

# **Aberdeen City Council's Chief Social Work Officer's 2020/21 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 HSCP 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 following the establishment Health and Social Care Partnerships, the role of the CSWO had become increasingly complex. In Aberdeen, Children's Social Work is located within the Council, whilst Adult and Justice Social Work is located within the HSCP. 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.

Delivery of the CSWO responsibilities requires close professional collaboration with 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. Never has this been more critical than in the past year.

As Aberdeen City's CSWO, it is a privilege to present this report which recognises the excellent and dedicated commitment delivered day in day out by social work staff in a wide range of roles and with a diversity of responsibilities. Despite the COVID pandemic these staff continued to deliver high quality support and services to vulnerable adults and children protecting their safety and wellbeing whilst promoting their independence and improving their outcomes. I sincerely thank everyone of them for the professionalism and sacrifice they have shown in the 2020/21 year.

## **1. Governance and Accountability**

Whilst adult and children's social work have different governance arrangements, alignment is achieved through the governance and scrutiny of the Executive Leadership Group for Public Protection, Community Planning Partnership, Council Committees and the role of Chief Social Work Officer (CSWO) itself.

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

Governance of Children's Social Work services is through Council Committee structures, in particular the Operational Delivery Committee and the Public Protection Committee. Strategic improvement and partnership delivery is governed by the Executive Leadership Group (referred to as the Chief Officer Group or COG) in relation to child protection and by Community Planning Aberdeen (CPA) in relation to GIRFEC, Corporate Parenting and Children in Need. Strategic plans are driven forward by the multi-agency partnerships of the Child Protection Committee, who report to the COG, and the Children's Services Board (CSB) who report to CPA. The CSWO is a member of the COG, CPC and CSB and ensures interface across these governance arrangements.

The CSWO leads and works closely with a Children's Services Management team who have operational responsibility for delivery across the range of services.

### **Adult and Justice Social Work Services**

Governance of Adult Social Work and Justice Services is through the Integration Joint Board (IJB). The IJB sets the direction of the Aberdeen City Health and Social Care Partnership (ACHSCP) via the preparation and implementation of the Strategic Plan. The CSWO is a statutory member of the IJB. The CSWO is also a member of the Adult Protection Committee (APC) and is uniquely placed to provide an overview of the leadership and governance around the discharge of the local authority statutory functions in adult support and protection.

ACHSCP has appointed a Lead for Social Work as part of its Leadership team. The Lead for Social Work works closely with the CSWO in respect of statutory responsibilities, governance arrangements, quality assurance and continuous improvement.

### **Covid arrangements**

Additional arrangements were put in place across both Adult and Children's Services in relation to our covid response. Initially daily, then weekly, leadership and portfolio huddles were set up to ensure swift decision-making, response to real time challenges and effective monitoring of agreed actions. The effectiveness of this weekly huddle model is such that it has continued to be utilised whilst we progress through the pandemic. These fed into the wider Council and Partnership response.

Further, in adult services, the Executive Programme Board met weekly and the Adult Protection Committee (APC) increased meetings to monthly and oversaw changes required to streamline local processes if necessary to prevent harm. Similarly, in children's services, the partnership of the CPC met monthly to implement and monitor required adjustments to child protection processes.

Utilising ring-fenced funding additional capacity and oversight of the CSWO role in relation to assurance of Care Home services has been added. A member of the Adult Social Work management team has assumed additional assurance responsibilities to support this COVID related challenge. This role will continue into 2021/22.

## 2. Service Quality and Performance

Overview of how services are performing – Children, Adults and Criminal Justice  
Delivery of Statutory Functions  
Key Risks to Delivery

### Children’s Social Work Services:

#### Overview of Service performance and 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”*** and that has continued throughout this challenging year.

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”. Any required adaptation will take place following publication of the new National Guidance in 2021.

We regularly review and quality assure familiar processes such as Inter-agency referral Discussions (IRD), Joint Investigative Interviews (JII), and Child Protection Case Conferences. Throughout this period, IRD processes have routinely included Health and Education colleagues, who strive to ensure discussions are conducted within 1 hour of referral. Work to ensure JII’s always and only take place when necessary and we await the national review of this process. This practice continued throughout COVID.

Case Conferences are conducted utilising a strength-based approach; family attendance at our Core Group meetings currently approach 100% which indicates the respectful relationships among professionals and families involved in what can by nature unavoidably be a somewhat tense process. This was commended by the Care Inspectorate in the Joint Inspection 2019 - ***“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”***.

New referrals of a child protection nature are received through our Joint Child Protection Team, Reception Team or the Aberdeen Maternity Hospital Team. These are well established and experienced teams. Our Children in Need social work teams, which operate across three geographical areas of the city, predominantly manage ongoing child protection cases. Local practice is for children on the Child Protection Register (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.

A campus school for children with a disability has been operational since 2017. The Children with Disability social work service 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. Improving transition of children with a disability to adult services is a focus for the coming year.

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. The challenge remains ensuring the staff team have the requisite skills and support to deliver this complex task.

Child Protection services in children's social work have continued to operate fully notwithstanding the challenges of the coronavirus pandemic, with practitioners working with families and children to maintain personal contact. Numbers on the child protection register were for much of this period high, as practitioners adopted a cautious approach to deregistration whilst other services, such as Education, Health and third sector Services, did not have their usual contact with children and families. This acknowledged our most vulnerable as a priority and ensured that they remained seen on a weekly basis. This support and intervention was supported by the ~~Vulnerable~~ Valuable Learner Hubs. Rapidly developed during the pandemic to support those at greatest risk, and now adapted to continue as "Fit Like" Hubs serving emotional and wellbeing needs of those identified across the city.

The strategic oversight groups such as the Child Protection Committee and Children's Services Board quickly adapted to digital meetings to ensure ongoing delivery of services and improvement planning. There has been rapid development of data to meet local and Scottish Government need and analysis of that data has enabled rapid application of resources to areas of greatest need. It however, also highlighted ongoing challenges of joining-up all partnership data with speed and ease.

There has been a helpful coordination of our public protection fora which has seen greater interface of child protection with other strategic partnerships such as the adult protection, alcohol & drugs, and violence against women partnerships. The CPC and APC share the same Chair.

Our areas for development remain predictable; neglect, parental substance and alcohol misuse, parental mental health and domestic abuse. These are all addressed in improvement plans, particularly the [Child Protection Improvement Programme 2019-2021](#). There has been some escalation of referrals on the grounds of physical and emotional abuse which is indicative of family tensions during periods of lockdown. Areas of hidden harm may yet appear as the manifestations of lockdown emerge further down the line. Ongoing self-evaluation includes implementation of the Independent Care Review articulated in "The Promise", with a particular drive to better enable

children, young people and families to participate and influence our child protection culture and processes.

Monthly referral rates fluctuated during stages of the pandemic, but, overall, the volume of referrals received into the Service remained consistent on the previous year at 9,435, of which 48% progressed to a level of social work assessment, ranging from initial triage to comprehensive assessment and intervention taking place. Work continues with partners to ensure a better understanding of thresholds for social work service intervention.

306 case conferences were held in the year. 277 children in total were on the CPR in the course of the year, with an average of 123 at any one point in time. The rate of registration at 3.3% is slightly higher than the Scottish average of 2.9%, but consistent with other urban areas. Very few children remained 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 34.5% of registrations in the City. Aberdeen City's rate of re-registrations has fluctuated between 15% and 24% over the course of the year. Very few children return to the CPR quickly; the majority or re-registrations follow a gap of more than 4 years since a previous registration. This would indicate practice characterised by effective and appropriate interventions.

### **Corporate Parenting**

The role of corporate parent continues to embed and develop. Improvement activity in relation to Corporate Parenting is prioritised and is embedded in the [Local Outcome Improvement Plan](#), [Children's Services Plan 2020-2023](#) and [Corporate Parenting Improvement Plan](#). Our refreshed and updated [Corporate Parenting Plan 2021-2023](#) and [Champions Board](#) plans remain congruent with LOIP priorities. The vision for the refreshed Champions Board Plan for 2021-2023 remains unchanged; 'our care experienced children, young people and care leavers have a right to participate in decision-making about their own lives and have their voices heard'. All strategic plans relating to corporate parenting are overseen by the Children's Services Board (CSB). The Quality Assurance Framework has been adopted by the CSB and a multi-agency data suite is in course of development. There are challenges, shared nationally, with the development of this extensive multi-agency data suite.

Resources have been allocated to the creation of a Corporate Parenting Lead Officer to support the implementation of The Promise, the incorporation of the UNCRC into Scots Law and the aims of the outlined improvement plans.

The number of care experienced young people accessing further and higher education options supported by our care leaving team increased by 30% over the last 3-year period. Increasing from 26 in 2018, 30 in 2019/20 to 34 in 20/21. This is a positive indication of partnership activity including the promotion of access to the Care Experienced Grant, student support with rent and accommodation costs and, more recently, digital connectivity support. It was agreed at the meeting of the Full Council in March 2020, to take forward a Rent Support Scheme which supports

care experienced young people who are Aberdeen City Council tenants and are students enrolled in higher or further education 2020/21. This benefitted 14 young people, an increase from 8 in 2020. Our Council-wide coordinated approach promotes the uptake of Council Tax exemption for care experienced young people. There has been a 131% increase in uptake since this scheme was introduced in 2018. At March 2021, there had been 109 exemptions and 9 discounts, an increase from 88 exemptions and 10 discounts in 2019 and from 47 in 2018.

There were an average of 556 Looked After Children at any one point in time during 2020/21. 39% of Aberdeen City's Looked After Children are cared for in a family setting (Looked After at Home or Kinship Care). This is amongst the lowest in Scotland. In the year ahead, we hope to see the impact of strategic planning to address this along with an enhanced support offer to kinship carers to enable us to place and support more children within their extended family.

The planning for children looked after outwith parental care are routinely reviewed in accordance with the Children (S) Act 1995 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 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 significantly. Aberdeen City now has one of the highest conversion rates (of referral to Hearing) in the country.

### **Alternative Family Care**

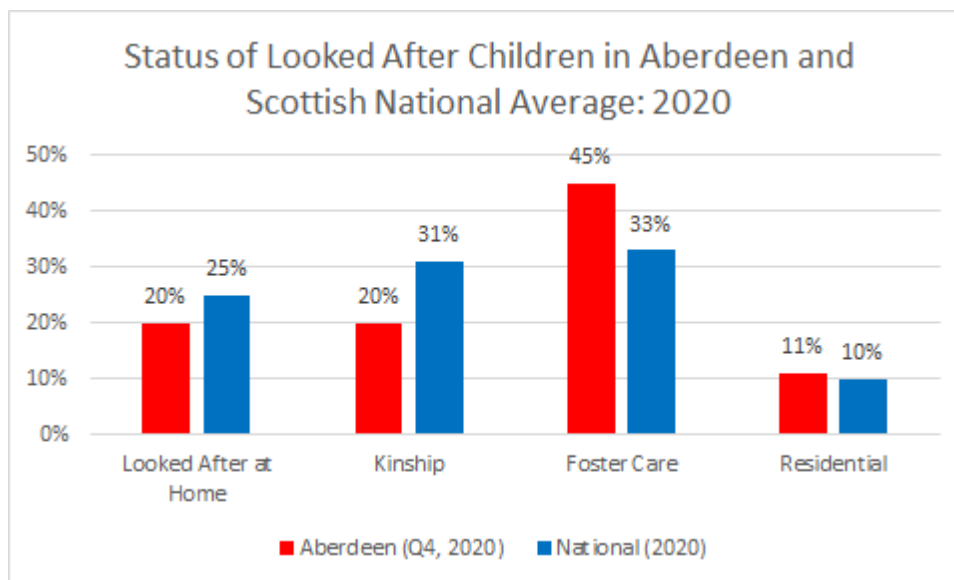
For those who cannot stay with their parents, the Alternative Family Care service provides children and young people with safe and nurturing home environments. There is a strong focus on improving outcomes for children and young people supporting them to continue to feel a sense of belonging and connectedness, 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.

The number of children placed in residential settings out with Aberdeen City has slightly fallen. The cost of such placements are prohibitive and the outcomes for young people can be variable. In addition to the statutory reviewing process, we have a forum where senior management staff in Education and Social work scrutinise the quality and planning of individual placements on an annual basis at least. 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 who return to the city.

The overall number of children in secure accommodation between 1 April 2020 and 31 March 2021 has remained low, at an average of less than one child in total over the course of the year. This is consistent with 2019/20, with four months when no children were in secure care.

Despite recruitment efforts, the need for carers continues to outweigh the number of carers coming forward. A new payment for skills scheme was approved and will commence in April 2020. It provides incentives to current carers to provide additional placements especially sibling groups where there is national acute shortage and to attract individuals that have wanted to foster but were not in a financial position to stop working.

Aberdeen City Council foster carers currently care for 76 children in 53 households. There are a further 162 children accommodated with agency foster carers. Kinship carers care for 282 children in 227 households. Permanence plans were made for 28 children; 15 for adoption (9 for individual children and 3 sibling groups of 2) and 13 for permanent foster care (2 individual children, 3 sibling groups of 3 and 1 sibling group of 2). Adoption matches were approved for 16 children. With the exception of two sibling groups 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.



### Children's Residential Care

The refurbishment and review of our children's residential estate has clarified options which could enhance placement numbers and reduce need for externally purchased provision. Service redesign proposals have been consolidated and ensure residential roles are fit for future purpose i.e. trauma enhanced, Staying Put and recognition that Aftercare as a core function of their role. In support of these functions a Team Leader role has been developed to ensure these pathway transitions are relationally based and offers continuity.

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, and offer long term or permanency to the majority of young people, most have been in foster care which has 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 led by a Clinical Practitioner within Residential and Youth Services. We have supported high levels of sustainment

and associated low level of placement disruption with no young people moving on to alternative provision in 2020/21.

Positive outcomes have been recorded following practice change in the partnership approach between Police Scotland and local Children's Homes. These outcomes are demonstrated in data shared by Police Scotland Youth Justice Management Unit, Comparative Report on Juvenile Offenders 2020/21 which indicated the reduction in crime files recorded against local children's homes reducing from a high of 122 in 2014/15; 10 in 2018/19 ;3 in 2019/20; 2 in 2020/21.

Collectively these approaches have contributed to a grading by the Care Inspectorate of good or very good for our Residential, Foster Care and Adoption Services.

Young people placed in alternative to family care are being encouraged to stay put in care placements on a Continuing Care basis. This has a beneficial impact on future success. There has been an increase in the numbers of young people aged 18 years and over remaining in our children's homes. This has increased from 30% in 2019/20 to 38% in 2020/21. In addition, 22 young people are in Continuing Care with foster carers. This is an investment in future capacity and is considered preventative in reducing future dependencies and demand. It also contributes to decreased homelessness. In 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 strategic review of Throughcare and Aftercare Provision will report in October 2021, the interim findings from this review highlight that the Children's Social Work service for care leavers continues to expand provision for Aftercare support with over 160 young people who are eligible receiving support. During this review period there have been 91 views collated from over 50 young people who have utilised care leaving supports. There continues to be positive progress in developing integrated supports with the recent co-location of a Housing Support worker within the care leavers team.

Despite the restrictions of Covid, engagement with care leavers has moved to online platforms, with a range of participation opportunities developed, the care leavers team Facebook page has expanded the number of users by over 200% in last 18 month period and has shifted to digital communication as a reflection of young people's preference. In acknowledgement of the impact of digital inequality on those with care experience, a range of direct support has been made available, for example, phase 2 of Connecting Scotland facilitated provision of over 80 devices and 103 mifi connections. More recently full council have supported monies for the ongoing development of digital inclusion for care experienced young people.

### **Children's Rights and Participation**

The AYPRS - Aberdeen Young Person's Rights Service (formerly Children's Rights Service) are key supporters of care experienced young people in their engagement with the Champions Board, improving dialogue with Corporate Parents, and advocating independently on their behalf through various formal processes. Following a review involving care experienced young people, the service has rebranded with an extended remit to include children and young people involved in child protection processes as well as expanding the age range of those who can be referred up to 26



years. The AYPRS is effectively utilised, with a 43% increase in referrals in 2019/20 from the previous year. Covid19 has required a service refocus to digital connections which are effective if limiting by nature. In 2020/21, the AYPRS has been involved in 4 Child Protection Case Conferences and 2 Care and Risk Management Meetings, indicating progress in improving responses and involvement with children and young people in conflict with the law. In addition, the service has provided independent advocacy support to 4 Children's Hearings.

The service has been working hard to extend its reach, including: a webpage, with links to 'Aberdeen Getting It Right' and an updated co-produced leaflet; increasing use of social media; producing a quarterly participation and rights-related bulletin; and fortnightly virtual information 'drop-ins' for professionals, including carers. These approaches have all contributed to extending support to more children and young people who are looked after at home, in kinship care or who may be involved in child protection processes.

In March 2019 Children's Social Work, purchased the Mind of My Own app. The app is the only digital tool that supports Article 12 of UNCRC. Since adoption in 2019, use of the app has grown from 122 young people Mind of My Own accounts, to 194 in March 2021; worker accounts have increased during this period from 352 to 386 and statements from 225 to 878. Aberdeen City have received three awards from the device creators, including, in March 2021, having both the second and ninth highest rate of use by two Children Social Work practitioners nationally (there are over 30 000 users). Care experienced young people have continued to have a key role within the Mind of My Own Champions group as app trainers and facilitators and we expect use of the app to grow.

## **Quality Assurance**

Significant progress has been made in the year to 31 March 2021 in relation to the monitoring of service quality and performance across the Service. 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 supported by service wide quality assurance data reporting and analysis.

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 CPC and the CSB. 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.

The first two audits were completed during the year and recommendations were passed to the CPC and CSB to support longer term strategic and financial planning as well as identifying areas for short term operational support.

## **Adult and Justice Social Work Services:**

### **Overview of Service performance and delivery of statutory functions**

#### **Justice**

The justice social work service was inspected by the Care inspectorate in 2020. The planned schedule was interrupted by the pandemic and the inspection was paused in March 2020 but recommenced on a virtual basis, in October. The [Care Inspectorate's inspection report](#) was published in February 2021. Its key messages included the 'transformative impact' of the support provided, the delivery of 'highly person-centred interventions', 'strong leadership vision', 'strong commitment to continuous improvement' and 'performance trends are improving and individuals are being supported to achieve positive outcomes'. The report contained two recommended areas for improvement both of which have been implemented. Firstly, the service Delivery Plan and Performance Management framework should be agreed and implemented and secondly, quality assurance of risk assessment and management should be strengthened. Improvements have also been made to the service QA methodology.

Justice Social Work maintained a face to face service throughout the pandemic with those who are higher risk, potentially vulnerable, have just been released from court or custody and those who do not have phones. Supervision was otherwise maintained via phone, email, WhatsApp, doorstep visits and walking and talking. Our Unpaid Work Team was closed during lockdowns, and remains restricted. It has developed a range of practical and educational resources for clients to do at home. This included work packs for making (and sometimes designing) small pieces of furniture, upcycling, with DIY Instructions and telephone back up from Task Supervisors if needed. These proved so popular that some clients are reluctant to return to work parties. It has also meant that our backlog of UPW hours is not as big as it might otherwise have been.

The pandemic challenged a number of assumptions, not least that our clients, many of whom have seriously compromised immune systems and/or mental health problems, are a lot more resilient than we thought. We have also learned that some clients respond better to telephone contact than to face to face, particularly young people and women. Some will open up more when walking and talking. Some work better from home than in a workshop. This doesn't mean that we radically change the way we deliver services, but that we have to be more flexible to what works with whom.

## **Mental Health**

The Aberdeen City Community Mental Health Delivery Plan 2020 – 2023 was approved by the IJB in March 2020. The implementation of this plan was impacted by the pandemic and the need for the service to focus firstly business continuity and then recovery planning. However, some progress was made as circumstances enabled to implement some actions contained within the plan at pace. The plan has a clear focus on prevention, self-management and self-help and the enhancement of our digital provision and the use of apps to provide an accessible, personalised response to emerging and enduring mental health needs.

There has been a noticeable increase in referrals to our community mental health services. The pandemic has affected different people in different ways but some common themes that have impacted on people's mental health and wellbeing have included social isolation, job and financial losses and housing insecurities.

In relation to our Mental Health Officer (MHO) function, figures for 2020/21 suggest there has been an increase in the overall demand for our MHO Service which is very much in keeping with the national picture. There has been a significant increase in numbers of Community Treatment Orders (CTO) applications. It is reasonable to suggest that the pandemic has impacted on everyone's

mental health wellbeing over the past year and for some this impact has been greater than for others. In addition, staffing issues within the hospital as well as changes to service delivery in the community seem very likely to have had an influence on the admission and discharge of patients and possibly also affected the use of legislation.

A waiting list for MHO allocation is in place – as it is in many other local authority areas across Scotland. This is regularly reviewed and prioritised, with ongoing recruitment in place. Notwithstanding lockdown periods, the normal rate of referrals for allocation to an MHO has continued and there has been in fact an overall increase from last year. Since the Incapacity Act came into force in 2002 numbers of Guardianships have risen year on year with approximately 3 in every 4 being private Guardianships. Over the last year, even with the Courts and solicitors being unable to progress cases due to the pandemic, we have seen 72 referrals and the granting of 92 Guardianships – 41 of them being applications made to appoint the Chief Social Work Officer and 51 private applications.

### **Learning Disability**

Following the publication of our strategy, '**A'thegither in Aberdeen**' in 2019 we are continuing to make progress with the implementation of the associated Action Plan and ensuring that 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 despite the challenges of the pandemic, we have made progress in respect of this inclusive approach. Our Action Plan has been reviewed and our agreed outcomes reflect both local and national policy developments. In particular, we have worked in partnership with key stakeholders to develop creative responses to meeting demand for day and work opportunities when traditional day opportunities were either terminated or had to drastically reduce the number of people who could be supported each session.

Our review of a complex needs service will be concluded during 2021/22. We have completed a widespread review of individuals who are living at home with elderly parents in order to better understand future service needs. The pandemic has created challenges for many individuals, their families and service providers but particularly in supporting those with complex needs who have found changes to practices the most difficult to understand and tolerate. We continue to work with providers and families to find ways to effectively meet needs and keep everyone healthy and meeting their identified outcomes.

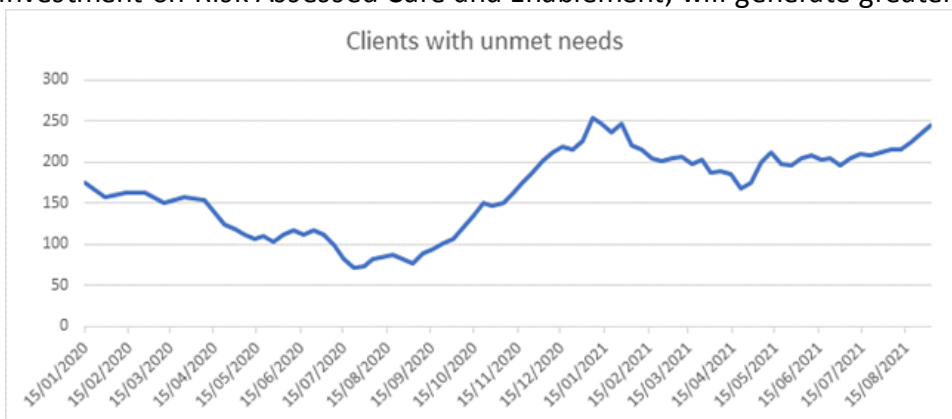
Close partnership working has been evident in our response to these multi-layered and complex circumstances and learning from this has and will continue to be acted upon within to ensure the continued sustainability of services and the delivery of safe, good quality, person-centred care.

### **Older People and Physical Disability, including Hospital social work**

During the year, the Care at Home contract was re-commissioned using an outcome focused approach and awarded to a consortium of local providers. The aim of the new approach is to block

fund service delivery by locality, empowering the providers to adopt a flexible, person centred, outcomes approach within the overall financial envelope. As well as improving outcomes for people, the funding will enable more care to be delivered with the same amount of resource, managing the increasing levels of demand we have in this area. The embedding of this new contract was supported by our Care at Home services commissioned by our ALIO who provided additional capacity for Urgent and End of Life care. This additional capacity assisted in some of the surge in demand for Care at Home, which we found was being utilised as an alternative to day care and respite due to limitations in access due to Covid or service users fears. Alongside this we have noted a greater volume of requests to utilise Option 2 under Self Directed Support to facilitate care at home and respite services.

The implementation of the new care at home contract has not impacted on the unmet need volume recorded across the City due to increasing demand following lockdown. It is anticipated that the second year focus of the Contract on tech-enabled care, alongside the fruition of investment on Risk Assessed Care and Enablement, will generate greater capacity.



Work has begun on re-commissioning Respite and Day Care services under the umbrella of ‘Stay Well Stay Connected’. A co-design/co-production approach with staff, providers, service users and carers all involved is being adopted. This has allowed a broader approach to identifying needs and how services can be developed. We have experienced some difficulties in securing services from the external market to progress developments as designed.

A Care Home Team have been created to support the daily oversight group and to give a framework of governance to the rolling programme of Support and Assurance visits and the development of MDT support to all Care Homes across the City. Social work staff were trained in preparation for deployment across Care Homes at the start of the pandemic. Training was provided re IPC, manual handling and medication management. A number of Adult Support work staff were deployed within a nursing home subject to Large Scale inquiry under Adult Protection. This was viewed as a protective factor and enabled coaching and staff development in creating a more nurturing culture within the resource. Further social work staff were deployed into care home experiencing outbreaks which ensured basic levels of staffing were maintained and residents safety maintained.

The Hospital Social Work Team have been busy throughout the “waves” of Covid-19 and our delayed discharge challenge has fluctuated accordingly. To address demand, ‘surge beds’ were spot purchased from various facilities including nursing homes, sheltered and very sheltered housing near the end of 2019 using winter planning money. Due to Covid-19 the surge beds were kept and this created capacity in the system to enable flow out of hospital and avoid lengthy delays.

	Population (2019 mid year estimates) aged 75+	Delayed discharge bed days 2019/20 aged 75+	Delayed discharge bed days per 1,000 population aged 75+	Delayed discharge bed days 2020/21 aged 75+	Delayed discharge bed days per 1,000 population aged 75+
Scotland	465,845	360,733	774	223,603	480
Aberdeen	16,377	9,488	579	4,319	264

### Adult Support and Protection

Adult Support and Protection (ASP) has continued to work effectively during the pandemic by adapting to changes and implementing flexible working for safe practice. The Scottish Government published its [COVID19 Adult Support and Protection Guidance](#) on 30<sup>th</sup> April 2021. This was taken on board and incorporated into local guidance and procedures, to support staff to continue to undertake their roles in relation to vulnerable adults at risk of harm.

During the initial lockdown period, scheduled Case Conferences were temporarily delayed until they could be organised safely and virtually. To ensure that statutory partners and third sector organisations remained alert to the potential concerns about harm while recognising that ASP concerns may increase during the pandemic, Adult Protection Plans were drawn up to assess any new or additional risks and measures until relevant professionals from different agencies could attend virtual meetings. 34 ASP Case Conferences took place over the year compared to 42 the previous year as face-to-face meetings stopped during the pandemic. However, this has been replaced by virtual meetings allowing service users and their families to join meetings and share information from wherever they are, reducing transport expenses and saving time. Aberdeen Advocacy Service augmented their support role by provision of iPads to enable adults/carers to participate in Case Conferences. One Large Scale Investigation was carried out during this period.

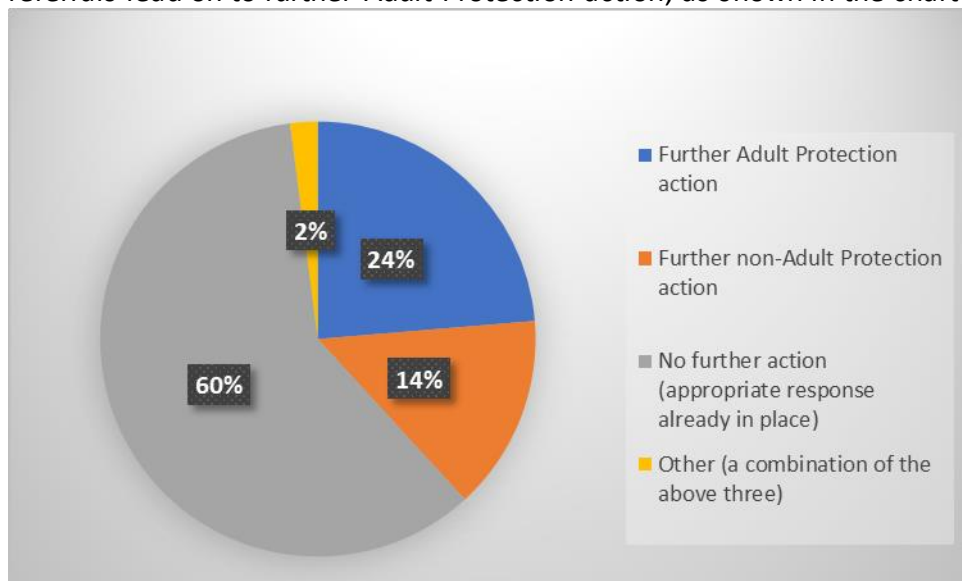
Special sessions were held for Council Officers to provide them with the support needed to ensure the implications of the pandemic were taken into account when supporting clients under ASP legislation.

Council Officers continued to maintain regular contact with existing ASP clients and partner agencies and the Adult Protection Unit developed guidance about Covid-19 triage and assessment which was shared with key agencies and organisations.

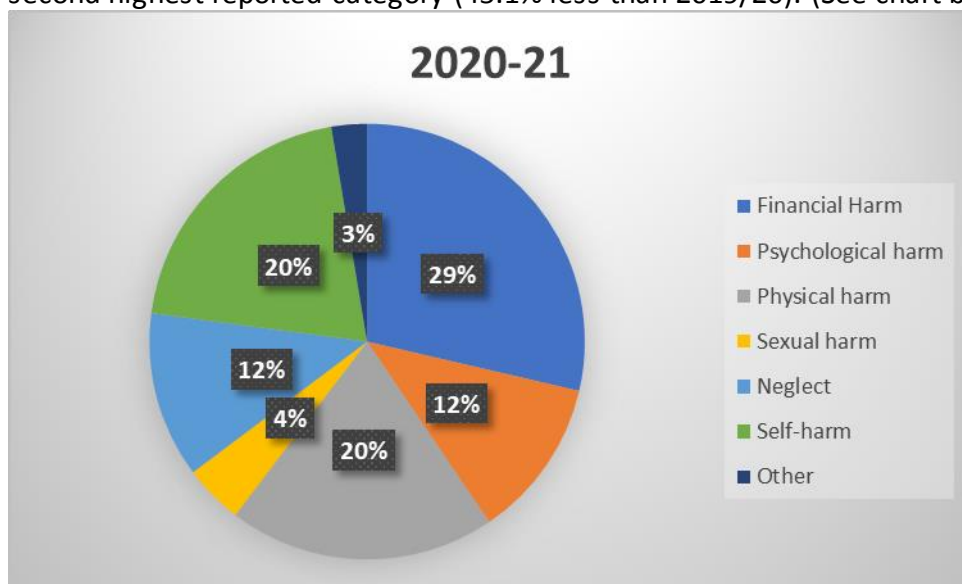
Local operational groups were established in response to the COVID pandemic. They worked directly with care homes supporting the safety and protection of residents and to support the delivery of high-quality care. Assurance visits with key partners helped identify issues with infection prevention and control and both social care and nursing care concerns. ASP referrals were

crossmatched to determine where there were known ongoing issues and to establish patterns/themes to assist with early intervention and prevention. Reports were regularly collated and sent to the Scottish Government and to the Chief Executive of NHS Grampian and the Council.

**Data Summary:** ASP referrals (1377) reduced in 2020-21 by 5.74% from the 2019/20 figure due to individuals not being able to access the same level of support from services as they could before lockdown and shielding staff. Referrals leading to an adult protection investigation dropped by 25.3% from last year's figure as social distancing measures were put in place with non-essential activity postponed until after the covid crisis. As with previous years, the most common referral outcome was No Further Action, reflecting that appropriate responses are already in place. 24% of referrals lead on to further Adult Protection action, as shown in the chart below.



Financial harm was the most common type of harm reported. The Adult Protection Unit received 65 referrals (14.4% less than 2019/20) relating to financial harm with physical harm (45) being the second highest reported category (45.1% less than 2019/20). (See chart below)



In 2020, the APC Convenor published, as required by statute, a [Biennial report 2018-20](#) in respect of how well the APC's functions and responsibilities had been discharged.

## **Self-directed Support (SDS)**

SDS continues to provide a statutory foundation to our social work practice across both Children's and Adults' services. Our SDS function was impacted by a turnover of staff in our SDS team that has since been mitigated by the substantive recruitment of a SDS Co-ordinator and Officer. Our practitioners continue to have appropriate conversations with individuals and their families about their preferred option that underpins the care and support delivered to them. There has been a nine-fold increase in the number of individuals who have chosen Option 2 which gives them greater choice and control over their preferred care provider. The responsiveness in respect of care package commencement and ongoing flexibility have also been contributing factors to this trend.

## **Quality Assurance**

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 and evolve, as we pool data across health and social care, particularly at locality and community level. While some of the data may be limited, and the measures possibly imperfect we are continuing to develop our use and capacity to use data to better understand where we are and where we want to be. Work is ongoing with colleagues in NHS Grampian Health Intelligence and Aberdeen City Council Business Intelligence teams to improve the quality and range of data available and our ability to analyse it.

The HSCP's performance framework was previously revised to align it to the partnership's Strategic Plan. Local and National Indicators have been assigned to each Strategic Aim and each set of strategic performance indicators are reported through our governance arrangements.

The impact of the changes in service delivery throughout the pandemic can be seen clearly in our data with significant decreases in the number of emergency admissions, unscheduled bed days, A&E attendances and delayed discharge figures. It is anticipated that these figures will increase as services get back to pre-pandemic activity. There was a 3% increase in the percentage of people spending the last 6 months of life in the community and a 13% increase in number of days during the last 6 months of life spent in the community compared to the baseline year (2015/16). These increases are encouraging and have been positively impacted by the work of the partnership to enable people to continue to live at home or in a homely setting.

## **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.

Both adult and children's social work services actively track and report risk via Risk Registers which in turn are reported to Council Committee or the IJB's Clinical and Care Governance Committee.

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 and is reviewed at every CPC quarterly meeting. Recognising their interconnectedness, the Risk Registers of all public protection forums (CPC, APC, VAWP and ADP) are considered by the Executive Leadership Group for Public Protection (COG) at their bi-monthly meetings.

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. The Strategic Risk Register is presented to the Audit and Performance Systems Committee (APS) on a quarterly basis and then presented, with any required revisions, to the following IJB meeting thus ensuring regular and robust scrutiny of the assessed risks and the mitigating activities and interventions. The pandemic has arguably brought a greater intensity to this scrutiny and encouraged a whole-system approach to the management of risk in our social work services.

From an operational social work perspective across both children's and adults services, the key risk to service delivery was in relation to the capacity and resilience of our social work-trained workforce and also the wider social care workforce. Illness, family illness, infection outbreaks at a service level, the need to self-isolate and other lockdown impacts all had an impact on the availability and wellbeing of our colleagues with daily monitoring and interventions needed to ensure the continuity of our services through very critical and challenging times. It is a matter of particular note and pride that services adapted and continued throughout, with considerable positive feedback from those accessing our services.

### 3. Resources - Financial Pressures

Aberdeen is the third largest city in Scotland with an estimated population of 228,670 (2019) with a significant population increase anticipated in the next 10 and 20 years, particularly among the 65 to 74 and over 75 age groups. Rising expectations and demand for our services, in both children and adult services, coupled with rising costs and reduced funding presents a significant challenge to our ambitions to deliver effective interventions that lead to improved individual experiences and outcomes.

Budgets agreed in March 2020 understandably made no provision for the impact of the pandemic on operations and finances. Since then, significant additional costs have been incurred, largely in relation to providing supplier sustainability payments to social care providers, purchasing additional surge capacity, additional staffing and Personal Protection Equipment (PPE). These costs



were all funded through the Local Mobilisation Plan. There were also indirect costs of COVID, such as additional care at home costs to keep people in their own homes and lost income through client contributions.

In addition, the impact of COVID on Children's Hearings resulted in a number of children being unable to move in as timely a manner as would be hoped to either adoption placements or returned to a community setting. Children's Services also encountered an increase financial, food and fuel insecurity in many families. This was perhaps most acutely noted in relation to our care leavers. Utilising Hardship Funding and other funding the Service moved to quickly provide the practical support families needed to survive the insecurities imposed by the pandemic.

Given the lack of access to community supports many families with a child with a disability also required additional supports to be mobilised to enable them to be cared for within their family.

Whilst financial planning is as robust as possible, new risks have emerged and will require management. These include:

- Whether some of the changes in cost profile and services as a result of COVID are recurring and will require additional funding,
- The impact of the health debt caused by COVID on our delegated services. More certainty on these risks will start to materialise early in the new financial year.

As of April 2021, social work services await the clarification on the provision of financial support to implement the findings of the Independent Care Review – The Promise. Without additional funding the Partnership will struggle to deliver the scale and pace of the change. Without clear financial support to core social work services, and partners, the aspirations of The Promise to delivering preventive and early intervention support to children and families enabling more children to be cared for within their families will remain an aspiration.

The Independent Review of Adult Social Care has proposed significant change to the arrangements and delivery of social work and social care services to adults. It recognised the under investment in social care/social work. As of April 2021, we await the Scottish Governments response to this review due to be published later in the year.

#### **4. Workforce**

##### **Workforce Planning - staffing and recruitment issues**

At this point in my report, I would like to pay tribute to the social work staff across children's and adult services who have so commendably risen to the challenges of the past year. The past year has seen pandemic factors impact on the morale and wellbeing of our social work staff. Notwithstanding the extent to which colleagues across social work and the wider social care sector have responded – sometimes at personal cost to themselves - to the needs of the individuals with whom we work and support, has been heartening and a testimony to their commitment, resilience and professionalism.

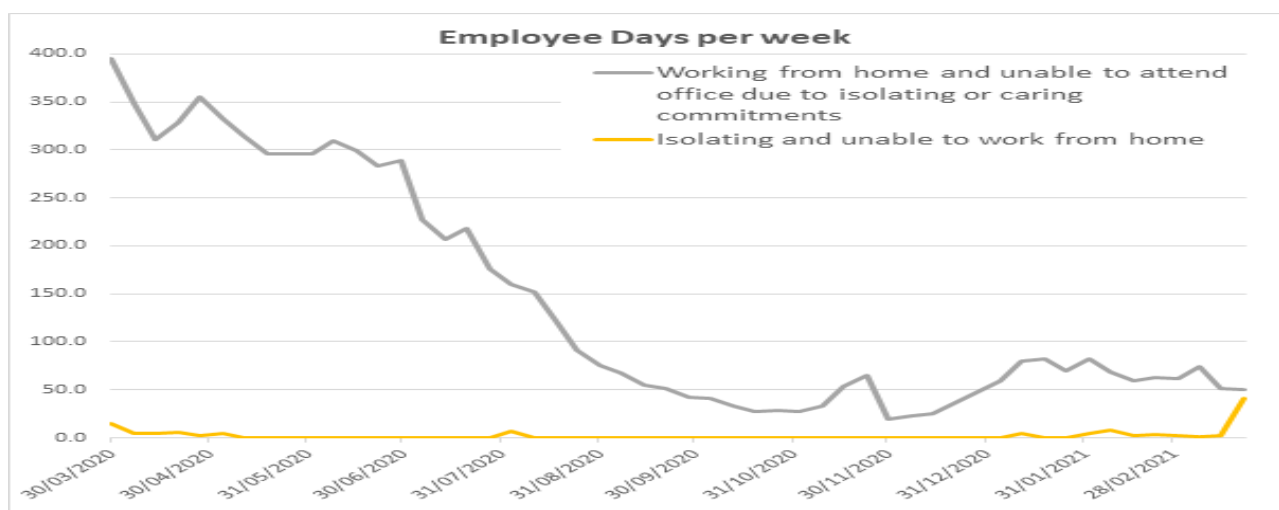
Many staff were working from home and made adaptations to home and life to continue to deliver services. The length of the average working day and week increased as managers and staff attempted to address these new, significant challenges. Staff support systems were put in place such as maintaining regular team catch-ups and weekly virtual meetings to offer support and reassurance. Staff also maintained peer to peer contact through virtual means and wellbeing programmes were available throughout the Grampian area relating to mental health and wellbeing as part of the COVID response.

Health & Safety risk assessments during the coronavirus frequently changed to reflect changes in government and local guidance. In particular, the necessary use of PPE was required to be constantly clarified and training provided where appropriate. Staff were alert to changing guidance to ensure they and others remained safe.

In the early weeks and months of the pandemic, social workers were redeployed to enable the continued delivery of adult support and protection work and Appropriate Adult activities and screening. In addition, in excess of fifty colleagues from the health and social care partnership and the local authority were redeployed into different job roles to enable care homes to continue to function given the sustained and significant pressures that they were experiencing. Children’s social work colleagues continued to make at least weekly visits to homes where children were on the CPR and were often the sole professional contact at times of school closure of schools and the diversion of health services.

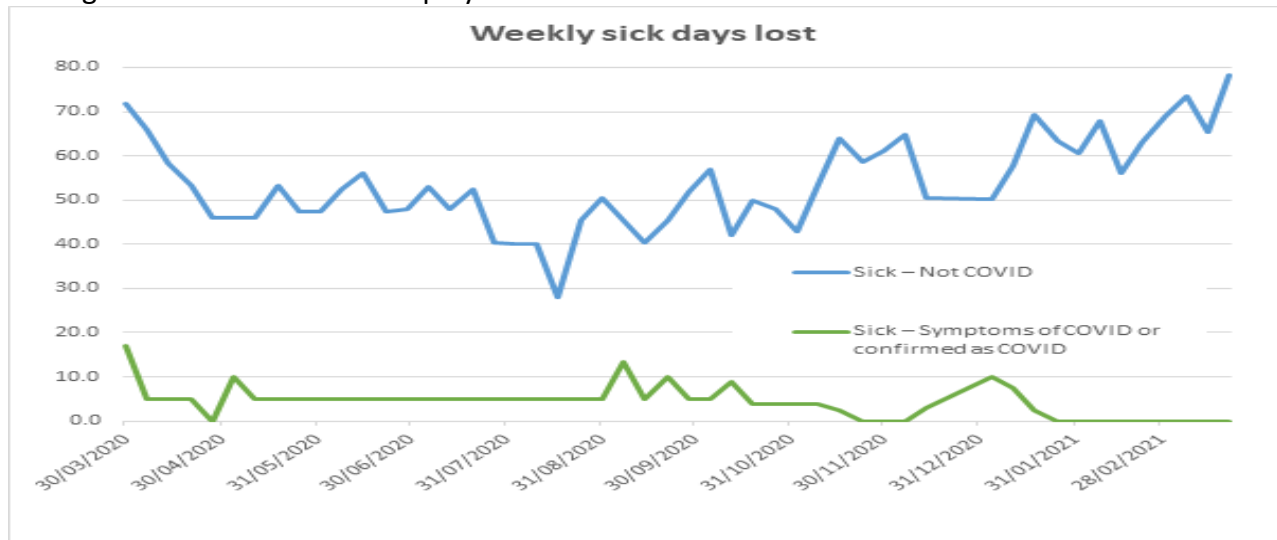
**Children’s Social Work Services**

In the vast majority of cases, employees who have been have been able to work from home. During the first quarter a number of employees were fully working from home due to caring, underlying health conditions or due to self-isolating. In most cases where working from home was not possible, this has been due to lack of ICT equipment, quickly resolved by Bring Your Own Device or by the Device Refresh programmes which ensured nearly all workers had a corporate device. In a small number of cases workers were unable to do their front-line role from home, e.g. Residential workers, and therefore had to take special leave. At the end of the financial year there was a small spike in the number of employees unable to work from home whilst isolating due to a COVID case in a one of the Homes.



**Sickness**

Approximately 215 days have been lost to COVID or COVID symptoms. Most of these were lost to long term sickness as two employees were off for a number of weeks with the virus.



### Recruitment

Recruitment remains a challenge across all areas of the Service with notable vacancies in Residential Care, Children in Need, Learning & Development. Secondment opportunities or internal recruitment enables staff experience to grow but leaves a gap elsewhere. The Council is moving to enhance a “grow our own” scheme support interested staff without a social work degree to undertake distance learning development.

### Adult Social Work and Justice Services

This pandemic has highlighted the challenges of attracting and retaining suitably qualified staff that is either available locally in sufficient depth or willing to relocate to the area. It was not unusual to receive no applications for advertised positions as people were not willing to move jobs during a time of great uncertainty. Brexit has also had an impact on our social care workforce with fewer staff of EU-origin remaining in the country.

Internal movement of staff is utilised but limited to adding capacity. Strong collegiate relationships have been required from our service managers and their seniors to ensure that everyone has felt sufficiently supported with these issues as they have impacted on every service at some point in the past year.

Our services moved to 7-day delivery. Staff absences were monitored daily and identified risks were acted on immediately. Staff were upskilled in appropriate ASP practices to ensure adequate contingency planning and redeployment processes were in place for any emergency cover that was required. Deployed staff received induction and core training to ensure awareness of responsibilities under ASP Act.

Whilst covid-related staff absences were low, the pandemic has still impacted upon staff and services; stress levels would seem to be higher and resilience lower. A key priority has been ensuring that colleagues have had access to the psychology services in the local resilience hub that was established. We recognised the importance of supporting our staff during this pandemic

and that given our professional social work values, we ensure that the necessary time, space and tools are available to enable appropriate recovery in both a personal and professional sense.

The Mental Health service has also experienced particular workforce challenges. In Aberdeen we have an existing establishment of 15.6 FTE MHOs within our Mental Health and Learning Disability services. 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 input to the service. Retirement, promotion and natural turnover offsets the gains we make in training suitably experienced social workers but we strive to maintain a flow of at least 3 candidates each year. The creation of additional posts including Relief MHO posts also enhances our ability to meet the ever-increasing demand. We have been establishing a rigorous Quality Assurance system for MHO work which we anticipate will help raise and maintain good quality service delivery in the coming year.

Despite the challenges imposed by COVID social work services continued to offer learning and development opportunities to social work students. While not at the same level those we were able to offer placements to spoke very positively of their experiences and support they received. Although we anticipate hybrid working arrangements to continue for much of the 2021/22 year the commitment to students in the coming year will reflect pre-pandemic years. The recognises the need for a strong supply of newly qualified social workers entering the profession.

## Workforce Development

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

We have a well-established multi-agency child protection learning and development programme co-delivered in-house and by a commissioned service. In the period January – December 2020, 84 courses have been delivered on the following 12 topics:

- Introduction to Safeguarding
- Assessing and Planning
- Effective Chronologies
- Risk, Analysis and Thresholds in Safeguarding
- Managing, Recording and Sharing Information
- Online Safety and Awareness
- Child Sexual Exploitation and Child Trafficking
- Emotional Abuse in Children and Young People
- Domestic Abuse and Child Protection
- Neglect
- Female Genital Mutilation
- Parental Substance Misuse

They have reached 1,275 multi agency professionals. The challenges of the coronavirus pandemic only interrupted delivery initially to enable all courses to be revised for delivery electronically rather than face to face. This actually improved attendance and accessibility and will be incorporated into our range of styles of delivery as we move forward.

The Social Work service learning & development programme is delivered through a mix of corporate modules, commissioned courses and through the utilisation in-house expertise.

Particular emphasis has been made in this period to ensure that the needs and registration requirements of newly qualified and SWIT's are met. A vacancy in this area of service and subsequent difficulties in recruitment has been challenging this year, particularly in relation to the needs of more experienced professional staff. This is expected to be addressed in the year ahead.

### **Adult & Justice Social Work Services**

Our workforce development focus in the past year has been on the promotion and maintenance of staff wellbeing and facilitating greater involvement in service changes and redesigns. In response to the HSCP's Everyone Matters survey, focus groups were held to promote staff wellbeing and other supports have been put in place for those colleagues who have been shielding with 'check-ins' being initiated as and when these individuals returned to work. A significant amount of informal support and engagement has been initiated by colleagues across different services involving everything from regular huddles, check-ins and virtual social meets.

Engagement with our colleagues during the transformation of our services has been wide and varied. A checklist has been developed to ensure all project plans consider how best to promote and facilitate staff engagement. This has led to initiatives such as a virtual support network for the new care at home arrangements as well as face to face sessions with colleagues across the Frailty Pathway. As teams begin to embrace the changes and adapt to hybrid working practices there has been a growing level of engagement around the building of new team structures. It is anticipated that this will continue to develop over the coming months with our different services/teams recognising themselves what is needed/wanted and facilitating this.

## **5. COVID 19**

### **Early indications of impact on workforce and services**

The impact of the pandemic on services delivered throughout the year is threaded throughout the paragraphs above. We have gleaned significant learning from this experience and intend to take forward many aspects of it:

#### **Relational Practice**

##### **Fit Like Hubs**

The ~~vulnerable~~ Valuable Learners Hubs, established at pace to ensure the safety of those most at risk of harm, have been further developed to form our Fit Like Hubs. For the non-Doric reader, "Fit Like" means "How Are You?" In that vein, these hubs focus on the safety, health and wellbeing of those children and their families identified by professionals as ones who would benefit from this model of support and intervention. Children and families have the capacity to self-refer to the hubs, enabling them to access the variety of supports on offer.

#### **Digital Engagement**

Our digital engagement and development increased exponentially during the pandemic. Use of Microsoft Teams has become second nature. Meetings have been adapted to be conducted digitally where possible and appropriate although a return to face-to-face meetings will be welcome in some circumstances. Feedback from children, young people and families on the use

of digital resources has, in the main, been positive with young people in particular often preferring this style. We are developing an entirely new case management system Dynamics 365 which will replace and better our Care First system and the crisis has not delayed the development of this ambitious, first-of-its-kind project.

### **Use of Data**

At the outset of the pandemic the Council and HSCP established “Aberdeen Together” – ensuring data was central understanding the impact of the pandemic on individuals and groups adversely affected by the pandemic and associated restrictions. This enabled a more holistic understanding of risk and vulnerability across multiple services – social work and non-social work. It contributed to the delivery of an agile and flexible response. It also ensured leaders the COG was cited on emerging vulnerability. A continuing focus on developing our use of data to enhance planning at an individual, service and Council wide basis will remain a major focus.

### **Creative Engagement**

Families have commented positively on the diligence and kindness of our staff in maintaining contact and concern for them throughout this period. Creative ways have been found to do so. Staff donned PPE and in uncertain circumstances put care for those in need above personal concern. A genuine recognition of the need to maintain person health and wellbeing and to support others to do so has emerged. It is of significant note and value and we look to maintain this.

Feedback from service users and staff during the past year has reinforced the importance of delivering a social work service that is relational and trauma informed. Focusing on core needs and vulnerability as well responding to the impact of poverty was central to our COVID response. In many instances there is a sense that relationships have been strengthened with service users reporting that staff demonstrated a respectful and genuine empathy. Staff are keen to retain such a focus building nurturing relationships that enable change and growth in those we support.

### **Challenge the Silos**

The immediate impact of the pandemic focused minds, energised our multi-agency, multi-sector discussions and reduced to some extent historic barriers and red tape. We have much to learn from this and intend to do so by continuing our efforts to foster multi-agency and multi-service collaborations and solutions. There has been an evident, shared purpose across the range of partnership services and providers in terms of ensuring the safety and wellbeing of clients, as well as staff. There has been a real sense of togetherness in this joint approach that in turn, has led to improved communication across services.

### **Supporting our Care Homes**

Care home providers report to the HSCP on a daily basis against a list of requirements set out by the Scottish Government. This enables the care home to escalate any concerns to us and for us then to respond in an appropriate and supportive manner. There has been high engagement and compliance from providers with regard to this process, and it now incorporates wider data sets, such as visitor testing and visiting arrangements. This data and intelligence is utilised to continually ensure the determination and management of risk. A weekly residential provider

huddle is an opportunity for care home managers to meet with HSCP and public health representatives to discuss current and emerging issues, as well as to invite speakers from different disciplines to provide an overview of input into care home support. It has been very helpful in identifying areas of concern and agreeing solutions.

### **Service review and planning**

The pandemic has highlighted the health and socio-economic inequalities that exist in our localities and the negative impact of these on individual and community wellbeing. A new Health Inequality Impact Assessment will ensure there is a more robust and focussed evaluation of the impact of proposed strategies, plans and operational delivery changes. Our review recognises the need to invest in early intervention and prevention services and also maintain the improved relationships and effective collaborations that have been forged in the face of this global pandemic. A key element of this review will be the alignment of our services to the HSCP and community planning 3-locality model. This review will also bring together a group of services under a city-wide umbrella including the merging of our Adult Protection Unit and social work Duty teams so that there is a more co-ordinated early response to instances of harm and those in crisis.

The range of strategic plans relating to children and adults in the City, the delivery of The Promise the implementation of the UNCRC into Scots Law, publication of the Feeley Report and the Scottish Government's intention to establish a National Care Service within the lifetime of the current Scottish Parliament will all give an added impetus to the importance of the social work function and the difference that it makes to the lives of individuals and families in our local communities.

### **Conclusion**

2020/21 was a year which highlighted the value of having a strong and effective social work service. The COVID pandemic and associated lockdown shone a bright light on existing inequalities. It also resulted in many individuals and families, previously not considered as vulnerable, being so for the first time. Responding to those in need of care, support and protection has been hugely challenging but social work staff in Aberdeen City can be proud of all they have achieved.

Social work staff responded with compassion and sensitivity to the needs of individuals, children, young people, and families who required social work intervention. This despite having to contend with their own feelings of insecurity.

The full impact of the COVID pandemic on social work services will not be fully known for many months/years. However, many of the adaptations and service changes have been embraced by staff and welcomed by service users and will become part of our new "business as usual".

The publication of the IRASC as well as the anticipated first three-year plan to deliver The Promise highlight that the world of social work will be one that will continue to evolve and change to deliver improved outcomes for individuals and families. Focusing on prevention and early intervention is critical but we also need to ensure those with acute and enduring needs have the

support they require to remain safe and protected. The recognition within the IRASC, that there has been a sustained under investment of social work/social care is welcomed.

Having a strong social work vision and effective leadership is equally as important to ensuring that our approach meets the COVID/post COVID challenges and that services continue to utilise an evidence-based approach, drawing on research to deliver improved outcomes. Social work cannot achieve this on its own and must continue to work with partners to build services that are trauma informed and which adopt a whole family approach to service delivery.

**Graeme Simpson**  
**CSWO – Aberdeen City**  
**30 September 2021**