

ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICER

1 CSWO Summary of Performance - Key challenges, developments and improvements during the year
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During 2018/19 the key challenges for social work in Moray continued to be around maintaining, and improving quality of social work service offered within the context of financial constraints and demographic pressure creating increasing demand, particularly in adult services. Throughout adult services a strong focus was maintained on supporting people who use services to gain or regain their maxim abilities. This is evidenced by the recovery focus in Mental Health, the progression model in Learning Disability and in reablement for Older People.

There was considerable impact from external scrutiny: In November 2018 the Care Inspectorate carried out a second Progress Review in relation to Joint Inspection of Services for Children and Young People that had taken place in 2016. During their feedback inspectors noted the improvements that had been made since the 2016 Inspection and discussed areas for ongoing improvement. Inspectors indicated that there would be no requirement for further Progress Reviews in relation to the findings of the 2016 Inspection. A full report was published in March 2019. Ongoing improvements at a Partnership level are monitored through the Executive Leadership Group and at a Social Work specific level through the Practice Governance Board and Performance Management Group.

In Adult services the thematic review of Self Directed Support occurred in October 2018 with the report received in June 2019.

Perhaps the most considerable challenges for Social Work in Moray over 2018/19, were about ensuring that we increased our local profile, explained and demonstrated the importance of Social Work in the wider economy in the context of change, scrutiny, and financial pressure.

Aligned with all these challenges was the critical need to focus on outcomes for all who use our services so that social work can build a strong agenda of improvement whilst demonstrating quality. The focus on outcomes means a shift away from a more process orientated approach and offers opportunities for social work to develop further locally.

On a practical level the role of Chief Social Work officer passed to the Head of Service Adult Services, in Moray Health and Social Care Partnership in August 2018. This move allowed for a reconsideration of governance in Social Work and in relation to Social Work in the Council, and also to reconsider the priorities and approach of social work in Moray.

2. Partnership Working - Governance and Accountability Arrangements

Social Work in Moray works in partnership across a wide range of internal and external partner groups. A key partner for social work is the partnership with people who use services. This was particularly well demonstrated in Mental Health, where the growing voice and presence of the Moray Wellbeing hub, an organisation founded by, and operated by people with lived experience of mental health demonstrated that the principles of social work, of empowerment and collaboration can be shown to have significant ability to create change and improvement. The wellbeing hub has been supported throughout its journey by social work in Moray.

In Children's Services there has been a strong partnership with young people through the Champion's Board. The voice of Care Experienced Children and Young People (CECYP) is at the heart of the actions we take.

In terms of commissioning and procurement of services for children affected by disability, in children's services we liaise with young people when appropriate and with parents, to help design the service specification. Parents are part of the procurement process, in that they support the evaluation stages: their input is valued and valuable.

In children's services where the strengthening of partnership was shown by the growing confidence and importance of the Executive Leadership Group, which is a group of senior managers across all partner agencies involved in Children's services; including Police, Health, Education, and the Third sector commissioned partners. The Chief Social Worker is part of that group, and became vice chair of the group towards end of this reporting period.

Multi-Agency Public Protection Arrangements (MAPPA) in Moray continue to work well in relation to public protection and managing the risk of serious harm posed by those convicted of a sexual offence. The largest proportion of all MAPPA offenders in Moray are managed at Level 1. In 2018/19 considerable focus was on ensuring that each duty to co-operate agency, which includes the local authority and Health Board, has in place processes to ensure information sharing takes place and disclosure is considered for offenders at this level. The local authority and Health Board are represented on the Grampian Management Operational Group and the Grampian Strategic Oversight Group for MAPPA to ensure all processes comply with the Management of Offenders (Scotland) Act 2005.

The Chief Social Worker sits on the Board of the Integrated Joint Board as a non-voting member, and also attends the Clinical and Care Governance Committee of the Integrated Joint Board, and the Strategic Commissioning and Planning Group.

The Partnership with Housing is maintained and developed through a regular Housing Liaison meeting. In particular our relationship with Hanover Housing was continued and strengthened by the development of Linkwood View, a new extra-care development. This Partnership demonstrates how working across agency and disciplinary boundaries can support the practical independence and quality of life for older people and add community capacity.

Social Work also continues to have key roles in the Community Justice Partnership and Alcohol and Drug Partnership.

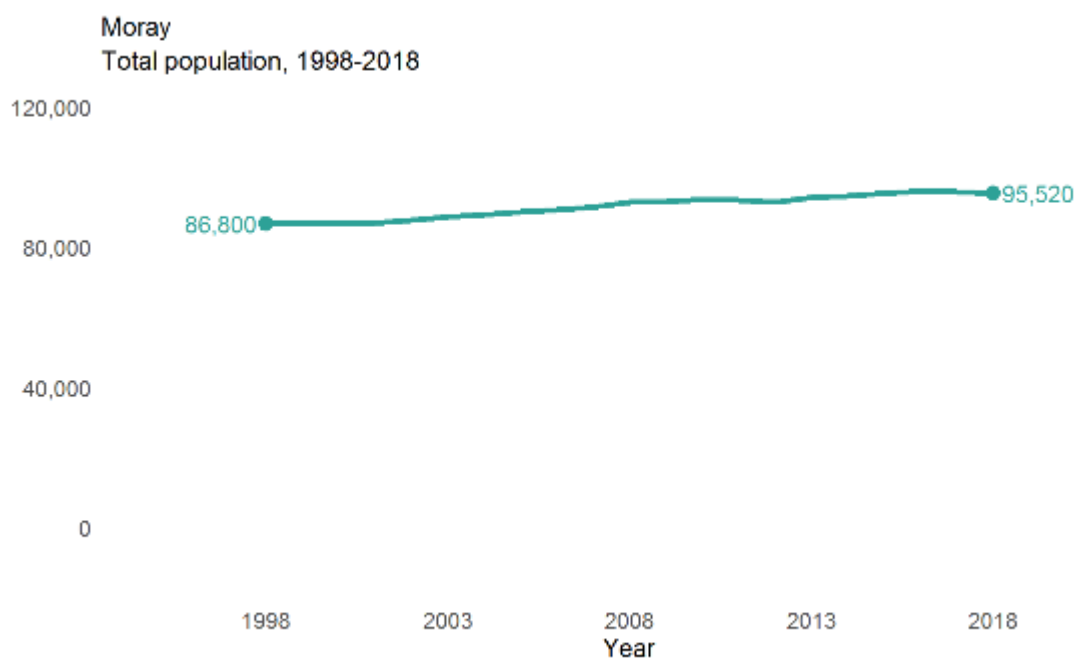
The Chief Social Worker convenes two separate Practice Governance Boards, one in Adult Services which has been operating for 9 years and a Children's service Practice Governance Board began in January 2019. The Chief Social Worker reports directly to the Chief Executive concerning any matters of Social Work and receives the agenda for Council Corporate Management Team. The Practice Governance groups consider Quality, Performance and Risk in Social Care. Practice Governance meetings are attended by senior managers, consultant practitioners and commissioners. A representative from Clinical Governance attends to pick up any relevant issues for the Health Clinical Governance group. Relevant cross cutting issues are escalated to the Clinical and Care Governance Committee of the Integration Joint Board, or the Executive Leadership Group, or the Child Protection Committee in Children's Services.

Strong professional practice and governance is in place through the professional leadership of consultant practitioners who report to the Chief Social Worker, attend Practice Governance and provide professional support to Social Workers and Advanced Practitioners. Consultant Practitioners support managers in complex social care situations, can provide advice and guidance to first line managers and audit the quality of social care work undertaken as requested by practice governance.

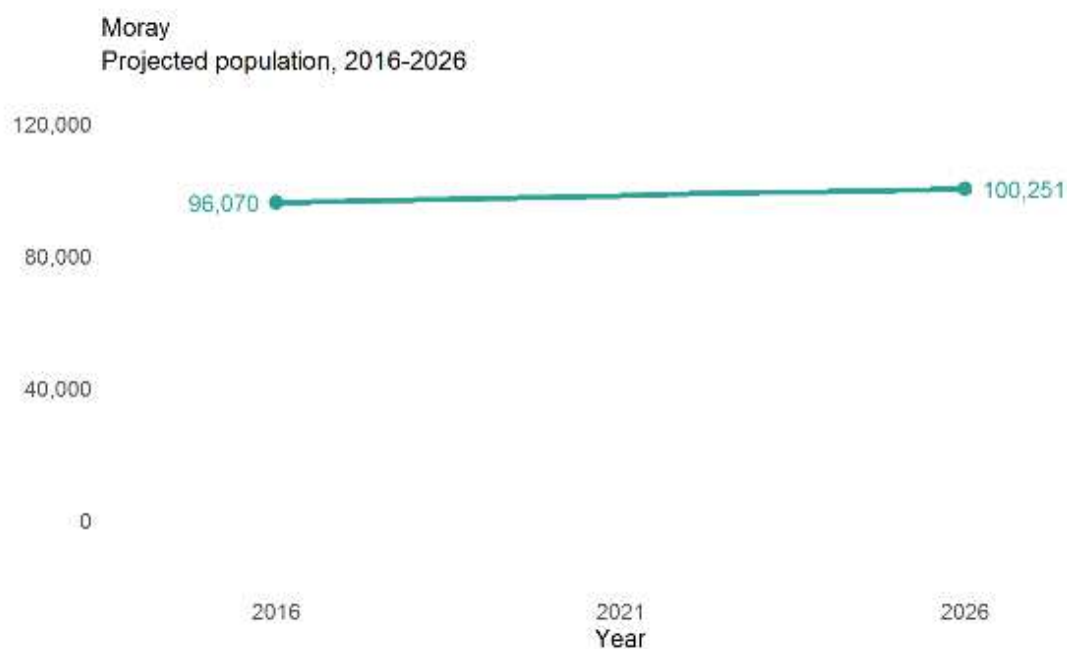
People with lived experience are included in any commissioning change process and during 2018/19 were involved in recommissioning of a mental health and wellbeing service provider.

3. Social Services Delivery Landscape

On 30 June 2018 the Moray population was 95,520. This is a decrease of 0.3% from 95,780 in 2017. Over the same period the population of Scotland increased by 0.2%.



Between 2016 and 2026 the population of Moray is projected to increase from 96,070 to 100,251. This is an increase of 4.4% which compares to a projected increase of 3.2% for Scotland as a whole.



The population changes manifests in recruitment challenges particularly for domiciliary and residential care providers. Moray Council has no internal provision of residential care for older people. There are 13 care homes within Moray that provide 583 places. The number of residential places required in Moray has been kept stable through the use of care at home and the development of extra care housing in partnership with Hanover Housing and Moray Housing Department.

One extra care development of 30 tenancies opened in September 2017 and a further one of 30 tenancies is due to open in November 2019.

A revised market position statement was produced in 2018/19 that focused only on Learning Disability as opposed to the wider landscape as this was an area where particular change and development was sought.

During 2018/19 a group of 5 people with Learning Disability were successfully provided with new housing through partnership working with a Housing Association. The progression model work has identified that a further 73 people with Learning Disability will need alternative housing over the next year to five years, in order to fulfil their progression goals.

Adult Services have a commissioning team comprised of, 1 senior manager, and 4 commissioning officers, with 2 assistants, who lead on all commissioning work within the Integrated Joint Board. This team work with procurement in Moray Council during the procurement phase of work.

Children's service commissioning responsibility has been integrated into overall management responsibilities which has limited time available for redesign. This will be an area of development in the coming year.

Commissioners lead meetings with providers, attended by relevant service managers, which aim to maintain good communication and exchange of information. Meetings are held regularly with care home owners and separately with care home managers. Meetings with Domiciliary Care providers has been more operationally focussed and aimed at achieving maximum capacity of care through cooperative working across the Council area. The pressures on domiciliary care providers in Moray were especially evident this reporting year, with all having difficulty in maintaining their workforce at sufficient levels to meet demand. This impacted upon the sector's ability across Moray. In this reporting period Allied Healthcare, a domiciliary care provider, created concern nationally as insolvency threatened. This had no major impact locally despite Allied being a contracted provider but demonstrates the fragility in this market sector.

Care home provision in Moray is stable and delivered largely by local small to medium providers. In this reporting year a large scale investigation was conducted in one local provider due to Adult Support and Protection concerns. Following this, an improvement plan was agreed with commissioners and monitoring meetings held at regular intervals.

Mental Health provisions in Moray is delivered by two large national providers and both support the recovery agenda very closely. As part of the continued change and development in mental health there was a retendering of some mental health services during 2018/19 to further embed recovery in service design.

4. Resources

There are three significant pressure areas, Learning Disability Provision, Domiciliary care of Older People, children's out of area and in area residential care.

The pressure from Learning Disability demand is being managed through the progression model programme that seeks to ensure that support facilitates increased independence. Use of this model however can only be anticipated to restrict growth pressures to approximately 5% annually and not create cashable savings.

The pressure from care of Older People being supported at home is a major cost pressure for the Integrated Joint Board. We continue to grow the Shared Lives service in Moray. Moray has the largest shared lives service in Scotland and the Moray Chief Social Work Officer chairs the National Champions Network group for Shared Lives Plus in Scotland. This cost effective and high quality service allows people to experience support and care in the home of a shared lives carer rather than an institution. Shared Lives has replaced or reduced the traditional day service attendance in Moray and the growth target in 2018/19 was to expand services of shared lives for people with a learning disability.

Moray directly recruits and supports volunteers. In 2018/19 there were 78 new volunteers recruited during this period, 67 became Buddies (7 of which also took on the role of alarm responder) and 7 more became alarm responders. 5 volunteers are involved in activities in Day Services, 2 in Greenfingers service, 3 in group activities within sheltered housing and 1 to support staff in admin tasks within the department.

We currently support 180 volunteers in the matching process, reviewing of their volunteering roles and organising relevant training. Training figures for this period:

- Adult protection and scam awareness – 35
- Dementia Friendly Awareness – 34 (with Alzheimers Scotland (Moray))
- Stroke Communication – 31 (through Chest Heart and Stroke Organisation)
- Safer People Handling – 4
- Mental Health Awareness – 36 (this was new training developed by training team bespoke for volunteers and piloted by a group of volunteers for first session)
- Suicide Awareness - 8

The number of clients receiving volunteer buddy support on a weekly basis during this time was 146 and the number of clients having volunteer(s) alarm responders was 119.

Moray also built community capacity in 2018/19 by supporting the development of Men's Sheds with over 201 "shedders" accessing Moray's 5 Men's Sheds. Be Active Life Long (BALL) community groups continue to prove popular as an alternative way to improve health and wellbeing with 790 participants taking part each week in the volunteer led groups. Two daytime health and wellbeing discos attracted over 150 people with each event building community capacity on the benefits of physical activity in older age.

The direct recruitment of volunteers and community capacity building demonstrates the commitment of social care in Moray to prevention in adult services. In children's services a locality network approach has been taken with social workers involved in local community network groups to identify what resources would best meet local needs at an early intervention and prevention level. Additionally, in 2018/19 work was taken forward to begin the establishment of Signs of Safety and Family Group Conferencing.

Social Work contributes to the preventative agenda ensuring that social work assessments and plans of support utilising principles of self-directed support are independence, and reablement focused. The voice of people who use services and their risk enablement will be of increased significance going forward.

There were 41 residential placements in Children's services during 18/19 of which 23 were out of area. Of the out of area with education placements 7 out of 20 are for children who have significant learning disability needs who will transition to adult services. During 19/20 a workstream of improvement and change will be established.

5. Service Quality and Performance including delivery of statutory functions

Social work in Moray is performing well in many areas. The involvement in the thematic review of self-directed support demonstrated a confidence and ability in taking this agenda forward. The principles of self-directed support were adopted from inception by the Moray Health and Social Care Partnership through the Partners in Care Policy, and have influenced the approach taken with in the Integrated Joint Board. The Care Inspectorate carried out the thematic review across six Partnership areas, using seven quality indicators. The report highlighted that social work staff had a solid understanding of the values and principles which underpin the legislation with most individuals experiencing choice and control in how their personalised budgets were utilised. The principles and values of SDS will continue to be embedded in line with the recommendations from the review and the national implementation plan for 2019-2021.

Within children's services contract monitoring alongside statutory review requirements is a feature of reviewing the services delivered to the children, young people and families using those services in Moray. Given financial pressures and constraints noted above, as a service and acting in partnership with others, we are seeking to achieve a holding position at this time while the key processes associated with Realigning Children's Service progress. This, together with an audit of commissioning of children services, will inform developments to be made for children on the edge of care and for children who need a "step down" service. The work being undertaken through this programme will inform the Moray Children's Service Plan and identify more effectively where resources need to be targeted. Children's services remain active, engaged and supportive of Scotland Excel processes. .

New statutory responsibilities were implemented in this reporting period. An initial implementation plan delegated the formal assessment of carers to our commissioned carer support partner. In line with the Carers (Scotland) Act 2016, Adult Carers Support Plans replaced Carers Assessments, with our commissioned partner undertaking the majority of this work. Processes required to implement the legislation were reviewed after six months, involving all key stakeholders and amendments made in line with the ongoing evaluation. A local eligibility criteria has been developed and implemented along with clear information and advice relating to Self-Directed Support for Carers. Further requirements within the Act made it necessary for us to waive charges for carers, develop a short breaks statement and to involve carers in hospital discharge planning; where initial work has been undertaken in collaboration with Ward 7 at Dr Gray's Hospital. A holistic review took place toward the end of this reporting period with key recommendations to move forward.

The Mental Health Officer (MHO) Service

There are 14.3 FTE practising MHOs in Moray. All MHOs practice on top of their substantive social work post and there is no specialist team of MHOs. There are 2 FTE MHOs covering out of hours MHO duties when they are on shift and there is a 0.77 FTE deficit in the team for MHO cover.

There are currently 8.3 FTE MHOs on the Mental Health (Care and Treatment) Act duty day time rota. There are 11.3 FTE MHOs who write MHO reports for guardianship and intervention order applications. The out of hours MHOs do not complete guardianship reports.

Workload and capacity of the service

Guardianship and intervention orders MHO report allocations reduced slightly from the previous year. In 2018-2019 there were 56 allocations which included 46 private applications and 10 local authority applications, whereas in the previous year 2017-2018 there were 61 allocations in total. MHOs typically write 5-6 reports each per year pro rata. Moray does not operate an MHO waiting list for guardianship reports; an MHO is allocated upon receipt of a request in the case of a private application and for Local authority

guardianships an MHO is allocated at point of notification to the council's legal services that an intervention under the 2000 Act is required.

In 2018-2019 there were 13 emergency detentions and 62 short term detentions; 19 of these went on to compulsory treatment orders or interim orders. While the number of short term detentions is a slight increase on previous year (57) there was an increase of 88% in CTO applications (19) on previous year (11).

Due to retirement of MHO qualified Out of Hours social worker and their replacement by a non-MHO qualified social worker there were three occasions in 2018-19 where an MHO was not available out of hours.

Social Workers leaving and joining the MHO service in 2018-19

There are 1.8FTE candidates on track for qualifying as an MHO and will be on both AWI and MH Act rotas in Autumn 2019 increasing the numbers of practising MHOs to 16.1 FTE should there be no leavers in the meantime.

Corporate Parenting

Further in children's services there has been engagement with Permanence and Care Excellence (PACE) and there are 4 aims with which we are making progress. These are:

- Aim 1 - By 30 September 2018, 100% of children looked after at home for more than 2 years from 1 June 2018, will undergo a peer review that will be reported to the Service & Team Managers.
- Aim 2 - By 1 July 2019, 90% of looked after & accommodated children, accommodated on or after 1 June 2018, will have a recommendation for permanence within 30 weeks.
- Aim 3 - By 1 July 2019, 60% of children who have had a recommendation for permanence away from home from 1 June 2018, will be presented to the Fostering & Adoption Panel within 15 weeks.
- Aim 4 - By 1 July 2019, 60% of children from 1 June 2018, who have an agency approved permanence plan to be secured via a Permanence Order, will have the order lodged within 16 weeks of the agency decision date.

Our Champion's Board is developing in strength and we have had recent confirmation of extended Life Changes Trust funding for years 2020/21 and 2021/22. The activities within the Champions Board are consistent with a number of the "stop" "go" activities being promoted by the Care Review. Those for Moray having been based on the "asks" of a number of our CEC&YP: the "asks" are consistent with the pillars of the Care Leaver Covenant. The concept of "stop" "go" will be more fully endorsed at a future Board meeting.

The statistics for Moray in relation to Looked After and Accommodated Children are of concern. We have more children in residential care: 30th out of 32 local authorities in Scotland. We also have a higher than average number of children in foster care and less

children in kinship care. The commissioning activity to be concluded in 2019/20 includes the outcome of Realigning Children's Services which will help identify where we might better prevent children becoming looked after and accommodated, especially in residential provision.

We reviewed and redesigned our foster scheme. The new scheme is designed to support relationships; and limit numbers of changes in placements. Carers at assessment are being introduced to the concept of continuing care. The new scheme should support the matching of foster carers to specific children so potentially enabling more to remain in Moray.

Acting together with housing and the third sector a scatter flat initiative has been developed. This means young people are supported in Scottish Short Assured Tenancies in an area of their choosing. When there is confidence that the young person can manage their tenancy this is converted to a full tenancy, given they will have developed links and friends in that community.

To coordinate and lead on all the various social care developments, initiatives and requirements in both children and adult services within an integrated environment the Chief Social Work officer established a Social Work Leaders Group. This group has written a Development Plan that is monitored by the Social Work Leaders. An early initiative of the Social Work Leaders Group was to set up workshops for all registered social work staff to ask them what they thought were the strengths and areas of practice to be developed. The output of these workshops was incorporated in the Development Plan. The development plan was shared with Moray Chief Officer Group. The Plan is attached at **Appendix A**.

Moray has three consultant Social Work Practitioners posts in Adult Services which have been in place for over 5 years. Consultant practitioners demonstrate excellent practice, lead by example, advise and support social workers and managers of social workers. Consultant practitioners attend practice governance meetings, design and undertake practice audits and staff briefing or learning events.

Social Work staff in Moray attend relevant Social Work Scotland groups and network across many areas, including commissioning, Self-Directed Support, Community Care and Learning Disability. Commissioning staff have developed good relationships with Scotland Excel.

6. Workforce

a) Planning

b) Development

There are 163 qualified Social Work staff in Moray across both adult and children's services, including those in management positions. Recruitment of qualified staff is at present not problematic, primarily because retention is relatively high so recruitment requirements are relatively low.

We have 537.4 social care staff in direct Moray Council service provision. Recruitment here can be challenging.

An extensive training programme was offered specifically to Newly Qualified Social Workers (NQSW) and Social Workers in Training over the year. Some were visits from other services to help their understanding of what's available in Moray. This included themes of child protection, alcohol and drugs, self-directed support, professional boundaries, youth justice, dementia, child Sexual Exploitation, child and adolescent brain development, Adverse Childhoods Experiences, and taking care of their own health and wellbeing.

In terms of succession for CSWO role the current Interim Joint Head of Integrated Children's Services has completed the CSWO Post Graduate Diploma qualification and a senior manager has also expressed interest in this.

To strengthen social work development the CSWO has created a social work leaders group that takes responsibility for the social work development plan and the improvement and development of social care in Moray. The potential to include third sector in this has been discussed and by agreement their inclusion deferred for further discussion. Social work leaders maintain active involvement in national Social Work Scotland Networks and other working groups. The Social Work Leaders group has met with SSSC representatives and promoted the role of Social Work in Moray across the Council area. The Social Work Leaders group convened an open event for all social workers in December 2018. The output of this was used to inform the Social Work development plan.

Conclusion

The 50th anniversary of the Social Work (Scotland) Act 1968 has provided us with the opportunity to reaffirm the identity of Social Work in Moray, particularly in respect of tackling inequalities and poverty. As a profession it continues to grow in strength and confidence, which is crucial in ensuring partnership working is the best it can be to improve outcomes for children, families and communities.

Social Work Development Plan

06.02.2019

1.0 Purpose

To implement the first year of a 5 year project plan that will affirm the identity of social work as a single profession across all Council Departments and Sections as well as Health & Social Care Moray.

2.0 Background

Throughout Moray Council, Social Workers operate in a diverse range of different settings which include working with children, the elderly and people experiencing particular challenges in life such as mental health and/or substance misuse or who have a disability.

While it is an organisational necessity that Social Workers are firmly embedded in multi-disciplinary teams and are confident working across a wide range of different professional boundaries, it is also right and proper that we collectively identify ourselves as part of one single profession; social work.

3.0 Underpinning Ethos

Affirming this collective professional identity, which entails sharing a set of underpinning values and theoretical propositions, is important at a time when all local authorities are facing some of the most significant fiscal challenges and upheavals in a generation.

In light of the high levels of inequality and poverty that social workers have to contend with on a daily basis, it is more important than ever that social workers challenge themselves and ask what does it mean to be part of a profession which the International Federation of Social Workers defines as:-

“a practice based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people.”

This definition is also consistent with the British Association of Social Workers (BASW), which since 1975 have adopted a code of practice based on human rights, social justice and professional integrity. At a more focused operational level, the underpinning humanitarian values of BASW are reflected in the Scottish Social Services Council (SSSC) code of conduct.

These 6 SSSC standards state “As a social service worker, I must... protect and promote the rights and interests of people who use services and carers; create and maintain the trust and confidence of people who use services and carers; promote the independence of people who use services while protecting them, as far as possible, from danger and harm; respect the rights of people who use services, whilst striving to make sure that their behaviour does not harm themselves or other people; uphold public trust and confidence in social services; and be accountable for the quality of my work and will take responsibility for maintaining and improving my knowledge and skills.”

If we are to uphold the International Federation of Social Workers definition of social work practice and the BASW and SSSC codes of conduct, what does this mean for our professional practice in Moray?

Moreover, if all Social Workers are leaders, how can we collectively go about shaping our own profession In Moray? To this end, the underpinning premise of this project plan is an invitation for all social workers to consider this question.

4.0 Aim

Consequently, the aim of this project plan is to reflect on this international definition of social work and codes of practice with the intention to:-

- affirm the identity of social work as a single profession across all Council Departments and Sections through a continuous professional development approach, practice care governance and peer professional support.

This aim will be achieved through the delivery of a project plan.

5.0 Milestones

Aligned to this aim, the project plan will outline a range of tasks that will achieve the following project milestones.

The project milestones have been informed by the feedback from participants who took part in the first two workshops in a series of Social Work Practitioner Forums. The workshops were facilitated by the Social Work Training Team and held in December 2018. These milestones are as follows:-

	Theme	Milestone	Description
1.	Governance	Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work. This will also include agreeing quality measures for social work in both Integrated Children's Services & Adult Services & a related risk register.	Social Workers/Social Care staff are aware of and are involved in the Governance Board. Improve governance structures across all Social Work Service areas. The Governance Board takes responsibility for the quality of Social Work/Social Care in Moray. The Practitioner Workshops highlighted the importance of creating structures that would give social workers the opportunity to be informed in decisions and to be involved in the solutions.
2.	Self-Evaluation	Implement a structured approach to self-evaluation for all Council Social Workers	Self-evaluation at individual, team, service levels is conducted managerially but not professionally. The approach will consider how to utilise the 'Continuous Learning Framework' and SSSC standards. The feedback from the Practitioner Forums was that social workers also wanted the time to reflect on the continuous improvement process. A self-evaluation approach would assist with this. The workshop participants also noted the importance of establishing a baseline understanding of practitioner knowledge. This activity will also underpin the 'continuous professional development', 'supporting the broader role of Social Work' and 'developing a Social Work Training Plan' milestones.

3.	Communication	Support the professional development of social workers through regular communication and engagement.	<p>Develop a communication strategy that will support the professional development of social work staff through a range of communication activities (e.g. newsletter and journals). Ensure that this approach is congruent with professional values and practice (i.e. inclusive and empowering).</p> <p>Participants at the Practitioner Forum also identified the need to find ways of improving the trust in professional decision making, enhancing the corporate reputation and improving communication links with senior management. Delivering this milestone will mean that the project plan will need to consider how resources (people, time, budget) is fully utilised.</p>
4.	Continuing Professional Development	To deliver a range of activities that will support the learning and development of social workers.	<p>Facilitated by the Social Work Training Team and linking in with the above milestone, Social Workers/Social Care staff in Moray are supported to develop their professional skills and knowledge to progress in their career.</p> <p>There are mechanisms in place to support professional development such as Practitioner Forums and learning opportunities. Professional debate and discussion is promoted in specific Social work approaches and techniques.</p> <p>CPD – Continuing Professional Development/of Social Work/of Social Care skills is embedded in the organisational structure where Social Work/Social Care staff work in Moray.</p> <p>As part of the Practitioner Workshop Forums, social workers also saw stronger links with the NHS Training Team as an opportunity to breakdown professional barriers and further enhance integrated working.</p>
5.	Supporting the broader role of	To develop social workers who are able to support their professional	To operate effectively, Social Workers need to have a thorough understanding of the evolving social policy context –

	Social Work	practice through an in-depth understanding of current developments in social work thinking.	<p>at both national and a local government levels- and how this impacts on their professional practice. Social policy is about causes of social problems and the underpinning theoretical and the ideological perspectives adopted as a means to address these issues. Consequently knowledge of the policy context is essential for all social workers if they are to operate effectively.</p> <p>The feedback from the social work practitioner forums was that there was a need to provide more support in relation to positive risk taking and recording positive risk.</p>
6.	Develop a Social Work Training Plan	To further develop social work professional practice through training and personal development. There are legislative requirements that are specific only to social work (e.g. SDS). This would be reflected in a training plan that would focus on a range of social work development professional issues.	<p>A formal Social Work Training Plan will help support the key themes identified as part of this initiative. It will also be informed by the Care Inspectorate's SDS thematic for adult services and Care Inspectorate's Children's Services Inspection.</p> <p>The Training Plan links well with many of the comments made at the Practitioner Forum in that it will identify the resources needed to deliver training and how this can be undertaken in a co-ordinated way.</p>
7.	Personal Outcomes	To further embed a personal outcomes approach in terms of professional practice.	<p>A personal outcomes approach is a key part of social work professional practice. This milestone will focus on how qualitative data can be used in a meaningful way to support professional social work practice.</p> <p>This milestone also links in with the feedback from the Practitioner Forums, in that 'investing in-house knowledge' was identified as one of the areas for future development.</p>
8.	Social Work Leadership	To explore the impact of management and leadership styles and its impact on	Social Workers who are managers need to be aware of the impact their managerial leadership and managerial style has








		<p>professional social work practice.</p>	<p>on the delivery of services for vulnerable people and on the context in which social work is delivered.</p> <p>Practitioners also need to identify themselves as practitioner leaders, to uphold the values and standards of social work practice, especially in multi-disciplinary teams. Practitioner leaders must also take responsibility for promoting their professional values and standards, and managing the tensions between individual demand and available resources, which is inherent in the social work role.</p> <p>The relationship between social work and social care should be constructive. All social care staff should feel able to contribute equally to leadership and development in social care.</p>
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6.0 Timeline

Ultimately, to achieve the above aim it is anticipated that this will be a 5 year initiative.

Each year will represent a project phase. The following project plan timeline is therefor for the first 12 months. A project plan will be developed for each of the following years of this initiative.

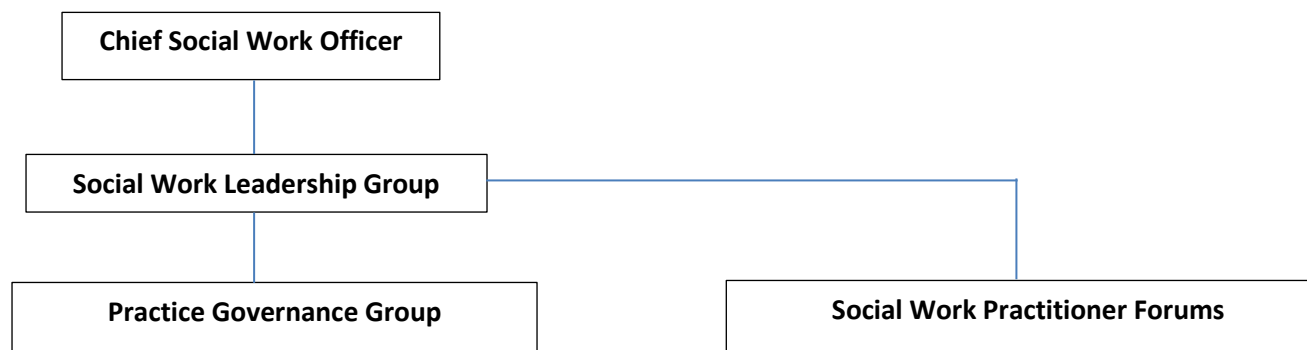
As noted below, it is proposed that the phase 1 of the project plan will run from January to December 2019.

Month		2019											
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Milestone	1. Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work.					Implement 							
	2. Implement a structured approach to self-evaluation for all Council Social Workers.						Implement 						
	3. Support the professional development of social workers through regular communication and engagement.						Implement 						
	4. To deliver a range of activities that will support the learning and development of social workers.					Implement 							
	5. To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in social work thinking.					Implement 							
	6. Develop a Social Work Training Plan				Implement 								
	7. Personal Outcomes					Implement 							

7.0 Governance

The project sponsor for this plan will be Jane Mackie, Chief Social Work Officer, and the operational implementation of the project plan will be overseen by a Social Work Leadership Group. This Group will work closely with existing practice governance arrangements across all related council departments and sections.

The Social Work Leadership Group will meet on a quarterly basis and will be chaired by the Chief Social Work Officer. The following is an outline of the governance and reporting arrangements:-



It should be noted that the Social Work Leadership Group will have representation from all social work associated service areas (names to be confirmed) and will include the following milestone leads-

Milestone	Lead
1. Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work.	Social Work Leadership Group
2. Implement a structured approach to self-evaluation for all Council Social Workers.	Social Work Leadership Group
3. Support the professional development of social workers through regular communication and engagement.	Social Work Leadership Group
4. To deliver a range of activities that will support the learning and development of social workers.	Social Work Leadership Group
5. To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in	Social Work Leadership Group

social work thinking.	
6. To further develop social work professional practice through a Social Work Training Plan.	Social Work Leadership Group
7. To further embed a personal outcomes approach in terms of professional practice.	Social Work Leadership Group

Following a project management methodology, the Social Work Development Project Management Group Meetings will have 2 standing agenda items. These are:-

- Progress Against Project Plan Up-date; and
- Risk & Issues Log

The Senior Project Officer will support the monitoring and review of these documents by this group.

Furthermore, at the end of each phase, the Social Work Development Project Management Group will also consider the outcome of the end of phase learning review. This activity will help to inform the project plan for the next phase of this initiative.

The Social Work Practitioner Forum will also be an essential part of the development approach through allowing social workers the opportunity to shape and influence how the milestones and aim will be realised.

8.0 The Project Plan

Key-add names

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
1.0 Milestone: Boards are established in both Adult and Children Services that provides quality assurance for Social Care and Social Work. Lead: tbc (January to April)								
1.1			Task: Develop remit and rationale for Boards that are aligned to existing structures					
1.2			Task: Consult internally on proposed rationale and remit					
1.3			Task: Revise original proposal					
1.4			Task: Submit paper to the Social Work Leadership Group for approval					
1.5			Task: Board meetings and a schedule of meetings is agreed					
1.6			Task: A suite of quality measures is drafted across all service areas					
1.7			Task: The draft quality measures are consulted internally					
1.8			Task: Based on the internal consultation, the draft quality measures are consideration by the Social Work Leadership Group					
1.9			Task: The draft quality measures are approved by the Boards and a schedule and process for reporting is confirmed.					
1.10			Task: Develop a Social Work specific risk register.					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
1.11			Task: Format of risk register and the process of completion is agreed at the Board Meeting.					
2.0 Milestone: Implement a structured approach to self-evaluation for all Council Social Workers. Lead: (April to December)								
2.1			Task: Scope all self-evaluation and continuous improvement options.					
2.2			Task: Determine 'best fit' approach.					
2.3			Task: Interim progress report submitted to the Social Work Leadership Group (refine approach)					
2.4			Task: Consult internally on the proposed approach					
2.5			Task Revise proposal and submit to the Social Work Leadership Group for approval					
2.6			Task: Submit self-evaluation approach to Practice Governance Boards for approval.					
2.7			Task: Implement the self-evaluation approach					
3.0 Milestone: Support the professional development of social workers through regular communication and engagement. Lead: (April to June)								
3.1			Task: Write a short brief for a Communication & Engagement Plan					
3.2			Task: Develop a Communication & Engagement Plan					
3.3			Task: Agree the Communication & Engagement Plan at the Social Work Leadership Group					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
3.4			Task: Implement the Communication & Engagement Plan					
4.0 Milestone: To deliver a range of activities that will support the learning and development of social workers. Lead: (January to April)								
4.1			Task: Implement a programme of social work practitioner forums and determine the most effective approach to continuing professional development		30 11 18 & 3 12 18	Ongoing		
4.2			Task: Develop a proposal for continuing professional development based on the above workshops					
4.3			Task: Interim report submitted to the Social Work Leadership Group for initial consideration					
4.4			Task: The proposal is submitted to the Practitioner Forum for further debate and refinement					
4.5			Task: The final proposal is submitted to the Social Work Leadership for approval					
4.6			Task: The final proposal is submitted to the Boards for approval.					
4.7			Task: The approach to continuing professional development is implemented					
5.0 Milestone: To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in social work thinking. Lead: (January to April)								
5.1			Task: Through the practitioner forums consider how this milestone could be best achieved		30 11 18 & 3 12 18	Ongoing		

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
5.2			Task: Develop a proposal based on the views of the practitioner forum participants					
5.3			Task: Interim report submitted to the Social Work Leadership Group for initial consideration					
5.4			Task: The proposal is submitted to the Practitioner Forum for further debate and refinement					
5.5			Task: The final proposal is submitted to the Social Work Leadership for approval					
5.6			Task: The final proposal is submitted to the Boards for approval.					
6.0 Milestone: To develop a Social Work Training Plan Lead: (February to March)								
6.1			Task: The Social Work Leadership Group will reflect on the key findings of the Care Inspectorates thematic review of SDS in Adult Community Care Services					
6.2			Task: Informed by this discussion, develop a brief remit for the plan including the scope					
6.3			Task: Draft the Social Work Training Plan					
6.4			Task: The Social Work Leadership Group gives initial consideration to the draft plan					
6.5			Task: The draft plan is submitted for internal consultation, including the Practitioner Forums					
6.6			Task: Based on the outcome of the internal consultation, the Social Work Training Plan is approved by the Social					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
			Work Leadership Group					
6.7			Task: The Social Work Training Plan is approved by the Board					
6.8			Task: The Social Work Training Plan is submitted for consideration and comment to the Care Inspectorate					
7.0 Milestone: Personal Outcomes Lead: (April to May)								
7.1			Task: Develop a proposal to establish a short-life working group that will help embed the use of qualitative data in relation to implementing a personal outcomes approach					
7.2			Task: Discuss and refine the proposal at the Social Work Practitioner Forum					
7.3			Task: Agree membership of the short-life working group					
7.4			Task: Agree proposal at the Social Work Leadership Group					
7.5			Task: Implement proposal					
8.0 Milestone: Social Work Leadership Lead: (April to June)								
8.1			Task: Develop a baseline leadership questionnaire across all SW areas					
8.2			Task: Project Board agree questionnaire					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
8.3			Task: Circulate questionnaire across all SW areas					
8.4			Task: Analyse findings and identify emerging themes					
8.5			Task: Conduct practitioner led focus groups that further explore the key themes identified in the questionnaire					
8.6			Task: Present and test the findings and key recommendations at the Social Work Practitioner Forum					
8.7			Task: Develop a Social Work Leadership Strategy					
8.8			Task: Present Draft Strategy to the Social Work Practitioner Forum and further develop					
8.9			Task: Consult on the further draft Social Work Leadership Strategy					
8.10			Task: Refine and present for final approval Social Work Leadership Strategy to the Project Board					
8.11			Task: Implement Social Work Leadership Strategy					
8.12			Task: Implement a Strategy to facilitate Practitioners as leaders					
8.13			Task: Provide forums for social work and social care staff to collaborate and develop relationships.					