Item No: 12

Meeting Date: **Wednesday 26th November 2025**

Glasgow City Integration Joint Board

Report By: **Kelda Gaffney, Depute Chief Officer, Operations and Governance and Chief Social Work Officer**

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Chief Social Work Officer Annual Report 2024-25

Purpose of Report:	To present the annual report from the Chief Social Work Officer for the year 2024-25, prepared in line with Scottish Government guidance.

Background/Engagement:	The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer is contained within Section 3 of the Social Work (Scotland) Act 1968. This is one of a number of statutory requirements in relation to posts, roles or duties with which local authorities must comply. The Chief Social Work Officer (CSWO) is required to produce an annual report, following guidance for submission to the Scottish Government.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☒ Wellbeing, Equalities, Communities, Culture and Engagement City Policy Committee Update requested by IJB ☐ Other ☒

	Social Work Professional Governance Board Not Applicable ☐
Recommendations:	The Integration Joint Board is asked to: a) Note the contents of the report; and b) Note that the Chief Social Work Officer report has been submitted to the Scottish Government.

Relevance to Integration Joint Board Strategic Plan:

Delivery of effective social care services is fundamental to supporting the vision and key aims of the IJB's Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Supports achievement of all National Health & Wellbeing Outcomes
Personnel:	None
Carers:	None
Provider Organisations:	None
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	Local authorities are required to appoint a professionally qualified Chief Social Work Officer under Section 3 of the Social Work (Scotland) Act 1968. The duties of the CSWO include production of the annual Chief Social Work Officer's Report, which is presented to the local authority and shared with the Scottish Government.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	This report must be considered by Glasgow City Council.

Implications for NHS Greater Glasgow & Clyde:	None.

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Governance, Accountability and Statutory Functions

1.1 Role of the Chief Social Work Officer

1.1.1 The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 3 of the Social Work (Scotland) Act 1968. This is one of a number of statutory requirements in relation to posts, roles or duties with which local authorities must comply.

1.1.2 The overall objective of the Chief Social Work Officer post is to ensure the provision of effective, professional advice to local authorities in relation to the provision of Social Work Services, and to ensure the delivery of safe, effective and innovative practice.

1.1.3 The Scottish Government has put in place statutory guidance relating to the role of the Chief Social Work Officer that clarifies:

- role and function
- competencies, scope and responsibilities
- accountability and reporting arrangements

1.1.4 The Scottish Government has also preserved the statutory role of the Chief Social Work Officer within the terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

1.1.5 The format for this report is in line with guidance issued in June 2023 by the Office of the Chief Social Work Adviser to the Scottish Government.

1.2 Governance and Accountability

1.2.1 Social Work Services actively engage in multiple strategic partnerships to support the development and delivery of effective services across Glasgow. Principal partners include Education Services, NHS Greater Glasgow and Clyde, Glasgow Community Planning Partnership, Police Scotland, organisations from the third and independent sectors, as well as service users and carers.

1.2.2 The Glasgow City Integration Joint Board (IJB), established in February 2016, has been delegated a comprehensive range of health and social care functions by both the Council and Health Board. Strengthening relationships with key partners remains a primary objective for the Integration Joint Board and the Glasgow City Health and Social Care Partnership (HSCP) through the ongoing integration of health and social care services.

1.2.3 The CSWO serves as a member of the Executive and Senior Management Teams and leads the Social Work Services Professional Governance Board. This role includes statutory membership of the Integration Joint Board and the Chief Officers Group, and chairing or contributing to several partnership boards and committees. The CSWO is integral to governance and accountability, ensuring that a professional social work perspective informs all strategic and operational decisions within the HSCP. An overview of the executive management structure of Glasgow City HSCP is available here, with forthcoming updates to reflect recent organisational changes.

1.2.4 The Chief Social Work Officer chairs the Glasgow City Social Work Professional Governance Board, which includes senior management from the three localities, frontline staff, and a diverse group of stakeholders such as universities and regulatory bodies. The Governance Board oversees all aspects of social work practice, including policy development, inspection outcomes of registered services, training and development, research and audit, and workforce profiling, including registration. The Terms of Reference are provided in Appendix 1.

1.2.5 A Safeguarding Board was introduced to the governance structure in 2025, chaired by the CSWO, to provide a strategic and performance framework for safeguarding across social work services, to protect individuals from harm and promote an environment of care that is safe, inclusive and supportive. The group reports directly to the Social Work Professional Governance Board.

1.2.6 The Chief Social Work Officer collaborates closely with Elected Members and Council committees to ensure rigorous scrutiny of social work functions at the political level. Additionally, the Chief Social Work Officer holds statutory responsibility for providing the Council and IJB with expert professional advice concerning the provision of social work services.

1.2.7 The Chief Social Work Officer and Chief Nurse jointly undertook to review Governance across Glasgow HSCP in 2025, reporting to the Chief Officer and Executive Management Team, to ensure that the HSCP is operating safely, effectively, and in compliance with statutory requirements and national guidance. The review was commissioned to provide an objective assessment of strengths and areas for improvement. The final report noted significant strengths in the governance structures and roles across the HSCP and provided assurance that Glasgow City demonstrates a range of governance activity and oversight across the HSCP, with robust structures feeding into the Integration Joint Board. An improvement plan has been

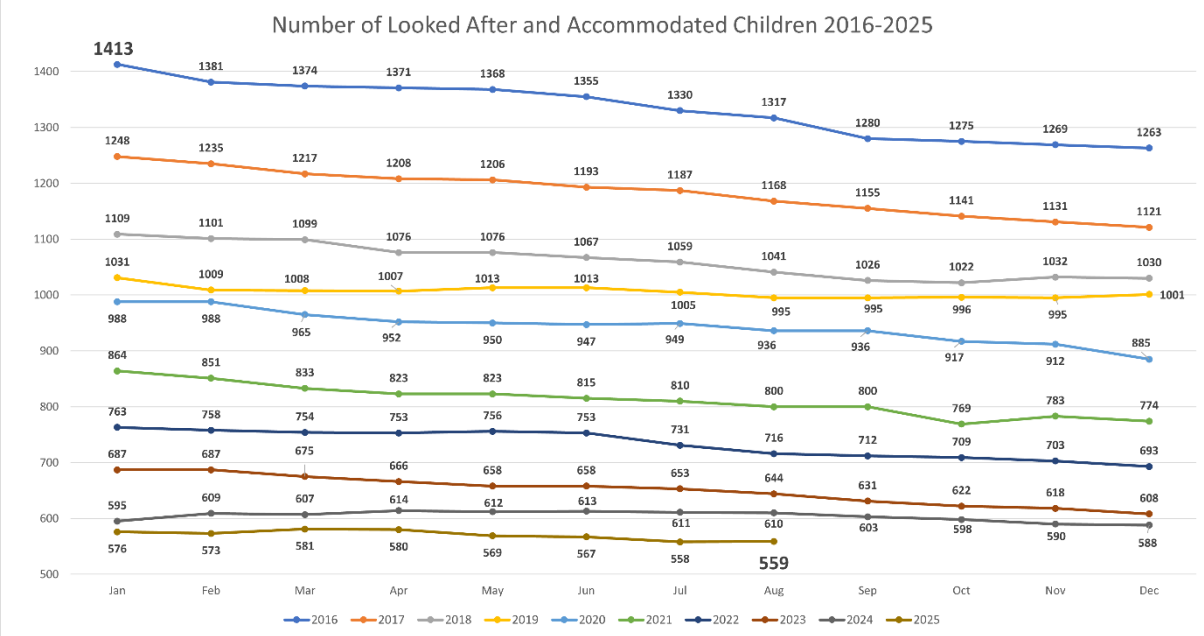
developed to support further developments in integration, visibility and communications in respect of governance.

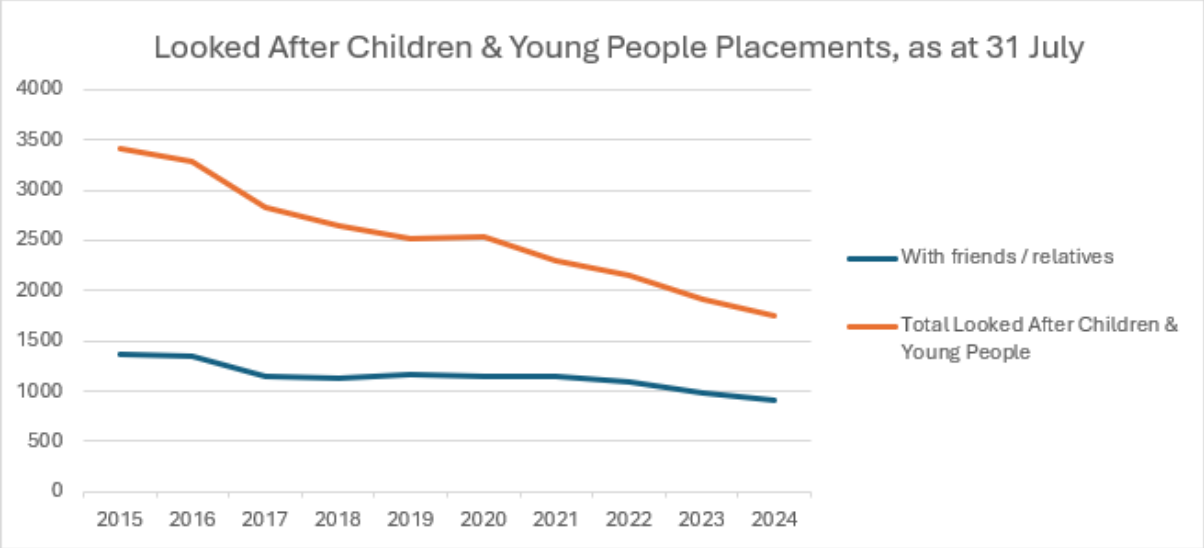
2. Service Quality and Performance

2.1 Children Services

2.1.1 Shift towards Early Intervention and Prevention

Children's services remain focused on supported children, young people and families to stay together within their homes and communities, in line with the Promise. The shift in the balance of care has continued, with a reduction of 60% in the number of children and young people accommodated in foster and residential care since 2016. At the same time, the number of kinship placements has remained relatively stable, reflecting the overall aim to maintain children and young people's connections to their wider family network.





High quality, wraparound family support continues to be prioritised, with up to 40 hours of intensive weekly assistance available for those in greatest need. The updated Glasgow City Family Support Strategy (2024–2030), developed by the Children's Services Planning Partnership, focuses on flexible, strengths-based, trauma-informed support. Building on the Glasgow Intensive Family Support Service - a collaborative effort between HSCP and the third sector - the approach centres on supporting parents of children at risk, emphasising trauma-informed, strengths-based interventions. The Framework for Practice model ensures consistency and helps families recognise and build upon their strengths and shared goals.

Between June 2024 and April 2025, 228 families engaged with GIFSS, with 94% reporting improvements in their situations. The ongoing HSCP and third sector partnership aims to foster hope and better outcomes for families. Efforts with the Child Poverty Pathfinder are enhancing support for families affected by poverty. The HSCP has received £3 million over three years to improve neurodiversity support and increase Independent Reviewing Officer capacity, including employing parents and carers with lived experience to support others.

Pilot programmes in Carlton and Southside Central are testing new employability and financial inclusion initiatives, with plans to expand into Drumchapel, focusing on consistent, strengths-based family support. Section 22 support remains in place to reduce stigma for families experiencing poverty, with positive feedback confirming reduced stress and improved relationships with Health Visitors and access to wider support services. Practitioners report stronger, more trusting relationships with families, enabling better identification and management of risks to children.

2.1.2 Glasgow's Promise Plan

The Glasgow Delivering the Promise Board is updating the 2024–2030 Promise Plan to align with revised national timescales and the recognition that meaningful system change takes time. Over the past year, Promise

Participation Workers have enhanced young people's involvement in shaping services, including:

- Reviewing 16+ accommodation options informed by lived experience.
- Rolling out the My Meeting My Plan model to prioritise child voice and participation, supported by service managers and Independent Reviewing Officers.
- Sharing Glasgow's learning at local and national events to inform wider improvement.
- Piloting the Language of Care initiative, which promotes empathetic, respectful, and child-centred record-keeping, with new guidance developed for risk assessments in partnership with carers.
- Collaborating with the Scottish Government and Promise Design School to create effective permanence KPIs, ensuring child-friendly decision-making.
- Continuing the Family Connections Assessment and Plan to support relationships between siblings and significant others.

The next Promise Action Plan will focus on supporting families, nurturing homes for those unable to live with birth families, amplifying the voices of all children and young people - especially those with complex needs or from BAME backgrounds - measuring service impact, embedding a culture of care, improving access to mental health support, and enhancing cultural inclusivity.

2.1.3 Residential Care

Children's Residential Services in Glasgow use the Nurture Framework to support trauma-informed care, including the Nurture at Night programme for night-shift staff. This approach has led to fewer placement breakdowns, higher Care Inspectorate gradings, and more young people staying in care past 18 years old. Guidance has been developed - "Caring for Glasgow's Children and Young People," offering practical support based on experiences and research on attachment and trauma-informed practices.

2.1.4 Meeting the needs of Glasgow's population of families

Glasgow City has Scotland's highest child deprivation rate, with 32% of children in poverty and most on the Child Protection Register living in SIMD 1 areas. The connection between poverty and neglect is being studied to improve family support.

Children's Services is working to address cultural inclusivity as nearly 20% of Glasgow residents are non-Scottish and 169 languages are spoken in schools. Staff report low confidence and limited understanding of minority ethnic families, neurodiversity, and interpreter difficulties.

A "conversation cafe" with third sector partners in September 2025 will collect community feedback for an improvement plan, inspired by successful

programs with the Roma community and Unaccompanied Asylum-Seeking Children, supporting Scotland's new anti-racist social work agenda.

2.1.5 Developing a Culture of Care

Leadership engagement sessions were held in June 2024 and April 2025 with Teams Leaders, Service Managers and Heads of Service, focusing on developing a culture of care. These sessions focused on the learning from the Promise workstreams, including the roll out of nurture in children's houses, to continue to develop the culture of care across children's services. There was also specific focus on supporting new practitioners, particularly in the first year of practice and for newly qualified social workers.

Staff feedback suggested that these sessions were valuable in offering a reflective space to develop an integrated approach to prioritise wellbeing, focusing on relationship-building and valuing staff. The feedback is helping to develop a shared vision and consistent leadership approach, based on shared values.

2.1.6 Integrated Children's Services Plan and UNCRC Incorporation

Work has begun on the next Children's Services Plan, starting with a stall at the Parkhead Hub Community Networks Day in May 2025 to gather children and young people's views. Further input has been collected through school forums, such as the Senior Phase Parliament in September 2025, with more creative engagement planned. The updated plan will put greater focus on children's rights in line with the UNCRC (Incorporation) (Scotland) Act 2024, and annual reporting will be included in the current CSP process. HSCP staff have met regularly in 2024 and 2025 to review the UNCRC action plan from the Scottish Government, assessing readiness for compliance. Strengths include the Promise work, participation supported by Promise Participation Workers, and a robust legislative framework prioritising the best interests of children and young people.

2.1.7 Leaving Care Event Celebration

The annual Glasgow Open Day - an event which celebrates the achievement of our care experienced young people - took place in October 2024. Arts in the City worked with the Champs' Board to plan the event, and young people participated in hosting, photography, registration, stall holder liaison, developing music playlist, venue décor and set up. Some young people worked with Arts in the City to develop performances and attended a rehearsal day. Awards were issued to young people to recognise achievements, successes and contributions. A network of voluntary, community and third sector organisations supplied resources, goodies and promotional materials to promote their services to young people, including "Spare a Minute" with 60 seconds to provide a summary of their work.

2.2 Adult Services

2.2.1 Learning Disability Services

Glasgow's Learning Disability Clinical Care & Governance Forum promotes integrated working, uniform practices, equitable access, and the sharing of best practices across services. Adult Learning Disability Services consist of three multidisciplinary teams and city-wide day centres. The forum collaborates with the NHSGGC group chaired by East Renfrewshire.

A working group is standardising procedures and facilitating information sharing. Dynamic Support Registers (DSRs) monitor delayed discharges tied to the ‘Coming Home’ report, with notable recent reductions. Staffing challenges and housing shortages are being addressed through partnerships and service redesign.

Risk registers track complex cases outside DSR criteria, enabling escalation of unmet needs. Out-of-area placements are regularly reviewed to ensure suitability, with most located in adjacent regions. An LD action plan supports ongoing service improvements through five key workstreams, detailed below.

As part of Scottish Learning Disability week, from 8 to 12 September 2025, Glasgow City Health and Social Care Partnership (HSCP)’s South Learning Disability Team arranged a number of events. The week’s theme was ‘I am Here’ and staff encouraged service users, carers and families, as well as staff in our Learning Disability teams, to get involved and share their views.

As it was also Falls Awareness week, the first event was a pop-up session within Carlton Day Centre. This provided an opportunity for patients and carers to engage with our Physiotherapy team staff and discuss falls prevention. Physiotherapy staff provided information posters, fall prevention packs and fall recording charts for carers. They also issued easy-read leaflets on falls, promoting physical activity, and gentle balance exercises. Patients were also offered mini balance and gait assessments, walking aid assessments, and brief MOTs of walking aids currently in use.

A final event was held in the Queen Elizabeth University Hospital (QEUH) with a stall in the main atrium displaying some advice on physiotherapy, Learning Disability Week publications and materials, and a range of communication supports. Hospital staff could take these away to support communication on the ward and within outpatient appointments with patients with a learning disability.

2.2.2 Access to Social Care

The development of the Maximising Independence (MI) ethos is influencing practice, as outlined in the Glasgow City IJB Strategic Plan for Health and Social Care 2023-28. A key strategic priority is to support greater self-determination and informed choice (Partnership Priority 2), by improving

Self-directed Support (SDS) policies and procedures to empower individuals to have more control over their care and achieve personal outcomes.

The HSCP has reviewed its approach to social care access, particularly SDS, to establish a fair, accessible, and cost-effective system. The adult needs assessment process, Support Needs Assessment (SNA), has been redesigned, using data to ensure equitable resource allocation. The revised SNA emphasises increased choice and control for service users and carers, adopting a strength-based practice (SBP) approach aligned with trauma-informed principles. This ensures individuals are central to decision-making, promoting empowerment over paternalistic support models.

To support this, a Strengths Based Practice training programme has been introduced in partnership with the Thistle Foundation, with priority given to team leaders and service managers. Additional training and an eLearning module are in development. A city-wide Self-directed Support Practitioner Forum facilitates the sharing of best practice, co-ordinated by the SDS Practice Development Lead. The SDS Governance Group oversees SDS practice to ensure compliance with policy and legislation. Continuous focus remains on enhancing workforce skills and improving recording systems to maximise value for service users.

2.2.3 Alcohol and Drug Services (ADRS)

Glasgow Alcohol and Drug Recovery Services commissioned an external review of their community care and treatment teams in January 2021 to assess service effectiveness and future direction in line with new national strategy. The review, published in November 2021, analysed service data and consulted stakeholders, resulting in 10 key recommendations focused on resource, workforce, and governance. An Implementation Board was established in 2022 and reported final recommendations in 2024, introducing a new skillmix including Social Workers to work alongside Social Care Workers and Nursing staff, to support a whole system approach to working with service users who present with multiple and complex needs. The service has also worked closely with third sector partners to introduce a step-down model of care for individuals, providing wellbeing support and recovery opportunities to people who are engaged with treatment.

The Safer Drug Consumption Facility launched in January 2025, formally names as The Thistle. The previous annual report notes the significant work involved with partner agencies and people with lived experience to develop the service model, create a trauma-informed environment, and recruit to a skillmix reflective of need including social workers, social care harm reduction workers with lived experience, nursing staff, psychology and medical staff. The Thistle has exceeded early expectations in terms of reach and reducing harms, and receives positive feedback from service users and stakeholders.

The CSWO chairs the Alcohol and Drug Partnership (ADP), a multi-agency partnership including ADRS, Health Improvement, Public Health, Police

Scotland, Education, Neighbourhood Regeneration and Sustainability, Third Sector. Reference groups are facilitated by ADP officers (Lived and Living Experiences, Families and Staff) and influence agendas and decision-making.

2.2.4 Mental Health

Glasgow continues to experience pressures related to the availability and capacity of Mental Health Officers (MHOs), owing to the demands of AWI Act work. Proactive recruitment and a review of the MHO role resulted in successful appointments to vacancies, and there is additional investment in Social Workers undertaking MHO training this year. Oversight of professional practice and strategic development is maintained through the MHO governance group, MHO Forum, and the Lead Mental Health Officer.

The Social Work Practice Audit team reported their findings and recommendations in 2025 from a review of MHO activity, undertaken alongside a service review of Emergency Detention Certificates (EDCs) issued without MHO consent. The Audit highlighted a number of positive findings including high-quality report writing, effective joint working, and thorough case recording, noting recruitment efforts had resulted in a net gain of 13 MHOs in 2024. A number of systemic issues were identified in relation to MHO management structures, data quality, and quality assurance, which has resulted in an improvement plan, monitored through Social Work Governance Board.

The 5-year strategy for Mental Health Services in NHS Greater Glasgow & Clyde (NHSGGC), alongside the Scottish Government Mental Health strategy, outlines a long-term plan to adjust the balance of care, by increasing investment in community resources and developing alternative treatments within the community. These measures aim to prevent hospital admissions and expedite discharges from mental health inpatient settings.

Four community engagement sessions took place in Glasgow to understand local views on the delivery of mental health services. These sessions, both in Glasgow and across NHSGGC, highlighted support for ensuring community services meet needs and prevent hospital admissions where possible. Further community consultation will take place in line with proposals to reduce hospital beds and invest in community services such as those targeted at people with Borderline Personality Disorder, treatment at home provision and community supports to expedite discharge.

Glasgow City HSCP North East Mental Health Services has been designated as one of four early implementation sites, in partnership with the Scottish Government, for the National Trauma Responsive Social Work Services Programme. The primary objective of this programme is to establish trauma-informed systems and develop trauma-aware workforces across Scotland through collaborative efforts with multi-agency partners.

Distinct from other implementation sites, our initiative encompasses the entire cohort of Mental Health staff within the North East Community Mental Health Teams and Adult Social Work Services. This represents approximately 170 multidisciplinary professionals, including personnel from Health, Social Work, and Administration. To date, our activities have included the provision of training, the facilitation of leadership development, the enhancement of staff skills, and the implementation of participatory action planning.

Key Themes include:

- Leadership, organisational culture, and staff wellbeing
- Workforce knowledge, skills, and confidence
- Power sharing and the establishment of effective feedback mechanisms

Projected Outcomes include:

- For staff: Enhanced wellbeing, strengthened multidisciplinary collaboration, and increased trauma awareness
- For service users: Greater satisfaction, improved outcomes, reduced duration of service engagement, enhanced service environments, increased independence, a reduction in complaints, minimised risk of re-traumatisation, and support for positive risk-taking

2.3 Older People and Care Services

2.3.1 Older People Residential and Day Care Services

Older People's Residential Services offer 24-hour care for up to 550 residents, with bed numbers temporarily reduced to 490 due to ongoing works at Riverside Care Home. Residents increasingly have complex needs: 72% are over 80, 77% have significant mobility issues, 79% have a certificate of incapacity, and 83% have dementia, reflecting successful support for people to remain at home longer. In 2024/2025, admission processes were realigned, reducing the proportion of residents with significant mobility impairment to 39%, though this varies between homes.

10 Day Care Centres across Glasgow continue to adapt following a recent service review consultation, with findings informing future enhancements. Compliance with the Health and Care (Staffing) (Scotland) Act 2019 was achieved through self-evaluation, staff briefings, and piloting a revised staffing tool based on resident dependency.

Further developments in 2024/25 included launching an internal quality assurance system, new pressure ulcer prevention resources and training, and securing funding for Alexa Show devices to boost digital engagement in care homes and day centres. A Meaningful Connections Policy was co-produced to support residents' personal relationships, with initiatives involving local colleges and schools. The service's partnership with Glasgow Clyde College continues to provide internships, leading to permanent jobs for students, and contributes to a national workplace learning blueprint.

2.3.2 Care at Home

Glasgow City HSCP Home Care services deliver approximately 82,748 visits per week across (4.31m visits per year). In 2024/25, the Home Care services received 9,004 referrals. The Reablement Care at Home model plays a crucial role in transitioning patients from hospital to home. By focusing on eligibility and person-centred care planning and a robust assessment process aligned with the Maximising Independence agenda. During 2024/25, 3,230 service users had successfully fully or partially completed a period of reablement assessment and the overall hours of care provided reduced by 52.12%.

In 2024/25, the Community Alarms & Telecare service supported an average of 8,760 individuals across Glasgow, operating 24/7, including public holidays. The purpose of Telecare is to provide reassurance to service users and their families, and is an integral part of care planning, helping to delay admissions to long-term care placements and keeping service users in their own homes for as long as possible. Over the 24/25 period, the Community Alarm and Telecare services has welcomed 2,468 new service users onto the Community Alarm service, responding to over 29,000 onsite requests for assistance over the year.

Home Care services are invested in providing quality training opportunities for staff, collaborating with organisations such as NHS, Moving and Handling, Day Care, 3rd Sector organisations, Carers Support Teams and Technology Enabled Care. There are also other learning opportunities supporting staff with succession planning to facilitate professional development. The robust induction programme is reviewed annually to ensure it meets best practice and reflects the changing needs of the service user group. There is an established relationship with our colleagues from Glasgow Caledonian University for the student programme offered within the Reablement Service. All home carers are registered with the Scottish Social Service Council (SSSC), and they are actively encouraged to access learning modules via their Open Badge scheme.

Glasgow City HSCP successfully completed two succession planning projects to strengthen workforce resilience. A structured cohort programme supported Home Carers to progress into Care Coordinator roles through mentoring, training, and competency-based assessments. In parallel, a formal pathway was developed for responders transitioning into call handling roles, involving stakeholder engagement, training, and rota planning. Both initiatives were embedded into workforce planning and will be expanded in the coming years to support continued career development and service continuity.

During 2024/25, Glasgow City HSCP made significant progress in absence management, with overall absence rates showing a downward trend across social work and care services. Improvements were supported by clearer reporting, HR drop-in sessions, and a renewed focus on wellbeing. In parallel, the service began developing a structured approach to stress

assessment using the HSE Management Standards framework. While still in its early stages, this work aims to identify workplace stressors, guide action planning, and embed wellbeing into operational practice in the years ahead.

2.3.3 Community Alarms and Telecare Service

Telecare provides reassurance to service users and families, supporting care planning and helping people remain at home. Operating 24/7, the service offers routine and emergency installations, with dedicated call monitoring and response teams. By the end of 2024/25, there were 8,837 users and 2,551 new registrations. The team handled 420,015 incoming and 115,833 outgoing calls, including 1,523 to emergency services, and responded to 28,910 requests for help. Most alarm calls (95.3%) were answered within 60 seconds, and 98.6% of emergencies were attended within 45 minutes. In March 2025, a digital call handling platform was launched to future-proof the service, involving thorough testing, data migration, and staff training. This upgrade ensures secure, efficient support for vulnerable individuals in Glasgow.

2.3.4 Care Home Quality Assurance Team

The Care Home Quality Assurance Team (CHQA) provides essential governance to ensure high standards in Glasgow's care homes for older people. The team delivers comprehensive health, social work, and commissioning oversight for all commissioned homes, offering risk assessment and quality assurance.

Glasgow has 61 older people's care homes: 50 private (82%), 6 voluntary (10%), and 5 directly provided by the Local Authority (8%). Additionally, there are 4 Intermediate Care Services (Burlington, Ailsa Craig, Chester Park, Oakbridge), each with 15 beds, supporting hospital discharges. These contracts run from 30 January 2023 to 29 January 2026.

Despite economic challenges impacting sustainability, the CHQA team's early intervention helps maintain quality and manage risk. Strong partnerships with the Care Inspectorate enable proactive support, especially when inspection grades are low, helping to avoid large-scale investigations and drive service improvement. The CHQA team uses a triangulated approach to assure ongoing quality across care homes in Glasgow.

Older People Commissioning	Social Work Quality Assurance Team	Care Home Nursing Team
• Contract Management of services including completing risk assessments and visits, addressing all aspects of service delivery in	• Complete individual reviews for residents in care homes • Signpost Providers requiring additional support, e.g. PDN training	• The Care Home Liaison Nurses (CHLN) visit older adult care homes with nursing units and provide professional advice.

Older People Commissioning	Social Work Quality Assurance Team	Care Home Nursing Team
alignment with the HSCP KPIs • Enhanced monitoring: ➢ In the event a provider has a red risk rating, weekly enhanced visits take place. ➢ If a provider is rated amber, visits are increased to mitigate issues identified in order to support the provider to improve service delivery ➢ Support the roll out of performance reports ➢ Deal with service concerns/complaints ➢ Pull together SIP plans in respect of LSI ➢ Link with SW and providers in relation to ASP ➢ Support Hospital SW team with delayed discharges ➢ Service Reviews (on a planned and unplanned basis) ➢ Tendering ➢ Provider Relationship Management	• Safeguarding - process AP1s for residents in OP Care Homes. • Investigate Critical Incidents • Supervision of Guardian reviews • Produce reports • Participate in Large Scale Investigations • Respond to and deal with complaints	A referral system is in place. • Practice Development Nurses (PDN) - Care Assurance visits and the Support and Review Tool allows an in-depth review of resident care plans • PDNs also provide training in a wide range of topics to improve standards in care homes • Care Home Dieticians provide resources, assessments and training including MUST step 5 pathway, Project Milkshake and menu planning • All work undertaken by the Nursing Team is underpinned by the five Health priorities: ➢ Eating and Drinking ➢ Stress and Distress ➢ Pressure ulcer prevention ➢ Palliative care ➢ Patient-centred care

Within the last 12 months the CHQA team have also carried out a review of Riverside Homeless residential unit as part of a wider decommissioning piece of work, provided change of category of care support to our own local authority homes, including the decant of 60 residents from Riverside Older Person home and are currently reviewing the high cost care packages and Individual Service Awards (ISA) within Eastfield's Care Home. There has been a significant shift in focus from the statutory review work to ASP demand and throughput. Joint working with the CHQA and our front door

Health and Social Care Connect (HSCC) team has resulted in a streamlined flow of care home ASP's.

2.4 Justice Services

2.4.1 Prison and Community Throughcare

There has been a clear focus on enhancing risk practice and building confidence across prison and community-based social work teams. This has included joint development sessions between prison and community teams, supported by the Risk Management Authority (RMA), allowing for a focus on the updated *Standards and Guidance for Risk Management Practice (2025)*. Staff have also been supported to attend risk formulation training and comprehensive training around domestic offending. The *Bail and Release Act (Scotland, 2023)* includes provisions for long-term prisoners, focusing on improving release arrangements to aid reintegration and reduce offending in the community.

Glasgow Justice Services are currently contributing to several initiatives and projects reviewing prisoner pathways and progression planning. Within this context, Justice Services are also participating in a national review of the role of social work within prison-based settings.

Barlinnie prison-based social work team alongside community colleagues are developing a test of change aimed at exploring and demonstrating the potential role of social work in delivering tasks beyond statutory responsibilities, such as social care need, to help mitigate some of the unmet programme needs within the prison estate.

2.4.2 Unpaid Work

The Justice Community Payback Unpaid Work (UPW) service have advanced exciting and innovative arrangements by working with well-established community resources as placement providers in each locality. This has led to greater connectivity with local community councils and increased visibility of UPW work in local areas. Support for UPW service users continues to be enhanced through a UPW-specific health improvement plan.

A key focus over the past year has also been employability, integrating feedback from service users gathered through the *Your Voice* justice surveys. In early 2025, Glasgow HSCP Justice Services, Community Justice Glasgow (CJG), and Neighbourhoods, Regeneration & Sustainability (NRS) facilitated an employment event for individuals serving a Community Payback Order. The event aimed to encourage engagement with service providers that could support improved employment opportunities.

Seventeen services hosted stalls, and post-event evaluation demonstrated that both service users and hosting providers overwhelmingly viewed the event as a positive opportunity to engage and build connections.

2.4.3 Bail Supervision

Throughout 2024/25, there was a significant national focus on Bail Supervision and Electronic Monitoring (EM) Bail as alternatives to remand, given the increasing pressures on the prison population. In Glasgow, ongoing efforts to increase the presence and visibility of bail services within the Sheriff Court have continued, resulting in increased use of EM Bail over the past year. However, challenges remain within the system, particularly in relation to information sharing and inconsistent approaches to sentencing.

Implementation of the *Bail and Release from Custody (Scotland) Act 2023* in May 2025 is expected to have a significant impact on Justice Social Work. Changes include a revised test for bail and new powers requiring courts to consider information provided by Justice Social Work staff prior to making decisions regarding remand.

2.4.4 Drug Court

The Glasgow Drug Court team has been working with the HSCP Organisational Development service throughout 2024-25 to review local structures, processes, and procedures. This review responds to the changing nature of drug use in Glasgow and a lower number of referrals to the service figures that do not reflect the actual level of drug use and related offending in the city.

As we move into 2025-26 and following liaison with the Sheriff Principal at Glasgow Sheriff Court, it is anticipated that the Drug Court will offer a *Structured Deferred Sentence* option for individuals who are not suitable for the more rigorous and intensive *Drug Treatment and Testing Order (DTTO)* currently available.

2.4.5 ViSOR

ViSOR is a UK-wide database used by police, social work, health and the prison services to share information about individuals who pose a risk to the public, particularly those convicted of violent or sexual offences. This system is being replaced by a new case management platform called MAPPS, which places ownership of records onto responsible authorities. To best meet the demands of this transition, the supervision of Community Payback Orders for all registered sexual offenders in Glasgow will be brought into one centralised team. All staff will be vetted to NPPV2 standard. This vetting standard is used to assess the suitability of non-police personnel (such as social workers, contractors, or partner agency staff) who require access to police systems, premises, or sensitive information.

Centralising this work will allow for consistency in practice. The two Team Leaders appointed to oversee this team will also be responsible for MAPPA Level 1 chairing for these cases. The Public Protection Team consists of two Team Leaders and thirteen Social Workers. Consistency in approach and

close multi-agency working are beneficial for developments in professional practice and service delivery to this service user group.

2.4.6 MAPPA

Glasgow MAPPA continues to demonstrate a resolute commitment to public safety. Inter-agency working between Responsible Authorities and Duty to Cooperate partners has been central to managing risks posed by individuals subject to MAPPA.

During the reporting period (2024-2025), there were seven instances which resulted in an initial notification report to the Strategic Oversight Group. No further review of these cases was required following agreement that appropriate risk management procedures were in place.

The Multi-Agency Public Protection System (MAPPS), which will replace ViSOR, remains scheduled for implementation in 2028. Local and national planning for MAPPS continues to make positive progress. ViSOR will remain in use until MAPPS is fully implemented. An implementation plan for MAPPS within Glasgow has been developed to support the transition. A Glasgow MAPPS Governance Group has been established, comprising current ViSOR users and IT representatives. The aim of the group is to support business and operational readiness for MAPPS. Positively, Glasgow ViSOR users successfully engaged in the second phase of MAPPS testing at the end of May.

MAPPA Glasgow continues to meet all National Performance Indicators (NPIs) outlined in the National MAPPA Guidance (2022).

2.5 Public Protection

2.5.1 Child Protection

Child Protection Registration (CPR) figures within the city have continued a downward trend from 2024 to 2025, with a 14% reduction in the number of children placed on the CPR (252 in 2024/25 vs. 292 in 2023/24).

The development of the National Minimum Dataset for reporting Child Protection activity has supported existing reporting mechanisms by enabling the collection and tracking of wider CP data and figures. This allows us to identify trends in the city and influence service development and delivery:

- The number of Interagency Referral Discussions (IRDs) has decreased, with 227 fewer IRDs in Q4 compared to Q4 last year.
- The conversion rate from IRD to Initial Child Protection Planning Meeting (ICPPM) remains stable at 10% annually. (IRD decisions where no further action is required remain at approximately 3%.)
- The conversion rate from ICPPM to Child Protection Registration dropped to 57% in Q4, with the overall annual rate down to 66%, compared to 74% in 2023/24.

- Neglect continues to be the most commonly used risk indicator for CPR (53% as of Q4, January-March 2025).
- The majority of children placed on the CPR continue to live in SIMD1 (79%) and SIMD2 (4%) areas of the city.
- The main reason for deregistration continues to be “Family significantly reduced risk factors” (65% in Q4).
- Children aged 0–4 years were the largest age group on the CPR (33% in Q4).

The revised Child Protection Procedures were approved by the Social Work Governance Board in February 2025. We are progressing with an implementation and evaluation plan that includes child protection workshops across children’s services, briefings for partners and third-sector organisations, and a review of training pathways for Child Protection.

The Child Protection team is currently reviewing Glasgow’s Young Person’s Support and Protection (YPSP) procedures to align with the revised National Guidance regarding Care and Risk Management (CARM) processes. CARM is designed to support children, young people, and their families in managing serious risks of harm, reducing harmful behaviours, and building capacity within the child, young person, and their family.

The Child Protection Committee and the CPC Quality Assurance Sub-Group have approved Terms of Reference for the following strategic groups:

- **Interagency Referral Discussion Steering Group** – attended by representatives from HSCP, GG&C Public Protection Health Services, Police Scotland, and Education Services.
- **Young Person’s Support and Protection Strategic Group** – attended by representatives from HSCP, GG&C Public Protection Health Services, Police Scotland, Education Services, third-sector partners, and SCRA.
- **Neglect Strategic Group** – attended by representatives from HSCP, GG&C Public Protection Health Services, Police Scotland, Education Services, third-sector partners, and SCRA.

2.5.2 Adult Support and Protection (ASP)

The Adult Support and Protection (ASP) Annual Performance Report for 2024/25 (April 2024 – March 2025) indicated that the number of ASP referrals received during this period was marginally lower than the previous reporting year, with a decrease of 0.2% resulting in a total of 12,035 referrals to the ASP system. Notably, there was a 100% conversion rate, meaning that all 12,035 referrals led to formal inquiries conducted in accordance with section 4 of the Act. Although there was a slight reduction in referrals compared to the previous year, the data demonstrates a continuing upward trend in ASP referrals when considered over a longer timeframe, for instance, 6,926 referrals were recorded in 2019/20.

The distribution of referral sources for the period 2023/24 to 2024/25 remained broadly stable. However, the Care Home sector experienced the

most significant increase, both in absolute numbers and as a proportion of total referrals. Conversely, referrals from Police Scotland declined by 6.4 percentage points. Collectively, health-related referrals from the various NHS sectors accounted for 14% of the total referrals.

In 2024/25, the most commonly documented primary categories of harm were Mental Health (51%) and Other ASP harm issues (48%). Within the more specific harm classifications, Physical harm (17%) and Self-neglect (15%) were the most prevalent, followed by Neglect and Acts of Omission (9%) and Self-harm (8%). Instances of Financial or Material harm (6%) and Psychological/Emotional harm (4%) were less frequent but remained noteworthy. Lower incidence categories included Sexual harm (2%), Domestic abuse (1%), and infrequent cases of Human trafficking/Exploitation and Discriminatory harm (both 0.1%).

The substantial proportion of cases categorised as ‘other’ is attributable to the local practice of recording ‘mental health’ as a harm type, which is not recognised by the Scottish Government as a formal harm category and must therefore be submitted as ‘other’ for official reporting purposes. Recent efforts have been made to align local harm type classifications with those of the Scottish Government, with preliminary evidence suggesting this has led to a reduction in the use of the ‘other’ category.

During 2024/25, the inquiry work carried out at the inquiry stage in Glasgow City constituted just over a quarter (25.4%) of the national inquiry workload, underscoring the substantial proportion of ASP activity undertaken within the city. On a national level, Police Scotland was the largest source of referrals (23%), followed by Care Homes (18%). In contrast, the pattern in Glasgow City was reversed: Care Homes accounted for the largest share of referrals (32%), while referrals from Police Scotland decreased significantly to 15%. The application of Protection Orders varied across local authorities, with some utilising these measures and others, such as Glasgow City, not employing them during the 2024/25 period. The distribution of local harm categories and locations was broadly consistent with the national picture.

The ASP team have a number of workstreams underway to ensure oversight, governance and quality assurance in ASP across Glasgow City:

- 2024 Tripartite Audit (with supplementary audit from Scottish Ambulance Service) completed in November 2024. This audit reviewed a total of 77 cases subject to ASP investigation were Police Scotland or NHS (excluding GPs) were the referrer. A multi-agency improvement plan is underway
- Care Home Risk Matrix (pilot): A tool was developed to support Care Home’s to report appropriately under the Act, an evaluation is underway although early indications are positive. The pilot currently involves 14 Care Homes and following evaluation a wider roll out is likely
- IRD Pilot commenced in March 2025, early indications are showing this is having a positive impact on multi-agency decision making and risk assessment for complex ASP cases. An evaluation is underway

- A range of multi-agency Spotlight sessions have been run by the team to support front line practitioners in complex ASP work (Forced Marriage, Domestic Violence, Cross Border)

2.5.3 **Glasgow and Partners Emergency Social Work Services Review**

Glasgow City HSCP delivers the Emergency Out of Hours Social Work Service for the six Local Authorities in the GG&C Health Board area. The service contract, last fully reviewed in 2014 and revised in 2015, has since been extended to accommodate the implementation of recommendations from the 2015 Sir Lewis Ritchie report on Out of Hours services. With significant changes in local authorities and national policy, a comprehensive review is now required to ensure the service remains efficient, trauma-informed, and cost-effective, with appropriate contract arrangements to meet the evolving needs of the Integration Joint Board and partners.

An Out of Hours project board has been established, meeting 8-weekly, chaired by the Assistant Chief Officer for the service. The project board is developing an implementation plan to include workforce planning, communication and engagement to ensure all staff, stakeholders and aligned services are consulted and briefed on any new arrangements.

2.6 **Homelessness Services**

2.6.1 Glasgow City HSCP and IJB have responsibility for the delivery of Homelessness Services for the City.

2.6.2 Following the declaration of the housing emergency in November 2023, Glasgow City Health and Social Care Partnership (HSCP), alongside colleagues in Neighbourhoods, Regeneration and Sustainability (NRS) developed a Housing Emergency Action Plan which set out clear and realistic actions for both services to mitigate the housing emergency.

2.6.3 The HSCP continues to prioritise homelessness prevention activities through Health and Social Care Connect and homelessness continues to be prevented for around 50% of the households who approach the HSCP for housing advice and assistance. However, despite these best efforts, in 2024/25, Glasgow received 8,445 homelessness applications which represents a 9% increase from the number of applications received in 2023/24.

2.6.4 Glasgow continues to receive a high volume of homelessness applications from households granted leave to remain with around 2,700 homelessness applications made in 2024/25 from refugee households including 1,048 applications made from households granted leave to remain outwith Glasgow who have then chosen to travel to Glasgow to make an application for homelessness assistance. Given that households granted leave to remain are given a short period of time to leave their Home Office-provided accommodation, preventing homelessness for these households is unachievable.

2.6.5 In order to reduce demand on frontline services, the HSCP has created an on-line housing options explorer which provides a wide range of advice on housing options available in the city. The aim of this is to support individuals to become more informed on the options available to them without the need for a statutory intervention from front-line workers freeing up time for alternative tasks.

2.6.6 The use of commercial bed and breakfast/hotel accommodation has risen due to the increase in demand noted above and, in response to this unprecedented rise in use, the HSCP has embedded a safeguarding approach within its Homelessness Service. This approach guarantees that all households who are accommodated within this type of accommodation receive a safeguarding visit within 5 days of being accommodated which aims to ensure the well-being of homeless households as well as assessing for any unmet health and social care needs.

2.6.7 The HSCP have also commissioned a new outreach service, WAYfinder which is designed to support individuals at risk of, experiencing, or recovering from homelessness in Glasgow. WAYfinder was co-designed through the 'All in for Glasgow' initiative which brought together people with lived experience of homelessness alongside service providers and commissioners from the HSCP. The service will deliver person-centred, trauma-informed support which helps people navigate the homelessness system and is built around the principle of 'sticky support'.

2.6.8 Positively, the number of social housing lets secured in 2024/25 for homeless households was at its highest ever level with 3,600 settled lets secured, which represents around 52% of the total number of social housing lets within the city. The HSCP continues to engage constructively with the city's Registered Social Landlords (RSLs) who have responded positively to the declaration of the housing emergency.

2.7 Health and Social Care Connect

2.7.1 Health and Social Care Connect (HSCC) has been operating since November 2022 as the front door to Glasgow Health and Social Care Partnership (HSCP) for children and families, adults, and older people’s services - including Homelessness, Occupational Therapy, and Adult Support and Protection. This was a significant change for the city in relation to accessing social work services and ensuring that need were met at the right time, in the right place with the right support.

2.7.2 HSCC has successfully sustained a reduction in the volume of work assigned to localities, which sees HSCC on average retaining 70% of the referrals coming into the HSCP. A review of the current service is underway, considering successes, required changes, and budget realignment. The outcome of this review will result in a change in scope for HSCC, with expansion into a more integrated whole system approach.

2.7.3 Maximising independence, prevention, and early intervention remains the focus, embedding wellbeing conversations to ensure people receive the right service at the right time. Improvements have been made to the system across the service, including the addition of a Support Needs Enquiry to the adult referral form, a revised Homelessness application form, and resources uploaded to the ALISS system to help reduce demand for statutory services and allow for service users to be sign posted appropriately.

2.7.4 A new referral/initial assessment form and robust triage system have been developed for Children & Families and Adults and Older People, due to go live on 27 October. This will encourage links with community supports, third-sector resources, and commissioned services where required.

2.7.5 The principal challenge remains the growing demand for support, set against relative reductions in available resources. This trend is evident across all care groups, with the referral rate more than doubling since the introduction of HSCC.

2.8 Commissioning

2.8.1 Externally purchased services account for (gross) £450m of the HSCP's social care budget. Effective commissioning of social care services combined with robust and proportionate contract management continue to be critical to the delivery of our Strategic Plan. The challenges that continue to face the social care sector are well understood, and we work in partnership and in collaboration with our partner providers to reach timely resolution to issues as they present themselves.

2.8.2 Commissioning is represented in the Social Work Governance structures to ensure matters that relate to purchased services have visibility. Work continued throughout the year to ensure we were ready to report on our duties under the Health and Care (Staffing)(Scotland) Act 2019 by 30th June 2025.

2.8.3 A robust governance framework is in place to support purchased & directly provided Care Home provision within the Partnership. This includes regular multi-agency and multi-disciplinary Huddles to monitor and support care home performance. This work is supported by the Care Home Operational Governance Group and Care Home Oversight Groups, attended by the Chief Social Work Officer and Chief Officer. These groups maintain an overview of ASP and LSI activity, improvement plans, and national reviews and recommendations.

2.8.4 There are significant redesign programmes underway for our 16-25 age group, and our adults with complex needs covering addictions, homelessness, mental health and justice. These programmes have people who use our services involved in all stages of the our work to ensure their voices are heard.

2.8.5 The development agenda is aligned to the Scottish Government's Ethical Commissioning and Procurement Principles with our Head of Commissioning involved on the national working groups. Glasgow City continues to chair and support the work of the Social Work Scotland Contracts and Commissioning Practice Network where a range of matters that impact on purchased service delivery are discussed and experiences shared for learning and sharing.

3. Resources

3.1 Glasgow City IJB delivers a range of services to its citizens and in 2024-2025 had funding of £1.7bn.

3.2 The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery. This requires the IJB to have robust financial management arrangements in place to delivery services within the funding available. The IJB faces a range of pressures and uncertainties which contributes to this challenging environment:

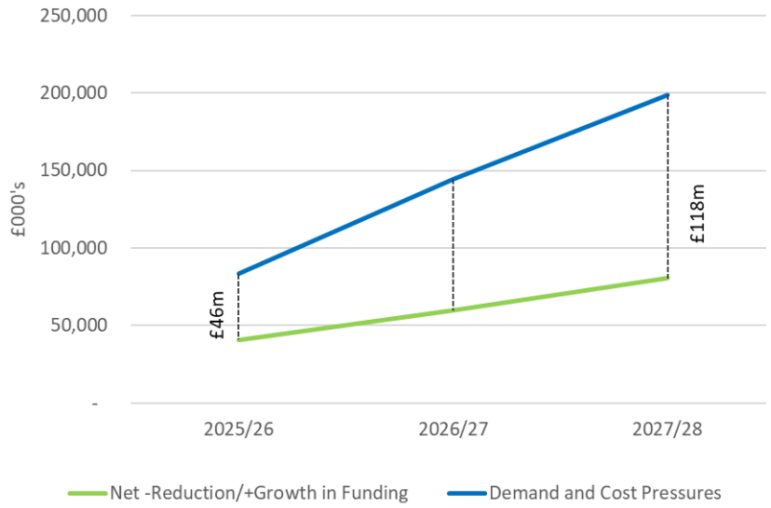
- rising demand and increasing complexity of care as a result of the impact of demographic, health, poverty and deprivation challenges in the City.
- cost-of-living crisis and inflationary cost pressures such as prescribing costs, making it more expensive to maintain the same level of services
- ongoing legacy cost impacts of Covid-19
- the impact on costs because of changes in legislation and/or national decisions

3.3 A financial framework is required to be approved through the budget which is prudent and ensure that financial commitments are managed within available resources. This will require the IJB to take difficult, yet proportionate decisions, to ensure that services are sustainable both in terms of meeting the demands of the population of Glasgow City but also be sustainable within the financial envelope which is available.

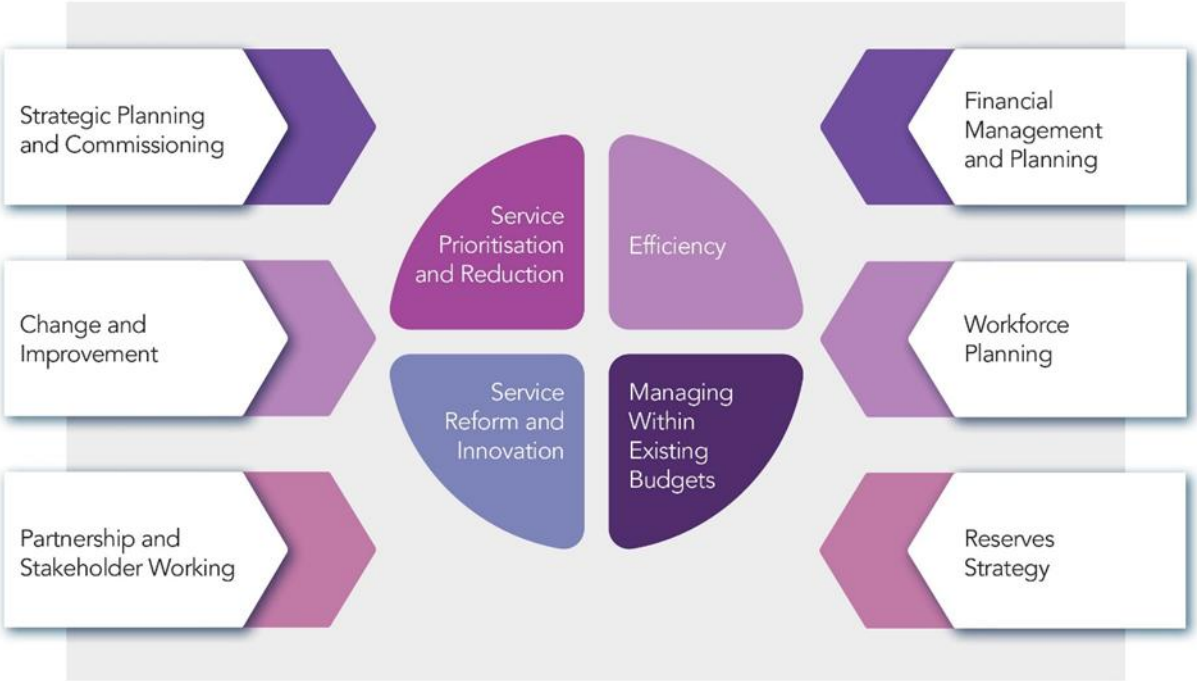
3.4 The financial strategy has been developed within this context. The scale of the financial challenge in 25/26 is significant and it has required a nuanced response which deliver the least worst proposals which in some cases may not be attractive but is the best of the available options. The overriding principle will be to protects core services which deliver care and protection to those who are assessed as requiring it and uphold our statutory responsibilities wherever possible. We recognise the challenges in approving a budget where service delivery and statutory obligations will be difficult to fully achieve however the risk of not approving 25/26 savings plan will significantly increase this risk.

3.5 The financial outlook for 2025-26 to 2026-27 estimates a funding shortfall of £118m over the next three financial years. This will require savings to be identified to deliver a balanced budget over this period. This is based on the best estimates available and sensitivity analysis has been undertaken to

highlight the implication of changes to underlying assumptions. This forecasts a lower risk scenario of £181m and an upper risk scenario of £269m.



3.6 Our Medium-Term Financial Outlook has 4 core components which collectively support the transformational change required to deliver financial balance whilst delivering safe and sustainable services. This strategy is set out in the diagram below and cannot be delivered without working closely with all our partners and stakeholders to secure a future which is sustainable and meets the needs of our communities. This is underpinned by strategic planning and commissioning, robust financial management, a prudent reserves policy and work force planning to ensure our resources are used in the most effective way to deliver services and the vision for the IJB.



3.7 The IJB has a strong reputation in delivering savings which is evidenced by the delivery of 88% of our £30m savings programme for 2024-25 which was the most challenging level of savings the IJB set for delivery. The IJB will continue to pursue transformational change in how it supports individuals, families and communities to live independently from statutory services for as long as they can safely do so. This means increasingly focusing our resources and our energies on prevention and early intervention approaches in partnership with the people we support, local communities, third sector, independent sector, housing sector and community planning partners. The IJB is clear about its overall commitment to service reform and innovation. This is not just about changing the ways in which services are structured. It is a significant change in how they are planned and delivered.

3.8 The scale of the financial challenge in future years is such that a more fundamental review of service provision is required so that decisions can be taken on what the future shape of service provision looks like. This work has commenced and will be the subject of future updates to the IJB. The next three years will be the greatest financial challenge that the IJB has been asked to manage since its inception. Glasgow City IJB is clear about the challenges which are ahead and its aspirations for its services, however we will also need to be realistic about what can be delivered within the funding envelope available. Transformation alone will not address the financial gap and this will require the IJB to prioritise decisions for investment and disinvestment in order to support delivery of the Strategic Plan. This will result in some services being reduced or stopped altogether but is required to enable the IJB to deliver services within the financial envelope provided.

4. Workforce

4.1 In August 2025 Social Work Services had a workforce of 7,397 (6,222 Whole Time Equivalent WTE). In addition, within GCHSCP there are 5,359 (4682 WTE) employed by NHS Greater Glasgow and Clyde, making a total combined workforce of 12,756 (10,904 WTE). The breakdown of staff across care groups and between Council and Health Board is shown in the table below.

Staff Group	Head Count		WTE		Totals	
	SW	NHS	SW	NHS	Head	WTE
Adult	535	2698	501.6	2420.8	3,233	2,922
Care Services	3804	0	2977.3	0.0	3,804	2,977
Children's Services	1090	710	1016.1	589.8	1,800	1,606
Hosted	0	110	0.0	104.8	110	105
Older People	336	1202	319.9	1000.9	1,538	1,321

Primary Care	0	361	0.0	303.8	361	304
Public Protection and Complex Care	440	201	405.5	191.1	641	597
Resources	1192	77	1001.7	70.8	1,269	1,072
Totals	**7,397**	**5,359**	**6222.2**	**4682.0**	**12,756**	**10,904**

4.2 **Workforce Planning**

4.2.1 GCHSCP has well-developed workforce planning governance arrangements and processes in place with Workforce Planning Board meetings taking place fortnightly. In addition, Services have monthly meetings that have a more operational focus to meet the workforce needs of the service, safe staffing legislation and ensure that recruitment is forecasted and planned throughout the year.

4.2.2 Glasgow City HSCP Workforce Plan 2022-25 was approved at Glasgow City Integration Joint Board (IJB) in November 2022. Governance of the achievement of the actions in this plan are monitored annually by the IJB. An updated action plan and progress was last submitted to the IJB in March 2025. Item No 12 - Workforce Plan 2022-2025 - Action Plan Update | Glasgow City Health and Social Care Partnership

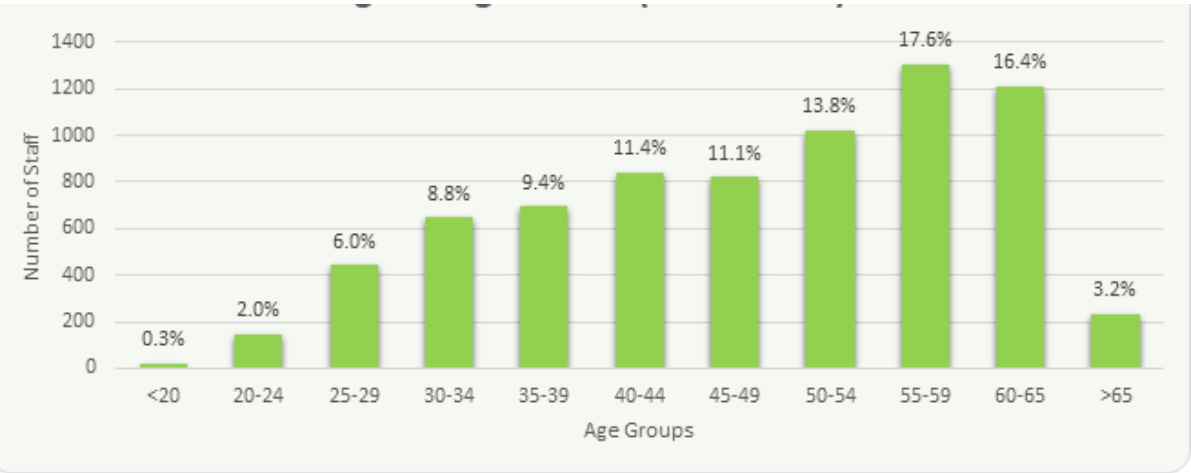
4.2.3 Work is currently underway on developing the Glasgow City HSCP 2025-2028 Workforce plan.

4.3 **Workforce Challenges**

4.3.1 **Age Profile**

As detailed in previous reports a risk for Social Work Services within GCHSCP over the next 5 years is the ageing workforce as 50 % of the workforce is aged over 50. There are mitigations in place as GCHSCP has a succession planning group and services have local workforce planning groups. Glasgow City Council has a Flexible Retirement guidance in place which allows employees who meet the criteria to retire flexibly allowing them to reduce grade or hours and access their pension early. GCHSCP has a strong record of attracting and supporting Social Worker students, on placement and in successfully recruiting students following graduation, and supporting them in their newly qualified year, supporting career pathways and succession planning.

Age Profile – Social Work Services (Council staff) August 2025



4.3.2 Turnover

GCHSCP turnover in August 2025 is 7.4 %. Although the ageing workforce is a risk factor, GCHSCP is not currently seeing a high number of retirals impacting on turnover rates. In Home Care and Older People's Residential Services turnover rates are higher at 8.9% and 8.7% respectively. However, this is well below the average for the care sector in Scotland. Turnover for Social Workers in the period was 4.6% so there is a stable workforce although internal movement across services within the GCHSCP, can result in specific turnover challenges for some services e.g. Children's Services.

4.3.3 Attendance

The GCHSCP Supporting Attendance Action Plan, implemented in 2024/25 aimed to address continued sickness absence challenges, focusing on priority action themes. This has had a significant positive impact in key services in 2024/25, with Social Work achieving an overall reduction in absence of 1.4% in the year. The plan has been refreshed with new actions for 2025/26.

4.3.4 Recruitment and Retention

GCHSCP regularly updates its recruitment and retention strategy to attract staff locally and nationally, making roles more accessible and improving work-life balance. Recent efforts have stabilised Mental Health Officer capacity after targeted measures were introduced. Support for newly qualified social workers has been strengthened through a permanent, dedicated mentoring post. Bespoke, streamlined recruitment processes for Home Care, Older People's Residential, and Children's Residential Services have enhanced the quality of applicants and efficiency, with HR conducting face-to-face pre-employment checks to accelerate onboarding.

In 2024/25, there have been 23 Social Worker recruitment campaigns with an average of 56 applicants per campaign, while Home Care saw around

250 applicants per advert. The use of AI in applications is increasing and is being monitored. Skilled worker visas continue to aid recruitment, with over 130 staff currently sponsored. GCHSCP also leverages social media to promote vacancies and works with HR to analyse workforce data for recruitment support.

5. Training, Learning and Development

5.1 Learning and Development activity across GCHSCP is monitored at GCHSCP's Social Work Professional Governance Board as a standing agenda item where progress on initiatives and programmes are provided and discussed with decisions taken on the development of new activities.

5.2 GCHSCP SVQ and HNC (Scottish Vocational Qualifications and Higher National Certificate) processes are regularly quality assured and monitored by SQA (Scottish Qualifications Authority) who provide feedback after every verification activity.

5.3 Social Workers are sponsored and supported to study for enhanced postgraduate professional qualifications, with GCHSCP meeting the cost of the qualification and allowing staff time to attend classes, learn and study. Ongoing delivery of SVQ programmes for Care Services staff is ensuring registration requirements for the SSSC (Scottish Social Services Council) are met.

5.4 GCHSCP recognises that by ensuring that staff have the skills and knowledge to do their job well and by providing opportunities to develop, this will be critical in retaining the skills and values required for the future. Suites of courses both mandatory and developmental are reviewed and adjust as practice develops.

5.5 Through engaging with staff and trade unions, it is recognised that development of improved career pathway options and succession planning programmes are important to staff. The latest GCHSCP integrated workforce plan has actions to address this Glasgow City HSCP Workforce Plan 2022-25.

5.6 GCHSCP training, learning and education approach is designed to prepare for changes to the work environment brought about by developments in practice, changing legislation, and advances in technology and national strategies. Our professional leads and internal training educators (Practice Teachers) work in partnership with professional bodies e.g. SSSC, SQA, colleges and universities and to develop courses and design ways of learning to support staff in their career journey. We provide placement opportunities for HNC (Social Care) students in our Care Homes and have increased our capacity of student Social Worker placements, supported by our own in-house Practice Teachers which has led to an increase in applications for jobs with us and successful appointments.

5.7 A successful Modern Apprenticeship programme in our Older People Day Care Centres continues where trainees develop a blend of on-the-job practical learning whilst gaining a SVQ qualification, with all trainees to date securing permanent employment at the end of their apprenticeship programme.

5.8 GCHSCP offers various management training programmes each year for staff who wish to become a manager, develop their leadership skills, coaching skills and developing greater insight and awareness of their management style.

5.9 Over the last year a working group has was established to develop a revised GCHSCP supervision policy. The new policy reflects changes in work patterns since Covid 19, as well as considering neurodiversity, staff wellbeing and trauma informed practice. The policy is complemented by a manager's toolkit to enable managers to use a variety of activities and approaches to enhance the skills, knowledge, and values of staff.

6. Looking Ahead

6.1 Over the past year, services have faced significant challenges due to increased demand for support. This trend has been evident across all areas, with particularly notable growth in activity within Adult Support and Protection as well as Homeless Support.

6.2 Our staff have continued to meet these demands despite mounting pressures. The cost of living crisis has had a considerable impact on service users, resulting in higher requests for practical assistance. Looking ahead, a primary focus for the HSCP will be addressing poverty and deprivation and exploring how social work services can best support the most vulnerable communities.

6.3 Social Work Services have also been impacted by reductions in public sector funding, necessitating difficult decisions regarding service provision and financial prioritisation across care groups. Nonetheless, we have maintained our statutory obligations, and our staff have diligently collaborated with service users to ensure the delivery of safe and effective services.

6.4 As highlighted in previous years, the strength of Glasgow's social work services lies in its staff. I remain proud of the services that we deliver and am deeply appreciative of the dedication and commitment exhibited by our staff, to both the organisation and the people we serve - service users, families, and communities. I extend my sincere thanks to all staff for their continued hard work and commitment to ensuring high-quality social work support across Glasgow City.

7. Recommendations

7.1 The Integration Joint Board is asked to:

a) Note the report; and
b) Note that the Chief Social Work Officer report has been submitted to the Scottish Government.

Appendix 1

Terms of Reference

Social Work Professional Governance Board

The Social Work Professional Governance Board will have an overview of professional Social Work practice across the Health and Social Care Partnership. The Board will ensure there is a strong and clear Social Work accountability and assurance framework that promotes reflection and learning from experience, evidence and research of outcome focused Social Work practice across the organisation.

The remit of the Social Work Professional Governance Board is to:

- Maintain an overview of external scrutiny arrangements from regulatory bodies.
- Receive an overview of regulatory bodies inspection reports and approve action plans by Heads of Service in relation to the outcomes of inspection reports.
- Promote and develop Social Work professional practice and identify trends or patterns arising in respect of professional practice.
- Overview the Social Work audit programme for the organisation.
- Approve the action plans developed the Heads of Service in relation to audit reports.
- Maintain an overview of referrals to the SSSC in terms of registration or conduct matters.
- Overview the Social Work Annual Training Plan.
- Monitor service wide performance of and development needs in relation to, practice learning and development
- Approve external research applications.
- Approve revised policy, practice guidance and procedures.

Membership

- Chief Social Work Officer – Chair
- Depute Chief Social Officer – Chair / Assistant Chief Officer, Public Protection and Complex Needs
- Head of Adult Services
- Head of Commissioning Services
- Head of Older People Services
- Head of Children Services
- Head of Care Services
- Head of Criminal Justice Services
- Head of Homelessness Services
- Head of Organisational Development - Partnerships
- Practice Audit Review Manager

- Assistant Chief Officer - Older People Services
- Assistant Chief Officer - Children Services
- Assistant Chief Officer - Adult Services
- Assistant Chief Officer - Care Services
- HR Rep
- Training and Development Manager
- Social Worker/Team Leader - Adult Services
- Social Worker/Team Leader - Older People Services
- Social Worker/Team Leader - Children Services
- Social Worker/Team Leader - Justice Services
- Caseworker/Team Leader - Homelessness Services
- Representative from Social Work School of Glasgow Caledonia University
- Representative from Care Inspectorate
- Representative from Mental Welfare Commission
- Representative from Strathclyde University
- Governance Support Officer (CSWO, Governance & Practice Audit)
- Support Officer, Business Development

Frequency

4 weekly meetings

Accountability and Reporting Interfaces

The Social Work Professional Governance Board will be accountable to the Integrated Governance Board chaired by Chief Officer of Glasgow City HSCP. The Board will produce a reporting template outlining the key areas for discussion including an overview of Social Work practice and learning for the reporting timescale.

The Adult, Older People and Children Governance Groups will; report any key Social Work issues to the Social Work Governance Board on a regular basis in order that there is an overview of professional practice issues across the organisation.

The professional Social Work Governance Board will have a number of sub-groups which will overview Social Work practice. These will include:

- Locality Social Work Governance Groups in North East, South and North West. Mental Health Officer Sub-Group.
- Care Services Governance Group.

These Sub-Groups will be chaired by a relevant Head of Service and will report directly to the Social Work Governance Board.