



**Chief Social Work Officer**  
ANNUAL REPORT 2018/19

## Foreword

I am pleased to present the Chief Social Work Officer's Annual Report for Aberdeen City for 2018/19. Every local authority is required to have a professionally qualified Chief Social Work Officer (CSWO), as set out in Section 45 of the Local Government etc. (Scotland) Act 1994. The aim of the CSWO role is to ensure that the Council and the Aberdeen Health and Social Care Partnership receive effective, professional advice and guidance in the provision of all social work services, whether these are provided directly, in partnership with other agencies, or purchased on behalf of the local authority.

The CSWO has responsibility for performance improvement as well as the identification, management and reporting of corporate risks as these relate to social work services. To fulfil these responsibilities, the CSWO has access to elected members, reporting through various Committees and the IJB, the Chief Officer of the AHSCP and the Chief Executive of the Council. The CSWO provides professional leadership and promotes values and standards of professional practice, ensuring only Registered Social Workers undertake those functions reserved in legislation and meet the requirements of the SSSC Codes of Practice.

Only a CSWO can discharge certain duties and responsibilities. These primarily relate to decisions about the curtailment of individual freedom and the protection of individuals and the public. These decisions must be made by the CSWO or a senior, professionally qualified social worker to whom the responsibility has been delegated by the CSWO and for which the CSWO remains accountable. There must be CSWO cover 24 hours a day, every day of the year.

The CSWO has a crucial role in ensuring that financial decisions do not compromise the safety and wellbeing of people who use social work services. These pressures are felt not just by ourselves, but also by colleagues across the third and public sector. The City Council commissions high volumes of adult social care and the difficulty of securing this provision has continued over the past year. These are challenges that the Health and Social Care partnership are actively supporting through their commissioning approaches. In addition, all areas of the social work and social care sector continue to face recruitment challenges filling key posts.

In its 2016 report on Social Work in Scotland, Audit Scotland noted that the role of the CSWO had become increasingly complex with the introduction of Health and Social Care Partnerships. In Aberdeen, Children's Social Work is located within the City Council, whilst Adult and Criminal Justice Social Work resides within the AHSCP. This provides two challenges. Firstly, the CSWO has to retain oversight, professional leadership and provide assurance of safety and quality of all social work services across two large and complex organisations. Secondly, the CSWO has to step back from the role of Chief Officer to provide independent, professional oversight and challenge of Children's Social Work. This is not unique to Aberdeen and is an issue faced by a number of CSWOs across the country. To support my own development and delivery of these duties I have benefited from having a mentor and accessing leadership support while also linking in with colleagues nationally.

This report recognises the excellent work delivered day in day out by social work staff across Aberdeen City. These staff deliver high quality support and services to vulnerable adults and children ensuring their care and safety and working to improve their outcomes, promoting

independence whilst ensuring their safety, wellbeing and protection. This report attempts to reflect their work.

## **Children's Social Work**

The Care Inspectorate intimated its intention to inspect services that care and protect children, young people in December 2018. The resulting self-evaluation and preparation for inspection has been pre-eminent in the work of children's social work staff during the final quarter of 2018/19. On-site inspection activity is planned for late March through to early May 2019. The final report is due to be published in September 2019.

The Integrated Children's Services Board and Child Protection Committee oversee the improvement activity supporting children, young people and their families as identified in the Local Outcome Improvement Plan (LOIP) and corresponding Integrated Children's Services Plan 2017-2020; Corporate Parenting Improvement Plan 2019-2021 and Child Protection Improvement Programme 2016-2019.

We have used performance management information, intelligence from quality assurance processes and feedback from staff, young people and families to update and develop our improvement plans that support the delivery of Child Protection and Corporate Parenting services. Delivery of these improvement plans requires the engagement of the multi-agency partnership across Aberdeen City that support children and young people. They set ambitious targets to drive forward improvement activity.

Our self-evaluation prepared for our forthcoming inspection, indicates significant strengths of services that support children and young people in need of care and protection. Areas of improvement have been identified across all aspects of the work delivered by children's social work but as a partnership we recognise a need for an emphasis in further improving the outcomes for care experienced young people.

Delivery of these priorities has been realistically timetabled to have regard to available resources and will be supported by the business intelligence hub and reported to the Integrated Children's Services Board and Child Protection Committee and ultimately the Aberdeen City Executive Group for Public Protection (COG).

## **The Aberdeen City Health & Social Care Partnership (ACHSCP)**

Aberdeen City Health and Social Care Partnership has continued to work towards fulfilling the ambitions and priorities in this, the last year of its original Strategic Plan. Further progress has been made in the development of city-wide strategies for carers and people with Learning Disabilities and Autism, as well as ongoing development of transformation projects such as Link Workers, Acute Care at Home and the West Unscheduled Visiting Service. In terms of performance, we have continued to see a reduction in our Delayed Discharge figures. The number of days people aged 75 and over, spend in hospital when they are ready to be discharged (per 1,000 population) has shown a 48% reduction from 2017. The Aberdeen figure is 25% below the Scottish rate. There have also been reductions in admissions from Accident and Emergency, with these being 5.5% lower than 2017 and 23% below the Scottish rate.

Our aim remains to be one of the top performing partnerships in Scotland and one which attracts the best people to work with us. We welcomed our new Chief Officer, Sandra Ross in September 2018 and one of her first tasks was to refresh our Strategic Plan, which was approved by the Integrated Joint Board (IJB) in March 2019. The Strategic Plan 2019-2022 has five Aims – Prevention, Resilience, Personalisation, Connections and Communities, and there are a number of commitments and priorities against each of these. In addition, there are five Enablers – Empowered Workforce, Principled Commissioning, Digital Transformation, Sustainable Finance and Modern and Adaptable Infrastructure, which will help us deliver this plan. Our Leadership Team structure has been revised and the team’s objectives are linked to the Strategic Plan. Our first ever Workforce Plan has also been developed and this aims to ensure we have the right people, with the right skills, in the right roles, at the right time at the right cost.

In March 2019 the IJB also approved the move from four localities to three, and the closer alignment of these to Community Planning locality activity. This offers the opportunity for greater collaborative working with improved outcomes for citizens in our communities.

## **Partnership Working – Governance and Accountability Arrangements**

### **The Health and Social Care Partnership**

Aberdeen City Council has delegated a range of statutory functions in respect of social care services to the IJB. ACHSCP deliver these functions on behalf of the IJB. Legal responsibility remains with the City Council, under the direction of the IJB. The Chief Social Work Officer’s responsibilities, in relation to local authority social work provision continue to apply to functions which have been delegated under the integration arrangements.

A Clinical and Care Governance Group (C&CGG) and a Clinical and Care Governance Committee (C&CGC) have been established to oversee delivery of, and compliance with the national framework for clinical and care governance. The C&CG Committee provides assurance to the IJB in relation to the quality and safety of services planned and/or delivered by the IJB. Its key role is to ensure that there are effective structures, processes and systems of control in place. The role of the C&CG Group is to oversee and ensure provision of a coordinated approach to clinical and care governance issues within the partnership. The Group reports to the C&CG Committee and provides assurance that there are robust mechanisms in place for reporting clinical and care governance issues.

ACHSCP has appointed a Lead Social Work Officer, who links with the Chief Social Work Officer in Aberdeen City Council with regard to the governance arrangements, continuous improvement, quality assurance and management of adult social care services. The Lead Social Work Officer is a member of the C&CG Group and the Chief Social Work Officer sits on the Clinical & Care Committee and the IJB. These arrangements ensure the Chief Social Work Officer is aware of any issues in relation to the quality of adult social care services delivered and can direct remedial action if appropriate.

### **H&SCP Commissioning**

Strategic Commissioning is fundamental to our ambition to work with partners across all sectors in reshaping the services that we deliver to address the common challenges that we face. A coherent commissioning approach is pivotal to the people who use our services having improved personal experiences and outcomes. Other anticipated benefits include a more resilient, local marketplace, innovative and effective care models and contractual arrangements that are fit for purpose.

As part of the Leadership Team restructure, a dedicated Lead Commissioning role has been established and that role is currently preparing a refreshed Commissioning Plan which will focus on co-production and commissioning for outcomes. In addition, commissioning arrangements are being progressed for Care at Home and Supported Living, Carers Support, and Dementia.

## Social Services Delivery Landscape

### About Aberdeen

**Place:** Aberdeen City covers an area of 186 square kilometres and in terms of population size, it is the 8th largest local authority in Scotland. The City is made up of 37 neighbourhoods – 8 of which have been recognised as deprived based on SIMD.

**Population:** In June 2018, the estimated population of Aberdeen City was 227,560. The estimated population in 2018 was 0.5% lower than the previous year's population and 1.2% lower than the population peak in 2015. The main contributor to this decrease has been negative net-migration, with more people moving out of the City than moving into it. Comparison of the age structure in Aberdeen and Scotland shows that, broadly speaking, the population of Aberdeen City is younger than that for Scotland as a whole.

**Age structure:** The median age in Aberdeen City is lower than that for Scotland (36 years compared to 42 years). This is consistent with the higher proportion of people of working age and lower proportion of people of pensionable age in Aberdeen City compared to Scotland.

**Life expectancy:** In 2015-2017 estimated life expectancy in Aberdeen City at birth was 81.1 years for females, and 76.9 years for males. The estimated life expectancy at birth for females is the same as that for Scotland (81.1 years), while for males it is slightly lower than for Scotland (77.0 years).

**Estimated life expectancy by deprivation:** In Aberdeen City there was a significant difference in estimated life expectancy by level of deprivation. Life expectancy for males in quintile 1 (most deprived) was 71.7 years compared to 81.4 years for males in quintile 5 (least deprived) – a difference of 9.7 years (compared to 9.4 years for Scotland). For females, the difference in estimated life expectancy was less marked, at 77.3 years for females in quintile 1 compared to 84.7 years for females in quintile 5 - a difference of 7.4 years (compared to 6.6 years for Scotland).

**Deprivation (SIMD 2016):** Based on overall rankings of deprivation (i.e. All Domains), Aberdeen performs relatively well in the SIMD with 113 (40%) of its data zones being in the 20% least deprived areas of Scotland. However, there are 22 (8%) data zones in the 20% most deprived areas of Scotland – equivalent to a population of 18,171.

## Resources

### Finance

The current Council 5 Year Business Plan lays out the net budget for social work services until 2023-24. These figures were part of the Council budget that was approved on the 5<sup>th</sup> March 2019.

<b>SOCIAL WORK SERVICES</b>	<b>2018-19 (£'000)</b>	2019-20 (£'000)	2020-21 (£'000)	2021-22 (£'000)	2022-23 (£'000)	2023-24 (£'000)
<b>Total Budget</b>	<b>132,869</b>	135,768	133,331	131,716	130,905	130,905
<b>Adults</b>	<b>84,995</b>	87,452	85,015	83,400	82,589	82,589
<b>Children</b>	<b>47,874</b>	48,316	48,316	48,316	48,316	48,316

Please note that the figures from 2020-21 may change during the current budgeting process and do not include any updates for 2019-20. The adult social care budget does not reflect how the Partnership might use additional capacity/transformational funding to pay for some adult social care services.

### Children's Social Work

Children's social work is part of the wider Integrated Children and Family Services cluster. This cluster brings education and children's social work together and promotes the appropriate integration of services to improve outcomes for children and young people. The Transformation Multi-Agency Group has identified as a priority the wider integration of children's services across the city. This will bring health, police, 3<sup>rd</sup> Sector and local colleges and Universities together to explore how services can integrate and potentially collocate to deliver services to improve the outcomes for children young people and families.

The exploration of the wider integration will be a priority in the coming year to develop integrated services that are alert to identifying need early and responding with impact to reduce the demand for services.

The financial pressure generated by out of authority placements (residential and foster care) remains a challenge for children's social work. Rebalancing the care profile of our looked after children population is priority for the Children's Social Work both to manage the budget pressures but more critically to improve outcomes.

### Aberdeen Health & Social Care Partnership

The ACHSCP has received additional funding through the grant settlement process in order to sustain services provided to adults in the city. This funding has been spent on delivering the commitment to pay the Scottish living wage for adult social care workers. During the last financial year there was additional spend on learning disabilities as a result of an increase in demand and the complexity of the clients being cared for. Work is progressing to review the learning disabilities service to help meet this demand going forward. It is forecast that demand

will increase in the majority of our social care services due to demographics and the IJB is developing strategies to manage this demand and sustain services.

## **Service Quality and Performance including delivery of statutory functions**

### **Performance Frameworks**

#### **ACHSCP Performance Framework**

Our performance framework was revised this year to align it to the refreshed Strategic Plan. Local and National Indicators have been assigned to each Strategic Aim and each set of strategic performance indicators are reported to either the Clinical and Care Governance, or Audit and Performance Systems committees with the IJB receiving reports of national interest i.e. the National Indicators, the Ministerial Steering Group (MSG) Indicators and the Annual Report.

Work is ongoing to consider operational performance needs to ensure the right information reaches the right people at the right time. We are operating in a constantly changing environment and what we measure now to assess performance is likely to develop, as we pool data between health and social care, particularly at locality and community level. In some cases, the data may be limited, and the measures may be imperfect, but we can still use it to understand where we are, and where we want to be. We are working with colleagues in both NHS Grampian Health Intelligence and Aberdeen City Council Business Intelligence to improve the quality and range of data available and our ability to analyse it and display it in a very visual and accessible way.

#### **Risk**

The IJB has in place a Board Assurance and Escalation Framework to provide the necessary assurance that the partnership has put in place the structures, behaviours and processes necessary for setting risk appetite, for delegating the identification of both significant events and trends, for assessment and mitigation of risk, and for putting in place effective controls and assurances, properly owned and actioned.

The Strategic Risk register is owned primarily by the Chief Officer, with individually identified risks assigned to different members of the Leadership Team as appropriate. It sets out those risks which may threaten achievement of the IJB's strategic priorities, in order for the board to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce these. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.

The Strategic Risk Register is presented to the Audit and Performance Systems Committee (APS) on a quarterly basis and then presented, with appropriate APS comments included, to the following IJB meeting thus ensuring regular and robust scrutiny of the assessed risks and the mitigating activities and interventions.

#### **Children's Social Work**

The scrutiny of performance and outcomes for children and young people continues to be a strong focus of Children's Service Managers. Performance Data is reported to Committee on a quarterly basis. It is appreciated that to support continuous improvement and to

demonstrate improving outcomes, data for children and young people needs to be gathered and analysed on a multi-agency basis. A multi-agency Data Framework has been developed and colleagues in our Business Intelligence Unit are working with colleagues in partner agencies to develop this into a live and interactive format to further enhance our use of data.

Children's Social Work have invested in the Mind of My Own app and training to improve the gathering of young people's views. This is further enhancing our understanding of the impact of the services delivered to children and young people to improve their outcomes.

## **Child Protection**

Development work in child protection has concentrated on child sexual exploitation, child trafficking, on-line safety, learning from SCRs particularly in relation to cumulative neglect and the provision of consistent child protection services. We have continued to build on the utilisation of strength-based practice across services, better participation of parents, carers and young people, the quality assurance of our processes and making the best use of data.

Aberdeen City has actively engaged with the Centre for Looked After Children in Scotland (CELCIS) in their work to develop a National Minimum data set for Child Protection. This will allow for the greater consistency of the collection of child protection data nationally and is complementary to the wider scrutiny framework. Aberdeen City's Child Protection Committee have already developed to understand the impact of services which identify and respond to the needs of children and young people at risk of significant harm.

The Child Protection Committee has an established Risk Register which it considers on a regular basis and reports to the Chief Officers Group. Following an audit undertaken by the Good Governance Review the COG have moved to appointment an independent joint chair of the Child and Adult Protection Committee's bringing further independent assurance to the assessment of risk. This move also strong close alignment to the strategic leadership of both Committee's.

Children's Social Work are key contributors to the work of Aberdeen City Child Protection Committee. Its [Annual Report 2018-2019](#) provides details of the self-evaluation undertaken, improvements delivered and outlines the developments scheduled in the 2019-2021 improvement programme.

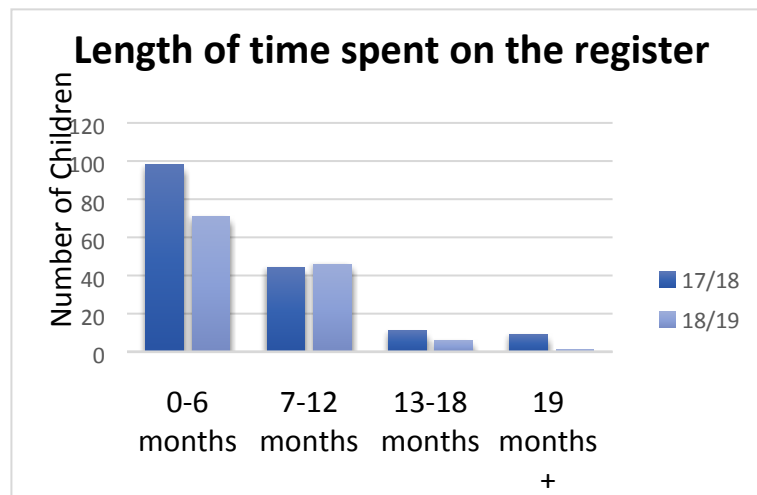
## **Child Protection Register**

In 2018-2019:

- A total of 9848 referrals were made to the Children's Social Work intake team. This is an increase of 148% on last year, much of which can be accounted for by changes in the way data is extracted
- 51% of these referrals progressed to a level of social work assessment, ranging from initial triage to comprehensive assessment and intervention taking place.
- There were 154 Records of Investigation - the analytical write up following a child protection investigation, where children are deemed at risk of significant harm – 119 of these circumstances thereafter proceeded to initial child protection case conference.



- There was an average of 104 children on the Child Protection Register at any one time, a decrease from last year's figure of 114
- Across the year, there was a total of 208 children on the CPR
- The rate of registration in Aberdeen was 2.4 per 1000, the Scottish average is 3 per 1000
- Neglect and Domestic Abuse accounted for 58% of registrations
- 13 children were re-registered within 2 years of being taken off the register
- A total of 21 Child Protection Orders were granted in 2018-2019

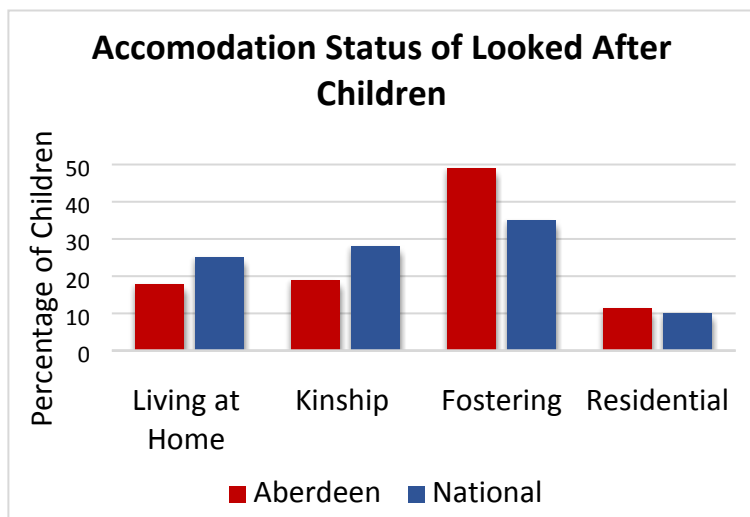


Children remain on the CPR for as long as necessary. 88% were de-registered within 12 months and 60% within 6 months, a total of 162 children in 2017 – 2018. 27 children who were registered over the year from 1<sup>st</sup> August 2017 to 31<sup>st</sup> July 2018 had previous registration history, with a range of time intervals between individual registrations. Aberdeen City's rate of re-registrations has fluctuated between 16% and 25% over the course of the year. This data is scrutinised on a quarterly basis by the CPC and informs ongoing work of the child protection improvement plan.

## Looked After Children

In Aberdeen City between 2018-2019 there were:

- Around 550 Looked After Children at any one time
- 42% of Looked After Children cared for in a family setting
- 1.6 children per 1000 Looked After, the National average being 1.4 per 1000



This profile highlights that in many aspects Aberdeen City is out of step with the National position. In response Children’s Social Work has shifted resource and worked with partners to develop an enhanced support offer to kinship carers. This will:

- Drawing on best practice develop inhouse supports to ensure extensive independent examination of kinship options, to place and support more children within their extended family.
- Recognise the close connection between children who are placed on the CPR and those who are accommodated. A test of change, using the improvement methodology, will be developed to initiate an exploration of kinship options following the decision to bring a child to a case conference.

We have supported a number of kinship carers to apply for a Kinship Order. While the granting by the court of this Order can remove the child from being looked after, the partnership continues to support a significant number of informal kinship arrangements providing both financial and practical support. The impact of our current profile is that several children are placed a distance from their family making it difficult for them to maintain contact with their home communities. While parents are supported to attend contact, distance can be a challenge.

Recruiting foster carers in the city is a challenge. House prices and alternative employment options deter people from considering fostering. In collaboration with other agencies across Aberdeen City, we will expand our in-house fostering pool over the coming years. This will assist in rebalancing the number of children/young people placed out with the City. Our young people tell us being placed out with Aberdeen makes it harder to maintain family relationships and links to their local community.

We aim to reduce the number of children placed in residential settings out with Aberdeen City. While only slightly above the national picture, the cost of such placements are prohibitive and the outcomes for young people not always positive. We have commissioned Includem to work with in-house resources to provide intensive support to prevent children being placed out with the city but also to support young people to return to the city.

- The overall number of children in secure accommodation between 1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2019 has remained low, at an average of 2.25 children in total over the course of the year. This is a decrease from 3.25 in the previous year
- 54 children had a permanence plan approved by the Agency Decision Maker
- 60 children had a permanent match approved by the Agency Decision Maker
- 3 children had their permanence plan changed as the original plan could not be achieved
- 34 new carers were recruited:
  - 10 foster carers
  - 15 adopters
  - 9 kinship carers

Despite recruitment efforts, the need for carers continues to outweigh the number of carers coming forward. Children's social work have actively supported to embed a culture which recognises the value to care experienced young people of continuing care. Approximately 40% of the young people in our residential care homes are 18+. While this supports these young people to move to an independent setting at a pace appropriate to their needs it restricts the availability of new placements for children and young people.

Significant emphasis has been placed on further developing a trauma informed workforce across children's social work. This has been well received with a strong focus on our foster and kinship carers. This approach has also contributed to a grading of good or very good for our register services - Residential; Foster Care and Adoption Services.

## **Adult Protection**

As noted earlier the COG have appointed an independent joint chair of the Child and Adult Protection Committee's bringing further independent assurance to the assessment of risk. This move also strong close alignment to the strategic leadership of both Committee's.

Between 2018-2019:

- A total of 1367 adult protection referrals
- Increases in referrals from Police, NHS, GPs and Scottish Fire and Rescue, but most referrals (33%) continue to be made by other organisations
- 27% of all referrals led to an Adult Protection Investigation
- The largest number of investigations per client group continued to be for the over 65s
- No further action was taken in 32% of cases with either no risk being identified, no support required or support already in place
- A further 30% of cases resulted in further action out with the Adult Support and Protection (ASP) process e.g. a package of care or support being put in place
- Financial harm remains the most common type of harm reported overall with 100 referrals
- Physical harm is the second highest reported category with 85 referrals

Through the Financial Harm Sub-Group, we continue to raise awareness about the dangers of financial harm to help identify those adults who could be at risk from such crimes.

There were no protection orders used during the period of this report. Four Large Scale Investigations were conducted which involved multi-agency work and cooperation. The number is the same as last year and highlights that within the Partnership, we continue to develop a culture of awareness at provider forums and offer clarity on when adult protection procedures should be applied. This has resulted in early reporting, better efficiency in responding to reduce the likelihood of harm occurring.

Our local advocacy service in partnership with the adult protection unit has been gathering information from service users regarding their experience of the Adult Protection process. Feedback has resulted in steps being taken to communicate effectively regarding the process and the outcome of the investigation. We are developing a more systematic approach to getting feedback to improve practice and in turn experience of the person harmed, their families and carers.

We introduced a training programme for service users named 'Keeping Yourself Safe from Harm'. The programme raises awareness of adult support and protection to adults potentially at risk of harm and empowers them to protect themselves. The workshops were focused on adults with learning disability, but the programme has been adapted and will be rolled out to older adults and as many groups as possible.

We systematically carry out quality assurance checks of adult protection work and last year developed our own audit tool based on the model used by the Care Inspectorate. It was identified that 69% of adult protection work undertaken was of good quality and positive outcomes had been achieved, with 13% of cases rated as very good. We strive to improve significantly on these outcomes in the year ahead.

Our culture of learning and development continues as we work with health colleagues to identify Champions within NHS services with a view to implementing across partner agencies to ensure awareness and understanding of ASP is embedded within each service. So far this year we have trained 8 community nurses to work as second persons to encourage integration and a better understanding of different roles and responsibilities under the legislation.

A Grampian-wide Decision-Specific Screening Tool was developed to support practitioners to consider the various elements in the decision-making process, and to consider whether a more formal, health capacity assessment is required to pursue measures under the Adult with Incapacity (Scotland) Act 2000. The GP or relevant team is asked to consider referrals for assessment of capacity that are specific about a decision where there is uncertainty or complexity, and this has produced improved timescales for the return of capacity assessments and consistency of practice.

Our priority areas over the next 12 months, in addition to continuing our commitments above are:

- Our Adult Protection Programme 2019-2021 focuses on key adult protection activities, continuous improvement, strategic planning and best outcomes for our vulnerable adults and their carers
- Dissemination of learning from Initial Case Reviews (ICRs) and Significant case Reviews (SCRs).
- Development of self-neglect protocol and pathway for joint approach

- The role of health in the ASP process
- Performance Management Framework across all partners and improved data collection
- Review the issues surrounding every fatal fire in dwellings and put in place joint-agency interventions to prevent a similar event occurring

## **Justice Services**

Aberdeen City Criminal Justice Social Work service continued to work in partnership with key statutory and third sector partners to reduce re-offending. Some of the key service developments during 2018/19 included:

- Problem Solving Approach - further development of the Problem-Solving Court by widening the criteria to enable earlier intervention particularly targeted to young people and women
- Diversion - Development of Diversion from Prosecution to increase numbers diverted and improve processes. We have recruited a Diversion Coordinator and contributed to the national discourse on the use of Direct Measures
- Domestic Abuse - the Caledonian System continues to deliver a high-quality service to those convicted of domestic abuse offences and to the women and children harmed. The Caledonian Men's Programme has been recently reaccredited, and the Women's and Children's Service accredited, following which all workers have completed the relevant training as well as workers who deliver training
- Women - The Connections Women's Centre continues to support women subject to statutory orders, on day release from HMP Grampian and on a voluntary basis
- Multi-Agency Public Protection Arrangements (MAPPA) – new Level 1 processes developed and working well
- Presumption Against Short Sentences – plans in development in anticipation of increase in workload

## **Young people**

Criminal Justice Social Work now has responsibility for all young people in the adult Criminal Justice system who were not looked after by the Local Authority on their 16<sup>th</sup> birthday, so workers have been trained in the Start AV risk assessment tool. A Criminal Justice support worker visits Polmont monthly to develop relationships with young people in order to improve uptake of voluntary aftercare for this very vulnerable group.

## **Learning Disability**

Following the successful launch of the Learning Disability strategy – 'A'thegither in Aberdeen' - work has continued at pace to embed the principles and values the strategy is founded upon.

## **Key Achievements**

- A series of engagement sessions took place to develop the Learning Disability Action Plan, with around 100 delegates in attendance. Key focus points of the strategy and action plan development were Housing and Transitions

- A housing group continues to meet in order to progress aligned actions, including the mapping of the current accommodation estate used within the service. This work will continue to be of key focus in 2019-2020
- A group focussed on Transitions has met intermittently, but a renewed focus is now being taken on Transitions by way of an options appraisal of the best models to support young people in Aberdeen, with this work continuing into 2019-2020

The Scottish Commission for Learning Disabilities led on the establishment of the National Guidance for the development of local Learning Disability Strategies and ACHSCP were active partners to this national work. A report was launched to capture information on people placed out of authority area and those facing delayed transfers of care from hospital settings. The 'Coming Home' report sets a national picture and a vision to repatriate, where possible, people who may be placed inappropriately out of authority area. Work has commenced locally to review all out of authority area placements and delayed transfers of care. There is an identified gap in service and accommodation provision for people with the most complex needs and work to further scope the needs of this population and to create supply of appropriate services and accommodation will be of key focus in 2019-2020.

Commissioning of services from the new frameworks for Supported Living and Care at Home has taken place and included the first procurement process from the Supported Living framework. As a result of this:

- A new provider has been brought into Aberdeen City with the process delivering good outcomes for people requiring the service
- A successful full tender process was completed for an Intensive Support Service
- A new supported living service via provider capital investment in order to meet a key need within the service has been created

There continues to be a growing demand placed on Learning Disability services, with the population of people requiring formal social care support growing as well as the complexity of conditions and behaviour. Work to develop our commissioning plan for the service was postponed ensuring all relevant information was available, this work will be completed as a matter of importance during 2019-2020.

### **Challenges**

Throughout 2018-2019, the Learning Disability service has faced several challenges in relation to an increasing population and complexity, resource pressures and staffing issues. Staff recruitment and retention remains an issue within social care services, including commissioned services and our own in-house services.

- A Service Review was undertaken in 2018 and subsequent periods of review have ensued, including the commencement of an external review in 2019
- Staffing issues have resulted in revised team structures in order to provide the relevant support structures for staff and to ensure Duty of Care is at the fore
- Senior Practitioner posts have been created and appointed to within the team, which is providing an enhanced management structure
- Staff within other service areas of the Health and Social Care Partnership continue to work in collaboration with the service, ensuring that development opportunities are acted upon and that the service continues to deliver good outcomes.

- Work has commenced to consider innovative practices to ensure a sufficient and skilled workforce is in place. This includes apprenticeship approaches and work with young people within schools to enhance the pool of people who may consider health and social care as a career path.

The service continues to work in collaboration with other areas of the ACHSCP, provider organisations, individuals and their families. Improving customer experience remains a key area of focus and will continue to be further progressed in 2019-20.

## **Autism**

Work to deliver a revised Autism Strategy and Action Plan was progressed in 2018 and resulted in the new strategy and action plan being approved by both the IJB and Operational Delivery Committee in 2018-2019. An Autism Strategy Implementation Group has been formed in a multi-agency manner, including representation from ACHSCP services, Council services, NHS Grampian, the Third Sector and the autistic community.

Further work will be undertaken to enhance the voice of autistic people within this group. This group is responsible for the delivery of the strategic vision and the implementation of the action plan. Regular meetings are held to monitor progress and update reports will be provided regularly to the relevant governance structures. A successful bid was made to the Scottish Government to support the delivery of a key action within the strategy: the development of an adult assessment and diagnostic pathway. This work will be ongoing for the life of the strategy and is being undertaken in partnership with Aberdeenshire Health and Social Care Partnership. Once funding is received this will be used to support the development of a sustainable approach to this identified gap.

## **Mental Health**

In 2018-2019, Social Work Delivery has contributed to local and national outcomes, national change programs and to the public sector reform agenda by:

- Providing a social work service in a time of reducing bed numbers in Royal Cornhill Hospital
- Working with the hospital staff to reduce delayed discharges and ensure flow of patients from the hospital service
- Working with our third sector partners to increase capacity in the community to respond to the reduction in bed numbers.

The ACHSCP Mental Health Strategic Plan, which is currently out for consultation, echoes the vision of the National Mental Health Strategy 2017-2027. The core aims of the local strategy include Prevention, Self-Management, Recovery, Dignity and Rights and Support for Carers. The support for carers is being further enhanced in mental health with the recruitment of a Carers Coordinator.

## **Key Areas of Work and Achievements**

- A new outcome focused assessment format is being piloted.
- There is ongoing work with the Housing Section of the Local Authority in identifying future housing needs and ensuring these are accommodated in Housing developments to allow the use of mainstream housing for users of our services

- Social Work have been active in planning of Action 15 of the Scottish Mental Health Strategy 2017-2027 which sets out the aim of increasing the number of Mental Health Practitioners by 800 across Scotland
- Mental Health Social Work is involved in developing an enhanced care model for users of our older adult's mental health service which would provide a step up/ step down level of care for those leaving hospital
- Developing out of hours mental health support in particular at A & E and the Kittybrewster Custody Suite which will be developed into a Community Wellbeing Hub to deflect individuals from future reoffending, supporting them in a holistic manner with particular emphasis on mental wellbeing
- Mental Health and Substance Misuse Social Work and the ACHSCP have progressed with integration with all teams now being multi-disciplinary

As with many areas of Social Work, there have been difficulties maintaining full staffing, with the Mental Health Officer (MHO) service being an area of concern. There have been several people leave the service and the recruitment of MHOs is challenging, therefore we are currently operating with 4 Full Time Equivalent vacant posts.

	2013	2014	2015	2016	2017	2018	2019
<b>No of MHOs</b>	34	32	30	34	34	34	<b>33</b>
<b>No of Trainees</b>	0	4	4	4	4	3	<b>1</b>

Numbers of private Guardianship Assessments have increased, while those done for the Chief Social Work Officer remain relatively stable.

Year	Private Guardianship Assessments	CSWO Guardianships
<b>2016/2017</b>	312	110
<b>2017/2018</b>	335	98
<b>2018/2019</b>	<b>362</b>	<b>109</b>

The number of assessments and applications by MHOs for the Mental Health Care and Treatment Act is gradually increasing over the years, particularly in the number of Emergency Detention Certificates and Short-Term Detention Certificates.

	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19
<b>Emergency Detention</b>	20	30	36	36	28	40	50	53
<b>Short Term Detention</b>	156	186	180	157	170	241	203	205
<b>Compulsory Treatment Order</b>	49	65	56	52	62	82	53	61

## Substance Misuse

The majority of people referred to Integrated Drug Service are seen and started on treatment within 21 days. From April 2019 – June 2019:

- 98.5% of referrals were seen within three weeks



- 135 people were seen, treated and supported with their drug issue within 21 days
- 100% of those referrals were seen within 5 weeks

#### Integrated Alcohol Service:

- 96% of those referred were seen within three weeks
- 124 people were seen and supported with their problematic alcohol use
- 99% of referrals were seen within 5 weeks

#### Areas of good practice

We are involved in several redesign areas such as looking at how we provide support to individuals in the community and how this can be more flexible and responsive with a move away from institutional care

- We are in the process of recruiting a Carers Coordinator who will be involved in developing the local strategy for carers of people with a mental illness and become a resource for staff on the support plans and emergency care plans
- Mental Health social work will be involved in providing post diagnostic support to people who receive a diagnosis of dementia. We are developing the training and commissioning appropriate support services to allow individuals and their carers to receive the correct information and support to assist with the diagnosis.
- The Integrated Drug Service social work team aim to issue locked boxes to parents on methadone treatment as part of a Standing Conference on Drug Abuse (SCODA) based risk assessment looking at how their drug use can impact on their children.

#### Older People and Physical Disability

Delivery of Social Work Services within Older People/Physical Disability continues to support people with increasingly complex needs, to live as independently as possible in their own communities. Staff at all levels within the care management teams continue to develop links within their localities through attendance at Locality Leadership Groups, as well as Partnership subgroups, exploring key issues affecting some of the City's most vulnerable people.

Capacity issues within the care at home market continue to present significant challenges, with ever increasing demand both in terms of volume and complexity of need. In the context of ward closures and overall reduction in bed base, we continue to shift the balance of care to enable people to remain in their own homes for longer.

- There has been a rise in the number of care at home hours delivered
- We deliver 70,355 hours of care at home per month, an average of 16,325 hours per week; our average figures for unmet need have also reduced on last year's data
- We have a range of care at home providers who work collaboratively, which enabled a cross system response to two significant episodes where providers were unable to provide commissioned care

#### Achievements and challenges

- We have entered into a new Service Level Agreement with our ALEO, Bon Accord Care with an outcome focussed approach which has enabled a more responsive person led

enablement model, with a focus on early intervention and prevention. This has been rolled out across all ACC Sheltered and Very Sheltered Housing units within the city. Early indications from service users and the provider highlight:

- A high level of satisfaction, underpinned by the ability to flexibly respond to changing needs without the need to seek authorisation from the commissioner
- A reduction in duplication between the local authority and the provider due to establishing shared documentation to support consistent assessment and review
- One care home has been subject to Large Scale Investigation under Adult Support and Protection processes, leading to closure of the home and the loss of 55 nursing home beds within the city
- Our Care Management Response Team has now been fully embedded and evaluated within the service
- The team has now expanded, having responded to 8892 calls over 2018/19, and has developed wider links within the Partnership

As the Carers (Scotland) Act 2016 is further embedded, we have engaged closely with our commissioned service to support local implementation, including joint training provided to all practitioners in relation to outcomes focussed conversations within the context of Adult Carers Support Plans. Throughout 2019 there have been 341 new referrals of unpaid carers to the service, 94 of which have come from Care Management, with 149 ACSPs completed by the commissioned service. Funding has been agreed to establish two Carers Practitioners posts. The creation of these posts will support the delivery of the LOIP.

## **Complaints About Social Work / Social Care Services**

All Scottish Local Authorities process Social Work complaints using the Complaint Handling Procedure (CHP). The CHP was introduced for Social Work complaints in April 2017 by the Scottish Public Services Ombudsman (SPSO). This procedure has two stages; Frontline (Stage 1) and Investigation (Stage 2).

Straight-forward issues are usually dealt with at Stage 1 and should be responded to within 5 working days. Stage 2 complaints are for more complicated issues that require an in-depth investigation. A complainant may also escalate their complaint to Stage 2 if they are dissatisfied with the response to their Stage 1 complaint. The timescale for responding to Stage 2 complaints is 20 working days. Where an individual is dissatisfied with the handling of their Stage 2 complaint, they can approach the SPSO to request an external review. The SPSO may choose to review the handling of the complaint and make recommendations based on their findings.

## **Performance**

In the period April 2018 to March 2019, there were:

- 170 total complaints recorded
- 37 Stage 1 complaints, 237 Stage 2 complaints and 4 Escalated Stage 2 complaints

- 73% of Stage 1 complaints were resolved within 5 working days
- 41.9% of Stage 2 complaints were resolved within 20 working days, with 25% of Escalated Stage 2 complaints resolved within this timescale

There has been a 32% reduction in the number of complaints received from 2017/18. Of the 170 complaints received in 2018/19, 114 related to Children’s Social Work and 56 related to Adult’s Social Work Services. Reasons for the reduction in the number of complaints received include:

- The new Complaints Handling Procedure was introduced in April 2017. Following implementation, the volume of complaints received doubled during the first quarter, likely due to a raised public awareness. Volumes have tailed off since.
- The Customer Feedback Team have adopted a new approach in relation to outlining Social Work complaints points. This has resulted in less repeat complaints from customers regarding the same issue
- The Customer Feedback Team have focussed on getting more information from complainants at the start of the process to better understand the complainant’s expectations and reduce the likelihood of complaints being escalated

The performance for complaints resolved within the statutory timescales is outlined in the following table:

	<b>Overall</b>	<b>Children’s</b>	<b>Adult’s</b>
<b>Stage 1</b>	73.0%	68.2%	80.0%
<b>Stage 2</b>	41.9%	43.8%	37.5%
<b>Esc Stage 2</b>	25.0%	33.3%	0%

The overall percentage of all complaints resolved within the statutory timescale was 48% for 2018/19, in comparison to 85% for 2017/18, therefore there has been a decline in compliance. The decline may be a result of the following:

- The Customer Feedback Team have focussed on the quality control of responses which in some circumstances has meant that Stage 2 responses have taken longer to be issued. There is more likelihood of resolving the complaint if it is thoroughly investigated and responded to appropriately
- The introduction of a revised complaint response template has taken time to embed. The new template has resulted in responses taking longer to draft than previously.
- Staff turnover within the Customer Feedback Team and elsewhere within the organisation has impacted response times. This is because it has taken time to upskill the new post holders in complaint handling

Every effort is made to meet the statutory timescales, however not all investigations are able to meet this deadline. When it is not possible to respond in full to a complaint within the statutory timescale, a revised timescale may be agreed. For Stage 1 complaints, an additional 10 working days is permitted, however there is no set timeframe for extensions to Stage 2 complaints.

When an extension has been organised, a response should be provided within the timeframe agreed. The performance for complaints resolved in both the statutory and revised timescales is outlined in the following table:

	Overall	Children's	Adult's
<b>All Stages</b>	75.9%	80.7%	66.1%
<b>Stage 1</b>	83.8%	81.8%	86.7%
<b>Stage 2</b>	62.0%	66.3%	52.5%
<b>Esc Stage 2</b>	25.0%	33.3%	0%

A complaint may refer to more than one matter and there is a requirement for a formal outcome to be recorded for each point of complaint. The outcomes are upheld or not upheld. In previous years, a decision may have been recorded as partially upheld or that no decision could be made. Following a review of complaint handling in 2018, these outcomes are no longer in use. Due to this, it is not possible to provide a comparison for previous years.

An overview of the 2018/19 outcomes for all complaint stages is provided in the following table:

	Overall	Children's	Adult's
<b>Points Upheld</b>	87 (23%)	60 (23%)	27 (23%)
<b>Points Not Upheld</b>	286 (77%)	196 (77%)	90 (77%)
<b>Total Points</b>	373	256	117

**Complaints considered by SPSO**

In 2018/19, 4 complaints were reviewed by the Scottish Public Services Ombudsman (SPSO). Of these, 3 were upheld. Recommendations were made for all 4 cases. These recommendations included issuing an apology to the complainants and identifying improvements, such as reflecting on how we manage user's expectations and communicate decisions.

It is useful to note that the complaints reviewed by the SPSO were historic and referred to complaints from the previous financial year, therefore the changes implemented to improve complaint handling were not yet in effect.

**User and Carer Empowerment**

**Self-Directed Support (SDS)**

The SDS Team continues to be the hub which gathers and coordinates all feedback in relation to SDS activity to ensure that action is taken to address new and emerging issues as and when they arise. The implementation of SDS continues to be overseen by the SDS Programme Board, which meets monthly and has representation from senior staff from Adult and Children's Social Care, Finance, the SDS Team and CareFirst. It receives updates on progress, considers any issues or innovations, and directs the appropriate staff to resolve or implement these.

We are now in the final phase of implementation whereby we are mainly monitoring the effectiveness of, and making minor improvements to, the information, processes and

procedures already in place. Significant progress has been made in the last 12 months towards the implementation of the SDS legislation to the point where it is fully embedded in our operational practice and all of our supported young people, adults and where appropriate their guardians or carers, have choice and control over the care received.

We have revised our Contributing to Your Care and Support Charging Policy, which is based on an Individual Budget setting process designed to ensure fairness in resource allocation regardless of which SDS option is chosen. We have also progressed the implementation of the pre-paid card which will streamline financial transactions for those using option 1 and reduce the burden of auditing for both individuals and finance staff.

## **Workforce**

### **Planning and Development**

Employees in Children’s Social Work and Council employees working in the ACHSCP are eligible to access the full range of corporate learning and development whether online, through qualifications or workshops.

Over the last year, staff have accessed a wide range of opportunities from this corporate menu – including personal and professional development such as Facilitation Skills, customer service skills through workshops such as ‘Behaviour Breeds Behaviour’, digital skills through Microsoft Office courses and management development including Improvement Methodology.

### **Children’s Social Work**

The implementation of delivering a service where we work systemically using a trauma informed, strength based and relational practice model. Filling Consultant Social Work posts has remained a challenge. The Unit model has been adapted to mitigate this by having fewer units than originally intended with larger units with more Social Work posts.

Recruitment in the social care sector remains a challenge in the Northeast and “growing our own” is a key priority within our workforce planning.

### **Workforce**

There continues to be significant difficulties in recruiting Social Workers (especially experienced Social Workers) and Consultant Social Workers / Team Managers across Children’s Fieldwork and the service has utilised agency workers to supplement the core workforce. While this has ensured safe practices, it has resulted in higher than wanted changes in Social Worker for children and their families. Over the year our use of agency staff has reduced as we have built up our workforce. The position is similar in the Children’s Residential Service where the vacancy rate remains high.

### **Supporting the workforce**

The Staff Liaison Group continues to meet regularly, and through this forum, a revised back up system has been established to enable consistency for service users when staff are absent. Having identified patterns of staff sickness due to psychological reasons, combined with a

volume of newly qualified staff, a resilience working group has been established, which aims to enable experienced and newly qualified staff within a job that presents daily challenges to resilience. The group has agreed on a working definition of resilience, raising awareness across the service and encouraging staff to support each other by sharing their experiences. Positive mental health is encouraged and practical and proactive ways that individuals and the organisation can support this have been identified.

### **Learning and Development**

There are proposals being written in a business case as to how to develop our learning and development framework integrated with our quality assurance framework.

### **Conclusion**

Aberdeen City Council and its partners, like most areas, continue to face demand management and financial challenges. Having a strong social work vision and effective leadership is critical to ensuring that our approach to meeting these challenges utilises that services focus on up to date evidence-based models, research informed practice and a strength-based approaches that deliver improved outcomes. It is also critical that in integrating with partner agencies we don't lose sight of the need to retain a strong social work voice. Similarly, that we build on the strength of relationships that exist across the social work workforce to ensure that the outcomes of service users continue to improve and that the impact of services are effectively evidenced.



**Graeme Simpson**  
**Chief Social Work Officer**  
**September 2019**