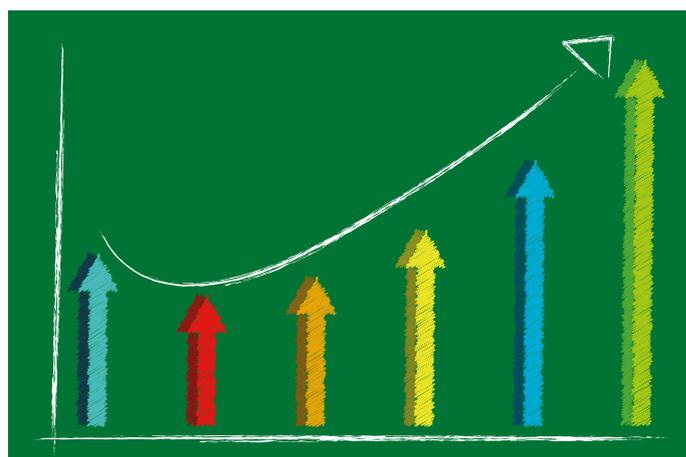
In 2016/17 agreements were reached at a Strategic Partnership level to develop a Multi-Agency Safeguarding Hub (MASH). This has been taken forward as separate, parallel developments for adults and children and families although both teams are based in one central location within Police Division Headquarters at Cornwall Mount in Dumfries.

The MASH for Adults in which Social Work, in partnership with Health and Police, screen referrals where there is concern that an adult may be at risk of harm. The MASH was initially launched in September 2016 in part of the region and was fully implemented across the whole region by March 2017. This is a ground-breaking service which sees the three key agencies based together. The opportunity to share information to improve decision making and our response to adults is a really positive example of partnership working.

During the whole of 2016/17 there were 2482 referrals in respect of concerns for an adult. From the implementation of the MASH in September 2016 until 31st March 2017 there were 92 Adult Initial Referral Discussions. Performance reporting in 2017/18 will begin to fully evidence the impact the MASH is making.

Following the Joint Inspection of Children's Services in 2014, the development of a Children's MASH was progressed and implemented in January 2017. MASH aims to protect and safeguard children through effective information-sharing and rapid decision-making and contains staff from social work, the police and health. These staff jointly screen child protection referrals; gather and share information enabling them to have an initial referral discussion (IRD) enabling decisions to be made quickly and any immediate action can be taken to keep children safe. This includes IRDs for vulnerable pregnancies. As a result we are working more effectively with our partners to provide an early response to concerns raised or incidents where there may be potential or actual harm to children.

We want to ensure that help and assistance reaches those who need it as soon as possible and to work alongside partners and families to bring the assistance needed. We monitor these services closely to ensure our actions are effective and support good outcomes for children and families.



Case Study - Public Protection

Ms A has two children under the age of five with her partner who has a history of domestic abuse in previous relationships. A referral was made to the Multi-Agency Safeguarding Hub (MASH) in relation to an incident where Ms A was attacked by her partner, threatening her with a knife. Her partner was arrested, charged and bailed.

The SSW for the Child MASH noted that they would hold an immediate Initial Referral Discussion (IRD) to establish the level of risk to the children and what action needed to be taken and the outcome of this would be discussed with the Adult SSW. The Adult SSW agreed that under Duty to Inquire, (DTI) they would gather further information to ascertain whether or not Ms A met the criteria for intervention and if not, they would look at what support was already in place and if anything needed to be added to this.

The IRD for the two children noted that Ms A had agreed that the children could be placed with carers voluntarily under S25 of the Children (Scotland) Act 1995. Ms A had been offered a place in Women's Aid with the children but had declined this as she felt she needed to go back to the home. This was reported to the SSW in the Adult MASH. The Child MASH agreed that there was no requirement for intervention under child protection and following discussion with the locality team, this was followed up through Child in Need processes. Whilst it became apparent that Ms A did not meet the criteria for intervention under the Adult Support and Protection (Scotland) Act 2007, social work staff reviewed supports that could be put in place. Due to the serious nature of the incident, this case was also referred to MARAC.

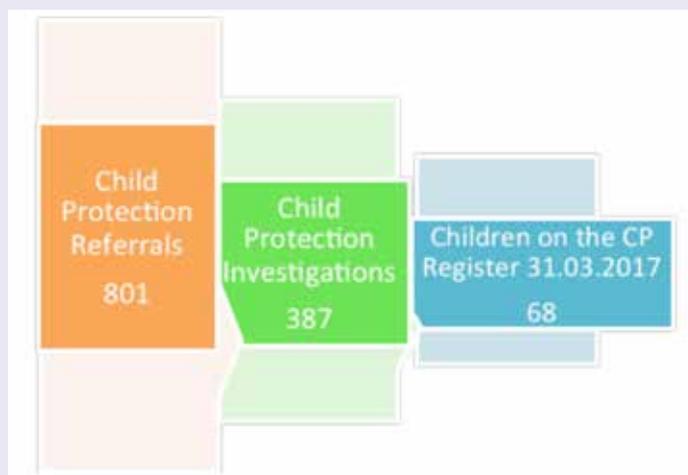
The Court allowed an assessment for her partner's suitability for the Caledonian Programme, which would support him in behaviour change, to be undertaken and the immediate allocation of a Caledonian Women's Support Worker for Ms A. This provided an additional support for Ms A, but also should the Court impose a sentence mandating her partner to meaningfully engage in the Caledonian Programme, Ms A would be informed should the risk to her posed by him increase.

With support from services Ms A decided to move into Women's Aid accommodation and has now put in an application for permanent accommodation for herself and her children.

Child Protection

As at 31st March 2017 there were 68 children on the Child Protection Register. Throughout the reporting period there were 801 child protection referrals, of these there were 387 child protection investigations.

There has been significant development and improvement work undertaken across all aspects of Child Protection in Dumfries and Galloway, notably in follow up to previous inspections culminating in the progress review of 2016.



In recent years there have been growing concerns both locally and nationally about the increasing incidence of sexting and image sharing involving children and young people. Local guidance has been developed to support all practitioners working with children and young people to provide a consistent and proportionate response to concerns at both a single and inter-agency level. This has been supported by the Schools based initiative. The purpose of this six week programme delivered in one of our secondary and cluster primary seven's along with key partner agencies, was to intervene early around this area to help reduce referrals, help young people make informed decisions, reduce their risk taking behaviours and improve their health and well-being. As a result of this initial programme we now have plans to deliver the programme to a wider pupil base throughout the region.

The revised National Action Plan for Child Sexual Exploitation (CSE) was published March 2016 and informed further review of the local plan and local guidance has been developed to support the nationally recognised Barnardo's CSE Practitioner's resource pack. The guidance is supported by multi-agency training as part of the Children's Services inter-agency training calendar and the CSE action plan has been revised to provide a more focussed plan for priority activity in the short term.

The introduction of local CSE monitoring forms has been pivotal in allowing staff to recognise risks and patterns of behaviour that may previously have been missed or not recorded and continually aid in building up a picture of the young person and any potential for risk.

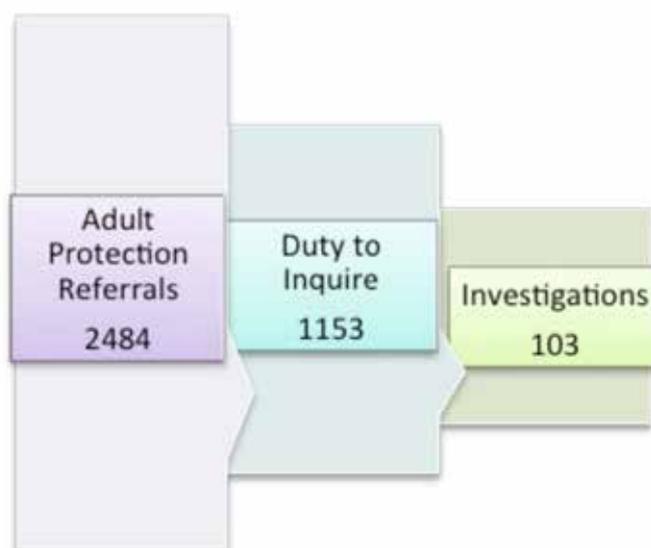
The multi-agency Pre-Birth Protocol for Vulnerable Women and Babies was published in October 2016 and the Strategic Pre-Birth Planning Group has continued to monitor this to ensure it has successful outcomes for service users.

Following the success of a local Neglect Conference delivered in May 2016 and the need to raise staff awareness of the impact of neglect for children,

on 10th November 2016 Dumfries and Galloway Children's Services Partnership hosted 'Neglect - A Joint Approach' Conference which was attended by seventy-six staff from across all agencies and Third Sector. The conference formed part of a region wide response to raising awareness of neglect and improving practice in this area. Training on the Neglect Toolkit has already been delivered to practitioners within the region. Further training was commissioned and Guidance on the use of the toolkit has been developed and disseminated to all appropriate practitioners. The Multi-Agency Self Evaluation Programme will continue to monitor and evaluate our response to neglect.

Adult Support and Protection

There were 2484 concerns for adults referred during the reporting period. Of these, 1153 went to a Duty to inquire with a further 103 resulting in an investigation. There were no protection orders granted.



Adult Support and Protection Services continue to develop and drive forward the necessary change to improve and streamline services. The Adult Support and Protection unit has now been drawn in under the wider umbrella of Public Protection alongside other key protection areas and is already recognising the benefit of shared resources and knowledge. The Adult Protection Committee has been ably chaired for 18 months by an interim

convener and as we look to 2017/18 with a more joined up approach to Public Protection a joint Chair for Adult Protection Committee and Child Protection Committee has been appointed.

A Power of Attorney campaign, involving a range of partners including local solicitors was introduced in early 2017 with the aim to inform the public about the benefits of a power of Attorney in protecting the rights of vulnerable people.

Looking forward to 2017/2018 we will be introducing a training competence framework

which will, alongside statutory services, incorporate the needs of third and independent sector services and look at resourcing training more widely through sharing of knowledge and resources and a creative approach to learning and development. We will also see the introduction of a Quality Improvement Framework which will support us in understanding across all services working with adults at risk how we can continue to develop and improve what we do to protect the most vulnerable in our society.

Case Study

Billy lives in the community with a support package. He has a learning disability and a speech impediment and was initially able to manage his own tenancy and wanted to remain as independent as possible. In order to enable this Billy wore a device attached to a watch and workers were able to communicate with him through this. However Billy began to take himself on buses which travelled out of region and was then unable to return. This resulted in police intervention on a number of occasions and workers having to support him to travel back by taxi. Billy also took himself on long walks on country roads putting him at risk of injury.

Billy was assessed as being unable to fully understand the risks at which he was placing himself and there were concerns about potential exploitation as, whilst he was well known and supported in his local community, his vulnerabilities could make him a target in areas where he was not known.

Billy was reluctant to engage in any other activities preferring his "days out". It became apparent that the supports in place for Billy were no longer keeping him safe.

An Adult Protection Case Conference was convened. The conference brought together Billy's family and professionals and Billy attended with his advocate. The situation was complex and decisions to be made included a recommendation for an assessment in relation to Welfare Guardianship to ensure Billy's welfare could be monitored and decisions could be made on his behalf. The most pressing decision was whether or not risks could be managed or prevented. Billy clearly took great pleasure from travelling and to prevent this could impact on his quality of life.

A plan was agreed to support Billy by providing a worker to accompany him out of region on buses and to walk with Billy on his 'long treks' and other community groups and supports were sourced to help meet other outcomes for Billy.

Billy continues to take long walks and travel on the bus with the support of carers.

Domestic Abuse and Violence Against Women

There were 150 referrals with domestic abuse as the main reason. Of these 120 were in respect of adults through the adult support and protection process and 30 in respect of children through the child protection referral process.

The Domestic Abuse and Violence Against Women Partnership (DAVAWP) has continued to be chaired by Social Work throughout 2016. The DAVAWP has operated as a Steering Group for Multi Agency Risk Assessment Conferences (MARAC) and is overseeing the review of the MARAC Operating Protocol.

The DAVAWP is in the process of developing a new Strategy and Action Plan. This will reflect the National Equally Safe Strategy and provide direction for work locally to tackle domestic abuse and violence against women. There will be a programme for training developed in light of identified local needs and to complement the changes in public protection. This will also further raise awareness of MARAC and the process to encourage agencies to make appropriate referrals.

Case Study

Ms M is a woman in her 50s, English is her second language. She returned from work to discover her partner (Mr J) threatening to kill himself. Ms M attempted to remove his weapon; at which point Mr J became very aggressive and threatened her. He pushed her and started to choke her. Ms M escaped and ran to get help from her son who then returned to the house with her and phoned the Police.

The Police undertook a risk assessment, arrested Mr J and sent a concern form to adult social work. Due to the high level of risk they highlighted, the case was referred to MARAC and Adult Support and Protection.

Following further inquiries agencies agreed that the threats were being used as a part of domestic abuse as a means to control Ms M. Social workers spoke to Ms M and were able to establish that Ms M was keen to receive support to separate from her husband.

At MARAC the situation was discussed. Agencies further developed a safety plan which included supporting Ms M to be rehoused, providing further safety information and outreach support from Women's Aid. There have been no further referrals for Ms M.

We acknowledge the research evidence which tells us that a coherent, cooperative approach to protecting women and children and challenging men's behaviour by all service providers produces the best results. We are one of a small number of local authorities that have been piloting the development and delivery of the Caledonian System - an integrated approach to addressing domestic abuse which combines a behaviour change programme for male offenders with support services for women and children affected by domestic abuse as both victim and witnesses.

The Caledonian System was evaluated in 2016 and has been shown to be one of a number of effective responses to domestic abuse. Among the key theoretical and practical guiding principles underpinning the system are: a systems approach, working together with the whole family and supporting multi-agency working; motivating men towards positive change, focusing not only on their deficits, but also on their personal goals for a 'good life' and how they could achieve these;. Key elements of the System that women identified as enhancing their safety were: the advice and support

they received around safety planning; support and encouragement to contact the police about breaches of no-contact orders; and being better able to keep track of men's behaviour because of their involvement with the Caledonian Men's Programme. Furthermore, the evidence indicates that those men who completed the programme posed a lower risk to partners, children and others by the end of the programme, and reported improved understanding of the nature of abuse, of appropriate behaviour in relationships and of techniques to better control their behaviour.

Community Justice

This year has been the shadow year for the new local arrangements for community justice with the transition supported by South West Scotland Community Justice Authority. We recruited a Community Justice Partnership Manager in 2016 to lead on this work and develop our local partnership in Dumfries and Galloway. Community consultation events were held and a community justice strategic assessment undertaken. The partnership is now in place and the first Dumfries and Galloway Community Justice Outcomes Improvement Plan, Just Communities, is complete setting out our ambitions for the next twelve months. There is a real sense of optimism from the partners with a greater feeling of ownership of the community justice agenda at a local level with a strong desire to achieve robust partnership working and community involvement, ultimately leading to a reduction in reoffending.

Children and Families

During this reporting period there were 6919 referrals for children and families compared to 7035 in the previous period. This reduction in referrals reflects how we work well within the Named Person Service and that children are supported through their school or health worker.

Of these 6,919 referrals, the vast majority (6,513) were for assessment. This related to 5122 referrals for a child in need and 801 child protection referrals. There were 799 Initial Referral discussions

and 387 Child Protection investigations resulting in 121 case conferences. As at the 31st March 2017 there were 2073 active cases.

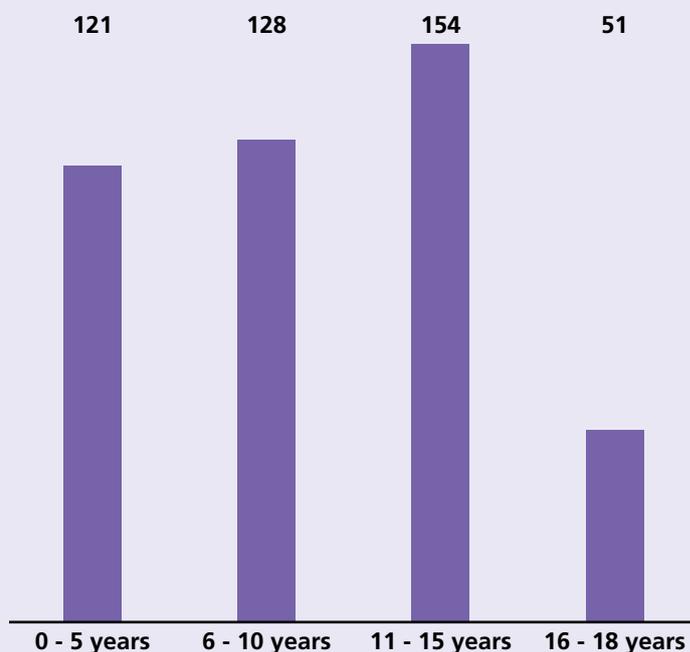
The youth justice service received 274 referrals for diversion. There were 80 young people referred through leaving care and 52 referrals for kinship care.



The Children's Reporter requested 1,299 reports from the service during the reporting period. This included 447 Social background reports, 474 update reports, 204 Comprehensive assessments and 129 Initial assessment reports.

There were 454 Looked After Children as at the 31st March 2017.

Number of Looked After Children 2016/17



There were twenty-two Emergency transfers of children recorded between April 2016 and March 2017. During this reporting period, eight children were made subject to a Permanence Order.

This has been another challenging year but one in which we have progressed with a number of changes.

As Corporate Parents in 2016/17 we have sought to improve the opportunities for young people who have come through the care system. We have worked with our housing and community services partners to improve accommodation options for young care leavers; we have linked with skills development and colleges to expand choice and support to young people within the region.

Throughout 2016/17 we have continued to bring young people home from residential placements out with the region. Our partnership with Education and Health is imperative to this continuing and we agree to support this shift and change in how we educate and support our children and young people with additional support needs and learning difficulties to maintain their family life. Importantly, this year we have continued to send fewer children to external placements. Our vulnerable young people can now have better expectations to remain in Dumfries and Galloway and find training and skills development opportunities.

Here's an example of a positive story of change

James has been known to children and families social work since his birth. Due to concerns about care at home James from the age of 3 has experienced many forms of care, foster care, respite care, kinship none of which managed to successfully return him home. He was eventually placed out with Dumfries & Galloway in a residential school. This caused him problems in feeling he really did not belong in his family and at times his behaviour was very aggressive and difficult. James needed to be brought home.

The decision to return James to the local authority was made to allow the local authority to be able to take more ownership and control of the support being provided to him as well to encourage his connection to his local area and reinforce and build the relationships with family members. Through multi-agency discussion a placement with holistic childcare and education was identified for James locally. With support from our own Looked After Children Health team a staged transition plan was developed which saw him transition over a 6 week period before moving to reside at the local unit in the summer of 2016.

Since moving there, a steady and continual emotional development was observed. He increasingly became happier. After 6 months, James himself shared with his social worker that he would prefer not to spend the rest of his childhood in a residential placement and requested for us to find him a foster placement he could move to.

A placement was identified and with another period of planned and staged transition James has been able to move from residential to foster placement. This will be his permanent home.

This is an example of the strength and value of the relationship between the child and a Social Worker, taking the time to get to know him properly and working with partners to coordinate a plan of action to return a child to his home community based on his needs. It required long term thinking and consideration of the smaller steps required to achieve this and then implementation of these. As a result of this, James now has a family and a future in Dumfries and Galloway.

During this year we have reviewed our short break services to ensure short breaks are delivered more flexibly meeting the needs of children and families and don't always mean a child leaves home. We have been working in partnership with Quarriers for many years to deliver a Family Based Short Break Service for children and young people with complex needs aged 0-18 years. This service allows children to enjoy a short break away from home. 388 overnights were taken in 2016-2017 thereby providing respite for parents or carers and their families. We are delighted that this very popular service was graded at six by the Care Inspectorate for the Care and Support provided by their short break fostering services throughout 2016-2017.

The Dumfries and Galloway Befriending Project have worked hard offering individual and group befriending opportunities for vulnerable young people aged eight years and over throughout our region. This commissioned service has achieved the Quality in Befriending Excellence Award which reflects the high quality befriending relationships' which are supported by adult volunteers supporting 69 vulnerable young people in times of greatest need.

The roll out of self-directed support has allowed us to provide a greater level of choice and families to take more control of their lives. It has created a number of bespoke care packages to allow a number of young people to be repatriated from out of authority residential care placements to return to live nearer their families in Dumfries and Galloway. In partnership with local providers children are having their needs met closer to home which allows them to rebuild relationships with natural and extended family members. Local partnerships with housing services and registered social landlords has allowed some children with complex needs to have adaptations made to homes which has enhanced their lives, allowed us together with family members to create bespoke support services which has ultimately reduced over all care packages for a number of children and young people while ensuring that their personal outcomes are met. Feedback from young people and families

reflects that these changes have been very positive and person centred.

Self-direct support has enabled a number of children with disabilities and their families to think differently about how their needs are met and rather than considering traditional ways of meeting their needs via care at home services some very innovative care packages have been created to meet the individual needs and personal outcomes of a number of children and young people. Many children have been able to have new experiences which previously they would not have been able to enjoy. Such opportunities allow children to feel included and provide them with the same life opportunities as their peers

For the children in our Children's Houses we have tried to enhance their experiences and opportunities through a variety of different activities including outdoor pursuits, trips to the cinema, using the free Dumfries and Galloway access to sports centres, overnights to Blackpool, cultural trips to Glasgow and Edinburgh. We have also recently joined the local squash club and young people and staff play weekly. This has been particularly positive as it is a new sport to the young people and most of the staff so we are all learning together. We identified that participating in activities together and building relationships are paramount to helping to achieve positive outcomes.

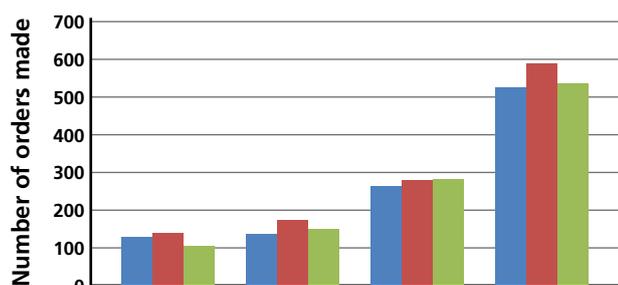
We have continued to develop and improve our quality assurance systems which support practice development. The quality assurance information and experience is used to inform how we improve or re-design the support we offer. We aim to promote and build on the positive strengths and capacity of families, reducing the need for social work involvement.

Over the last five years we have had five young people go to university. Of the four young people who have completed their degrees, two young people have achieved Master's degrees and one young person has achieved two degrees and is now working as a qualified social worker. The final young person has just completed their first year of study.

Criminal Justice

There were 333 Community Payback Orders (CPOs) with supervision and 342 Community Payback Orders for unpaid work as at the 31st March 2017. The number of Orders made during the reporting period as set out below and show.

No. of CPO's made per year

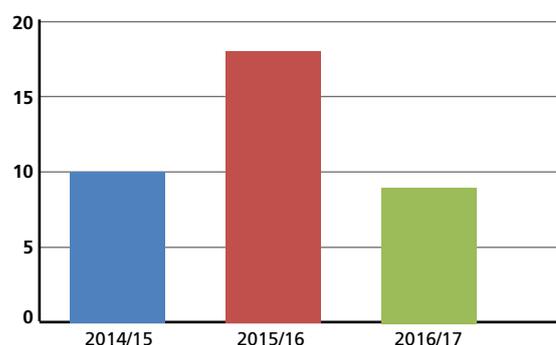


	CPO Supervision	CPO Supervision with Unpaid Work	Unpaid Work Only	Total
2014/15	128	135	263	526
2015/16	138	172	278	588
2016/17	105	149	282	536

There were nine Drug Treatment and Testing Orders (DTTOs) made throughout the year. This represents a significant reduction from last year down to a level similar to 2014/15. This reflects a national trend in the use of DTTO by the Courts and in the profile of drug use:

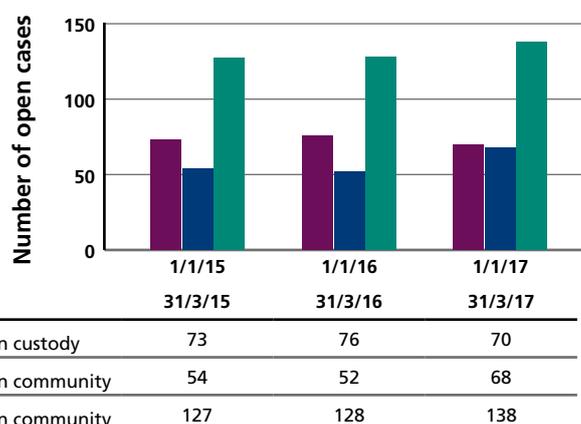
- Reduction in younger people using heroin/ opiates
- Increase in poly drug use, the testing and treatment of which is inconsistent with DTTO structures
- Increase in age profile of problematic drug users with complex health problems, not always commensurate with DTTO
- We have also identified a need for our staff to be better trained in current trends in drug and alcohol use and screening and assessment tools consistent with those used by partner agencies
- The Alcohol Treatment Requirement and Drug Treatment Requirement of Community Payback Orders may also be a better option for most of the service users with substance misuse issues and we are working with partners and the Courts make better use of these.

No. of DTTOs made in last 3 years



In respect of Statutory Throughcare there has been an increase in the total number of cases this year, most notable in the community as illustrated below.

Statutory Throughcare



Our Criminal Justice service seminar in April 2016 set the context and the agenda within which we would deliver on our vision of an Efficient and Effective service over the coming year. We reflected on the national legislative framework that has been set by Scottish Government, within which all public service provision will function, including the Public Bodies (Joint Working)(Scotland) Act 2014 (the Integration of Health and Social Care); the Community Empowerment (Scotland) Act 2015; the Criminal Justice and Licencing (S) Act 2010 and the Community Justice (Scotland) Act 2016. The common themes evident in the various legislation to drive public services to be more effective and efficient that we highlighted include

- work collaboratively with one another
- form robust partnerships to share resources - knowledge/ experiences/skills/accommodation/ vehicles etc.

- consult and engage service users in the development of services, including development of personal skills for service user to help themselves
- plan services effectively based on evidence of demand and what works
- planning and delivery at a local level
- quality assurance and performance are robust and reflect effective and efficient practice

Having set the Efficient and Effective challenge at our seminar we set our improvement plan for the coming year, including a realignment of our service delivery model into two 2 main complementary practice delivery areas: Assessment and Case management/Supervision (Court Services/ Community Supervision/ Prison and Throughcare) and Interventions (Unpaid Work and Behaviour change programmes) each area led by a Team Manager. The focus for all Criminal Justice teams has been Improved Workload Management utilising the agreed WLM tool

- Stratification of resources according to risk and needs (intensity levels)
- Clarity of roles across Criminal Justice Social Work (CJSW) staffing resources
- Sharing the burden/ responsibility - Cooperative/ co-production/partnership working
- Keeping to timescales
- Focus on agreed plans/actions with service users towards achieving agreed outcomes.

We are fortunate in Dumfries and Galloway that our Programme Delivery Team have all been trained and are accredited to deliver a range of accredited behaviour change programmes, namely the Caledonian Programme for domestic abuse perpetrators; and Moving Forward: Making Changes for sex offence perpetrators. Other programmes which, whilst not nationally accredited are delivered to accreditation standards, include a development of the Constructs Programme for male, general offenders; and a women's programme for women offenders.

In last year's report we provided detail of our unpaid work Winter Warmth project that we deliver alongside a range of partners. This project attracted the attention of the Cabinet Secretary for Justice Michael Mathieson and in December 2016 Mr Mathieson came and spoke with staff and service users and went out in the Unpaid Work van with a group to deliver logs to elderly recipients who let him know how valuable the scheme is to them. The Cabinet Secretary was very impressed by the project and reflected particularly on the feedback from recipients who clearly value the free logs but also the direct contact they have with our services users.

Over this last year an increased number of our Assessment/Case Management staff have been trained in the Risk of Serious harm Assessment (ROSH) risk assessment tool, contributing to more accurate and detailed assessments of high risk violent and sex offenders that inform better focused action plans to assist us and our partners to better manage these individuals in the community.

Adult Services

During 2016/17 delegated adult services, received 10,679 referrals compared to 10,605 and as at the 31st March 2017 there were 5210 open cases.



Of the 10,679, there were 6880 referrals to social work locality teams. As at 31st March 2017 there were 5358 care packages in place, a steady increase from the start of the year when there were 4938. This represents a total of 1294 new care packages throughout the period. At the 31st March 2017, 326 people had chosen Option one under Self-directed Support as more people chose to direct their own care. During 2017/18 we plan to implement Option two and expect this to become a popular choice for people who can then identify their preferred provider and we will transfer their funding directly to the provider.

There were 3,799 referrals to the Occupational Therapy service during this reporting period. There were 1582 self-assessments requested and 917 of these completed and returned. Further to this there were 664 standard assessments and 151 complex need assessments undertaken. Following recommendation by an Occupational therapist there were 101 straight stair lifts, 179 shower areas and 35 ramps installed.

In addition, there were 297 referrals to the Statutory Mental Health team and 283 active cases as at the 31st March 2017.

This has been an important and challenging year for Adult services as we moved into the first full year of the new arrangements under the Integrated Joint Board.

All Adult services, with the exception of the statutory mental health team are delegated to the Integrated Joint Board. From the 1st April 2016 the social work locality managers and locality based staff have been managed by the Health and Social Care Locality managers in line with the structure set out below.

As the CSWO I provide professional leadership of all adult care social work staff and on a day to day basis, the Head of Adult Care provides the social work professional lead for the Integrated Joint Board working closely with managers within the Community Health and Social Care

directorates to support the development of the joint arrangements. In respect of the Integrated Board structure, I sit on the Integrated Joint Board, the Clinical and Care Governance Committee, the Performance Committee and the Health and Social Care management team.

The statutory mental health team is managed within social work through the Head of Adult Care. Social work learning disability services although part of the integrated arrangements remains managed within social work by the Head of Adult Care.

Adult services have been focused on delivering to the Health and Social Care Strategic Plan as part of the partnership arrangements to achieve the nine national outcomes.

The over-arching approach has been to work with a stronger sense of partnership in a co-operative and collaborative way. However, there are a number of key developments which are core to social work practice development. With this in mind social work has continued to focus on the development of more personalised outcomes through Self-directed support and the development of an outcomes focused assessment tool to produce better outcomes by way of a more streamlined and shared approach to the production of assessments.

There are also a number of key developments within integrated working which impact on social work and are requiring that we think differently about how we practice and how we work alongside our partners to organise and allocate our resources to support better outcomes for people receiving services and the partnership as a whole. This includes the development of the locality model and how social work can best support this to ensure that social work delivery is managed as locally as possible. We have made some significant progress in this regard but acknowledge that there is further scope to review and revise our structures which would further strengthen the integrated locality approach as we move into 2017/18.

Each locality is developing a model of delivery based on a one point of contact, integrated team approach and we welcome the opportunity to reflect and review on how social work can best support this both at the front door in terms of incoming demand but also through review of work and onto longer term support requirements. One of the impacts of this work has been the clearer communication channels being developed and increased understanding of each other's roles.

The development of co-ordination of the flow of work through the whole system, notably from hospital to community has created the opportunity for social work staff within a multi-agency context to consider and contribute to the development of models of best practice in respect of admission and discharge and early signs are that this is making a significant difference, reducing waiting time and supporting quicker decision making.

During this year we have further developed, with the support of corporate colleagues in the council, the social work contact centre model, consolidating a single point of contact for all adult services calls. This has now expanded from the initial position of taking all adult care social work referrals to taking social work Occupational Therapy referrals and managing requests for specific service requests for telecare and meals on wheels. Further developments are planned for 2017/18 to include referrals to STARS, enhancing the single point of contact for integrated services as well as taking all calls for Children and Families social work.

The adult duty service deals with day to day issues referred on from the Contact Centre. This is an important role within the service and supports a number of people with immediate and short term issues.

Adult Duty received a referral requesting some advice and support. a 52 year old gentleman living in a privately rented cottage. Mr R had chronic back pain and his mobility was poor and struggled with reading and writing. His benefits had been stopped and he had no money to buy food or get electricity or gas to heat his home.

Following a home visit, emergency support* was provided so that gas and electric could be purchased and food parcels provided.

Mr R was clear about his outcomes and wanted to remain living in his home. He had lost touch with his sister who had previously supported him with his money and correspondence. He wanted to re-establish this relationship. Over the next 4 months, intensive support was offered by the Duty Worker. They were able to support Mr R to attend appointments in respect of his benefits to get these reinstated. The Duty Worker liaised with the Independent Living Service and they worked together to liaise with the GP to make sure Mr R was getting his medication and sick lines were being provided to enable him to receive appropriate benefits. He was spending a lot of money getting taxis into Dumfries so support was given to applying for a bus pass. He was also linked in with the 3rd Sector Liaison Worker who introduced him to the Men's Shed where he could socialise and meet new people.

With this short term intensive support, Mr R is now in receipt of all of his benefits and has re-established contact with his Sister. No long term support or ongoing Social Work funding was required, although he was supported to create a plan which met his outcomes.

* Under section 12, Social Work (Scotland) Act 1968

We have continued to support a dedicated review team to oversee and complete reviews of care packages and in 2017/18 this will be further developed towards a multi-agency review process with the addition initially of Occupational Therapy staff and telecare assessors.

We have made progress in terms of achieving better transitions for young people moving from children's services to adult services; consequently people are reporting better outcomes. Both the locality teams and the Team for Life continue to share these cases and have worked well together. In 2017/18 we will

review how this is working and make adjustments to the model in line with the development of localities.

Work within our learning disability services has focused on a restructure of the in-house provision covering Activity and Resource Centres, Community Support services and Housing Support Services and this should be complete in 2017/18. Close collaborative working with colleagues in housing and commissioning has allowed us to ensure current and future housing options are relevant for people with a learning disability including those returning from out of region placement.

Cree Studio - attached to Newton Stewart ARC - use different ways to communicate through creative animation software. Users are fully involved in making short films of their choice demonstrating a clear message through their animation e.g., disabled vehicle parking. When making the film, users are learning how to use technology, animation software and getting to express themselves through their chosen medium. We hope important messages can be told in this way, we have already received many positive comments and feedback from individuals and groups about the effect this is having.

As part of the overall development of Self-directed support we have continued to develop staff skill and knowledge through a range of events and learning and development opportunities. This has included the testing a model of Well Being Teams as a means to more effectively make use of our available resources whilst increasing choice and improving outcomes.

Occupational Therapy staff offer advice, teach alternative strategies/techniques, recommend assistive equipment and technology, re-design

home environments, recommend adaptations and alternative housing within a person-centred and outcomes focused approach.

Capturing the effectiveness of Occupational Therapy supports our ability to make improvement and 398 evaluations were returned from people who had received a service during 2016/17. Over 99% said that the Occupational Therapy Service had helped them gain or maintain their independence at home.

Some of the comments received:

My life has been made easier after struggling for over ten years without aids. My mental health has got easier as I have support now with showers. My fear has gone. Thank you all so very much.

The stair lift is a godsend and the perch stool is grand and I am happy with the call button. I thank you for all the help I've been given.

X was very helpful, suggesting aids I had not thought of and small changes to the way I do things that have made a great difference.

As a family we have been very impressed and extremely grateful for all the guidance and advice provided to help us help dad.

We are developing Occupational Therapy clinics to offer preventative advice, simple solutions and basic equipment for people; whilst forming partnerships with Palliative Care are enabling Occupational Therapy to support people and their Carers at an earlier stage. Enabling colleagues from across the Health and Social Care Partnership to offer simple solutions, access to equipment and minor adaptations is being actively developed, as well as leading on integrated moving and handling and participating in falls prevention. Our partnership with Dumfries and Galloway Handyvan continues and provides further opportunity to develop direct access for people to minor adaptations and dementia friendly design.

The outcomes for people to live independently or with the reduced need for support are positive following adaptations:

84% - It is easier for me to use the facilities (kitchen, toilet, bathroom) in my home

93%- I feel more confident to live independently in my own home

69%- I feel I am less likely to have a fall at home because of the work that has been carried out

The positive learning from joint allocation and joint working with our partners, informs the development of the emerging models across the localities. We have successfully developed an Occupational Therapy Assistant and Specialist Occupational Therapist post with STARS and in 2017/18 will be recruiting two Specialist Occupational Therapists for the expanding Review team. We have tested different models of service delivery during 2016/17 with a significant contribution to the testing of a potential intermediate care model - step-up/step-down and the continued response from Community Occupational Therapy to hospital discharge and prevention of admission.

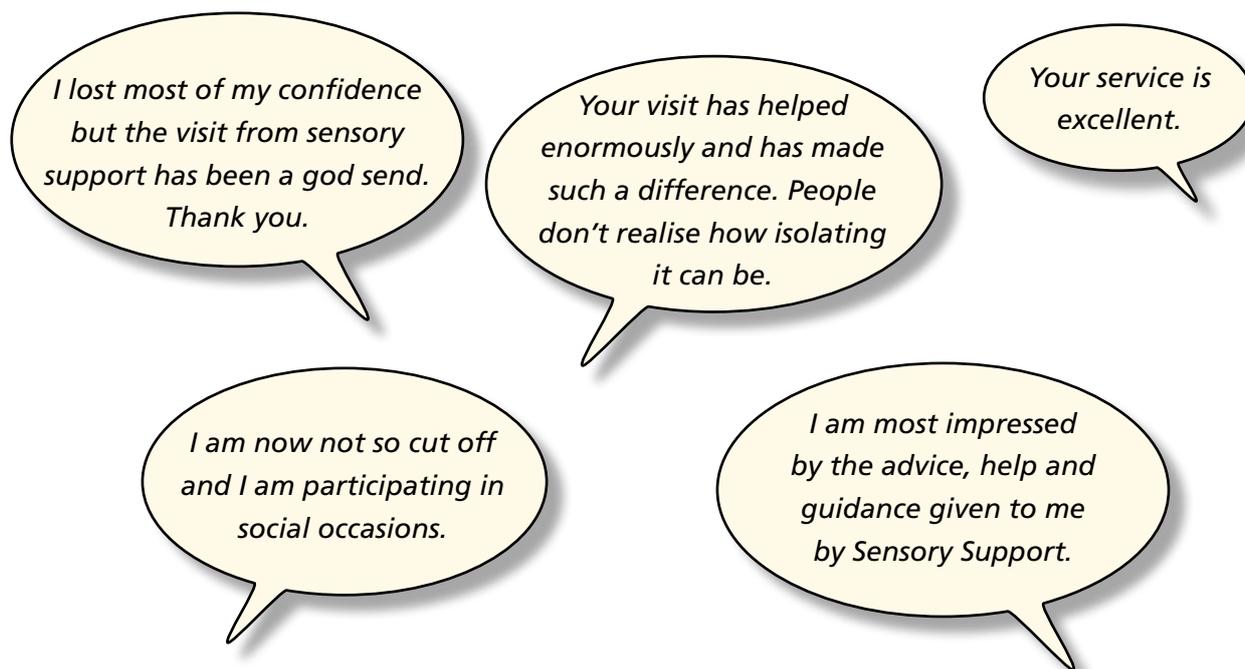
There are 798 people registered with the Local authority as having a visual impairment and there are thought to be around 25,000 hard of hearing people in the region with 302 British Sign Language users.

The Sensory Support service has developed during the last year and in addition to working on the recommendations from the See Hear Strategy, a number of areas of work are being developed.

Examples of this include agreement that the social work contact centre will identify and record whether a person has a sensory impairment at referral stage. A Sensory Impairment E-learning Module is being introduced for all staff. Basic Sensory Checklists will be sent out to all teams and closer working with Telecare and OT closely to keep

up to date with technology. Partnerships with the Third and Voluntary Sector are being restructured and stronger links developed with Children and Families. Further development will see the current care pathways reviewed with a view to link these with health ie Audiology and Ophthalmology.

Feedback for the service includes

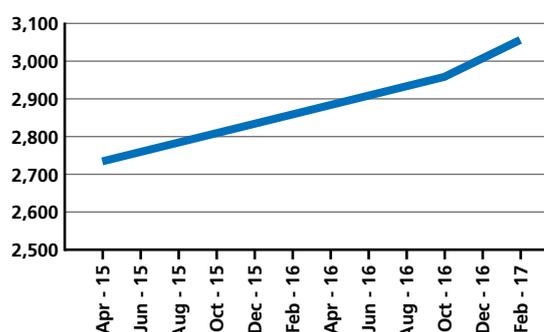


We have continued to develop the use of technology to support people to live independently at home with a steady increase in the number of people accessing telecare. During 2016/17, we continued to promote Telecare and other Assistive Technology to enable older people, younger Adults with Care Needs and children with disabilities to remain at home, living as healthy and independent lives as possible. Telecare is offered as standard practice as part of all new referrals and regular review of all personal plans ensures maximising opportunities offered through the use of Telecare. We are actively pursuing opportunities through Integration to link Telecare and Telehealth Care and adopt a cutting edge approach to continuous improvement and testing of potential future equipment. The service is now able to provide

around 60% of equipment for new installations from recycling previously used equipment. As a result, the average annual cost of new equipment has significantly reduced and is now around £130k.

During 2016/17 the number of telecare service users has continued to increase from our baseline position of 2,730 in 2015 to 3,050 over the 2 years to March 2017, as shown below.

Telecare User Growth 2015 to 2017



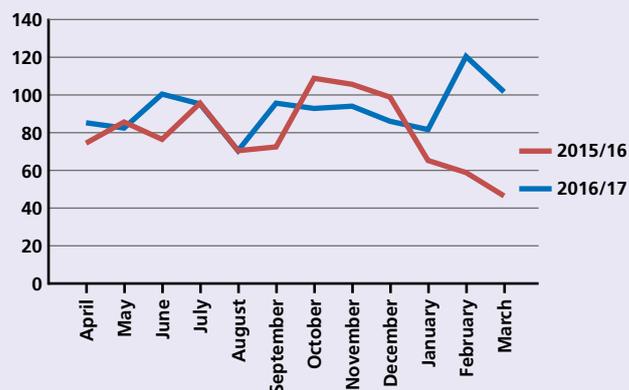
As we move into 2017/18 we will be embedding telecare assessments into reviews and using technological tools as part of the overall assessment process whilst ensuring that appropriate safeguards are in place to protect individual rights and privacy.

An example of how technology can be used –

we used the Just Checking system to help assess the risks in remaining at home for Mrs P who had dementia. This identified that Mrs P got up in the night but that she always returned to bed within a reasonable time frame without attempting to leave the house. She also did not attempt to leave the house during the day. This allowed a plan to be put in place to support Mrs P at home including her nutrition, a falls detector, flood sensors and a smoke alarm. Together with family support, Mrs P was enabled to remain at home instead of having to go into residential care, in line with her wishes. Family were reassured by the information provided as this allowed them to see and understand better the risks and how they could be managed.

Since April 2016, the number of Telecare service users has increased in every age group. The average number of new installations per month since April 2016 has been 99. Monthly take-up compared to 2015/16 is shown below. The average number of monthly installations has increased by 20 compared to last year. The time taken from referral to installation is now less than 4 days and can be less than 2. On average, there are 78 disconnections per month. The reasons for the highest number of these are the death of the service user or their move into residential care.

New Telecare Installations per Month



Statutory Mental Health

The regional statutory mental health team is now embedded across the region, to manage and support the delivery of Mental Health Officer (MHO) Services, fulfilling the Council's statutory duties to appoint Mental Health Officers as per Section 32 (1) Mental Health (Care and Treatment) (Scotland) Act 2003.

The Regional Statutory Team workload continues to reflect the increase in statutory mental health applications in our area. Detentions under the Mental Health Act maintain a slight increase, year on year. We are actively working with NHS Mental Health in attempting to reduce the number of Emergency Detention admissions to the psychiatric hospital in favour of the Short Term Detention Certificate, the preferred route under the 2003 Mental Health act, which must involve a Psychiatrist and an MHO. This order ensures assessment and treatment, with the person having the immediate right of appeal.

The MHO duty rota, both office hours and out of hours is fully operational ensuring there is always an MHO available to respond to requests for intervention under Mental Health legislation.

One of the important safeguards an MHO provides is to ensure that detention is only used when there is no other alternative for example -

A duty MHO was requested to assess the need for the immediate detention of an adult while he was in a local psychiatric hospital. He had been in hospital voluntarily for three weeks, had been receiving treatment for mania, and was receiving a high dose of medication. He now wanted to be discharged. Medical staff wished to continue his treatment and to seek for him to be detained to be able to do so.

The MHO, in discussion with the adult, found out that he held a season ticket to attend his local football team's matches and only wanted to be discharged so that he could attend a game the following day. On further discussion, he agreed to be escorted by nursing staff to the match and return to hospital afterwards.

Given the discussion and agreement between the adult and the MHO, the MHO did not consider that detention was necessary to gain the best outcome for the adult – he was in agreement to returning to the hospital to continue his treatment, thereby preventing unnecessary detention.

A major challenge for the service is the increasing number of applications for welfare and financial guardianship, which must be completed within defined timescales. A similar picture is reflected nationally across MHO services.

During this reporting period, there were 126 new welfare guardianship orders granted. Of this 126, 92 were private guardianships and increase from 70 last year. There were 34 Welfare Guardianships granted to me as the Chief Social Work Officer, a reduction from 47 last year. The increase in private applications reflects the positive trend towards family members taking on this responsibility of having a formal legal welfare role for a family member. The role of the MHO in advising families of the role and responsibilities of guardianship and the support they can expect from the local authority we believe has contributed to the number of family members feeling more confident to apply to undertake the role.

We have also developed, in partnership with our NHS colleagues and local solicitors, a joint media campaign to encourage all adults in our area to consider the need to have a Power of Attorney in place. This document grants the legal right to a specified person(s) to make decisions on behalf of

the person who has lost capacity to make welfare and /or financial decisions. Ultimately, an increase in the Power of Attorneys in place, should over the next few years, see a reduction in the number of the more restrictive order of Welfare and Financial Guardianship. The campaign will continue to run over the summer months of 2017. All MHOs in the localities continue to deliver training sessions, focusing particularly on Powers of Attorney and Guardianship under the Adults with Incapacity (Scotland) Act 2000 legislation to Social Work practitioners, NHS colleagues and partner agencies throughout the past year.

Service users identified as potential delayed discharges in acute and cottage hospitals are now identified and quickly referred for MHO allocation allowing medical and social care staff to work closely with all involved to ensure plans are in place to facilitate appropriate outcomes.

The role of the MHO as a practitioner, independent from the health service, was always considered as a fundamental protection built into the legislation, for service users. In ensuring that we have sufficient numbers of MHOs available to undertake the statutory duties and responsibilities, we are members of the West of Scotland Learning

Network which supports the post graduate, Masters level, MHO study programme run by Strathclyde University. We have had one MHO who has successfully undertaken the course this year.

We have a social worker based within the IDEAS team in the NHS training and supporting staff and families caring for someone with dementia.

In response to ongoing recruitment issues we have developed a 'grow your own' approach to the development Mental Health Officer staff.

To do this we have used vacant MHO posts to recruit internally at basic social work grade level staff with an interest in becoming Mental Health

Officer but who lack the relevant experience and skills required to obtain a place of the qualifying course. During this period of usually 12 months these posts act as support to the Mental Health Officers and undertake more preventative work as part of the multi-disciplinary approach to mental health. Staff are then supported to apply for the MHO course and on successful completion move directly into an MHO role. In this last year we have had our first candidate undertaking this route with an expectation of completion of MHO training early in 2017. We would hope to continue with this approach with the recruitment to a second post during 2017/18.

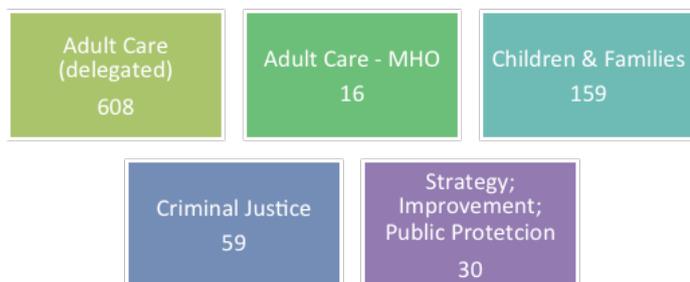
Case Study

An older woman was admitted to the psychiatric hospital from home following assessment by NHS Mental Health Crisis Admission Team. The admission was initially voluntary but her behaviours, lack of insight, risks including refusing to eat/drink and refusing to take medication continued to cause concern. A Short Term Detention Order assessment followed around two weeks after admission as medication prescribed was not having any effect and weight loss and dehydration risk continued, a diagnosis of psychotic depression was made linked to the recent death of the woman's husband. The couple had no children; they were quite insular with little contact with others. The MHO needed to be consulted as part of the Short Term Detention assessment to determine if they could consent that the order is necessary to manage risk to the adult and to others, to identify the Named Person under the Mental Health act, and support the person and their family. The initial concern and pressure from the woman's family was that she should be moved to another part of the country to enable family support. The MHO was able to ensure that the woman was fully involved in discussions and planning around discharge including her preferred place of residence. This involved a number of in-depth discussions with family around rights, risk taking and the need to ensure that her voice on where she lived needed to be heard. There was no Power of Attorney in place which meant that a move could not be facilitated and once her health improved the woman had capacity to make her own decisions.

Following her treatment it was agreed that she was able to return to her own home with support which was her clear wish. The MHO continued to work in partnership with hospital staff and family to provide opportunity for trial periods at home before discharge with plan of care. To date the adult has remained in her own home with support with no concerns.

6. Workforce

There are 872 staff across the service, excluding resources staff. This equates to 658 fulltime equivalent posts.



During 2016/17, Social Work staffing levels were impacted by multiple structural changes. As a result of the progressive integration with Health, Adults Social Work combined with our in-house Care and Support Services (CASS) and the Short-term Augmented Re-ablement Team (STARS), increasing the total workforce to 438 FTEs, excluding vacant posts. The Public Protection teams from across CYPLL also joined Social Work. These teams, plus the senior management team comprise 22 posts. At the same time, as a result of the Council's Reshaping and the creation of the new Children, Young People and Lifelong Learning (CYPLL) Directorate, Social Work Business Support transferred to the CYPLL-wide Resources and Support Services team, but continue to provide support to all of Social Work, as well as Education and Lifelong Learning/Health and Wellbeing. Children and Families Social Work has a workforce of 149 FTEs and Criminal Justice 49, giving an overall revised total for Social Work of 658 FTEs.

We are continuing to create and maintain stability in the still fairly new structure. At the same time, we remain under pressure from the Council overall to consider carefully all requests for early retirement or voluntary severance (ERVS) and to try our best to facilitate these wherever possible. However, levels of demand for social care remain high and I am committed to maintaining a guaranteed level of frontline staff to ensure we are sufficiently resourced to effectively respond to need and manage risk.

We continue to identify opportunities for co-location of social work staff in schools and potentially in partner owned buildings, subject to ICT infrastructure, in order to replicate the successful arrangement in Gardenhill NHS building which has been working for a number of years.

I am currently in the process of reviewing the management structure in light of the Integrated Joint Board(IJB) becoming more established and the return of Community Justice to control of the Local Authority

We are conscious of the need to overcome barriers to successful recruitment, especially to posts in the more remote parts of our region. We make every effort to ensure we retain and fully develop the potential of high performing and promising workers, creating career paths and promotional opportunities wherever possible.

The direction of travel is to consolidate the locality based teams.

One of the ways in which we are attempting to tackle the particular historic recruitment difficulties in the West of the region is a joint initiative with Health to create purpose built accommodation for key workers which will be made available to them on a long-term temporary basis, allowing them to settle in the region.

Our arrangements with the University of the West of Scotland are developing to provide student accommodation in the west of the region which



will allow the university to access a much wider range of student placements. Our grow your own scheme for social workers continues with one student graduating in 2016 and a further two commencing on the degree programme through the Open University. We continue to develop our pool of practice teachers and have created a Practice Teaching Development Officer post to cover a core number of placements each year alongside the lead role in the co-ordination and development of placements. We continue to offer students a job on completion of their training and are now seeing these students develop in their careers as qualified social workers through progression to frontline management.

The development of a stronger partnership approach has also afforded the opportunity to work with partners on workforce developments, examples of this would be in respect of the Integrated Joint Board and the organisational development work which is underpinning the workforce development work. The emerging models for integrated working present opportunity to think differently about workforce deployment and the skills and experience required. In Children and families the work on the PACE (Permanence and care Excellence) programme with CELCIS (Centre of excellence for looked after Children in Scotland) has created opportunity to think differently about workforce requirements.

In 2017/18 we will for the first time have four members of staff from across the service engaged in a leadership programme run by the NHS which offers an opportunity to learn together and to develop a greater understanding of partner roles. This is a positive development in our working together and we hope that social work access to the programme can continue to grow in future years.

We have a relatively new group of senior social workers who have all been appointed from within the service. They provide huge potential

for our future and they are supported through a development sessions to focus on core managerial and leadership skills.

As CSWO I am enrolled in the CSWO development programme, jointly delivered by Glasgow Caledonian University and Dundee University.

We continue to develop a range of e-learning opportunities including Data Protection, Complaints, Care Management System training. Our e-learning Self-Directed Support module has been completed by 205 staff from across the council. Further developments include an outcome focussed approach e-learning package supported by access to the Open University Open learning Self-Directed Support module as part of our induction arrangements for new staff.

With an upgrade to our electronic case recording system we are developing a range of tools and supports through a Champions programme to ease this transition for staff.

During 2016/17 we recognised the need to ensure that staff were aware of the range of developments across the service and held a conference in 2016 with a second Annual Conference planned for April 2017.

In 2016/17, as in previous years, my senior management team embarked on a series of roadshow style communication events, giving us the opportunity to engage directly with front-line staff teams in their locality bases, listening to the issues and concerns they wanted to share with us. The output from these sessions then formed the basis of a senior management team action plan. Concerns expressed included staffing levels and workload, transport and travel, ICT equipment and connectivity.

In addition to Social Work Services led staff engagement channels, staff are also encouraged to take part in the monthly corporate staff surveys on specific topics.



The Chief Social Work Officer Function

The requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 45 of the Local Government etc. (Scotland) Act 1994.

The particular qualifications are set down in the regulations. In March 2009, the Scottish Government published national guidance on the 'Role of the CSWO: Principles, Requirements and Guidance'.

The role provides professional governance, leadership and accountability for the delivery of Social Work and Social Care Services, whether they are provided directly by the Local Authority or purchased from the private or voluntary sectors.

Social Work Services are delivered within a framework of statutory duties and powers imposed on the Local Authority. Services are also required to meet national standards and to provide best value. A number of duties and decisions which relate, in the main, to Public Protection and the restriction of an individual's freedom, must by law be made by either the CSWO or a professionally qualified and registered Social Worker who has been given delegated authority by the CSWO. Ultimately, the CSWO remains accountable for all decisions.

The 2009 guidance requires CSWOs to produce an Annual Report.

If you would like some help understanding this document or need it in another format please phone 030 33 33 3000