



**CHIEF SOCIAL WORK OFFICER'S
ANNUAL REPORT
2020/21**

Council Priorities

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

Urgently respond to climate change and transition to a carbon neutral region

Encourage understanding of how the way we live and work in the region impacts on climate change

Empower our communities and stakeholders to make significant changes to reduce emissions and adapt to a low carbon approach

Lead on the transition to cleaner and greener technologies

Promote and protect our region's natural environment

Contribute to a greener economy, maximising the region's green energy potential

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Introduction

Welcome to the Chief Social Work Officers (CSWO) report covering 1st April 2020 to the 31st March 2021. This year has undoubtedly been one of the most challenging times for Social Work Services due to the COVID-19 pandemic. Within this report It is important to try to understand the impact on service delivery.

The impact of the pandemic has been significant for all our staff, both in their professional and personal life. I recognise and deeply appreciate the continued dedication, motivation and professionalism shown.

The staff have worked tirelessly throughout with limited opportunity to step back for a full and refreshing break. As a result, we face a challenge in how we support our staff to recover and recuperate whilst we continue to respond to the ongoing demands of a busy social work service.

As vice chair of the PPC I would note my thanks for the work of our Interim Independent Chair of the Public Protection Committee, Kate Thomson, who stepped in after the sudden passing of our previous chair Freda McShane in March 2020. At the commencement of the pandemic, Kate's support, drive and clarity of purpose was very much appreciated by all within the committee.

Throughout the reporting period there have been several key changes to how we practice because of the pandemic, and I have reflected these throughout the report.

The most immediate of these challenges was in response to the initial period of restrictions which required us to rapidly consider how we could continue to assess and manage risk and need whilst continuing to offer a quality of service to keep people safe and ensure their needs and outcomes could be met.

1. Governance and Accountability Arrangements

As Chief Social Work Officer I have a key leadership role within the Council and with the Health and Social Care Partnership. I am part of the Senior Leadership Team of the Council reporting directly to the Chief Executive.

I continue to represent Social Work within key strategic groups including the Children's Services Executive Group; the Integration Joint Board, the Executive Team of the Health and Social care Partnership and sit on both the Care Home Oversight and the Care at Home Oversight Groups. This allows me to contribute to the oversight of progress on developments across the Children's Services Partnership and professional oversight to all delegated Adult Services within the Health and Social Care Partnership.

I am a member of the South West of Scotland (SWS) Strategic Oversight group for Multi agency public protection (MAPPA) which along with chairing the MAPPA3 case allows me to ensure that all aspects of Justice services delivery for our highest risk offenders are managed and monitored appropriately

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 strongly advocate to support the voice of service users and carers through increasing their involvement and participation in service planning, commissioning, and development to ensure that the views of people who use services are both understood and considered. In line with social work values, we advocate for the protection of service user and carers rights through partnership activities and support the developing understanding of the core principles to facilitate choice and enable service users to be in control of their care and support.

The service has continued to develop ways in which the views of service users and carers can be sought and included to support the development of our service delivery and the quality of our practice. This has been of particular importance during the pandemic which heightened the need to understand the impact on children, families and vulnerable adults and work closely with them to help mitigate these impacts through the way in which we worked. The changes we made during the pandemic to our way of working reflects this as we balanced the need to continue to see people at home with the need to maintain social distancing and reduce any infection risk. This allowed us to explore with children, families, and vulnerable adults how they could best use technology. Whilst this has presented challenges for some families and vulnerable adults, we have had a positive response from children and families, and this allowed us to respond in a much more flexible way to support the demands on families through extending our availability and working more out with normal hours of business.

Public Protection has been at the forefront of our response over the last year as we have, alongside multi-agency partners sought to ensure that those at risk of harm continued to be supported and protected during the pandemic. We have had an Interim Independent Chair in place during this period who has actively supported and lead the continued development of the Partnership ensuring that key priorities have been identified and addressed.

I maintain a key role in public Protection as one of the Vice Chairs of the Public Protection Committee and as a member of the Case Review Group which oversees all Initial and Significant Case Reviews (SCRs), ensuring I am well cited and informed about issues and concerns which arise in Public Protection practice.

At the beginning of the reporting period, we had 2 SCRs in progress. The Care Inspectorate agreed that we could suspend these given the impact on the service from the pandemic and the need to free up as much staff capacity as possible to manage the emerging circumstances.

During this reporting period we had 2 notifications for Initial Case Reviews. Both were considered at an Initial Case Review panel and the Case Review Group with neither resulting in a decision to proceed to Significant case Review. Given the increase overall in Public Protection activity and its complexity there may be some correlating impact on the level of Initial and Significant Case Reviews as we emerge fully from the pandemic and as we deal with the aftermath it will present.

Performance reporting during 2020/21 increased significantly to meet the requirements of the Covid 19 pandemic situation, resulting in more reporting to Scottish Government and more refined reporting and performance narrative being provided on a weekly basis for the benefit of elected members and the Council.

Whilst we have continued to provide assurance on the quality of Social Work Services across three key committee structures, these were disrupted due to the pandemic and so reporting was not as regular as normal. Reports would normally be shared with Full Council, Social Work Services Committee, and the Council's Area Committees. Adult services continued to be reported through the Integration Joint Board and the Council's Area Committee structure, although this was also impacted by the pandemic.

Although we are scheduled to report regularly to Social Work Committee and the Clinical and Care Governance Committee of the Integration Joint Board on the outcome of external scrutiny of regulated services within Children and Families and Adult services this was limited during this year as the number of Council regulated services being subject to inspection was impacted given the pandemic.

During 2020, the Council held six weekly Ad Hoc Committees which ensured that all aspects of service delivery and risk for Social Work Services was reported regularly to elected members.

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 Strategic Planning Group met on a more frequent basis during the period to provide enhanced leadership and presence within the service to support the additional demands and work required because of the pandemic.

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 responsible for practice standards and the quality of services delivered. My leadership of this group maintains the key link between operational practice, local and national policy, and the strategic direction of the service.

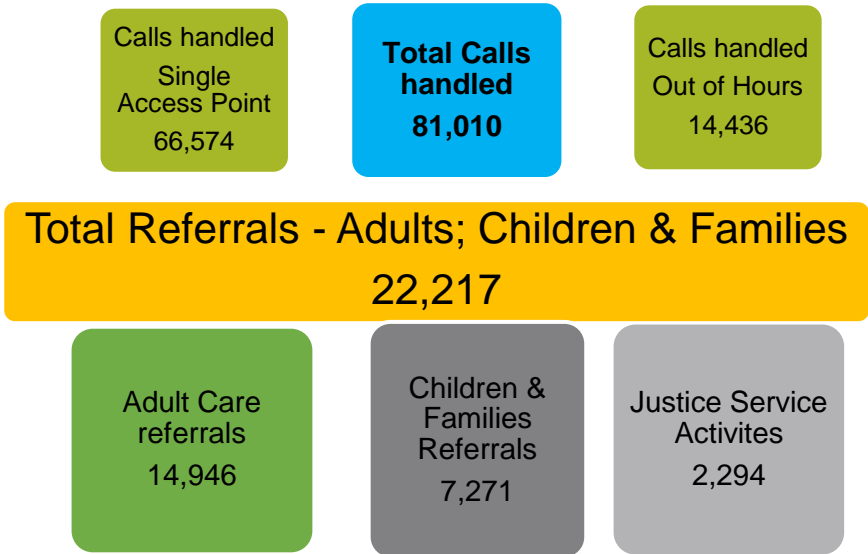
In this reporting period the Strategic Planning Group, has through the Improvement and Quality Team, led a range of improvement and assurance activity, evaluation and associated performance reporting, and service initiatives responding to the demands of the COVID 19 pandemic.

This has included:

- Briefings on emergency legislation, policy, and guidance for all areas of practice
- The development of the Council response to Shielding to offer practical and emotional support to those needing to self-isolate
- In Adult Care the establishment of routine peer audit in Adult Support & Protection to be reported through the Public Protection Committee
- Involvement in the Care Home Oversight arrangements for Dumfries and Galloway, in line with the national requirements including, Care Home Assurance visiting and reporting, and the establishment of Care Home Tactical Team to provide multi-disciplinary support for the Care Home Oversight Group and Care Homes within the region
- Kickstart employment opportunities for young people development offering opportunities across the service
- Expansion of the Social Work Access Team into a Single Access Point to include integrated front door arrangements for community services within the Health and Social Care Partnership
- Involvement in the establishment of oversight arrangements for Care at Home services and the establishment of associated tactical support arrangements and assurance arrangements

The Covid pandemic required an adjustment to the priorities of the service and external scrutiny bodies and as a result the service did not participate in any strategic inspections. Inspection of regulated services took place in late 2020, early 2021 for 3 Children's Services. This included the Children's Unit in Dumfries, the Adoption Service, and the Fostering Service.

2. Service Quality and Performance



This has been a busy year particularly given the different level of demands on the service during the pandemic. The level of contact with the service increased as evidenced through the number of calls handled by both Out of Hours and the Single Access Point.

The total of 22,124 referrals represents a 5% increase on the previous period. The initial stages of the pandemic resulted in a drop in the referral rate. This increased as restrictions eased and continues to surpass previous levels. The active workload across the service reflects a significant increase as we focused on ensuring that those already known to the service were supported to manage the changing situation and their concern about the impact of the virus as well as dealt with people through Shielding and Test and Protect Support making contact for the first time.

Single Access Point

This reporting period has seen significant development of a more streamlined front door response based on the existing Access to Services model. All Local Authorities were asked early in the pandemic to provide a response to those people subject to Shielding to ensure they had access to essential supplies such as food and medicine. The Access to Services Team became central to this response given the expertise within social work in supporting vulnerable people.



The Shielding response was led and co-ordinated through the Local Resilience Partnership and offered a collaborative approach to offer a one point of contact for people in need of assistance. Referral, if required was through the Council Solutions Centre for the provision of the nationally provided food parcels and prescription delivery, or the Communities Hub for a local response from the 3rd sector and communities who assisted with supplies and support at a local level.

The learning from this was a key driver in development of the Single Access Point. The Access to Services Team which had been established to provide a 'One Front Door' for Social Work Services provided the basis to develop the new model.

The Covid response element remained active beyond the shielding response requirements as it picked up support calls for the National Test and Protect initiative, provided the first point of entry for applications for the Self-Isolation grants and continued to co-ordinate emergency food support, prescription collections and support calls to counter the impact of the pandemic on social isolation and loneliness.

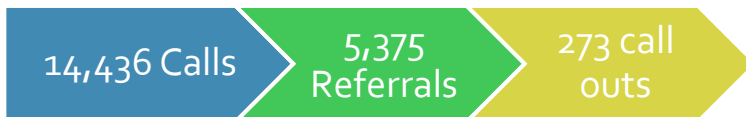
The Single Access Point was expanded further when a small number of health staff joined the team based in the Irish Street Social Work office to handle health calls related to community health support as part of the Health and Social Care Partnership.

Critical to the success of the overall model is the support available to Call Advisors from professional staff from both Adult Care and Children and Families, including Senior Social Workers, Social Work Assistants and a Care Co-ordinator as well as professional health staff who together provide the professional and clinical oversight and decision making for the Single Access Point.



The model will continue to develop and improve as further opportunities arise as part of the overall intention to provide a consistent, high quality and sustainable service.

Social Work Out of Hours Service



The Out of Hours Service is an integral part of the region-wide 24 hours a day, 7 days a week service, offered across 365 days per year by Social Work. The purpose of the Out of hours Service is to provide support, advice and intervention for those situations which cannot wait until the next working day. The overall aim is to keep vulnerable adults, children, young people and families safe.

During this reporting period we continued to experience and an increase in telephone contacts and referrals to the Service. Whilst the overall number of calls increased by 4% from 13,852 last year to 14,436; there was a 35% increase in referrals, from 3,979 last year to 5,375 this year. This represented a daily average of 15 calls per day. The busiest periods tend to be weekends and Public Holidays. 63% of calls related to Adult care and 37% to Children and young people.

Contacts and referrals are screened, triaged, appropriately risk assessed, with actions and plans agreed and implemented, during the shift. The Team relies on effective partnership working with other agencies to provide appropriate resolution to the issues presented.

Typical issues dealt with by the Out of Hours Service:

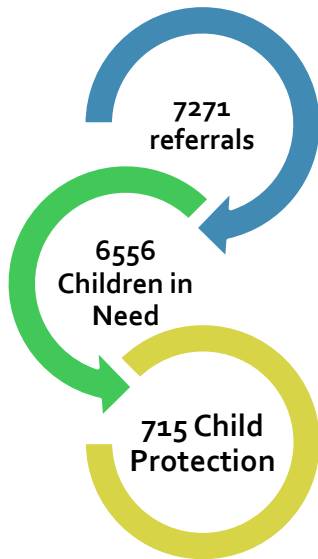
- Assessment of vulnerable adults, children & young people who are at risk of harm
- Welfare visits and response to people in need and unable to access other supports or to prevent deterioration of a situation
- Requests from Police Scotland to provide an Appropriate Adult to support a vulnerable victims, witnesses, or suspects
- Missing looked after children & young people or placement breakdowns
- Age Assessment of Unaccompanied Asylum-Seeking Children
- Coordination of Mental Health Officer Assessments
- Emergency Admission to Care Home
- Homelessness
- Financial supports / food parcels

A core premise of the service model is to consider in-depth the requirement to undertake a call out or visit and most work is undertaken based by telephone using robust screening processes as well as the well-developed skill and experience of practice staff and managers. This is supported by early notification and effective communication with daytime Social Work Services; effective signposting and partnership working. As a result, we have continued the trend of a reduction in the number of calls or referrals resulting in a call out or visit down by 21% from 2019/2020, from 344 to 273. The reduction this year reflects the changes to practice as a result of the pandemic with less face-to-face contact due to the restrictions other than those situations where there was no alternative. Of these 273 calls outs or visits 172 have related to adults, 101 to children and young people.

Feedback from those accessing the Out of Hours Service, and from partner agencies, has been consistently positive to date. The Service is participating in a review of service models to determine how it can be aligned as part of the front door response with the Single Access Point and Care Call, improving accessibility, consistency and improving outcomes for those requiring support from Social Work.

Children and Families Services

During 2020/21 there were 7,271 referrals to Children and Families. This was an increase from last year's referral figure of 7,078 and reflects a busy year in which we dealt with some very complex and challenging areas of work, not least give the additional impact of COVID 19.



Most of the 6,556 referrals were for children considered to be in need. The remaining 715 referrals related to children in need of protection.

Following initial assessment 989 children were referred to our Multi Agency Safeguarding Hub (MASH) and Initial Referral Discussions were held for 543 children. We conducted 274 Child Protection investigations, which resulted in 78 Initial Case Conferences. As of 31st March 2021, there were 30 children on the Child Protection Register (CPR), with the most prevalent risk factors being neglect and emotional abuse.

During the period the Children and Families workers worked actively with 2,417 families. The Children's Reporter requested 906 reports from the service during 2020/21. This included 104 requests for social background reports, 269 update reports, 313 comprehensive assessments, 106 Initial assessment reports, 100 comments reports and 14 initial enquiry reports.

As Children and Families have strengthened their Relationship Based approach to working with families using Signs of Safety tools this has enabled a shift in focus to supporting families to develop their own Safety Plans and Support or Safety Networks. This has allowed children to remain living at home or within their extended family networks in kinship care arrangements which can account for the increased number of kinship care households across the region. As part of our permanence planning, we have reviewed the plans of all children who have been subject to Compulsory Supervision Orders at home for 2 years or more and during this period we have noted a decrease in the number of children this applies to. As we worked through the timelines and completed tasks with families, we were able to recommend the termination of Compulsory Supervision Orders for a number of children. This was despite working in a different way with families including phone and virtual contact as well as outdoors and indoor visits depending on risk assessment and identifying priorities.

We are working with more families on a Child in Need basis which means that they are working with us on a voluntary basis. The number of children we have on the Child Protection Register had decreased since we adopted the new model of working with families and during this period, the numbers remained around 30, It should be noted that this figure was not a static one but reflected some children's names being removed and other's names being added dependent of the level of identified risk. The pattern of referrals showed a reduction in referrals to the service during the beginning of the pandemic but a sharp rise as restriction began to ease. This increase continued for the remainder of the year, again slowing when the third lockdown was put in place

The Family Support Service came into being at the start of December 2020, providing early support to children and families. By April 2021 we were working with 133 children from a range of ages right across Dumfries and Galloway.

Towards the end of 2020, we restructured the way we deliver services to children with disabilities and have moved to a region wide team overseen by one manager. This provided an opportunity to review all support packages and to ensure a consistent and equitable approach for families. A more interactive approach to assessing family's needs was developed alongside families who supported us to test this out and we are now preparing to roll out this model across the service.

Processes for assessing and supporting unborn children where there were recognised vulnerabilities and potential risk were aligned with current child protection and referral processes resulting in more proportionate information sharing and earlier intervention for these families.

Child Multi-Agency Safeguarding Hub (MASH) moved to working remotely during the pandemic and rather than see an adverse impact on partnership working, through monthly review and analysis of decision making within Child MASH, we have seen a clearer focus on proportionate and relevant information sharing, analysis and decision making. This is confirmed by MASH staff who feel their discussion with partners are focussed and purposeful. The Operational Managers for both Child and Adult MASH have met with their counterparts from NHS and Police Scotland on a weekly basis throughout this period, initially as a response to the pandemic but have continued to do so. This has allowed for rapid identification and resolution of any operational issues impacting upon child and adult protection, has improved partnership communication, and has allowed for greater consistency to be developed between Child and Adult MASH.

Data reports have been developed for both Pre-Birth and Child MASH which are produced on a quarterly basis and inform the Child Protection Minimum Data set. These provide reassurance to managers across the partnership regarding the nature and quality of the work being undertaken and allow for any patterns and trends to be identified and scrutinised further. Staff involved in these processes are now involved in the analysis of these data reports and inform the performance reporting to PPC.

The Youth Justice Service has continued to work with children who are offending or at risk of offending and has adopted the same relationship-based approach, using the Signs of Safety tools as the rest of Children and Families Social Work. Their approach to early and effective intervention has continued and has been recognised as a model of good practice at a national level. Staff from the Youth Justice Team have contributed at a national level to the development of the Youth Justice Standards and Secure Care Standards which have been reflected in their work at a local level and ensure that the justice approach to working with children who are in conflict with the law is embedded within a Children's Rights based approach.

Our foster carers have experienced a very busy and challenging year supporting children and young people 0-18 years in their homes, providing 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 national pandemic has further highlighted the valuable and unique role undertaken by our foster carers. We have seen a slight decrease in the number of foster carers which is due to some foster carers choosing to retire and time during the pandemic to review priorities and try new things.

Key Facts & Figures

315 Looked After Children, as at the 31st of March 2021

332 Current kinship placements - 92 of these being Looked After Children

33 Referrals for Kinship Care

91 Children and young people living with a foster carer, as at 31st March 2021

153 Foster carers in 71 fostering households

29 Young People provided an alternative family home in Children's Houses.

20 Emergency transfers of children

8 Children were adopted

5 Children made subject to a Permanence Order

89 Referrals to Youth Justice for diversion

Foster carers have had to adapt and change as a result of the restrictions imposed by the pandemic undertaking a number of key roles as educators of children when schools were closed, physical activity coaches to help motivate children in foster care, teaching young people new skills, counsellors in times to crisis and the impact of limited direct family contact, as well as support to young people to help them manage their isolation and mental health as the world around them was changing. One of the biggest challenges was the move to electronic technology and the creation of electronic support groups, foster carer reviews/panels and children's meetings on Microsoft teams. This is a journey we have all been on together. 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. I am both grateful and appreciative of the commitment and willingness of foster carers to go that extra mile, as without this we would not be able to offer such an extensive service across Dumfries and Galloway.

Hardthorn Road Children's House continues 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. This year for those young people they have had to deal with home learning, isolation, and separation from their peers, limited social opportunities and this has been very challenging, but they have coped remarkably well with the care and support from the staff team. The Children's House has remained very settled during the pandemic period and this has been very beneficial for all the young people to feel settled, secure, and safe during these strange times. For some young people the Children's House will be their home until they are ready to move on and when they are ready to do this, they will be supported to ensure that their transition is a positive one providing them with hope and dreams for their future whether that

includes a return home, to a fostering family, supported lodgings or to live independently. Due to the commitment and dedication of all staff Hardthorn road Children’s House remained open throughout the national pandemic.

When young people are ready to move on from a Children’s house or foster care, they 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.

During 2020/21 Cairnryan House staff team have responded to a range of crisis situations which have included several bespoke packages of care and support being put in place at short notice for vulnerable children and their families. The staff team have been participating in a service redesign and they have shown excellent commitment and ability to diversify and support a range of families in the West of the region at times of significant crisis in their lives. They have offered a responsive and flexible outreach service during and throughout the pandemic period.

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 Supported Lodgings service has seen a slight reduction in the number of providers who are able to support care leavers living within their households in the community. At the same time the Leaving Care team have seen an increase in referrals for their service and this is due to the increasing number of young people aged between 16-18 years who are now ready to move on to Leaving Care 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. This is a great achievement and one we are very proud of.

Children and Families Social Work and the Leaving Care team continue to work in partnership to provide support for a significant number of Unaccompanied Asylum-Seeking young people who have arrived in Dumfries and Galloway from Iraq, Iran, Egypt, Afghanistan, and Vietnam. These young people may have escaped torture in their country of origin and are seeking refuge. Many young people just wish a safe place to live, to go to school and do well. We have supported many accompanied asylum-seeking young people over the years and as a result we have young people who are now studying Architecture at University in Glasgow, have trained to become a barber, and doing exceptionally well.

Several our young people have been supported via the Scottish Guardianship Service and have been granted asylum or have obtained their right to remain in the UK. All young people are offered support up until their 26th birthday by the Leaving Care Team. This amounts to 329 care leavers at this present time.

Key Facts & Figures

- 47 young people referred to leaving care team.
- The leaving Care service is supporting 126 care experienced young people and 15 Unaccompanied Asylum-Seeking young people.
- We have 8 Supported Lodgings Providers across the region.
- We have 11 care experienced young people who are currently attending college or university.

During 2020/21, respite delivered in partnership with Dumfries &Galloway NHS at Acorn House was severely impacted by the national pandemic. Acorn House was closed for 5 months while key workers were redeployed to frontline NHS services. Due to the range of complex health care needs of the young children and young people who were supported by Acorn House it was not deemed safe for them to leave their homes due to their need to shield. Acorn House continued to offer telephone support to families when the unit was closed. In September 2020, Acorn House was able to open with a restricted short break service and has provided approximately 100 overnight short breaks in 2020/21 for 19 children aged 0-18 years with complex disabilities and profound health care needs. While many parents wished their children to access the short break service, they deemed the risk to their own children too great and opted not to take up their short break. This situation is subject to review and many children and young people are now returning to the service. The service continues to operate a limited service but is hopeful of this expanding in the months

Key Facts & Figures

Quarriers were commissioned to deliver 10,700 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.

There were 33 new referrals for family support and 7 new referrals for short breaks.

Dumfries and Galloway Befriending project continued to support over 70 Young People throughout 2020-21.

ahead. This service is highly valued by those parents and carers whose children have a short break at Acorn House. Action for Children have been commissioned to undertake a consultation with a range of stakeholders including parents and will report to Children and Families Social Work and the Integrated Joint Board in the near future with their findings. The Upper Nithsdale Family Project delivered by **Action for Children** have continued to deliver their services in the Upper Nithsdale area with a continued partnership with Food Share providing good quality food to families in a more remote area of the region in times of crisis. They have further developed the service to include cooking classes, healthy eating for families, recipes for families to access, incorporated this into the provision of groups for children which includes the weekly Wooden Spoon After School team time activity group. They have also facilitated the delivery of over 70 food parcels on a weekly basis to families in need.

Action for Children support over 200 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 service minimising the need for statutory involvement in the lives of many families. During the national pandemic Action for Children partnered with Barnardo's to ensure that financial

Key Facts and Figures

Young Carers project:

125 New referrals received

17 Young Carers received a short break

13 Young Carers statements completed

1099 1:1 meetings held with Young Carers

support was available and accessible to those most vulnerable families and care experiences young people. This partnership has provided much needed financial support in times of severe economic poverty and has been a lifeline for many families. Action for Children continued to operate throughout the pandemic period.

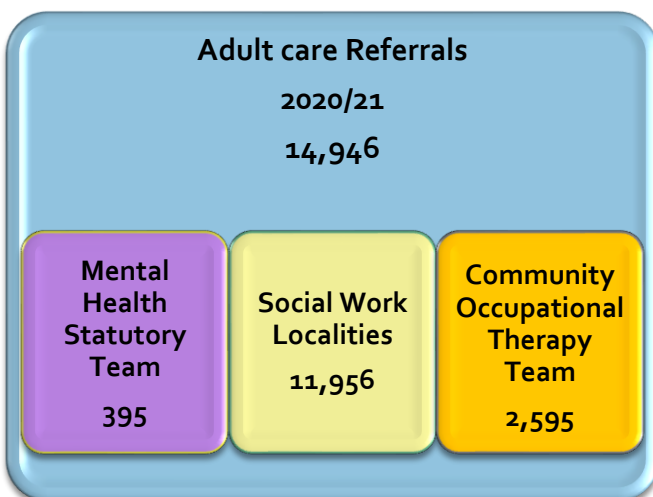
Independent advocacy continues to be offered by **Barnardo’s Hear 4U** to 103 Looked After Children who live with a foster family, with an inhouse or independent residential care provider or subject to child protection procedures. Independent Advocates support is mostly offered to children aged under 12, 48%, with children aged between 12-16, 41% and with a smaller proportion, 11% provided to those aged 17 years and over. This service is key to ensuring that children and young people who are Looked After having 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. The feedback from young people tells us they like this. Barnardo’s have continued to support children and young people at their meetings throughout 2020/21.

Services for Adults

Adult Care functions except for the mental Health Statutory work, Out of Hours Social Work delivery and part of the Single Access Point are delegated to the Integrated Joint Board for delivery through the Health and Social Care Partnership.

In response to the increasing and changing levels of demand across the health and social care system, adult services managers and staff have actively contributed within the partnership to the ongoing work to redesign models of care and support. Core to this is the values led understanding social work professionals bring to the discussion in respect of an understanding of human rights and the use of a more personalised way of working in line with the self-directed support legislation. One of the key developments is the design of a Home Teams approach to provide locally based solutions across the spectrum of care and support with ready access to required expertise.

Comparing the total referrals of 14,946 for 20/21 to the previous year, the increase was just over 8%. This was not a consistent increase across reach of the referral groups. The increase was in the level of referral to social work localities and MHO Team which went up by 17% and 2% respectively compared to the previous year, whilst the level of referral for Occupational Therapy reduced by 21%.



The level of demand being experienced across Adult Services has continued to increase in line with the trend over the past 3 years.

The impact of the pandemic slowed the rate of referral initially as people were reluctant to get in touch and were more wary of people visiting their homes. This changed, however, in as we moved through the initial lockdown and the longer-term nature of the virus was emerging with levels exceeding previous levels.

The move to Options 1 and 2 under The Social Care (Self-Directed Support) (Scotland) Act 2013 providing people with more choice and control has been steady but remained at a fairly low level over the last few years. At the 31 March 2021, we had a 9% increase taking the total number of people who had chosen a Direct Payment under Option 1 to 380 people. This was a welcome improvement on the previous yearly increase of 1%. + The number of people who chose Option 2 under the Act, went up and whilst this represented an increase

of 18%, it was less than the previous yearly increase of 42% following its introduction. This in part will be due to the impact on providers offering this level of service during the pandemic. For those choosing to use Option 1 or 2 the pandemic offered a period of greater flexibility as amended guidance on the use of Direct payments was issued to support a more creative use of potential opportunities to meet outcomes in a different way within the context of the restrictions.

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.

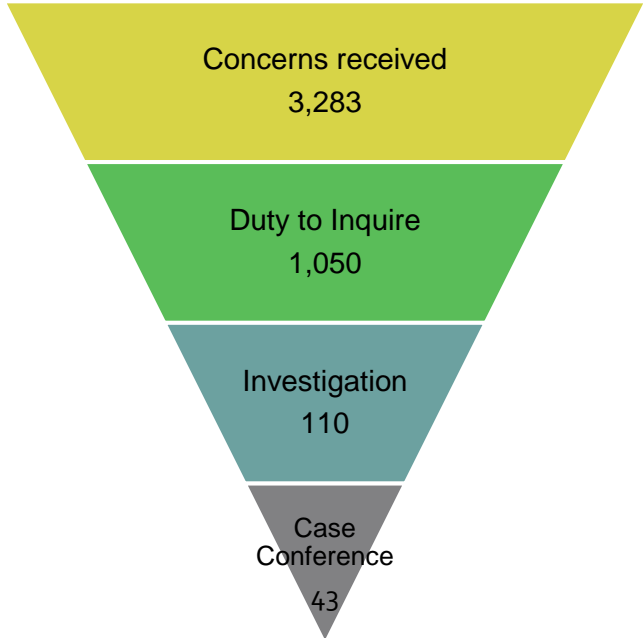
Adult Services have continued to support the most vulnerable people in our communities throughout the pandemic. The past 12 months has been a difficult time for everyone, particularly those who have not been able to access their usual support networks or resources. The way in which we carry out assessments has had to adapt so that we continue to carry out our duties and ensure individuals needs are met. Workers have contacted individuals and their families in different ways using various means of technology such as Microsoft Teams, Skype, WhatsApp, etc. Appropriate risk assessments were undertaken before essential home visits to ensure everyone is safe. Guidance on changes to social care assessments and safe and ethical social work practice were issued by Scottish government because of the Covid pandemic. When using these provisions, all decisions made on an individual's social care needs were considered alongside their individual wellbeing and fundamental human rights.

Overall, adults experienced reduced access to resources during 2020/21 with building-based services needing to close in line with the COVID 19 restrictions. This included day services and centres for all adults and respite services for those with a learning or physical disability. Whilst arrangements were made to support the most critical needs this was limited due to the restrictions in place and families have experienced considerable stress and pressure without these regular supports over an extended period.

To manage these impacts for vulnerable adults and their families we supported changes to support arrangements with social work staff focused on keeping people safe from harm. Whilst this include adults at risk of harm it also included the need to ensure that support was available to all those in need, if not through home visits, then by phone or through the use of Microsoft teams. Many vulnerable adults were also shielding, and this impacted on not only their physical needs but their need for further emotional support to help manage the anxiety, social isolation and loneliness which emerged.

Higher numbers of people struggled with their mental health and there have been increased incidents of domestic violence, self-harm, and suicide. The pandemic impacted on how individuals managed their mental health themselves or with support from friends and family which would have previously kept them away from professional services. We anticipate the impact on mental health will continue going forward.

Adult Support and Protection concerns are initially screened by the Single Access Point to determine the initial level of concern and the agreed onward route. Of the 3,283 concerns reported to the service through the Single Access Point, 1,050 had a Duty to Inquire opened within the MASH. This allows for information to be gathered and analysed to determine the nature of the concern, the support and protection to be offered and for next steps to be agreed. In 110 of these situations progressed to an Investigation as it was not possible to provide appropriate support and protection to fully address the concerns during the Duty to Inquire stage and it was determined that further investigation at locality level was required. were. For 43 cases a Case



Conference was then held, followed up by 67 Review Case Conferences. 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 2019/20. This is in line with a clear focus on resolution through robust inquiry and early intervention to find solutions which avoids the need to use the more formal parts of the process.

Each of the agencies within the MASH has addressed the demand on the team through the allocation of additional resources.

As a statutory duty for the Local Authority the Appropriate adult Service works to Statutory Guidance published under the Criminal Justice (Scotland) Act 2016. The service provides communication support to vulnerable victims, witnesses, suspects and accused persons, over the age of 16, during police investigations. A Steering Group oversees the delivery of the service which is currently undertaken by trained front line staff.

Adult W is a 67-year-old woman who lacked capacity, had a diagnosis of dementia and was being treated for cancer. She was referred as there were concerns that family members were using her money and she was unaware of this.

Following inquiries and investigation arrangements were made for the Local Authority to apply for Guardianship to protect her welfare and financial rights.

Whilst Adult W recovered from surgery, extensive work was undertaken to prepare for her return home ensuring this would be appropriate and safe. This included requesting her family moved out, undertaking refurbishment of the home, changing locks, and organising live-in support as she needed 24-hour care.

9 months from referral Adult W has returned to live in her own home and is supported by a Mental health Officer who acts as her day-to-day welfare guardian on behalf of the CSWO and a local solicitor who manages her finances. Supports, including use of technology remain under review to ensure these remain suitable and further daytime opportunities are being explored. Her advocate has reports that she is very happy to be home with the support she has. She is no longer subject to ASP legislation.

The Mental Health Statutory Team have experienced an increase in demand during this period. There was a small increase of Referrals received by 2% from 387 referrals in 2019-20 to 395 referrals in 2020-21. The number of active cases as at 31st March 2021 has also increased by 4% from 121 adults in 2019-20 to 126 in 2020-21 and these reflect the increasing levels of complexity being presented.

Ensuring that hospital discharges follow legal processes and uphold the human rights of service users is core to social work practice. The recent Mental Welfare Commission report on Hospital Discharges indicated that the region had no illegal discharges during the pandemic, offers reassurance that we continue to appropriately fulfil this statutory duty. Recognising that better outcomes for service users depends on the professionals understanding of legislative frameworks work is underway to offer development sessions to acute hospital staff on when and why the Adults with Incapacity legislation would apply.

We have experienced an increase in the use of Section 13ZA of the Social Work (Scotland) Act 1968, as amended under Section 64 of the Adult Support & Protection (Scotland) Act 2007. In 2020-21 we used 13ZA on 47 occasions compared to 14 in 2019-20. Work has been undertaken to refresh the case recording system for mental health as part of the infrastructure for Quality Assurance processes. The additional of paraprofessional posts to the team have supported this development. Work to strengthen links for continued liaison with locality, hospital and discharge teams has successfully focused on prioritising and achieving best practice with discharge plans for Adults with Incapacity.

As part of the work around suicide prevention, we are part of the National pilot offering support to the families who have lost loved ones. This is an important part of our commitment to developing much needed local support networks.

The region's six Activity & Resource Centres (ARC's) providing day services for adults with learning disabilities closed temporarily in March 2020 as a safety measure, as service users were at high-risk from the virus. Staff responded in a variety of new ways to continue to deliver the service. This included staff from ARCs being redeployed from the building to support people with a learning disability by providing Care at Home. Staff developed and delivered a range of online and remote activities and support. Easy Read guidance was developed, and practical support provided to increase confidence and skills.

These resources have helped to reduce isolation, provide information and activities, and enabled people to develop new friendships across the region. Positive feedback was received from service users and families.

Twenty-five people were provided with personal devices to enable them to participate in online supports using Microsoft Teams or other social media platforms through the Connecting Scotland Programme which seeks to improve digital connectivity for people who are isolated.

Once Scottish government Guidance allowed the re-opening to be considered, preparation work got underway including a review for people who used the ARC. Any re-opening needed to take account of the remaining restrictions including infection prevention and control and social distancing and was subject to rigorous health and safety assessment. The required arrangements impacted on the number of people able to be in the buildings at any one time.

Throughout covid the closure of these resources has been a huge loss to some families, and we were keen to look at how we could safely re-instate this while also exploring alternatives with families that would allow a more varied outcomes for service users, building on our learning from needing to work differently to support service users and families during this period.

Respite services were limited for adults with only a few individuals with critical care needs continuing to be able to be supported in our short break facilities throughout the pandemic. This seriously impacted on both service users and their families who rely on this level of support on a regular basis.

As soon as the Scottish Government Guidance was available to support the limited re-opening of all building-based services, day services and respite. This included extensive work by in-house and provider services to put in place appropriate risk assessments in order to welcome individuals back to the service, albeit a very different service to previously.

"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." (Service User).

"The storytelling group left my son feeling fulfilled and relaxed, as a parent I felt full of joy and pleasure to see him so content." (Parent).

"Good to have a buzz with positive joint working in abundance!" (Staff member).

The feedback from the carers around this process has reflected the quality of the conversation and process that was put in place.

Following review for B our thoughts are very positive that his outcomes will be met with his new plan. The worker was very inclusive throughout the review ensuring B's outcomes were at the centre of all discussions, and decisions made would be in his best interest. She is an excellent advocate for all concerned, it was a very positive experience for us due to her keeping us updated either by phone or email. Her communication is fantastic and the new plan which will work better, we think for B. evidence that she knows and understands her job very well. Ending the meeting she acknowledged the importance of our caring role and how carers need to be looked after and appreciated, this is the first time anyone has accredited us with this level of appreciation.

The Community Occupational Therapy Team operates within clearly defined rehabilitation principles to ensure that Individuals rights remain at the very centre of all their practice. Through Occupational Therapy expertise in physical and mental health, individuals are supported to work on person-centred plans to recover or accommodate illness, injury or deconditioning. This includes jointly planning a graded approach to active participation in occupations (activities), improving functional abilities and resilience to support lifelong healthy ageing.

Approaches used include and help inform individuals and family/Carers decisions about early intervention, self-management, recovery, accommodation of issues and compensation from loss. Rehabilitation enables daily living skills, such as self-care, walking, healthy sleep, work, education, and leisure. It also includes empowering physical activity, psychological wellbeing, use of assistive and inclusive technology (AIT).

B has profound learning disabilities and to a lesser extent physical disability, with deteriorating mobility being more reliant on his wheelchair than previously. B has been supported for many years by his carers, who are dedicated to looking after him, always promote best outcomes for him and to ensure he is able to live with them as a family member. In addition to support from his carers, B had an external care provider, the ARC, and an external day opportunity.

The worker undertaking the review had not met B or his family and so prior to attending at the review she had a telephone discussion with the carers, to help gain an understanding of B's needs, outcomes and wishes. The worker was able to ask the carers to think around what they would like to be discussed at the review. This meant that on the day of the review the background information was already in place.

The discussion at the review allowed all options to be discussed for B. His carers felt that the ARC was no longer an option as he had enjoyed using the other facilities and alternatives provided. He had made friends at the other facility, and they had also considered flexibility to his current plan to give more variety to his days.

A restructure of the Allied Health professionals within the Health and Social care partnership has been implemented providing an integrated community rehabilitation across a new cohesive pathway of professionals including short term rehabilitation/reablement (STARS), Health Occupational Therapy, Domiciliary Physiotherapy and Community Occupational. Within this Community Occupational Therapy staff provide a crucial role within the new Community Rehabilitation and Reablement Pathway. Rehabilitation and Reablement provide one of the core functions within the developing 'Home Teams' across Dumfries and Galloway. Specialist Community Occupational Therapists have developed expertise and advanced practice skills in environmental adaptations, complex safer handling and specialist equipment to maximise independent living through rehabilitation to reduce dependency on care. The Community Occupational Team have continued to support innovative moving, and handling approaches through the use of new equipment. Single Handed care or FAIR Care (flexible, achievable, individualised and risk assessed) to support improved rehabilitation outcomes and quality of life has continued to develop with training promoted by Occupational Therapy.

The Occupational therapy Team is jointly working with Dumfries College to explore how partnership working can help improve integrating universally available technology into daily living to support rehabilitation, healthy aging, and independent living at home.

An 80-year-old service user in receipt of care following discharge from hospital, was very anxious, especially about Covid 19 and often felt low and lethargic. Having used a Polar device as part of the initial pilot reported that mood had quite significantly improved, is more active and is really enjoys getting the feedback on progress. In the evenings whilst watching TV the polar band advises the need to get up and move which has motivated a good routine of getting up and moving around regularly, staying awake until bedtime and having a better night's sleep. Physical benefits are also reported as legs are now much less swollen due to moving around more regularly making it easier to get around.

The positive impact of the project has been recognised as Stewartry Care were finalists in The Project Scottish Care Up and Coming Awards for Technology and People Award.

We have continued as part of the Health and Social Care Partnership to develop the available range of assistive technology tools to support people to remain independent and active within their own homes.

Examples of this include:

- The mPower project, funded by the Special European Union Programme Body (SEUPB), is supporting services to transform how health and care is delivered to people aged 65 and over living with a Long-Term Condition. By facilitating the use of technology in several areas, the project is helping to discover how going digital can enable people to manage their conditions and improve longer term health and wellbeing outcomes

- the mPower Project Team have also been supporting the implementation of an Advanced Risk Modelling Early Detection (ARMED) system to determine its potential in a number of settings. This case study has been taking from data that was gathered from beneficiaries who completed a 12-week programme using ARMED polar device as part of the mPower Project

There were 313 referrals to Sensory Support 2020-21, in comparison to 406, 2019-20. This was impacted by the pandemic given that a range of services were reduced including Audiology, Ophthalmology and Low Vision services. There are 747 people on the local statutory Blind and Partially Sighted register all of whom have been assessed, supported, and provided equipment by the Rehabilitation Officers. We consistently receive positive feedback from our service users. Due to our ageing population, these figures are expected to grow year on year.

The Sensory Support Team have been involved in several developments during this period, including:

- During the Covid19 pandemic we have established strong links with Comms to endeavour to ensure that public information has been accessible to the Sight Loss and BSL communities across the region. The Council website now has the 'Recite Me' tool (audio) which is an accessibility tool for people with sight loss. All significant public information has been published in BSL signed format to ensure inclusivity and accessibility for the BSL community.
- we are funding and supporting a Hearing Loss Management group including lip reading classes following concerns raised by a service user about the lack of training on lip reading in the region. Feedback has been positive.

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. The priority for the service has been keeping staff and service users informed and safe and ensuring that revised safe systems of work are adhered to. Where there have been Covid outbreaks, the service has worked with partners such as Public Health to ensure matters have been dealt with promptly and safely. The service has rewritten its Service Plan and has produced an Improvement Action Plan to help capture future work.

Additional monies were allocated to the service by the Health and Social Care Partnership; however, recruitment has proved challenging with people reluctant to work in the sector with the backdrop and uncertainty of Covid. Application levels remain healthy but only 21% have resulted in employment. Additional challenges have been managing provision with reduced workforce due to staff Shielding and Self-isolating, so overall there has been a negligible increase in net resource. The service was scheduled to deliver 314,000 visits but delivered 292,000 visits to 572 service users, the variance in delivery being due to hospital admissions and service stops at the request of Service Users and their families. The service has revised the rota patterns for staff that has helped address work life balance challenges and has helped the service maximise the use of its Care Management systems leading to more efficient scheduling and provision. No Care Inspectorate inspection has yet been conducted with the service still being deemed as low risk due to previously attained Very Good grades.

Early in the progress of the pandemic the Scottish government asked all Health and Social care Partnerships to support Care Homes to manage the spread of the virus through enhanced professional responsibilities for both public health and nursing in addition to the established oversight role of Chief Social Work Officers.

To support the work of the Care Home Oversight Group, a multi-agency Care Home Tactical Team (CHTT) was established in August 2020 under the leadership of a Lead Social Worker and a Lead Nurse. Within Dumfries & Galloway there are 31 Care Homes and 2 short break facilities registered as Care Homes privately run. An additional short break facility is run by the Health and Social Care Partnership. A programme of Assurance Visits has been put in place, with the third round of these taking place in May 2021. Following which the frequency will reduce to rolling programme of 6 monthly unless there is an identified need for additional support.

This proactive programme of assurance work considers Infection and Protection Control measures, Personal, Protective Equipment (PPE) for staff and visitors, workforce issues, education / training, and wider care and support needs of residents ensuring a timely response to any escalating concerns. Achievements have included the establishment of regular, direct contact with Care Homes to understand concerns and offer support and this has been supported with regular Webinars with Care Home Managers, with input and support from Scottish Care. We have implemented and complied with a range of national data requests and monitoring requirements for Care Homes through the national TURAS system.

The team has also had delegated responsibility for the authorisation of all Care Home risk assessments, and processes and protocols relating to visiting.

A comprehensive programme of training, education, and development. Processes for both staff and residents symptomatic and non-symptomatic testing systems has been developed and the successful vaccination programme of Care Home staff and residents has been supported.

A Partnership and Provider Improvement Plan template and process has been developed and the Lead Social Worker and Lead Nurse have jointly led the Care Home Tactical Group, which includes partnership stakeholders, Scottish Care and Care Inspectorate.

In February 2021, Dumfries and Galloway Health and Social Care Partnership (the Partnership) the level of oversight available for Care Homes was extended to include care and support at home. A Care and Support at Home oversight function was added to the existing arrangements to include a Care and Support at Home Oversight Group (CASHOG). A Tactical Group for this work is being established along similar lines to the Care Home arrangements.

This is to provide enhanced professional clinical and care oversight for care and support at home providers as we continue to deal with and begin to emerge from COVID-19, in areas related to people's care and support needs, Infection prevention and control measures; issues with staffing requirements; staff testing arrangements, and future developments or Care at Home services.

Justice Social Work Services

As with all social work areas, Justice Social Work during 2020 and 2021 has been significantly impacted by Covid 19 and the effects of both lockdowns and changes in local restriction levels. While Justice Social Work has continued to perform its core tasks of managing individuals subject to Community Payback Orders, preparing assessment reports for court and

supervising individuals subject to post custody supervision, there have been some necessary changes to the delivery method.

Where appropriate to their role, staff have been encouraged to work from home, to maintain social distancing measures within Council premises. The Service quickly developed digitally with many meetings now being held over Microsoft Teams; thus, reducing travel and increasing productivity.

Throughout Covid-19 we prioritised face to face contact with service users who posed the highest risk and/or were the most vulnerable. To maintain the highest quality of contact with those service users we could not see in person, the service has promoted service users' connectivity; basic mobile telephones have been issued, advantage has been taken of national drivers to provide tablets and data, and additional tablets and data have been purchased using funds provided through Dumfries and Galloway Community Justice Partnership. The availability of tablets and data has had benefits beyond improving contact, for example:

Adam had a long history of drug misuse and was heavily involved within the drug culture. Following the loss of his partner to substances he took the decision to become abstinent from all substances. Trying to fill his free time was a key component to supporting Adam to succeed. He was issued with a tablet with data to help him make better use of his free time. The tablet has enabled him to re-establish contact with his daughters, as well as fill his free time by playing games and streaming television channels. By filling his free time appropriately, he has not experienced boredom and loneliness as a result he has not sort out company from others within the drug culture.

The Court has continued to function throughout the pandemic, but again practice has had to evolve. The Court developed a virtual custody system and we have had to develop different working practices around this. We have been part of working groups to address difficulties as they have arisen. We have witnessed an increase in the use of Diversion from Prosecution referrals, diverting lower-level offences away from the Court system.

Across the region students have successfully complete placements with Justice Social Work, acknowledging the challenges the pandemic brings to a student social worker's learning through direct observation of practice.

Unpaid work activity, on a face-to-face basis, was initially suspended between March and June 2020 during the first national lockdown; and then again from January to April 2021 during the second lockdown. During these periods several remote learning opportunities for service users were developed, most beneficially Blended Learning Packs, designed to encourage reflection and insight in offending behaviours, relationships, and substance misuse issues. Online training and home working kits were also used where appropriate. Telephone contact was maintained on a weekly basis with all those on an unpaid work order to ensure welfare needs were met and to encourage continued engagement with their order.

Unpaid work staff supported those most vulnerable during this time by conducting doorstep welfare checks, phone contacts, food parcel deliveries and prescription collection and drop offs.

After both suspensions, unpaid work activity resumed, but naturally subject to strict adherence to covid-19 guidelines and social distancing. This required all unpaid work units, vehicles and projects being Covid risk assessed, and new safe working practices enacted.

Across Scotland, the challenges of delivering unpaid work during the pandemic was apparent and ultimately, in March 2021, Coronavirus legislation was used to reduce the number of outstanding hours for all orders except those imposed for sex offences, domestic violence and stalking offences.

As with unpaid work, face to face delivery of accredited and non-accredited programme interventions was suspended during both lockdown periods. The importance of providing some form of continuation of programme work for men was underpinned by research indicating the harmful effects of stopping these interventions whilst only partially completed. MFMC treatment/delivery managers and Caledonian Operational Managers nationally collaborated in producing guidance to support delivery of programme work via telephone and other electronic means. Returning to face-to-face delivery of group work was prioritised in line with changes in lockdown restrictions and in 2020, the region was one of, if not the first to return to small group work (numbers were governed by national and local health and safety guidelines). Reduced group size naturally mean an increase in demand for the number of groups delivered which has added extra pressure on team capacity.

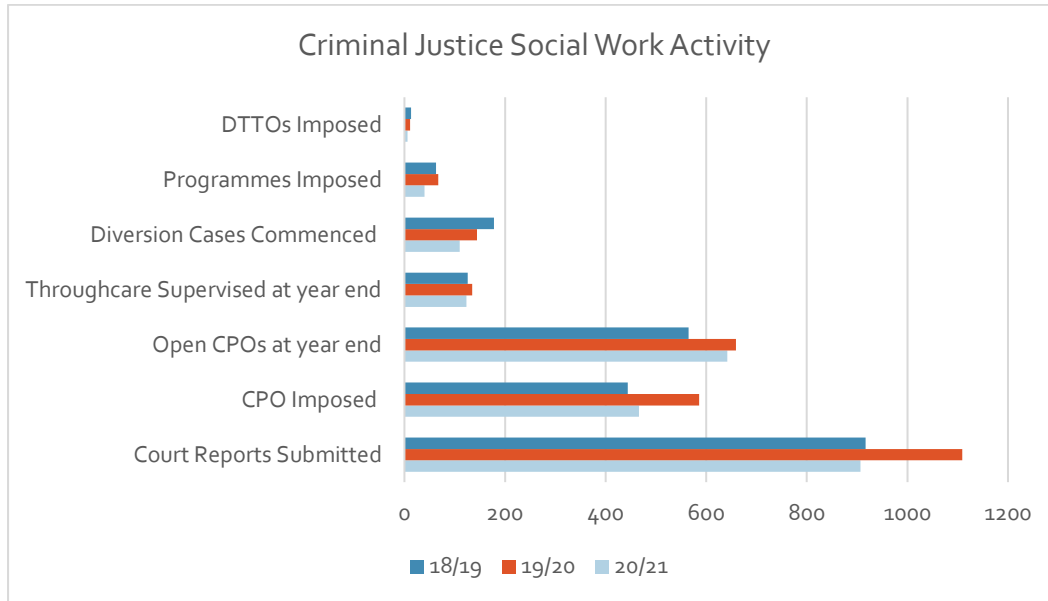
The Women's Service element of the national Caledonian System was constrained by lockdown restrictions whilst aware of the increase in risks caused by those same restrictions. The Women's Service workers were also available to provide advice to other agencies given the concerns about increase in domestic abuse throughout the pandemic. The demands placed on programme delivery team staff required an adaptable response to constant change and effective coping strategies in order to continue meeting service requirements and adhering to best practice standards.

Social Work Services in Prison were dramatically curtailed through the initial and subsequent phases of Covid restrictions and lockdown measures. However, through the swift introduction of electronic communication we were able to work closely with the Scottish Prison Service, maintaining vital services to prisoners and their families, whilst also assisting the Parole Board for Scotland. Whilst this has presented some challenges it has also opened new ways to service delivery to ensure the prison continues to receive the best service from the justice social work unit.

Coronavirus legislation was used to allow for the early release of a small number of prisoners. Justice Social Work led on this, working closely with Police Scotland, the Scottish Prison Service, third sector agencies and the NHS. With much of the focus on assessing risk prior to liberation, regular multi-agency meetings during the initial phase of lockdown assisted with the welfare needs of prisoners as they personally dealt with lockdown measures. Support was attentive to the distribution of mobile phones where needed, accessing food parcels and regular contact to check on their physical and emotional wellbeing. Our experience of this has recently been shared with the Care Inspectorate as they look at the quality of care delivered through a pandemic and our recovery from it.

Unrelated to Covid-19, Justice Social Work experienced an increase in the numbers of the highest risk offenders being released back into the community. The planning for the resettlement of prisoners was especially challenging due to Covid lockdown measures. Working alongside MAPPA partner agencies, where consideration of the risks they posed was paramount, this was balanced with tackling social isolation, their mental health and dealing

with the practicalities of lockdown measures. Throughout the challenges of Covid-19, priority was always given to maintaining face to face contact with this client group.



Public Protection

Social work continues to play a lead role in ensuring the statutory duty to protect those who are our most vulnerable is undertaken and the shared commitment to protect continues to be at the heart of all that we collectively do. I am aware that we would not be able to work to protect those in our communities without continued effective working with our local partners.

As I have detailed in previous reports, the Public Protection Partnership (PPP) has multi agency responsibility to ensure effective joint arrangements are in place to manage risk across Adult Support and Protection, Child Protection, and Violence Against Women and Girls and ensure that statutory requirements are met. This is undertaken through oversight by the Chief Officers Group - Public Protection (COG-PP) and the Public Protection Committee (PPC). As CSWO I continue to attend COG-PP to provide professional guidance as necessary.

The pandemic required the partnership to jointly refine and rethink PPC priorities and continue to influence its collective approach to protect vulnerable individuals in our region. Referrals to our service not only increased, but the complexity of referrals across the protection agenda being received increased. As key contributors to the first joint Public Protection strategy which was developed for 2020-2023, social work helped ensure the immediate priorities and associated activity for this period, were developed. This strengthens the service’s ability to work in partnership and the collective commitment to protect vulnerable people across Dumfries and Galloway.

The short, medium, and long-term impact of Covid-19 has had an adverse impact on the levels of vulnerability locally and the impact has been felt most acutely by the most vulnerable individuals and families in our region. In addition, the impact on social work services remains and is subject to ongoing review as we continue to seek and develop new ways of working to address the needs of vulnerable individuals and groups. We have had to ensure effective oversight and continuous management of change to the level and type of abuse suffered by

individuals and how these impacts on demand within both our services and across the wider protection partnership.

The COVID-19 pandemic and the guidelines that were dictated during lockdown required us to refine and rethink how we ensured children and young people were safeguarded and provided the necessary support during these challenging times. Emergency procedures were drawn up to not only keep children at risk of harm as safe as possible in line with current guidelines but also to minimise the risk of exposure to COVID-19 to families, staff and partner agencies, and to maximise efficiency of practice to effectively prioritise staff and resources to meet critical requirements.

This included developing an emergency measures template whereby all children and young people open to social work were reviewed, which encompassed assessing any additional risks associated with the restrictions of COVID-19. Families were assessed which dictated a level of contact needed. For all children on the child protection register, they continued to receive a minimum of weekly face-to-face visits, with all the precautionary measures put in place in relation to PPE. Staff also engaged with children and their families using a range of technology and digital platforms. Regular reviewing and reporting on the status of all children and young people was undertaken on a weekly basis by Locality Managers to ensure the appropriate level of support was being provided based on assessed risk.

Furthermore, a letter was sent out to all children and young people with whom social work were working with to ensure that children and families knew who to contact if they needed to.

From 1st April 2020 until 31st March 2021, there were 989 children referred to our Multi-Agency Safeguarding Hub, and of those 543 children were deemed as needing an initial child protection response and discussed at an Initial Referral Discussion. Following this multi-agency discussion between Health, Police and Social Work, with input from Education for school age children, 274 children were subject to a child protection investigation. While the number of children on the child protection register fluctuates somewhat week to week, due to children being registered and de-registered, at the end of March 2021, there were 30 children on Dumfries & Galloway's Child Protection Register. Over this period, neglect has seen a significant increase for our children and young people on the child protection register, (75% of children on the register). This has included cases whereby children have not been previously known to social work, children reaching secondary school age and others that are known to social work whereby neglect was not previously an issue. The COVID-19 pandemic has impacted greatly on parental mental health and the lack of family support during restrictions, and eyes and ears on children has been limited and visits more challenging due to restrictions and the use of more virtual platforms.

Notwithstanding the challenges caused by the pandemic, we have continued to build on several improvement areas to better support our practice in keeping children and young people safe. This has included adding to the child protection Minimum Dataset which we use to analyse and report child protection activity on a quarterly basis, we have continued to further embed the Signs of Safety approach including updating our systems (MOSAIC), developing group supervision, audit activity and appreciative enquiries, and we supported the enactment of the Children (Equal Protection from Assault) (Scotland) Act 2019 by raising awareness amongst our children and young people, staff, and communities.

The landscape around Adult Support and Protection (ASP) has become increasingly complex over the past year, due to several factors exacerbated by the Covid-19 pandemic. This has caused a marked change in adult concern referrals to the MASH as people are experiencing more complex challenges and referrals are therefore more resource intensive. There has been a 39% increase in the number of concerns relating to self-harm during 2020-21 compared to the previous year. The impact of the pandemic has also maintained a prevalence of concerns

relating to emotional harm, making up 24% of concerns referred to MASH that progressed to an ASP duty to inquire.

Throughout this unprecedented period, we continue to work with national and local agendas focusing on keeping people safe and to increase awareness of ASP. This includes project work with IRISS^[1] where we are contributing to the development of a National online resource for undertaking ASP case conferences. This is a “talking heads” approach with key public protection partners to develop a shared understanding of risk.

Following on with the themes of “inability to safeguard and decision making” we hosted an online workshop with Dr Kathryn Mackay from Stirling University. The workshop was attended by 20 multi-agency practitioners and considered many of the core tensions around ASP practice, and the need to ensure the correct balance between our duty of care and an individual’s rights to autonomy. These tensions are particularly challenging where a person’s decision making is clearly contrary to their well-being and continue to refuse support. The recording of the workshop is available on our public protection website.

In October 2020 we relaunched our multi agency self-neglect and hoarding guidance due to the increase in self - neglect referrals throughout the pandemic. The guidance highlights the need for longer-term planning to support individuals with self-neglect and hoarding behaviours and promotes a strengths-based perspective to build effective relationships. The guidance reflects our ongoing commitment to working within a human rights framework and the need for greater awareness of the social context of an individual when making safeguarding decisions.

The public protection communication and engagement sub-committee continue to take forward Local and National priorities to develop a clearer understanding of adult service users and their Carers views in relation to public protection. A smart survey has been developed to consider what has worked well over the pandemic, and where there may be areas for improvement. The involvement of service users and their families in the planning of their support, is a key objective for the group and is underpinned by the principles of ASP legislation and the Health and Social Care standards.

Listening to people and their Carers will ensure we promote and safeguard an adult’s wellbeing and support them with outcomes that benefit them. We hope to improve our focus on service user and Carer involvement with key partners through the public protection newsletter and continuing to support National campaigns and other engagement activities such as service user and Carers focus groups.

The Social Work Adult Support and Protection Practice Group (ASPPG) continues to progress the streamlining of our ASP approach and ensure social work’s policy and procedures reflect our commitment to protect people from harm. This also considers how we can support adults at high risk of harm where other legal measures cannot be used.

A short life working group with multi-agency colleagues has allowed us to work collaboratively with the National missing person organisation and will ensure we have a local guidance which aligns with the National framework.

Whilst there is a current focus on the national mental health review, we have been able to directly input into the protective legislation to safeguard adults, this has included the refresh of the Adult Support and Protection Code of Practice which alongside ASP legislation provides a legislative framework to support practitioners. The continuation of our commitment to supporting practitioners learning across ASP has seen four colleagues successfully complete the Stirling University post graduate certificate in ASP over the reporting period 2019/20. The current Council Officer and ASP refresher training has also provided assurance that we have skilled practitioners who are confident to undertake the complexities of adult protection work.

In addition to level 3 training, an ASP level 1 awareness eLearn in collaboration with Care Training Consortium was developed, due to Covid-19 restrictions requiring us to find different ways to deliver training. The link to the free course is available on the public protection website, and Care Training Consortiums training platform.

Social Work continues to chair the Violence Against Women and Girls Subcommittee under the Public Protection Committee and work in partnership with representatives from across the public and voluntary services. Due to the ongoing pandemic, we prioritised ensuring that there was sufficient support provided to vital partner specialist violence against women services and that there was sufficient understanding of new challenges being faced for survivors and services. There was also a focus on ongoing support for the voluntary services out-with formal meetings. As a result, meetings of the subcommittee moved to monthly for the first part of the year and to six weekly later.

Covid-19 impacted the ongoing primary prevention and awareness of domestic abuse and other forms of violence against women within schools. The focus of prevention and public awareness moved to social media to encourage victim survivors to seek support and give the message that domestic abuse was a legitimate reason for leaving home.

Multi Agency Risk Assessment Conferences (MARACs) took place remotely and have been supported by a Coordinator employed within Social Work. In 2020/21 there were 131 referrals with 55 of these being repeats. This represents an ongoing pattern of increased repeats and there has been a significant amount of work to identify if there is any reason for these. There were 208 children relating to the MARAC cases and a total of 303 actions were identified at MARAC.

During 16 Days of Activism for the Elimination of Violence Against Women, violence against women staff within Social Work hosted a series of online events exploring the impact of Covid-19 on women selling sex, an awareness of the White Ribbon Campaign, the Disclosure Scheme for Domestic Abuse Scotland (Right to Ask and Power to Tell) and the Bystander approach in partnership with White Ribbon Scotland. There was also a social media campaign with multiple messages covering all aspects of violence against women, promoting available support and encouraging the public to challenge such abuse.

Following a successful community survey in 2019/2020 with over 800 participants, social work is fully supportive of the VAW Subcommittee developing an action plan to enhance ongoing public and staff awareness of all forms of violence against women. The national DAART (Domestic Abuse Awareness Raising Tool) resource that raises awareness of domestic abuse was disseminate to all my social work staff (along with partner agencies) and in recognition of the importance of this area of work has been hosted on the Council's eLearning platform.

Despite this being a challenging year, Social Work continue to remain a key partner of the Community Justice Partnership (CJP) as work continues to develop. The service continues to chair this key multi agency partnership, and this was the third and final year of the three-year strategic plan (CJOIP 2018-2021) for the Dumfries and Galloway Partnership. Whilst individual partners and organisations reacted to the developing Covid situation and supporting their local communities across Dumfries and Galloway some partnership initiatives were understandably delayed as operational delivery rightly took priority.

The Community Justice Partnership has continued to drive forward closer working relationships and strategic links with the Dumfries and Galloway Alcohol and Drug Partnership (ADP), Violence Against Women and Girls agenda under the Public Protection Committee and the local Suicide Prevention Group. A set of joint recommendations have been agreed between these areas with work ongoing including joint actions in relation to trauma, adverse childhood experiences and resilience.

Issues around cyclical offending were raised at Dumfries and Galloway Public Protection Committee in September 2020 and remitted to CJP to take forward. A Cyclical Offending Working Group, chaired by Governor in Charge, HMP Dumfries, was established. Four areas of work were highlighted as priorities:

- Expand and build on good practice taking place at the Multi Agency Community Reintegration Board meetings for those people being liberated from prison and returning to Dumfries and Galloway.
- Continue to support and remain involved with development of Housing First project.
- Provide robust early intervention opportunities at the point of arrest by linking with the Arrest Referral Service currently delivered by We Are With You.
- Potential test of change in relation to intensive support for an identified cohort of people involved in the justice system locally.

During the summer of 2020, a small initiative was piloted called ‘*The Little Box of Kindness*’, this was jointly funded by CJP and ADP. The Little Box of Kindness Initiative was a partnership approach to help improve individuals’ and families’ physical and mental health and wellbeing during the ongoing COVID 19 pandemic. Even as restrictions began to be lifted, local people being supported by organisations were reporting their ongoing fear and anxiety, negative thought processes, boredom and family tensions.

Alcohol and Drugs Support South West Scotland (ADSSW) and APEX were the lead partners for the project. During June and July 2020, a hundred boxes were produced and distributed to service users from ADS, APEX, We Are With You and the NHS Specialist Drug and Alcohol Service. This also included several Family Boxes of Kindness to help service users with children participate in fun and creative activities together. This felt like a real community project with local beekeepers getting involved by donating locally produced honey, and even included some lavender seeds so people could nurture them and watch them grow!

“I genuinely thought when I gave a box to Lucy^[2] and James their eyes literally lit up. It was more the feeling of them being thought about and not what was actually in the box although when they opened the box there was a massive smile on their face. Through lock down they didn’t obviously have much interaction with anyone so Lucy said she really appreciated us thinking about them whilst making the boxes up and the list of people who would have liked a box. When I gave the box over to them, I even had a smile on my face because I know it meant so much to them”.

The Community Justice Partnership supported a funding bid from Families Outside to the Alcohol and Drug Partnership for a Family Support Coordinator post. This support worker supports local families when a family member goes to prison, linking with education, social work and other partner agencies and raising awareness of the impact of parental imprisonment^[3] on children and families. This bid was successful allowing families to get the support they needed, particularly important whilst prison visits were suspended.

^[1] www.iriss.org.uk

^[2] Names have been changed.

^[3] Parental imprisonment is a recognised Adverse Childhood Experience (ACE)

3. Resources

Children's and Families Services budgets for FY 20/21 were £23.8 with additional funding required due to the impacts of the COVID pandemic. There were significant pressures with increases in looked after numbers causing rises in fostering, kinship care and agency placements. The service has attempted to control external residential placements through outcome focussed children's plans, utilising alternatives to residential placements however children are being placed younger and staying longer in placements. The impacts of the COVID pandemic have exacerbated these pressures on family placements. The service plan to utilise early intervention monies and the signs of safety methodology to help children and families, who traditionally would require these placements, avoid residential placements, and ultimately improve life outcomes. The Scottish Government and the local authority have provided funding to help local authority Children and Families services manage this position. The Scottish Government support was one off funding and the pressures that families are experiencing continues to rise resulting in increased referrals to Social Work.

Adult Services budgets for FY 20/21 were £79.4m. The costs of care continue to increase within the younger adult's areas with costs significantly increasing year on year whereas within older adults the challenge to source care continues to be a pressure for the health and social care partnership. The impact of the COVID pandemic on the services delivered by adult social care was significant with suspensions of some services to our most vulnerable citizens, this required alternative support for these individuals resulting in increased costs. The impact on Care at Home and Care Home providers was significant with increased costs from PPE and staffing absences alongside loss of income due to some services being unable to be delivered. The Scottish Government provided funds to help offset the additional costs that the service and the providers incurred relating to the pandemic.

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, plans to work with families earlier to avoid future expensive placements is now a priority for the service. Increasing numbers of referrals resulting in the need to source fostering placements is starting to become a pressure with reducing numbers of fostering placements available.

Within Adults services additional funding had been directed at reablement services and the anticipated avoidance of assessed care will help to alleviate pressure on the Care at Home market. The service joined the national framework for Care at Home where providers submitted a price for their services. The market continues to be challenging for commissioner and provider.

There are risks attached to budgets from increasing care capacity which is required to address increasing assessments of need resulting from referrals.

4. Workforce

The total staffing full time equivalent (FTE) for Social Work Services in 2020/21, including support services was 801. 60% of these staff form part of integrated services, delivered by the Health & Social Care Partnership. However, the Council remains their employer.

Social Work Staffing 2020/21 - Delegated Services



Social Work Staffing 2020/21 - LA Retained Services



During the pandemic as a service, we needed to balance the need to maintain close contact with service users and colleagues and the need to establish as low a footfall through both offices and people's homes required us to create a greater level of flexibility in the workforce through the consideration of working patterns as well as how best we could use available technology to assist with this. We started in a strong position in respect of staff given that we already had an agile workforce the majority of whom had the equipment required to work effectively from home. We were able to move quickly to a position whereby all staff were equipped as required. As a frontline service we needed to maintain a presence in offices and therefore moved quickly to establish rotas of staff working from the office and from home so that we covered all core duties whilst supporting limited staff in buildings. Given the success of this approach we expect to maintain a reduced level of staffing in buildings as we return to a new normal position which will support a better work life balance for staff and offer a level flexibility to the service going forward.

The situation however initially for children, families and vulnerable adults was more difficult as although a number had devices, many did not, or they were not able to access Council systems. This required the sourcing of devices which we could set up to enable participation on Team calls with the support of staff or consideration of other platforms which people had easier access to. This was supported through the provision through the Connecting Scotland Programme of 417 devices to provide to families, vulnerable adults, and Care Homes.

The increase in workloads and demands across the service staff and we were supported by the redeployment of staff from various Council services to assist with the response. In respect of professional staff this created opportunities which were more difficult to fill given the availability of suitably qualified staff within the region and the increased demand for staff across the whole country

We have had a number of staff leave either to posts elsewhere or retirement which continues to impact on the balance of staff within the service between newly qualified staff and more of experienced staff

Our studentship programme has continued although the experience for students has been significantly impacted during this period as they have had to cope with a significant restriction in face-to-face opportunities within placements and experienced more teaching online. We have worked hard to provide students with a realistic experience of social work practice acknowledging the impact of the restrictions and infection control requirements and how much this has affected front line practice.

The Mental Health Grow your own Scheme was impacted by the adjustments to university teaching and we are pleased to be able to support 3 members of staff this year in their mental health officer training in conjunction with Edinburgh University.

Workforce Development

Staff have continued to have access to a range of learning and development opportunities focused on essential learning, although albeit these were impacted by the onset of and demand from the pandemic which resulted in delays or changes to teaching methods. 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.

We continue to have two "Grow your Own" schemes, one for qualified Social Workers and the other for Mental Health Officers.

We recognise the growing challenge around the recruitment of MHO's, this is a national challenge, but one felt more deeply in rural areas such as Dumfries and Galloway. To support this and Core to our workforce planning strategy for the team, is the Grow Your Own Programme providing existing social work staff with the opportunity to train as Mental Health Officers. 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. We currently have 4 Social Workers who have applied to undertake the MHO award at Edinburgh University. The training for three posts is supported by the Scottish Government.

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 three Studentship workers and placed two graduates in social worker posts. Interest in this route to qualification remains 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. Others have been spurred to consider a career in Social Work by redeployment experience during the COVID 19 pandemic.

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, during 2020/21 we have developed our local Professional Development Award in Practice Learning (PDAPL) which should be approved for delivery from summer 2021. This will improve local access for our Social Workers to this post qualifying award and add to our complement of in-house practice teachers for Social Work students. During this reporting period, four practice teachers have qualified and supported a student each and a further two are continuing their training.

This year Dumfries and Galloway has hosted 24 Social Work degree student placements which were due to complete by the end of March 2021. However, because of the COVID 19 pandemic only 6 have completed within the timeframe. A further 8 placements are currently ongoing. We have taken a creative and flexible approach to support final year students to complete the required practice learning in time to achieve their qualification.

The service is also developing a programme of local support for Newly Qualified Social Workers (NQSW) in preparation for the implementation of the NQSW supported year from 2022.

A key area of staff development and learning which supported the implementation in 2019 of the Signs of Safety approaches in Children and Families Services, has continued with basic and advanced training for new staff and refreshers for those already trained.

Conclusion

This report reflects on some of the challenges we have faced in continuing to deliver a social work service whilst dealing with the ongoing global pandemic. As we continue to respond and deal with the aftermath of the pandemic the challenges for Social Work will be significant. The evidence suggests that there will continue to be an increased demand for services which will place a significant strain on staff and resources.