

Aberdeen City Council's Chief Social Work Officer's 2022/23 Annual Report

1. Foreword

I am delighted to present my fifth Annual Report as Chief Social Work Officer (CSWO) for Aberdeen City, covering the period 1 April 2022 to 31 March 2023. This report has been requested by the Scottish Government's Chief Social Work Advisor to assist with ensuring that, on a national basis key issues are highlighted, and information and learning is shared. On receipt of reports from all CSWO's, the Chief Social Work Advisor prepares a national overview.

While the shadow of COVID may have diminished during 2022/23 the impact of the cost of living crisis has imposed further pressure on all families, with those living in the most disadvantaged of circumstances being hardest hit. The cost of living crisis has also impacted on the finances of the local authority. Consequently the operating climate within which social work is delivered impacts on its capacity to meet demand.

Social work has always been at its best dealing with uncertainty, ambiguity and indeed a crisis. Our communities have never needed the professional knowledge, skills and experience of social workers more. I am acutely aware of the significant pressures social workers face as a result of increasing workloads and the more complex needs of those they support. These have been exacerbated not just by COVID and the cost-of living crisis but also world events which have contributed to a significant rise in the City's child population.

This operational context occurs at same time as noticeable changes to the legislative and policy context relating to social work. Changes that are occurring at the same time as the overall size of the profession (particularly children's services) has decreased, as services have had to absorb continuing budget pressures.

It is therefore perhaps unsurprising that Aberdeen City, common to other local authority's, has experienced real challenges in the recruitment and retention of social workers. While Justice Social Work frequently reports a low level of vacancies this is not the case for key services (Mental Health and Learning Disability) within Adult Social Work as well as across all of Children's Social Work. Social Work teams often 'carry' vacancies for extended periods which in turn places added demands on the remaining staff who are already carrying full caseloads.

The publication of the Setting the Bar report by Social Work Scotland in June 2022, highlights that to address the recruitment and retention challenges, Scotland faces there is a need to train and employ more social workers, provide enhanced professional and wellbeing support throughout social work careers as well as ensuring the voice of practitioners influences and shapes the design of services. This at a time when there is reduction in the numbers applying to study social work at university.

Despite these challenges, throughout the past year I have been consistently impressed by the capacity and skills colleagues working across all social work areas have demonstrated. Social Work staff, across all aspects of social work in Aberdeen City, have evidenced genuine compassion and empathy as well as resilience to protect and promote opportunities for children, young people and adults to help improve their lives and outcomes.

2. Governance, Accountability and Statutory Functions

The Role of the Chief Social Work Officer

There is a statutory requirement for all Local Authorities to appoint a professionally qualified CSWO who is registered with the Scottish Social Service Council (SSSC). The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Elected Members, and Officers in the provision of Social Work Services, whether directly provided or commissioned. The CSWO also has a responsibility for the overall performance and improvement, as well as the identification and management of corporate risks in so far as these relate to Social Work Services.

The role of the CSWO promotes the values and standards of professional practice, ensuring only registered Social Workers undertake those functions reserved in legislation. The role of the CSWO assists the local authority and its partners in understanding the complexities and cross-cutting nature of social work service delivery. Including but limited to issues such as corporate parenting, child protection, adult protection and the management of high risk offenders, but also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.

The governance of social work services in Aberdeen City continues to be undertaken across two discreet structures. Children's Social Work (CSW) is delivered within Aberdeen City Council and is part of the Councils Integrated Children & Family Services cluster (incorporating Education and Children's Social Work). Adult Social Work including Criminal Justice, are part of the Aberdeen City's Health and Social Care Partnership (HSCP) and are overseen by the Integration Joint Board (IJB).

Audit Scotland previously noted the establishment of HSCP's made the role of the CSWO increasingly complex. In doing so they identified two primary challenges a) the CSWO must retain oversight, professional leadership and provide assurance on safety and quality of all social work services across two large and complex organisations and b) the CSWO must step back from the role of Chief Officer to provide independent, professional oversight and challenge.

To deliver on this it is critical that whilst the CSWO sits within Education & Children's Services, a close working relationship exists between the HSCP Chief Officer, Chief Officer for Adult Social Work and other managers across Adult Services. The strength of these relationships was recognised during the Care Inspectorate's 2022 inspection of Adult Protection services.

Following publication of the National Care Service (NCS) Bill leaders from across Aberdeen City Council and the City's Health & Social Care Partnership have come together to proactively plan for the anticipated NCS and the associated implications for existing governance arrangements. While we await clarity from the Scottish Government on the shape and timing of a NCS, the Council and HSCP have actively engaged with the Scottish Government to share work it has progressed locally, with a particular not limited focus on the public protection agenda of which the NCS Bill is largely silent. This example is symptomatic of the close working relationship that exists but also a commitment to work collaboratively to plan for this landmark piece of legislation.

Adult & Child Protection

Aberdeen City continues to engage a single Independent Chair for its Adult and Child Protection Committees. Through this we have deliberately sought to better align governance, structures and system oversight as well as our approaches to risk assurance. We intend to extend this approach during 2023 to ensure greater consistency across all public protection forums including our Violence Against Women and Alcohol and Drugs Partnerships.

The activity of the Chief Officer Group is data and risk lead with Risk Registers and data reports consistently being presented to and considered by them. The strength of this activity and our collective leadership in

relation to public protection was very positively evaluated within our Adult Support and Protection Inspection in 2022.

Quality Assurance

Across all aspects of social work we actively promote a culture of continuous learning. We ensure feedback from the people we work with informs our planning and development of staff and services. This includes utilising complaints resolved at stage 1 or those that escalate to Stage 2 or the Scottish Public Services Ombudsman

There remains commonality in the areas of complaints across children and adult social work with the most common being in relation to the complainers views on quality of service and staff communication. We have worked hard to address some of the specific challenges we have had in engaging with a very small cohort of our service users by referencing that services are finding it hard to reach them, rather than our previous phraseology of non-engaging family/adult.

Significant progress has been made in the year to 31 March 2023 in relation to the monitoring of service quality and performance across the Service. The extended use of data, risk registers, service standards and the continued use 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, continues to operate and provides a multi-agency approach to quality assurance across services 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 – November 2022](#)" to support self-evaluation.

Quality assurance and learning activity also includes learning from case reviews whether they be service specific or Significant Learning Reviews undertaken in collaboration with our partners. In 2022/23 we engaged Prof Catriona Matheson from Stirling University to support our learning from drug related deaths. In doing so we examined the circumstance relating to the death of young adult with care experience as a means of learning together. This highlighted single and multi-agency learning but also how we systematically consider learning from all drug related deaths.

Separately learning we have taken learning from Significant Learning Reviews relating to Sudden Unexplained Infant Deaths, where there had also been some common contributing social factors – safe sleep; parental drug use and poverty. This has prompted a North East regional learning event in recognition that our neighbouring authorities were reporting similar tragic deaths.

We have recognised that despite a clear emphasis on 'learning together' that for the staff involved in a Significant Learning Review this provokes anxiety and uncertainty. We have therefore continued to ensure that we are cognisant of this impact in our planning for undertaking reviews and that staff feel supported and have a voice in shaping any learning identified. Feedback from staff on this approach has been positive.

Risk Oversight

Managing risk is an integral element of the social work function and our managers take this responsibility 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.

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 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.

3. Service Quality and Performance

CHILDREN'S SOCIAL WORK

As noted above Children's Social Work (along with Education Services) sits within the Councils Children and Family Services cluster. This arrangement enables opportunities to integrate to be maximised particularly in relation to supporting children and families on the edges of care but also how we provide early and preventative support to families that mitigates the need for children to be referred to social work.

Children's Social work provides support from pre-birth through to 26 years of age for our care experienced young people.

Our data tells us that locally the demand for social work assessment and intervention remains high. Work within our Intake Service (comprising our Joint Child Protection Team, Children's Reception Team and our Aberdeen Maternity Hospital team) responds to all new referrals. The largest source of new referrals is submitted by Police Scotland followed by Education. Initial assessment and intervention is offered, aimed at allowing families to exit any statutory social work service at the earliest juncture. This year has seen an increase in new and increasing areas of work including –

- migrant families/UASC who arrive spontaneously or with minimal time for planning which compound the challenge
- increased volume of older children who arrive in the city, often from England having become involved in criminal exploitation,
- high levels of substance misuse amongst young people and parents with an associated high level of drug related deaths.
- Increased numbers of children with additional support needs (ASN), significantly those who have autism or are neurodiverse who are referred to the service when families are in crisis and who may require a s23 assessment of need.

Our conversion rate of referrals assessed as requiring medium to longer term social work intervention has grown. This demonstrates an increased intensity of need which requires long term intervention which our staff tell us can be complex and exhausting. Our commitment to keeping children within their family network, where it is safe to do so requires perseverance, skill and a commitment from multi agency partners.

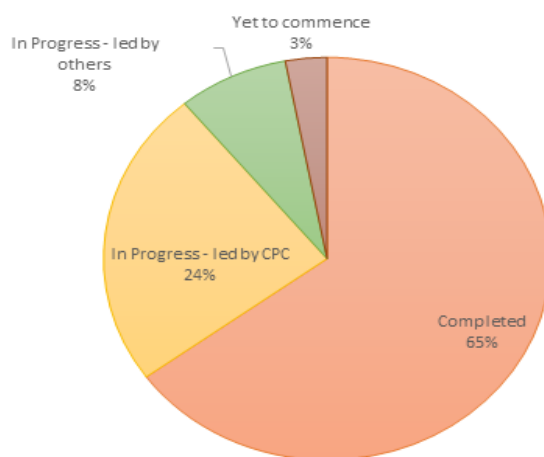
This increased intensity is also evidenced by an increase in the number of Interagency Referral Discussions (IRD), an increase in families requesting s22 financial or practical support, families who are required to access foodbanks and numbers of children accessing mental health supports.

Child Protection

Child protection processes and administration are well embedded, understood and utilised across all partners in Aberdeen City. Our last Joint Inspection in 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”***. This standard despite the challenges of COVID, the economic crisis and the associated impact of people and society has continued.

In July 2022, Aberdeen City’s Child Protection Committee (CPC) undertook a review of the partnership’s progress in the implementation of the new National Guidance illustrating that action had been taken to implement 65% of the changes.

Implementation of National Guidance Status % (July 2022)



We continue to make improvements in relation to the identification, collation, reporting and analysing of child protection data both on a single and multi-agency basis. We adhere to, and go beyond, the requirements of the national minimum data set for CPC and have worked with CELCIS on the development of the refreshed national minimum data set which was adopted in November 2022. Detailed consideration of our data takes place at service level and in the multi-agency CPC environment where data reports are scrutinised quarterly. This activity is supported and enhanced by our Data & Insights Team in Aberdeen City Council.

Child Protection Registration Data

Numbers of children whose names feature on the child protection register in Aberdeen City has remained static when compared to the previous year (244 cf 240 at March 2023). There continues to be an appropriate correlation between the number of initial child protection planning meetings and our registration numbers, aligned to the number of Interagency Referral Discussions (IRD) that have taken place. This strongly indicates that professionals share a common understanding about the threshold of significant harm. Between 91 and 110 children were on the Child Protection Register (CPR) at any one point in time. In March 2023, there was 91 children on Aberdeen’s CPR, representing 2.6 per 1000 children, only slightly higher than the national average rate which at this same period was 2.3.

As in recent years, a significant proportion of registrations relate to children under the age of 4yrs, approximately 50% of all registrations. Whilst this reflect the national picture, work is taking place across the partnership to enhance our collective supports to vulnerable pregnancies in the city. We welcome our Family Nurse Partnership’s extended remit to include care experienced young adults who are expecting their first child.

Analysis of the reasons for registration show that the primary categories of registration have over the past year remained fairly static with Aberdeen City mirroring the most common causes recorded nationally, - neglect, parental mental health, domestic abuse and emotional abuse, the latter often being a factor alongside other concerns.

The data collected and analysed by the CPC's Performance & Quality Assurance Sub Committee plays a pivotal role in continuous improvement of the protection of children and young people in Aberdeen City. These most frequently cited categories also reflect the priorities from our Child Protection Programme for 2021-2024, including working collaboratively with the Aberdeen Violence Against women Partnership in the roll out of the Safe & Together programme across the Partnership.

Re-registration data is an area that Aberdeen City's CPC retains a close eye on. We do this as we strive to ensure that, through relevant interventions, children do not return to being at risk of significant harm. This is in recognition that re-registration may indicate that children's names have been removed from the CPR prematurely, inform about the quality and longevity of support post de-registration, or in decision making at the point of de-registration. Over 2022/23, this is an area of continuing notable improvement within the city.

Previously we had been routinely higher than the national average in relation to re-registrations. During this reporting period, of the 244 children on the child protection register, 50 children had had previous registration history. This represents 20% of children on the register. This is exactly in line with national average. Further, it is noted that 13% of children who had previously been registered, the second registration was within 2 years of the previous one. It is this statistic that can be of greatest significance as it can potentially highlight where registration and post-registration work has not been sufficiently robust to ensure improvement is sustained.

Scottish Child Interview Model (SCIM)

In response to Scotland's commitment to implement the Scottish Child Interview Model (SCIM) for children who are victims of, or witness to abuse or neglect, staff in Aberdeen City have worked with colleagues from Aberdeenshire and Moray alongside Police Scotland and NHSG to make improvements within key child protection processes in preparation for a NE roll out of SCIM. This included a refreshed IRD template, which further enhances the way we elicit and record essential preliminary information. This built on the strengths and areas for learning gleaned from IRD quality assurance.

An options appraisal over 2022 determined how one SCIM model could operate across the 3 local authorities, taking account of the differing governance and accountability arrangements but also the diversity of geographical and demographical challenges. The North East SCIM team went live in November 2022 and is coordinated and managed by a SCIM coordinator/manager employed by Aberdeen City but financed equally by the three local authorities.

Since implementation, the SCIM team have undertaken the interviews of 91% of children requiring interview. This greatly exceeds the initial commitment to undertake 60% of all Joint Investigative Interviews that take place. Our work on SCIM will form the backbone to future planning in relation to Aberdeen City's adoption of a Bairns Hoose. The COG committed to this in November 2022 and a Delivery Group established in March 2023, to drive forward our planning and implementation.

Trauma informed and strength based practice

Children's Social Work continues to strive to work in a trauma informed and strength-based manner, with emphasis on working systemically with families and to work alongside partners to aid them in this journey also. A primary driver for this model is to enable staff to articulate the difference between risk and actual harm, and to understand that risk is not static but can be reduced by the skilled intervention of knowledgeable and confident practitioners. Feedback from families and professionals has illustrated that this approach has encouraged a more ethical and empowering collaboration between service users and professionals.

This cultivates identified strength within families, something which in turn helps to keep children safe. Evidence of this work is highlighted within our Annual Child Protection Report which notes 'services finding it hard to engage' as a category of concern in only 16% of registrations, significantly lower than the national average (26%) for this same period.

We welcome the work of the National Trauma Team, which we are actively connected with, to support the development of trauma practice particular to the needs of social work which will start to be rolled out in the coming year.

Quality Assurance Activity

Our CPC and Children's Services Board (CSB) continue to have responsibility for overseeing delivery of our Quality Assurance Framework. In the current year the CPC have had a focus on Child Protection and Children with Disabilities.

The Children with Disabilities audit highlighted evidence of very good multi agency working, high praise for how the child or young person was supported. The audit also highlighted some areas for improvement which were centred around how disability is recorded and the impact on the child and family. The findings from the audit also concluded that communication with children or young people who are recorded as 'non-verbal' or have significant speech disabilities must be improved through practice sharing and training. Activity to deliver on the improvement areas has been underway with the development and introduction of a multi-agency Child Protection Children with Disabilities module. In addition, the implementation of SCIM has further enhanced and improved communication with children with disabilities.

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 **Aberdeen City Child Protection Committee Annual Report 2021/22** illustrates the multi-agency work across all child protection services and activity to deliver on our Child Protection Programme 2021/24.

Corporate Parenting

In Aberdeen we believe that corporate parenting is not just a responsibility, it is also a privileged opportunity to improve the futures of our children and young people and ensure they have the love, security and chances every child should have.

The last year has seen increasing diversity in our children and young people with care experience, brought about by the implementation of the National Transfer Scheme (NTS). We have adapted locally, setting up a best practice group, to ensure the specific cultural, language and trauma needs of our unaccompanied children are recognised and met.

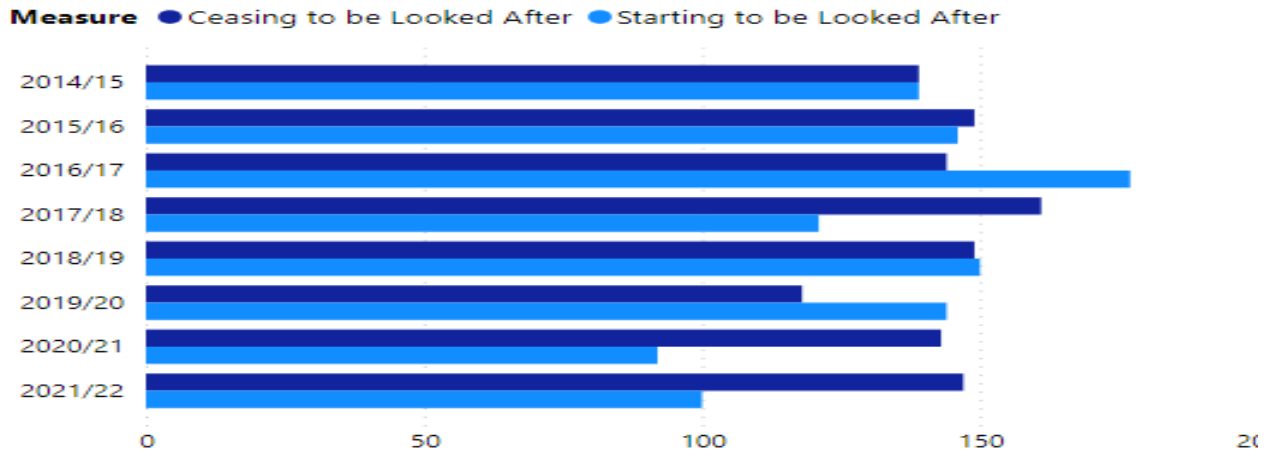
Our use of language continues to evolve. Over the last year we have strived to challenge our use of 'system language' that can have negative effects on our children and young people. Our collective aim is to use language which is easily understood, positive and which does not create or compound stigma. 'Child/ Young person/ Person with Care Experience' is the preferred terminology identified by those with experience of the care system as it is inclusive of those who may no longer be 'looked after' but still require our scaffold of support to thrive. This term includes those currently looked after and those who have been looked after at any time in their life, including adopted children. There are times when the statutory framework in Scotland requires certain terms to be used, such as 'looked-after', however we endeavour to incorporate the preferences and voices of children, young people, and their families into our vocabulary.

Upholding the respective needs and rights of both young parents with care experience and their children whilst realising corporate parenting and safeguarding responsibilities has been a focus of the Corporate Parenting group in 2022/23. Responding to the voices of several of our young parents with care experience, better supporting and preparing our young people with care experience for life beyond care, including parenthood,

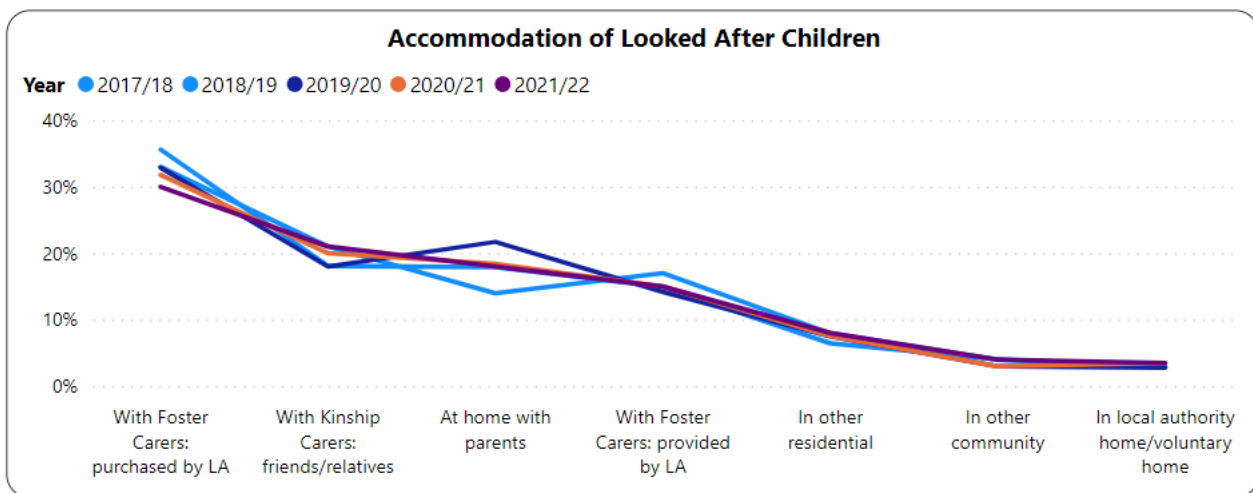
has become a strategic priority in our children's services and corporate parenting planning as we strive to become better Corporate Parents and Grandparents.

Our collective efforts to #KeepthePromise have informed our Corporate Parenting priorities for the next three years with a strategic focus on keeping Brothers and Sisters together and connected, reducing physical restraint and restrictive practices, such as exclusion, across the partnership, and ending the over representation of young people with care experience in the justice system.

Looked After Status



In 2022, Aberdeen City had an average of 506 infants, children and young people who were ‘looked-after’ in various care settings across the year. We are reducing the number of children and young people coming into the ‘care system’ and are working to support more children and their families to remain together.



Source: Scottish Government/ACC

Aberdeen City’s Corporate Parenting Group has responsibility for:

- delivery of the Corporate Parenting Improvement Plan,
- collation and monitoring of data and quality assurance in relation to children and young people with care experience,
- delivering on identified aims set out in the Local Outcome Improvement Plan (LOIP)
- driving the implementation of The Promise across the Partnership.

The Corporate Parenting Group engages with children, young people and young adults with care experience and seeks to ensure all improvement activity takes full account of their voice, views and lived experiences.

Specifically, the group has oversight of the refreshed LOIP Improvement Project Stretch Aim 6; *“95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026”* and the following improvement projects:

- Reduce by 5% the number of children entering the care system by 2024.
- 100% of children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024.
- Increase the number of young people with care experience by 10% receiving multi-agency throughcare/aftercare support by 2023.
- Reduce the number of children being permanently removed from parents with care experience.
- Increase by 100% the number of partners supporting kinship carers by 2023.
- 80% of the identified multi-agency workforce successfully complete Corporate Parenting training aligned to the Promise by 2025.

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 marginally increased. The cost of such placements are prohibitive and the outcomes for young people can be variable. In view of this reducing the number of children we place in out of authority placements remains a service priority, reflected in our CS Plan and LOIP. In addition to the statutory reviewing process, we have a forum where senior management staff in Education and Children’s Social work scrutinise the quality and planning of individual placements. In addition to our in-house resources we have commissioned **Includem** to provide intensive support to prevent children being placed out with the city but also to support young people who return to the city.

Secure Care

During this year we have had no children or young people in secure care reflecting strong local practice aimed at mitigating the risk of secure care unless this is absolutely necessary to safeguard the young person or others. We have participated in the Care Inspectorate’s review of secure care, with one of our young people who had historical experience of being cared for in a secure setting, having an active voice in the review. We will look forward to the publication of the findings of this Review in the Autumn of 2023.

Foster care and Kinship care

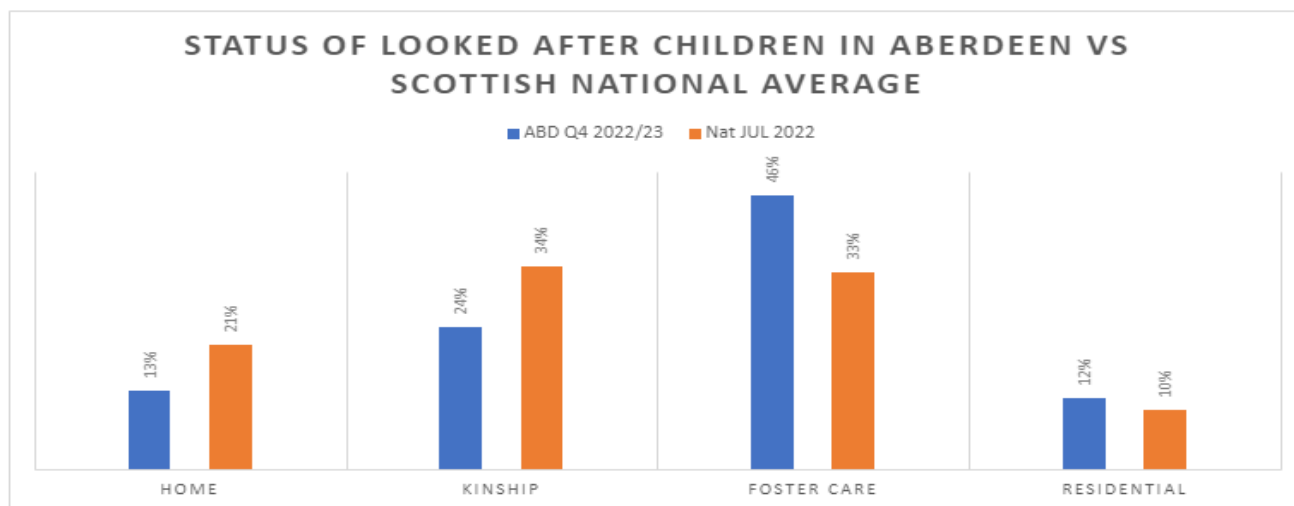
Our embedded new payment for skills scheme in Aberdeen City is proving to be successful, attracting new carers and to provide placements to more than one child or siblings. Although challenging growing our internal capacity remains a continuing focus.

Despite recruitment efforts, the need for foster carers continues to outweigh the number coming forward. Staff have actively engaged in the continuing conversations around a Scottish Recommended Allowance for foster and kinship carers and await the Scottish Government’s decision on this.

Aberdeen City Council foster carers currently care for 100 children in 74 households. There are a further 146 children accommodated with Independent Fostering Agencies. Kinship carers care for 279 children in 224

households. Of this number there are 101 households caring for 124 Looked after children. There are 123 households caring for 155 children who a number have secured Kinship Care orders and are closed to social work.

The Kinship Team has undertaken a range of engagement activities with kinship carers to better understand the support offer and where such could be strengthened. The level of engagement from kinship carers has been very positive and reflects their commitment to the children they care for. In addition, the kinship team has effectively engaged with local partners to broaden and enhance the support offer kinship carers can access. We welcome a partnership with CAMHS to enhance our preventative support offer that can build resilience in kinship placements that supports children to remain within their family network.



Permanence plans over the period were made for 22 children; 14 for adoption (including two sibling groups of two) and 8 children with permanent foster care plans. There have been 12 adoptive matches made (including 3x sibling groups of 2) and 10 permanent foster care matches (includes 3 sibling groups of 2 and one of 3).

Children’s Residential Care, Care Leavers and Youth Justice

Our local residential Children’s Homes provision has experienced challenges in 2022/23 with a significant 25% increase in requests for provision, within a challenging context of workforce recruitment. All 5 of our local resources have been operating at full capacity of 31 children in our care, with a need for one home to temporarily exceed registration numbers and request Care Inspectorate agreement for this. The challenging context of matching young people who have complex relational experiences, has tested the resilience of the children’s social work service as a whole, as we attempt to recruit to vacant posts and seek creative means of ensuring safety in our practice.

In January 2023 we had a total of 10 vacant Residential Practitioner posts, with recruitment progressing throughout 2023. As a consequence our smallest residential care home has remained mothballed. Information shared via the Social Work Scotland network reflected a national trend of poor response to vacancies and interest across the children’s residential workforce. Positively our Care Inspection grades have remained Very Good across all five resources.

At 31 March 2023, the NTS had placed 21 Unaccompanied Asylum Seeking Young people in Aberdeen City; five of whom have been 15 years old when placed in our local homes. The over 16 year old age group have been Looked After in Supported Accommodation provision with Aftercare Pathways being developed to support their specific needs. This is an area of demand we anticipate will grow requiring a multi-agency response. This is a national trend which COSLA and the CSWO continue to highlight.

Our residential care service continues to focus on promoting recovery from trauma. [Dyadic Developmental Psychotherapy \(DDP\)](#) remains our core reference point. Our residential service has a clear ethos of care that underpins our admissions procedure, including robust systemically based matching consideration. Young people are supported to Stay Put and remain in local provision, reflected in their Continuing Care Status. At 31 March 2023, 30% of our young people were aged 18 years or older. It is normative that young people will be claimed in our provision with average periods of care exceeding 24 months. We have supported high levels of sustainment and associated low level of disruption. We operate a systemic planning approach to avoid a cliff edge experiences of moving on from our provision. The creation of our Residential Aftercare support team provides enhanced level of relationally driven Throughcare and Aftercare support.

Youth Justice

Positive outcomes have been recorded following practice development in the partnership approach between Police Scotland and local Children's Homes. This has evidenced progress to avoid the criminalisation of looked after young people, recognising that early trauma has a direct impact on development. The outcomes attained are demonstrated in data shared by Police Scotland Youth Justice Management Unit; *The Comparative Report on Juvenile Offenders 2022/23*, was especially significant, as there were no crime reports concerning our local children's homes. Previous years had 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; 13 in 2021/22; 0 in 2022/23.

We continue our collaborative commitment to support the number of care experienced young people who are in conflict with the law by agreeing the following improvements stretch outcome 8 of our LOIP; *83.5% fewer young people (under 18) charged with an offence by 2026.*

- Reduce by 15% the number of care experienced young people reported missing from Children's homes to Police Scotland by 2024.
- 90% of 16/17 year olds appearing at Sherriff Court in relation to Lord Advocate's guidance will have had an assessment of their community support needs by 2025.
- Increase by 5% the no. of 16/17 year olds who are diverted from prosecution by 2025.
- Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025.

Throughcare & Aftercare

Supports for Care Leavers have been enhanced with the addition of two additional social worker posts in 2022/23, reflecting the growth of NTS young people and their need for bespoke support. This area will require further strategic and operational development as the dual aspects of young people transferred via the NTS and those who are classified as 'Spontaneous Arrivals' impact on team resources. The local experience in Aberdeen City has been replicated across Scotland, seeking to offer safety and contained connection for a wide range of young people.

In 2022/23 we had approx. 165 young people who had an Aftercare status. The impact of poverty, health and social inequality, inequitable access and social exclusion, continues to be a feature for many care leavers. As mitigation, a Warm Space group was established across the months December 2022 until March 2023. In December we scoped care leavers interest in utilising the space using two themed Christmas Warm Spaces. These sessions were welcomed by young people offering feedback' *I like to come for the company*' and *'More of this please'* and *'safe place to talk'*.

The rate of tenancy sustainment amongst care leavers remains high at over 97% in the first year of allocation, an improvement which can be partly linked to the Housing Support post located in the Youth Team. In 2022/23 there were only 3 tenancies which could not be sustained and where alternative options were sought. An area of innovation has been the Youth Team collaboration with Assertive Outreach preventative interventions which were developed, as a early identifier of those with care experience who were at risk of overdose. The lead worker identified a Substance Use tool to identify with those who engaged how their supports could be arranged while assuming a harm reduction and life preservation approach. This is an area where additional

funding will be pursued from Alcohol and Drugs Partnership to continue to research and consider intervention methodology for those whose trauma experiences have been experienced as over whelming.

Children with Disabilities

Improvement work continues between Children's Social Work and Adult Social Work in recognition that the transition from childhood to young adulthood is cited by many families of children with disabilities as a time of great anxiety as they try to navigate different systems of support. Our collaboration has seen improvements in how we support and recognise the role of unpaid parent carers. This was reflected in our carers strategy which was approved by the IJB in early 2023. We have continued to link in with ARC – the Association for Real Change to embed the principles of good transition.

A Complex Care Programme Board was established in January 2023, with membership across Children and Adult services as well as NHS colleagues, allowing a forecasting of need whilst identifying gaps and considering creative solutions to improve statutory services for those with the most complex of health and disability needs. The motivation for this improvement is unwavering across both Children and Adult social work services however lack of resource financial and staffing, often mean that individuals (adults, children or their unpaid carers) can have protracted delay before their care needs can be met.

Our practice reflects growing appreciation that autism and neurodiversity are incorporated within the spectrum of disability. To support these children and their families, many of whom have extended periods of time on a waiting list for CAMHS, our local partnership secured Scottish Government funding in relation to the implementation of the National Neurodevelopmental Specification. A Test of Change has been developed to implement aspects of the Standards and Principles of Care and has focussed on engaging with children and families alongside key stakeholders who have a role to play in referral, assessment, diagnosis and support.

Rights, Voice & Participation

Our Children's Social Work, Aberdeen Young Person's Rights Service provides independent, relational, trauma-informed advocacy, guidance, and support children, young people and young adults, aged 0-26 years old, who are care experienced or are or have been involved in child protection processes, wherever they live.

The [Aberdeen Young Person's Rights Service Annual Report 2022](#) sets out the main data and themes related to what our children, young people and young adults said matters to them. The report highlights two priority improvement areas:

- Further develop inclusive ways of observing and communicating with, and/or on behalf of children, young people, and young adults which support their rights, participation, and voice.
- Further raise awareness and promote rights through the provision of learning opportunities that translates rights into practice.

Underpinning the report is the criticality of a whole workforce approach which has participation and voice at its centre. During the coming year I intend to engage further with the workforce to identify related improvement actions and which take account of the preparation required for incorporation of the UNCRC into domestic law.

In Aberdeen, we have used a broad range of participative opportunities to engage with and listen to our children, young people and young adults with care experience. We use their voices to inform the work of the Corporate Parenting Group and Champions Board to bring about change. In 2023 we plan to develop a robust means of feeding back to them more routinely on what we have done with what they have told us matters to them.

In 2022, quarterly Champions Boards took place and after adapting to virtual meetings during lockdowns face to face meetings resumed in April 2022. Examples of participation have included:

- Monthly Supper Clubs where young people with care experience, and at times their families, have come along to relax, chat and have some food cooked by various Corporate Parents.

- Monthly walks supported by the Rights Team, providing a social opportunity to be active, share experiences, and enjoy a sense of connection and belonging.
- Aberdeen Care Experienced (ACE) network group and individual support provision.
- Themed engagement events e.g., Advent countdown for Christmas and Christmas Day event, distributing 80 Christmas Meals to young people with care experience and their families.
- Mind of My Own app continues to be utilised across the Children’s Social Work workforce and young people on 31 March 2023 demonstrated a 7% increase on use of the Express app.

ADULT & JUSTICE SOCIAL WORK

It has been another busy year for our adult and justice social work services as we have juggled increased demand, complexity of client need, and operational challenges. Our [Strategic/ Delivery Plan](#) sets out how we intend to respond to these challenges setting out our aspirations and many new initiatives .We are engaging well with the individuals and their families who need assistance, fulfilling our statutory obligations, delivering positive outcomes and supporting the recruitment and ongoing development of our capable, effective and professional workforce.

Current demand for social care can be expressed in terms of the care that we provide and those waiting to be assessed. Due to increasing complexity of need, we can see a significant increase in both the number of people and the hours of care that are required. There has however been an effective response to this increased demand for social care. We have sought to understand the impact of this increased demand for social care and our ability to respond to this within the wider health and social care system.

Self-directed Support (SDS) underpins operational social work activity across a significant proportion of our children’s and adult services. We are very aware of the fundamental aim of giving individuals greater choice and control over their social care support and strongly believe that a pragmatic, person-centred approach is key to fulfilling this outcome. Our SDS option take-up at the beginning and end of 2022-23 was:

	Option 1	Option 2	Option 3
April 2022	162	389	1145
March 2023	167	459	1148

Table 1: SDS Option Volumes 2022-23

A redesign of the Older People/Physical Disability service resulted in the enhancement of the Care Management Response Team to provide individuals and their families with a consistent entry point for screening, assessment, and care planning. There has been a strong and sustained emphasis on addressing the waiting times for an assessment and the subsequent levels of unmet need. Staff are being encouraged to take an enablement-focused approach which involves a consideration of technological support and the appropriateness of risk assessed care. Through targeted screening and intervention our goal is to complete assessments within 4 weeks of referral.

The flow pressures across the hospital system have been significant and sustained over the past year and this has been an area of priority for the hospital social work team We are committed to maintaining the balance between hospital flow and meeting the needs of vulnerable individuals within the community by continuing to explore all potentially new activities and initiatives to assist with our admission avoidance/hospital discharge challenges such as a new Discharge to Assess project, utilising sheltered housing units for interim provision, and liaising with Care at Home Providers to identify those who could leave hospital for reablement focussed care at home, rather than remain in hospital longer than required.

The HSCP’s Delayed discharge numbers have significantly decreased this past year to the extent that Aberdeen has the second lowest partnership figures in Scotland. . It is worth noting that when health and care integration

went live in 2016, we were amongst the partnerships with the highest delayed discharge volumes, so it is heartening to see the considerable and sustained progress that has been - and continues to be – made in this area

The HSCP commissioned five interim beds within a local Care Home to provide specialist end of life care. The management and care of each individual is person specific, focusing on the needs and wishes of the individual and their families, and concentrations on delivering high quality, rights-based approach to care and support. The overall ambition for the Service is to provide high-quality, person-centred care and support in a homely setting for people reaching the end of their lives. The service is also dedicated to supporting their next of kin and carers during a stressful and challenging time.

We are very aware of the particular importance of social care provision because firstly it has the potential to embrace a strong and effective early intervention and preventative approach and keep people at home for longer, but we are also aware of the impact should care not be in place at the right time. From a study undertaken in Aberdeen we saw that 30% of those waiting for their assessed care to commence had at least one hospital admission. To address delays we have commissioned additional (SDS) Option 3 capacity to enable us to reduce our unmet need.

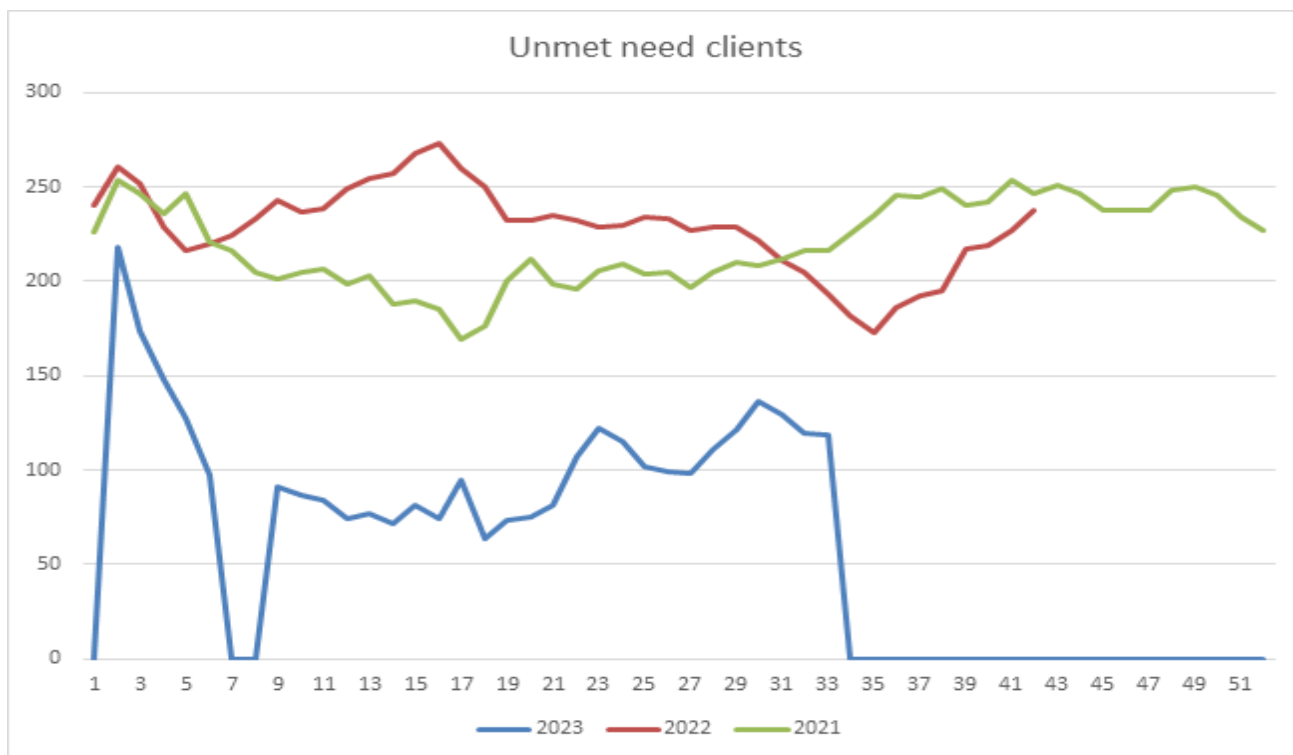


Table 2: Unmet Need Clients 2021-2023

To ensure that appropriate levels of care are being provided we have initiated a strong focus on reablement. This involves working with Granite Care Consortium (GCC) in respect of an Enablement test of change - and digital solutions through the creation of a Community TEC Connector to support individuals at the point of referral to help them access and connect with non-care alternatives.

Taking a collaborative approach to engaging with care homes and setting out broad terms of reference and high-level priorities have enabled our Care Home Oversight team to improve our relationships with care home providers and has at the same time, improved our internal capacity and capability to intervene and support providers when required. There are regular conversations between care homes and the Oversight team to understand their current capacity and to ensure beds are fully utilised. Where this cannot be achieved, we identify the reasons, what support is needed to release the capacity and the timescales for this. We have

also worked through individual care home waiting lists to ensure that these are accurate to enable admissions to occur as quickly as possible. As a consequence of these developments, care home occupancy levels are high (>90%) with individuals being moved swiftly into identified vacancies and the number of enforcement actions initiated by ourselves in the past year very low.

In addition, a Review team was re-established to undertake statutory reviews across our Older People and Physical Disability (OP/PD) Care Management service. These reviews initially focussed on care home individuals before progressing to care at home individuals including the 6-week review following discharge from our Rosewell facility enabling capacity within our hospital social work team to be freed up. Reviews actively consider the greater use of community resources and technological solutions to complement or substitute existing levels of care to create additional capacity within the system. A significant number of reviews have taken place, and the team is on course to achieve its objective of ensuring all individuals open to the OP/PD team have an annual review by the end of 2023.

Carers Support

The [ACHSCP Carers Strategy 2023-26](#) was developed in partnership with unpaid carers and aims to help them identify and ensure that the right advice and support is available to them when they need it. Prior to the pandemic, carers had access to a dedicated respite facility however because this transitioned to an integrated, Intermediate Care Facility different respite resources were needed, as our provision was not diverse enough or substantive enough to meet demand. A survey was undertaken to establish carer’s priorities when seeking respite and the key theme that emerged from this was access and availability to local respite provision.

Under the strategic umbrella of “Staying Well, Staying Connected”, we subsequently reviewed and then commissioned residential respite and day opportunities in line with those identified carer priorities and to address a long-standing gap in the city’s provision of respite for those aged under 65 and dementia specialist services.

Mental Health

There has been a continuing increase in the overall workload of our Mental Health Officer (MHO) service which is very much in keeping with the national picture. Due to sustained investment in our MHO capacity we have been able to continue to fulfil our statutory obligations to the required standards and within the required timescales.

Detention in hospital intervention	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Community Treatment Order (CTO)	56	52	62	82	53	70	57	106	113	119
Emergency Detention in Hospital	36	36	28	40	50	53	42	34	31	28
Short-Term	180	157	170	241	203	209	245	222	228	218

Table 3: MH Hospital Detentions 2013-2023

We have an MHO aligned to the Hospital Social Work Team to maintain oversight of all Guardianship applications that are impacting on discharge. Having Social Work involved from the point of admission allows the earliest possible collaborative approach to discharge planning for those who lack capacity; having the aligned MHO enables this process to be as streamlined and effective as possible.

Adult Support and Protection

A multi-agency inspection of Adult Support and Protection (ASP) took place last year, with the resulting [inspection report](#) highlighting significant positive outcomes; our key processes were found to be effective with

clear strengths supporting positive experiences and outcomes for individuals, and our strategic leadership was found to be very effective with major strengths in evidence. The report commented favourably on our engagement with adults at risk of harm, recognising a ‘golden thread’ that flowed from strategic decision-making to hands-on activity. Positive feedback was also received in relation to the Stakeholder Engagement Sub Committee of the Adult Protection Committee (APC) and the APC’s Lived Experience Forum which evidenced important steps to strengthen the voice of adults and unpaid carers. Key data relating to Adult Protection referrals received, and the outcome of those, can be found in the table below.

			Case Conferences			Investigation Outcomes			
	Referrals	Investigations	Initial	Review	LSI	AP-Action	Non-AP Action	NFA	N/K
20-21	1377	227	34	25	1	51	119	51	6
21-22	1548	248	66	63	1	63	132	51	2
22-23	2226	311	45	25	4	163	54	94	0

Table 4: ASP Referrals and Outcomes

The number of referrals has increased year on year over the three years. The number of Investigations has also increased, however the % of referrals proceeding to Investigation has reduced - from 16% in the first two years, to 14% in 2022-23 - which is likely to reflect the enhanced screening and earlier intervention work undertaken by the dedicated Adult Protection Social Work Team that was formed in October 2021.

Faced with increasing referrals and investigations, we are committed to continue to develop appropriate mechanisms for effective communication:

- i. recognising how diverse our communities are, to ensure the ‘voice’ of all those we aim to support and protect is at the centre of all we do,
- ii. to raise awareness about ASP, so that staff and public recognise the risks of harm to vulnerable adults and know how to respond, report and connect to appropriate supports,
- iii. to ensure we understand each other’s roles, responsibilities and aims.

Local Learning

We are very keen to showcase our initiatives and developments such as risk-assessed care, ‘discharge to assess’ and locality analysis of unmet need to local and national partners. We recognise the value of these collaborations given the common challenges that we all face.

Our outcomes-focussed Granite Care Consortium was established in 2020 but we still receive regular requests to speak to others about the GCC journey and its achievements to-date, the essence of which has been building relationships, sharing trust and a fundamental reshaping of the ‘traditional’ commissioner/provider relationship.

Our Learning Disability service participated in a pilot project to co-design a Dynamic Support Register which was a requirement of the ‘Coming Home’ report which seeks to address challenges such as out-of-area placements and delayed discharges and improved care for people with complex needs. This register will hold appropriate information about all relevant individuals and what is being done to support them.

New ways of working

Our Care at Home commissioning model is a consortium of around 10 providers working together to meet the care at home need across the city. This collaborative commissioning model was built on strong integrated principles with its specification co-produced with providers to improve individual outcomes, build a trained and skilled workforce and create enduring market stability. This new model has been part of a wider Frailty Pathway Redesign which envisages even more closely aligned social work, social care and health services - our

intermediate care provision at Rosewell House is a particularly good example of health and social work services being co-located and jointly delivering good outcomes for individuals and their families.

More specifically, we undertook a review of our hospital social work activities and aligned staff to specific high referring wards and at the 'front door' to encourage early intervention and discharge planning. We also identified a social worker to be 'dedicated' to the co-ordination of interim beds to ensure they are utilised as efficiently as possible and introduced a fast-track assessment system for timely flow to these beds. This has proved beneficial, and consideration will be given to further developments such as splitting the team into smaller groups with a particular focus i.e., Frailty and Rehab.

Our Learning Disability service has made changes to its care management structure to enable it to have a greater focus on early intervention. Support Worker roles have been established to provide 'early linkage' between services; to meet with families, build relationships, attend meetings at school, and begin to inform/influence the transition discussion. It is envisaged that these Support Workers will take on all early intervention supports leaving our Social Workers with more capacity to address their statutory responsibilities re Adults with incapacity (AWI), reviewing guardianship, ASP concerns etc.

Outcomes

There is significant evidence of positive collaborations, effective interventions and good outcomes across adult social work. We recognise the need to harness all possible opportunities and use them to our advantage – for example our review of the end-of-life pathway and our subsequent improvements was initiated following a complaint that we received.

It is sometimes difficult to measure satisfaction levels in mental health services as our professional interventions can result in outcomes which individuals do not necessarily agree with, e.g. hospital detention. That said, feedback from our recent Mental Welfare Commission themed visit has been very positive with individuals speaking very highly of how well they have been treated.

Our MH services are fairly responsive to user feedback; they get a lot of queries, concerns and complaints channelled through local Councillors/MSPs but there is robust governance around these issues and weekly learning events are held to take on board all feedback – good and bad – that has been received. For example, 'poor discharges' that lead to subsequent re-admissions are now being recorded as 'adverse event' reports and discussed weekly. It is too early to evaluate this new process, but common themes seem to include poor communication and poor discharge plans. We acknowledge increasing ward pressures – lack of beds/waiting lists – but this leads to the challenge of unwell people in the community needing to be supported/treated by community teams when they should be in hospital.

Our Learning Disability service has worked with ACC housing colleagues and providers to review the properties from which commissioned services were delivered and to consider whether these resources were 'fit for purpose'. The resulting co-produced decommissioning plan has seen five building-based services decommissioned over the past four years with new homes being found for all affected individuals. Crucially, not one complaint has been received in respect of the plan, the process or the outcomes. Identified savings are to be used to provide care at home/housing support for young people who lead chaotic lifestyles and perhaps do not engage with providers as well as we would wish. A provider has been commissioned to deliver innovative, creative and productive ways of supporting these individuals.

In addition, in the past year, two individuals from our Learning Disability service who have been categorized as delayed discharge for more than ten years have been supported to make a successful transition to live in a supported service – one with the in-house service and one with a commissioned provider. Both transitions have went very well and both persons are thriving. A third individual has been in hospital for 15 years and the 'getting to know you' process has commenced with his identified provider and the current hospital-based staff. It is hoped that this person can be discharged at the end of 2023.

From an Oversight and Review perspective, we have been able to deliver better outcomes for individuals because we have more informed insights into provider strengths and weaknesses and a better understanding of service delivery risks. We are confident that people are getting the appropriate level of care for their needs and that there is a greater focus on enablement and TEC. Facilitating provider forums for both care home and care at home provision has meant that our relationships are better and our collaborations more effective, with more open and honest conversations taking place and issues being discussed and resolved more quickly than previously. These forums are also enabling better provider and market intelligence to be shared and facilitating more appropriate and effective contingency planning.

Data

We are striving to be a better data-informed service so that our analysis can drive appropriate service improvement activity and deliver better and more consistent outcomes for the individuals and their families. We also recognise our statutory and regulatory partners are looking for more regular data reporting. Our data collation has been impacted by the introduction of D365 (our new data system for social work). We are committed to using data to identify those operational areas which require to be improved or supported/resourced differently, plan our short-term or long-term mitigating actions, efficiently allocate our resources and address the emerging pressures.

From an Oversight and Review perspective, there is now more significant and current data available in respect of number of reviews undertaken and outcomes achieved etc. that can now be taken with confidence into other discussions about the impact of our social work activity for example, do 6-week reviews show individual's need for step-up/step-down or has care been set at the required level.

Challenges

The implementation of D365 has been a challenge as would any transition of this scale. Supporting and training an entire workforce on the functions and capabilities of a new system was undertaken and completed. . Compared to the our previous system, D365 is a comprehensive and co-ordinated platform which evidences the nature and extent of our multi-layered professional interventions to meet assessed need and fulfil outcomes.

Winter pressures and the demands that were placed on the workforce in terms of crisis management were challenging. Staff have worked hard to prevent individuals being admitted to hospital, , support timely discharges, and keep people safe in the community.

There are still evident pressures and challenges with respect to the sustainability and resilience of our local care provision primarily due to staffing and recruitment difficulties. There have been examples of 'provider failure' with care being discontinued, sometimes at short notice which then leads to additional demands being placed on the remaining providers. Lack of resources in the community impacts on our hospital discharge activities with MH delayed discharges noticeably increasing. Future commissioning needs and these will be incorporated into our Market Facilitation Statement later in the year. .

There is an increased number of individuals needing care with increased complexity of need and levels of care required. These challenges are not only the preserve of an older demographic who are living longer with multiple chronic health issues but also many younger individuals with extreme, complex physical and mental health conditions coming into adult services and for whom significant planning requires to be undertaken so that their needs can be met safely and appropriately.

We acknowledge that these challenges are not unique to Aberdeen. We recognise the need for everyone to think differently about social work and social care. We recognise we need to do things differently by having a stronger preventative emphasis and supporting earlier interventions as well as putting in place alternatives such as self-management, Tec enabled care, , extended family support networks etc. Our improvement and

innovation projects shows how committed we are to finding appropriate and effective solutions to these challenges.

Improvement activities

We are keen to be recognised as an innovative, high-performing, high-quality social work service that consistently delivers better experiences and outcomes for individuals and their families.

- Our portfolio of improvement initiatives and activities in the past year includes:
- Promotion of the 'Home First' model of care where possible, ensuring patients are discharged home or to an interim placement as soon as it is appropriate to do so.
- End of Life Care Home Beds – five beds were commissioned as a test of concept and following a very positive evaluation the IJB approved 5-year funding to enable this provision to continue.
- Increased Capacity in Interim Care Home Beds – negotiations with a new Care Home enabled us to secure up to 49 additional Interim Beds and maintain flow across the system.
- Interim Accommodation in Sheltered Housing – in response to the system pressures, we utilised 12 Sheltered Housing flats as interim accommodation to enable prompt discharge; we are currently expanding this provision to include another 5 units.
- Increased Capacity in Care at Home Provision - four additional providers were commissioned to enhance our Option 3 capacity and target the unmet need list; this additional provision has had a significant positive impact.
- Social Care Sustainability – in conjunction with Aberdeenshire and Moray HSCPs we are working on three approaches to increase capacity using existing resources: Risk Assessed Care, Discharge to Assess and Increased TEC usage.
- Increased Rehabilitation and Enablement Options – the Bon Accord Care Interim Care at Home service is an enablement-focussed project which provides an effective alternative to bed-based rehabilitation within a hospital setting by getting the individual back to their home environment and helping reduce the amount of care they will require.
- Hospital Homecoming – this 3rd sector project connects patients who are due to be discharged and who have no immediate support network with volunteers who can provide appropriate low-level supports. Knowing this support is available provides additional confidence for decisions around discharge to be made.

Further improvement activities that are now underway or in the pipeline include:

As part of a wider Mental Health Modernisation Plan, our Mental Health social work service is implementing a four-locality model each with their own multi-disciplinary team. All open cases are being reviewed to determine which locality they will be aligned with and there is ongoing consultation with staff to determine similar outcomes.

The wide-ranging engagement undertaken by the Oversight and Review team have given care home and care at home providers access to resources, services and intelligence that they might not otherwise have known about so that they can reflect on the possible benefits and collaborations that are open to them. Oversight assurance visits have a strong improvement emphasis, and these have broadened in scope post-pandemic to help the care homes meet the needs of their residents and provide the evidence that they are also meeting the required standards of care.

JUSTICE SOCIAL WORK

Our [JSW Delivery Plan 2021-2024](#) sets out our Justice Social Work (JSW) vision: “Every client achieves the best possible outcome because we respond to the needs and risks of our clients in a trauma-informed way; intervene early where possible; are a professional, highly motivated team, and work in collaboration with partners”.

Delivery of statutory supervision was a huge challenge during the pandemic. There is still a Covid-related backlog in cases coming to Court and we saw a continuing increase in Diversion, Bail Assessments, Bail Supervision as well as an increase in supervised release orders all of which means an increased level of demand for the service.

The continued increase in Diversion from Prosecution is very positive as it enables individuals who have committed offences and have significant underlying needs to be diverted into support and, ideally out of Court involvement and further offending at an early stage. It is very noticeable that Diversion cases are becoming increasingly complex. The number of Structured Deferred sentences (including those imposed in the Problem-Solving Court) are also increasing, albeit slowly, having paused while the courts were closed during Covid. Structured Deferred Sentences are similarly intended to be a lower level, albeit intensive diversion from custody and the volume of these is increasing.

There has previously been an increasingly high percentage of remand prisoners, with the Government and the Scottish Prison Service taking steps to reduce this by promoting Supervised Bail as an appropriate alternative. The pre-disposal team workload has increased because of this and so we have appointed a Senior Support Worker and two Support Workers in the Court specifically for supervised bail. There is evidence that the use of Bail Supervision, while not reducing the number of Aberdeen prisoners, is preventing an increase. It is anticipated that, as the court backlog decreases so will prison numbers.

There remain issues around the high number of Bail/ Electronic Monitoring Order assessments completed by comparison to Orders imposed. This is a national issue which is hoped will be resolved in due course. There has continued to be an increase in the volume of Caledonian assessments undertaken – the Court does not always request these, but the service completes them for most cases of domestic offending and victims are referred to the Domestic Abuse Team for support from a Women's Worker. We are continuing to provide the Moving Forward Making Changes programme for sex offenders. Numbers on this programme have reduced but we are seeing more individuals on the lower-level programme.

The Women Service offers a safe and supportive environment in which appropriate support can be provided to women both in the community and in prison. This also includes support with the Begonia project for those involved in on-street prostitution where police can refer directly to the service and cuckooing links to County lines.

New revised MAPPA Guidance on what partner agencies responsibilities are when individuals are being released from prison was issued in May 2022. This has had an impact on our inter-agency collaborations and resulted in more defensible positions. The Scottish Government has commended the responsiveness and effectiveness of our multi-agency collaborations with colleagues from housing and health that are put in place for individuals coming out of prison. These collaborations are initiated at an early stage when individuals go to prison to ensure that appropriate housing and access to appropriate primary care services are in place when they are released. The ADP/JSW Development Worker has been working closely with the commissioned Assertive Outreach service to support individuals who leave prison and to reduce the risk of drug related deaths. This colleague has also facilitated regular and mandatory Naloxone training for staff.

The JSW service has been one of four areas from across the country involved in a pilot for a new Court Report template that is shorter and more concise. The pilot received very positive feedback from JSW and the Courts, it has been judged to be very successful and is now being rolled out nationally.

It is heartening to see that although there have been many initial notifications of potentially serious incidents, only one case has proceeded to a Serious Case Review from MAPPA. This is an indication of the appropriateness of our interventions as we have sought a balance between our statutory obligations, public protection and the needs of the individuals that we work with.

Challenges

Last year was a difficult year for the Justice workforce as the post-pandemic recovery meant that they had to work through Covid-related backlogs and manage the increasing demand for services. Morale was also impacted by the national risk management tool (LS/CMI) being off-line since March 2022, although it is now reinstated entirely with national agreement for a staged uploading of current risk/needs assessments. The introduction of D365 impacted on the service in respect of workload, training and data although the very good support that JSW received from its own in-house 'product owner' is recognised.

. The introduction of Bail Supervision has resulted in a requirement for new guidance, templates and additional staff. . Release from custody through virtual Courts has been a good innovation however it has presented some difficulties for our CPOs in respect of engaging with and inducting individuals.

The Unpaid Work Team responded very well to pandemic challenges by developing blended learning packs to enable unpaid workers to undertake their orders at home. This, together with the Covid legislation allowing some unpaid hours to be written off in certain circumstances and for orders to be extended beyond initial completion dates meant that we had a reduced backlog of Unpaid Work Requirements.

4. [Resources](#)

Aberdeen is the third largest city in Scotland with an estimated population of circa 230K.

Over recent years the City's population has appreciably grown. As a result of world events, Aberdeen City has welcomed significant numbers of displaced persons from war affected countries. Aberdeen being a city with two universities, our population has been impacted by a high volume of international families coming to the city to study. This has seen a 12% increase to the school roll since 2019 with a 6.7% increase since September 2022.

The gross expenditure on social work and social care services in Aberdeen City during 2022 - 23 was £182.6m on adult services (inclusive of Justice social work) and £46.7m on children's services.

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 outcomes. Evidence also suggests that the impact of the pandemic will continue to be felt by all aspects of social work over the coming years. This includes but not limited to increased levels of family fragility and associated poor mental wellbeing/health; delays in the Court system and pressures across the health system all of which directly impact on the demand and delivery of social work services.

The welcome advances in medical treatments and medicines is seeing individuals living for longer with more complex needs. The complexity of need consequently requires greater levels of care and support. This comes with increased costs. Services are also seeing greater levels of expectations from clients and this, along with expectations from our other stakeholders, continues to drive performance on targets such as waiting times. The cost of living crisis in 2022/23 has reinforced the correlation between the impact of poverty and the demand for social work intervention. This can be seen from increased levels of referrals, particularly from the City's most deprived areas. Those accessing money advice services and emergency food provision tell us of the struggles they experience surviving on a daily basis, of the impact on their confidence and mental wellbeing the cost of living is inflicting.

Council budgets continue to face significant pressure and children's social work has had to collaborate on a cross council basis to ensure a balance budget. The Council's medium term financial plan indicates that the pressure on budgets will continue to be considerable over the coming years. This will continue to impact on

our capacity to meet current and future need. It is therefore critical that all new national policy initiatives and legislative duties are fully funded.

Ensuring there are sufficient staffing across all service areas to undertake statutory social work tasks remains key. In doing so a focus on delivering person centred interventions that aim to keep children and vulnerable adults in their own home for as long as it is safe to do so remains critical.

Work to refresh our [Childrens-Services-Plan-2023 - 26](#) reinforces the continuing need to ensure families have access to early and preventative support that mitigates the need for social work intervention. We recognise the partnerships shared responsibility to develop a robust and effective Family Support Model is critical to achieving this. The disparate and multi-faceted funding of Tier 2 family support services presents challenges and opportunities. Our families have told us that they want support earlier and to be able to access support independently of professionals. As we continue to develop our Family Support Model and take forward planning in relation to the Whole Family Wellbeing Fund these principles will remain key.

Our Children's Service Plan has strong alignment with the HSCP's Strategic Plan. More broadly as a partnership we have worked hard to align many of our strategic plans – Local Outcome Improvement Plan; Child Poverty Plan; Carers Plan; Corporate Parenting Plan. This effort seeks to strengthen our strategic coherence but also looks to maximise our resources to deliver on key shared priorities.

We continue to recognise the interconnected nature of social work. The vast majority of children known to Children's Social Work are known as a result of care and protection concerns resulting from challenges in their parents lives. The value of integrated planning, and wherever possible services that support vulnerable parents and their children is a priority. There is a particular focus on supporting families where parental addiction and mental health/wellbeing impact on their children.

Working with partners to deliver early and preventative support that negates the need for crisis and high-cost intervention is a priority across all parts of social work. Improved early intervention is essential to not only to improve outcomes but critical and delivering a sustainable budget position.

The single biggest cost pressure for Children's Social Work continues to be the cost of care, particularly placements out with the authority. In 2022/23 this contributed to an overspend of circa £1.8m. While there was circa a £1.5m underspend in staffing costs.

Our care population has reduced by circa 15% over recent years. This reduction is welcomed and is apparent across all care types particularly foster care and those looked after at home. As a service we are committed to supporting more children to remain within their family, where it is safe to do so, without the need for compulsory measures. However to do this on a sustained basis will require different and in some instances more local multi-agency resource to scaffold around families.

While the level of protection afforded by the Scottish Government to the funding of adult social work services is welcomed, there are recognised and significant cost pressures within the system as a result of service demand and inflationary pressures. One such pressure relates to the placement of adults with complex learning disabilities. Planning is now at an advanced stage to develop local resources that will enable several adults living out of the authority to return to be near family members and their local community whilst also mitigating budget pressures.

Aligned to this is our work in relation to being a Pathfinder for 'GIRFE' (Getting it right for everyone) on the Families with multiple and/or complex needs; and young people in transitions from GIRFEC to GIRFE Pathway. The focus of this pathfinder is ensuring early multi-agency planning for young people where the professional assessment is that they will require care and support throughout their lives. This, we hope will lead to greater integrated planning, supporting those individuals to experience improved transitions while simultaneously allowing resources to be managed more effectively.

Using the Scottish approach to service design, the Aberdeen City Pathfinder team have been working through the design process via a series of design days focusing on four phases, discovery, define, develop and deliver. The intention is to co-design workable prototypes which can be tested with Pathfinder and Partner areas across Scotland. This approach aims to ensure that the voices of the people with lived experiences and their families help to develop and design functional, workable and realistic resources to support them and deliver the care they need in the right place and at the right time.

In October 2022, in partnership with Microsoft, Aberdeen City Council launched 'D365' - its own data system across social work. This system replaced Carefirst which we had been using for over 20 years and was seen to no longer effectively or efficiently serve our needs. The 'D365' system was designed by social workers for social workers. It utilises the existing suite of Microsoft tools but has added functionality and capacity to support real time data reporting.

While the commitment from staff across all parts of social work to support the development of D365 was considerable there are identified aspects post going live that require further development/improvement. The responsiveness and improvement of the inhouse capacity along with our partnership with Microsoft is enabling the workforce to take growing ownership of their D365 system.

One of the key benefits of D365 is its capability to deliver on the Scottish Government's aspiration, as outlined in the NCS Bill, that there is a single health and social care record. The realisation of this for frontline practitioners cannot be understated. At a time when we all need to do more with less resources the integration of key client data in real time will improve planning and decision making. In some cases I believe it has the potential to save lives.

5. Workforce

The Setting the Bar Report, June 2022, whilst welcomed, brought no surprises emphasising that effective social work provision is going to need an increase in staffing levels, all who are suitably skilled and trained to undertake the complex roles they fill. Whilst retention of staff is good, we have been aware of the increasing pressures on our social work staff, as they strive to offer high quality service to our most vulnerable groups of children and adults. This recognition has prompted us to begin exploring with our People and Organisation colleagues how to build increasing psychological resilience in a workforce who are at risk of vicarious trauma on a day to day basis.

Children's Social Work Services

Recruitment

Staffing pressures across CSW continue to pose challenges to effective service delivery. This issue has become particularly challenging given the impact of COVID and new demand. Vacant posts are not stagnant, some can be predicted, i.e. maternity cover, long term sick leave, families relocating with others less so. Exit interviews ensure we capture any learning from our staff who chose to leave. This continues to highlight that for some, working within statutory children's social work is not something they feel able to sustain in the longer term due to the psychological impact and work-life balance. Many have chosen to leave and join other parts of the social work so are not lost to the profession.

We are continuing to develop a workforce recruitment and succession planning strategy which aims to enhance, develop and retain leaders within our service. We have adapted our interviewing strategies to ensure that values and resilience are prioritised over subject expertise and knowledge. Our biggest challenge is the loss of experienced and confident workers given that recruitment is in the main, drawn from a pool of newly qualified workers, many of whom over this period, have experienced a 'covid' placement experience which unfortunately has resulted in a less robust social work experience.

Not unexpectedly, where there are vacancies, increased workload pressures exist for peers and line managers who remain in post, therefore a strong and persistent focus on health and wellbeing remains paramount.

In response, this year, we dedicated our annual practice improvement day in March 2023 on “**Wellbeing and Resilience**”. The event, falling on National Social Work Day, allowed a focus on staff’s own personal wellbeing in recognition that it is only possible to support others when you have acknowledged your own needs. Feedback from staff about the impact of the day was hugely positive and has led to increased awareness of Council supports available as well as the creation of enhanced targeted internal and external supports.



Professional Learning & Development

We have a well-established multi agency child protection learning and development (L&D) programme covering 14 GIRFEC and Child Protection topics. These are consistently quality assured which helps to measure the impact training has had on practitioners’ confidence and capabilities in supporting and improving outcomes for the children and young people they work with. The [CPC Learning & Development Annual Report 2022](#) provides an overview of L&D activity throughout the year.

Work to enhance our learning and development offer within children’s social work services has continued over 2022/23 with a focus on delivering L&D opportunities for all staff, arranging and supporting student placements, embedding a programme of learning for Newly Qualified Social Workers (NQSW), and leading on improvement work around whole service induction, supervision and early implementation of the NQSW Supported Year.

A training needs analysis undertaken with service managers, identified key learning and development priorities for the year as:

- Risk assessment and management of harmful sexual behaviour
- Recommencement of the Post Graduate Certificate in Child Welfare and Protection
- Trauma awareness and recovery principles
- Supervision skills
- Leadership and Management

The development of the Children’s Social Work [Events and Training Calendar](#) on the Intranet and [Learning and Development site](#) makes it simpler for staff to see available L&D opportunities and to book a place.

In 2022, Children’s Social Work hosted 22 social workers in training (SWIT) placements across the service. An increase in the number of staff undertaking the Practice Learning Qualification has enabled us to increase the number of placements offered.

The L&D lead monitors which individuals/service areas have accessed training to ensure equitable access. As part of ongoing monitoring of internal and commissioned L&D opportunities, those who attend training events are asked to complete feedback and identify how they intend to apply learning to practice. Whilst this informs our monitoring activities, it also allows us to make sure we are providing quality L&D opportunities to enable social work staff to meet their registration requirement and to meet the future needs of the social work service. The [CSW L&D Annual Report](#) provides a full overview of learning and development in 2022.

Workforce Strategies

Within Children’s Social Work we have been developing the following strategies:

- Maximise the opportunities to provide placements for SWIT within Children’s Services. We continue to explore with Robert Gordon’s University (RGU) how we maximise the opportunities to convert those who undertake a placement with us into new workers.

- Continuing to prioritise how NQSW's are supported into the profession. Our NQSW's programme fully aligns with the new standards. We are looking to extend this to include 'early career social workers'. Feedback from those who have joined us indicates they feel valued and supported.
- Growing our own – we continue to provide opportunities to support our para-professionals undertake social work training, whilst being paid as social work trainees. Having had some success we are keen to ensure pathways into social work posts.
- Succession planning - We are mindful of the significant loss we will experience by the 'aging out' of a number of leaders over the coming years. Within our residential services, to ensure we have key skills to match posts our succession planning has included realigning job roles and the qualification pathway, allowing progression to promoted posts which recognise the most relevant qualifications, skills and knowledge. We currently have 5 staff members undertaking the PG/MSc Advanced Child Care qualification.
- We are reviewing our approach to supervision to ensure managers feel more confident in delivering supervision that is trauma informed.

Adult & Justice Social Work

In November last year, the IJB approved the [HSCP Workforce Plan 2022 – 2025 - Aberdeen](#) with its key priorities of: recruitment and retention, mental health and wellbeing, and growth and development opportunities. We have recognised the need to ensure that our social work-specific workforce-related activities are aligned to this plan and that the voice, experience and needs of social work are considered in wider HSCP workforce discussions.

The significant impact of COVID on the personal wellbeing and resilience of our workforce has not been forgotten and staff burnout continues to be an ongoing risk. Use of the resilience hub has continued post-pandemic and informal catch-ups, coffee mornings, a buddy system, lunch dates for all staff to attend, Yoga classes etc have been arranged by different services at different times.

A hybrid model that combines office-based and home working arrangements has been adopted with the value of office-based days in terms of face-to-face professional discussions, management and peer support, team meetings and social chat with colleagues emphasised to everyone although it is fair to say that different colleagues and different services are at different stages of their post-pandemic recovery journey.

A member of the Senior Management Team was asked to co-ordinate significant recruitment activity across all services using the available Scottish Government funding to increase adult social work capacity. This resulted in an effective recruitment campaign which succeeded with support from colleagues from across adult services in filling vacant and new posts at all levels using generic social work adverts and aligning staff dependant on skills and experience. This resulted in increased head count/reduced vacancy levels and had a significant impact on staff morale and wellbeing, workloads and our ability to address demands in our services.

To address local recruitment challenges, we have developed our 'Grow your Own' initiative and recruited two colleagues to Trainee Social Worker posts and are supporting them with their professional social work training. Our Learning Disability service has also supported student placements from the Kickstart Programme, Career Ready, Foundation and Modern-Day apprenticeships as well as supporting staff to undertake their Social Work qualification through distance learning. In addition, a core 'Back to Basics' induction training programme has been developed for all new starts.

Retention is an ongoing challenge with some services such as Substance Use, affected more than others. Some staff retired but most have transferred to other services within either children's or adult social work. Secondments have been increasingly offered to give staff the opportunity to sample other services so their experience and skills remains within the Council.

As welcome as these developments have been, we are mindful that a great many colleagues are still holding large caseloads with increasing complexity of need and significant statutory obligations that require appropriate decisions and effective interventions to ensure that needs are met and associated risks are reduced. . We have attempted to support staff with their wellbeing in different ways including, Organisational Development facilitated team building days and sign posting to psychological resilience supports. The recent development of our new Staff Supervision procedure which is due to be rolled out soon has been heavily influenced by trauma-informed and staff wellbeing perspectives. It is noticeable that better absence management has led to a reduction in absence rates which in turn has eased work-based pressures on staff.

The weekly online staff Forum, together with the weekly staff bulletin, has evolved to include all adult Social Work staff and become a real strength; it has provided an opportunity for directed learning as well as creating a culture of peer support and advice. The success of this has been evident through positive feedback from staff and the cross-service support via the Forum chat which provides opportunities for education, communication, networking and peer support. In addition, we have utilised available Scottish Government funding to enter a partnership with our local further education college to enable them to offer access to appropriate training courses, for example, pre-MHO development training, well-being treatments and meals/snacks from their cookery/hospitality students.

Professional Learning and Development

Our Chief Officer for Adult Social Work has been undertaking a review of our services as part of a wider HSCP post-pandemic recovery to fully embed early intervention and prevention across services and maintain the improved relationships and effective collaborations that have been forged in the face of the pandemic. Key elements of this review resulted in the establishment of the Adult Protection Social Work team, the Oversight and Review team and the enhancement of the Care Management Response Team.

Core skills training for our practitioners is linked to their legislative obligations so that there is a greater understanding of the nature and impact of their practice. For the most part, ongoing staff development is guided primarily by supervision and appraisal feedback. Our MH service has created a whole-service training plan in respect of AWI matters as this cuts across all services and all client groups.

Our MH colleagues are very aware of need to monitor their MHO resource to ensure that staff turnover can be mitigated as we know that 25% of the current MHO team are likely to retire in the next 5 years. Three colleagues are just about to finish their MHO training and four colleagues will commence this in September. The LD service has its own designated MHO and as well as progressing the relevant statutory responsibilities has also provided significant peer support to LD care managers in respect of caseload complexities and report-writing and to the wider MHO team in respect of LD matters.

The JSW workforce have completed their statutory training and trauma-informed, Caledonian, MFMC and 'Children in conflict with the law' training. Risk of Serious Harm (ROSH) training delivered by the national Risk Management Agency has also been undertaken.

6. Looking ahead

As noted in my foreword, the policy and legislative landscape as it relates to social work has and continues to change significantly in recent years. As I look ahead this reality is likely to persist:

a. National Care Service

The Scottish Governments intention to establish a National Care Service is potentially the most significant change to directly impact on social work for many years. Whilst a National Care Service has the potential to offer new opportunities, it will also significantly change the social work and social care landscape. The Scottish Government has announced an Independent Review to support the decision making in relation to the inclusion

of Children's and Justice social work within a National Care Service. We await with interest the outcome of these reviews in 2023.

As CSWO it is reassuring that both Reviews will seek to engage directly with the workforce to ensure the workforce has an opportunity to contribute to and help shape decision making. Local social work practitioners are keen for their voice to be heard within this review. However my engagement with frontline staff reflects that social workers do are unsettled by the uncertainty in the planning to the National Care Service.

b. Workforce

Staff from Aberdeen City have welcomed the opportunity to engage in events to help frame the role and remit of the proposed National Social Work Agency (NSWA). The creation of a NSWA provides opportunities to promote the role of social work and consider what kind of social work service we want for Scotland going forward. To do this well, real investment is required in the service and a move away from non-recurring funding offers which place unsustainable burdens on services.

The NSWA's intention to develop a national approach to workforce development is welcomed. Having a consistency of direction as well as enhanced learning and development opportunities will enable us to have a social work workforce that can continue to deliver on meeting the needs of the Scotland's most vulnerable individuals and families.

It must be hoped that the above will mitigate the current challenges of workforce recruitment, retention, and wellbeing. Social Work leaders in Aberdeen City have and will continue to prioritise and focus on supporting the needs of our workforce. We recognising the interconnected nature of social work. Developing a trauma enhanced workforce that has access to L&D and wellbeing support is critical. In doing so we will continue to engage with and listen to our workforce to help shape our support offer in a way that is deemed authentic ensuring colleagues feel valued and supported.

Social Care resilience

Significant work has been progressed to support and strengthen the resilience of the social care market in Aberdeen City, however we continue to recognise its vulnerability. Demand for care at home support and personal assistants outstrips capacity. The national spotlight on how we value carers reflects remuneration as well as the societal status given the caring roles.

We have responded proactively to respond to the system challenges of hospital discharge delays. However we are acutely mindful of overly focusing on one area at the expense of attention to focus on other equally important areas but don't demand the same level of Government scrutiny. Working through this over the forthcoming Winter and beyond will be an ongoing challenge.

c. Legislative and Policy Landscape

Rights Based legislation

"Human rights and social justice serve as the motivation and justification for social work action. In solidarity with those who are disadvantaged, the profession strives to alleviate poverty and to work with vulnerable and oppressed people in order to promote social inclusion." (BASW Code of Ethics)

The incorporation of UNCRC and the proposed Human Rights legislation will strengthen a rights based approach to how public services are delivered. The well published challenges around this legislation reflects the complexity of this work. In many instances intervening to support and protect one individual can often have a corresponding negative impact on another person's rights. This tight rope is not new for social workers to navigate.

While recognising the Scottish Government is committed to enacting the UNCRC principles as far as possible they also recognise that in doing so the "provisions become more complex, uncertain and challenging for

children and young people and their representatives and for public authorities to work with.” It is therefore important that ‘rights’ legislation is both workable for practitioners and affordable by public bodies.

Other Significant Legislative Change

Social Work can never and should never stand still. In addition to the proposed ‘rights’ legislation there are other significant legislative changes and policy initiatives on the horizon that will directly impact on social work practitioners: Children’s Care & Justice Bill; the anticipated Review of the Children’s Hearing System; Bairns Hoose; Learning Disability, Autism and Neurodiversity Bill; Bail and Release from Custody (Scotland) Bill to note but a few. All of these will continue to require social work services to shift evolve and for the workforce to be enabled to grow to take account of the new and additional duties.

d. Financial Constraints

With the complexity of care and need increasing, budget pressures are likely to escalate compounded by an increasing deficit in local government funding. A disparity in additional funding streams being provided to HSCP as part of the winter pressures funding has been felt keenly by Children’s Social Work who have equally been impacted by increased demand, complexity and capacity issues but have not had the opportunity to increase the workforce to mitigate the risk this brings.

Whilst there is no easy fix, the Council and the HSCP have in place a Medium-Term Financial Strategy. Programmes of work are focused on delivering early and preventative support to children, young people, vulnerable adults and families that mitigates the need for social work intervention. It will take time to fully deliver on this aspiration. Consequently the fiscal pressures on social work are likely to continue over the coming years. As such retaining a clear focus on our strategic priorities is vital.

I have highlighted throughout this report many examples of effective, innovative, and creative new ways of working and service evolution which are delivering high quality care and support to Aberdeen City’s most vulnerable citizens. The success of these is down to the commitment and determination of social work colleagues delivering social work and social care, despite the challenges, on a day-to-day basis. Their passion to empower and support others to improve their lives of others and improve our communities inspires me as their Chief Social Work Officer.

Graeme Simpson
CSWO
25 September 2023