

**Appendix**



**CHIEF SOCIAL WORK OFFICER'S**

**ANNUAL REPORT**

**2019/20**

## **Council priorities and commitments**

**We've agreed four priorities and related commitments that provide a focus for the services we deliver.**

Our priorities and commitments are:

### **Build the local economy**

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

### **Provide the best start in life for all our children**

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

### **Protect our most vulnerable people**

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

### **Be an inclusive Council**

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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## Introduction

Report April 2019 to March 2020

Welcome to the Chief Social Work Officers (CSWO) report covering 1<sup>st</sup> April 2019 to the 31<sup>st</sup> March 2020. This year the report has been prepared during the COVID- 19 pandemic, and the significant impact this is having on the demand for services. Consequently, the time required to provide a full CSWO report on the work undertaken by the service during the reporting period has been limited.

I would also wish to take this moment to acknowledge the significant work of our Independent Chair of the Public Protection Committee, Freda McShane, who passed away on the 7<sup>th</sup> March 2020 following a short illness. Freda's contribution to the development and the implementation of our Public Protection process was pivotal in driving forward the changes required.

## 1. Governance and Accountability Arrangements

Since March 2019 as CSWO, I have been a member of the Senior Leadership Team of the Council reporting directly to the Chief Executive.

I continue to represent Social Work within the Children's Services Executive Group which oversees the progress on improvement across the Children's Services Partnership. I also continue to attend the Integration Joint Board and provide professional oversight to all delegated Adult services within the Health and Social Care Partnership. As CSWO, I represent Social Work and the Council on the Integration Joint Board (IJB) Clinical and Care Governance Committee and Social Work are represented on the Integration Joint Board Audit and Risk Management Committee by the Social Work Senior Operational Manager. Senior social work staff participate in the Health and Social Care Senior Management team, as well as across several IJB change and transformational workstreams and programmes.

Within the Health and Social Care Partnership we are supporting a model of increasing involvement and participation of service users and carers in service planning, commissioning, and development to ensure that the views of people who use services are both understood and considered.

Unified Public Protection arrangements have been in place since June 2018. Staff and managers continue to be actively involved in a range of partnerships across all functions within the service and continue to work alongside third sector, private and independent providers. Further information can be found on our Dumfries and Galloway Public Protection Partnership website. [www.dgppp.org.uk](http://www.dgppp.org.uk)

Performance reporting during 2019/20 provided continued assurance on the quality of Social Work Services across three key committee structures. These are the Full Council, Social Work Services Committee, and the council's Area Committees. Adult services report through the Integration Joint Board and the Council's Area Committee structure.

We continue to report regularly to Social Work Committee on the outcome of external scrutiny of regulated services within Children and Families and Adult services and on the level and outcome of Social Work complaints. We also report the outcome of external scrutiny and complaints in respect of delegated Adult services to the Clinical and Care Governance Committee of the Integration Joint Board.

The Social Work Services Strategic Planning Team includes my most senior managers from all areas of service. Our structure ensures that all members of this team are routinely in touch with day to day operational practice and able to provide assurance quickly on individual issues as they arise as well as playing their part in the strategic direction of the service. This team is responsible for the recruitment, development, and professional oversight of staff across their functional areas, and for communicating, modelling, and maintaining practice quality and standards across the service.

The Social Work Services Tactical Managers group includes senior operational managers across the service responsible for the leadership and management of frontline staff, and therefore directly responsible for practice standards and the quality of services delivered. My leadership of this group establishes a key link between operational practice, local and national policy, and the strategic direction of the service.

In this reporting period the Strategic Planning Group, supported by our Improvement and Quality Team, has led a range of improvement initiatives including the development and implementation of practice quality assurance tools, evaluation activity and associated performance reporting. This has included:

- In Adult Care, the further development and application of audit tools to promote high standards and assess the quality practice in Adult Support and Protection including the introduction of a peer review approach across localities; participation in the planning and delivery of an evaluation of services for older people as part of the Health and Social Care Partnership; and continuing support of tests of change to improve collaborative working with adults with complex needs who may be at risk of significant harm.
- In Children and Families, the organisation, planning and implementation of the introduction of the 'Signs of Safety' practice model, including the delivery of a practitioner event by a world leader in the subject; continued coordination and reporting on routine quality assurance of Child Protection Inquiry reports and the introduction of a Peer review for children who have been looked after away from home for more than two years.

Inspection of Justice Social Work Services in Dumfries and Galloway took place in November and December 2019. The Care Inspectorate report was published on 10 March 2020, with findings based on their quality indicator set.

As Joint Vice Chair of the Public Protection Committee and a member of the Case Review Group which oversees all Initial and Significant Case Reviews, I am well informed about issues and concerns which arise in Public Protection practice.

During the reporting period, Social Work were part of three multi-agency Initial Case Reviews (ICRs), all in respect of adults. None of the ICRs were required to be progressed to Significant Case Reviews, however improvement actions have been identified as part of our continuing improvement journey. Improvement plans are all timebound and have been progressed through the wider Public Protection Partnership structures, linking into all partners involved, with completion and implementation accountable to the Chief Officers Group: Public Protection. Some of the learning has impacted on Policies and Procedures, and Learning and Development, and linked to improvement work across other areas of the partnership.

At 31<sup>st</sup> March 2020, three SCRs are ongoing: 2 in respect of children and one adult with support of the Social Care Institute for Excellence (SCIE). All three SCRs use the SCIE Learning Together methodology with internal Lead Reviewers with an aim to build up expertise within the multi-agency partnership.

## 2. Service Quality and Performance

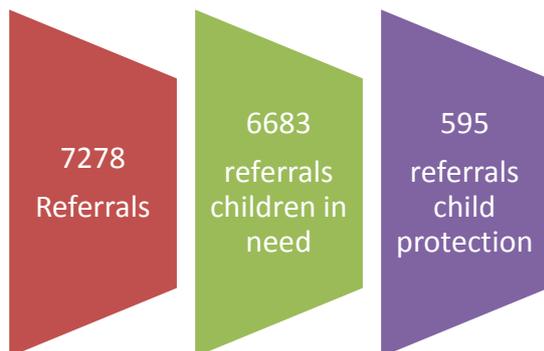
### Access to Services

The purpose of the Access to Services Team is to provide 'one front door' for Social Work Services. The Access Team promotes consistent screening thresholds and streamlines the referral process, ensuring the person requiring care or support is passed to the most appropriate service/s to meet their identified needs.

From January 2020, to further support a person-centred approach a question set based on the Signs of Safety model was introduced into scripting. This asks referrers specific questions to help determine the nature and immediacy of the concern, the impact on the person and any existing supports networks.

The team was originally developed to provide a centralised initial point of triage for all adult referrals and given its success we have extended this to include Children & Families referrals from April 2020. We have also been working with colleagues within the Health and Social Care partnership as part of the development of a Single Point of Contact (SPOC) approach which progressed to a regional roll out from April 2020 to support the development of the Home Teams model within the partnership.

### Children and Families Services



During the reporting period 2019/20 we had 7278 child related referrals compared to 7,095 referrals last year. This increase in referrals reflects a busy year for the service which has included some very complex and challenging areas of work. Of these 7278 referrals, the majority, 6683, were referrals for Children in Need and 595 were Child Protection referrals. The 595 Child Protection referrals related to 495 children. We undertook 373 Child

Protection investigations, resulting in 73 case conferences. As at 31st March 2020, there were 7 children on the Child Protection Register (CPR), with the most prevalent risk factors being domestic abuse, parental drug abuse and physical abuse.

### Key Facts & Figures

- 70 Referrals to Youth Justice for diversion
- 18 Emergency transfers of children
- 4 Children made subject to a Permanence Order
- 3 Children known to Social Work made subject to a Residence Order
- 354 Looked After Children, as at the 31<sup>st</sup> March 2020
- 33 Referrals for Kinship Care
- 325 Current kinship placements - 44 of these being Looked After Children
- 152 Foster carers in 86 fostering households
- 105 Children and young people living with a foster carer, as at 31<sup>st</sup> March 2020
- 28 Young People provided an alternative family home in Children's Houses.

As at the 31<sup>st</sup> March 2020 there were 1838 active Children & Family cases, compared to 1,630 in 2019 and 2,453 in 2018, the service has worked hard in the last few years to ensure the accuracy of information on our Mosaic information system to better reflect cases that are active day-to-day.

### Key Facts & Figures

The Children's Reporter requested 1205 reports from the service during 2019/20. This included 232 requests for social background reports, 328 update reports, 452 comprehensive assessments, 109 Initial assessment reports, 79 comments reports and 5 initial enquiry reports

In this reporting period we have introduced the Signs of Safety practice framework across all areas of Children and Families work to improve the quality and effectiveness of our interventions. This has resulted in a greater depth of risk assessment, ensuring risk is weighted with both strengths and safety aspects of parenting, thus ensuring a balanced assessment is evident and safety plans are individually tailored around the child and family's needs, with clear timeframes. This has been well received both by staff and the families that we work with.

*You (Social Worker) are approachable and you can have a conversation properly. In my first meeting, I didn't want to be there but you (SW) said you would be straight forward with me and that's how it's been ever since.*

Parent

*I am excited about the future and helping families to stay together*

Social Worker

Until September 2019 the **Intensive Family Support Service (IFSS)** worked with families to provide supports for early mornings, evenings, and weekends, sometimes daily. This intensive model enabled us to build relationships quickly and to help families break the cycle of difficulties in a way that previous Social Work intervention has been unable to do. Support included help with family routines and clarifying boundaries, addressing, and maintaining suitable home conditions, attending appointments, improving school attendance, budgeting and accessing welfare supports. We helped families make good use of resources in their local communities which will support them to sustain changes in the future. Locality Teams held case responsibility and assessments while IFSS contributed towards the overall assessment. Not all families were able to sustain changes made and some did not engage with the service, but the involvement enabled processes to move forward more quickly for children.

*IFSS worker helped me find resources I never knew about and came to appointments and helped me get my house the way I wanted it. I'm more organised and more confident to approach people if I need to.*

Parent

We would hope in the future to secure funding to reintroduce this service.

We have experienced a busy year for all our foster carers who support children and young people 0-18 years in their homes. Fostering provides an alternative family to care and support children in times of crisis in their lives when they are unable to live at home or with extended family members. The experience of a good fostering family can be invaluable for

children to allow them to feel safe, secure, and cared for as long as they need this. Without the commitment of foster carers, we would not be able to offer such an extensive service across Dumfries and Galloway.

Our two local Children's Houses continue to offer support, guidance, and care to young people who for whatever reason cannot live at home. Children are actively encouraged to attend school, college or enter employment to ensure that they have dreams and aspirations for their future which we help them to work towards to be the best they can be. For some young people they have had a very positive experience living in a Children's House which has allowed them to move on to a range of options which have included: a return to their family home; a few have moved on to a fostering family and some have moved on to supported accommodation. Young people who are ready to move on from a Children's house will be supported by a Leaving Care worker to ensure the transition between children and families social work and becoming an adult is as seamless as possible.

Although overall numbers of young people supported has dropped slightly in this reporting period, we are seeing an increasing number of young people who require alternative accommodation due to the chaotic nature of their presentations to social work services. The Leaving Care team, work in partnership with housing colleagues to seek resolutions in times of significant crisis in their lives. We continue to support and encourage students who have chosen to continue their education, during the lifetime of their studies, and there are several young people attending University and colleges throughout the UK who continue to be supported by the Leaving Care Team.

#### Key Facts & Figures

We have 13 care experienced young people who are currently attending college or university.

The Leaving Care team have provided support for a number of Unaccompanied Asylum-Seeking young people who have arrived in Dumfries and Galloway from Iraq, China, and Vietnam. These young people may have escaped torture in their country of origin and are seeking refuge. They are offered support up until their 26<sup>th</sup> birthday.

During 2019/2020 we have continued to recruit, assess, and approve Supported Lodging Providers across Dumfries and Galloway. These include several Supported Lodgings providers who are not foster carers who have come forward to offer a Supported Lodgings Service for young people aged 16-21 years. The young people tell us "The benefit of supported lodgings is there is always someone there who looks out for you, help with meal preparation and someone to talk to but at the same time you have much more independence and are treated like an adult". Supported Lodgings offers a transitional service for some young people who prefer to remain living within a family setting until they are ready to move on.

Our Supported Accommodation project continues to meet the supported housing needs of care experienced young people as they make the transition from childhood into adulthood. The project is a flagship service which has been acknowledged nationally for the high-quality accommodation and support which is offered to the young people aged 16 -21 years of age. The project has supported several young people to move on to a range of future housing choices which includes; their own tenancy; living with family or friends; and moving to secure housing in other locations across the UK or to live with a

#### Key Facts & Figures

42 young people referred to leaving care team.

The leaving Care service is supporting 84 care experienced young people. We have 13 Supported Lodgings Providers across the region.

partner. Those young people who have transitioned to secure their own tenancies in the community have found they are well prepared for independent living. Young people tell us that without this support they could not have managed to keep their own home.

During 2019/20, respite delivered in partnership with Dumfries & Galloway NHS at Acorn House provided approximately 1172 overnight short breaks in 2019/20 for 28 children aged 0-18 years with complex disabilities and profound health care needs. This service is highly valued by those parents and carers whose children have a short break at Acorn House.

#### Key Facts & Figures

In this reporting period **Quarriers** delivered 16,025 hours of family support. This service is provided throughout the region, supporting over 100 families, and providing short break overnights within a family setting for children and young people with complex disabilities.

The Upper Nithsdale Family Project delivered by **Action for Children** have developed their service in partnership with Food Share and provides good quality food to families in a more remote area of the region in times of crisis.

Action for Children support over 100 children and their families in the Upper Nithsdale area and continue to offer an extensive range of support services for vulnerable families. This is a key service in the Upper Nithsdale area which offers an early intervention and prevention services minimising the need for statutory involvement in the lives of many families. Independent advocacy continues to be offered by **Barnardo's Hear 4U** to Looked After

#### Key Facts & Figures

**Dumfries and Galloway Befriending project** continued to support over 92 Young People throughout 2019-2020.

Children who live with a foster family, with an independent residential care provider or in one of our Children's Houses. This service is key to ensuring that children and young people who are Looked After have their voices heard and if they are unable to do this, they will be supported by their independent advocate to do so. Barnardo's are creative and innovative with new technology for engaging with children to allow them to share their views clearly and effectively while ensuring they have fun doing so.

#### Key Facts and Figures

##### Relationship Scotland child contact centre:

Worked with 70 Families

Supervised 137 Contact Sessions

Supported 123 Contact Sessions.

Supported 172 Handover Contact Sessions.

Relationship Scotland have continued to provide a child contact centre for children who have experienced separation in their lives. They offer a safe place to meet with key figures in their lives. It is important for children to know their past and to stay in touch with birth and extended family members throughout their childhood.

Over 300 Young Carers are known to the **Young Carers Project** supported by Dumfries and Galloway Carers Centres. This is a key service which offers direct support, group support and the opportunity to participate in a range of activities.

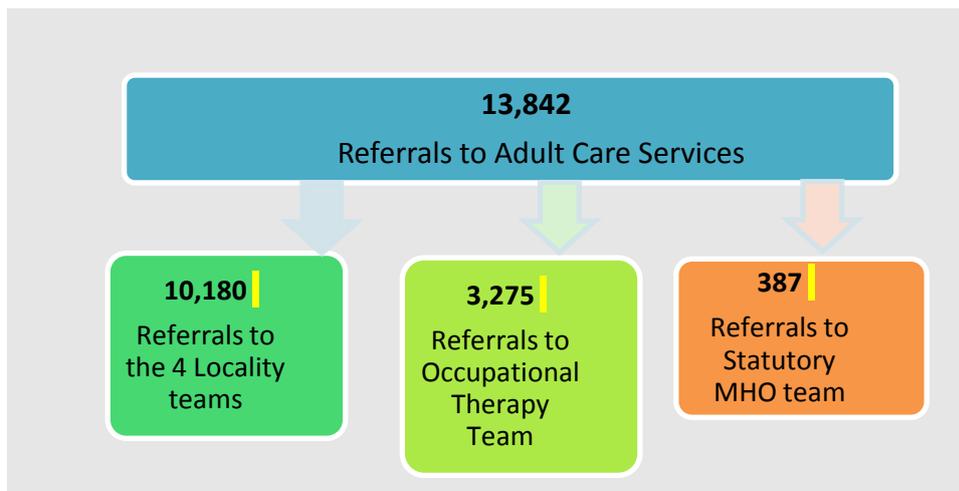
There were 754 referrals to our Youth Justice Team in the reporting period - 283 for diversion and 471 other referrals, 22 of which were child protection.

Youth Justice has continued to deliver services in line with Dumfries and Galloway's Youth Justice Strategy which is closely aligned to the National Youth Justice priorities. This has included a specific focus on early intervention and working closely with schools to identify

and support children who may be displaying pre- offending behaviours so that children can access support from the service without being charged with an offence or referred to the Children's Reporter. This should result in less children entering more formal or statutory processes because of their behaviour and there has been a downward trend in referrals to the Children's Reporter on offence grounds over the last two years.

Children and Families social work continues to support the National Child Abuse Inquiry in taking forward inquiries into historic child abuse 1930 -2014 which may have occurred while being cared for in Dumfries and Galloway. The importance of the work involved cannot be underestimated to ensure closure and resolution for those who may have been impacted by their care experiences.

### Services for Adults

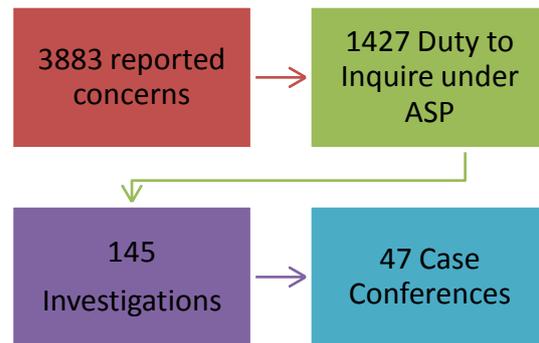


Adult services received 13,842 referrals in 2019/20 compared to 13,617 in the previous year. This demonstrates a continued increase in the rate of referral which has been sustained over the last three years. The total number of referrals is broken down into 10,180 referrals to Social Work Locality teams, 3,275 to the Occupational Therapy team and 387 to the Statutory Mental Health Team.

Although referrals to Occupational Therapy continue to be a significant proportion of Adult referrals, there continues to be a downward trend with the number of referrals reducing by 7% over a three-year period. This trend demonstrates the success of the proactive and collaborative approach across the Health and Social Care Partnership, that ensures duplication of work is minimised. Once again, we would expect this trend to continue going forward.

### Adult Multi-Agency Safeguarding Hub (MASH)

During this reporting period we have screened 3883 concern referrals through the Adult Multi-Agency Safeguarding Hub (MASH). Of these 1427 were taken to Duty to Inquire and 145 of these went on to Investigation. We held 47 Initial Case Conferences and 37 Review Case Conferences in this period. This represents a reduction in concerns reported but an increase in the number of Inquires undertaken and a reduction in Investigations and Case Conferences compared to 2018/19. This is in line with a clear focus on resolution through robust inquiry and early intervention to find solutions which avoids the necessity of using the more formal parts of the process.



Adult services managers continue to work in partnership with colleagues from the Health and Social Care Partnership to consider how models of care can be developed and adjusted to manage the increasing level of demand. This includes the development of Home Teams, which will seek to minimise duplication and provide positive and sustainable responses to the increased demand. This is supported by our continued work on developing more personalised approaches through Self-Directed Support.

At the 31 March 2020, 348 people had chosen a Direct Payment under Option one of The Social Care (Self-Directed Support)(Scotland) Act 2013 and 17 people had chosen Option 2 under the Act, as more people chose to direct their own care, whilst 2,451 people accessed

Bill is a gentleman in his 70's who lives alone. Throughout much of his adult life he has been distrustful of most statutory services and agencies. Following a lifetime of collecting which is considered to meet the definition of hoarding he has been the subject of multiple referrals raising concerns regarding his home and lifestyle choices. He has continually refused to engage with services or consider the impact of his lifestyle on his wider wellbeing. A change of approach enabled us to begin to build a more trusting relationship. Weekly meetings to address areas Bill was concerned about, helped him overcome his initial reluctance and suspicions to talk more freely with us. With his consent and support, we were able to gradually introduce a wider range of services who were able to help and advice on his wider needs. This has included Community Payback Services, Building and Environmental Standards, and Health Services. This has enabled Bill to access supports which address challenges before they become problems and to be fully involved in all planning to meet his current needs.

care through Option 3 of the Act. The figures capture an overall increase in the use of SDS and reflects the increasing number of referrals that lead to the direct provision of care.

We are pleased to have recently welcomed a new local independent SDS Brokerage Service to the region. Funded by the Scottish Government's Support in the Right Direction Project, this service provides direct support to individuals in Dumfries and Galloway. This includes helping to manage an individual's Direct Payment, employing Personal Assistants, and administering payroll activities. Work is also underway to develop a peer support network for people who use or have experience of using Self-Directed Support.

### **Supporting People**

A gentleman with a degenerative physical disability that was affecting his ability to live independently was referred to social work for support. This was not the first referral that social work had received and each time a worker had tried to support him, he was determined that his only wish was to remain independent. Living alone, with no local family and in a remote area, the conditions of his home added to concerns, there was no heating, hot water, or washing facilities.

Over a period of time the Social Worker was able to build a trusting relationship with the gentleman working in a person centred way and recognised that his independence was incredibly important, and his pride meant that he did not want any supports in place. The social worker sourced facilities that he could use for his personal care needs, and transport was provided.

As a result, he is still able to maintain his independence and does not rely on carers which is what he has wanted. The social worker continues to offer him support and advice as his health deteriorates and will continue to facilitate supports that are suitable for his lifestyle choices.

Our in-house **Care and Support Services (CASS)** has continued to focus on providing Care at Home services to rural and hard to access areas of Dumfries and Galloway.

CASS delivered 295,000 home visits in this reporting period.

The Day Care service which is delivered by CASS in Dumfries continued to increase its core attendance base with 36 new referrals being received.

### **Community Occupational Therapy**

The Community Occupational Therapy Service continues to support adults and children to live as independently as possible within their home environment. This is achieved through providing advice, assistive equipment and technology, minor and major adaptations and looking at alternative housing options.

Moving and Handling is a large part of the workload, this is an important area of support to facilitate activity of daily living but can also present a number of difficulties and risks which need robustly managed both for the individual and staff. This can be particularly challenging when two carers are required to provide the appropriate level of moving and handling. New equipment and technology are supporting families with moving and handling, for example the provision of a specialist mattress which enables a person to turn in bed with family support during the night rather than needing additional carers and the disturbance to sleep and household this can create. In another situation we have been able to provide a specialist bed which allows a person to sit up and rotates to allow for a chair to chair transfer enabling a safe transfer without the need for further assistance.

Work started in summer 2019 is currently ongoing with NHS colleagues looking at F.A.I.R Care (Flexible, Achievable, Individualised, Realistic). This is looking at Single Handed Care for people requiring equipment to assist with transfers and will reduce the demand for

multiple carers. This in turn will meet several the National Health and Wellbeing Outcomes: - Respect, dignity, improved quality of life, people who use the service feeling more engaged, resources are used effectively.

### **Sensory Impairment**

There has been a rise in referrals, 406 to the service 2019-20, in comparison to 351, 2018-19. There are 796 people on the local statutory Blind and Partially Sighted register. Every person on the register will have been assessed and supported and provided equipment by the Rehabilitation Officers in Sensory Support. We consistently receive positive feedback from our service users. Due to our ageing population, these figures are expected to grow year on year.

In this reporting period we have been able to make good use of our trained habilitation specialist. Habilitation involves one-to-one training for children and young people with a vision impairment. Starting from their existing skills, it aims to develop their personal mobility, navigation, and independent living skills.

### **Assistive technology**

We continue to work with the Health and Social Care partnership to develop and expand the range of technology which can be used to support people to live independently at home. We were part of a test of change completed for adults with complex learning disabilities around the use of assistive technology to re-design overnight support. 15 adults participated in the test, some choosing to use a wearable device known as a polar band, which can provide information about an individual's activity levels and key indicators of health, such as their hydrations levels and sleep patterns. In addition to the polar bands, by using a technology system called Just Roaming, we were able to gain data about the actual level of care required overnight across three supported accommodation sites all within a five-mile radius of each other. This produced data about activity levels and staff intervention, analysis of which gave us a clear picture about the level of care the test participants required overnight and the reasons for this care. We were able to demonstrate that some individuals were inactive through the day and as a result they were awake during the early part of the night and were calling on the waking overnight staff. For these people, we are able to focus on improving their activity levels through the day, helping them to choose other activities which had been suggested by the Health and Wellbeing team, thus assisting them to sleep better overnight and thus being less reliant on the overnight support staff. In doing this, we were able to demonstrate increased independence and improved lifestyle choices for some of the individuals involved. The test ended in December 2019, and we demonstrated that we were able to successfully re-design overnight support by removing a sleepover, where the data from the technology evidenced it was not required. Work is now underway to ensure that the model we used to re-design overnight support in this test of change is rolled out across the Health and Social Care Partnership.

### **Statutory Mental Health**

There were 387 referrals into the Statutory Mental Health Team in 2019-20, which is a modest increase of 9% from 355 last year.

Throughout the region, there was a further increase in Emergency Detention Orders application, from 109 to 127. Of these, 111 were granted, compared to 96 in the previous year. 32 of these were without the consent of a Mental Health Officer, an almost doubling from the previous year's figure of 17.

There was a decrease in the use of Short-term Detention Orders from 173 to 157. There were 51 applications for Compulsory Treatment Orders, with all but one of these being granted.

There were 49 Compulsory Treatment Order review applications submitted, a significant decrease on the previous year figure of 67. All reviews require a Mental Health Officer report to be submitted to the Mental Health Tribunal and attendance of the Mental Health Officer at the hearing to support evidence.

Mental Health Officers completed reports for appeals against detention or renewal of detention and attended 32 Tribunal Appeals against detention or renewal of detention.

Adults with Incapacity (AWI) applications to safeguard those adults who have been formally assessed as lacking capacity in relation to be Welfare and/or Financial Guardianship, continue to increase year on year, reflecting the national trend. Dumfries and Galloway continues to be one of the three regions across Scotland which have the highest per capita rates of granted AWI Guardianship applications.

Overall, the number of Guardianships granted is 127, a decrease on the previous year's figure of 148. There were 93 Private Welfare Guardianships granted, compared to the previous year's figure of 98, and 34 local authority applications granted in favour of the Chief Social Work Officer, a decrease on the previous year's figure of 50.

There are in total 466 current Guardianship Orders, which require a yearly review.



We have continued to run a multi-agency Power of Attorney campaign to promote and encourage all adults in our area to consider the need to have a Power of Attorney in place. Whilst in 2018/19 year we saw a significant increase, this has decreased in this reporting period.

### Justice Social Work Services

The Justice Service was inspected by the Care Inspectorate between November 2019 and January 2020. The inspection broadly consisted of 6 phases; pre-inspection notification, self-evaluation, file reading, focus groups, key findings and inspection report, and improvement plan. The Care Inspectorate report was published on 10 March 2020, the Inspectorate findings, are based on a quality indicator model and we received the following grades:

Quality Indicators	Grade
QI 1.1 Improving the life chances and outcomes of those with lived experience of criminal justice	Adequate
QI 2.1 Impact on people who have committed offences	Very Good
QI 5.1 Providing help and support when it is needed	Good
QI 5.2 Assessing and responding to risk and need.	Good
QI 5.3 Planning and providing effective intervention	Good

The key messages from the inspection included that:

- we have led transformative change and are on the right path towards excellence
- we need to improve our compliance with National Outcomes and standards
- we need to embed a robust performance and quality assurance system
- our assessment and case management are areas of high-quality practice
- we have a culture of continuous improvement with skilled and committed staff
- those with lived experience are achieving positive outcomes

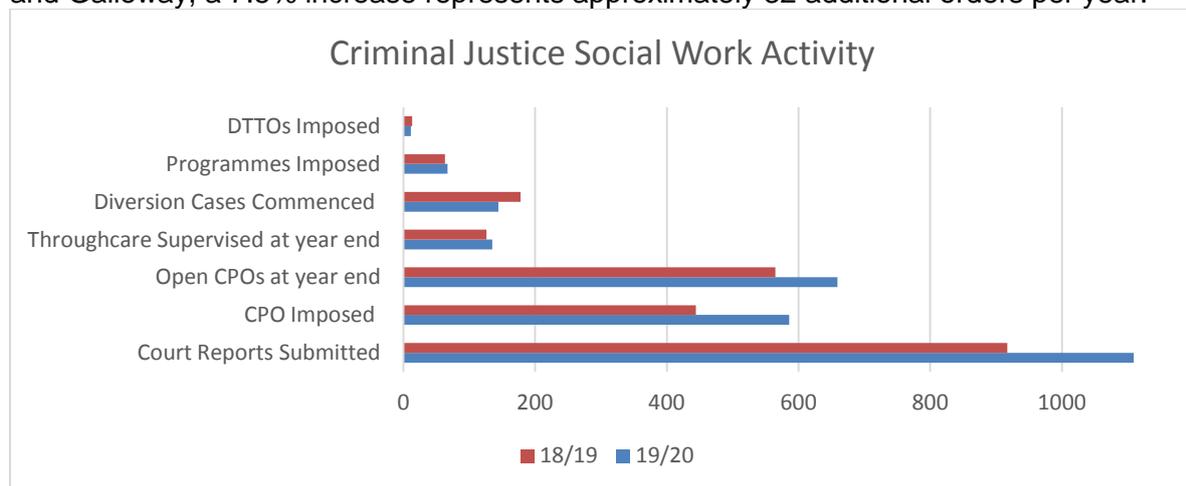
The areas identified for improvement had been identified in our pre-inspection self-evaluation and are articulated in our current Justice Social Work Outcome Delivery Plan. We will review these areas with staff over the next twelve months and are currently in the process of developing our performance and quality assurance system.

HMP Dumfries was inspected in January 2020, the social work team in the prison contributed to the inspection and supported their SPS colleagues to achieve a positive inspection outcome. The published report stated that HMP Dumfries was a safe and well-run establishment, supported by dedicated and compassionate staff.

Following Justice Social Work Community Payback Order inspection and HMP Dumfries Inspection, work began in in early 2020 to scope an internal audit of Throughcare services. The Throughcare services audit, will complete a full scrutiny of Justice Social Work Services and the applied learning will shape our performance and quality assurance system going forward to maintain continuous improvement.

### Extension of Presumption Against Short Sentences

The Presumption Against Short Sentences (PASS) was enacted on the 4<sup>th</sup> July 2019. Prior to this it was estimated that the extension of Presumption Against Short Sentences to 12 months will lead to an increase in the use of Community Payback Orders (CPO) by 7.5% and would result in Community Payback Orders being more complex in nature as offending which would have attracted a custodial sentence of up to 12 months, will be more serious and/or committed by an individual with a more entrenched offending pattern. In Dumfries and Galloway, a 7.5% increase represents approximately 32 additional orders per year.



In the period of 2019/20, the demand on the service can be evidenced through a 32% increase in Community Payback Orders(CPO) since 18/19 period. Although this is in part attributable to a reconciliation of data the end of the reporting period with some correlation with PASS, but further analysis is underway. A breakdown of the open and active CPOs demonstrates annual fluctuations, with a five-year average of 597 open cases at end of year: again 19/20 was above average year.

Demand has also been evidence through a 16.64% increase in Criminal Justice Social Work Reports since 18/19 period, although the Throughcare case rate has remained relatively stable. The only area of business to demonstrate a slight reduction in demand is Diversion.

The ring-fenced Criminal Justice funding formula is based on previous 24-month statistical returns. Our funding for 19/20 is therefore based on 2-3 years previous Scottish Government returns; however, the demand in 19/20 was much higher than previous 3 years, so actual demand was greater than the allocated funding had allowed for.

The Unpaid Work Team continues to offer a wide range of projects to meet a variety of service user needs. In 2019 online courses were purchased, all the courses are certificated and include a range of topics including First Aid, Trauma, PTSD, drug misuse and food hygiene. A total of 117 online courses were completed during April 2019 – March 2020.

A significant investment of £125,000 was made in upgrading the interventions unit at Blackparks, Stranraer, with the creation of interview and intervention space including a service user kitchen, UPW service users helped to decorate the newly converted building. The upgrade now offers interventions units at either end of the region.

Justice Unpaid Work (UPW) staff took part in the Criminal Justice national UPW training pilot in December 2019. This training was aimed at unpaid work paraprofessionals to enhance their professional and personal development. A modular based training covered areas such as CPO's, Value base, trauma informed practice, pro social modelling, motivation, diversity, and drug and alcohol awareness.

Domestic Abuse remains a priority; activities during 2019/20 included social workers updated on the latest version of the domestic violence risk assessment tool SARA version 3. There was also a significant increase in Caledonian' groups (men convicted of domestic abuse offences) during this period.

### **Social Work Out of Hours Service**

Our Out of Hours Social Work Service has now been running for over 2 years as part of the 24/7 Social Work service provided 365 days a year across the region.

For Out of Hours purposes, the region is divided into 3 areas: Central covering Nithsdale and the Stewartry; Annandale and Eskdale; and Wigtownshire. As would be expected, the largest demand came from the central area with 57% of calls, whilst Annandale and Eskdale and Wigtownshire have 15% and 6% respectively; 22% of calls overall requested the input of a Mental Health Officer.

**3,979** telephone referrals calls

**344** call outs

**11688** telephone calls

Referrals to the service come from a range of different sources which include people self-referring, partner agencies and the daytime Social Work service. We have seen an increase each year and our telephone referral calls to the service has increased from last year by 27% (1061). There is an average of 11 referral calls each working day however weekends are typically the busiest. There is 1 Social Worker and 1 Senior Social Worker on each shift with the addition of a call advisor at weekends.

Most calls are screened, triaged, and actioned on the telephone by the Social Worker or Senior Social Worker. The work undertaken can involve high levels of telephone calls with a view to making situations safe until the next working day. However, of the 344 occasions requiring Social Work to attend, these included attending as: a Child or Adult Protection enquiry; child welfare/assessment visit; Care Home visit; Mental Health assessment or follow up; assessment due to an offence being committed; Domestic Violence; and requests for an Appropriate Adult to attend a police station to support a vulnerable person. Requests for the Out of

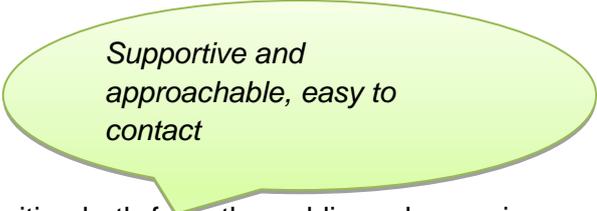
40% of call outs were for Children and Families while 60% were Adult Care referrals.

Hours service are varied, and the service is responsive to the needs of the public who access the service.

Whilst there is an increase in demand for the service, the number of Social Work call outs has reduced due to the focus on a robust level of screening undertaken by the team. The previous out of region service included 30% call outs and this has been successfully reduced to 9% by the inhouse service. It is thought that our local knowledge, ability to fully interrogate our IT systems and the high level of skill and experience available within the team has contributed to this success. We continue to experience unprecedented numbers of calls during public holiday periods and the service now increases staffing on specific public holidays days to ensure our service is robust and can meet the increased demand.



*Thank you for calling  
back to check on me*



*Supportive and  
approachable, easy to  
contact*

Feedback on the service has been consistently positive both from the public and agencies accessing the service.

### **Public Protection**

The Public Protection Partnership, and subsequent Public Protection Committee (PPC) and sub-committee structures as detailed in previous reports are now fully implemented with the Chief Social Work Officer holding a vice chair role of PPC along with Police and Health representatives, under an independent Chair.

The underlying structure is fully implemented, with sub-committees and relevant Standing Groups in place. In addition, the previously detailed requirement for a formal sub-committee to provide oversight of multi-agency Case Reviews was fully established in 2019/20. This strengthening of our Initial and Significant Case Review processes across ASP and CP has been welcomed as a positive development by all partners.

In line with our principle of continuous improvement of the public protection structure, a full review took place with all partners in October 2019. This allowed us to fully consider the operation of the PPC, identify barriers to its effectiveness and explore practical improvements. It also improved our understanding of performance data and helped us to identify local issues requiring further multi agency cooperation, and to prioritise areas for action.

This led to a revision of membership of PPC and subcommittees. Specifically, the streamlining of subcommittees to reduce duplication and silo working, and the recognition of the role of specific working groups in driving forward priority areas. This revision will be fully implemented in 2020/21.

We are grateful to Kate Thomson our current independent chair who has stepped in and expertly guided us through the COVID-19 pandemic.

Dumfries and Galloway Social Work Services remain fully committed to a joint Public Protection approach and continues to provide a significant contribution to the chairing, organisational and administrative resource, and wider support to the Public Protection structure in Dumfries and Galloway.

We will collectively continue to publicise the work of the Public Protection Partnership on our Public Protection website [www.dgppp.org.uk](http://www.dgppp.org.uk) which holds both public and staff information,

whilst building stronger links between Public Protection Committee and the South West Scotland Multi Agency Public Protection Arrangements (MAPPA), Alcohol and Drug Partnership and the Community Justice Partnership.

### Child Protection

Over this reporting period we have been involved in a range of activity to help support our practice to keep our children, young people, and their families safe.

This has included finalising the work on the Minimum Dataset for Child Protection Committees across Scotland, working in partnership with the Centre for Excellence for Looked After Children in Scotland (CELCIS) and the Scottish Government. This new method of scrutinising data with the use of scrutiny questions has proved advantageous, allowing us to identify trends and patterns in child protection and highlighting areas we need to look deeper into, whether these are areas for improvement or understanding what's working well. It is also positive to note that CELCIS and the Scottish Government have used Dumfries and Galloway's report format as an example of good practice to share with all other local authorities in Scotland.

During this past year, we have introduced a Signs of Safety approach for all our child protection cases in Dumfries and Galloway. Since we began our journey of implementation, we have seen a decrease in Dumfries and Galloway's Child Protection Register (CPR). This trend was expected, given the change in practice and our new approach to risk assessment and risk management, as for many years Dumfries and Galloway's figures were significantly above the national average and those of our comparator authorities across Scotland for children on the CPR.

The figure on the CPR cannot be understood as either positive or negative without having a closer look at practice. As a result, and to ensure assurance is provided, there are several quality assurance measures, both one-off audits and systemic audits, that take place for each stage of the child protection process.

Child Sexual Exploitation (CSE) is an area of child abuse that can be 'hidden in plain sight' and raising awareness amongst our communities and staff remains imperative to combating this form of abuse. Public Protection Committee (PPC) funded a yearlong awareness raising campaign in collaboration with NSPCC, titled 'It Happens Here', which was successfully launched in March 2019. The campaign has included a number of different methods including distribution of leaflets and posters, the use of social media across the Council, NHS and Police websites, bus-liners and radio adverts, and CSE workshops which reached secondary schools, publicans, hoteliers, food retailers, parents/carers, youth groups and professionals across statutory and third sector agencies. The campaign is being reviewed to help inform what worked well and what improvements we need to make to maintain the momentum of this work.



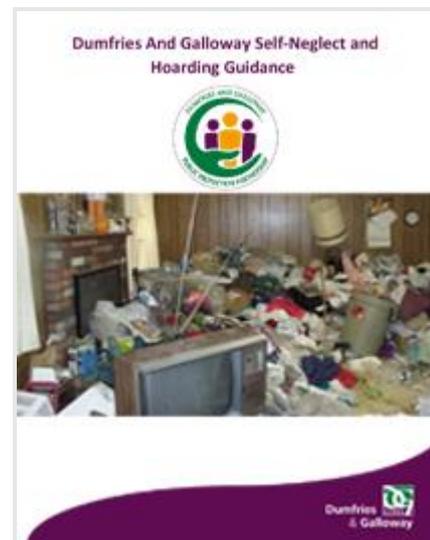
Over the past year, we have also reviewed and updated our CSE training which now includes more localised information to help staff recognise that *it happens here*. We have also trained a small number of additional staff from across the partnership to assist with capacity and future-proofing delivery of our training.

### Adult Support and Protection

Gaining meaningful feedback on the lived experience of adults, their families/carers is vital. Social Work Services fully support the aim of the Public Protection Communication and Engagement Groups to explore 'ways to improve' the involvement of service users and their Carers with the development of easy read documents and adult at risk leaflets which have raised awareness of the ASP legislation, and safeguarding processes.

Findings of a Multi-Agency Audit of Quality of Practice in Adult Support and Protection commissioned through the Public Protection Performance & Quality subcommittee were reported to PPC in April 2019. With the support of Social Work Locality Managers, the tool was further tested in Social Work Services from October 2019. This took a peer review approach to promote the standards within frontline practice in localities across the region. The tool and the standards it set out were welcomed by frontline staff – who have been keen to apply it in day to day quality assurance and improvement of their practice.

We were part of our multi-agency self-neglect and hoarding strategy launch in March 2020 which improves how concerns for adults at risk of self-neglect and hoarding can be raised. This is based on an agreed collaborative approach between agencies and partners to what can often be complex and challenging circumstances.



We have made improvements to both the triaging and recording processes for the Access to Services Team and this has resulted in a 14% reduction in the number of concerns recorded as they are being better defined at the point of contact and directed to more relevant parts of the service. The number of inquiries being made under the ASP process has significantly increased and this is because of the improved triage processes focused on defining the potential harm as early as possible to support a more timeous response. This is then carried through to the increase being seen in the number of investigations being undertaken and consequently the number of case conferences required. It should be noted however, that the overall number of investigations appropriately remains relatively low as most work is undertaken during the inquiry stage.

Across Social Work, the Adult Support and Protection Practice Group (ASPPG) focuses on the continuous improvement of social work practice with learning from best practice. It also provides the opportunity to reflect and disseminate learning from areas of practice which could be improved. One example is the development of a protection plan template to encourage and support an outcomes-based approach to maximise the opportunity for the plan to succeed. The ASPPG plans to progress further developments to inform future policy and practice development with a focus on social work practice through a strong commitment to training to enhance practice.

There is a rolling programme of Council Officer training, 26 social work staff completed this in 19/20, and 2 further social work colleagues successfully completed the adult support and protection post graduate certificate.

### **Domestic Abuse and Violence Against Women**

Social Work Services continue to chair the Violence Against Women and Girls Standing Group under the Public Protection Committee and lead the agenda with representatives from across the public and voluntary services.

Primary prevention and awareness of domestic abuse and other forms of violence against women continued to be a focus and we have provided input to over 800 young people on domestic abuse and coercive control within schools.

Multi Agency Risk Assessment Conferences (MARACs), fully supported and directed through Social Work, are the forum where those domestic abuse victims at highest risk of further harm or death are discussed. There has been an increase in the number of referrals from 58 in 18/19 to 104 in 19/20 with links being made to other MARACs across to support victims' safety.

The White Ribbon Campaign highlighted the need to raise awareness of the need for men to join the challenge to domestic abuse and all forms of violence against women. In September 2019, Dumfries hosted the national "Inside Outside" exhibition which allowed members of the public to explore some of the issues experienced by women involved in the sex industry in Scotland. The event was positively received and many of the visitors acknowledged the challenges faced by the women who had shared their stories and helped develop the exhibition. The hosting and support of this sort of event locally was positively received.

A local community online survey undertaken between November 2019 and February 2020 positively indicated that 98% of participants recognised that children are affected by domestic abuse, and understood that domestic abuse can include emotional abuse rather than a focus on physical abuse; moreover, 88% of participants did not show 'victim blaming' attitudes and were able to identify the coercive nature of domestic abuse. In general, the community's views on Violence Against Women and Girls are positive; however, some primary prevention areas were identified that will be progressed by services and partners are: Consent, the Impact of Pornography Consumption on Sexual Behaviour, Commercial Sexual Exploitation, the Sexualisation of Young Women, and the Gendered Nature of Domestic Abuse.

### **Community Justice**

This year has seen Social Work remain a key partner of the Community Justice Partnership (CJP) as it continues to develop. This was the second year of the three-year strategic plan (CJOIP 2018-2021) for the Dumfries and Galloway Partnership, and the focus was on building on work from year one, working towards strategic outcomes and developing closer links with other strategic partnerships by working more collaboratively.

Highlighting the impact of trauma, raising awareness of ACEs and Resilience screenings remained a priority area this year. Approximately 100 people attended resilience screenings and 60 trauma informed practice in this reporting period. The Resilience film was used at a Head Teachers Conference in May 2019 and a targeted screening was also held for Elected Members and the Integrated Joint Board supported by the Chief Social Work Officer, Children and Families Social Work Manager, the Governor in Charge HMP Dumfries and a Senior Health Improvement Officer from Public Health.

Work took place throughout the year focussing on multi agency training, awareness raising and links across strategic partnerships. The work undertaken over the last year has been supported by social work and other partners in community justice who have given their time to get involved in multi-agency panel discussions following screenings and beginning to consider how they might implement trauma informed approaches within their own organisations. This has led to improved and stronger relationships with colleagues, particularly those in education and health. This will remain ongoing throughout the lifetime of our plan.

Emotional Unstable Personality Disorder training involving 85 people was delivered across the region supported by partners in health; a high percentage of those who took part came from different areas of social work including Adult, Justice and Children and Family teams.

Throughcare for those leaving prison has been a priority for the CJP since its inception with several throughcare providers supporting successful reintegration to help reduce reoffending. In 2019 this led to the development of a Multi-Agency Community Reintegration Board. (MACRIB).

The Community Justice Partnership supported a funding bid to the local Alcohol and Drug Partnership for a Family Support Coordinator with Families Outside. This was successful and led to local support to those with a family member in prison. Over the reporting period 21 families were supported by Families Outside, nine received direct one to one support and twelve received support via the helpline; this impacted on 35 family members. The Family Support Coordinator has developed a very good relationship with Social Work, Aberlour, We Are with You & Apex, while also re-establishing the homework link between a Primary School and the prison. The impact of these engagement and networking activities continues to raise awareness of the impact of parental imprisonment on children and families, increases awareness of Families Outside to other organisations and the families they work with and ensures specialist support is available when it is needed.

In November, the Community Justice Partnership (CJP) held a joint development session with CJP, Alcohol and Drug Partnership (ADP), Violence Against Women & Girls (VAWG) and Suicide Prevention bringing together 50 stakeholders, many of whom sit on multiple partnerships from across the agenda. Feedback from the joint event provided evidence for a joint paper with actions that spanned partnerships and a strong desire for collaboration to reach the desired outcomes. This paper was taken to the Public Protection Committee, Alcohol and Drug Partnership, Suicide Prevention Group and Community Justice Partnership. It was agreed that the joint actions identified will be included in future of each of these strategic groups ensuring duplication is reduced and collaboration increased. This has also resulted in a short life working group being developed focusing on reducing stigma and increasing and empowering kind communities. Representation from each of the partnerships/groups as well as a local University of the West of Scotland Mental Health Nursing Lecturer attends with a view to developing a research project suitable for funding via the Carnegie Trust and using the skills of those with lived experience in each of the areas mentioned.

### 3. Resources

The total retained Social Work annual revenue budget for 2019/20 was £23.4m covering Children & Families, Statutory Mental Health, Public Protection, and the ring-fenced Criminal Justice funding. The total Adults Social Work budget delegated to the Integration Joint Board for 2019/20 was £77.9m.

#### **Financial Pressures and Modelling**

Children's Services budgets are under significant and increasing pressure with increases in kinship care placements. The service has worked hard to manage demand for external residential placements through outcome focussed children's planning and sourcing alternatives to residential placements. However, there is evidence that children are being placed at a younger age and needing to stay longer in placement.

Financial modelling has been done to establish levels of costs within agency placements and the lifetime cost of placements, with additional funds identified to meet increasing numbers. The plans to work with families earlier to avoid future expensive placements are a priority for the service.

Within Adult Services, costs of care continue to increase within the younger adults areas with costs significantly increasing year on year, whereas within older adults the challenge to source care has continued to create a pressure for the Health and Social Care Partnership.

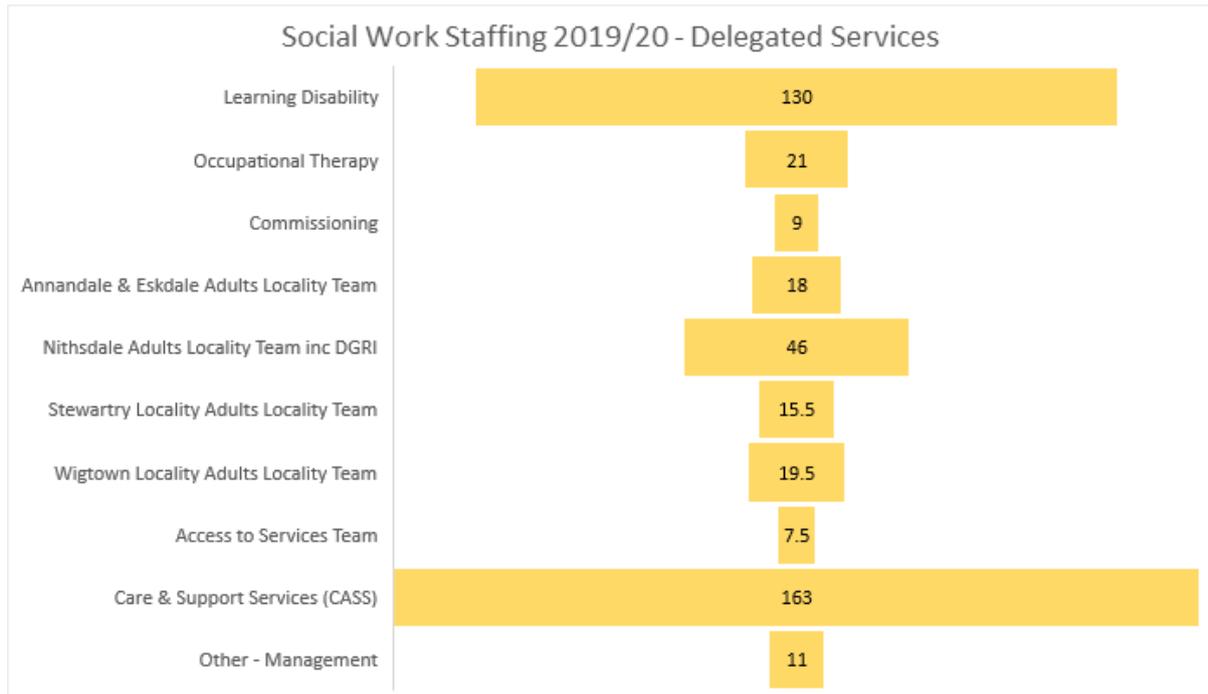
Financial modelling has also been undertaken to look at the impact and benefit creating different models which would include an increase in reablement approaches and care at home delivery models. The implementation during 2020/21 of a new care at home framework is aimed to support these changes.

The risks to budgets from increasing demand for care at home and care home continues as the system struggles to meet the increasing demand within available resources.

## 4. Workforce

The total staffing full time equivalent (FTE) for Social Work Services in 2019/20, including support services was 743. 59% of these staff form part of integrated services, delivered by the Health & Social Care Partnership. However, the Council remains the employer of these staff.

### Social Work Staffing 2019/20 - Delegated Services



### Social Work Staffing 2019/20 - LA Retained Services



We have continued to recruit to staffing vacancies as required and have not experienced retention issues across frontline social work posts. The challenge remains the balance between newly qualified staff and the level of experience and knowledge within the service to continue to grow and develop as key staff retire. Our studentship programme means that we have a steady stream of staff coming through to fill vacancies. The mental health officer programme continues to be tied to the availability of resource through the number of existing vacancies which requires careful planning to ensure that the service is not short of MHOs whilst staff are being trained up at a time of continued increasing demand.

### **Workforce Development**

Staff have continued to have access to a range of learning and development opportunities focused on essential learning. This includes Post Graduate awards in Mental Health, Adult Support and Protection, Child Protection and Practice Teaching which are essential to continuous professional learning as well as SVQ accreditations to support staff in their roles as a Care Co-ordinator, Social Work Assistant or Social Care role. Some of our staff have also gained qualifications in Improvement Methodology through NHS led Scottish Improvement programmes.

We continue to have two “Grow your Own” schemes, one for qualified Social Workers and the other for Mental Health Officers. Our Grow your Own Mental Health Officer scheme is based on the identification of a Mental Health Officer vacancy. Social work qualified staff are selected in terms of their potential to undertake the post qualifying Mental Health officer training. They then join the team as a Social Worker against an identified vacancy until they qualify as a Mental Health Officer. This year one Social Worker has successfully qualified as a Mental Health Officer. The ‘Grow Your Own’ Social Work programme continues to have 6 staff on the studentship programme at any one time. Studentship staff are provided with a work base with one study day a week when they are not on a practice placement and offered the continuing support of our in-service Practice Teaching and Development officers. During the reporting period we recruited two Studentship workers and placed one graduate in a social worker post.

Interest in this route to qualification is high, with many more applicants each year than we have vacancies on the programme. Many of these staff are already engaged in independent study toward a Social Work degree in preparation for the studentship programme which supports the final two or three years of study at degree level.

Core to the studentship programme and the support of potential social work staff in training at other universities, is the availability of practice teaching staff to monitor and assess student performance during placement against the national competencies required to attain qualified status. To support this, we have continued to promote the Professional Development Award in Practice Learning (PDAPL) to manage the increasing demand for practice placements.

### ***We Love Having Students Because:***

***They constantly surprise and challenge you!***

***It encourages us to reflect on our own practice and promotes a learning culture within the team***

***They remind you of why you came into the social work role.***

***They are like a breath of fresh air with their enthusiasm and motivation.***

***From DG SWS Annual Conference April 2019***

During this reporting period, two practice teachers have qualified and supported a student each and a further five are continuing their training. We have also hosted our largest number of Social Work degree student placements yet, a total of 40 students spread across the year from several universities.

We also participated in the National Pilot of Newly Qualified Social Workers which supported and assessed staff in their first year in practice. The pilot was completed in spring of 2020 and we await national feedback on the learning from the pilot about future plans to support newly qualified workers.

In April 2019 we held our third annual Social Work conference– entitled “BUILDING ON SUCCESS, LEARNING IN PRACTICE”. Contributions from external speakers on *Compassionate Leadership*, and *Resilience and Personal Effectiveness*, supported the leadership theme of *Working together at our best*, and workshops on *Learning in Practice and Practice in Learning*, and *Building on Success* delivered by local staff.



Our emphasis for this annual event continues to be on frontline practice, and the showcasing of improvement and quality across the service

A key area of staff development and learning has been the implementation of the Signs of Safety approach. This has included events involving over 1000 staff from across agencies, basic and advanced training for over 100 practitioners, and bespoke training for specialist staff. Whilst led by Children and Families this has included staff from across the whole service as we consider how to use the principles and core elements of this model across the service.



## 5. COVID 19

During the pandemic, the service has placed the safety and welfare of people who use services, their families, and our staff at the forefront of our planning and intervention. We are supporting strict adherence to infection control measures and social distancing encouraging people to understand and comply to the national guidance issued. Workforce capacity, motivation and commitment has remained high. Previous investments in agile and mobile working have allowed staff to quickly transition to home working. A staff office rota system has limited the number staff required daily to undertake face to face office-based duties. Staff sickness levels have remained low and those shielding or self-isolating on the whole were able to work from home. The initial stages of the pandemic were particularly challenging due to the amount of change required to sustain business, the volume and pace of work, not to mention balancing the requirements of work with childcare and carer responsibilities.

The priority throughout remains Public Protection. Most protection conferences as well as Multi-Agency Public Protection Arrangements (MAPPA) have moved to virtual meetings by video and telephone.

Lockdown coincided with a spike in MAPPA referrals, predominantly high-risk cases transitioning from custody to the community; between April and August 2020 there were 7 level 3 MAPPAs and 9 level 2 MAPPAs. Logistical risk management planning for such cases during restrictions remains challenging. Multi-Agency Risk Assessment Conferences (MARAC) also moved to a virtual platform and during April – August 68 cases were considered at conference.

An initial reduction in protection referrals was followed by an increase as lockdown deepened and the stress of the measures began to take their toll. This has been particularly noticeable in respect of incidents of domestic abuse.

The justice interventions unit ceased delivery of programmes and staff were reallocated to priority tasks. The unit assumed responsibility for the management of domestic violence cases allowing a close correlation within the unit of perpetrator support and monitoring and partner/victim support from the women's workers.

Our region's almost immediate response to the pandemic was the swift formation of a dedicated team to offer support and guidance to people identified as being critically at risk and who were remaining at home to shield themselves from the virus. The 'Shielding Team' comprised of 3 elements - the *Shielding hub* where telephone queries and requests were received, the *solutions centre*, who made sure that food and prescriptions were delivered and the *community hub* where 3<sup>rd</sup> sector organisations and other sources of support were co-ordinated and delivered by volunteers and council staff alike. The team quickly moved from a service focused on those formally shielding to deal with the wider and more vulnerable group of people in need to support as set out in the national guidance. This brought us into contact with a significant number of people who had never had contact with a social work service previously but who needed advice and guidance as well as practical and emotional support.

By linking up with local communities, GPs and the NHS, the team contacted over nine thousand vulnerable people across the region making sure, where eligible they registered for Scottish Government food parcels as well as providing Local Authority food boxes and collecting and delivering controlled and regular medicines. The team supported other social work colleagues by contacting those whose usual care package due to Covid-19 had been

adjusted, often at their own request, who needed additional support with everyday tasks such as cooking or who needed hot meals provided for them. Overall, the team played an important role in providing our communities with all the information and support available to help them stay safe, whether they were shielding, self-isolating or helping to care for those who were.

The Shielding Team was drawn from approximately fifty staff members from across the Council who volunteered to be re-deployed. They were trained to use relevant information systems and worked alongside experienced social work staff and managers who were able to provide professional oversight. As government advice to those shielding changed, the team continued to provide the best possible advice and support for all those who needed it. Team members included leisure centre attendants, school support staff, museum and art gallery staff and technicians from various council departments, all motivated by the desire to help our community during this unprecedented crisis. Several of the staff involved have expressed an interest in social work as a career and we are keen to encourage these staff to consider opportunities within the service to further develop their understanding and experience.

#### **Case Study:**

Mrs. W had significant health issues and was medically required to shield and remain indoors. Her husband had been laid off because of Covid-19 and the couple additionally faced financial hardship. They had not received social work support prior to the pandemic.

Mrs. W suffered considerable anxiety due the pandemic and the accompanying financial pressures she faced.

The call advisor who initially spoke to Mrs W was tasked with maintaining weekly contact with her to give emotional support, talk through her anxieties and provide practical solutions. This included supplying additional food parcels and collecting and delivering medications.

When shielding was paused Mrs. W sent a thank you card to the call advisor which said:

*"I personally wanted to thank you for your advice, help, support and for being at the end of the phone, you heard my tears and fears but also my laughter."*

During the COVID-19 period, the continued response, and the tentative move towards recovery, Children and Families Social Work have and continue to deal with an increase in number of referrals, numbers of allocated cases and number of complex cases.

The circumstances of the pandemic have required that we undertake our work in different ways to previously. This inevitably meant more support and "facilitation" from social work staff. In addition to statutory face to face contact, which has never stopped, we increased other means of contact such as WhatsApp video messages, Facebook messenger etc, and real time conversations with families. These were most often at non-traditional times. These types of contacts and visits have shown the importance of this direct work from social work services with all our vulnerable families.

During the lockdown period we worked with an increasing number of families who previously would not have reached the statutory level of intervention but needed our support due to the impact of the pandemic situation. We have had to intervene with children and families with whom we or other partner agencies had no previous contact. We are clear that if we do not offer intensive support and early intervention at this time, the impact for these families in the longer term may result in them requiring ongoing Social Work support.

In response to these pressures and the success of the Intensive family support pilot which ended in September 2019, Dumfries and Galloway Council have agreed to fund an additional 15 social work assistants who will work alongside existing social work teams in order to work with children and families in the same way the Intensive Family Support Service did.

The Covid-19 Pandemic has also shown us how many Third Sector providers have changed their models of delivery alongside communities where they currently operate. This has been very successful, and we need to continue to engage with our partners to see how best to support them and the local communities they work in.

It is anticipated that small enhancements will be the best way forward at this time rather than new services until we have properly analysed what is needed as we emerge from the ongoing pressures of Covid-19. Additional funding has also been agreed to facilitate this approach.

During the initial phase of the pandemic Adult service staff were heavily engaged in supporting colleagues within the Health and Social Care partnership given the need at that point to free up hospital beds and to ensure that vulnerable people living at home continued to receive appropriate care and support. A number of people chose to suspend their care and for others there were some adjustments made, and whilst some of the more practical requirements were picked up through the shielding response, the social work teams arranged to have regular ongoing contact with people to ensure that they continued to manage and that if their needs changed these could be addressed. As the immediate situation shifted and the infection rate dropped social work staff experienced a resurgence in demand which included adult care and adult support and protection.

The ongoing challenges for social care staff have been significant in terms of the provision of safe care in terms of infection control for service users and for themselves. This has required considerable upskilling as guidance changed and developed in terms of requirements. Initial difficulties were experienced in respect of the availability of PPE which caused concern for staff. As this eased, we were able to ensure that all social care staff including Personal Assistants and unpaid carers had access to PPE.

In recognition of the huge pressure on care homes during the pandemic period the Scottish Government asked all Health and Social care Partnerships to establish a Care Home Oversight Group (CHOG). As CSWO I have been a core member of this group and we met on a daily (7 days a week) basis through the initial stages of the pandemic and continue to meet at least 3 times a week to maintain an active and ongoing overview of this key area of work. This has created the opportunity to develop close partnership working with care home providers to ensure that collectively we ensure that care home residents remain as safe as possible during this period. Initial assurance work by the CHOG highlighted the level of commitment and dedication of care home staff and managers across the region who have worked tirelessly to support and protect their residents.

Staff across Adult Services responded to requests for additional assistance to Care Homes, co-working with colleagues in NHS Dumfries and Galloway and care providers to provide direct care and support to residents during outbreak periods in individual homes.

Whilst they were somewhat apprehensive about what for most was a change of role our staff were quick to respond and support colleagues in care homes. As they commented:

*"I had concerns over the right PPE being used before going in, what level of staffing there would be, was there going to be any routine? All my questions were answered before I went in and my mind was put at ease. Once in, there was plenty of PPE and they (care home*

*staff)/we carried out vigorous cleaning, I felt safe. I would go back and help in an instant. I'm glad I went." (S, Employee).*

*"Our staff were best placed to assist with this vital work: already skilled, trained and experienced, they were able to step in at short notice and enable residents to remain at home. This was partnership working at its best, delivering critical and responsive support when most needed." (Manager).*

We have now created a dedicated team, reporting directly to CHOG to support this work and this includes a lead manager for social work alongside a lead nurse on a seconded basis as well as public health and support staff.

The team will have a role in the ongoing implementation of infection prevention and control measures, data reporting requirements, and practice changes required as restrictions remain as result of a national or localised outbreak.

The region's six Activity & Resource Centres (ARC's) which provide day services for adults with learning disabilities closed in March 2020 as an interim safety measure during the pandemic as service users were deemed by the Scottish Government to be in the high risk category of Covid 19. Staff responded in a variety of new ways to continue to deliver the service, including delivering online and remote activities and support. Easy Read instructions were developed, and practical help offered to enable people to access and use Microsoft Teams from personal devices. Together with increased use of closed social media pages these resources have helped to reduce isolation, provide information and activities and enabled people to develop new friendships across the region.

*"I really liked being able to see my friends' faces, it was great as I have missed seeing them very much. I wish more of my friends from the ARC were able to join in." (D, Service User).*

ARC Staff have also been providing care at home as an interim alternative support to service users assessed as being in critical need.

The service has also linked into the Connecting Scotland Programme which seeks to improve digital connectivity for people who are isolated; this will enable an number of service users within the learning disability service to become digitally connected. We were also successful in securing enough iPads to give to each care home and a range of devices for children and families.

All elements of Justice Social Work have been impacted by the COVID-19 pandemic, with capacity to deliver services being reduced by physical distancing and other pandemic related health requirements.

The management of Statutory Orders and Licences continued, predominantly done via telephone and virtual means; priority for face to face contact was limited to those that pose a high risk of harm to others and those deemed to be vulnerable. As the pandemic has progressed the demand on services has shifted from emergency response for basic needs to supporting increasing numbers of individuals deemed to be vulnerable, due to mental health and/or substance misuse.

Unpaid Work (UPW) activities were stood down; staff were reallocated to the Dumfries and Galloway emergency response and support and welfare duties within Justice Social Work.

In April 2020, the Scottish Government enacted powers under the Coronavirus (Scotland) Act 2020 to extend the completion date for UPW hours by 12 months. Over 29,500 UPW

hours were outstanding in D&G at the time. Letters were sent to 344 individuals with active UPW orders to advise of the extension.

COVID-19 physical distancing restrictions have impacted significantly on the capacity to deliver UPW, with reduced group sizes for individuals on orders, vastly reduced occupancy numbers within UPW units and transport. Dumfries and Galloway have continued to provide a face to face contact during lockdown to the most vulnerable UPW service users and restarted the service as soon as the Government route map allowed (June 2020).

The Social Work Unit at HMP Dumfries remained operational, staff were able to work from home and access Scottish Prison Service systems via an office rota system consequently we continued to meet all SPS requirements, Parole Board requests and duty referrals via telephone contact in the prison Link Centre.

In April 2020, the Scottish Government enacted powers under the Coronavirus (Scotland) Act 2020 to instruct the early release, of a limited number of short-term sentenced prisoners. Justice Social Work chaired a multi-agency group to identify and prepare for the release of those returning to Dumfries and Galloway. Actual numbers released under this measure were much lower than initially anticipated: however, the multi-agency group extended the planning to all prisoners who were due to return to the area. A proactive planning approach sought to identify needs prior to release from custody, to aid the individual to comply with Lockdown rules and reduce community impact. The benefits and learning of this proactive approach across a multi-agency group has continued post lock down and influenced ongoing working processes and structures.

Recovery planning is well under way, the major factors affecting business continuity are the backlog of UPW hours and the backlog of court activity. Regulations have been laid in parliament to extend the Coronavirus (Scotland) Act beyond 30 September 2020. In relation to UPW we are awaiting a decision from the Scottish Government reference a national plan to address the backlog, within Dumfries and Galloway as of the end of August, there were over 33 thousand outstanding hours and rising.

During the initial phases Court business reduced and Court Reports significantly reduced until the Court restart at the end of June 2020.

Following the restart, as the Court backlog begins to be addressed, there is increasing demand. The number of Court Reports and new CPO's imposed has risen significantly, resulting in more UPW hours being imposed than we currently have capacity to address. A soft relaunch of UPW took place between 22<sup>nd</sup> June and 24 August, to build confidence amongst staff and service users and test risk assessments and safe working procedures. UPW service fully re-opened on 24<sup>th</sup> August, attendance is expected, and absences will be managed as per National Objectives and Standards. Current weekly capacity is 576 hours, throughout August court demand has outstripped capacity three-fold. To date Justice Social Work have always promoted the use of personal placements; unfortunately, the availability of these has reduced significantly because of the organisations having to adapt their working practices to meet COVID-19 requirements. Consequently, we are urgently employing a variety of measures to increase the service capacity, but this area of business remains critical.

## **Conclusion**

As we continue to respond and recover from the CV19 pandemic, the challenges for Social work will be significant, with the increased demand for services we alongside partners will require to continue to strengthen all partnership and change the way in which we will deliver services.

The workforce has worked tirelessly in the most challenging of circumstances over the past six months and have gone over and above to meet the demands placed upon them, as first line responders. With no obvious level of recognition at a national level for Social Work staff, it is important within this report to acknowledge and praise the professional and personal sacrifices made by my staff.