

# CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2013 - 2014



ABERDEEN  
CITY COUNCIL



# CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2013-2014

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# CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2013-2014

## Foreword

I am pleased to present the Chief Social Work Officer Annual Report for Aberdeen City for 2013-2014. This provides an overview of the social work service, information on statutory decisions made by the Chief Social Work Officer on behalf of the Council and some of the key challenges facing the service in 2014-2015 and beyond.

This Report has been written at a time of great change for social work and social care in the City. With the integration of adult health and social care, we have what has been described as the greatest change for social work in 40 years, since the implementation of the Social Work (Scotland) Act 1968 that brought a unified social work service into being. Alongside this, we have the restructuring of the Council's directorates that will take Children's Social Work into the new, integrated Education and Children's Service. From 2015, the Chief Social Work Officer role will be part of the remit of the Head of Children's Social Work.

Alongside structural change, new ways of delivering services, like Self-Directed Support and Reclaiming Social Work, will bring changes to practice for staff and improved outcomes for service users. While transitional and transformational change is underway, the dedication of our highly motivated staff will ensure that there is no loss of focus on the day to day business of delivering services to support and protect the most vulnerable people in Aberdeen.

It is not intended that this Report should be an account of all activity in social work, rather that it should highlight the breadth of service delivery and achievement over the period. It follows the template introduced in 2014 by the Chief Social Work Adviser to the Scottish Government, to standardise CSWO annual reports and create a national picture of social work in Scotland.

Liz Taylor  
Director for Social Care and Wellbeing  
Chief Social Work Officer

## 1. INTRODUCTION

This is the Annual Report from Aberdeen City Council's Chief Social Work Officer. The Director of Social Care and Wellbeing currently holds the position of Chief Social Work Officer, ensuring a level of seniority within the Council that is commensurate with the responsibilities of the position.

Every local authority is required to have a professionally qualified Chief Social Work Officer (CSWO), as set out in Section 45 of the Local Government etc. (Scotland) Act 1994. The qualifications are set down in regulations that state that the CSWO must be registered as a Social Worker with the Scottish Social Services Council (SSSC).

The overall aim of the CSWO role is to ensure that the Council receives effective, professional advice and guidance in the provision of all social work services, whether these are provided directly, in partnership with other agencies, or purchased on behalf of the local authority. The CSWO has a responsibility for overall performance improvement and the identification, management and reporting of corporate risk as these relate to social work services. To fulfill these responsibilities, the CSWO has direct access to elected members, reporting through the Social Care, Wellbeing and Safety Committee, and reports directly to the Chief Executive.

The CSWO provides professional leadership and promotes values and standards of professional practice, ensuring that only Registered Social Workers undertake those functions reserved in legislation and that social service workers meet the requirements of their regulatory body and the SSSC Codes of Practice. Any social service worker may approach the CSWO for professional advice.

Social work is based on respect for the inherent worth and dignity of all people, and the rights that follow from this. Social workers should uphold and defend each person's physical, psychological, emotional and spiritual integrity and well-being. (International Federation of Social Workers, 2004)

A number of specific statutory responsibilities are discharged by the CSWO. These relate primarily to decisions about the curtailment of individual freedom and the protection of individuals and the public, which must be made by the CSWO or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO and for which the CSWO remains accountable.

There must be CSWO cover 24 hours a day, every day of the year. To ensure this, the Council has in place a scheme of delegation of the statutory responsibilities to the Heads of Service, Social Care and Wellbeing, who are Registered Social Workers.

The purpose of this Report is to reflect the discharge of this range of duties of the CSWO. It is not intended to describe all aspects of social work in Aberdeen City and is complementary to the Social Care and Wellbeing Business Plan 2010-2013 and 2014 to 2017.

## 2. Aberdeen City

Aberdeen's population is projected to rise from 217,120 to 271,705 between 2010 and 2035, an increase of 25.1%. A significant increase is projected in the number of older people, almost 70% in those over 75 years. Following a period of decline, an increase is projected of 32.5% in the primary school population and 37.2% in the secondary school 12 to 16 year population in the period to 2035. Aberdeen has a more diverse population than Scotland generally, with 75% of people classifying themselves as "Scottish" (2011 Census, down from 85% in 2001) compared to the Scottish figure of 84%, and a higher percentage of people from all ethnic classifications than the Scottish average.

Average life expectancy at birth in Aberdeen is 76.3 years for males and 80.9 years for females (based on 2008-2010 data), slightly higher than the Scottish averages. A longer living population is to be celebrated but the potential increase in levels of dependency and demand for services makes our preventive approaches to active ageing and wellbeing for more years of healthy living a priority.

Around 28% of households have a member with a long-standing illness or disability and 16% of people have classified themselves as having a long-term condition that limits their daily activities. The prevalence of mental health issues, learning disability and dementia is each around the Scottish average. Drug misuse occurs in 2.3% of the population, compared to the Scottish figure of 1.7%. The number of child protection cases where drug and alcohol misuse is an issue is above the national average and it is significantly higher where drugs alone are the main concern.

Whilst many people in Aberdeen enjoy a high standard of living, poverty affects a significant proportion of the population. The Scottish Index of Multiple Deprivation (SIMD), December 2012, identified 22 data zones in Aberdeen that were in the most deprived 15% of all Scottish data zones. This represents around 8% of the city's population. The incidence of deprivation may be relatively low but is still a significant issue, particularly the wide gap between the city's most and least deprived areas.

Aberdeen City Council receives the lowest Total Government Funding per head of any Council, 73% of the Scottish average figure. The Council's FTE staffing is equivalent to 32 employees per 1,000 population, the second lowest ratio of any Council and well below the Scottish average of 45 per 1000 population (2012).

### **3. Social Work and Partnership Structures**

The Social Care and Wellbeing directorate is led by Liz Taylor, Director and CSWO, and a Senior Management Team composed of the Head of Adult Services, Tom Cowan, the Head of Children's Services, Susan Devlin, and the Business Manager, Kate Mackay. The service reports through the Social Care, Wellbeing and Safety Committee (Social Care and Wellbeing to August 2013), whose Convenor is Councillor Len Ironside, with Vice Convenors, Councillor Lesley Dunbar and Councillor Gordon Graham (for Safety).

#### **Restructuring**

It is the intention of the Council to restructure Social Care and Wellbeing in 2014-15, as part of a corporate restructuring to reduce from five to three directorates. This will see Children's Social Work going into a new Education and Children's Service, with its own Committee, and Adult Services going to the new Integration Authority with Health. With the loss of the Director post, the Council has decided that the Head of Children's Social Work will become the Chief Social Work Officer.

#### **Health and Safety Partners**

Health and Safety matters are dealt with in partnership with staff and Trade Unions. The Social Care and Wellbeing Health and Safety Committee comprising the Director/CSWO and senior management team, staff and Trades Union representatives, and corporate Health and Safety advisors meets quarterly and an Annual Report is taken to the Council's corporate Health and Safety Committee.

Development over the year has focussed on improving the reporting, collating and analysis of data on accidents and incidents. Incidents are still under-reported. Further refinement will take place to enable better use of this information by teams and encourage reporting. Led by the Head of Adult Services, a new Lone Working Policy is ready to implement. The corporate Health and Safety Team has produced a Health and Safety Plan for children's residential homes, following audit activity. Workplace Inspections have been brought up to date across the service.

#### **Partnership working**

Partnership working with a range of internal and external partners, across sectors, is integral to how the service does business: the Health and Social Care Partnership (which is the CHP); the Integrated Children's Services Partnership of which the Director/CSWO is co-chair; the Early Years Collaborative; the Northern Community Justice Authority (NCJA); the Grampian Adult Protection Partnership; the North East Scotland Child Protection Partnership (NESCOP); MAPPA; and the Alcohol and Drugs Partnership (ADP). The Integrated Strategic Management Team of social care, health and housing meets monthly with an Integrated Operational Group bringing a range of services together. With new policy agendas, newer partnerships have come into existence: the Older People's Change Fund Group where the Council, NHS, ACVO as the 3<sup>rd</sup> Sector Interface, and Scottish Care for the private sector have been equal partners round the table; and the high level North East

Partnership Forum of NHS Grampian and Aberdeen, Aberdeenshire and Moray Councils to oversee strategic planning for health and social care integration.

## Integration of health and social care

With the Public Bodies (Joint Working) (Scotland) Act 2014, adult social care and adult health services will be integrated during 2015, in a new Partnership arrangement between the Council and Grampian Health Board that will see health and social care functions delegated to an Integration Joint Board. A Transitional Leadership Group of six elected members of the Council and six NHS Board members, supported by officers, was set up in February 2014 to plan the implementation of integration and the production of the Integration Scheme.

**Integration of adult health and social care** will be through the body corporate model, with the establishment of an Integration Joint Board (IJB) from 1 April 2015 and the appointment of a Chief Officer, to be in post from October 2014. The CSWO will be a non-voting member of the IJB as will the Head of Adult Services. Our plans and actions on integration are building on our strong tradition of joint working with the NHS and across the three North East Councils. In particular, we are focussing on the development of “cluster working” as a means of planning and delivering joined up services and better use of resources, based around the four clusters of GP practices and aligned health and care services that cover the City. This will support locality planning and the development of the IJBs first Strategic Plan from 2015. There will be a full programme of engagement and consultation with key stakeholders and staff. The Partners are committed to maximising the opportunity for pooling our resources and creating new ways of working to provide seamless services, promote better health and wellbeing and improve outcomes for people.

## Planning in Partnership

In conjunction with staff, service users and carers and our key partners, and following on from our 2010-2013 Business Plan, Social Care and Wellbeing has developed its Business Plan for what it needs to achieve over the next 3 years, 2014-2017.

We are working to improve outcomes for a City where:

- people are supported and cared for;
- people are protected;
- people in need are enabled and supported to put in place their solutions; and
- we will maintain health and wellbeing.

To achieve this, our priorities are:

- shifting the balance of care;
- personalisation of services;
- in partnership; and
- improving the use of resources.

These priorities should endure structural redesign.



## 4. Service Delivery Landscape and Market

Aberdeen is one of the most prosperous cities in the UK, as the centre of the energy sector, with international significance. Average earnings have been relatively high in Aberdeen City and Aberdeenshire while unemployment has been low, even during the current economic downturn. House prices and private rents are high and there is a shortage of affordable housing.

These factors impact significantly on the health and social care sectors' ability to recruit and retain staff at all levels. In particular this has been felt in the ability of all social care providers to meet increasing and more complex demand, in teacher and in health visitor numbers, and in the recruitment of hospital nurses and NHS consultants, e.g. in mental health and geriatric medicine. The increase in the older population relative to those of working age will create even greater workforce pressures across health and social care.

Social Care and Wellbeing delivers on the Council's responsibilities for all social work services and leads the Council's contribution to public health promotion and preventive services for the wellbeing of vulnerable citizens. A high proportion of the direct delivery of care is through the independent sector, particularly provision for older people, people with long term conditions or disability and those with mental health issues, which are fully outsourced. Commissioned services account for 75% of the Social Care and Wellbeing budget, making the delivery of critical services subject to the volatility of the market. The service has been exploring new ways of commissioning services and took a radical step in establishing a **Local Authority Trading Company** in 2013.

In August 2013, the Council established a Local Authority Trading Company, **Bon Accord Care Ltd**, for the delivery of those older people's and rehabilitation services that were previously delivered in-house, including 3 care homes and 3 day centres, care at home, housing support and care in very/sheltered housing, Occupational Therapy and the Community Equipment Service. Under TUPE arrangements, 766 staff transferred, retaining their terms and conditions of employment. The Council is the sole shareholder, with a contract for services to the value of around £25 million. There is an expectation that Bon Accord Care will develop trading activities that will create a surplus for re-investment in services. In 2014, in Partnership with the Council, two new services were opened: Clashieknowe, providing accommodation with rehabilitation, and Hillylands Independent Living Centre. After the first year of operation, service specifications are being reviewed to give more opportunity for flexibility in response to changing demand and strategic priorities, and to encourage ongoing partnership working. Bon Accord Care's first Annual Report is available.

<http://committees.aberdeencity.gov.uk/documents/s41201/BASS%20End%20of%20Year%20Report%202013-14.pdf>

## 5. Finance and Resources

Aberdeen City Council in 2011 undertook a Priority Based Budgeting (PBB) exercise that reviewed all its costs over a 5 year period. This led to the Council producing a 5 Year Business Plan outlining the financial position of the Council over the period, which is reviewed annually. Initial calculations showed that if the Service were to do nothing to change service delivery from the 2010 position, by 2016 Social Care and Wellbeing would require an increase in budget in excess of £20m.

As a result of this, a transformation programme was implemented, including the development of alternative family services and locally based preventative services to reduce the number of out of authority placements for children; the redesign of Learning Disability services with new models for accommodation with support and day opportunities; and the establishment of a Local Authority Trading Company, known as Bon Accord Care Ltd. These actions, along with prudent financial management and monitoring, have ensured that the service continues to operate within available resources.

The current 5 Year Business Plan lays out the Social Care and Wellbeing Directorate's net budget until 2018-19, showing an increase of 7% from 2013-14. This is based on agreed savings and the building in of growth to the base budget.

Table 1 Social Care & Wellbeing net Budget Projections

SERVICE	2013-14 £'000	2014-15 £'000	2015-16 £'000	2016-17 £'000	2017-18 £'000	2018-19 £'000
Total Budget	<b>121,071</b>	122,938	123,871	125,589	129,197	131,605
Adults	<b>85,842</b>	86,022	86,836	89,399	91,963	94,530
Children	<b>33,575</b>	34,156	34,271	34,502	34,533	34,362
Business Mgt	<b>1,748</b>	2,758	2,673	2,683	2,700	2,712

The projected growth in net budget is predicated on increases in nationally and locally agreed rates for commissioned services, demographic pressures in Learning Disability and Older People's services, purchasing of additional home care to meet need, and increase in demand for alternative family services, based on growth trends in children's services and looked after children numbers.

The Service meets its commitments within budget. However, Children's Services in 2013-14 were overcommitted though increase in demand, particularly against the joint budget with Education for specialist residential placements through the Children's Hearing, and additional requirements for foster placements. As demand projections indicate an ongoing budget pressure, a sustainable solution is being developed through a range of initiatives. Investment is being made in service transformation to improve outcomes and constrain demand pressures, in particular adoption of the Reclaiming Social Work Model, which gives the opportunity for an outcome based approach to setting the Children's Services budget. An Inclusion Review underway in Education will enable joint approaches to managing demand and meeting the needs of looked after children within City resources.

The integration of Children's Social Work services and universal services for children will offer further opportunities to strengthen and develop prevention and early intervention strategies to constrain growth in demand for more costly interventions.

## Commissioning

Particular consideration needs to be given to changes in relation to commissioned services and the impact of market forces. With negotiations over the National Contract for Care Home services putting its future use in doubt, a locally agreed rate may need to be negotiated for 2015-16 and onwards. The aim should be for a single rate, or suite of rates, for publicly funded places across all independent care homes, and for the possibility of shared arrangements across North East Councils to be explored.

The increasing difficulty for some providers in maintaining a financially viable service in Aberdeen is leading to some instability in sectors of the social care market. This is being tackled through measures such as the use of new Framework contracts in adult services for more transparency of unit costs and flexibility in commissioning, encouragement to providers to seek economies of scale through collaboration, and tactical use of uplifts to funding. A more strategic approach to decisions about funding levels that takes account of demand and supply variables, inflation, market forces and Aberdeen cost factors will be needed to ensure stability. The degree of dependence on commissioned services warrants more partnership-type approaches with providers to find mutually beneficial solutions to supply/demand/cost challenges.

## 6. Scrutiny and Performance

Effective social work services promote independence and resilience, enabling some of our most vulnerable, excluded and even dangerous people to play an active part in society, through achieving change. (Changing Lives, 2006, p.16)

The Social Care and Wellbeing Service was subject to an Initial Scrutiny Level Assessment by the Care Inspectorate in 2012. The assessment was generally positive, with 7 Recommendations for Action. An Action Plan was submitted to the Care Inspectorate in response to the findings, with a final update in March 2014.

In 2014 a Joint Inspection of Children's Services is to take place. The Integrated Children's Services Partnership was subject to Child Protection Inspections in 2008 and 2009. Weaknesses from the 2008 inspection were acted on and improvements were demonstrated in 2009 and in 2011.

The Service has a Continuous Improvement Framework, which has been approved by the Social Care and Wellbeing Committee and which sets out how we review and monitor the performance of what we do. 'How Good is Our Team' is the service approach to self evaluation, with key themes reviewed on a cross service basis. These link into team and service development plans. The Service has recently introduced a case auditing policy and procedure, to ensure we are robustly reviewing the quality of the work that we are doing to support vulnerable adults and children.

Performance reports are submitted quarterly to the Social Care, Wellbeing and Safety Committee. The Service reports on a suite of indicators that have been revised for 2014 for relevance and usefulness, through a series of workshops involving elected members, and agreed at Committee. The Child Protection Committee, chaired by the Director/CSWO, and the Adult Protection Committee, with an independent Convenor, receive performance reports four to six times a year. Criminal Justice Social Work reports on a suite of measures applicable to all seven Council members, to the Northern Community Justice Authority (NCJA), giving opportunity for benchmarking.

Bon Accord Care reports monthly to Social Care and Wellbeing against a Performance Framework and through regular meetings. A corporate process is being established for governance of all the Council's Arms Length External Organisations (ALEOs), under Audit and Risk Committee, that will direct performance reporting through an officer Governance Hub to a Shareholder Scrutiny Group and the service committees.

## 7. Chief Social Work Officer Statutory Activity

The CSWO is responsible and accountable for statutory decision making in relation to specific Social Work functions undertaken by the CSWO and by other designated professional staff. This section provides detail of this statutory activity for 2013-14.

### 7.1 Mental Health

The Mental Health (Care and Treatment) (Scotland) Act 2003 Section 32 (the 2003 Act) places a responsibility on Local Authorities to appoint sufficient Mental Health Officers (MHOs) for their local area to undertake statutory duties. The 2003 Act stipulates that MHOs must be Registered Social Workers working for the local authority who are experienced and who have completed specialist training.

Aberdeen City Council secures MHO training through The Robert Gordon University and in 2013 to August 2014 four social workers completed their training and were approved by the CSWO. A further four have begun MHO training. This gives the Council a total of 30.5 MHOs located across adult services, with 19.5 working within Mental Health teams and 5 in the Out of Hours team. This level allows us to meet present demand, though shortages of MHOs have created pressures in the past and a continual supply of new MHOs is needed. We are providing emergency cover at times of shortage in the neighbouring Aberdeenshire Council, in a reciprocal relationship, and a joint approach to MHO cover is being considered.

MHOs have statutory duties in situations where compulsory detention or treatment under the 2003 Act is being considered, to assess and either consent or withhold consent to the detention or treatment. As the Designated MHO they remain involved with the person and exercise duties for the duration of their detention. The deprivation of a person's liberty is a serious event and the principle of the least restrictive intervention is an important safeguard. Statutory interventions by MHOs are shown at Table 2.

Table 2 Statutory Interventions by Mental Health Officers

Intervention	2011-2012	2012-2013	2013-2014
Compulsory Treatment Order	49	65	<b>56</b>
Emergency Detention in hospital	20	30	<b>36</b>
Short-term Detention in hospital	156	186	<b>180</b>

## Adults with Incapacity – Guardianship

For those adults who are unable to make decisions or take action to safeguard their own welfare, their property or their financial affairs, the sheriff court can appoint a guardian under the Adults with Incapacity (Scotland) Act 2000. Where no relative, carer or friend is available, the local authority can apply for Welfare Guardianship with the CSWO as the guardian. The CSWO is the named Guardian for 72 people. The use of Private Guardianships, which must be supervised by the local authority, places a growing demand on social worker time in adult and older people's services. A total of 244 Private Guardianships are subject to supervision, with contact made generally at the review stage or more often when assistance is needed. This is an increase of 65% in three years since 2011. Table 3 shows new Guardianships granted over the past three years.

**Table 3 Adults with Incapacity placed under Guardianship**

INTERVENTION	2011-2012	2012-2013	2013-2014
Welfare Guardianship	14	18	<b>15</b>
Private Guardianship	49	37	<b>57</b>
Total Guardianship CSWO	-	-	<b>72</b>
Total Guardianship Private	148	-	<b>244</b>

The majority of people who are subject to guardianship have a learning disability, with older people as the second most likely group. Since 2011, the growth in the use of private guardianship has been noticeable in relation to people with a learning disability, with a 57% increase in three years. Though the numbers of people are small, four times as many people have become subject of local authority applications for guardianship for reasons of incapacity such as acquired brain injury (ABI) in this period. The breakdown of guardianship across client groups is shown at table 4.

**Table 4 People subject to Guardianship by client group**

CLIENT GROUP	Welfare Guardianship		Private Guardianship	
	2011	2014	2011	2014
Learning Disability	18	20	105	<b>183</b>
Older People	34	32	32	<b>48</b>
Mental Health	5	4	-	<b>2</b>
Other (e.g. ABI)	4	16	11	<b>11</b>
<b>Total</b>	61	<b>72</b>	148	<b>244</b>

The time taken for the legal process of Guardianship can delay discharge from hospital of people who lack capacity to make a decision about their future care. The new national Guidance on Choosing a Care Home on Discharge from Hospital (Scottish Government, December 2013) explains the circumstances in which the use of powers under Section 13ZA of the Social Work (Scotland) Act 1968 to facilitate discharge of people who lack capacity to consent is applicable. The CSWO has advised that when use is made of Section 13ZA, this should be on a formal basis, as part of multi-agency decision making, and that decisions should be recorded. Again, we work to the principle of minimum restriction on the individual.

## 7.2 Secure Applications for Children

A very small number of children and young people present a significant danger to themselves or to other people and for these few a placement in secure care may be warranted. These placements can be instigated through Court proceedings, or by the CSWO. The CSWO decides whether to implement a secure authorisation by a Children's Hearing and whether to remove a child from secure accommodation and must be satisfied that the criteria for secure placement are met and that this is in the best interest of the child. Such placements are used for the minimum possible time, though this will vary according to the needs of the child. The CSWO is putting in place a formal internal process to ensure a monthly review of children in secure accommodation.

Table 5 Use of Secure Accommodation – number of children placed in year

PLACEMENTS	2011-2012	2012-2013	2013-2014
Total New Placements	6 (5 children)	5	3
Placed by Court	3	1	1
Placed by CSWO & Hearing	3	1	0
Placed by CSWO	0	3	2
Hearing request - declined	1	2	2

The use of secure placements has been decreasing and Table 5 shows the trend. The criteria for secure care are specific and the CSWO as decision maker declined to implement two authorisations from Hearings 2013-2014 on the basis that there was insufficient evidence that the grounds were met. Where there is a feasible alternative to a secure placement this would be pursued vigorously and options would include a specialist residential placement, the Intensive Support Service in Youth Justice and, from 2014, support through the Crisis Team and the Young Women's Centre.

## Emergency transfer of children

The CSWO authorised 16 emergency transfers of children subject to Compulsory Supervision Orders in 2013-2014, following discussion with the social worker/team leader and for a variety of reasons, including placement breakdown (From 2013, under Children's Hearings (Scotland) Act 2011 S143.)

## 7.3 Adoption and Fostering

The Head of Children's Services is the Agency Decision Maker and the CSWO is the Alternative Agency Decision Maker, with a regular role in decision making that allows a scrutiny function over adoption and fostering. While the Court determines whether an adoption is granted, the CSWO is the ultimate local authority decision maker on matters appertaining to adoption.



There is a need for more adopters and foster carers for older children, sibling groups and those with special needs, to give these children the security of permanent, loving and nurturing relationships. The recruitment of new adopters and foster carers over the past year has been challenging. (see Table 6) This has been largely influenced by the wider economic conditions in the Aberdeen/North East area but also reflects the experiences of other fostering providers in the area. Our recruitment of foster carers does not reflect usage, though, as around 46% of foster care is purchased by the Council. At 31 August 2013, 132 children were placed in foster care provided by the Council and 112 in purchased foster care.

We have developed a recruitment group, involving staff, carers as well as partners within the Council's marketing and media teams to develop a more effective marketing and recruitment strategy. The proposed restructure of Children's Services also recognises the need for some staff within the fostering and adoption service to have a greater focus on the recruitment, training and preparation of carers. This will be achieved via the Recruitment and Assessment team.

**Table 6 Adoption and Fostering activity**

ACTIVITY	2011-2012	2012-2013	<b>2013-2014</b>
Adopters approved	15	19	<b>14</b>
Adoption Plans approved	25	19	<b>19</b>
Children adopted	21	24	<b>21</b>
Foster carers approved	16	13	<b>6</b>

We have seen an increase in the number of adopters coming forward in 2014 and have further developed relationships with Aberdeenshire Council to enable adopters to be assessed by Aberdeen City, given our higher numbers of children who require adoptive families.

The PACE, Permanence and Excellence in Care, programme recognised that delay and drift occurred in the planning for children at every stage of the process. The City has adopted this and our PACE project is taking a multi-agency approach to making changes that can speed up the process of decision-making for permanence. Working with the Scottish Government and CELCIS since March 2014 we have begun to see a reduction in the length of time it is taking for children's plans to be agreed. From April to August 2014, as many adoption plans, 19, have been approved as in the year 2013, allowing more timely placement of children within an adoptive family. (see below - PACE under Service Improvement and Transformation)





Have  
**you** ever  
considered  
**Adoption** or  
**Fostering?**

[http://www.aberdeency.gov.uk/social\\_care\\_health/fostering\\_adoption/adoption/fos\\_fostering\\_adoption.asp](http://www.aberdeency.gov.uk/social_care_health/fostering_adoption/adoption/fos_fostering_adoption.asp)

## 7.4 Social Work Complaints

The CSWO reviews all responses to statutory complaints and the outcomes of appeals against complaint decisions, for quality assurance purposes. Using CareFirst version 6 to record data on complaints allows for analysis and ensures that complaint information is available for services and committees and to inform service improvements.

A regulated process applies to the methods and timescales for responding to complaints by persons who receive or are in need of social care service and persons whose request for a service has been refused by the local authority. This report considers statutory Stage Two complaints, where the requirement is for a formal investigation and a full written response under the procedure, and Stage Three complaints, where the complainant is not satisfied with the response and has requested the complaint be examined by the Complaints Review Committee

In the period April 2013 to March 2014, 95 statutory complaints were recorded, (comparable with 96 for 2012-13 and 88 for 2011-12). Of these, 13 were upheld, 24 were partially upheld, 45 were not upheld, 3 were rejected, 3 not resolved and 7 are still seeking resolution. The breakdown across the service is: Children and Families, 46; Adults, 24; Older People, 20; and 5 'other'.

For 2013-14, 48% of complaints were acknowledged within the required 5 day timescale and 30% were responded to within the 28 day deadline. Many factors can influence the ability of the service to respond to a complaint within 28 days and, consequently, impact on the outcome for the service user. There is no doubt, though, that our focus on improving the handling of complaints is needed. The aim is to

resolve complaints at an earlier stage, to the satisfaction of the complainer and the Service, where possible. Training has been delivered to managers and further training in complaints investigation is planned, making use of SPSO (Scottish Public Sector Ombudsman) materials.

In 2013-14 two complainants took their case to the Complaints Review Committee, (the same as in 2012-13). One complaint was abandoned. On the other, the recommendations from CRC and the service's actions to address them have been presented to the Social Care and Wellbeing Committee.

## **What are we going to do in 2014-15?**

### **In relation to statutory activity the Chief Social Work Officer is going to**

- monitor MHO activity and capacity in the service and facilitate joint working with Aberdeenshire Council;
- monitor the impact of increasing numbers of private guardianships on workloads and review capacity;
- ensure that powers under Section 13ZA of the Social Work (Scotland) Act 1968 are used through a formal, multi-disciplinary process and that decisions are recorded;
- commission an (internal) audit of cases where Section 13ZA has been used;
- plan succession arrangements for Agency Decision Maker roles;
- monitor the impact of the PACE programme on timescales in permanence planning for children;
- introduce four weekly, face-to-face reviews of secure placements with the responsible workers;
- ensure that all service managers undergo training in complaints handling and investigation, to achieve better outcomes

## 8. Service Delivery Highlights 2013-2014

The following are service delivery and performance highlights for 2013-2014. These have been chosen to reflect the variety of social work responsibilities and provision across care groups and are not intended to be exhaustive in scope.

### 8.1 Self Directed Support

Aberdeen City Council is well prepared for the implementation of the Social Care (Self Directed Support) (Scotland) Act 2013. Self Directed Support (SDS) is about ensuring that people of all ages with social care needs are helped to find support to live the way they wish to lead their lives, with the best outcomes possible, through exercising the fundamental principles of SDS, 'choice' and 'control'. SDS has the potential to be transform the way in which people have their needs met.

With annual funding from the Scottish Government from 2012 to 2015, a dedicated team has been planning and implementing arrangements for SDS. A Strategy and Workplan for 2014-2016 is in place. Participation of service users, carers and families has been crucial, through awareness raising events, a World Café programme and production of a film and DVD to share individual stories.

An independent information, advice and support service, I-Connect North East, has been commissioned as a user led organisation for development of SDS, offering practical solutions for managing the process and facilitating access to greater opportunities for people. The 'My Life' portal has been purchased as the Council's main public information system for SDS and will be running by autumn 2014.

All staff from the Children with Disabilities Team attended training with In Control on SDS with children, young people and their families. An SDS pilot with group of 22 children in 14 families during summer 2013 and a further 20 families in the Easter holidays 2014 received a test budget of £200 to implement a support plan with agreed outcomes. The success of this has led to the wider roll out of SDS.

The **SDS** summer pilot in 2013 helped to focus staff and families on children's skills and strengths to achieve the outcomes of their Support Plans. Parents said:

"We had flexibility in picking staff."

"Amazing for a small amount of money"

"I realise I'd underestimated my boys' ability."

"I liked being in control of my own budget – I want to do it again."

To enable individualised budgets, a Resource Allocation System (RAS) has been developed and implemented within our Adult Learning Disability service and an equivalency based model is being explored for other areas of service, where the challenges are greater. Significant work has taken place with staff across the Service, via briefings, awareness raising and training. Lessons from an Action Learning Set with Newcastle Council are helping to refine plans and processes. Whilst best practice already promotes a person-centred and outcomes focussed approach, Adults and Children's services will further adapt their assessment and

care management practices to incorporate full discussion of the options for SDS and ensure that people are enabled to make an informed choice.

## What are we going to do in 2014-15?

### In SDS we are going to

- develop and put in place the systems to support SDS for all user groups, in particular a RAS equivalent for older people; and
- ensure that people are supported by knowledgeable staff to make a positive, informed choice about SDS.

## 8.2 Children's Services



Population growth is putting pressure on all children's services in the City, already having seen a 28% increase in births from 2002 to 2012. In the five year period to February 2014, there has been a 10.5% increase in the number of children receiving a social work service, rising to 2073 in 2013-14.

There was an increase in referrals throughout 2013, with a peak in October to December. Over this period, referrals to Scottish Children's Reporter Administration (SCRA) increased by 50% from the previous quarter and changes brought about by the Children's Hearing (Scotland) Act 2011 have undoubtedly been significant, particularly the new Grounds of Referral to a Children's Hearing, "close connection with someone carrying out domestic abuse" and "a child's conduct being harmful to himself and other".

Further legislative change with the Children and Young People (Scotland) Act 2014 will impact on service planning and resources, including young people who are looked after having new rights to support up to age 21 and aftercare to age 26, enhanced entitlement to assistance for kinship carers and increased support for vulnerable children and families.

As a means to improve outcomes for children and families, meet demand and constrain growth, the **Reclaiming Social Work** model is being implemented with a three year programme that began in September 2013 (see below - Reclaiming Social Work under Service Improvement and Transformation).

With increasing demand, multi-agency responses become even more important. The multi-agency Integrated Children's Services Board, co-chaired by the Director/CSWO with the Director of Education, revised its structure in December 2013 to focus on improving outcomes, with six Outcome groups based on the SHANARRI Indicators – **S**afe, **H**ealthy, **A**chieving, **N**urtured, **A**ctive, **R**espected, **R**esponsible, **I**ncluded - plus a Performance Group that will develop the analysis of performance, monitor and challenge across Outcome groups.

GIRFEC is being implemented, from 2012, following the National Practice Model as a basis for intervention, supported by an Operational Guidance Toolkit. A group of children's social work staff has developed a Framework of 21 outcomes - Aberdeen 21 - to help staff assess and plan for children in a SMART manner. Staff have had training in understanding outcomes and are beginning to use the tool, though it is too soon to know how effective this will be.

Every child has a Named Person and single points of contact in Health and Education can identify who that is. The role of Lead Professional is in place. A Single Assessment and Plan is used for any child requiring additional support and an interactive version is being rolled out. A multi-agency training programme encourages continuous practice improvement and reinforces our integrated approach of the 'child at the centre/team around the child'.

Work needs to be ongoing to create and maintain a culture of understanding of different roles and responsibilities and collaboration among different professionals.

## Looked after Children

Of the 2,060 children's cases open to social work services at the start of 2014, looked after children made up 28%, 577 children. In the 10 year period to December 2013 the number of looked after children has increased by 28%.

Over 90% of looked after children are cared for in a 'family' home: 28% by parents, around 20% by friends/relatives, nearly 40% by foster carers, with about 4% in other community care. The remaining 9% of children in residential care is comparable to the Scottish figure.

Our strategic aim is to shift the balance of care in the placements used for children with a focus on improving outcomes. The number of foster carer households has increased by 12% from 2010 to 2013 and the children with foster carers by about 20%. In the past five years there has been a 50% decrease in the use of residential school placements, from a steady number of 40 plus down to around 20, through better scrutiny of decision-making and development of community based intensive support services as an alternative.

The Council runs six children's homes of 5-6 places each and two 'satellite' units of two places each. One unit refurbished in 2013 has yet to re-open as a result of recruitment difficulties. A new, six place purpose-built unit opened in August 2013, Marcburn House, is still to settle into its role as a permanent home for children, with emergency, short term admissions taking up most places.



A Review of children's residential homes, in terms of demand, use of premises and staffing, and planning for future needs is underway, but overdue, and will report to Committee with recommendations by the end of 2014.



**Children and staff enjoyed the official opening of our new residential home, Marchburn House, by the Lord Provost on 4 December 2014.**

Service developments continue in 2013-14, with establishment of a Young Women's Centre for girls and young women at risk of harm, through reinvestment of £200,000; and a Crisis Support Team that can access a short term, two place residential resource. Planning for young people requiring throughcare and after care is improving, with 62% having a Pathway Plan in 2013 (compared to 30% in 2010), and needs to go further, especially with young people who are harder to engage.

Educational attainment for looked after children is considerably lower than all other children's outcomes in Aberdeen, whether they are at home or away from home. Exclusion rates are among the highest in the country. Some young people on Compulsory Supervision Orders who have a range of difficulties and often have been out of mainstream education for some time are benefitting from attendance at social work services offering care and support with educational programmes, at Westburn and Craigielea Centres.

**Westburn Intensive Community Support and Learning Service** is working with 24 young people and 9 at S4 level have attained SVQ Access, 3 in English and Maths, 11 additional SVQs and 12 ASDAN qualifications. Similarly, **Craigielea Children's Centre** runs their Acorn Project working with 9 young people who have achieved National 4 qualifications in English, Access 3 levels in Maths and History, and ASDAN qualifications.

Reducing the use of residential schools, none of which are in Aberdeen, and improving attainment of looked after children are joint priorities with Education and the integration of our services will enable closer working on these issues. As part of the 'keeping in touch' (KIT) annual data review in schools in 2013, the attainment of individual looked after children was profiled, reviewed and challenged, and for KIT in 2014 their attendance will also be reviewed. In June 2013 the Education service launched an Inclusion Review that will conclude in August 2014 and as part of this a 'virtual school' is proposed, to focus on the totality of looked after children's education, to improve outcomes.

## What are we going to do in 2014-15?

### In Children's Services we are going to

- plan for the impact of legislation on extended entitlement to support for looked after young people;
- fully open the Young Women's Centre;
- conclude the Review of Residential Children's Homes;
- continue to reduce the use of specialist residential schools, with intensive community supports and more inclusive educational responses; and
- implement Reclaiming Social Work towards units being established from 2015.

## 8.3 Child Protection

The Aberdeen City Child Protection Committee (CPC) was established in June 2013, from the disaggregation of the North East Scotland Child Protection Committee (NESCPC) that covered three local authority areas. The CPC is the Safe Outcome Group of the Integrated Children's Services Partnership. The Director of Social Care and Wellbeing/CSWO is the appointed Chair.

From the NESCPC the North East Scotland Child Protection Partnership (NESCPP) was formed, with governance through the Chief Executive Officers Public Protection Group to which Child Protection, Adult Protection and MAPPA matters are reported by the committee/group "chairs". The NESCPP collaborates over the Child Protection Register, core training, policies and procedures and Serious Care Reviews, to ensure consistency of approach. For the North East, Aberdeen City holds and administers the Register, co-ordinates the core training programme and leads the organisation of the Partnership.

Following a multi-agency Child Protection Inspection in 2011, Phase 1 of an improvement action plan was completed in 2013 and the Phase 2 Action Plan has been designed and agreed, to be delivered through the Child Protection Sub-committee. The CPC considers performance information from the Register and the CP administration team, Police Scotland, SCRA, and the Alcohol and Drugs Partnership (ADP). The CPC has recognised the need for greater analysis of data from the Register and other sources, to strengthen its governance and improve planning.

The number of children on the Child Protection Register over time is variable with need (see Table 7). An increase was noted from 97 in October 2013 to 121 in December 2013. This spike in registrations coincided with the introduction of new recording procedures in Police Scotland, with the National Database of Vulnerable Persons, which commenced in September 2013, and saw a significant rise in the completion of Child Concern forms. (A similar increase was noted by our neighbouring authority, Aberdeenshire, over the same period.) The number of children on the Register fell to 108 in March 2014, a figure comparable to the Scottish average of around 3 children per 1000 population of 0-16 year olds. The lower number of 73 at 31.07.14 was partly the result of several sibling groups coming off the Register around that time.

**Table 7 Number of children on the Aberdeen CP Register 31.07.10 to 31.07.14**

	31.07.10	31.07.11	31.07.12	31.07.13	31.07.14
<b>Total</b>	99	96	86	92	<b>73</b>

Children remain on the CP Register only as long as necessary and over 90% are de-registered within 12 months and 50% within 6 months, a total of 186 in 2013-14. Twenty eight children, in 16 families, who were registered over the year August 2013 to July 2014, had previous registration history, with the time interval between individual registrations ranging from 8 years to 2 months.

The majority of children on the Register, 55%, are under 5 years old, including pre-birth registrations. Registering more children at a younger age and for a shorter period than previously may be evidence that we are responding at an earlier stage to children in need of protection and that the supports in place reduce the risks within a shorter time-frame. The joint Pre-birth Team is an addition to the social work service at Aberdeen Maternity Hospital and is ensuring that child protection issues are recognised and an effective response is at the earliest stage.

The main risk factors for children on the Register are emotional abuse 40%, neglect 36%, domestic abuse 36% and parental drug use 29% (at 31.07.13). Physical abuse is recorded as a risk factor in 18% and sexual abuse in 3% of cases. No children have been registered yet for reason of child sexual exploitation (CSE). The recent introduction of a recording mechanism for CSE concerns on the core Social Work record on Carefirst resulted in 14 children being identified as at risk of CSE.

'Abby's Room' was launched in September 2013 at Aberdeen's Integrated Children's Services Conference, as the Child Protection Committee's contribution, focussed on internet safety and its links to child sexual exploitation. 'Abby's Room' is a mock-up of her teenage bedroom alongside an extract from her Facebook account. 'Visitors' can rummage around the bedroom and compare what they have found out about her with what they can find out from a few Facebook posts, thus highlighting the actions of on-line behaviour in a physical rather than virtual way. The set and accompanying materials from the Child Exploitation and Online Protection Centre are available to schools, parent councils, staff groups and other agencies to promote social media safety and highlight the risks of on-line exploitation. The resource is well used and effective in its message.

The CPC is committed to self-evaluation and continuous improvement, with a number of exemplars to date:

- Aberdeen participated in 2013 in a pilot of the SCIE (Scottish Institute of Excellence) Learning Together Model to review the death of a child and actions on the findings are incorporated in the Phase 2 CP Action Plan. This was found robust but labour intensive and the feasibility of adopting this as the model for all Significant Case Reviews is under consideration.
- The CPC carried out a multi-agency case file audit in 2013, with 151 files reviewed across seven agencies. The audit found improvement in the assessment of need and risk across all agencies, good evidence of partnership working and contributions to effective planning for children, resulting in improved outcomes. Areas for improvement are included in the Phase 2 Action Plan.



- In early 2014 there was a significant increase in applications for Child Protection Orders, 12 compared to 13 in the whole of 2013 and 16 in 2012. Though all applications were granted, the CPC conducted a review of the 12 orders and found all applications to be an appropriate response, with assessments accurately identifying the risk of significant harm.
- The CPC considered the findings of the Scottish Government short life working group on CSE in December 2013 and commissioned the Community Safety Hub to carry out a mapping exercise on data, support, training etc. in relation to CSE.
- On taking up the position in November 2013, the CPC Chair (CSWO) introduced an element of self-evaluation to each CPC meeting to give a focus on learning, development and action in relation to priority topics, including new quality indicators, the impact of domestic abuse, child sexual exploitation, abuse of children with disabilities, information sharing.

## What are we going to do in 2014-15?

### In Child Protection we are going to

- develop our performance framework and analytical reports for the CPC;
- work collaboratively with the Alcohol and Drugs Partnership (ADP) to tackle issues for families with substance misusing parents; and
- extend our knowledge and responsiveness to Child Sexual Exploitation.



**All children have the right to be kept safe from harm.**

### Are you being harmed?

If you're worried about something, or if you don't feel safe, there are a lot of people who can help.

### Are you worried about a child being harmed?

If you think a child is being harmed, or is at risk of being harmed, you must report it. Remember, the child may not be able to tell anyone.

### To speak to someone or report concerns call

- 01224 306877 (Joint Child Protection Unit)
- 01224 693936 (out of hours)
- 101 Police Scotland
- 0800 11 11 (Childline)

<http://www.aberdeencity.gov.uk/childprotection/>

## 8.4 Youth Justice

The **Whole System Approach** (WSA) to youth justice In Aberdeen, an award winning pilot in 2010-12 and embedded since within the GIRFEC framework, is overall a success story. Youth offending has fallen from 2011-12 to 2013-14, with a reduction of 28% in the number of young offenders (see Table 8). Offence referrals to SCRA and Court proceedings for 16-17 year olds have reduced significantly (28% and 21% respectively in 2012-13 from 2011-12).

Table 8 Youth Offending in Aberdeen (source Grampian Police/Police Scotland)

OFFENDING	2011-2012	TOTAL	2012-2013	TOTAL	2013-14
<b>Offenders under 16</b>	644	1245	557	1035	<b>894</b>
<b>Offenders 16-17</b>	601		478		
<b>Crime Files linked to under 16yr</b>	1605	2656	1218	2034	-
<b>Crime Files linked to 16-17yrs</b>	1051		816		-
<b>Offences linked to under 16yrs</b>	2392	4004	1737	3082	-
<b>Offences linked to 16-17yrs</b>	1612		1345		-

Through collaborative working and shared decision making, the WSA offers early intervention for low level offences, diversion from statutory measures, prosecution and custody, and community alternatives. An Intensive Support Service (ISS) makes a range of provision available, including Barnardo's Connect service, the Foyer, APEX, and SACRO's Assertive Outreach, Court Support and Restorative Justice services. Social Workers undertake more direct work with young people and families.

The number of young people receiving an ISS, with a support plan that is reviewed weekly, has risen from six in 2011 to 23 in 2013, and is at 21 in 6 months in 2014. Over 100 young people are diverted from prosecution annually. The result is better outcomes with more positive futures for young people and safer communities.

In 2014 WSA processes will be reviewed and the approach strengthened. There is potential for development of a review process for medium risk offenders to prevent escalation of risk and for extension of Restorative Justice to more serious offending. Decision making and resource finding should be improved around alternatives to secure care and custody for the Court and Children's Panel, especially for 16-17 year olds who are on Compulsory Supervision Orders. Joint Protocols on use of custody and social work's welfare response need to be re-negotiated, in the light of changes with Police Scotland practices. The ISS needs to be more 'intensive' in relation to measures to tackle persistent offending, including car crime. Closer working and learning from adult Criminal Justice in relation to youths 16 years and over would be beneficial. The Responsible Outcome group will take the strategic overview.

## What are we going to do in 2014-15?

### In Youth Justice we are going to

- recommit to and strengthen the Whole System Approach across agencies;
- develop further intensive support options and restorative justice;
- improve communication and procedures around custody of young people; and
- work more closely with Criminal Justice Social Work.

## 8.5 Criminal Justice Social Work

The Director/CSWO attends bi-monthly meetings of the Northern Community Justice Authority (NCJA) which disburses the funding from Scottish Government, prepares the area plan for reducing offending and has oversight of the performance of Criminal Justice Social Work (CJSW) over four mainland and three island authorities. A Joint Officer Group provides leadership on strategy, policy and planning, and training. With announcement of the 2016 date for CJAs to be disbanded, Councils will be considering alternative arrangements under Community Planning but there is a desire among NCJA members to maintain a degree of collaborative working.

In the Northern CJA area, recorded crimes and reports to the Procurator Fiscal have decreased from 2011-12 to 2013-14 by about 18% and 5% respectively, resulting in fewer people appearing in Court. For Aberdeen CJSW the number of Reports to Court decreased a little from 1586 (including 201 supplementary reports) in 2012-13 to 1550 (including 152 supplementary reports) 2013-14, with 99.5% submitted on time. Though the number of reports is down, the service finds that they are dealing with more complex situations so find there is no time saving.



Community Payback orders were introduced in 2011 as an alternative to custody (Criminal Justice and Licensing (Scotland) Act 2010). In Aberdeen the number of Community Payback Orders has increased by 7 % and the Unpaid Work hours by 21% from 2012-13 to 2013-14 (87% and 66% respectively from 2011-12). (table 9)

Since October 2011, Aberdeen has been piloting Fiscal Work Orders, as an alternative to prosecution with a financial penalty, for 10 to 50 hours to be completed in 6 months. An evaluation found high completion and reduced breach rates; diversion from offending; references offered by placement employers; and around 10% of individuals returning to their work placements to undertake voluntary work after completing their order. The Procurator Fiscal determines the use of FWOs, which decreased in 2013-14 by 45% from 2012-13. Scotland-wide roll-out of FWOs is expected in 2014-1015.

**Table 9 Criminal Justice Social Work Activities**

ACTIVITY	2011-2012	2012-2013	2013-2014
Community Payback Orders	540	945	<b>1011</b>
CPO Requirements	1013	1496	<b>1542</b>
Unpaid Work Hours	52882	62183	<b>75649</b>
Fiscal Work Orders	37	105	<b>58</b>

Reconviction rates for women offenders reduced steadily by 10% from 2007-08 to 2010-11 in Aberdeen City and Aberdeenshire area, compared to 3.5% for overall reconviction rates (available combined Court figures). A focus on women offenders has been maintained from 2010-11 with funding from the NCJA, £45,000 in 2013-14. Investment in this area of activity has been significantly increased following recommendations of the Women Offender’s Commission in 2013 and successful bidding by CJ Social Work to the Scottish Government for funding in 2013-14 to develop a Women’s Centre. In addition to our community based service, our Women’s Support Workers are meeting with all Aberdeen women in any Scottish prison on a regular basis. This is having the desired result of 100% take up of voluntary aftercare by those offered.

In January 2014 HM Prison Aberdeen closed for the opening of HMP and YOI Grampian, at Peterhead in Aberdeenshire. In the new prison, 55% of short and long term convicted prisoners, 57% of the untried population and 41% of the female population are from Aberdeen City (September 2014 figures). The travel distance is 42km and the travel time is around 1 hour or 1hr 20min by bus, making family visits more difficult. APEX Scotland is supporting the Scottish Prison Service with a successful ‘Virtual Visits’ project for family contact based in Aberdeen that had nearly 700 visitors, 120 of these children, in the first six months. With journey times now a consideration, direct contact by CJ social workers with prisoners may be less frequent but priority is given to Case Management Board and Community Integration Plan meetings.

The **Women’s ‘Centre’** in Criminal Justice has been established with funding from the Scottish Government of £249,732 in 2013-14. Run from existing CJ premises at present, it will move to a new, dedicated base by 2015. The Centre is delivering our Connections Women’s programme, support services, group work and a drop-in, the Connections Café where women meet in a safe environment and can be involved in making crafts that they will sell to raise funds for local charities. A community nurse attends the Cafe each week to support the women with health issues. Though current space is limited, 78 women are engaging positively and receiving services. Women are encouraged to consider the connections that they have with others and their communities in planning for a realistic and achievable future. They are often keen to maintain contact and friendships they have made once their programme is complete. The Women’s Centre will be evaluated.

Of their experience, the women have said:

“The Connections programme has helped me massively with my relationship.”

“The Programme has improved my confidence.”

“I know it’s okay to express my emotions.”

“I’ve hung up my carrier bags.”

(made for shoplifting)

## What are we going to do in 2014-15?

### In Criminal Justice we are going to

- open the Women's Centre in new, permanent premises; and
- plan for the future of CJSW under Community Planning, post NCJA.

## 8.6 Substance Misuse

Substance misuse is highlighted as a concern across social work and other public services in Aberdeen. This is an area where collaborative working across adult and children's services and with partners is essential. The Director/CSWO attends the ADP and the Head of Adult services chairs the Tasking and Coordinating operational group. The ADP Coordinator is a member of the Child Protection Committee.

Of particular note is the incidence of drug misuse in the population, above the national average at 2.3% compared to 1.7%, that impacts on lives from pre-birth onwards. The incidence of infants born with neo-natal abstinence syndrome in Aberdeen is 12.5 per 1000 live births, more than double the national rate of 5.6 per 1000. A pregnancy protocol ensures early identification of the need for intervention with parents and babies and the Early Years Change Fund has been used to establish a joint social work and health Pre-birth Team.

In November 2013 the ADP hosted a two day conference to improve understanding of Foetal Alcohol Spectrum Disorder and create a care pathway. Adult services staff have participated in training on assessing parenting capacity and neglect and in use of the Assessment Tool for Neglect, and child protection training is mandatory. Jointly the CPC and ADP have planned a development event for September 2014, to consider the challenge of timescales for recovery of parents engaged in substance misuse programmes versus the needs of children for decisions about permanence in their lives, an issue that will become more pressing with the PACE programme.

In 2013-14 use of New Psychoactive Substances (NPS), known as 'legal highs', has been of growing concern to the Alcohol and Drugs Partnership and to the Council. NPS is one of the 2013/14 ADP Ministerial priorities with improvement goals to '*Develop a local understanding of the prevalence and impact of new psychoactive substances in ADP areas based on locally available information and experience*'.

In response, Aberdeen ADP was instrumental in forming the Pan-Grampian NPS monitoring group in 2013, bringing together local partners to gain understanding of NPS use. The Council has debated the issue and taken a report from the ADP. In 2014 the Council's Citizen's Panel of 890 people was surveyed, with a 76% (672) response rate, as to people's knowledge of NPS. Of the respondents, 75%, rising to 85% for 16 to 34 year olds, had heard of NPS, mainly through the media.



A visible aspect of NPS, or 'legal highs', is at least five 'Head-Shops' known to be operating in Aberdeen City, openly advertising and selling NPS products under the label of 'not for human consumption'. Trading Standards officers are monitoring their activity. The indication is of a mixed demographic across a wide age range using NPS, including those with previous experience of drug use. NPS use has been seen among school age and some looked after children. In March 2014, the Aberdeen ADP with Police Scotland sponsored an event, "Not for Human Consumption", run by Transition Extreme and aimed at secondary school pupils. This event was very successful and an evaluation confirmed that innovation in terms of engaging young people, and other target groups, is vital regarding NPS. The ADP is organising a public campaign which will be taken forward during 2014.

## What are we going to do in 2014-15?

### In Substance Misuse we are going to

- support collaboration between the ADP and the CPC in relation to recovery of substance misusing parents and the protection of and planning for their children; and
- monitor the impact of NPS or 'legal highs' in the City.

## 8.7 Learning Disability

Learning Disability Services are completing a whole-system transformation programme that commenced in 2010. A number of distinct elements, much of which were implemented contemporaneously, have delivered the following:

- **staff development programme**, focussed on outcomes in assessment and care planning, shifting from a service-brokerage model to a more personalised co-production model, with modules ongoing;
- **community engagement programme**, ongoing but with a concentrated focus during key transitional phases of the overall transformation programme, such as the introduction of Self Directed Support;
- **service provider engagement programme**, particularly in relation to the shift from block contracts to an SDS model of individualised budgets, and vital as more than 75% of accommodation-related support is from external providers;
- **retendering of specialist LD accommodation services** from 3 providers to a more cohesive model under a new, single provider organisation;
- **re-organisation of in-house services** to rationalise accommodation into a single 'estate', allow for staff resources to work across services and for shared process and systems to be introduced, reducing cost by £1m per annum;
- **reprovisioning of day services for those with highest needs**, with a capital project underway to build a new community resource and day centre to expand services and opportunities, to replace the existing Rosehill Centre;
- **Resource Allocation System (RAS)**, developed and tested over three years and now implemented as the platform for the transparent allocation of funding to support the delivery of more personalised provision under SDS;
- **Support Services: iConnect NE**, a new, independent charity to provide advice, guidance and support for those wishing to explore SDS opportunities;

- **independent scrutiny** by the Council's Internal Auditor who has praised the transformation programme, levels of preparedness for SDS, and the consultation and engagement with key stakeholders throughout the process.

The learning disability transformation programme will have achieved £25m in savings over 5 years to 2015. These savings were agreed as part of the corporate Priority Based Budget (PBB) process.

## What are we going to do in 2014-15?

### In Learning Disability we are going to

- complete the service transformation programme and achievement of the expected PBB savings.

## 8.8 Older People

### Joint Commissioning Strategy

The first Joint Commissioning Strategy for Older People was produced in May 2013, with the vision statement addressing older people's aspirations:

*"To work with you to make Aberdeen a great place to grow old and flourish by maximising choice and promoting independence."*

The Strategy takes the Community Planning Outcomes as its commissioning themes: **Healthier, Safer, Wealthier and Fairer, Smarter, Greener.**

Its overall priorities are consistent with those of the national Reshaping Care for Older People Programme, to shift the provision of care and treatment towards home and community settings and as close to people as possible.

The Partners' commissioning intentions are set out against each theme for the years 2013-2016, and beyond to 2023 long term commitments are outlined. The Integrated Operational Management Group developed a 3 Year Action Plan and is responsible for overseeing its implementation.

The Strategy and the extensive consultation process that led to it were commended by the Joint Improvement Team (JIT) for the innovative approach to planning. A workshop programme on joint commissioning with JIT was aimed at supporting the implementation. Though service redesign and improvement are expected to be within existing resources, a weakness of the Strategy and the Action Plan is that neither is costed. The difficulty of identifying and disaggregating older people's costs from universal NHS budgets continues to be a barrier to joint commissioning where reinvestment is needed for redesign.

In 2014, the planning for health and social care integration has been to the forefront and this combined with staff changes and reduced planning capacity has led to some loss of momentum in implementation. The Strategy will, however, provide a basis for the Strategic Plan in relation to older people's services.

## Shifting the balance of care

Shifting the balance of care to enable more people to live at home or in homely settings is a long standing strategic objective that is subject to market forces in supply of care that have challenged the social care system since 2012. Recruitment and retention problems have become chronic and the reliance of the Council on externally purchased services adds an extra degree of vulnerability in providing for older people. This is impacting on waiting times for care and on discharge from hospital. Our multi-agency approach to tackling capacity problems in social care is described at 10.1.

Delayed Discharge remains a challenge and the national standard for 0 delays over 4 weeks is not being achieved, though the flow of people supported to leave hospitals is steady. The introduction of a 2 week standard will only add to the pressures on services. Aberdeen was a top performer in meeting the previous 6 week standard for its duration but from 0 discharges delayed over 6 weeks at 1 April 2012 and 2013, Census data shows 36 people were delayed over 4 weeks and 30 over 6 weeks at 1 April 2014. A similar number of people are waiting for a care home place as for care at home, around 40% each of those delayed. Waiting for an assessment was the reason for delay in only 5% of cases, demonstrating the commitment to preventing delays. Though there are inconsistencies and issues with discharge practices within hospital wards, the main reason for delays is the shortage of care to meet demand.

In relation to care home provision, in 2013-14 home closure has taken around 80 beds out of the system, embargos on admissions because of staffing problems or poor standards have been affecting 3 to 4 care homes at any time and several care homes have ceased offering publicly funded places, all contributing to delay in admissions and in hospital discharge. While the planned use of homes with nursing care is decreasing year on year as people are supported at home, demand for residential care and respite care remains steady and at times outstrips availability, particularly for people with dementia.

Because of recruitment issues, care at home providers are not able to fully meet the demands from an increasing number of people with complex care needs who require services through the day, evenings and weekend, often with two carers for multiple daily visits. There are some 'hot spots' in the City where lack of local provision makes delay in securing care more likely. Increasingly complex demand and pressures of resource finding place a strain on capacity in care management teams, who show a high degree of persistence in trying to source care, and this will be taken into the budget setting process.

Nonetheless, the number of emergency admission bed days occupied by people over 65 has fallen year on year from 2008, and fell by 20% from 2011-12 to 2013-14. In this period bed days fell by 28% for both groups aged 65 to 74 and 75 to 84 years, and 10% for the most frail group of people 85 and over. Aberdeen is now among the top performing partnerships in this respect. (source ISD) This achievement is the result of effective community measures.

Social Care and Wellbeing has been making significant investment in residential rehabilitation at Rosewell House, to prevent hospital admissions and support



discharges, in enablement and Telecare to support independence, and in active ageing and wellbeing as preventive measures. (see below – Enablement under Service Improvement and Transformation) Collaboration between Social Care and Wellbeing, Housing and Bon Accord Care saw the opening in January 2014 of a new, 20 place, intermediate care facility. It replaces and improves on the former Smithfield Court rehabilitation service. Change Fund programmes have reduced falls, improved medication management and provided additional AHP resource at the ‘front door’ to prevent hospital admissions. Anticipatory Care Plans are embedded in GP practice and are becoming more effective with care management and multi-disciplinary input.

**Clashieknowe** offers accommodation with an individual rehabilitation programme to support people in transition home from hospital, for up to 12 weeks, in 12 modern bedsit flats, six wheelchair accessible flats and a larger two-bedroom, self-contained flat allows a family to be together. The support and rehabilitation is provided by Bon Accord Care. Clashieknowe was adapted from a sheltered housing complex with the project delivered by the Council’s Architectural, Asset Management and Building Services teams at a cost of £1m. Anticipated cost savings from this service are £1.5m. It is believed this facility is the first of its kind in Scotland and there has been keen interest and enquiry from other Councils.

## What are we going to do in 2014-15?

### In Older People’s services we are going to

- review the Joint Commissioning Strategy and Action Plan and take action on priorities;
- provide new opportunities for older people to meet their chosen outcomes through SDS;
- continue to work with partners to address capacity issues and develop the social care workforce; and
- lead on more integrated approaches to prevention of admission to hospital and discharge.

## Active Ageing and Wellbeing

The significant achievements of a recently formed Wellbeing team were featured in the CSWO Annual Report in 2012. Since then, the reach and influence of this small team has grown considerably as a force for prevention and early intervention.

Taking an asset based approach, the team develops resources and initiatives to promote physical activity and wellbeing, with social opportunities, and through partnership working with other agencies is able to put these on a sustainable footing. Aberdeen Sports Village, Sport Aberdeen, The Robert Gordon University, the Health Village, Aberdeen Football Club, Cornhill Hospital, Environmental Planning, Alzheimers Scotland, Addaction, care homes and third sector groups are among the organisations now offering physical activities and other events and opportunities to increasing numbers of older people across the City. The benefits are to people’s physical, mental and social wellbeing.

Working collaboratively with The Robert Gordon University, initially over the installation of Technogym equipment at the University sports centre for use in older people's sessions, has brought active ageing to the attention of applied Sports Science students who now must deliver Technogym sessions as part of their course. Several have been recruited to the Wellbeing team. The Technogym project is being evaluated.



The **Golden Games** won the 2013 APSE, Association for Public Service Excellence, Award in the Best Health and Wellbeing category for the Wellbeing team, in partnership with Sport Aberdeen and the Sports Village. From a two day event in 2011 with around 80 participants, the Games grew to a three day event in 2013 with 360 people taking part in 23 sports across 18 venues. Participants are of all abilities and mostly over 75 with a few over 100 years. In June 2014, a four day event will offer 30 free activities over 27 venues to even more older people. Many activities are ongoing throughout the year.

Margaret, 88, has signed up for 6 activities - wellbeing circuits, croquet, Otago strength and balance, Friskis & Snettis Swedish aerobics (shown), ten-pin bowling, and the end-of-games social event at Pittodrie. Margaret says

“I like to try anything new... It gets you out and about and keeps you fit. I really enjoy the exercise and also meeting other people. So it's a social and exercise thing.” Margaret maintains an active lifestyle and takes part in Robert Gordon University's weekly keep fit and circuit classes for people 55 and up, which help her with general strength building and balance.

## What are we going to do in 2014-15?

### In Wellbeing we are going to

- attract more older people in hard to reach groups and areas to take part in wellbeing activities and events;
- develop the range of wellbeing opportunities in local communities and in other settings for people with dementia and their carers; and
- explore the possibilities for extension of wellbeing approaches to adults with long term conditions; and
- develop research and evaluation opportunities with the Robert Gordon University.

## 8.9 Adult Support and Protection

Aberdeen City Adult Protection Committee (APC) shares an Independent Convener with Aberdeenshire and Moray APCs. This helps to facilitate consistency between the agencies across the Grampian Adult Protection Partnership. Through the Grampian ASP Working Group, three APCs develop and maintain the Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm, and this contributes to the success of multi-agency working. This is due to be reviewed in 2014-15.

The Head of Adult Services is the Adult Protection lead for the Council. Around 110 Council Officers have been trained to a level that allows them to carry out adult protection investigations and discharge specific legislative functions. A rolling programme of training is in place to ensure a supply of Council Officers and the Council has invested in advanced training from The Robert Gordon University, for two cohorts of 20 officers, in 2012 and 2013.

The APC is delivering on the 5 National Priorities for Adult Support and Protection (ASP): Financial Harm; ASP in A&E; Service User and Carer Involvement; ASP in Registered Care Homes; and Data Collection. The new national ASP Dataset has been incorporated into the Aberdeen Adult Protection Unit (APU) reporting mechanism, which produces a full suite of information for monitoring, management and development purposes. Raising awareness of ASP remains a local priority, using a variety of means and ongoing efforts to promote awareness are resulting in increased referrals from the public, care homes, care at home staff, and NHS.

A significant proportion of ASP referrals relate to financial harm, including fraud, theft, misuse of Power of Attorney and scams. Work on a list of over 380 people who have potentially been victims of scams, made available via the National Scam Hub, commenced in November 2013 in partnership with the APU, Police Scotland and Trading Standards. The initial step was to check the names on the list against those known to Social Work, Trading Standards, on the electoral roll, in receipt of benefit; the Police Scotland Vulnerable Persons Database; the Police Scotland crime recording system; and known to be deceased. All those in current contact with Social Care and Wellbeing and those for whom there was intelligence to suggest greater vulnerability were visited by social work staff to make sure that they received assistance in relation to any financial risks. This work has already identified a number of adults who have been subject to scamming activity, often with loss of considerable sums. To support this work a successful application was made by Aberdeen on behalf of the Grampian Partnership to the Scottish Government for the purchase of call blocking units.

Older people (65 years and over) account for almost half of the ASP referrals, followed by people with learning disability and mental health issues. Physical harm was the most common concern, in 24% of reports, followed by financial harm, in 20%, with neglect, self-neglect and harm, and psychological harm also prominent. Use of alcohol and/or drugs features in 64% of referrals. The main 'location of harm', 60%, remains the adult at risk's own home, though 25% of referrals were of people living in a care home.

From 2012 to 2014, eight Large Scale Inquiries were conducted in care homes in Aberdeen, three more than in 2010-2012. Close working takes place on these with the Care Inspectorate, NHS, and care home, with Police involvement as necessary. The APU has developed a Large Scale Investigations Protocol, which reflects the expertise that has been developed in Aberdeen in managing ASP concerns in all registered care settings and in the NHS, and this was adopted by the Grampian Adult Protection Partnership in January 2014.

Around 40% of referrals continue to formal ASP intervention by Initial Inquiry, with only 5% of these proceeding to Full Investigation. The remainder of referrals are often redirected to social work services for assessment and support or to other relevant services/agencies. There is clear evidence from local audits that provision of immediate supports at Initial Inquiry stage often addresses risks of harm at an early point, thereby reducing the need for more substantive ASP intervention.

## What are we going to do in 2014-15?

### In Adult Protection we are going to

- continue the particular focus of ASP on registered care settings on financial harm; and
- improve awareness, engagement and involvement of service users and carers.



### Are you being harmed?

If you are unable to protect yourself from being harmed it is important to tell someone.

### Do you know of someone who is being harmed?

If you think you know someone who is being harmed, or is at risk of being harmed, you must report it. Remember, the person being harmed may not be able to tell anyone.

**Everyone has a right to be safe**

### To speak to someone or report concerns call

- 01224 522 055 (Social Work Duty Team)
- 01224 693936 (Out of Hours)
- 101 Police Scotland
- 01224 79 38 70 (Care Inspectorate)

[http://www.aberdeencity.gov.uk/social\\_care\\_health/community\\_care/car\\_vulnerable\\_adults.asp](http://www.aberdeencity.gov.uk/social_care_health/community_care/car_vulnerable_adults.asp)

## **9. Users, Carers and Stakeholders**

In April 2013, we held a Key Stakeholders event, attended by over a hundred people, including representatives of service users and carers, voluntary sector groups, our public sector colleagues, service providers and our own staff. We used this event to undertake a stakeholder analysis, where we asked what the Council should be doing, and also asked those present to consider what their contribution to our outcomes and priorities could be. This informed our Business Plan for 2014-2017. We followed up this event in November 2013 with our 'Top 20' stakeholders, to ensure that they are informed of key strategic and service developments, in particular SDS, health and social care integration, and Reclaiming Social Work. A further meeting will be held in 2014.

Service users and carers, citizens and providers, have participated in a range of engagement and consultation events in 2013-14: workshops on a revised Non-residential Charging Policy; SDS events; the Older People's Consultation and Monitoring Group on the topic of integration; City Voice/Citizen's Panel surveys on NPS/'Legal Highs', Wellbeing of Older People, Physical Activity, Quality of Life; the children's Residential Review; various Aberdeen City Youth Council consultations; development of a Dementia Strategy.

An Integrated Children's Services Participation Strategy was approved in April 2013. A Communication and Engagement Strategy in relation to health and social care integration is in development.

### **9.1 Corporate Parenting**

Aberdeen City Council aims to ensure that there is no discernible difference between the outcomes of children and young people who have been looked after and their peers who have not. The Council's Corporate Parenting Policy provides a framework for directorates and their respective services to identify specific actions and interventions to close the gap between looked after children/young people and care leavers and their peers.

To fully implement the Corporate Parenting Policy and recognise this responsibility across the public sector, the Corporate Parenting Champions Board, made up of Chief Officers across the public and third sectors and the chair of the Youth Council, held its inaugural meeting in February 2014. This was followed with a workshop led by Who Cares to understand the needs and expectations of children and young people. Children and young people are supported by the Children's Rights Officers to present their views to the Champions Board. The Young People's Participation Group provides a forum where young people can come together identify issues to take to the Board but participation has been inconsistent and new approaches need to be tried to encourage young people to become involved. Being responsive to their representations will be an incentive.



Young people told the Champions Board that not having access to the internet in children's homes made them different from most children and young people who are not looked after. The CSWO undertook to remedy this and the service is working closely with ICT to put Wi-Fi into the homes. An acceptable internet use policy is being developed and staff training provided for the safe use by our looked after children. 'Abby's Room' is another resource to promote awareness of on-line safety.

The **Family Firm** Policy offers a variety of apprenticeship and intern opportunities for looked after young people. It is underpinned by the GIRFEC national practice model and aims to make the needs of ACC's looked after children a priority and seek for them the same outcomes that would be sought by any good parent for their own children. Each young person is supported through their placement and with any additional training or qualifications they pursue. A Young Employee Support Group is being set up between Social Care and Wellbeing and HR for all young employees.

The Family Firm approach is being enhanced with the launch in 2014 of Aberdeen Guarantees, a scheme to ensure every young person leaving education has an offer of employment, training or education, which will circulate opportunities to looked after or previously looked after young people.



**Ten young people have been on the Family Firm intern programme, four are long term interns, with one progressing to a promoted post and two due to start college in 2014.**

## 10. Workforce Planning

The public sector generally in Aberdeen faces challenges in recruitment of staff. In Social Care and Wellbeing, there are few experienced applicants for professional posts and, especially in children's services, recruits are often recently qualified. Shortage of residential child care staff has held up the opening of a children's home after refurbishment. Promoted posts at any level attract few applicants and particular posts with 'acting up' arrangements remain unfilled on a permanent basis, despite middle management salary levels that are higher than the norm.

The Council approved its Workforce Plan in February 2014 and for social care set out the workforce needs relating to the skills staff require to meet the legislative agendas of personalisation and self-directed support, the implementation of Reclaiming Social Work and the skill mix, and the need for new skills to meet organisational goals. Requirements for Registration of staff with SSSC are taken into account, though the number of staff under new categories of registration has decreased considerably for the Council with the move of staff to Bon Accord Care in 2013.

The Workforce Plan will be supported by the service's Learning and Development Plan which is being reviewed to meet the continuous learning needs of all staff and ensure they have the skills to meet service demands. In addition, the Council offers an extensive development programme for staff at all levels and the new Springboard scheme provides an in-house careers and executive coaching service, available to all council employees. With recruitment issues in Social Care and Wellbeing, staff are encouraged to take all possible opportunity for skill development, as a 'grow our own' strategy.

At the operational level, we have a SMART Supervision policy linked to the Scottish Social Services Council's (SSSC) continuous learning framework, which ensures that social work staff receive professional supervision to support the development of their professional practice. The supervision policy is linked to a Performance Review and Development (PR&D) scheme, which has been adapted from the Corporate scheme to support social work staff. From 2013 annual increments in pay scales are linked to positive performance as assessed through PR&D.

### 10.1 Workforce Planning – the independent sector

Interest in workforce development extends to the independent sector as recruitment and retention difficulties there are impacting significantly on capacity for service delivery through commissioning. The Director/CSWO chairs a multi-agency strategic Workforce Group, set up in 2012, to tackle recruitment and retention problems in social care, particularly in older people's services.

With support from the Change Fund and DPW, a Care Centre of Excellence was established in 2013 to link employers with potential employees who receive core training and work experience for entry into social care jobs. Other initiatives to build skills and improve retention include increased access to SVQ training, development of new SVQ modules, a care 'passport' for training, internships for AHPs, and

introduction of enablement approaches (see below Enablement under Service Development and Improvement).

Further collaborative developments will include exploring the use of mobile technology to deliver training, with SSSC; pathways for students to jobs in care, with Aberdeen College; media promotion of care as a career; and a survey of recruitment and retention in the independent sector, commissioned from the Chamber of Commerce. Such efforts will need to be maintained as solutions to capacity problems are not short term.

**The Care Centre of Excellence** is funded by the Older People's Change Fund with a contribution from DWP. As a partnership between Aberdeenworks, the Foyer, DWP and the Council, the project supports the recruitment and retention of health and social care workers in Aberdeen. Participation of potential employees is on a voluntary basis and individuals may disengage at any time with no sanctions or loss of benefit. Around 30 employers have signed up to the project to offer placements and jobs to those suited on completion of core training. In 2014, in six months the project had contact with about 300 people, of whom 88 were employed, 33 have job offers and 44 are in receipt of ongoing support. Around 90% of those who are found employment are still in post after 3 months. DWP will continue to support the project post Change Fund. Employers have commented:

“The ones we have recruited so far have worked out well”

“I think The Care Centre of Excellence does an excellent job for employers.”

[www.carecentreofexcellence.com](http://www.carecentreofexcellence.com)



## **11. Service Improvement and Transformation**

### **11.1 Reclaiming Social Work**

The Social Care and Wellbeing Committee approved a report in September 2013 to progress the implementation of the Reclaiming Social Work model in Aberdeen. The Head of Children's Services is leading the planning and implementation through three workstreams - HR, Communications and Systems. A multi-agency Programme Board is chaired by the Director/CSWO for governance. An Operational Group ensures that staff at all levels are engaged in the planning and implementation. Consultancy support is coming from the originators of the model in Hackney.

Full implementation of the programme is expected to take up to 3 years, with the first of the new delivery units operational from January 2015. An extensive training programme is underway to prepare staff for new roles and ways of working. The first two cohorts of 60 practitioners are undertaking 18 days training, followed by an assessed assignment, and managers attend a 3 day course. A costed structure plan will be presented to Committee for approval by the end of 2014.

A significant restructure of the service will move it from a traditional team model with individual social workers managed by a Team Manager, to generic units with a smaller number of staff working directly with a managed number of children and families. Two caseload weighting exercises and workforce analysis have been undertaken to determine the optimum number of units and staffing redesign. As the functions of specialist teams will be absorbed into the new generic units, there will be a need to ensure that skills and expertise in areas of youth justice, throughcare, permanence and disability are not diluted but developed in more staff through training and practice opportunities.

The adoption of a small unit as the service delivery vehicle will mean that there are no families dependent on the service provided by just one practitioner. In the existing team model the service received by families is only as good as the individual social worker. The new model will ensure a sharing of assessment, planning, intervention and review within a group of staff with enhanced skills in effective interventions with children and families. Consistency of approach will come from the use of one theoretical and practice model, systemic practice.

The aim is to improve outcomes for children and help families to make positive changes to their lives, keeping more children at home with fewer being accommodated. Staff will benefit in terms of improved practice skills, greater support and job satisfaction from more time for direct work with families. The financial investment in this new model is expected to result in more effective targeting of resources and to constrain growth in demand for more complex and costly services.

As the model is implemented, ways of strengthening links with Adult services, in particular substance misuse and Criminal Justice, and with other partner agencies will be explored.

## 11.2 PACE - Permanence and Excellence in Care

Aberdeen City has adopted the PACE - Permanence and Excellence in Care - programme. This is part of the effort across Scotland supported by Scottish Government and CELCIS (Centre for Excellence for Looked After Children in Scotland), to address drift and delay in the permanence process, as highlighted in the Scottish Children's Reporter Administration (SCRA) report, "Care and Permanence Planning for Looked after Children in Scotland", March 2011, which includes decision making and implementation as key areas for improvement.

The Aberdeen project started in March 2014 with the aim that

- 90% of children in Aberdeen City will be presented to the Adoption and Permanence Panel within 12 weeks of the LAC review recommendation to rule out rehabilitation to parental care, by 31<sup>st</sup> December 2014.

Baseline data for April 2012 to March 2013 showed that this process took an average 38 weeks and affected around 60 children per year.

The project is being run alongside work to progress the sister aim (the next part of the process):

- 90% of children in Aberdeen City aged 0-5 years will be in their final placement within 12 months of the decision to pursue permanence, by December 2015.

It is early days for results and the benefits to children to be reported but they are indicated. The use of the Single Assessment Report, to save time by streamlining and simplifying reporting, is allowing the Panel to make faster, informed decisions about permanence planning, in the first 14 cases the latest of these children went to the Panel in only 5 weeks. A record of activity is being used to evaluate tests of change in the decision making process. A Timeline is maintained to provide focus on Key Milestones for the child.

This work supports Aberdeen's vision: "Every child is settled and happy at home".

## 11.3 Enablement for Older People

The Enablement Project, led by the Development Officer for Scottish Care, was set up in 2014 under the Older People's Change Fund to work with independent sector providers to bring an enablement approach to care homes and care at home provision, through developing the staff skills base and promoting behaviour and culture change. This is a person centred and outcomes focussed approach that aims to promote independence and self-management and, where possible, to release resources to be used elsewhere.

A partnership approach is being developed with Scottish Care, Bon Accord Care - enablement team, Social Care and Wellbeing - care management, the NHS and the pilot providers, presently three private care homes and two care at home agencies. By partnership working, the Enablement project aims to be a whole system approach that will problem solve, learn and share, build an evidence base and improve the 'enablement pathway' for better outcomes.

Project staff (in the main OTs) are establishing baselines and collating outcome measures using a range of tools. They are training care staff to put in place individualised 'support plans' that detail a 'recipe' method of enablement that reflects the service user's wishes and strengths, that all staff can follow consistently.

Individual stories of increased independence and improved quality of life for people are being gathered. Qualitative data from one care home describes over three months a noticeable change in staff motivation, improved staff retention (only one person left), reduced complaints and relatives and residents happier with their experience at the home, and "dramatic and continuing results for residents, not just improving mobility but overall quality of life" (the Manager).

It is essential to the success of this approach that care management is able to review care packages and make adjustments quickly to reflect change in need and release care time. Some additional capacity is to be funded from the Change fund to address this and care managers have attended awareness training in enablement.

The next stage proposed is a test of change to offer 'slow stream' enablement in a longer period of intervention than intermediate care services are providing.

The Director/CSWO and the Development Officer have met with the Care Inspectorate to discuss providers' concerns about aspects of enablement that may be contrary to Inspectors' expectations. Assurances have been given of the Care Inspectorate's interest in learning from and supporting the Enablement project.

### **Anna's Story**

**Background:** Anna is a lady with very advanced Dementia who lives in an EMI unit. She no longer communicates with language. Her mobility steadily decreased over time and for two years she has been transported in her Kirkton Chair. Her left arm is severely contracted. She has a pureed diet but is able to feed herself with her right hand. She needs encouragement to eat. She received assistance with her personal care though she can help wash.

**Aim:** To enable Anna to regain some mobility and improve her daily function.

**Enablement Story:** Anna's keyworker realised that she was still able to walk the three to five steps from chair to bathroom and chair to bed. Staff started a programme of placing her chair further from her bathroom and bed encouraging Anna to walk with the moderate assistance of two staff. Over the next 10 days, Anna began walking longer distances with assistance of two staff. In two weeks, she was walking from the bedroom to the dining room where she sits upright in a dining chair. Her Kirkton chair is now used as an armchair.

**Outcome:** The increased physical activity has increased Anna's appetite. She is drinking much more and her kidney function has improved. She is smiling. Her daughter says that she cannot believe the transformation in her mother.

**Recommendations:** Anna is impatient now in walking with two staff. so they will begin a programme of walking short distances with one staff and refer to the Physiotherapist for review and a possible mobility aid. Apparently, there is no medical reason why Anna's left arm is contracted and the keyworker will liaise with Nurse to investigate potential enablement of Anna's left arm.

## 12. Key Challenges for 2014-2015

The year ahead presents a number of challenges in meeting national and local policy agendas, responding to demand pressures and workforce issues, and implementing new structures for adult and children's services.

- The planning and implementation of arrangements for Self Directed Support will continue, to meet the challenge of delivery across care groups, in particular on a scale to offer choice and control to older people, taking account of the market in social care.
- The implementation of Reclaiming Social Work will proceed, with training for staff, matching and appointment to new posts in units, and strong governance arrangements to ensure there is no compromise to current service delivery.
- The Residential Review of children's homes will take the redesign proposals to staff and Trade Unions for consultation, and costed recommendations for implementation to Committee for approval. The aim is to ensure that the residential estate and the staffing structures are fit for purpose in meeting the needs of young people and keeping them in the City.
- Cross service demand pressures and resourcing implications of redesigned children's services will be taken into the budget setting process for 2015-16.
- Children's Social Work services will be transferred to the new Education and Children's Services directorate early in 2015, following the outcome of the Joint Children's Services Inspection, and as seamlessly as possible.
- Preparations will continue for the integration of adult social care and health services under the Integration Joint Board, to be in place from 1 April 2015. This will include consideration of the cultural aspects and the contribution of our social model of care and person-centred focus, to ensure a strong identity for social work under the new structure.
- Professional governance arrangements will be put in place under each structure in which social work staff are deployed, for children's adults and criminal justice services. This will be the responsibility of the CSWO.
- Business Support resources and functions will be assigned to new adult and children's structures to ensure continuity of service, and to support the role of CSWO.
- Planning needs to begin for the future positioning of Community Justice under Community Planning, with the decision of the Scottish Government to disband Community Justice Authorities from 2016.
- The Chief Social Work Officer role will transfer to the Head of Children's Social Work at an appropriate time as agreed with the Chief Executive.

## References/Reading

The Role of Chief Social Work Officer: Principles, Requirements and Guidance pursuant to Section 5(1) of the Social Work (Scotland) Act 1968, February 2009  
<http://www.scotland.gov.uk/Publications/2010/01/27154047/1>

21st Century Social Work Review Group (2006) Changing Lives: Report of the 21st Century Social Work Review. Edinburgh: Scottish Executive.  
<http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

Aberdeen City Council, 2014, Behind the Granite: Aberdeen Key Facts 2014  
<http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?IID=55074&SID=332>

Aberdeen City Council, 2010, Social Care and Wellbeing Service Business Plan 2010-13  
<http://committees.aberdeencity.gov.uk/documents/s10122/SCW%2010099%20Appendix%20-%20SBP%20V6.pdf>

Aberdeen City Council, 2014, Social Care and Wellbeing Service Business Plan 2014-17  
<http://committees.aberdeencity.gov.uk/documents/s38080/SCW%20Service%20Business%20Plan%202014-17.pdf>

Aberdeen City Council, 2011, Integrated Children's Services Plan 2011 - 2015  
Integrated Children's Services Plan 2011 - 2015: Year 2 Update August 2013  
[http://www.aberdeencity.gov.uk/social\\_care\\_health/social\\_work/childrens\\_services/integrated\\_childrens\\_services\\_plan.asp](http://www.aberdeencity.gov.uk/social_care_health/social_work/childrens_services/integrated_childrens_services_plan.asp)

Aberdeen City Council, 2013, Ageing wi' Opportunity": a Joint Commissioning Strategy for Older People in Aberdeen City 2013 – 2023  
[http://www.aberdeencity.gov.uk/social\\_care\\_health/social\\_work/older\\_people\\_rehabilitation/telecare/joint\\_commissioning\\_older.asp](http://www.aberdeencity.gov.uk/social_care_health/social_work/older_people_rehabilitation/telecare/joint_commissioning_older.asp)

Aberdeen City Council, Five Year Business Plan 2013/14 -2017/18, Workforce Plan, 2013-14 Budget  
[http://www.aberdeencity.gov.uk/NextFiveYears/nfy\\_home.asp](http://www.aberdeencity.gov.uk/NextFiveYears/nfy_home.asp)

[Aberdeen City Council, 2014, Children and Young People's Audit 2013-2014](#)

Bon Accord Care Ltd, 2014, First Annual Report  
<http://committees.aberdeencity.gov.uk/documents/s41201/BASS%20End%20of%20Year%20Report%202013-14.pdf>



Pentathlon at the Golden Games - Medal winning care home team

