

fosterAberdeen City Council's Chief Social Work Officer's 2019/20 Annual Report

Foreword

Every local authority is required to have a professionally qualified Chief Social Work Officer (CSWO), as set out in the Local Government (Scotland) Act 1994. The role of the CSWO is to ensure that the Council and Aberdeen City Health & Social Care Partnership (ACHSCP) receive effective, professional advice and guidance in the provision of social work services, whether provided directly 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 to the Integrated Joint Board (IJB), the Chief Officer of the ACHSCP 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.

Audit Scotland in 2016 noted 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 ACHSCP. 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. These challenges are not unique to Aberdeen and are issues faced by a number of CSWOs across the country.

Delivery of CSWO responsibilities requires close professional collaboration with the Chief Officer of the IJB, the Lead for Social Work within ACHSCP who has operational responsibility for Adult and Justice social work services, and the management teams for whom we each have responsibility.

As Aberdeen City's CSWO, it is a privilege to present this report which recognises the excellent work delivered day in, day out by social work staff in a wide range of roles and with a diversity of responsibilities across the City. These staff deliver high quality support and services to vulnerable adults and children protecting their safety and wellbeing whilst promoting their independence and improving their outcomes. This report reflects the work of all who deliver social work and social care services.

1. Governance and Accountability

The duties and responsibilities of the CSWO in Aberdeen City are located within the Council. The duties and responsibilities are attached to the post of Chief Officer – Children's Social Work, within the Children and Families Cluster. The Chief Officer – Children's Social Work reports to the Chief Operating Officer and has ready access to the Chief Executive of the Council and Chief Officer for ACHSCP.

As well as providing strategic and operational leadership for Children Social Work, the CSWO also

provides professional support to the Lead for Social Work within ACHSCP who has operational responsibility for Adult and Justice social work services.

The CSWO is a member of the Integrated Children's Service Board, the Child & Adult Protection Committees and is a professional advisor to the Clinical & Care Governance Committee and the IJB. This enables the CSWO to maintain a broad oversight of all aspects of social work service delivery within Aberdeen City.

The CSWO is a member of the Aberdeen City Executive Group for Public Protection which meets every 2 months to provide strong and visible leadership in relation to the broad public protection agenda. In 2017 Aberdeen City Council established a Public Protection Committee. Reports in relation Child & Adult Protection are regularly brought to Committee providing elected members effective assurance in relation to these matters.

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 suitably qualified social worker to whom the responsibility has been delegated. There must be CSWO cover 24 hours a day, every day of the year.

2. Service Quality and Performance

2a Overview of how services are performing

Children

Significant progress has been made in the year to 31 March 2020 in relation to the monitoring of service quality and performance. The extended use of data, risk registers, service standards and the development of a quality assurance framework have all supported the identification of what is working well and what needs improved. We have a well-established practice of quality assurance across social work teams, which is now supported by service wide quality assurance data reporting and analysis. This will continue to evolve and will support longer term strategic and financial planning as well as identifying areas for short term operational support. This work was commended in Aberdeen City's Joint Inspection of Children's Services 2019. [Link to Inspection Report here](#)

"The Child Protection Committee was using data effectively to inform improvements in child protection practice and monitoring these improvements to ensure they were sustained"

Child Protection

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 is incorporated into a suite of scrutiny questions developed by the Child Protection Committee (CPC) to understand the impact of services which identify and respond to the needs of children and young people at risk of significant harm. Areas for development are incorporated into the Child Protection Improvement Programme 2019-2021, to which the Children's Social Work Service make a significant contribution and lead on many areas. Development work in child protection in this reporting period has concentrated on child sexual exploitation, child trafficking, on-line safety, learning from Significant Case Reviews particularly in relation to cumulative neglect. 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. The [Child Protection Committee Annual](#)

[Report 2019-20](#) provides greater details of the self-evaluation undertaken, improvements delivered and outlines the developments scheduled in the 2019-2021 improvement programme.

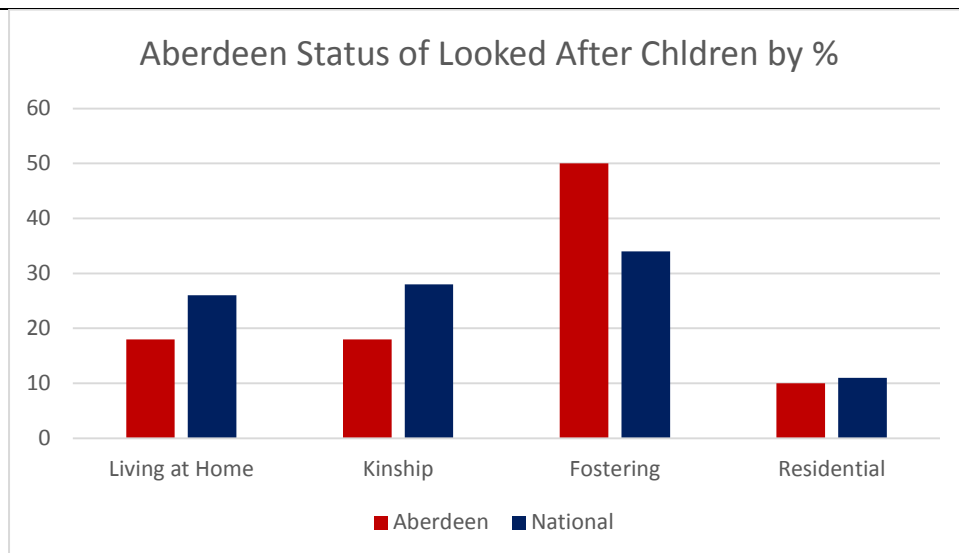
The volume of referrals received into the Service remained consistent on the previous year at just under 10,000, of which 50% progressed to a level of social work assessment, ranging from initial triage to comprehensive assessment and intervention taking place. Improvements have been made with partners, particularly with Police Scotland in the early triaging of VPD referrals. Proportionately fewer referrals are not actioned further by the Service, indicating a better understanding of thresholds for Social Work Service intervention.

138 case conferences were held in the year with a conversion to registration on the Child Protection Register (CPR) of over 85% indicating appropriate use of this child protection process. 270 children in total were on the CPR in the course of the year, with an average of 116 at any one point in time. The rate of registration at 3.3% is slightly higher than the Scottish average of 2.8%, but consistent with other urban areas. Very few children remain on the CPR for more than one year in the period reflecting improvement activity in this respect. A further area for significant improvement activity related to cumulative neglect. A series of events and learning opportunities has resulted in increased numbers on the CPR directly related to improved recognition of and response to this issue. Neglect now accounts for 49% of registrations in the City. Aberdeen City's rate of re-registrations has fluctuated between 23% and 27.5% over the course of the year. Very few children return to the CPR quickly; the majority of re-registrations follow a gap of more than 4 years since a previous registration. This would indicate practice characterised by effective and appropriate interventions.

In relation to **looked after children**, the role of corporate parent continues to embed and develop. Improvement activity embedded in the [Local Outcome Improvement Plan](#), [Aberdeen City Integrated Children's Services Plan 2017-2020](#) and [Corporate Parenting Improvement Plan](#) is overseen by the Integrated Children's Services Board (ICSB). A Quality Assurance Framework has been adopted by the ICSB and a multi-agency data suite is in course of development. The focus for ongoing improvement activity will be informed by the Independent Care Review, published February 2020.

In Aberdeen City between 2019-2020 there were around 558 Looked After Children at any one time, which accounts for 1.4 children per 1000 and is exactly in line with the national average. 37% of Looked After Children are cared for in a family setting. Our work to shift the balance of care is gathering some momentum; there is an increase in children looked after at home from 14% to 18% in the period. In the year ahead, we hope to see the impact of an enhanced support offer to kinship carers to enable us to place and support more children within their extended family.

Aberdeen City Council foster carers currently care for 91 children in 93 households. There are a further 195 children accommodated with agency foster carers. Kinship carers care for 245 children in 215 households. Permanence plans were made for 49 children; 32 for adoption and 17 for permanent foster care. Adoption matches were approved for 23 children. With the exception of one sibling group of two, these were all individual children. In common with other local authority areas, recruitment of foster carers remains a challenge as does fulfilling the aim to place sibling groups together.



In relation to **Care Leavers 2019/20**, the joint inspection commended the quality of this service noting that children and young people enjoy sustained positive relationships with staff and carers. The benefits of trauma informed approaches were apparent and almost all care experienced young people reported they felt settled and safe where they currently lived. The continuing care status grows and in local children’s homes 42% young people are aged 17 - 20 years. We have increased by almost 40% the number of young people receiving an Aftercare service. Our specialist care leaving service supports 143 young people. We have been working to improve and better integrate multi agency responses which effect safer transitions across children’s/adult social work, housing, health, Criminal Justice, education, Skills Development Scotland [SDS] and the third sector.

Positive outcomes have been recorded following practice change in the partnership approach between Police Scotland and local residential Children’s Homes. These outcomes are demonstrated in data shared by Police Scotland Youth Justice Management Unit, Comparative Report on Juvenile Offenders 2018/19, which indicated the reduction in crime files recorded against local children’s homes reducing from 122 in 2014/15, to 10 in 2018/19 and to just 2 in 2019/20.

A multi-agency **Quality Assurance Framework**, led by Children’s Social Work, has been developed to create a multi-agency approach to quality assurance across services and to embed a culture of service improvement and learning which is consistent and strong across partner agencies. These audits are commissioned by the Child Protection Committee and the Integrated Children’s Service Board. They utilise The Care Inspectorate [“A quality framework for children and young people in need of care and protection – August 2019”](#) to support self-evaluation.

Adults

Adult Social Work services have an appropriate, professional emphasis on delivering improved outcomes across a wide range of individual needs and collaborating with our key statutory and third sector partners to achieve these. There are many, sometimes competing demands placed on us however we are very mindful of the ongoing need to fulfil our statutory responsibilities, deliver required services, meet expectations and achieve desired outcomes for the individuals and their families that we work with.

We recognise the importance of being able to evidence the quality of our service delivery and the outcomes that have been attained on an individual, service or sector level. The partnership’s performance framework has been revised to align it more fully with the IJB’s Strategic Plan. Local and national indicators have been assigned to each strategic aim and each set of indicators are

reported to either the Clinical and Care Governance, or Audit and Performance Systems Committees with the IJB receiving reports in respect of the Ministerial Steering Group (MSG) indicators and the Annual Report.

Locally produced data and feedback from a survey of our health and care users has enabled us to report the following in respect of the partnership's strategic aims (prevention, resilience, personalisation, community and connections) as they relate primarily to adult social work services:

- 90% of respondents agreed their support helps them live as independently as possible.
- 82% of respondents reported they were able to look after their health well or quite well.
- 91% of respondents are satisfied with the quality of care at home that they receive.
- Increase in the number of Unpaid Carers supported - 1538 in 2017/18; 1713 in 2018/19 and 2761 in 2019/20. The local survey results showed that the percentage of unpaid carers who feel supported has risen year on year from 37% in 2017/18, to 40% in 2018/19 to 58% in 2019/20.
- 2698 Self-Directed Support assessments were completed in 2019/2020.
- Data in relation to delayed discharge from hospital continues to show improvement - 838 in 2017/18; 604 in 2018/19 to 584* in 2019/20 (*awaiting verification).

Autism

Implementation of our [Autism Strategy](#) and its associated Action Plan continues with a steering group in place to ensure this is progressed on and integrated and effectively basis. A key piece of work has been the development of a sustainable Assessment and Diagnostic pathway for adults which the City has undertaken in conjunction with Aberdeenshire Health and Social Care Partnership and which has also gained the support of the Scottish Government and the National Autism Implementation Team (NAIT).

Increased funding has enabled the recruitment of a staff member who will provide appropriate project support to the development of a pathway group.

Justice

The justice service was advised in October 2019 that it was to be formally inspected by the Care Inspectorate in respect of the delivery of Community Payback Orders. Positive feedback was received in respect of our submitted self-evaluation and just over 100 files were also read. However, the inspection was paused due to Covid-19 before the Care Inspectorate moved on to the next phase of on-site inspection activity. The self-evaluation highlighted key improvements in trends and outcomes including:

- Increasing emphasis on lower-tariff alternatives to Community Payback Orders (CPOs)
- Increase in Bail Supervision
- Increase in Diversion referrals
- The number of CPOs has remained stable with Supervision, Unpaid Work and Programme Requirements being most commonly used
- Improvement in number of first contact within one working day (above Scottish average)
- Decrease in numbers of 16/17 year olds on CPOs, 17 young people in 2019, which has continued in 2019-20 when there were 14 young people made subject to CPO
- Higher % of CPO completions than Scotland (75% of the total number of orders were successfully completed. This is a slight decrease on last year (77%) but still an overall upward trend over the last 3 years and above the Scottish average of 71% (similarly calculated).

- Decreasing number of drug-related deaths of those on CPOs

All domestic abuse cases are allocated to Caledonian trained workers and assessed for suitability. Those subject to CPOs (with or without Caledonian requirements) are supervised by Caledonian trained workers and women and children harmed are offered support. On a practical basis we have approximately ninety men on the Caledonian Programme at any one time and deliver three groups per week. The Caledonian Women's Support Work Team has approximately one hundred and fifty open cases and provides a drop in for women harmed by domestic abuse.

There is good communication and multi-agency working, both formally in respect of Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conferences (MARAC), and Multi Agency Tasking & Co-ordination (MATAC), and less formally with Housing, Substance Misuse and Adult Learning. Two local organisations, Aberdeen Foyer and the Cyrenians have been commissioned to provide services in respect of employability and outreach support. Relationships and dialogue with local Sheriffs is generally good largely due to the location of the Pre-Disposal Team adjacent to the Sheriff Court and our collaboration in respect of the development of the problem-solving court.

Learning Disability

In 2019 we published our Learning Disability strategy, ['A'thegither](#). We are continuing to implement its Action Plan, ensuring the strategy's key messages are understood across our service and the wider Learning Disability community of individuals, families and partner organisations. We continue to have a strong focus on building connections at an individual, organisational and community level. Our social work teams are aligned to the partnership's localities and we envisage greater progress in respect of this inclusive approach will be more evident next year. Our Action Plan will be reviewed in 2020-21 ensuring it continues to have strong alignment to local and national policy developments.

An effective Transitions process that delivers positive experiences and outcomes for individuals and their families is another significant focus with an options appraisal being developed to design the future approach to this crucial time for young people with additional needs.

We have commenced a review of a complex needs service and are undertaking a review of individuals who are living at home with elderly parents in order to better understand future service demand. We have also been pro-active in reviewing new contractual arrangements, such as an Intensive Support Service which assists in the prevention of hospital admission and homelessness and a newly established provider in the city working to improve outcomes for people with profound and multiple learning disabilities.

In the past year, we have worked through a series of challenges and opportunities such as providers withdrawing from the city, services being terminated, and new service providers being commissioned. Close partnership working has been evident in our response to these multi-layered and complex circumstances and learning from this has and will continue to be acted upon within the service to ensure the continued sustainability of services and the delivery of safe, good quality, person-centred care.

Mental Health

Figures for 2019/20 suggest there has been no overall reduction in the workload of our Mental Health Officer (MHO) service. There have been fewer Compulsory Treatment Orders (CTOs) granted in the last year, fifty-seven compared to seventy in 2018-19, however there have been significantly more

Short-Term Detention Certificates (STDCs), 245 compared to 209 in 2018-19 (in previous years an increase in STDCs has usually corresponded with an increase in the number of CTOs). It is possible that a reduction in overall bed numbers at Royal Cornhill hospital may have had some bearing on the pattern of use of the legislation and placed greater demand on community resources.

The majority of applications for guardianship in respect of those adults who lack capacity to make decisions to safeguard their own welfare, property or financial affairs are made by private individuals in respect of an adult relative with a diagnosis of dementia, learning disability or an acquired impairment. Occasionally an application in respect of 15/16 year olds who are about to leave Education is considered. In all applications where welfare powers are sought a report from a Mental Health Officer is prepared.

In order to prevent our MHO service being overwhelmed we introduced a waiting list for the first time in April 2019 so that we could better prioritise cases where, without an Order, the welfare of the adult is at risk. This reflected practice in many local authority areas across Scotland. Those cases on the waiting list are regularly reviewed and reprioritised as and when circumstances change. A part-time MHO on a relief basis has now been recruited to help address this waiting list. In addition, Delayed Discharge funding has been utilised to employ a 0.5 FTE MHO on a permanent basis following a very successful pilot. This person has been in post since November 2019 and has helped reduce the number of people in hospital waiting for Guardianship.

Since the Adults with Incapacity (Scotland) Act 2000 came into effect, the numbers of Guardianships have risen year on year with approximately three in every four being private Guardianships. Even in the last ten years numbers across Scotland have risen by 148%. There are now 406 private Guardianships in existence in Aberdeen City and 130 cases where the CSWO has been appointed Welfare Guardian. This is an increase from 362 and 109 respectively from the previous year.

In 2020, our [Mental Health Delivery Plan](#) was published detailing our vision for community-based mental health services for adults and how we will achieve this over the next three years. Prevention is a key focus as is support for carers and sustainable recovery. Fulfilling this plan will require the involvement of the individuals who use our services as well as a multi-agency response.

Substance Misuse

The integrated substance misuse teams are committed to providing support to assist people through their recovery. Recent figures (2014-2018) show that Aberdeen has the fifth-highest percentage of drug-related deaths (0.19 average drug-related deaths per 1,000) after Dundee, Glasgow, Inverclyde and Renfrewshire (national average is 0.16 per 1,000). The Alcohol and Drug Partnership (ADP) has developed a targeted programme of activity which aims to reduce these figures.

In 2019 a short-life working group comprising of representatives from NHS Grampian, Social Work, Police Scotland, ACC Housing Access and Support and ACC Information Governance reviewed 10 drug related deaths that had occurred in 2018. This study confirmed that individuals at risk of drug related deaths, who are not engaged in substance use services, have multiple other life problems that are apparent to other public service partners. The outcome of the review was to develop a proactive forum into which agencies can pool intelligence and work to reduce risk and ultimately reduce demand on our services.

Work commenced early in 2020 to establishing an Assertive Outreach Team with the vision of using intelligence gathered from a range of agencies to determine those most at risk of drug related deaths and provide an enhanced level of support.

Older People and Physical Disability

Delivery of social work services within Older People/Physical Disability Care Management continues to support people with increasingly complex needs to live as independently as possible. Data trends indicate that, since a peak in January 2020, there has been a steady decrease in the hours of unmet need probably due the impact of the coronavirus pandemic but also a greater flexibility and willingness to collaborate on our part so that those most in need are receiving the care that they have been assessed as requiring.

The development of the Enhanced Community Support huddles enables the multi-disciplinary triage and screening of urgent requests that may require a MDT “step up” same day response. The aim is to provide the right care at the right time to prevent hospital/care home admission. Individuals who have been triaged can then be stepped down and overseen by the wider MDT enabling a wider and more effective whole-system response to improve client outcomes.

2019/20 has seen the transition of the care management teams into three locality alignments from the previous four-locality model. This transition is enabling care management staff at all levels to work within workstreams that directly support the strategic vision to improve the health and wellbeing of individuals, through collaborative and partnership working, enabling clients to receive the right care, in the right place at the right time.

We have utilised the learning from the revised contract with our ALEO, Bon Accord Care (BAC), to inform the implementation phase of the new wider care at home contract. A more responsive, outcomes focused approach moving away from a traditional time and task model has been embedded in our service delivery. This has resulted in a significant reduction in delayed discharges for people in Sheltered and Very Sheltered Housing, where BAC has been the primary provider of care and support as well as evidence of improved outcomes.

Complaints

Social Work **complaints** are processed using the Complaint Handling Procedure (CHP). In the period April 2019 to March 2020, there were 138 total Social Work complaints recorded; 57 Stage 1 complaints, 78 Stage 2 complaints and 3 Escalated Stage 2 complaints. The overall percentage of all complaints resolved within the statutory timescale was 55.1% for 2019/20, in comparison to 48.0% for 2018/19. There has been an 18.8% reduction in the number of complaints received, in comparison with 2018/19 (170 Social Work complaints received that year). Of the 138 complaints received in 2019/20, 69 related to Children’s Social Work and 69 related to Adult’s Social Work Services. Overall, 21% of complaints were upheld, 71% were not upheld and 8% were partially upheld. In 2019/20, there were no Social Work complaints investigated by the SPSO indicating that people felt satisfied that their issue had been heard and appropriately resolved.

2b. Delivery of Statutory Functions

Child Protection

Child Protection processes and administration are well embedded, understood and utilised across all partners in Aberdeen City. The Joint Inspection 2019 noted “**Recognition of, and responses to,**

children and young people at immediate risk of harm were very effective and staff were confident in their role, leading to a positive impact on children's and young people's safety".

Adherence is strictly to the National Guidance for Child Protection and to the Scottish Government's Guidance issued in February 2019 "Protecting children and young people – child protection committee and chief officer responsibilities". This came into effect during the period of this report and flowing from it, we have appointed a stand-alone post of Lead Officer to the Child Protection Committee and a Multi-agency Child Protection Learning & Development co-ordinator. Both have quickly had impact in cementing our multi agency approach to child protection across the City.

We regularly review and quality assure familiar processes such as Inter-agency referral Discussions (IRD), Joint Investigative Interviews (JII), and Child Protection Case Conferences. In the period, IRD processes now routinely include Health and Education colleagues as we aim to conduct these within 1 hour of referral. Ensuring only necessary JIIs are held is ongoing and we await the national review of this process. Case Conferences are conducted utilising a strength-based approach; family attendance at our Core Group meetings approaches 100% which indicates the respectful relationships among professionals and families involved in this, sometimes tense, process. This was commended by the Care Inspectorate in the Joint Inspection 2019 who said "***Strengths-based approaches and relationship-based practice models were having a positive impact on helping to build trusting and respectful relationships between staff and families***".

Referrals of a child protection nature tend to be received through our Joint Child Protection Team, Reception Team or through the Aberdeen Maternity Hospital Team. These are well established and experienced teams. There is a noticeable impact of having a maternity and teaching hospital within the area and the Care Inspectorate commented that "***Vulnerable mothers and their unborn babies were supported by robust and effective multi agency pre-birth assessment, information sharing and decision making***". The Children in Need social work teams, which operate across three geographical areas of the city predominantly manage ongoing child protection cases. Data highlights these teams successfully support most (84%) children open to social work to remain within their family network. Local practice is for children on the CPR to be seen weekly. The infrequent return of children to the CPR in short timeframe is indicative of the effectiveness of fieldwork teams' interventions with children and families in order to keep children safe.

Maintaining a clear focus on risk is critical to all social work teams. The continuing utilisation of systemic practice which is trauma informed and relational in its delivery allows for the effective management of risk across Children in Need and other teams. Challenge remains ensuring the staff team have the requisite skills and support to deliver this complex task.

In 2017 a new campus school was opened for children with a disability. The Children with Disability social work team along with health professionals are hosted within the school. The benefits of this colocation continued to be recognised, not only in relation to professional relationships but also in relationships with families allowing for more natural and supportive engagement opportunities.

Corporate Parenting

The Joint Inspection of Children's Services 2019 report identifies positive areas where Corporate Parenting practice was well developed and effectively supporting care experienced people. Our self-evaluation had already identified areas of improvements and no additional areas were identified by the inspection.

The Local Outcome Improvement Plan (LOIP) has corporate parenting as one of its key priorities. To maintain a focus on improving outcomes a Corporate Parenting Improvement Group (CPIG) became operational in April 2019 and is focusing on attaining the improvement aims indicated in the LOIP. Our refreshed Corporate Parenting Plan (2019-2021) provides a frame of reference in achieving the outcomes. It links directly to the LOIP Improvement priorities by setting out congruent intentions. We have realigned and updated Champions Board Plan (2019-2021) which sets out corresponding themes and actions and work has been ongoing in progressing these.

In 2019/20 our Champions Board continued to invest in improving outcomes and have sought to promote increased numbers care experienced young people sustaining college and university places by providing rent support in addition to care experienced bursary award. Locally we have moved to expand the benefit for care leavers council tax exemption by extending this to the group initially looked after in Kinship Placement where this moved to a secured arrangement.

Incorporating the finding to the Independent Care Review published in February 2020 will be a significant focus in the years ahead. The service has established strong links to the Promise Team to ensure we actively rebuild a system that better meets the need of our children. ***“What matters is that children and young adults feel the benefit of Scotland’s good parenting. It is for those in receipt of care to define their experiences”***. (ICR, 2020, The Promise)

Children’s Alternative Family Care

For those who cannot stay with their parents, the Alternative Family Care service provides children and young people with safe and nurturing home environments where they are treated with respect. There is a strong focus on improving outcomes for children and young people we care for supporting them to continue to feel a sense of belonging and connectedness, enabling them to remain in their care setting and experience continuity of care. Our staff and carers are trained and supported to understand the impact of early childhood abuse, neglect, trauma and insecurity of attachment. The Alternative Family Care Service ensures our carers are well supported and have access to a range of training to help them meet the needs of the children they care for.

These arrangements are carefully made utilising the Child’s Plan. They are routinely reviewed in accordance with the Children (S) Act 1995 and its affiliated regulations by Independent Reviewing Officers, who bring case objectivity to the multi-agency professional and family consideration of the arrangements in place. In many circumstances, these arrangements are formalised through the Children’s Hearing System and we are compliant with the Children’s Hearing (S) Act 2011 in those circumstances. We have a close and effective working relationship with the local Area Reporters’ office; recent improvement activity has focussed on the quality of referrals which has improved so significantly that Aberdeen City now has one of the highest conversion rates (of referral to Hearing) in the country.

The number of children placed in residential settings out with Aberdeen City has remained stable and slightly below the national average. 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 April 2019 and 31 March 2020 has remained low, at an average of less than one child in total over the course of the year. This is a decrease from 2.25 in the previous year

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 33% 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.

Children's Residential

We have initiated a refurbishment and review of the residential estate capacity locally to create additional placement space to reduce need for externally purchased provision. Service redesign proposals are being developed to ensure residential roles are fit for future purpose i.e. trauma competent, staying put and recognition that Aftercare as a core function of their role.

The needs of young people are increasingly recognised to reflect neglect and the traumatic impact of this on their development. Placements are generally not short term, offering long term or permanency to the majority to young people, most of whom have been in foster care which disrupted. Placement provision and staff responses have had to be adaptable, to ensure the workforce are prepared. We have invested in a workforce skills development strategy lead by a Clinical Practitioner within Residential and Youth Services.

We have supported high levels of sustainment and associated low level of placement disruption with only one young person moving on to alternative provision in last 12 month period. This creates challenge in the system in terms of resource turnover and may be a driver regarding purchased provision. We support a small but resource significant group of young people who have been trafficked from overseas and who are now loved and cared for within our local homes

The above approach has also contributed to a grading by the Care Inspectorate of **good** or **very good** for our Residential, Foster Care and Adoption Services.

Children's Rights and Participation

To increase the participation and engagement with young people we have invested in the Mind of My Own app. This is further enhancing our understanding of the impact of the services delivered to children and young people to improve their outcomes. In September 2019 Aberdeen City Council won the 'Swiftest implementation' Award and was highly commended in the 'Greatest Media Activity' and 'Greatest Use' at the Mind Of My Own Conference.

The Children's Rights Service completed a Functional Review, which reported in January 2020. As an outcome of the review the Children Rights service will expand its reach and remit to include children and young people who are part of Child Protection processes and extending provision to young people up to 26 years to allow those with care experience to be offered support.

Across 2019/20 there has been evidence of how the voice of children and young people has been heard and included in a range of strategic reviews and operational development. Examples include:

- Engagement with the Independent Care Review, and through encouraging children, young people and young adults to continue connecting with the '1000 Voices' Project.
- Involvement in the Transformation Programme around children's records to develop guidance/standards around professional writing, developing video clips on what it is like to be the subject of a record.

- Care Experienced Week and Care Day celebrations in 2019 and 2020. Aberdeen City Council held its first Care Day celebrations in February 2019. These events attracted over 200 participants, with around 35% of those being children and young people
- The Children's Rights Development Assistant role promotes and supports the inclusion, participation and 'voice' of Aberdeen's care experienced children, young people and young adults in service development and through access to the same life opportunities as their peers.

Adults

The Adult Protection Committee (APC) is fully focused on its role and responsibilities in protecting individuals from harm with the Aberdeen City Executive Group for Public Protection providing additional leadership and oversight to this critical activity. Our Adult Support and Protection (ASP) Annual Return for 2019-2020 highlighted the following:

- A total of 1461 adult protection referrals, a 6.4% increase from the previous year (1367, 2018-19).
- Referrals from Police Scotland and Scottish Fire and Rescue both showed a 39% and 47% increase respectively. Most referrals (519) continue to be made by other organisations, an increase of 14.8% 2018/19.
- 20.8% of all referrals led to an Adult Protection Investigation (26%, 2018-19). The largest number of investigations per client group was for those aged 40-64 (77), the next largest number was for 85+ (49).
- No further action was taken in 54.7% of cases with either no risk being identified, no support required or support already in place.
- A further 13.8% of cases resulted in further action outwith the Adult Support and Protection (ASP) process e.g. a package of care or support being put in place.
- Physical harm was the most common type of harm reported. The Adult Protection Unit received 82 referrals relating to physical harm compared with 85 in 2018/19, with financial harm being the second highest reported category (76). The Financial Harm Subgroup highlighted and monitored several scams emerging from the Covid-19 crisis and considered what additional measures could be utilised to keep people safe.
- 51 Adult Support and Protection Case Conferences took place over the year and 3 Large Scale Investigations were conducted which involved multi-agency work and cooperation. This is one less than last year and highlights the work that we undertake to develop a culture of awareness at provider forums and offer clarity on when adult protection procedures should be applied.
- There were no protection orders used during the period of this report.

In January 2020, local authorities were given a statutory duty to support vulnerable people who are being interviewed by the Police. Previously, appropriate adult provision was delivered by social workers on a voluntary basis but resourcing this proved challenging. To allow scoping of the new duties and to have a clearer picture on overall demand we managed the service 'in-house' with our Duty Social Work team responding to requests from police during working hours and for out of hours at all other times.

Since establishing this service, we have created a coordinator role to support the wider development of the appropriate adult service and its training requirements.

Mental Health Officers (MHOs) have a number of different responsibilities set out by legislation. We have an establishment of 15.1 FTE MHOs within Mental Health and Learning Disability in order to provide the MHO service across the city. This does not include the Out of Hours Service and other

qualified MHO practitioners working in areas outwith mental health but who are able to provide some limited support to the service. Following recent reduction in our MHO numbers, we hope to see a sustainable increase in numbers in the coming year. Our ability to meet our statutory duties, in terms of Social Circumstances Reports for example, has at times been challenging. To combat this, we have recently moved to a more centralised service delivery model rather than the previous arrangement where MHOs were team aligned.

Care Management – 2019/20 has been the first full year that Care Management only actioned referrals that met the high or emergency priority as defined by the eligibility criteria. Total referrals were the second highest over the last four years; community referrals were their highest in four years whilst Aberdeen Royal Infirmary referrals were their lowest in four years. From April 2019 to April 2020, 189 Adult Carer Support Plans have been undertaken by our commissioned service, with 204 referrals made to the service, which is an increase of 110 referrals on last year's position. Our Care Management staff have also in the same period undertaken a further 155 Adult Carer Support Plans.

2c Key Risks to Delivery

Managing risk is an integral element of the social work function and is a responsibility that our Managers and Senior staff take seriously to ensure, as far as is practicable and reasonable, the continued wellbeing and welfare of the individuals with whom we work.

Children

Children's Social Work records and reports risk on the Aberdeen City Council Cluster and Operational Risk Registers and the multi-agency CPC Risk Register.

Cluster risk registers are owned by Chief Officers and reviewed monthly by Directors. Cluster risk registers set out the risks that may prevent the delivery of critical services, commissioning intentions and/or strategic outcomes whereas Operational risk registers are risk registers owned by individual teams working within the Clusters. The risks contained within these registers will be localised to individual teams and are owned by team managers and leaders. Risks contained within Operational risk registers may be escalated to cluster risk register when the level and severity of risk increases.

The risk register held under the CPC represents one element of the multi-agency system of managing the risk of significant harm to children in the city. Recognising their interconnectedness, the Risk Registers of all public protection forums (CPC, APC, VAWP and ADP) are considered by the Aberdeen City Public Protection Chief Officer Group (COG) at their regular meetings.

Adults

The partnership's Strategic Risk Register is primarily owned 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.

Key risks that have been managed in the past year and which will require ongoing mitigation relate to the sustainability and resilience of our local care market, the recruitment of appropriately qualified staff, productive workforce planning activity, redesigning our traditional models of delivery and delivering transformation at the required pace and scale. Realising the vision and objectives of the

partnership's strategic plan will require that these risks are actively monitored and sufficiently managed.

3. Resources

Demand for social work services is expected to continue to rise alongside greater expectations from individuals, families and other stakeholders. Social Work is an integral partner in those multi-agency discussions about how best to meet that increasing demand and we are committed to ensuring that all of our interventions and practices are consistent with professional values and the delivery of expected individual, service and statutory outcomes.

The current Council 5 Year Business Plan lays out the net budget for social work services until 2024-25. These figures were part of the Council budget that was approved on the 3rd March 2020.

	2019-20					
	Actual	2020-21	2021-22	2022-23	2023-24	2024-25
	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
Children	47107	50470	50470	50470	50470	50470
Adults	89432	92430	92430	92430	92430	92430
Total	136539	142900	142900	142900	142900	142900

Please note that the figures from 2021-22 may change during the current budgeting process and do not include any updates for 2019-20.

Financial Pressures

Children

Children's social work is part of the wider Integrated Children and Family Services cluster, bringing education and children's social work together promoting the appropriate integration of services to improve outcomes for children and young people.

The Chief Officer, Transformation Multi-Agency Group, has identified as a priority the wider integration of children's services across the city. Given the recommendations noted within 'The Promise' this provide added emphasis to explore how services can more effectively collaborate and integrate to provide early and preventative support to children and families and deliver services to improve the outcomes for children, young people and families.

Aberdeen City is one of the lowest funded local authority per resident in the Scotland. Given the financial pressure faced by the local authority, the Cluster needed, and continues to need, to make significant budget savings. In 2019 the cluster prepared a strategic 3 year plan with the following commitments.

- Focus on building a strong universal offer of support to children and families that is trauma informed.
- Rebalancing the care profile of our looked after children population with a focus on
 - Children on the edge of care
 - Children looked after at home and with kin
 - Supporting children return to the city
- The integration of targeted and intensive services across education and children's social work (and relevant commissioned services) to support children with complex needs

- Continue to work with commissioned services to ensure their focus meets demand

Adults

During the financial year 2019/20 the IJB committed to:

- implement a three-locality model, developing closer links with community planning partners
- undertake a number of strategic commissioning projects to transform service delivery, introduce co-design and co-production with our partners, and help develop a sustainable market in Aberdeen
- continue to focus on delivering the Medium-Term Financial Framework;
- continue to engage with the public to provide information on our services and why we are seeking to transform.

The partnership's record in delivering these commitments has been fairly good. Financial pressures in the past year however have meant that a proportion of the IJB's risk fund has been utilised. The Reserves Strategy initially earmarked £2.5 million as a risk fund however only £1.3 million now remains. It is worth noting that the IJB agreed at its 2020/21 budget meeting not to replenish the risk fund due to the level of budget savings requiring to be achieved.

The partnership's Medium-Term Financial Framework (MTFF) identifies budget pressures such as rising demand, increasing level of complexity of clients' need and rising prescription costs which the IJB will face over the next five financial years and provides potential solutions to generate budget savings to close the forecast funding gaps. The document is updated annually to reflect any changes to the baseline trends and planning assumptions. Based on the projected income and expenditure figures the IJB will require to achieve savings between £5.2m and £6.1m over the next five financial years.

In September 2019, the IJB approved a revised programme of transformation to support the delivery of the revised strategic plan. This includes:

- Managing demand including a strategic commissioning review
- Conditions for Change including implementation of the 3-locality model.
- Data and digital including development of efficient and effective systems.
- Future service redesign including greater embedded multi-disciplinary collaborations and shared outcomes.

The MTFF makes a number of Budget assumptions relevant to Social Work including reference to: Staff Pay Award; Transitioning Children (Learning Disabilities); Out-of-Authority Placements; National Care Home Contract; Scottish Living Wage on non-NCHC contracts and the Carers Act.

The major risk in terms of funding to the IJB continues to be the level of funding delegated from Aberdeen City Council and NHS Grampian and whether this is sufficient to sustain future service delivery. There is also a risk of additional funding being ring-fenced for specific priorities and policies, which means introducing new projects and initiatives at a time when financial pressure is being faced on mainstream budgets.

4. Workforce

Children and Adults

There continues to be varying degrees of difficulty in recruiting Social Workers across children's and to a lesser extent adult services. Vacancies over the course of the year have fluctuated but currently sit at circa 7%. The service has utilised agency workers to supplement the core workforce, although at a far lower rate than previous years. Given, agency staff, do not usually live in Aberdeen turnover can be higher resulting in disruption for children and families and we increasingly want to move away from this approach.

The challenges in recruitment within our residential children's homes influenced decision making to close a home that had been mothballed for the past two years.

Strengthening our relationship with Robert Gordon's University has been a focus to ensure we are offering placements to students who are located or intend to remain in the Aberdeen area. By providing a positive placement experience we envisage higher conversion rate to employment. Focusing on developing a strong induction and professional development offer along with effective supervision is central our recruitment and retention approaches.

There have been local and national approaches to encourage people to consider a career in social work and social care. To this end, two Modern Apprenticeships within our Learning Disability service have been progressed and are proving successful.

Staff leaving the service have tended to leave due to relocation or for family reasons as opposed to work related reasons. We are confident we have developed a robust mentoring and induction programme for newly qualified staff. The challenge at this point is to adapt this approach in the current landscape, with most staff working from home, and the requirement to adapt supervision, mentoring and development to this context.

4b. Workforce Development

A working group from across Adult and Children's Services has been actively creating a Social Work and Social Care training pathway to highlight the opportunities in place and to share resources and networks. This work is ongoing with a recognition of need to maintain and develop workforce ensuring all staff no matter which specialism have access to good quality induction and have opportunities to professional development. Greater links have been established with local college, university and third sector colleagues in creating further opportunities.

Children

We collaborate extensively with partners in relation to workforce development, in particular through the CPC's Learning & Development sub-committee and Significant Case Review sub-committee. Aberdeen City Council appointed a Multi-Agency Learning & Development Co-ordinator in 2019/20.

Learning from national and local case reviews has been identified and shared in various forms; through incorporation into multi agency training, practitioner learning events, and staff briefings. A multi-agency Learning & Development programme on 12 wide ranging topics linked to our improvement priorities has reached 713 staff. It is delivered in conjunction with a commissioned 3rd sector partner. A new quality assurance process for all multi agency training enables us to evidence how training has improved practice and helped contribute to improved outcomes for children and young people, as seen by this quote:

“This training was really good at highlighting the young person’s potential feelings of guilt and shame and also trauma at what they might have experienced, so I now promote a sense of ‘if you need to talk about anything here, you can and I will help you through that’. As a result of this, we have had a couple of disclosures. So I strongly believe this training helped improve outcomes for the young people I work with.”

In 2019 Children’s Social Work training team conducted a training needs analysis from which a Children’s Social Work Staff Training Plan for April 2019 to March 2020 was developed. This plan set out a framework to add value and complement workforce strategies to ensure those working with children and families are appropriately skilled and competent. Unless specified as eLearning, all planned training was face to face until March 2020, when all courses transferred to eLearning modules. The sessions, on a total of 13 different themes, vary in both subject area and course level to meet the range of need, experience and specialism across the service. Attendance and feedback is positive. We now aim to strengthen the evaluation of the impact on social work practice of the sessions delivered under the training and workforce development plan. Individual professional learning is supported; seven staff undertook Joint Investigative Interview Training, four staff are undertaking Practice Learning Qualification (PLQ), BA Hons in Social Work and BA Hons in Residential Childcare by distance learning (RGU), eighteen Newly Qualified Social Workers are working towards the post-registration training and learning requirements (PRTL) of SSSC.

Adults

Local authority employees are eligible to access the full range of corporate learning and development opportunities delivered online, workshops or through qualification-based routes. Over the last year, staff have accessed a wide range of opportunities, 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.

The alignment to three localities for all professional disciplines within the partnership, alongside the implementation of virtual multi-disciplinary teams, provides a clear opportunity for collaborative workforce development.

5. COVID19

5a. Early indications of impact on workforce and services

Risk awareness

In view of the heightened vulnerability caused by the COVID pandemic and the impact of ‘lockdown’ all strategic public protection groups Child Protection Committee; Adult Protection Committee Alcohol and Drugs Partnership and the Violence Against Woman Partnership as well as the Executive Group for Public Protection (COG) increased the frequency of meeting to focus on emergent risks utilising data to identifying and mitigate harm.

In addition, the Risk Registers for these groups were refreshed to consider emerging risks as a result of the pandemic and ensure appropriate mitigations were in place. Similarly, each group moved quickly to adapt to the changes to the National Guidance for Child and Adult Protection as well as that relating to Violence against Women and Drugs and Alcohol.

Covid-19 specific risk was entered into ACHSCP's Strategic Risk Register setting out controls and mitigation. The pandemic has also had an impact on the strategic financial risk which has been upgraded from 'high' to 'very high' to reflect the impact of funding the costs to services across the partnership of Covid-19.

Workforce

- Both Children's and Adult Social Work were identified as a critical services and continued to be fully operational during the COVID pandemic. This necessitated staff working flexibly both in offices and from home, rotating and being deployed as necessary to ensure sustainability of service delivery. Staff have worked selflessly and willingly to balance working, home schooling and caring responsibilities
- There has not been significant COVID related absence, but there have been clear indications that some staff have struggled to adapt to remote working. Line managers have increased their activity around staff welfare and providing pastoral support.
- Due to education and health visiting services not operating as usual along with the decision by a number of commissioned services to stop face to face contact, this placed added demand on Children's social work staff to both identify and fill the resultant void for those children and young people.
- Staffing levels in Adult Social Work have been impacted by the redeployment of care management staff to care homes. While this provided invaluable support to care home residents and teams, as well as being a rewarding experience for staff who participated in this, it also required staff who were not able to be redeployed into care homes to cover the caseloads of colleagues which undoubtedly placed additional pressure on already stretched teams.

Children's services

- Staff have continued to undertake weekly face to face visits to children on the Child Protection Register. At 95%, this is one of the highest nationally. In addition, face to face contact has been maintained with children who were at high risk of being accommodated or whose placement was at risk of breaking down. These face to face visits were complimented by telephone and digital contact with children, young people and their parents/carers.
- As anticipated there has been curtailing of referrals from all sources. It is recognised that harm has not ceased but children and young people have not been visible to usual eyes and ears. Referrals from partner agencies dropped to 407 in April 2020, where the monthly norm would exceed 700. 1942 referrals were received in the 12- week period 20 March – 12 June 2019, compared to 1236 in the same period in 2020; a drop of 706.
- Initial Child Protection Case Conferences have never ceased during COVID. These have been held digitally and all agencies have contributed. Conversion rates from Case Conference to Registration have remained high at 85-100% indicating that professionals are clear about what cases require to be considered at conference.

Adult services

- The impact on justice social work services is significant and we are awaiting national guidance and decision in relation the recovery plan. High risk, high need offenders have continued to be prioritised. The reinstatement of services has commenced with the focus on those nearing the end of their orders who have programme requirements. Unpaid work placements have also recommenced, although on at much reduced level. We recognise

that the recovery of the Justice system is complex and challenging and will its impact on social work services will continue for a considerable length of time.

- There was a pandemic-related reduction in care management referrals (82 clients in July awaiting 493 hours of assessed care down from 150 clients awaiting 1042 hours in March). It is likely that this was due to some clients and families declining support until they felt that the COVID-19 situation has stabilised.
- Our contingency planning resulted in a shift to a seven-day service to ensure the safe delivery of care in both our in-house and externally commissioned services.
- The ongoing restrictions require more assessment work to be undertaken over the telephone. The restrictions also impact on the range of support services that can be offered. Respite and day care will not be able to return to previous models, therefore significant work is ongoing to re-shape the future delivery of these services.
- The impact on our Learning Disability service included the cessation of all face to face visits out with emergency working (which required full risk assessment and use of appropriate PPE). Support was provided to high need individuals in their own homes and telephone support provided across the learning disability community.
- The drug and alcohol integrated services remained open to referrals and developed innovative responses including home and postal delivery of medication and harm reduction packs.
- Care homes have been particularly affected by the pandemic. From the onset of Covid-19 we recognised that all providers, particularly care homes would require additional support to ensure that high level of care and support continued and care homes were enabled to adhere to the robust infection control measures required. It is recognised that this has been a challenging and continually changing environment. The partnership has ensured that flexible and responsive measures were in place to mitigate risks. ACHSCP commissions almost all of its social care provision from external providers. Consequently, we built strong, positive, and mutually supportive relationships with commissioned care providers and these have proved invaluable.

5b. Key Priorities for Recovery

'Aberdeen Together' is a collaboration between Aberdeen City Council and ACHSCP to plan and deliver the city's Covid-19 response. Five workstreams have been established to support this including: data and information; integrated access; multi-disciplinary intervention team; holistic locality planning and crisis support through care for people group.

Children

- Following the closure of schools and recognising that some young people continue to require face to face support, three dedicated wellbeing hubs were established, resourced on a multi-service basis. In allocating hub places the link between poverty, child neglect and family breakdown was strongly identified. The support offered included the provision of food or other practical support. The hubs will be developed on a jointly commissioned basis to provide early and preventive support for families with children aged 0-18.
- In June 2020 feedback from families was sought on the support they experienced from children's social work during the pandemic. This highlighted the criticality of a relational approach and families welcomed the more practical and emotional support. Many families indicated that relationships with staff had strengthened during the pandemic. Young people told us the use of digital communication was helpful and often easier for them to engage with.

- The collation of data on a multi-agency basis was occurring pre COVID, predominantly with a child protection focus. The pandemic, the establishment of a COG data set and more generally the need to identify and support vulnerable individuals across the City has supported the collation and analysis of data on a far broader and more mature manner. The impact of this is seen in a continually developing appreciation of need and demand.

Adults

- There has been considerable social work input to NHS Grampian's 'Re-mobilise, Recover and Redesign' framework and the development of our whole-system Mobilisation Plan. Included in this plan is a collaborative approach to support our local care homes with adult social work assuming a lead role. Operation Home 1st is the next phase in our Grampian-wide response to Covid-19 with all three Health & Social Care Partnerships working in partnership with the Acute Sector, individuals and families to provide more services in, or close to people's homes. We have set out a series of principles to help us future-proof services and ensure that we are well-placed to deliver the best possible care with the key focus to maintain people safely at home, avoid unnecessary hospital admissions and support early discharge back home.
- A key element of our Covid-19 recovery is the development of a multi-professional Stepped Care Approach to ensure that the right care in the right place at the right time is delivered by the right person and the right organisation.
- ACC, in conjunction with NHS Grampian and the Care Inspectorate, have developed a framework to support our care homes in delivering services. This framework outlines the processes of assessing and determining the levels of support and the mobilisation of support to provide education and guidance in respect of infection prevention, end of life care and workforce requirements. The approved framework will form the basis of ongoing scrutiny and assurance for all registered care homes in our city.

Conclusion

Aberdeen City Council and its partners, like most areas, continue to face demand and financial challenges. Having a strong social work vision and effective leadership is critical to ensuring that our approach meets these challenges and 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 collaborating and where appropriate integrating with partner agencies we do not 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 outcomes for service users continue to improve.

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11 September 2020