

WEST DUNBARTONSHIRE COUNCIL

Report by the Chief Social Work Officer

Council: 31 August 2011

Subject: Chief Social Work Officer's Report 2010 - 2011

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 1st October 2010 to 31st July 2011. 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 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.
- 2.2 It has previously been decided by Council that the Chief Social Work Officer's report should be timed to coincide with the annual review of the Community Health and Care Partnership (CHCP) in order that Council may be satisfied that the Social Work function is being delivered satisfactorily within that arrangement.

3. Governance and Quality Assurance of Social Work Services

- 3.1 Members will be aware of the important role of the service planning process in developing services over the last few years, particularly in involving the workforce and taking into account evaluation of our services and feedback from users and carers. Performance against our service plans, measured against national standards, has been reported regularly to relevant Council

committees which ensures proper scrutiny of Social Work activity. Within the new partnership arrangements, this service planning process has been agreed as serving a useful and important part in linking national outcomes and the Single Outcome Agreement to the direct delivery of Social Work Services. There is, therefore, a commitment to continuing with the service planning events within each service area and arrangements are in hand for these to take place.

- 3.2 Considerable effort has been put into developing commissioning strategies across the service and the first of these completed pieces of work are due to be presented to relevant committees over the coming months starting in September.
- 3.3 Self evaluation is a crucial and increasingly important element in the measurement of performance; quality assurance; and our relationship with external scrutiny bodies. Social Work Services completed a PSIF self evaluation two years ago and this has proved a useful tool in guiding our improvement agenda and in our discussions with the inspectors from SWIA. The last few months have seen considerable organisational and structural change for services joining up into the CHCP and it has been agreed that a new PSIF self evaluation exercise should be undertaken in early December. This will take stock of our current performance and service delivery and set priorities for improvements and areas upon which we need to focus.
- 3.4 Individual sections have also undertaken PSIF self evaluation. Home Care is already completed and there is commitment over the next few months to undertake this from Learning Disability, Mental Health and Residential and Day Care Services for Older People. Undertaking a PSIF self evaluation can be quite daunting but as our confidence grows in using this process people generally feel that it is worthwhile and has proved to be a useful structure for focusing on improvement priorities.
- 3.5 Scottish Government Guidance emphasises the need for the CSWO to have access to the Chief Executive as required and within West Dunbartonshire this has never been a difficulty. Likewise, there is appropriate access to elected members. Within the CHCP, the role of the CSWO is clearly understood. Proper account is taken of any need for specific involvement from the CSWO and the particular responsibilities of Social Work are acknowledged and arrangements for performance management, scrutiny by relevant Committees, service planning and staff development all take this into account. In addition, the CSWO meets regularly with managers across the service to review and progress the areas of activity detailed in this report. During a period of such marked change this has proved to be regarded as positive and supportive.

- 3.6 It will be necessary to have a new CSWO appointed by June next year on the retirement of the present post holder. Members can be assured that the Director of the CHCP and the Chief Executive of the Council have already considered planning for a proper handover of responsibilities.

4. Inspection, Regulation and Improvement Activity

- 4.1 In April 2011 a new scrutiny body was created which replaces a number of predecessor organisations. This new body is Social Care Social Work Improvement Scotland (SCSWIS) which now undertakes all inspections of Social Work Services. The outcomes of inspections continue to be reported to relevant committees and are available on the SCSWIS website. Given the regularity of inspections, particularly of residential units and day care services, the arrangement is that each unit or service has their inspection outcomes reported upon annually unless there is something of concern identified. During the period covered by this report, there have been no requirements or improvement notices and action plans have been put in place to address any recommendations made.
- 4.2 A follow up visit from the Social Work Inspection Agency (SWIA) took place in October last year with a report on the outcome being presented to the CHCP Committee in December. Overall, the findings were positive which was encouraging for staff who had made efforts to address the areas for improvement. We continue to have regular contact with the Link Inspector, and have a clear plan of action in response to the small number of issues which still require attention. The relationship with SWIA had been changing to a more supportive partnership approach and this has continued with SCSWIS. There is positive evidence of this with assistance being offered last year with case file auditing and very recently advice and discussion about the development of the commissioning strategies.
- 4.3 The next full inspection of Social Work Services will be undertaken in 2012. The new PSIF self evaluation should prove useful in preparing for this inspection and we are confident that it will provide positive evidence of our ability to accurately assess the quality of our services and show how we intend to address any short-comings.
- 4.4 More imminently, SCSWIS will be undertaking an inspection of services to protect children in West Dunbartonshire between 31st October and 18th November this year. This will be conducted across all agencies involved in this work including the CHCP; Education; the Police; and Scottish Children's Reporter's Authority. The Child Protection Committee has a key role in leading on the multi-agency preparations for this inspection but individual agencies also need to be confident in their single agency responsibilities and

preparations. Given the particular responsibilities that fall to Social Work in respect of Child Protection we are working to ensure that all the information the inspectors will require is readily available.

- 4.5 Criminal Justice Services have followed up on their supported self evaluation exercise in relation to work with High Risk Offenders (serious violent and sex offenders) by producing a performance improvement plan which was presented to the Criminal Justice Partnership Committee in June. The audit was a significant piece of work and the performance improvement plan is clear and practical and we are confident will lead to improved performance.
- 4.6 Registration of the Social Care workforce continues with all practitioners in day care of children having to be registered by 30th September followed by supervisors in care home services for adults who must register by March 2012. It is a priority to ensure that our staff are equipped to register successfully. The policies on Supervision and Continuing Professional Development have recently been reviewed and re-circulated.

5. Values, Standards and Professional Practice

- 5.1 When the 21st Century Review of Social Work “Changing Lives”, was launched workstreams were established to continue developing some of the key themes within the Review. One of these workstreams was the Practice Governance Group whose remit was to develop clear and pragmatic advice to promote an understanding of the key accountabilities of practitioners and employers and what needs to be in place to discharge these statutory roles.
- 5.2 The Practice Governance Group has previously produced the guidance on the “Role of the Chief Social Work Officer” and the “Role of the Registered Social Worker in Statutory Interventions”. Earlier this year the third part of this suite of guidance was produced with the publication of “The Practice Governance Framework for Responsibility and Accountability in Social Work Practice”. This builds on and reinforces the codes of practice produced by the Scottish Social Services Council (SSSC) and is an excellent piece of work. A copy was sent by the SSSC to every person registered with them. All three parts of the guidance were published together and additional copies were ordered to ensure wide distribution across the service. The document can be accessed through the Scottish Government website.
- 5.3 The last CSWO Report to Council noted that “Changing Lives” states that we require a confident, competent and valued social care workforce. The new National Guidance for Child Protection in Scotland echoes this in the introduction which says “Procedures and guidance cannot in themselves protect children; a competent, skilled and confident workforce, together with a

vigilant public, can.” At times of financial constraint, such as we are experiencing again now, it is right that every budget line be scrutinised and savings made. Budgets for training and workforce development can seem less “frontline” or essential than other expenditure but it is crucial that we continually re-assess what is required to maintain a competent and properly skilled workforce. We must prioritise the most urgent training needs and put forward an accurate case for the resources needed to ensure that essential skills and competence are maintained.

- 5.4 Members may recall that only a few years ago it was very difficult to recruit qualified Social Workers. That situation has now changed and we have not recently seconded staff on to the Degree course. We still have a few staff who were seconded previously, working towards completing their studies and due to return soon. Our current priority is to maintain our registration requirements and so the focus is on supporting those staff who require to undertake qualifications in order to be registered within their existing post.
- 5.5 Regular supervision of staff is central to social work practice in maintaining quality; supporting staff through the complexities and challenges of the social work task; and meeting continuous professional development requirements. We are, therefore, directing some of our training on developing and maintaining these essential supervisory skills.
- 5.6 It has been previously reported that West Dunbartonshire is well regarded as a source of reliable good quality placements for students and we contribute well to work with the universities. There has been a change in how student placements are being organised across the West of Scotland and it remains to be seen what impact this will have but we continue to be committed to providing student placements to the level and standard we have established.
- 5.7 We have changed our provider of on-line access to professional social work publications, research and information. We are now using Social Services Knowledge Scotland (SSKS), partly as a cost saving, but also because it carries a full range of health information as well as social work resources. We are working with SSKS to develop some of the features that users liked about the previous website and it appears that the number of staff using this facility has not been adversely affected by the change of provider.

6. Protection and Risk Management

- 6.1 Social Work has a particular contribution to make to both 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 to collaborate very closely with partner agencies.

6.2 The Chief Officers' Group for Public Protection, which meets quarterly, is now well established in its extended role of over-seeing work undertaken on Child Protection, Adult Support and Protection and High Risk Offenders.

6.3 Child Protection

6.3.1 The Child Protection Committee (CPC) Annual Report and Business Plan is available on the CPC website. It forms part of the evidence for the self evaluation which is being undertaken in preparation for the inspection by SCSWIS later in the year.

6.3.2 Briefings on the new National Guidance for Child Protection in Scotland were held in early June with over 300 staff from across all relevant agencies attending. These briefings, led by Heads of Service from Social Work and Education, also updated staff on progress made in implementing Getting It Right for Every Child in West Dunbartonshire.

6.3.3 A Significant Case Review, commissioned by the CPC, into the circumstances surrounding an incident where a young child drank methodone, has recently been completed. There are a number of actions as a result of the findings of the review, not just for local implementation but some to be raised at national level. Contact has been made with the team at the Scottish Government responsible for children affected by parental substance misuse (CAPSM) to ensure that the recommendations of our review are widely disseminated. Locally, the review findings have been reported to the Child Protection Committee; will be reported to the Alcohol and Drugs Partnership; and the action plan is a key priority for the Getting Our Priorities Right Working Group. Some changes in practice were implemented immediately as issues arose from the work of the Significant Case Review.

6.4 Adult Support and Protection

6.4.1 The Adult Protection Committee continues to meet quarterly, chaired by an independent convenor. Although not a member of the group, the CSWO has arranged to attend the meeting in August and receives minutes. After two years, the time seems right to review the functioning of the Committee and its sub-groups and this is underway. Public information about adult support and protection will be in evidence again soon with a new national campaign of TV adverts. To coincide with this there will be editorials and half page adverts in our local press. This material will also be on the Council and CHCP websites and shown on the Public Information screens in our offices. The campaign will

be evaluated at the end of the year through the Citizens' Panel and Service User groups.

6.4.2 We continue to receive a steady level of referral, principally from the police who are clearly in a prime position to identify vulnerable people. Plans are in hand to raise awareness with colleagues in services where it could be expected that more referrals might be generated, such as acute health services. The Adult Support and Protection Training Programme has recently been distributed and we have had marked interest from staff at the Vale of Leven Hospital.

6.4.3 The level of referral has caused some particular pressures in the duty system and management action is being taken to address this. Since October 2008, when the Adult Support and Protection (Scotland) Act 2007 came into force, West Dunbartonshire has successfully applied for 12 Banning Orders which restrict a perpetrator from a specific place in order to protect a vulnerable person. At present we have 2 such orders in place. An ongoing issue is the number of people referred who do not meet the "three point test" which is applied to determine whether someone meets the criteria of the Act, but who are, nevertheless, extremely vulnerable and for whom we need to consider appropriate intervention.

6.5 Management of High Risk Offenders

6.5.1 An issue of public concern that can be brought to the attention of elected members is how offenders, particularly those who are assessed as presenting a high level of risk of harm to others or whose presence in the community is a cause for serious public concern, are managed in the community. The protection of the public is central to the manner in which Social Work applies itself to the assessment and management of risk.

6.5.2 Members will be aware that West Dunbartonshire is part of the North Strathclyde Community Justice Authority (NSCJA) and that Multi-Agency Public Protection Arrangements (MAPPA) are organised on a CJA-wide basis. As previously reported, the MAPPA Strategic Oversight Group for the NSCJA is hosted by West Dunbartonshire. This is now also being chaired by the Chief Social Work Officer for West Dunbartonshire, with support from the Criminal Justice Partnership Manager for the Argyll, Bute and the Dunbartonshires' Criminal Justice Partnership. The MAPPA Strategic Oversight Group is responsible for ensuring co-operation amongst the "responsible authorities", being the Local Authority; Police; Prison Service; and, for mentally disordered restricted patients, Health Services.

6.5.3 Responsibilities with regard to the assessment of risk (along with Police and Prison based colleagues) and supervision of offenders in the community, fall

to Social Work on behalf of the local authority but other services, principally Housing and Education also have a role in relation to these functions. A wide range of other organisations have a “duty to co-operate” with the responsible authorities, including registered social landlords, Health services, the Reporter to the Children’s Panel, electronic monitoring providers and voluntary organisations.

- 6.5.4 MAPPA in Scotland does not yet apply to serious violent offenders but the principles can also be applied to the planning for those offenders who present a high level of risk of serious harm to others as they underpin joint work and collaborative practice across agencies. Co-operation in finding suitable housing is crucial to the safe management of all High Risk Offenders and this is carried out in accordance with the National Accommodation Strategy for Sex Offenders, which is also currently being reviewed. Although this guidance was specifically drawn up in relation to Sex Offenders, the principles are applicable to a wider group of people where care has to be exercised in identifying suitable accommodation.

7. Statutory Duties and Decisions

7.1 Secure Accommodation

- 7.1.1 At the time of writing we have one young person held in conditions of physical security. This admission was initially an emergency transfer authorised by the CSWO, with this decision subsequently considered by the Secure Screening Panel. A Children’s Hearing then also agreed that this action had been necessary.
- 7.1.2 As noted in the previous CSWO Report, we have a number of young people for whom the Council has responsibility as corporate parents who present very considerable challenges in looking after them in ways that address their needs while minimising the risks to themselves and others. The numbers of young people coming into care is increasing nationally. We are experiencing this trend but not to such a marked degree as in some other places, arguably because of the range of effective intervention we have developed. However, it is noticeable that the age at which some young people are coming into care is increasing and, if every effort has been made to maintain them at home prior to their admission, then it is less likely that they will be able to return home quickly, or at all. We therefore have an increasing number of older young people who are Looked After and Accommodated and who are likely to remain with us for some time.

7.2 Emergency Transfer of Children

- 7.2.1 It is sometimes necessary to remove a child from where they are placed as a matter of urgency. Emergency transfers happen for diverse reasons,

sometimes because the young person is posing a risk to themselves or others or perhaps because of the illness or death of a carer. In the period covered by this report four young people were moved under Section 72(1) of the Children (Scotland) Act 1995 which gives the CSWO the authority to transfer a child in emergency circumstances.

7.3 Adoption, Fostering and Kinship Care

- 7.3.1 In December 2010, a comprehensive review of Adoption, Fostering and Kinship Care was presented to the CHCP Committee who took the very positive step of committing additional resources to address meeting the needs of children who are in our care or are placed with family members.
- 7.3.2 We are continuing to have steady success in recruiting temporary foster carers and, as part of our commitment to the Clyde Valley Shared Services work on fostering, are positively considering ways in which resources in relation to recruitment and assessment can be shared. We have made an active and consistent contribution to the Clyde Valley workstreams across Adoption and Fostering issues.
- 7.3.3 We currently have 24 children for whom we are seeking a permanent family placement. In addition, we have a further 15 children who are expected to be presented to the Adoption and Fostering Panel for consideration for permanence. This is an increasing trend which is reflected across the country.
- 7.3.4 The Scottish Children's Reporter Administration published a report on Care and Permanence Planning for Looked After Children in Scotland which has recently been responded to by the Scottish Government. These two reports address the issues around achieving a settled permanent placement for children who cannot remain with their families and the fact that this regularly takes a much longer time to achieve than is best for the child. This is a pressing and challenging issue for all social work practitioners and our partners but is extremely complex in nature so, unfortunately has no simple solution. The additional capacity for Adoption work agreed by Committee will allow us to tackle this work much more effectively.
- 7.3.5 Kinship Care arrangements seem also to be increasing steadily and, with the increased capacity allocated by Committee now nearly all in place, work is underway to improve our information and support for Kinship Carers.

7.4 Corporate Parenting

- 7.4.1 "We Can and Must Do Better" addressed the issue of educational outcomes for Looked After Children. Comparative figures across Scotland on these measures were published recently for the first time and a detailed report has

been prepared for the Education and Lifelong Learning Committee in September. Overall, our performance was better than the national average for Looked After Children across the country but falls short of the outcomes for all children: which confirms what we already know – that this is a particularly disadvantaged and vulnerable group. Our young people usually manage to do better than might be expected which is an achievement both for them and for the many people at home and in school who support them.

7.4.2 A report on the event that was organised last year by young people themselves supported by our Throughcare Team is in the final stages of production and will be made available across agencies and to Elected Members. There seems to be some enthusiasm for organising another event perhaps for a wider group of young people and not just those who are or have been Looked After. It is a credit to the young people involved that they are able to consider the needs of other vulnerable young people and, for some, to be able to recognise the support available to those leaving care in West Dunbartonshire.

7.4.3 The Summer edition of SSSC News contains an article by the Manager of one of our residential units for young people about the efforts his home had made to raise money to support two individual young people to travel to Nepal and China in 2009 and 2010. This led to deciding to try to open up the opportunity to travel abroad for all their residents and, despite the challenge presented by tight finances and competing demands, they achieved a successful trip to Paris. There are additional complications in travelling abroad with Looked After Young People but Corporate Parenting is about challenging ourselves to achieve for our Looked After Children what we'd want for our own and this is an example of that in action.

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 but cannot consent to this or make their own decisions in respect of this. Some welfare guardianship orders are applied for by the local authority and a Mental Health Officer (MHO) has day-to-day responsibility for the functions of the guardian, but most are orders applied for by a member of the family. There has continued to be a steady increase in the numbers of private welfare guardianship applications, mainly caused by two different emerging sources of referral. The ageing population means that there are more older people who require guardianship to be in place and there are also more young people with disabilities attaining adulthood at which point their parents need to seek a guardianship order so that they can continue to support their young adult son or daughter.

- 7.5.2 Every guardianship application needs a report by an MHO to be completed and these have a prescribed statutory timescale. Once the guardianship order is granted, an officer of the local authority, though not necessarily an MHO, has to supervise the guardian. The marked increase in work means that we are not consistently meeting our obligations in terms of completing reports in time. The legislation does not take account of the possible need to prioritise and assess the relative risks of competing applications but the MHO service is ensuring that the most urgent cases are dealt with first.
- 7.5.3 Waiting for guardianship to be in place can be a delaying factor in arranging for people, particularly older people, to leave hospital so part of the Change Fund resources are being used to employ additional MHOs to increase our ability to undertake this work timeously. This will also ease pressure across the wider system but it seems certain that this will be an area of demand for service which will continue to increase.

8. Complaints

- 8.1 Information on complaints made about our services continues to be reported regularly to Committee. Within the new CHCP, work was undertaken to align the complaints systems for the different component parts of the partnership as far as possible, while acknowledging that there are some differences in procedure which need to remain. Over recent months our performance in responding to complaints timeously has been better. In particular, complainants are kept updated if it is going to take longer to respond to them than was initially thought.

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

- 9.1 The impact of the current financial position remains a significant challenge for Social Work Services, as is the case also for colleague departments across the Council and partner agencies. Social Work is not a universal service and decisions about prioritisation for service on the basis of assessed need are a constant feature of Social Work practice. In terms of managing our budget, and particularly in looking at how savings can be made, it is important that the impact of proposals is considered within the overall context of the competing demands across our services ensuring that the most urgent needs are met.
- 9.2 Integration and Shared Services
- 9.2.1 In every area of our activity, the drive towards integration or the sharing of services is apparent. Nationally, the debate continues about whether a wholesale solution that joins up services for Older People across the country

should be considered. Locally, we have been committed to involvement in discussions about Clyde Valley shared services proposals.

9.2.2 One of the issues about integration is that the focus can become the structure of that integrated arrangement rather than the encouragement of good collaborative practice between the various staff involved which puts the needs of the client at the centre. Key to this is a focus on agreed outcomes, both for the individual and the organisation, underscored by mutual respect for the role and contribution of the range of practitioners involved. Within the CHCP it is to be hoped that this is what we will continue to strive for, particularly as partnership working extends far beyond the two agencies within the CHCP and good joint working needs to be in place with those other partner agencies as well. A report to the CHCP Committee in June on the Review of Community Health Partnerships which had been published by Audit Scotland, re-iterated the commitment of the CHCP locally to nurturing strong arrangements and avoiding the risk of strategic complacency.

9.2.3 A particular focus for work on integrated services is in the re-shaping of services for Older People encouraged by the Change Fund. At the time of writing the last CSWO report it was not certain what funding would be made available so progress on this over the intervening months has been rapid with full reports on progress made to the CHCP Committee. This is an ambitious programme which will be closely monitored and evaluated with regular reports to Committee as well as providing reports to NHS Greater Glasgow and Clyde, the National Joint Improvement Team and the Scottish Government.

9.3 Commissioning

The development of Commissioning Strategies was an action from inspection for numerous Local Authorities across Scotland and our link inspector from SCSWIS has offered positive support to us in our work on this. We have the impression that the work we have put into this quite challenging task will result in an end product that will be useful to us and positively regarded not only by SCSWIS but also by other scrutiny bodies concerned with ensuring that services are properly commissioned and procured. Completing our commissioning strategies and following through on the actions which will flow from them will have an impact on the shape of our future services.

9.4 Getting It Right For Every Child

Our implementation of Getting it Right For Every Child continues to develop apace. There was an encouraging response from staff from across all agencies who attended the briefings on GIRFEC and the National Guidance for Child Protection, who fed back a generally positive assessment of the extent to which GIRFEC principles were imbedded in day to day practice and

that the outcomes for children were better as a result. Developing the GIRFEC approach across all the relevant agencies has only been possible because of the co-operation and commitment of partners, particularly in the universal services where the whole idea of GIRFEC has to start by people “owning” the responsibility for addressing the child’s needs as far as possible within that universal service. The extent to which this has been achieved in West Dunbartonshire is reflected in the secondment of the Head of Service (Support) in our Department of Educational Services to the GIRFEC Implementation Team at the Scottish Government.

9.5 Children’s Hearings Reform

The Children’s Hearings (Scotland) Act 2011 became law in January of this year. Members may recall the level of debate engendered across the country during the passage of the Bill through the Scottish Parliament and the degree of disquiet at some of the proposed provisions expressed by Panel Members and others locally. There were so many amendments made to the Bill that considerable work still has to be undertaken to ensure that the system will be ready for the introduction of the changes, so the new Act will not be implemented until September 2012. Reports on progress will be made to Committee as the implications of the new legislation become clearer.

9.6 Personalisation

Within the next few months, the Self Directed Support Strategy will be presented to the CHCP Committee to complement the Self Directed Care Policy and Procedural Guidelines, which have been in place since March last year. We have secured the post of Independent Living Fund Development Worker following the retirement of the previous post-holder and remain committed to ensuring that people retain their ILF funding in the face of challenging government targets. In this we have been supported by the Council through the allocation of additional funds to mitigate the impact of the changes to ILF.

9.7 Contingency Planning for Southern Cross Care Homes

Members will be aware of the operating difficulties of Southern Cross and the fact that their Care Homes are being transferred to new providers. Contingency plans have been put in place both locally and nationally in response to this and, within West Dunbartonshire, we are confident that arrangements are in place to ensure the sustainability of care provision. Reports to update members will continue to be made to the CHCP Committee.

10. **Financial Implications**

No financial implications arise directly from this report but issues for service delivery and the finance to maintain or develop services will undoubtedly emerge over the course of the coming year and any such issues will be reported to the appropriate Committee.

11. People Implications

No personnel issues arise as a direct result of this report and any which emerge during the course of the coming year will be reported to the appropriate Committee.

12. Risk Analysis

There is a risk to the Council if Social Work Services are not delivered to an appropriate standard. Elected Members need to be satisfied that proper arrangements are in place to ensure sound governance. In West Dunbartonshire Social Work Services are delivered within the Community Health and Care Partnership and this Partnership arrangement is due to be reviewed in September. It has previously been agreed that the CSWO Report would give Elected Members the opportunity to satisfy themselves that the delivery of Social Work Services is being properly conducted within that organisational arrangement.

13. Equalities Impact

No issues were identified in a screening for potential Equality Impact. Social Work Services are delivered primarily, though not exclusively, to the most vulnerable people in our communities including members of minority groups who would be covered by equalities legislation. Social Work Services are targeted specifically to address assessed need.

14. Strategic Priorities

The provision of Social Care Services contributes towards the achievement of the Council's Strategic Priorities and the planning and management of our services takes this responsibility into account. There are areas where this is particularly evident as detailed in this report; such as protecting vulnerable groups, reducing crime and encouraging attainment and achievement.

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 how that role has been carried out, managed, evaluated and scrutinised over the

past year. Within the integrated CHCP, the governance of Social Work has been considered and appropriate mechanisms put in place to ensure that these functions are being dealt with properly and appropriately. The report also seeks to inform elected members of issues likely to require further reporting upon over coming months.

15.2 Members are asked to:

- (1) Note the content of this report; and
- (2) Request that a further report be made available by September 2012, to coincide with the annual review of the Community Health and Care Partnership.
- (3) Agree to the continuation of the CHCP structure for the next 12 months.

H. Anne Ritchie
Chief Social Work Officer

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Appendix:	None
Background Papers:	None
Wards affected:	All