

**Chief Social Work Officer's Annual Report 2014/15**  
**Aberdeen City Council**

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## **1. Foreword**

I am pleased to present the Chief Social Work Officer's Annual Report for Aberdeen City for 2014-2015. 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 2015-2016 and beyond.

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 risks as these relate to social work services. To fulfill these responsibilities, the CSWO has direct access to elected members, reporting through the Education and Children's Services Committee and has direct links 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.

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. The Head of Children's Social Work is the Chief Social Work Officer. To ensure that CSWO cover is in place at all times, the Council has in place a scheme of delegation of the statutory responsibilities to the two Lead Service Managers in Children's Social Work, who are both Registered Social Workers.

Since the last CSWO's annual report, there have been a number of changes both nationally and within Aberdeen City. I took up my role as CSWO and Head of Children's Social Work on 27 April 2015, following a restructuring of the Council's service delivery structures. Children's Social Work has been brought into the wider Education and Children's Services Directorate, to ensure the provision of seamless support to the City's Children and Young People.

Social Work services for Adults, Older People and those in receipt of Criminal Justice Services, are provided through an Adult Social Care Directorate, managed

by a Head of Joint Operations, until the Integrated Health and Social Care Partnership for Aberdeen City, is formally established in April 2016.

Alongside structural change, social work services are implementing new ways of delivering services, like Self-Directed Support and Reclaiming Social Work. These 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.

Bernadette Oxley  
Chief Social Work Officer and Head of Children's Social Work

## 2. Aberdeen City

### 2.1 Aberdeen's Demographics

The Population of Aberdeen on Census Day, 27 March 2011 was 222,800. This figure was 10,700 higher than at the time of the 2001 Census, an increase of 5%. This population growth was slightly above the Scottish average. Most of the change in Aberdeen's population is accounted for by migration, as the net change due to births and deaths was relatively small.

In June 2014, Aberdeen had an estimated population of 228,990. Overall the proportion of males and females is fairly even, however there were some differences within specific age ranges; in particular women make up more than 60% of those in the 75+ age group.

Compared to Scotland as a whole, Aberdeen has a relatively high proportion of young adults – those in the 16-29 year age group make up a quarter (25.1%) of Aberdeen's total population. The comparable figure for Scotland is 18.3%. In contrast, Aberdeen has a smaller proportion of older people. Those aged 60 years and over make up only 20.1% of Aberdeen's population compared to 24% for Scotland.

In June 2014, Aberdeen's population was made up as follows:

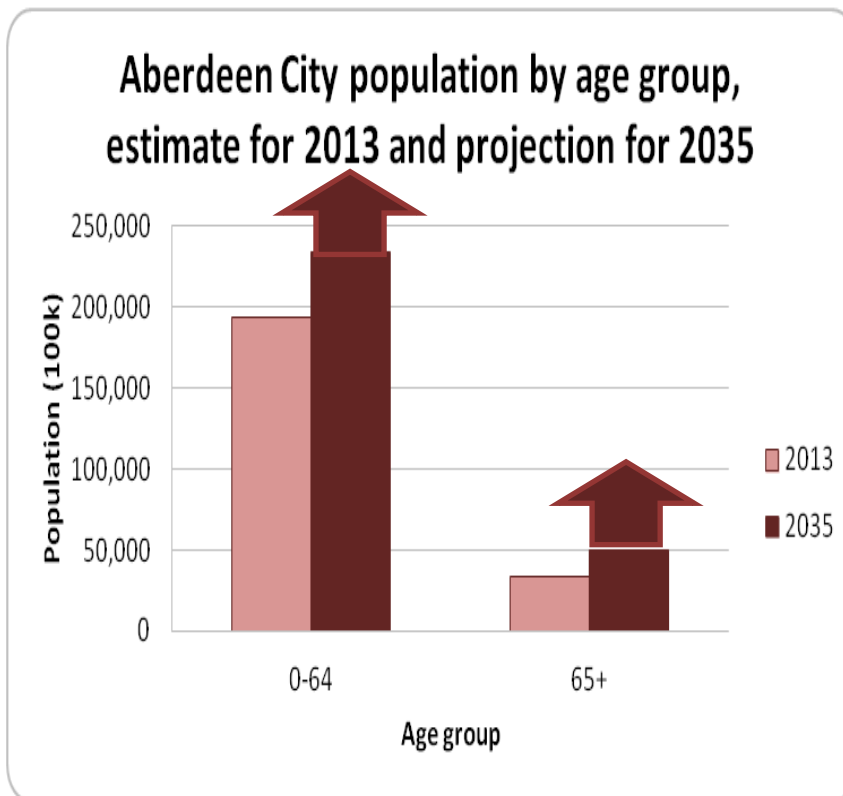
Age Group	Male	Female	Total	% of all ages (Aberdeen)	% of all ages (Scotland)
0-15	17,175	16,431	33,566	14.7%	17.0%
16-29	28,413	29,009	57,422	25.1%	18.3%
30-44	25,473	23,494	48,967	21.4%	19.1%
45-59	21,664	21,544	43,208	18.9%	21.6%
60-74	14,547	15,119	29,666	13.0%	15.9%
75+	6,242	9,919	16,161	7.1%	8.1%
All Ages	113,474	115,516	228,990	100%	100%

Between 2012 and 2037, the population of Aberdeen City and Shire is forecast to rise from 480,510 to 588,601, an increase of 108,091 (22.5%). In Aberdeenshire, the population will rise by 17.3% over the period; while there will be a 28.4% increase in Aberdeen City. Most of the population increase in Aberdeen City and Shire between 2012 and 2037 will be due to net migration rather than natural change

Population change will be unevenly spread across the various age groups. The number of children (under 16 years) in Aberdeen City and Shire will rise by 26.4% to 101,972, while the working age population (16-64 years) will rise by 11.3% to just over 360,000. The main change will be in the number of people aged 65 years and over.

A pan Grampian working group chaired by a Public Health consultant was established in December 2014 to develop our Joint Strategic Needs Assessment. This work was refined in March 2015 to produce an Aberdeen City specific Joint Strategic Needs assessment.

Aberdeen's population is rising and expected to reach almost 289,000 by 2037. The growth in the under 64s (**21%**) is mainly in the 0-15 age group, but the biggest growth is predicted in the over 65s (**49%**).



An older population affects our need for healthcare services. For example, if we had tomorrow's population today, we might expect emergency admissions in the over 65s to increase from 5300 to 8100 per year.

The growth in our older age population is an opportunity as well as a challenge for health care. Aberdeen is recognised as doing well in the social and economic factors that underpin good health and we can use our vibrant neighbourhoods and communities to minimise demand on health services. Many older people are active members of the place where they live and contribute to the local health economy by volunteering and providing informal social care. A 5% increase in self-care could reduce demand for professional care by 25%, while a 10% decrease could increase demand for professional care by 50%.

The main causes of premature death in Aberdeen are cancer and circulatory diseases (e.g. coronary heart disease and stroke). Whilst Aberdeen tends to have an overall health profile that is better than the Scottish average, the health experience amongst the population varies. For example people living in the most deprived parts of Aberdeen have a 100% increased risk of being admitted to hospital

with angina or heart attack, and a 590% increased risk of being admitted as an emergency for chronic obstructive airways disease.

Women in Aberdeen have a higher estimated life expectancy than men. Based on 2011-2013 figures, the estimated life expectancy at birth in Aberdeen City is 81.4 years for females and 77.1 years for males - slightly higher than the corresponding Scottish figures of 81.0 years and 76.9 years.

In Aberdeen there was substantial difference in estimated life expectancy by level of deprivation for men. Life expectancy for men in the 15% most deprived areas was 71.9 years compared to 77.8 years for men in the 85% least deprived areas. For women, the difference in life expectancy was less marked, at 78.0 years for women in the 15% most deprived areas, and 81.8 years for women in the least deprived 85%.

Information on self-rated health was collected in the 2011 Census. When asked "How is your health in general?" most people in Aberdeen rated their health as either very good (54.3%) or good (31.4%), slightly higher than the corresponding Scottish figures (52.5% and 29.7%). 10.4% rated their health as fair and the remaining 3.9% rated it as bad or very bad. Rates were very similar for males and females, however, the proportion rating their health as good or very good decreased with age.

In 2013, over a quarter of Aberdeen's adult population were smokers. More men (31.4%) than women (20.2%) reported smoking. Comparison with other areas showed Aberdeen to have the highest proportion of male smokers of any local authority area in Scotland. Counter to the downward trend for Scotland as a whole, in recent years smoking prevalence in Aberdeen has increased for both men and women.

In 2013 in Aberdeen, 5% of 15 year-olds and 1% of 13 year-olds reported being regular smokers. Aberdeen currently has the lowest reported rate of smoking in school children across all local authority areas in Scotland.

Four-year aggregate data for 2008-2011 suggests that in Grampian, 41% of people (45.7% of men and 36.5% of women) exceeded recommended weekly and/or daily alcohol limits and 20.6% of people (26.1% of men and 15.2% of women) were classified as 'binge' drinkers. It was estimated that approximately 10% of Grampian's population (12.3% of men and 7.5% of women) were potentially 'problem drinkers'.

In 2013/14 the rate of alcohol-related hospital stays was 794.4 per 100,000 population; significantly higher than the Scottish rate of 696.9. Since 2007/2008, rates of alcohol-related admissions in Aberdeen have fallen each year. In Scotland, over two-thirds of alcohol-related hospital admissions were for men, and the rate of such admissions was highest for those in more deprived areas.

In 2013, there were 42 deaths attributed to alcohol in Aberdeen City – a rate of 22.2 per 100,000 population. Counter to the current downward trend in Scotland, the alcohol-related mortality rate for Aberdeen increased each year for the last three years where data was available and is now higher than the equivalent rate for Scotland.

In 2012/13, almost 2% (3,100 individuals) of Aberdeen's population (aged 15-64 years) were estimated to have a problem drug use. Prevalence of problem drug use was higher in males (2.4%) than in females (1.4%) and higher in Aberdeen than in Scotland as a whole (1.7%). Since 2009/10 the overall estimated prevalence of problem drug use been falling in Aberdeen. However, the estimated problem drug use for women has increased slightly over this period. In 2013, 1.1% of 13 year-olds and 10.8% of 15 year-olds reported having used illicit drugs in the past year. This is lower than the equivalent rates for Scotland of 9.4% and 15.5%. Use of illicit drugs in 15 year-olds has dropped substantially, from 39% in 2002 to 10.8% in 2013. Approximately 34% of 15 year-olds and 13% of 13 year-olds reported that they had been offered drugs in the past year – most commonly cannabis.

There are strong associations between health, health-behaviours and level of deprivation. Those with the highest levels of deprivation are more likely to have poorer health and health-behaviours. The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across all of Scotland. It assesses information from 7 domains (health, income, employment, education, housing, access and crime) to provide an overall measure of deprivation based on the small area geography known as data zones. The Scottish Government uses a 15% cut-off to define the most deprived data zones. By that measure, 22 (8%) of Aberdeen's 267 data zones were among the most deprived in Scotland. Aberdeen's most deprived data zones are mainly located in the seven priority neighbourhoods identified in the Community Regeneration Strategy.

## **2.2 Aberdeen's Economy**

The wider economic region of Aberdeen and Aberdeenshire generates £15bn a year (based on 2012 data). The majority of this economic activity is in the primary industries (including oil and gas extraction), but it is supported by world class professional, scientific, and technical services (11% of the total regional output). The area is one of the top 20 regions in Europe for value of economic output per head of population. Outside of London, the area has the highest labour productivity rates in the UK (£32,000 per head in comparison to £20,000 at a Scotland level and £21,675 in the UK). This makes it one of the most productive economies in the EU.

Average earnings, too, are among the highest in the UK. The median annual wage in 2013 in Aberdeen City was £31,735 compared to £26,884 for the UK as a whole. The region's economic growth is underpinned by leading international research specialisms and centres of excellence which include: subsea engineering, marine, food science, oil and gas, and nutritional health.

The success of the economies of the North East of Scotland poses particular challenges for the recruitment and retention of the social care workforce, which will be covered later.

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. Partnership Structures and Governance Arrangements**

#### **3.1 Political Structure**

Aberdeen City Council has 43 Councillors in 13 multi-member wards. The Council Administration is a coalition of Labour, Conservative and Independent Councillors.

Committee reporting for social work services is currently through the Education and Children's Services Committee, although Adult Social Care will report to the Integrated Joint Board when it becomes live in April 2016. The CSWO attends Full Council meetings, as well as the Education and Children's Services Committee and has an advisory role to the Shadow Integrated Joint Board (sIJB).

#### **3.2 Partnership working**

Partnership working with a range of internal and external partners, across sectors, is integral to how social work does business: the Integrated Joint Board; the Integrated Children's Services Partnership; the Early Years Collaborative; the Northern Community Justice Authority (NCJA); the Grampian Adult Protection Partnership; the North East Scotland Child Protection Partnership (NESCPP); MAPPA; and the Alcohol and Drugs Partnership (ADP).

The CSWO in Aberdeen has a key role to play in partnership working arrangements, either in a full or an advisory capacity.

The Chief Social Work Officer is a prescribed (non) voting member of the shadow Integration Joint Board. Participating in the board has offered the CSWO the opportunity to provide advice and guidance on key social work matters and to ensure the service is not compromised through the process of integration.

For example, the CSWO has participated in discussions around the clinical/care governance work stream to ensure that it reflects statutory social work functions and requirements.

#### **3.3 Integration of health and social care**

The North East Partnership Steering Group's main purpose is to manage the relationship of the sIJBs and their parent bodies in relation to cross partnership services. This will ensure that there is consistency of approach where necessary and enable a forum for discussion on areas of common interest. The group would also provide an opportunity and space to facilitate and enable consultation in relation to complex, cross partnership services, develop potential shared solutions to shared challenges and ensure shared learning and development for integration's success in each of the sIJB areas.

Specific areas of interest were initially agreed to include:

- Overseeing the process of strategic planning and delivery for cross partnership services e.g. unplanned care, acute NHS services, mental health and learning disability services;

- Reviewing progress on the programme of further delegation of services;
- Sharing ideas and best practice in relation to integration;
- Discussing the issues of risk share across shared and cross system planning;
- Facilitating the process of transition in relation to the delegation of services;  
and
- Reviewing joint issues related to health staff terms and conditions.

The group is facilitated by NHS Grampian's Director of Modernisation and is chaired by the NHS Board Chairman. Its membership comprises Chairs and Vice Chairs of the sIJBs (Elected Members and NHS Non-Executive Directors), Chief Executive, NHS Grampian and the Chief Officers of each partnership.

The NEPSG is not itself a decision making body and has no authority to make decisions. It is a supportive structure that enables the complex cross system issues to be discussed and develop options in addressing these. Options are then taken for decision making in the most appropriate place and this is anticipated to be within the relevant sIJB(s) – noting that at times it may be appropriate for decision to be taken though the relevant parent organisation(s) in the shadow period prior to 'go live'.

A Strategic Planning Group was established in February 2015 in line with the legislative requirements. This group, chaired by our health and social care integration lead, has a broad multi-sectoral base and has contributed to the development of the draft Strategic Plan.

An Executive Group chaired by the Chief Officer was established in January 2015. This group has a multi sectoral base and is a reference group discussing desirable developments and associated practicalities. The Executive Group supports the discussions and decisions of the shadow Integration Joint Board.

A number of integration workstreams have been established to lead on those activities which are seen to be critical to the integration milestones. These workstreams include:

- Human Resources and Organisational Development
- Finance
- Clinical/Care Governance
- Communication and Engagement

#### **4. The Delivery Landscape within Aberdeen City**

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 sector's 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.

A high proportion of the direct delivery of care in Aberdeen 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 budget, making the delivery of critical services subject to the volatility of the market.

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.

The reshaping of services for Children, through the implementation of Reclaiming Social Work will lead to the need to reshape, redesign and recommission services for Children from the private and voluntary sectors. Work on this is at an early stage and will be progressed.

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 £26 million. There is an expectation that Bon Accord Care will develop trading activities that will create a surplus for re-investment in services. The performance of Bon Accord Care is monitored via a governance hub, which monitors all the arm's length trading activity of the Council and is reported to elected members for scrutiny.

## 5. Finance

### 5.1 Budget Summary

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 social work services were to do nothing to change service delivery from the 2010 position, by 2016 there 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 Council 5 Year Business Plan lays out the net budget for social work services until 2019-20, showing an increase of 10% from 2014-15. This is based on agreed savings and the building in of growth to the base budget.

SOCIAL WORK SERVICES	2014-15 £'000	2015-16 £'000	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000
Total Budget	<b>124,750</b>	127,438	129,724	132,852	135,017	137,291
Adults	<b>88,609</b>	88,397	89,987	92,220	94,454	96,237
Children	<b>34,345</b>	37,425	38,091	38,956	38,857	39,318
Business Mgt	<b>1,796</b>	1,616	1,646	1,676	1,706	1,736

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.

Social Work Services meet commitments within budget. However, Children's Services in 2014-15 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. The Inclusion Review 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. 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 2016-17 onwards. In future years a local rate may need to be negotiated or Aberdeen City Council and other partners may work to secure rates together. 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.

## **5.2 Overview of joint financial planning and management of financial arrangements for H&SCP**

The Finance work stream for H&SC integration has the responsibility of developing the appropriate financial management mechanisms in line with the statutory guidance.

In this shadow year, the SIJB is being advised of the current year revenue budget performance for the services that will within its remit

The Board is also being advised on any areas of risk and management action relating to the revenue budget performance of its services. It outlines areas of overspend that are immediately identifiable from the expenditure incurred to date and actions being undertaken to manage these.

## **6. Service Quality and Performance**

### **6.1 Inspection Activity**

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.

The Care Inspectorate's Joint Inspection of Services for Children and Young People in the Aberdeen City Community Planning Partnership area commenced in June 2014 and concluded in December 2014. Their report was published on 6 March 2015. The Inspection evaluated services positively and identified that the partnership had a positive platform to build on. It also however recognised the need to improve performance in respect of all Quality Indicators. An Action Plan has been developed which focusses on outcomes for children and young people and addresses issues such as leadership, governance, performance management, education (staff training) and the quality assurance of operational professional practice on the ground across all agencies.

The Improvement and Performance Group (IPG), under the chair of the Chief Social Work Officer, will monitor the progress of implementing the Action Plan. Individual Outcome Groups and departments will produce their own targets and provide updates to the IPG. This will ensure that the Action Plan is a living iterative document that is regularly monitored and reviewed as we implement the proposed actions. The progress on delivering the Action Plan will ultimately be reported to the Integrated Children's Services Chief Officers Group (COG) on a regular basis.

A Joint Inspection of Services for Older People has been notified and will commence in October 2015. The work is being led by the Chief Officer of the Health and Social Care Partnership.

### **6.2 Performance Reporting**

The Service has a Continuous Improvement Framework, which was 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 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. Information on quality assurance checks and case auditing is recorded on careFirst and reported to the CSWO.

Performance reports are submitted quarterly to the Education and Children's Services Committee. The Service reports on a suite of indicators that were revised for 2014 for relevance and usefulness, through a series of workshops involving elected members, and agreed at Committee. High level performance information is reported to CMT through the Corporate Performance Dashboard. A localised dashboard has been developed for the Head of Children's Social Work and this is

continuing to be refined. Further work on the dashboard will be undertaken as Reclaiming Social Work is implemented. A performance dashboard for Adult Social Care is on hold, pending further work on the Outcomes Measures for Integration.

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.

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

#### ***Changing demand for children's social work services***

Population growth is putting pressure on all children's services in the city, including social work. The last decade has seen a significant rise in both the population and the birth rate in Aberdeen and this is now reflected in the work being undertaken by children's social work, with a marked swing to working with younger children.

Over the last two years for example, whilst the proportion aged 5 or under has remained at around 32%, the proportion of children aged 1 or under within the workload has risen each period from 10.7% in November 2013 to 13.2% in April 2015. By contrast, over the same period there has been a corresponding decrease in the proportion of young people aged 12 - 16 within the workload, falling from 32% in November 2013 to 29.4% by April 2015.

At the start of April 2015, children's social work services were supporting 1954 children and young people and 1460 families. The number of referrals received by children's social work has also increased in recent years. Although the number fluctuates from quarter to quarter, there has been an upward trend and projections suggest this could be averaging 800 per quarter by 2019.

During the previous year, referrals to the Scottish Children's Reporter Administration (SCRA) increased after five successive years of reductions. This reversal was also observed in other areas and it was suggested that this was, at least in part, due to changes introduced by the Children's Hearings (Scotland) Act 2011 and new grounds for referral to a Children's Hearing. However, in 2014 - 15, referrals have again decreased with only 339 children being referred in the year. This is 82% fewer than the historic high of 1856 referrals in 2006 - 07.

The Children and Young People (Scotland) Act 2014 gave young people who are looked after new rights to receive support, including accommodation, up to the age of 21 and aftercare to the age of 26, as well as introducing enhanced entitlement to assistance for kinship carers and increased support for vulnerable children and families. However, as the changes have been implemented incrementally it is too early to tell what their full cost or impact will be on the service. It is also still unclear what, if any, additional funding the Scottish Government will make available.



In response to the growth in demand for children's social work services in the city, work commenced in 2013 to implement the Reclaiming Social Work model. A formal implementation programme began in June 2015 which is expected to take two years to complete and to impact upon the service.

From January 2015 children's social work services in the city council were merged with Education to form a new Education & Children's Services Directorate. The benefits of this integration are already being felt through, for example, the Education Service's Inclusion Review which concluded in August 2014 and improving outcomes for looked after children is very much a single priority for the new Directorate.

### ***Looked After Children***

Although there has been a downward trend in the number of children and young people looked after by the local authority over the last three years, they still represent nearly a quarter of all cases open to children's social work services. Of the overall number of looked after children and young people, the proportion who are looked after and accommodated has risen gradually, but consistently, from 71% in April 2012 to 78% in April 2015.

Nevertheless, the overwhelming majority of looked after children continue to be placed in a 'family' home. For example, at April 2015, 25% were cared for by parents, around 20% by friends/relatives, 43% by foster carers and 2% in other community care. In contrast, only 11% of looked after children were accommodated in residential care. This latter figures compares to a national picture of 9% of looked after children being in residential care.

Although the proportion of children and young people accommodated in community based placements has risen slightly in line with our strategic aim of shifting the balance of care, that rise is within an historic range of fluctuation. However, it is anticipated that, as in other areas that have already introduced the Reclaiming Social Work model, its implementation will start to impact upon the numbers of children accommodated by the authority and in particular the number placed in expensive out of city residential placements. For example, whilst there has been a 50% decrease in the use of such placements since 2010, the aim is to reduce this by a further 25% over the next five years. The expectation is that this will also help to achieve our strategic aim, by further increasing the proportion of looked after children placed in local authority foster care.

The educational attainment of looked after children in Aberdeen has been considerably lower than that of looked after children throughout Scotland. In the most recent published figures for 2013 -14, for example, 67% of looked after children in Aberdeen achieved at least one Level 4 or above award, compared to 74% across Scotland. By contrast, the proportion of looked after children in a positive destination on leaving school was 81% compared to a national position of 80%. Nevertheless, raising the educational standard for looked after children in Aberdeen is a priority of the recently integrated Education & Children's Services Directorate and 2015 will see the establishment of a Virtual School for looked after children, with its own Head

Teacher. The aim is that this will also address the exclusion rates for looked after children which have been amongst the highest in the country.

A full review of the residential service and its future needs, with implications for the use of each Home and staffing was completed during 2014, although the required service changes have been delayed, to bring them in line with the implementation of Reclaiming Social Work.

There are six Children's Homes maintained by the local authority, each accommodating five or six young people and two 'satellite' Homes each with two places, within the city. In addition, there is one Children's Home managed by Barnardos and one Throughcare Unit managed by Action for Children. During 2014 it became clear that extensive refurbishment work was required to the building used for the Throughcare Unit, which resulted in that service temporarily moving into one of the Children's Homes and one of the 'satellite' Homes. The net effect is that we have continued to operate without one of the Children's Homes. This is likely to continue into 2016 as spare capacity will be in turn used to cover the refurbishment of one of the other Children's Homes.

### ***Family & Community Support Services***

Service development has continued during 2015 with a focus on Intensive Support Services which offer a community based alternative to care. Craigielea Children's Centre has recently been refurbished and updated making it a positive environment for children, families and the teams.

There has been a refocusing of the Intensive Community Support and Learning Service to support children at a time of transition in P6 – S2 . The team of Family and Community Support Officers, who are qualified social workers, Teachers and Support Workers work with the children developing positive peer relationships, build confidence and self-esteem as many of the children have experience trauma and the breakdown of relationships with family, carers and community. Family work is focused on improving relationships and reducing risk so that children can remain with their family, attend school and remain in their communities. This service has also supported children who have been in out of authority care in foster care and residential schools and supports the transition back to the city, on a planned and unplanned basis, due the placement breakdowns.

The Crisis Team are also based in Craigielea and although not yet fully staffed have played a significant role in supporting children and families at times of crisis. This has included staff working late into the evenings and at weekends. The building also offers a safe and nurturing environment for worker to engage with children and offer some timeout space, when feelings within the family may be challenging for them to manage, with the kitchen being the hub of the building. Children might also use the other resource that are available such as creative learning space and the quiet room.

### ***Integrated Children's Services***

During late summer and autumn 2014, children's services in Aberdeen were subject to a multi-agency inspection led by the Care Inspectorate. The report of this

inspection was published in March 2015 and the evaluations were that for six of the nine quality indicators inspected the judgements were 'Good', whilst for three they were 'Adequate'.

In response, the multi-agency Integrated Children's Services Board, chaired by the Director of Education and Children's Services, is leading a programme of work, managed through the six Outcome groups based on the SHANARRI Indicators, to address the inspection's findings and also the changing needs of children and young people within the city. In addition, an Improvement and Performance Group, chaired by the Chief Social Work Officer, is responsible for monitoring and analysing the performance of services within the partnership and specifically overseeing the post-inspection Action Plan.

One observation of the recent inspection was that the GIRFEC Implementation Group, which had existed within the ICS partnership structure since 2012, suggested that implementation had not been achieved. Going forward this is now known simply as the GIRFEC group, and led from the Inclusion Team within Education and Children's Services, its primary purpose is to drive the consolidation of GIRFEC and to respond to the challenges of introducing the new provisions of the Children and Young People (Scotland) Act 2014.

Over the last year, this has included a full review of the multi-agency Child's Plan in use within the city and a revised approach to multi-agency screening (MAS) of concern reports from Police Scotland, which it is anticipated will operate until the full implementation of Named Person provisions within the Act from August 2016.

A multi-agency training programme continues in place within the ICS partnership which both encourages continuous practice improvement and helps to create and maintain a culture of understanding and collaboration between different professionals working with children and young people within the city. This includes an annual Conference each September attended by over 400 staff working across the sector.

### ***Youth Justice***

The **Whole System Approach** (WSA) for youth justice in Aberdeen, an award winning pilot in 2010-12, has been embedded within the GIRFEC framework and is overall a success story. Youth offending has fallen continually over the last 5 years, with a reduction of 50% in the number of young offenders and a 47% reduction in the number of detected offences since 2010/11. There has also been a continuous reduction in the number of young people referred to reporter on offence grounds with a 70% reduction since 2010/11.

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.

WSA processes will be continually reviewed and the approach strengthened. 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.

### ***Corporate Parenting***

The Aberdeen City Council Corporate Parenting Policy 2012 - 2015 has provided a clear framework for identifying specific actions and interventions to close the gap between looked after children and young people and care leavers and their peers. The policy has focused on improving their educational attainment and achievement; enabling them to take up and sustain positive post-school destinations in education, employment and training; reducing their involvement in the criminal justice system; reducing levels of homelessness for care leavers; and helping them live full and healthy lives. A new and revised three year policy will be developed during 2015 - 16 to continue this strategy and recognise the new responsibilities that the implementation of the Children and Young People (Scotland) Act 2014, has placed on local authorities throughout Scotland and their partners, to provide support, advice and guidance to children who are looked after and young people leaving care, up to their 26<sup>th</sup> birthday. The policy will also be extended to incorporate those public bodies who are covered by the concept of corporate parent for the first time.

Aberdeen City works closely with its partners to raise awareness of Corporate Parenting. For example, earlier this year it took part in the Scottish Aftercare and Throughcare Forum (STAF) and Who Cares? Scotland's national campaigns ahead of the launch of the new Corporate Parenting legislation. For this event it highlighted its commitment to the changes in Corporate Parenting duties through a series of photo opportunities where partners used banners to demonstrate their involvement and commitment.

An on-line Corporate Parenting training course has been developed for all new staff within the Council and will go live during 2015 - 16. Ways are also being sought to make the course available to its partners who have corporate parenting duties. Practice Improvement Sessions held within Children's Social Work have also helped raise awareness of corporate parenting, including information on ISAs (i.e. Individual Savings Accounts) for looked after children and young people.

Issues had been raised by young people in foster care about how they may obtain a passport where their birth parents refused to sign the application. This issue has been taken forward by our Children's Rights Officer (CROs) to Scotland's Commissioner for Children and Young People who are now actively pursuing the matter with the Scottish Government. In the meantime, the CROs have provided advice and guidance on alternative ways that this can be resolved.

## ***Champions Board***

The Aberdeen Champions Board was established in 2013 and held its inaugural meeting in January 2014. The Board is based on what has become known as the 'Dundee model', the aim of which was to provide an opportunity for care experienced young people to talk directly to decision makers about how best to remove complex barriers to multi-agency working so that innovative solutions could be agreed and implemented in a timely manner. We are looking to extend this during 2015 - to give additional capacity for individual advocacy in order to develop young people's participation and to re-inforce the enthusiasm and commitment of corporate parents within Aberdeen City for their care experienced young people. This will enhance the Champions Board's role and remit in service implementation and change, as well as ensuring that the Board is making a meaningful contribution to improving outcomes for individual young people.

All meetings of the Champions Board have been attended by between one and three care experienced young people. A Young People's Participation Group (YPPG) was established at the same time as the Champions Board. Linked directly to the Board its aim was to encourage a dialogue between the two groups on a range of issues presented by the young people about service improvement or change. Maintaining a consistent group of young people has been a challenge and the intention is that the additional advocacy outlined above will help to build and sustain that.

All Champions Board members are enthusiastic about their role and training has been provided, with the support of Who Cares? Scotland, to develop their collective knowledge and to help them to understand their authority to make effective and meaningful change to the services that affect our care experienced young people. Two key issues that were presented to the Champions Board during 2014 - 15 were: access to the internet within Children's Homes; and the perception of looked after children and young people within the broader community. In spite of a number of significant obstacles, the Council is progressing with installing Wi-Fi in Children's Homes and this will be introduced during 2015 - 16. A specific internet procedure and young people's agreement has been developed to contribute to keeping our young people safe online. In addition, our Children's Homes staff will receive online safety training.

With regard to the perception of young people, one of our Champion's Board Members successfully negotiated free bus and cinema tickets for our looked after young people, whilst we are also working to strengthen the relationship between the Police and Children's Homes. There has also been direct contact between some Board members and care experienced young people, either through meetings in Children's Homes or in participation at the Looked After Children activity days in October 2014.

## ***Family Firm***

During the last year Family Firm has been expanded to include the 'Keen4Work' 12 week work experience programmes which were piloted through the Council's

Building Services team where two looked after young people were introduced to working in a trades environment. The aim is to have a pool of non-employment training opportunities that can be matched with the interests of the young person, allowing them to both experience the working environment whilst helping them to develop transferrable knowledge and skills. Since July 2014 there have been three intakes on the 'Keen4Work' programme and structured, supported and meaningful placements have now been created throughout all directorates, including working within trades, administration, childcare, IT and catering. In addition, ten young people have been on the separate Family Firm intern programme, four of whom are long term interns, with one progressing to a promoted post and two due to start college in 2015.

Family Firm opportunities whether internships, apprenticeships or Keen4Work work experience programmes are interlinked with the aim of Aberdeen Guarantees in promoting positive destinations to the most vulnerable groups at risk of negative destination. In developing Family Firm opportunities the links and communication to the Aberdeen Guarantees team has proved vital in getting the right opportunity for the right young person. In addition, all Family Firm opportunities are advertised and included on the Aberdeen Guarantees website.

### ***What are we going to do in 2015-16?***

#### **In children's social work services we are going to:**

- complete the integration of children's social work within the wider Education & Children's Services Directorate;
- plan for the delivery on the extensive implications of the new legislation, particularly in terms of: the extended entitlement to support for looked after young people; the introduction of the named person role; and extended corporate parenting duties;
- complete a review of commissioned services for children and young people;
- conclude and implement the review of Children's Homes;
- implement *Reclaiming Social Work* in line with our three year plan with the first new Social Work Units, replacing traditional teams, expected to go live in February 2016;
- with the introduction of *Reclaiming Social Work*, begin to see a reduction in the use of out of authority residential placements.

#### **In Youth Justice we are going to:**

- recommit to and strengthen the Whole System Approach across agencies;
- focus on the most high risk and complex young people in line with the national strategy Preventing Offending – Getting it right for children and Young People;
- continuous development of our intensive support options to reduce the number of young people going out the city;
- improve transitions for young people coming out of secure care and custody;
- skill up staff across the service to ensure an appropriate and proportionate response to low level offending.

## **For Corporate Parenting we are going to**

- review and develop the Corporate Parenting Policy for the next three years not only building on the achievements to date but also setting ambitious targets to improve outcomes for care experienced young people in the future;
- launch on-line Corporate Parenting training for all staff within Aberdeen City Council and its partners, where possible;
- re-launch the Champions Board with additional independent advocacy to directly support and nurture young people, spend time building relationships with them and give them the confidence to lead the Board in its direction;
- consolidate Family Firm with intensive support being provided to care experienced young people in 'Keen4Work' work experience and internship placements;
- update the housing policy for care experienced young people that makes clear the process and takes into account the barriers that they face.

### **6.4 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 that covered three local authority areas. The CPC fulfils the function of the Safe Outcome Group of the Integrated Children's Services Partnership. The CPC is chaired by the Aberdeen City's Lead Nurse and the Operational Sub Committee by the CSWO.

A Child Protection Partnership with Aberdeenshire and Moray local authority areas collaborates over the Child Protection Register and core child protection training. Aberdeen City holds and administers the Register (the CSWO is the Keeper of 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 the Child Protection Programme of improvement was completed in 2013 and Phase 2 is completed in August 2015. The findings of the joint inspection of children's services in Aberdeen City (March 2015), in so far as relating to child protection, will form part of the next phase of the Child Protection Programme which will also encompass extended areas for improvement identified through the ongoing self-evaluation of the CPC.

The CPC considers performance information from the Register and the CP administration team, Police Scotland, SCRA, and the Alcohol and Drugs Partnership (ADP) to inform its strategic planning. The Operational Sub Committee under the chairmanship of the CSWO drives on the work of the Child Protection Programme across Aberdeen City.

The number of children on the Child Protection Register is variable with need. Throughout the period, the number of children on the Register remained comparable with the Scottish average of around 3 children per 1000 population of 0-16 year olds.

*Number of children on the Aberdeen CP Register 31.07.10 to 31.07.15*

31.07.10	31.07.11	31.08.12	31.07.13	31.07.14	<b>31.07.15</b>
99	96	86	92	73	<b>98</b>

Children remain on the CP Register for as long as necessary, 84% were de-registered within 12 months and 60% within 6 months, a total of 134 in 2014-15. Twenty nine children, in 18 families, who were registered over the year August 2014 to July 2015, had previous registration history, with the time interval between individual registrations ranging from 4 months to 3 years, 11 months. Aberdeen City has had a higher than average number of re-registrations at times, although the current figures are exactly in accordance with the national average.

The majority of children on the Register (72%) are under 5 years old, including pre-birth registrations which indicates that we respond at an earlier stage to children in need of protection. Short periods of registration indicate that the supports put in place and intervention made reduces the risks to the child within a shorter time-frame. 19% of children on the Register are aged 11-15 years which indicates an increased awareness of and response to the risks to that age group, in particular of child sexual exploitation.

The main risk factors for children on the Register are emotional abuse 34%; domestic abuse 37% and parental drug use 31% (at 31.07.15). Non-engaging family is recorded as a risk factor in 27.5% of cases and neglect in 20%.

The Practitioner's Guide to Information Sharing, Confidentiality and Consent has been issued across Grampian and is compliant with direction on these issues from the Information Commissioner and the Scottish Government. This will greatly assist practitioners in the multi-agency approach to child protection across health, social work, education, police, third sector and all other childcare workers. The Guide emphasises the need for relevant sharing of information with Named Persons and Lead Professionals, the need for accurate recording of information and clarifies that consent to share information is not required where there are concerns for a child's safety or wellbeing which may lead to harm.

The CPC is committed to self-evaluation and continuous improvement. The following exemplars largely complete Phase 2 of the Child Protection Programme, with any work outstanding to be carried forward into the next Phase of the Programme:

- Child Protection data including information from the Child Protection Register, ADP, SCRA and Child Protection Case Conference Performance Report are reviewed and analysed at all Child Protection Committee and Child Protection Operational Sub Committee meetings. This enables us to review performance, benchmark with other authorities, identify trends and areas for improvement;
- Aberdeen City adheres to the National Guidance for Child Protection in Scotland 2014;



- The CPC and Aberdeen Alcohol and Drugs Partnership hosted a joint event on the issues of attachment and recovery entitled “Phases and Stages” which took place in September 2014 with more than 160 delegates in attendance. The event explored the tension between future planning for children and the time required for parental recovery from substance misuse. As well as hearing from experts in these fields, Dr Suzanne Zeedyk and Dr Bruce Davidson, a workforce shadowing programme for the children’s services and substance misuse professionals has now been launched;
- The CPC’s resource to highlight on-line safety for children and the risk of sexual exploitation, “Abby’s Room”, has been used by the Parents Council group, Youth Forum, Westburn Centre, Children 1st and a local Primary School and was focussed in the recent Joint Inspection of Children’s Services. This resource has been followed up by On Line training for the multi-agency workforce delivered by the UK Safer Internet Centre in September 2014 and again in October 2015. Feedback from this and Abby’s Room indicates an increasing understanding of on line safety among practitioners, parents and children;
- A web site/ pages for the CPC has substantially been improved to provide relevant, up to date information in relation to child protection. The website can be visited at [www.aberdeencity.gov.uk](http://www.aberdeencity.gov.uk), then click on the CPC logo;
- The GIRFEC national practice model and national risk framework brings together a range of resources such as chronologies, genograms and ecomaps. The CPC has endorsed these materials for use by staff across agencies and services in the Aberdeen City area. Materials are available on the CPC web pages;
- Feedback from those participating in child protection case conferences has been ingathered and will form the basis for further development in the CP Programme;
- Materials are now available on child protection thresholds. These concentrate on the eligibility criteria to access social work, the Children’s Reporter or the court in order to protect children. The “Understanding Thresholds” materials pack was launched at the Integrated Children’s Services Conference in September 2014 and has been distributed to staff through the CPC and the web site;
- A Grampian wide group has prepared the “Practitioners Guide to Information Sharing, Confidentiality and Consent” following the Scottish Government and Information Commission direction on issues of consent. This has been widely circulated;
- Child Protection Case Conference documentation and guidance has been and continues to be refreshed;
- CSE has been added as a category of concern and recording on CareFirst and a mapping exercise of the situation across Aberdeen City has been completed. A CSE sub committee has been established to coordinate the multi-agency response to CSE;
- The CPC newsletter, first produced in August 2014, is now produced three times each year;
- The CPC aims to assist in the practical implementation of the Children and Young People (Scotland) Act 2014 and a briefing note for practitioners, available on the website, has been produced;
- The three north east CPCs have identified their core child protection needs and the Child Protection Partnership training calendar is issued three times per year delivering 8 core training courses. The August – December Calendar was

circulated at the beginning of w/c 15.6.15. New courses now encompass CSE and Cultural Issues and Child Protection;

- There is an accessible on-line training module on GIRFEC and Child Protection for Aberdeen City Council's Children's Services workforce. All staff (old and new) are encouraged to complete this.

### ***What are we going to do in 2015-16?***

#### **Our Child Protection Programme is going to:**

- Contribute to the Joint Action Plan following the inspection of Children's Services in Aberdeen;
- Support a newly formed Child Sexual Exploitation Sub Committee of the CPC to continue our understanding of and responses to CSE;
- Support the Operational Sub Committee in encompassing the following priorities:
  - Significant Case Review procedures will be produced following the new National Guidance for Significant Case Reviews in Scotland
  - Other policies and procedures used locally and across the north east will be revisited and revised where appropriate. The CPC aims to have policies and procedures which are up-to-date, clear and readily accessible
  - The awareness raising of child sexual exploitation will continue to be progressed incorporating the safe use of communication technology
  - Violence against women and domestic abuse will be developed collaboratively with the work of other outcome groups across integrated children's services and in conjunction with the work of the Aberdeen Violence against Women Partnership
  - There will be a roll out of engagement and feedback systems for professionals and families involved in the child protection process
  - The CPC is committed to the protection of all children in Aberdeen City from significant harm, abuse or neglect. It aims to assist the multi-agency team around the child provide appropriate support for children and families particularly at points of transition such as upon registration, deregistration or upon return home from care
  - Further development of performance information to identify trends and close gaps
  - Supporting the use of the Practitioner's Guide for Information Sharing, Confidentiality and Consent
  - Supporting consistent risk assessment across Aberdeen City
  - New Psychoactive Substance guidance for the multi-agency workforce
  - Child protection and disability
  - Abuse, culture and child protection (Forced Marriage, FGM, honour violence etc.).

### **6.5 Criminal Justice Social Work**

The CSWO attends quarterly 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 the announcement of the 2016 date for CJAs to be disbanded, Councils are developing alternative arrangements under Community Planning but there is a desire among NCJA members to maintain a degree of collaborative working.

Aberdeen follows the national and international, trend in that the offending rate is on a downward trajectory. For Aberdeen CJSW the number of Reports to Court decreased from 1550 (including 152 supplementary reports) in 2013-14 to 1291 (including 105 supplementary reports) in 2014-15, with 99.8% submitted on time. Though the number of reports is down, risk and other assessments are increasingly complex.

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 fallen by almost 11% from 2013-14 to 2014-15 while the number of hours of Unpaid Work undertaken has risen by 9%.

*Criminal Justice Social Work Activity*

ACTIVITY	2012-2013	2013-2014	<b>2014-2015</b>
Community Payback Orders	945	1011	<b>903</b>
CPO Requirements	1496	1542	<b>1509</b>
Unpaid Work Hours	62183	75649	<b>82182</b>

Whilst reconviction rates for women offenders have been reducing, the number of women going to prison has increased across much of Scotland. In Aberdeen, however, there has been no increase over the past few years which hopefully reflects the work of the Connection's Women's service. The focus on women offenders has been maintained and investment in this area of activity increased following the recommendations of the Women Offenders' Commission in 2013 and a successful bid by CJ Social Work to the Scottish Government for funding to develop a Women's Centre. In addition to our community based service, our Women's Support Workers continue to meet with Aberdeen women in any Scottish prison on a regular basis. This is having the desired result of 100% take up of voluntary aftercare to those offered.

In January 2014 HM Prison Aberdeen closed prior to the opening of HMP and YOI Grampian, at Peterhead in Aberdeenshire. It has taken some time for HMP Grampian, with its new demographic and new regime, to bed in; but it is now functioning well, albeit not yet at full capacity. Approximately 70% of prisoners are from Aberdeen City and the logistics of maintaining contact for both family and workers is considerable. The prison is due to open a new Family Centre and Help Hub in the near future in order to facilitate family contact. Facilities with Wi-Fi are also to be made available for visiting workers.

### ***Pre-Disposal Team***

In a restructuring of service in response to need, CJSW set up a Pre-Disposal Team in office space adjoining the Court. This team works with those on Diversion, Direct Measures and Arrest Referral as well as providing a comprehensive service to the court. Workers are able to identify individuals in priority groups - women, young people, domestic abuse, those with mental health issues - and pass on information or signpost to relevant services. This approach has led to a modest increase of 8% in Diversion cases and in post sentence interviews to almost 700.

### ***The Caledonian System***

The Caledonian System offers an integrated response to domestic abuse through the delivery of specific programmatic work with male perpetrators convicted of domestic abuse, while offering voluntary contact to partners/ex-partners and children who have been harmed by their behaviour. The system aims to reduce the prevalence of domestic abuse and its impact on children, families and communities in Scotland. This wrap around service has been extremely helpful and we have been able to manage risk and increase safety more appropriately.

In 2014-15 121 men were undertaking either the Caledonian (group) or the Respect (one-to-one) programme and 137 women were offered support via the Caledonian Women's Support Workers. Women in this service can now also access a café, drop in, programme and range of activities at the Connections Women's Centre.

The Connection's **Women's Centre** has been established with funding from the Scottish Government of £249,732 in 2013-14 and an additional £30,000 in the first 6 months of 15-16. The Centre finally moved into its new premises in April 2015 and is now fully functional delivering our Connections Women's programme, support services, activity groups and Confidence to Cook, the Connections Café and so much more. The centre is a bright, calm and welcoming space where women feel safe and valued. We hope to increase nursing provision in the next year and to work with third sector partners to "triage" referrals so that women can access a range of services more quickly.

Women are encouraged to consider the connections that they have with themselves, others and their communities in planning for realistic and achievable change. They are often keen to maintain contact and friendships they have made once their programme is complete. The Women's Centre has been evaluated by IRISS as part of the national evaluation of women's services and it anticipated that this will be published in the near future.

### ***What are we going to do in 2015-16 ?***

#### **In Criminal Justice we are going to:**

- Use the Connections Women's Centre to further develop services to Women in the Criminal Justice system and those who have been harmed by domestic abuse;

- Work with the Scottish Court Service and other agencies to successfully pilot the first Problem Solving Court in Scotland;
- Work with Community Planning Partners to produce a Community Justice Plan which will deliver effective services to reduce reoffending.

## **6.6 Learning Disability Services**

Within Learning Disability Services work has continued to ensure long term and sustained change to service design and delivery, in line with broader organisational aims. A programme of transformation, which commenced in 2010, continues to be embedded in practice, summarised in the following activity.

### ***Culture Change***

- Workforce development: continuation of development and training opportunities for staff at all levels to ensure we work in effective partnerships with individuals and families, allowing for greater person-centred focus in assessment and review functions. This has included a focus on Essential Lifestyle Planning and Support Planning;
- Embedding in-house service redesign: provision of support to ensure the successful embedding of service delivery within in house service provision. This includes cultural differences linked to the provision of support in people's own homes, rather than residential establishments. Work is also underway to guarantee that day provision for people with Learning Disabilities is fit for the future, this includes the construction of a new multi-purpose building which will support those with the most complex disabilities and provide an accessible community resource;
- Service vision: commencement of a programme of activity which revolves around the principles that individuals with a Learning Disability, where possible, are supported to live in their own home or homely environments and their rights as citizens are maximised. This has resulted in an on-going programme of work to re-assess and subsequently reduce the number of registered care homes in Aberdeen for people with a Learning Disability, giving people the opportunity to become active citizens in their own community.

### ***Organisational Relationships***

- New contractual arrangements: Development and implementation of a Framework for contracting of care provision for individuals with a Learning Disability. This ensures all providers we work with are quality assured and appropriately contracted, as well as delivering wider choice to those using or choosing service provision;
- Systems change: Reviewing processes and systems in relation to setting of individual budgets to ensure they are sufficient and sustainable, to enable individuals with Learning Disabilities to be appropriately supported, necessitating closer working with other departments, provider organisation and individuals we support;
- Building effective partnerships: Clear and committed engagement with partner organisations to ensure relationships are productive and effective, and provide

the best support possible to those people with a Learning Disability in Aberdeen. This includes the commencement of a rolling programme of organisational engagement visits as well as continued presence and involvement with Provider Forums.

### ***Stakeholder Engagement***

- Citizen engagement: Continued dialogue with individuals, families and other stakeholders with regard to service vision and delivery. This has included training and briefing sessions on service change. As well as service-focussed forums which have led to constructive feedback and linked to future planning;
- Promoting choice and control: The service area continues to focus on embedding individual –led choice and control, through mechanisms such as Self-Directed Support and Personalisation of care and support. Learning Disability services have established clear processes and guidance on setting and approving resource levels in adherence to the legislative requirements. The service continues to support the workforce and individuals we work with to think ‘outside the box’ in relation to service and support provision, including the provision of creative supports such as those supporting people with a Learning Disability into employment;
- Focus on Customer Relations: Due to the complexities of the service area investment has been made to ensure customer relations are placed at the fore-front of the work undertaken. This has led to a central point of contact for addressing complaints and enquiries, as well as additional support to the role of Service Manager.

### ***What we are going to do in 2015-16?***

**Within Learning Disability** there is a wide range of activity planned to ensure those people with a Learning Disability in Aberdeen are well informed, appropriately supported, and have their say in the future of service provision.

We are going to:

- Work with others to share our learning, in particular reference to Person-Centred approaches;
- Support and advance the implementation and success of Health and Social Care integration for people with a Learning Disability;
- Continue to embed the recommendations within the “Keys to Life” (national Learning Disability Strategy);
- Co-produce a service vision and strategy with stakeholders, including people with a Learning Disability;
- Commence the re-provisioning of some services to ensure they reflect best value as well as the vision for the service and people we support;
- Continue to work with partnership with Health and other Local Authority Colleagues ensure holistic service provision

## 6.7 Active Ageing and Wellbeing

The achievements and progression of our Wellbeing Team have featured in the CSWO Annual Report since 2012. The team continue to support initiatives that promote physical activities, wellbeing and social opportunities and work with many partners including, Aberdeen Sports Village, Sport Aberdeen, The Robert Gordon University, Local Churches, Health Improvement Teams, Aberdeen Health Village, Royal Cornhill Hospital, GP Practices, Care Homes, ACVO, Environmental Services, Footprints Connect and many others to increase the numbers of older people, many with Long Term Conditions, getting active and involved in their local communities and city wide. The benefits are to people's physical, mental and social wellbeing.

A significant achievement has been the Wellbeing Team's continued work and support of the Aberdeen Football Club Communities Trust, where this work has grown significantly during 2014, resulting in the Trust accessing national funds to continue their work with people with dementia as well as other dementia friendly initiatives.

The team have continued to build collaborative asset based approaches with its partners and have significantly increased the amount of older people being referred via Health professionals and regularly hold Wellbeing Clinics in GP practices. The main focus of this is prevention, early intervention and tackling social isolation.

The Wellbeing Team work using an asset based approach and this has resulted in a number of older people getting involved in activities, receiving training/support and then becoming activity leaders themselves. This has worked well, particularly with Health Walks.

The Wellbeing Team leads on "The Golden Games" with NHS Grampian, Sports Aberdeen, Aberdeen Sports Village and Aberdeen Football Club Community Trust as its main partners.

The Golden Games (Aberdeen's Free Sports and Activities Festival for over 65s) was developed in 2011 and has continued to grow and in 2014 resulted in a 4 day event with over 400 people taking part in over 30 free activities in 27 venues.

The Golden Games has played a pivotal part in creating, supporting and promoting the ever increasing active ageing events that take place throughout the city all year round. The Golden Games illustrates that age is no barrier to participation and that in 2014, 25% all participants were over 75 years old, including over 60 residents from Care Homes.

The Golden Games has been supported through the Aberdeen Partnership Reshaping Care for Older People Change Fund and has illustrated that through working in an integrated manner with partners, active ageing is a key workstream of the partnership for the years ahead.

## ***What are we going to do in 2015-16***

**In wellbeing** we are going to:

- Develop new and innovative partnerships to attract more older people to take part in wellbeing activities and events;
- Develop a range of wellbeing opportunities with Long Term Conditions, including Dementia;
- Support the community/partners to develop their own wellbeing opportunities;
- Explore the possibilities of extending Wellbeing with Enablement approaches;
- Continue to seek collaboration and develop joint solutions with partners;
- Promote the Wellbeing Team and its work at a national/international level;
- Promote good practice and learning;
- Continue to support/develop co-production and asset based approaches.

### **6.8 Older People's Services**

Shifting the balance of care to enable more people to live at home, or in homely settings, is a long standing strategic objective. However, it has been subject to market forces, as the supply of care has 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 continues to impact on waiting times for care and on discharge from hospital.

Delayed Discharge remains a challenge and the national standard for 0 delays over 2 weeks is not presently being achieved, though the flow of people supported to leave hospitals is steady. The main reason for delay is the shortage of care to meet demand – there are few if any delays that are due to social care assessment reasons as opposed to a lack of resource availability.

In relation to care home provision, in 2014-15 embargos on admissions because of staffing problems or poor standards have reduced, with only 1 or 2 care homes affected at any one time. The planned use of homes with nursing care is decreasing, as people are supported at home, whilst demand for residential care and respite care remains steady and at times outstrips availability, particularly for people with dementia. We are also noting an increase in emergency respite admissions due to a lack of care at home provision, leading onto informal carer breakdown or another form of crisis.

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. Increasingly complex demand and the pressures of resource finding are placing a significant strain on capacity in care management teams, who show a high degree of persistence in trying to source care. Changes are currently being considered to centralise and streamline care searches and triaging of work to ameliorate some of these pressures.



## ***What are we going to do in 2015-16?***

### **In Older People's services we are going to**

- review the functions and processes of the care management teams to ensure they are working as efficiently as possible given the increased demands they are facing and limited resources they have to work with;
- continue to work with partners to address capacity issues and develop the social care workforce; and
- continue to develop more integrated approaches to prevention of admission to hospital and discharge.

### **6.9 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 Adult Support and Protection (ASP) Working Group, the 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. The Policy will be reviewed during 2015. The Grampian Interagency Procedure for Large Scale Investigations of Adults at Risk of Harm in Managed Care Settings was reviewed in January 2015 and a review of the Grampian Adult Protection Committees' Significant Case Review Protocol is currently being undertaken.

The Lead Service Manager 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. In recognition of the increasing complexity of the nature of adult protection investigations, the Council is discussing the provision of advanced Council Officer training, previously provided by The Robert Gordon University in 2012 and 2013. The intention is to give Council Officers additional skills and confidence in working with complex issues, including capacity and consent.

During the Biennial Reporting period 2013/15, the Scottish Government set 5 National Priorities for Adult Support and Protection: Financial Harm; ASP in A&E; Service User and Carer Involvement; ASP in Registered Care Homes; and Data Collection. The APC incorporated each of these priorities into its own action plan. In relation to 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. This data is reported to each meeting of the APC for information and discussion and also on a biennial basis to Scottish Government. Raising awareness of ASP remains a local priority. A variety of means and ongoing efforts are made to promote awareness, resulting in increased referrals from individuals themselves, the public, care homes, care at home staff, and NHS.

The Adult Support and Protection national publicity campaign was launched on 9<sup>th</sup> February 2015. A media and publicity toolkit supplied by the Scottish Government is

currently being incorporated into the City's existing materials following the launch. The materials did not actually arrive until after the 4 week media campaign but are now being disseminated by the APU.

Images and messages from the campaign were tweeted and used in the Council's FaceBook pages. Aberdeen City Council sent out 8 tweets, relating to the subject, via Twitter, with the potential to reach 167.5k people. ACC also posted twice on Facebook which was seen by 1237 people.

Below are statistics illustrating the level of referrals in the 4 weeks before and after the launch of the campaign.

	Pre Campaign	Campaign	Difference
<b>Week 1 - Referrals</b>	<b>14</b>	<b>18</b>	22.22%
Week 1 - NFA	8	12	33.33%
Week 1 - Initial Inquiries	6	4	-50.00%
Week 1 - Investigations	0	0	0.00%
<b>Week 2 - Referrals</b>	<b>21</b>	<b>27</b>	22.22%
Week 2 - NFA	11	11	0.00%
Week 2 - Initial Inquiries	10	14	28.57%
Week 2 - Investigations	0	1	100.00%
Week 2 - Pending	0	1	100.00%
<b>Week 3 - Referrals</b>	<b>24</b>	<b>19</b>	-26.32%
Week 3 - NFA	15	11	-36.36%
Week 3 - Initial Inquiries	8	6	-33.33%
Week 3 - Investigations	0	0	0.00%
Week 4 - Pending	0	2	100.00%
<b>Week 4 - Referrals</b>	<b>18</b>	<b>22</b>	18.18%
Week 4 - NFA	14	9	-55.56%
Week 4 - Initial Inquiries	4	12	66.67%
Week 4 - Investigations	0	0	0.00%
Week 4 - Pending	0	1	100.00%

As can be seen from the figures, there has been an overall increase in referral figures. It should be noted that this increase continued into March. The overall increase however is small and was not sustained during week 3 of the 4 week period.

There was also increased interest in the Aberdeen City Council ASP web page following the launch of the campaign. In the 4 weeks prior to launch 200 people visited the ASP site and in the 4 weeks following 302 visits were logged.

It is not possible to say definitively that the increase in referrals and website activity was due to the national awareness raising campaign. However, any indication of increased awareness of adult support and protection is encouraging.

The Adult Protection Committee's continued commitment to prioritising financial harm is reflected in the APU Coordinator's membership of the Financial Harm Sub Group. There was also a successful meeting between ACC and Police Scotland with Royal Bank of Scotland staff to discuss ways of improving awareness and developing processes that the banks could use in relation to ASP. Further meetings are planned, that will also involve the APU trainer, to develop closer links and joint working. The APU continues to work closely with colleagues in Police Scotland and in Trading Standards to address the issues of illegal activities in relation to scams of all descriptions. The APU's role is the support and protection of adults harmed by this activity. In addition the APU works closely with operational colleagues and partner agencies to disseminate information on scams and what to do if affected to adults at risk and their families.

Over the past year, 1,089 referrals were submitted to the Adult Protection Unit. Older people accounted for almost half the referrals, followed by learning disabilities and mental health issues. This appears to have been static over the last few years. Physical harm was the most common concern, featuring in 27% of reports, which shows a 3% increase from last year. Financial Harm was the second highest concern, at 17%, with neglect and self-neglect also being prominent. The main location of harm, at 51%, remains at the adult's home, although 22% of referrals were for people living in a care home. This is a 3% reduction from last year.

Around 36% of referrals continue to formal ASP intervention by Initial Inquiry, with only 1% 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 risk of harm at an early point, thereby reducing the need for more substantive ASP intervention and in accordance with the principles of the Adult Support and Protection (Scotland) Act 2007.

### ***What are we going to do in 2015-16?***

#### **In Adult Protection we are going to:**

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

### **6.10 Substance Misuse**

The ADP alcohol and drugs strategies were produced with the involvement of a full range of stakeholders and both contain a shared vision and joint strategic objectives. These documents are the prime lead on any issues relating to alcohol and drugs in Aberdeen City. These are now supported through the four keys objectives which the ADP has set under its Delivery Plan 2015-18.

The ADP is represented on the Community Planning Aberdeen Management Group, the Community Safety Partnership (CSP) and the Child Protection Committee (CPC).

The ADP has members who are also involved with the Aberdeen City Licensing Board (Convenor); the Health & Social Care Partnership (Head of Joint Operations); CPC (Head of Children's Services); and the Adult Protection Committee (Senior Manager).

The Chair of the Aberdeen City Alcohol, Drug & BBV Forum is a member of the ADP and represents the interests of the Forum directly. The Forum both consists of and seeks to represent (via the widest possible engagement and participation) local communities, services and interested individuals (service users, people in recovery, family members, etc.). It does this through continuing to develop an advocacy role for local views and concerns relating to all aspects of alcohol, drug and BBV issues.

Over the past 12 months the ADP has delivered 3,071 alcohol brief interventions within NHS Grampian; supplied 397 naloxone kits and delivered training across a range of partners on: New Psychoactive Substances; Alcohol whole population approach and; Alcohol brief interventions.

In the last year the ADP has funded various initiatives:

- Further promotion and development of the local alcohol/drug bereavement group (TACT);
- Grampian Bereavement Network – allowing it to access equipment and resources to build capacity for local training aimed at those working with bereaved young people;
- Investment into expanding the educational input “Not for Human Consumption” which targets NPS awareness for S2/S3 school pupils via a city wide road-show;
- Danestone Community Centre – providing diversionary activities for young people;
- Expansion and pilot of Streetsport initiative (in conjunction with Play Forum Aberdeen) into targeted areas of need in City;
- Barnardos pilot programme with young offenders (in relation to addressing alcohol and car crime);
- DA and Aberdeen Community FC Trust “Future Legends” personal development programme targeting at-risk young people;
- Health and Wellbeing (Recovery) – range of co-ordinated activities to support individuals in their recovery; music, gardening projects, film;
- Salvation Army (Addictions Work) providing equipment for job skills/job search and recovery focused activity.

Community Safety / Violence Against Women:

- Contribution of funds provided for Street-Pastor service for new vehicle (City Centre Safe Space), and investment in alcohol/drug training as induction for all new volunteers;

- Investment in Best Bar None programme to allow expansion for 2014 participation and ADP Support Team supporting co-ordination and evaluation;
- Support to Fire Staff within Community Safety Hub – processes for engaging individuals at higher fire risk and support for referrals for Home Fire Safety Visits as well as referrals for alcohol/drug support;
- Support for local services to link up with VAW partnership to provide additional support in target areas of City.

Children / CAPSM:

- Supporting local service Befriend a Child with successful Lloyds TSB funding bid;
- Co-ordinating communication activity between Substance Misuse Services (NHS) and Aberdeen City Council Children’s Services aimed at improving joint working practice;
- Supported successful bid for local commissioned services DA / Families First ‘Culture Changers’ programme with the Robertson Trust.

Families:

- Support role of SFAD (local development officer post) in Northeast;
- Provision of funds for development of resources for new Family Centre (HMP Grampian).

Mutual Aid / Recovery:

- Provision of Hub centre facilities (Aberdeen Foyer) for ‘Aberdeen in Recovery’ – weekly drop-in;
- Support in co-ordination and promotion of all Recovery activity and Mutual Aid meetings;
- Development of SMART recovery groups within commissioned services;
- Pilot for Self-Directed Support planned with ACC services.

Offending / Re-offending:

- Support to Operation MAPLE, Police led cell block initiative – identifying support needs and referral to wider partner organisations.

***What are we going to do in 2015-16?***

The ADP will be working on delivering on the four identified priorities within its Delivery Plan 2015-18:

ADP PRIORITY	KEY CHANGES
<b>1. PREVENTION:</b> To a) reduce the	<ul style="list-style-type: none"> <li>• Improved co-ordination of whole population and targeted alcohol &amp; drugs activity via:               <ul style="list-style-type: none"> <li>○ Schools</li> </ul> </li> </ul>

<p>demand and associated problems in relation to drugs misuse, b) to support positive cultural change around alcohol availability and consumption by using evidence based measures</p>	<ul style="list-style-type: none"> <li>○ Further Education</li> <li>○ Workplace - Healthy working lives; Occupational health</li> <li>○ Partners internal &amp; external systems - Internet / Intranet / Facebook / Twitter – reach and interaction</li> <li>○ Local and national alcohol and drugs campaigns deliverables</li> </ul>
<p><b>2. EARLY INTERVENTION:</b> To increase opportunities and capacity to intervene earlier to reduce alcohol and drugs harms, including targeting of resources to those most at risk</p>	<ul style="list-style-type: none"> <li>● Increase in staff knowledge on alcohol &amp; drugs resulting in improved assessments / signposting / referrals</li> <li>● Increase in delivery of alcohol brief interventions</li> <li>● Increase in partnership work targeted towards specific populations / localities vulnerable to alcohol and drugs problems</li> </ul>
<p><b>3. REDUCE DEATHS:</b> To reduce alcohol and drug related morbidity and mortality</p>	<ul style="list-style-type: none"> <li>● Increase in provision of naloxone</li> <li>● Improved partnership systems, including appropriate data sharing, for managing people affected by alcohol / drugs</li> </ul>
<p><b>4. QUALITY:</b>  To demonstrate the quality of alcohol and drugs services by ensuring that they are accessible, effective, recovery focussed and valued by service users</p>	<ul style="list-style-type: none"> <li>● Increased evidence of people moving through their recovery, e.g. education; training; volunteering; employment</li> <li>● Improved evidence from service users / family members that services are helping them in their recovery process</li> </ul>

## 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 2014-15.

### 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 2014 - 15 four social workers completed their training and were approved by the CSWO. A further four have begun MHO training.

There are 29.5 MHOs located across adult services, with 19.5 working within Mental Health teams and 5 in the Out of Hours team. There are 14.7FTE core MHOs who are paid at a higher grade, these posts are MHO/SW posts and are mostly aligned to multi-disciplinary teams in Adult and Older Adult Mental Health at Royal Cornhill Hospital. There is one higher graded MHO in Learning Disability Services and one Peripatetic MHO. All Senior Social Worker Posts at RCH are also MHOs.

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 below:

Intervention	2011-2012	2012-2013	2013-2014	<b>2014-15</b>
Compulsory Treatment Order	49	65	56	<b>52</b>
Emergency Detention in hospital	20	30	36	<b>36</b>
Short-term Detention in hospital	156	186	180	<b>157</b>

### 7.2 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 79 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 247 Private Guardianships are subject to supervision, with contact made generally at the review stage or more often when assistance is needed.

The majority of Guardianships are for clients in the Learning Disability client group.

### 7.3 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.

*Use of Secure Accommodation – number of children placed in a year:*

PLACEMENTS	2011-2012	2012-2013	2013-2014	2014-15
Total New Placements	6 (5 children)	5	3	<b>10 (9 children)</b>
Placed by Court	3	1	1	<b>1</b>
Placed by CSWO & Hearing	3	1	0	<b>2</b>
Placed by CSWO	0	3	2	<b>7</b>
Hearing request - declined	1	2	2	<b>2</b>

The criteria for secure care are specific and the CSWO as decision maker declined to implement two authorisations from Hearings 2014-2015 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, support through the Crisis Team and the Young Women's Centre.

### 7.4 Emergency transfer of children

The CSWO authorised 27 emergency transfers of children subject to Compulsory Supervision Orders in 2014-2015, following discussion with the social worker/team leader and for a variety of reasons, including placement breakdown.



## 7.5 Adoption and Fostering

The Head of Children's Services is the 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.

The use of a recruitment group, involving staff, carers as well as partners within the Council's marketing and media teams has developed 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.

ACTIVITY	2011/12	2012/13	2013/14	2014/15
Adopters approved	15	19	14	34
Adoption Plans approved	25	19	19	32
Children adopted	21	24	21	19
Foster carers approved	16	13	6	7

We have seen an increase in the number of adopters coming forward in 2014-15 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.

In 2014/15 there were 110 children, in 133 external foster placements, commissioned by Aberdeen City Council at a cost of £4.2m. As at July 2015, there were 114 children in internal foster placements.

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.

## 7.6 Risk Management

Aberdeen City Council has a strategy for the assessment and management of risk. A risk register for the Education and Children's Services Directorate has been developed, which highlights potential areas of risk across the service and presents actions to be taken in mitigation. This is a developing area of work, as the Directorate continues to develop the integration of its services. There is a separate risk register for the Reclaiming Social Work programme, which is monitored through the Programme Board.

A risk register exists for the Health and Social Care Partnership which is monitored through the shadow Integrated Joint Board.



## **8. Improvement Approaches**

The Service has a Continuous Improvement Framework, which was 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 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. The Service has integrated the Continuous Learning Framework in its supervision policy and into the system for annual appraisals, with the outcomes being monitored and reported.

Performance reports are submitted quarterly to the Education and Children's Services Committee. The Service reports on a suite of indicators that was revised in 2014 for relevance and usefulness, through a series of workshops involving elected members, and agreed at Committee. The performance report for social work services has been split, to reflect the new service structure. Currently performance reporting for Adult Social Care is through the EC&S Committee, although this will transfer to the IBJ in due course.

Development work is ongoing at a Corporate and Service level, to develop performance dashboards. Social work performance information at the highest level is incorporated into the Corporate Dashboard. A service dashboard has been developed for Children's Social Work Services, this is being continually reviewed and developed to provide management information for the Head of Service. The service dashboard for Adult Social Care is currently being developed, to be in line with the national outcome indicators for integration.

### **8.1 Social Work Complaints**

Using an excel spreadsheet register and 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 complaints, where the requirement is for a formal investigation and a full written response under the procedure; appeals against original statutory complaint decisions and complaints heard by the Complaints Review Committee.

In the period April 2014 to March 2015, 78 statutory complaints were recorded, (compared with 95 for 2013-14 and 96 for 2012-13). These 78 complaints contained a total of 212 separate complaint points. Of these 212 complaint points, 20 points were upheld, 32 were partially upheld, and 141 were not upheld. The outcome for 10 of these points was that 'no decision could be made' and 9 did not have the decision noted in the response.

Children services received 47 complaints, which contained 152 separate complaint points, 16 of which were upheld, 110 not upheld and 15 partially upheld. A further 11 either has no decision noted in the response or no decision could be made.

Adult services received 30 complaints, which contained 56 complaint points, 4 of which were upheld, 31 not upheld, and 13 partially upheld. A further 8 either has no decision noted in the response or no decision could be made.

There was one joint complaint, which had 4 complaint points, all of which were partially upheld.

For 2014-15, 90% of complaints were acknowledged within the required 5 day timescale, compared to 48% in 2013-2014. In total, 29% were responded to within the 28 day deadline, compared to 30% in 2013-2014. Children's services responded in time to 28% and adult services responded in time to 30% of their respective complaints.

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; notably late responses from staff and a heavy workload within the Complaints team. Improvements are needed to try and increase our compliance rate, and efforts will be made to undertake training at Service and Team manager level later in the year to inform staff of the obligations on the Service. Discussions about how we can improve our complaints handling process, in a way that works more effectively for the complainant and social work staff will also be part of this training.

In 2014-15, 3 complainants took their case to the Complaints Review Committee, as compared to 2 in 2013-2014.

The CSWO receives quarterly reports regarding the volume and nature of statutory complaints received, achievement of timescales, key complaint trends and any particular areas of concern in service provision highlighted through the complaint process. This information covers all areas of social work provision. The same quarterly report also provides the CSWO with information on enquiries from MPs and MSPS, elected member enquiries, FOI requests, Subject Access Requests and third party requests for information; including information on compliance with statutory timescales.

Information on volume, nature and compliance with timescales is also provided to members of the Education and Children's Services Committee, via the quarterly performance report.

## **8.2 Reclaiming Social Work - Changing the focus of children's social work services**

Children's social work is a targeted service working with those families who are among the most vulnerable and disadvantaged in the city. Many of the children of these families are required to work with us on a compulsory basis.

The Reclaiming Social Work model is a whole system redesign of social work services for families in need in Aberdeen. It recognises the important role that social workers play in helping and supporting families in need and we want to make sure that they are free to focus on this work. This is why we have made a number of

changes to enable social workers to work more collaboratively and concentrate on social work, not unnecessary bureaucracy. To achieve this we are redesigning our service into systemic Social Work Units which will replace traditional teams, as well as providing training in systemic practice for all our staff.

Units will be headed by a consultant social worker and also include an additional social worker, a clinical practitioner as well as a unit co-ordinator who will provide an enhanced admin role. Each Unit will have responsibility for a number of families, contrasting with the current position where each social worker works with a number of individual children.

Implementation of the Reclaiming Social Work model will also significantly contribute to children's social work's continuing efforts to improve the services delivered to and the outcomes of the most vulnerable children and young people in Aberdeen, including a reduction in the number of children placed in high cost out of authority residential placements. It will also contribute to the Action Plan following the Care Inspectorate's Joint Inspection Report on Services for children and young people.

### ***Putting it into practice***

Scoping work on introducing Reclaiming Social Work began in 2013 and it was anticipated that the process would take approximately 3 years to complete from start to finish. Although work on the introduction of the model began in 2013, the proposed structure was only approved in January 2015 and full implementation began in June 2015. Governance is provided by a Programme Board, including internal and external representation, whilst a Project Team and three separate workstreams have managed the process.

In preparation for moving to the new structure, 60 frontline staff completed an Association of Family Therapy accredited 18 day practitioners course in systemic practice during 2014 and a further 55 are half way through a similar course in 2015. Similar further training for new staff as well as shorter training for staff in residential and community services is expected to be provided during 2016.

An independent evaluation of how the model is being introduced in Aberdeen is being undertaken and annual reports are being provided during the implementation process.

Aberdeen is the first local authority in Scotland to implement Reclaiming Social Work fully. We are extremely proud of this and how we work with our partners during the implementation of Reclaiming Social Work is really important to us. This is a time of change for many of our staff and we are grateful for their dedication to Children's Social Work at this time. We have developed a timeline for the implementation of Reclaiming Social Work and we expect that the first Units will go live in February 2016.

## ***What are we going to do in 2015-16?***

### **To implement Reclaiming Social Work we are going to:**

- plan for the first Units to go live in February 2016, including transferring cases between the current and new structures;
- procure further training courses for new staff, those wishing to become clinical practitioners and those in residential and community services;
- match existing staff to posts in the new structure;
- recruit internally and externally to fill remaining vacancies;
- promote Aberdeen's work in implementing Reclaiming Social Work in order to attract interest and potential new recruits from across the UK.

### **8.3 Integrating Health and Social Care - Contribution to local and national outcomes and Planning to meet national outcome indicators**

The draft Strategic Plan for the Health and Social Care Partnership groups our intended activities around the nine national health and wellbeing outcomes. The shadow Integration Joint Board has asked that the revised plan shows what successful attainment of each outcome looks like and what is necessary for that to take place.

We will be establishing a performance management workstream to develop a framework that links the improved outcomes of the people who use our health and care services, the local outcomes outlined in the locality plans and the national outcomes.

#### ***Progress with shift to early intervention***

We recognise the challenges in adapting our reactive mindset and associated actions to a more preventative, early intervention approach.

#### ***Key achievements in past year***

Key achievements include:

- Establishment of the shadow Integration joint Board in January 2015 and its continuing development thereafter;
- Establishment of the senior integrated management team;
- Significant engagement with staff from all sectors; integration conversations and workshops regular feature of this engagement.

#### ***Challenges and plans for coming year***

Key challenges primarily include those activities that are necessary for integration to take place and the time available to do these. Our secondary challenges include those transformational activities that we wish to undertake to improve the health and wellbeing of our local population.

We have engaged the services of the Good Governance Institute, Asset Based Community Development (ABCD) and Thrive to assist us with our endeavours and ambitions.

### ***Technology Enabled Care (TEC) Fund***

The H&SCP was successful in securing Scottish Government funding of £215,000 in 2015/16 in relation to a joint funding application on behalf of the Partnership and supported by Bon Accord Care's Occupational Therapy team, to support the expansion of TEC Aberdeen.

The funding is being used to:

- Increase the number of people utilising technology to support them to live independently and manage risks effectively;
- Ensure TEC forms an integral part of the assessment process for discharge from acute hospital;
- Expand the housing sector knowledge of how technology can support people to live safely in their own homes;
- Expand the use of technology solutions within sheltered housing settings;
- Support Alzheimer Scotland's Resource Centre in Aberdeen to establish a demonstration area;
- Link with the Adapting for Change Demonstrator site.

### ***Adapting for Change Demonstrator Site***

Aberdeen, along with Borders, Falkirk, Fife and Lothian were successful in being chosen as a Demonstrator Site for the Government's Adapting for Change Programme. The programme is designed to test new approaches in relation to the key issues around the provision of adaptation identified by the report prepared by the Adaptations Working Group.

Key partners include Aberdeen City Council, health local housing providers (RSLs) and other key partners with Bon Accord Care's Occupational Therapist Service operating as the lead organisation.

The local partnership will focus the following areas:

- A review of current pathways to ensure that the service is responsive and supports wider strategic objectives i.e. support hospital discharge, reducing admission to hospital and supporting people to remain safely within their own homes;
- Agree cross-agency 'definition' of the range of adaptations, specification tools and guidance to support standardisation of approaches;
- Identify opportunities for assessment or joint direct access arrangements, across tenures, including self-assessment and/or sign-posting and the provision of minor-moderate adaptations that do not require formal assessment.

The main focus will be on hospital discharge and enhancing technology enabled care options for people with dementia. This work links with the Technology Enabled Care project.

## **9. User and Carer Empowerment**

### **9.1 Continuous improvement of assessment processes**

Following feedback from frontline staff it was evident that the Single Shared Assessment was not user friendly and is one of a number of assessments that workers are completing. A resource implication that is evident is the duplication of information that Practitioners are inputting into each assessment.

Following Development Days which took place in February 2015 and after consideration of the points raised by Practitioners; an activity group is undertaking a review of all assessments and paperwork as it relates to Older People's services. The outcome of this piece of work is to reduce duplication and to ensure that the paperwork is user friendly for all stakeholders.

The SSA is currently under review. In doing this sections of the SSA have been developed to incorporate the requirements of the Social Care (Self Directed Support) (Scotland) Act 2013; SDS options 1 – 4 and to enable a planning budget to be shared with individuals and or their representatives. By developing the SSA this ensures that SDS is a critical aspect of the initial assessment process.

The intention is that the SSA (Older People) will be piloted by frontline staff in late 2015 and post review of the pilot, it will then go live in careFirst.

### **9.2 Self Directed Support**

Aberdeen City Council continues to improve and develop the implementation of the Social Care (Self Directed Support) (Scotland) Act 2013.

Self-Directed Support (SDS) gives individuals control over their day-to-day support and enables individuals to decide the best way to meet their outcomes as evidenced in their care and support plan. The care and support plan is a summary of assessed needs, outcomes and how the individual wants to use their personal budget to achieve these outcomes.

The SDS budget is Scottish Government SDS change fund monies. Scottish Government payments have been made: 2012/ 2013: £261,440; 2013/ 2014: £426,000; 2014/2015: £225,560. Of this £435,443 has been carried forward to 2015/2016.

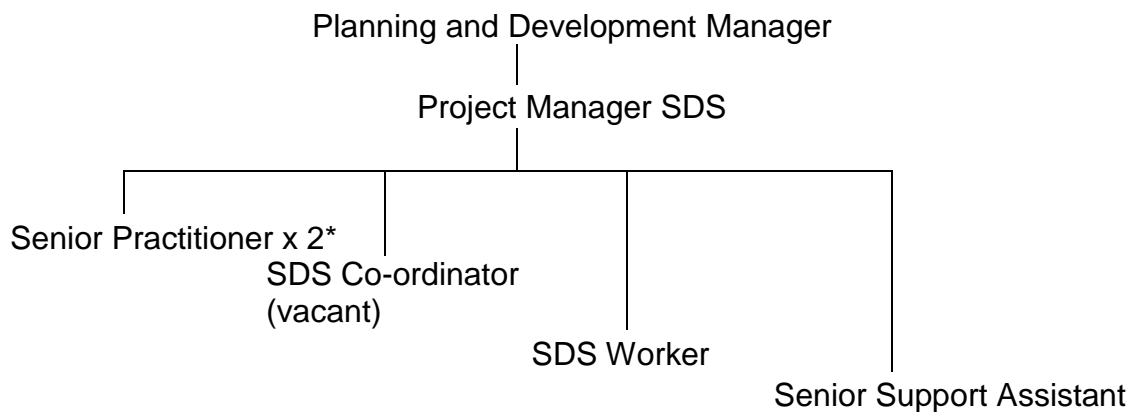
At August 2015 there were 259 Direct Payment recipients (approximate weekly cost is £90,590). Further information is detailed below:



Client Group	No. of Clients	Approx. average cost per client per week
Children with Disability	62	£251.22
Learning Disability	79	£508.43
Mental Health	11	£114.27
Older People	72	£314.60
Physical / Sensory Impairment	35	£312.69
	<b>259</b>	<b>£300.24</b>

### **SDS Team**

The structure of the SDS Team is being developed. The posts are needed to achieve the transformation of services required to meet the National and Corporate Priorities for the personalisation of social care services.



A business case was developed to support the SDS functions as laid out in the Social Care (Self Directed Support) (Scotland) Act 2013. Two Senior Practitioner Posts have been developed. The posts will be aligned with Adults and Children's services although will work across all service areas.

The posts will support the Project Manager SDS in the effective planning, monitoring and implementation and improvement of SDS across the city. This is intended to provide service users with greater choice and control over how they receive care and support services. The development of a Finance post is being considered in line with the Social Care (Self Directed Support) (Scotland) Act 2013. Consideration is being given to where this post will sit and how best to progress and finance this resource.

### **Direct Payments via an E-Wallet Pilot**

In line with the Social Care (Self-Directed Support) (Scotland) Act 2013, Aberdeen City Council must develop appropriate ways for individuals to direct their support

while at the same time having mechanisms that allow the council to monitor how the customer has spent their direct payment.

Our aim is to develop a clear and simple way for individuals to direct their support, whilst allowing for internal accountability of budget spent. Providing choice and control, without the financial accountability (as this is still held by the Council).

Aberdeen City Council is working with colleagues who manage the National Entitlement Card service in Aberdeen (called the Accord Card) to offer customers a new way to manage the payments they receive under the Self Directed Support legislation. This development will see the direct payment credited to an on-line e-wallet (provided by sQuidcard Ltd) that is accessed by and carried on the Accord Card.

The customer will then be able to manage their Self Directed Support budget online, see their balance, have a full transaction history and spend this money at any service provider that has signed-up to accept payment by sQuid. The sQuid system allows the Council to have an overview of all customers receiving a direct payment into their e-wallet and how this is being spent.

The development work to deliver this functionality is now complete and we are working with service providers to launch a pilot of this new service before undertaking a wider roll-out.

### ***SDS User Developments***

*Max*

The SDS Worker provided support and guidance to a family who were looking to access SDS to enable a more creative, innovative, and flexible and person centred approach to the young person's care and support package. A person centred approach was taken to the assessment, taking into perspective Max's likes, dislikes, hopes, dreams, wishes and outcomes.

To support Max to reach his outcomes it was recognised and agreed that Max would be supported to progress his interest in skiing. Max has been receiving ski instruction for some time resulting in positive outcomes for Max. Max thrives on the positive reinforcement, praise and encouragement that he receives from this activity.

Max's family have been in contact with the SDS team to share the positive news that Max has been selected for the Olympic Training Programme and has the potential to lead onto the Olympic team in the future.

*"Dear Eleanor and Mark,*

*As a result of the direct payments for Max and the ski lessons he managed to have he has been offered a place on the Special Olympic training programme. This has given Max's self-esteem a huge boost. Mark and I would like to thank everyone*

*involved in helping to make this happen for Max. You will never understand just how much this means to him.*

*Thank you all"*

### **Film Showcase**

The SDS Worker contacted families in receipt of SDS around July/August 2014 to enquire as to whether they would like to participate in a project to share and promote how individuals are using their SDS Direct Payment budgets to fulfil their assessed outcomes.

Filming of these stories took place over two months. One of the outputs and functions of the filming was for promotional and informational films to be shared with people considering the use of a direct payment.

The films are available on the ACC website

[http://www.aberdeencity.gov.uk/social\\_care\\_health/social\\_work/adult\\_services/sop\\_sds\\_stories\\_videos.asp](http://www.aberdeencity.gov.uk/social_care_health/social_work/adult_services/sop_sds_stories_videos.asp)

The films have been promoted at information sessions and utilised as part of film showcases including Getting a Life Not a Service that took place at the Beach Ballroom in March 2015. Getting a Life Not a Service; the event was attended by those who had participated in the filming, Friends, Family, Local Councillors, Practitioners and ACC Senior Management from the Health and Social Care Partnership.

### **9.3 User and carer involvement in Health & Social Care Planning**

It is recognised that an important priority for the shadow Integration Joint Board (sIJB) is to recruit appropriate individuals to represent users and carers on the Strategic Planning Group and the shadow Integration Joint Board.

A workshop was facilitated at a sIJB meeting earlier this year on user and carer involvement and then a paper was subsequently presented at a later meeting for the Board to decide how best to progress this priority.

Members were presented with 4 options for developing user/carers involvement, with the clear preference being a tiered approach, combining engagement with existing groups, development of Integration Reference Groups and individual representatives.

A strong connection between the existing groups, Reference Groups and individual representatives will be made.

This will be the key approach taken forward by officers, from which user and carer representatives will be selected, and from which we develop process for meaningful citizen participation.

The timeline for key actions to secure user and carer representation are:

- September 2015: Liaison with key organisations / individuals to support mapping exercise to identify the range of existing user/patient and carer groups across Aberdeen City. To date this has included:
  - VSA Carers Centre
  - Patient Involvement Officer, NHS Grampian
  - Scottish Health Council
  - National Autistic Society One Stop Shop
  - I-Connect Information Service

Specification to be written to describe the role, remit and tenure of the user / carer representatives;

- October & November 2015: Expressions of Interest will be taken from citizens of Aberdeen, from Groups & Individuals, for user and carer representatives.
- Week of 30 November: Undertake interviews for user and carer representatives;
- December 2015: User and carer representatives to be in place;
- December 2015 & January 2016: Supports identified to establish the Reference Groups and provide on-going guidance and facilitation;
- January – March 2016:
  - Induction of user and carer representatives
  - Interim Integration Reference Groups, with links to the range of existing groups will be developed
- October & November 2016: Review the role of the user and carer representatives, and the Integration Reference Groups.

The above is a more pragmatic approach as to that originally described, when it was envisioned that the individual representatives would emerge from the Reference Groups. In order to meet our timescales it is more expedient to liaise with groups across the city, as well as open this to individuals as we enter formal consultation on our Strategic Plan.

Furthermore, moving forward, the role of the user and carer representatives will be reviewed to consider how the IJB supports the development of wider citizen participation within the Health & Social Care Partnership, whilst being cognisant of the legal requirement to ensure user/carers involvement.

## **10. Workforce Planning and Development**

### **10.1 Workforce Development Plan**

The public sector generally in Aberdeen faces challenges in recruitment of staff. In all social work services 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.

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.

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 Head of Joint Operations from the Health and Social Care Partnership 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.

In the summer of 2015, the Council launched its Key Worker Housing Initiative, offering Council housing to identified key workers for a 6 month period following their appointment to a hard to recruit to post.

### **10.2 Health and Social Care Partnership**

The draft workforce plan for the Health and Social Care Partnership outlines a number of HR work-streams that will support the integration of our health and care services. It gives an indication of the strategic direction/vision and suggests the short and medium term actions that are required to achieve that direction, and to identify appropriate outcomes for each action.

The work-streams for the HR elements of Health and Social Care Integration have previously been agreed by the Heads of HR as:

- HR Support to the new Partnerships
- Staff Governance and Staff Partnership Working
- Workforce Planning and Development
- Recruitment and Resourcing
- Organisational Change and OD
- Health, Safety and Wellbeing
- Workforce Performance and Reporting
- Policies
- The Integration Scheme

It is understood that our draft workforce plan will develop and that it should therefore be viewed as a working document that is expected to undergo a number of iterative changes. Changes will be agreed by the NE HR Group, Chief Officers and Staff Side/Trade Union Representatives from Aberdeen City Council, Aberdeenshire Council, NHS Grampian and Moray Council – through the HR Sub Groups of the IJBs.

### **10.3 Employee Opinion Survey**

In October 2014, the Council commissioned BMG research to undertake an organisation wide survey of employees. The fieldwork was completed in December 2014 and the findings from the survey were published to all staff on 12 February 2015.

Following the publication of the results, a series of Directorate wide workshops were held with staff focusing on the key outcomes and highlighted areas for improvement. A separate follow up survey for managers was undertaken in May 2015.

Directorate level actions plans have been developed for Education and Children's Services and Adult Social Care, to take forward issues highlighted through the Employee Opinion Survey.

As part of the implementation of Reclaiming Social Work, the service has commissioned an external organisation to engage with staff to evaluate the impact of the implementation of the approach. This is used as a 'temperature check' of the morale and motivation of staff at key points during the change process. Evaluation activity is reported and monitored through the RSW Programme Board.

### **10.4 The Care Centre of Excellence**

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).

**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)

## 10.5 Social Care Campus

One of the key challenges in attracting workers from other areas to move to Aberdeen is the limited supply of good quality, affordable accommodation. In order to mitigate this, the Health and Social Care Partnership commissioned research to determine the feasibility of establishing a Social Care Campus in the City.

The scheme's main aims are to:

- Recruit, train and retain suitable individuals in the social care workforce
- Increase the pool of workers with the right qualities and qualifications available to the local market (all sectors)
- Make a positive impact on delayed discharge rates
- Reduce overall system costs
- Improve the quality of life for people in receipt of social care services

The campus model will provide a quality training package, unique to Aberdeen along with support and mentoring and accommodation option for people who may be interested in moving to the City to work in the sector, addressing issues of recruitment and retention.

The shadow Integration Joint Board, at their meeting on 29<sup>th</sup> September 2015 agreed to proceed with the model and a detailed Business Case based on the use of the former Dominies Hostel will be prepared and submitted for final approval.

## 10.6 Learning and Development and Training

Training for social care staff is provided, in part, through the contract with Bon Accord Care. Corporate training is also available, to support the embedding of the Council's Core Behaviours. The Service developed a Learning and Development Plan in 2014, although this still requires to be taken forward. Training is also

available online, covering key policy requirements of the Council such as Health and Safety, Data Protection, Plain English etc.

In 2014/15, staff attended 293 training sessions run by Bon Accord Care.

The review of the L&D contract with BAC is a priority in 2015/16 to ensure that the contract continues to deliver high quality training, tailored to the strategic policy objectives of the Education and Children's Services Department and Adult Social Care services.