

ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICER 2015-2016

ABERDEEN CITY COUNCIL

1. Foreword

I am pleased to present the Chief Social Work Officer's Annual Report for Aberdeen City for 2015-2016. This provides an overview of the social work services provided, 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 2016-2017 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 and the Head of Joint Operations, Aberdeen Health and Social Care Partnership, all of whom are registered social workers.

Since the last Chief Social Work Officer's Annual Report, there have been significant changes in the delivery of social work within the City. On 1st April, the Aberdeen City Health and Social Care Partnership "went live" and social work services for Adults, Older People and those in receipt of Criminal Justice Services are now provided by the Partnership. The Council has also seen the introduction of the first Reclaiming Social Work Units and the development of new commissioning arrangements for children's social work. All of these have the potential to fundamentally change the delivery landscape of social care and social work across the City and across our partner agencies.

All of these changes are being and will continue to be delivered against a challenging economic and financial backdrop. The City Council will face significant budget pressures in the next and subsequent years, with difficult decisions requiring to be made about the future shape and size of service provision. These pressures are felt not just by ourselves, but also by our colleagues in the third and private sectors.

The City Council commissions high volumes of social care and the difficulty of securing care has continued over the past year. These are challenges that the City Council and the Health and Social Care partnership are addressing through innovative commissioning approaches, which are outlined later in this report.

Both the City Council, the Health and Social Care Partnership and our stakeholders and partners face recruitment challenges, with difficulty in filling key posts. Some pressure has been eased, due to the downturn in the local economy, which has seen increased application for some types of posts. However, professional vacancies remain hard to fill and some services are holding more vacancies than we would like. Approaches to filling posts and tackling our workforce priorities are outlined later in the report.

Despite these challenges, as Chief Social Work Officer, I believe that we are in a good place to deal with these challenges, due to the motivated and hard working staff group that we have in place.

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

2. Summary Reflections - Key challenges and developments during the past year

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

Children's social work is a statutory, 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 our staff.

Following a review of the proposed structure, some changes were made to the focus of some Units who will retain an element of "specialism" i.e. Children with Disabilities and Children who require permanence. The initial Units commenced operation in February 2016. Following a job matching process all staff have been matched into a post in the new structure. This has been an unsettling but necessary exercise to go through to ensure we have the right staff with the right skills in each post.

Each Unit is headed by a consultant social worker and includes a social worker, a clinical practitioner and a unit co-ordinator who provide an enhanced admin role. Some Units will contain 2 social workers reflective of the statutory nature of the work and the need for them to visit children often placed out of the city. Units 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 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. This will include a reduction in the number of children accommodated by the local authority including those placed in high cost residential and foster placements.

Putting it into practice

Scoping work on introducing Reclaiming Social Work began in 2013. 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 which includes internal and external representation, whilst a Project Team has managed the process.

In preparation for moving to the new structure, 110 frontline staff completed an Association of Family Therapy accredited 18 day practitioners course in systemic practice during 2014 and 2015. Further training for new staff as well as shorter courses is planned during 2016/17. This will include a 2nd year of systemic training allowing 20 staff, clinical practitioners and consultant social workers, to further develop their knowledge and skills.

An independent evaluation of how the model is being introduced in Aberdeen is being undertaken and annual reports are provided during the implementation process. Reports have been insightful and provided a learning opportunity to further consider the views of staff and stakeholders.

Aberdeen is the first local authority in Scotland to implement Reclaiming Social Work. 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 continued dedication to Children's Social Work at this time.

In the coming year to implement Reclaiming Social Work we are going to:

- Learn as we go from the experience, further Units will go live throughout the course of 2016/17;
- explore the appropriateness/need for an interim "hybrid structure" to manage the transition between the two models;
- deliver further systemic training for new staff, those wishing to become clinical practitioners and those in residential and community services;
- work with HR colleagues to 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 but also to take our stakeholders with us on our implementation journey;
- Develop an evidenced based performance framework to report on the impact of Reclaiming Social Work.

The Aberdeen City Health and Social Care Partnership

The Aberdeen City Health and Social Care Partnership "went live" on 1st April 2016. The strategic priorities of the Partnership for the next three years are laid out in the Partnership's Strategic Plan. They are to:

- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community;
- Support and improve the health, wellbeing and quality of life of our local population;
- Promote and support self-management and independence for individuals for as long as reasonably possible;
- Value and support those who are unpaid carers to become equal partners in the planning and delivery of services, to look after their own health and to have a quality of life outside the caring role if so desired;

- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing;
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities;
- Support our staff to deliver high quality services that have a positive impact on personal experiences and outcomes.

Further detail regarding the Health and Social Care Partnership is contained within the body of this report.

3. Partnership Structures/Governance Arrangements

Integrated Children's Services

Joint Inspection Action Plan

The Care Inspectorate's report on the joint inspection of services for children and young people in the Aberdeen City Community Planning Partnership area, undertaken during 2014, 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 recognised the need to improve performance in respect of all Quality Indicators. An Action Plan was submitted to the Care Inspectorate in June 2015 outlining how the partnership planned to address the inspection's findings. This was overseen by the multi-agency Integrated Children's Services Board (ICSB), chaired by the Director of Education and Children's Services. All agencies who provide services to children within the partnership have been collectively responsible for delivering the Action Plan and the majority of actions have required agencies to work together to achieve successful outcomes.

The multi-agency Improvement and Performance Group (IPG), under the chair of the Head of Service for Policy, Performance and Resources in Education and Children's Services, has monitored the progress of delivering the Action Plan on behalf of the ICSB. Progress has in turn been ultimately reported to the Integrated Children's Services Chief Officers Group (COG).

The Care Inspectorate signed off the progress report in July 2016 and noted positive progress and a number of actions have been effectively subsumed into current multi-agency workstreams to ensure consolidation of the progress to date.

In February 2016 the Scottish Government announced its intention to review how Child Protection Inspections are to be undertaken. It is anticipated that this review will propose changes in terms of the focus and nature of future inspections.

Whilst ultimately focussed on outcomes for children and young people, a key challenge identified by the Inspection in 2014, was the need for agencies across Aberdeen City to improve how individually and collectively they analyse and utilise data to evidence improved outcomes. Consequently, a major element of the Action Plan has been to develop a quality assurance framework which draws upon best practice and delivers:

- clarity of roles and responsibilities;
- accurate management information;
- regular performance reporting and analysis;
- embedded audit and improvement cycles;
- engagement and feedback from children and families;
- a positive and energised workforce.

Using the Council's Covalent performance reporting system, an evidence gathering data framework has been developed across the Partnership. Although there have been challenges in developing and utilising this system, the learning from this experience will be invaluable to track and measure the impact of implementing the 2017-2020 Children's Services Plan, which all local authorities are required to have in place by 31 March 2017 and thereafter to report on annually to the Scottish Government.

Multi-agency practice

Over the last year the ICS partnership has also anticipated the implementation of the Children and Young People (Scotland) Act 2014. Further revisions to the multi-agency Child's Plan have been made and the multi-agency training programme, provided in partnership with Aberlour, has sought to develop greater consistency in its use whilst also encouraging continuous practice improvement.

The city has also prepared for the launch of the named person provisions and has revised its approach to the multi-agency screening of Police Concern Reports. However, this has been undertaken against the backdrop of the challenge to the legislation in the UK Supreme Court.

The partnership is proud of the commitment of by the range of professionals within the city working with children and young people, something that is reflected in the attendance by over 400 at the annual ICS Conference each September.

The Health and Social Care Partnership

A meeting of the Full Council on 2nd March 2016, approved a report which set out the powers to be delegated by the Council to the Integration Joint Board (IJB) for Health and Social Care. At that meeting, the Council instructed the Chief Executive to provide an update report to members of the Council on matters relating to the IJB that she considered to be of interest to them, including financial matters, on a quarterly basis.

The first of these quarterly reports was presented to the Council on 17th August 2016 and set out the central elements of governance for the IJB.

Aberdeen City Council has delegated a range of statutory functions in respect of social care services to the IJB. These functions have been delegated and not transferred and legal responsibility for these functions still sits with the City Council, under the direction of the IJB.

Legislation requires the IJB to set out a mechanism for implementing the Strategic Plan. This takes the form of directions from the IJB to the City Council, which sets out the services and functions to be delivered by the Council and the associated budget for this.

The IJB agreed its strategic plan 2016-2019 in March 2016. The strategic plan set out the partnership's strategic vision statement, its values and its strategic priorities for the next three years.

The IJB has also agreed a Board Assurance and Escalation Framework, which describes the means by which the board secures assurance on its activities. The framework sets out the governance structure, systems and performance and outcome indicators through which the IJB receives assurance. The framework describes the process for the escalation of concerns or risks and describes the regulatory framework within which the IJB operates.

Through an interim Clinical and Care Governance Framework, arrangements have been put in place by the IJB to comply with the National Framework for Clinical and Care Governance. A Clinical and Care Governance Group and a Clinical and Care Governance Committee have been established to oversee the framework. The C&CG Committee provides assurance to the IJB in relation to the quality and safety of services planned and/or delivered by the IJB. Its key role is to ensure that there are effective structures, processes and systems of control in place.

The role of the Clinical and Care Governance Group is to oversee and ensure provision of a coordinated approach to clinical and care governance issues within the Partnership. The Group reports to and provides assurance to the C&CG Committee that there are robust mechanisms in place for reporting clinical and care governance issues.

The Chief Social Work Officer's responsibilities in relation to local authority social work provision continue to apply to functions which have been delegated under the integration arrangements. The Health and Social Care Partnership will shortly appoint a Lead Social Work Manager, who will link with the Chief Social Work Officer with regard to the governance arrangements, continuous improvement, quality assurance and management of adult social care services. The Lead Social Work Manager is a member of the Care and Clinical Governance Group and the CSWO has a freestanding invite to attend.

4. Social Services Delivery Landscape for Aberdeen

About Aberdeen

Aberdeen's Economy

Aberdeen is one of the most competitive, innovative and economically productive cities in the UK, and provides Scotland with 15% of its Gross Value Added (GVA). Much of the success of Aberdeen has been built on the traditional oil and gas sector; it also has a successful small business economy. Since the end of 2014, the local economy has suffered as a result of the global oil price decline. Business growth is slowing and, while this downturn is not the first of its kind, it highlights a growing and urgent need to diversify the economy to ensure economic sustainability.

Due to the historical success of the City workers in Aberdeen benefit from average salaries that are almost **£6,000 higher** than the Scottish average, and unemployment levels are low. Some of the most affluent areas of Scotland are within Aberdeen City, but equally within the City boundaries are some of Scotland's most deprived areas.

Despite low headline deprivation figures, almost **30%** of households in Aberdeen are in fuel poverty, **18%** of children in Aberdeen are living in poverty. The **majority** of children that are living in poverty are living in a working household.

Aberdeen's Population

The estimated population of Aberdeen City on 30 June 2015 was 230,350. This was 1,430 higher than the previous year and 21,660 higher than the mid-2005 figure. Of the 1,430 increase, 1,085 was due to migration.

In terms of age profile, Aberdeen City has a high proportion of the population in 16-24 and 25-44 age groups. They account for almost half (46.7%) of the total population of Aberdeen City. 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 over 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 the period up to 2037, the population of Aberdeen City is projected to rise to 288,788. It is forecast that the 65+ age group in Aberdeen City will increase by 55.4% and the number of children (aged 0-15 years) is projected to increase 44.8%.

In Aberdeen City (2012-2014), life expectancy at birth for women is 81.1 years and for men it is 76.8 years. These figures are very close to the Scottish averages of 81.1 years for women and 77.1 years for men. Life expectancy has increased for both men and women over the past 10 years. The increase has been higher for men (2.4 years) than for women (1.2 years). However, rates of increase have been lower in

Aberdeen City than for most other local authority areas. As a result, Aberdeen's position relative to other council areas has worsened in the past 10 years – dropping from 18th to 23rd in the rankings for males and from 12th to 19th for females.

Life expectancy is strongly associated with deprivation. In Aberdeen City, life expectancy at birth was 71.9 years for men in the 15% most deprived areas of the city compared to 77.8 years for men in the 85% least deprived areas. For women, the respective figures were 78.0 years and 81.8 years.

Life expectancy at birth is an estimate of the average number of years a new-born baby would survive if he/she experienced an area's age specific mortality rates throughout his/her life. Healthy life expectancy at birth is higher for women than for men. In Aberdeen City, males born in the period 2009-2013 had a life expectancy at birth of 76.9 years and a healthy life expectancy of 65.0 years, giving an expected period of 'not healthy' health of 11.9 years. For women, the figures were 81.2 years and 67.4 years, giving an expected period of 'not healthy' health of 13.8 years. Compared to other local authority areas, healthy life expectancy in Aberdeen City ranks slightly above mid-point – ranking 15th (out of 32) for males and 14th for females.

As with life expectancy, healthy life expectancy is strongly associated with deprivation. In Scotland, for both males and females, healthy life expectancy decreased with increasing deprivation, and length of time in 'not healthy' health increased with increasing deprivation. Additionally, the gap between men and women also increased with increasing deprivation

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

When only the health domain of the SIMD is considered, the picture for Aberdeen City is slightly worse with 48 (18%) of Aberdeen's 267 data zones being in the 15% most deprived data zones in Scotland. Almost all of these data zones are located in the seven priority neighbourhoods identified in the Community Regeneration Strategy.

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.

The 2011 Census also collected information on the presence of a long-term health problem or disability. People were asked “Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?” In Aberdeen, 7% of people reported a health problem or disability which limited activities ‘a lot’ and 9.0% which limited activities ‘a little’. Both these figures are slightly below comparative figures for Scotland of 9.6% and 10.1%.

Cancer and circulatory diseases (such as coronary heart disease and stroke) together account for over half of all causes of death in Aberdeen City. In 2013, almost a third (30.3%) of male deaths and a quarter (24.6%) of female deaths were caused by cancer, and 28.8% of male deaths and 30.6% of female deaths were caused by circulatory diseases.

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 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.

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.

Children’s Social Work Public Social Partnership

In September 2015, the Head of Children’s Social Work commissioned a review of all commissioned services and invited internal audit to become involved. A cross council project was implemented involving colleagues from the commercial and procurement service, finance, ICT and the transformation unit, and a recovery plan is now in place. A strategic needs assessment and commissioning framework are key parts of the plan.

Recovery plan & service reviews

At the time of the review, of the 105 services funded from the Children’s Social Work budget only three local providers had an up to date contract in place. Seven services were provided under the National Framework for Fostering or Residential Services

and the remaining 95 services, most of which were individual placements or packages of care, either had no contract or an expired contract.

Many of these needed to be brought under the appropriate National frameworks or, where the service was not part of a national framework, a contract needed to be put in place. Separate work is being undertaken in relation to this latter group.

Seventeen of the services that were out of contract were considered to be 'high risk' because of high levels of funding, risk related to the client group, or concerns that without a contract the council could not provide assurance of best value. Seven of these, however, related to individual care packages where a level of agreement was in place or needed to be further developed and/or needed to be properly recorded on the system.

The reviews were commissioned earlier this year from an independent consultant and the findings were subsequently reviewed by Children's Social Work and the Contracts and Commissioning Team to determine:

- the strategic relevance of the service;
- whether the service was delivering value for money;
- the cost of the service; and
- whether the contract had been awarded in compliance with the council's financial regulations and with applicable procurement regulations.

The reviews have been completed and meetings arranged with providers to discuss the findings and put in place interim arrangements. This includes short term contracts and performance measures, pending the development of the Public Social Partnership (PSP) framework.

Public Social Partnership Model

Reclaiming Social Work is predicated on a robust and strategic approach to commissioning in recognition of the staff intensive nature of the model and the importance of commissioning services that are targeted at identified areas of need.

The changing focus and new skills mix in Social Work Units will inevitably lead to different requirements of support services. Existing in-house Family & Community Services have already been re-configured and residential services are being similarly re-designed. Re-commissioning external services is a fundamental requirement of the implementation of Reclaiming Social Work by setting out the council's purchasing intentions to meet local need.

The PSP model has already provided the basis of a series of planning sessions between the service and third sector representatives. These have focussed on the identification and analysis of need as well as the parameters of the model's use. This has resulted in a move from the current service led commissioning approach towards a strategic commissioning framework, which sets out clear commissioning intentions, processes for the regular review of contracts and makes clear how the impact that services are having will be monitored. These planning sessions were supported and facilitated by Ready for Business, a third sector led consortium that

works with commissioners and buyers to encourage the adoption of social value in public procurement, including promotion of the PSP model.

The resulting Strategic Commissioning Framework for Children's Social Work and Strategic Needs Assessment are currently draft documents which will subsequently be approved at Directorate level - although the Needs Assessment will remain a 'live' document and be updated as and when further data becomes available. They include information not only about levels of need and existing services, but also sections covering the market position, commissioning priorities and performance management. They will help the service to pro-actively plan to meet future levels of demand by anticipating the needs and expectations of children and young people who are eligible to receive support from Children's Social Work as well as their families and carers.

One key aspect of the approach being developed is a clear shift towards monitoring and reviewing all services based on evidence of need and improved outcomes. This will be underpinned by a culture of performance management led by the Council as the commissioning organisation and a culture of continuous improvement and accountability by the providers. The principles of 'Results Based Accountability', a model developed by Mark Friedman, will be used to develop performance accountability in commissioned services and this will be reflected in interim contracts, highlighted above, ahead of the PSP.

As well as focussing on the identification and analysis of need, consultation with both representatives from current providers and a range of our own staff has also begun work on the co-production and design elements of the PSP. Work has also been undertaken to gain a range of views from service users, although this has proved a challenge and the work to gather their opinions is on-going.

From these consultations, implementation of the approach in three phases over the next year has been proposed. These will be:

- intensive support services;
- family support services;
- services for children with disabilities.

The benefit to Children's Social Work will be that each phase will be aligned to the needs of the part of the service that it will complement and support. For example, the first phase, which it is proposed will be tendered for later this year, will support early intervention and prevention, and particularly the work of the Youth Team. By contrast, the second phase will follow the roll out of further Units and provide support to children and families at that stage. The third phase, which will not be tendered until later in 2017, will follow on from work being undertaken to better understand the relationship between the Children with Disabilities Team.

H&SCP Commissioning

The Integrated Joint Board approved its approach to Strategic Commissioning and Transformation on 26th April 2016. The programme of commissioning and transformation is governed by the Audit and Systems Performance Committee.

The IJB agreed that focussing on a smaller number of transformative projects would have the biggest effect on the whole system and support the partnership in delivering the shift towards more person centred and community focussed health and care economy. Delivery of these programmes is supported by a three year investment programme in the first instance.

The process undertaken to develop strategic priorities included a range of partners:

- Integration and Transformation Programme Board – participated in a workshop to identify a number of “big ticket” items that are key building blocks for delivery of the partnership’s strategic ambitions as set out in the strategic plan. These big ticket items were mapped against the partnership’s strategic priorities.
- The Strategic Planning Group – considered the outputs of the workshop of the Integration and Transformation Programme Board workshop and linked these to the delivery of the strategic plan.
- The Integration and Transformation Programme Board – considered and agreed the six priority strategic commissioning areas.

The strategic investment priorities of the Health and Social Care Partnership are:

- Acute Care at Home
- Supporting management of long term conditions – building community capacity
- Modernising Primary Care
- Culture Change / Organisational Change
- Strategic Commissioning and Development of Social Care
- Information and Communication Technology and Technology Enabled care

5. Finance

Aberdeen City Council in 2011 undertook a Priority Based Budgeting (PBB) exercise that reviewed all its costs over a 5 year period. 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 13% from 2015-16. This is based on agreed savings and the building in of growth to the base budget.

SOCIAL WORK SERVICES	2015-16 £'000	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000
Total Budget	127,332	130,048	136,148	138,432	141,282	143,939
Adults	88,199	90,605	95,414	97,787	100,166	102,563
Children	37,517	37,797	39,058	38,939	39,390	39,610
Business Management	1,616	1,646	1,676	1,706	1,736	1,766

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.

Children's Social Work

Social Work Services meet commitments within budget. However, Children's Services in 2015-16 were overcommitted through 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. The budget has now been re-profiled to effectively meet the demographic changes facing the City and the year on year increase in residential care charges.

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 the 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.

Overview of joint financial planning and management of financial arrangements for the H&SCP

Due diligence processes have been applied to the creation of the consolidated Aberdeen City Health and Social Care Partnership budget for the 2016/17 financial year. This is to ensure that the budget provided for the Partnership is sufficient, identifies current and historical pressures and demands and allows the Partnership to proceed on a sound financial basis.

In subsequent years the Chief Officer and the Chief Financial Officer will develop a business case for its resources in line with the method set out in the Integration Scheme.

The budget for the Partnership will be derived from the funding allocated to the IJB from Aberdeen City Council and NHS Grampian Health Board. In 2016/17 it is likely that the majority of funding will continue to be used as per existing budgets but in future years the IJB may choose to use the funds to provide services in an alternative manner. This would involve the reallocation of funding between health and social care budgets.

The Scottish Government Local Government Finance Settlement (Circular 7/2015 version 4) imposed a range of conditions on Councils, which were reflected in the creation of the consolidated budget. £250 million, for Scotland as a whole, will be transferred from the Health Budget to integration authorities in 2016/17, whereby £125 million is to support additional spend on expanding social care to support the objectives of integration; and £125 million is provided to help meet a range of existing costs faced by local authorities in the delivery of effective and high quality health and social care services.

The Aberdeen City IJB share of the £250 million is £9.5 million. £4.75m to fund additional capacity and £4.75m to meet local authority budget pressures. This includes a requirement that all social care workers including those in the independent and third sectors are paid the Living Wage.

This gives a total delegated budget of £251.699m for 2016/17 for the Aberdeen City and Social Care Partnership budget.

There is also additional capacity/transformational funding available of £9.625m. This consists of additional social care capacity £4.75m, Integrated Care Fund £3.75m and Delayed Discharge Funding £1.125m. The Chief Officer will consider an investment strategy for this funding.

6. Service Quality and Performance

Performance Frameworks

Children's social work performance framework and approaches to improvement

The Children's Services Management Team has created a performance dashboard for reporting key performance information to managers within the service. This will be developed to all management tiers during the next year and will provide drivers to improving performance throughout the service. The Children's Services Management Team actively review performance information on a quarterly basis and commission audits of specific parts of the service or reviews of particular data. These are used to shape and re-design parts of the service or key processes within it.

The appointment of a Service Manager to manage and oversee the work of the Independent Reviewing Officers for looked after children is driving up the quality and consistency of such reviews. The previously developed outcomes framework is being applied within their plans and we aim to be able to monitor progress against these outcomes as part of our Carefirst client records system during the next year. This will give us additional evidence to highlight areas for improvement across the service.

H&SCP Performance Framework

At its meeting on 29th March 2016, the Integrated Joint Board approve a Framework to Support Planning, Governance and Performance Improvement in Aberdeen City: "The Intelligent IJB". The IJB adopted a framework for performance, governance and improvement, underpinned by good intelligence and effective practice.

The underlying principles of the framework are that for intelligence to have an impact on improving health and care, it is important to work together at all levels, to co-produce intelligence, aiming to improve ownership, responsibility and collective leadership.

The main components of the approach include:

- Managing the information challenge – developing processes to ensure that important intelligence is not missed;
- Establishing a systemic cycle of reporting for IJB business – ensuring a balanced approach to the discussion of operational performance and strategic considerations;
- Clarifying delegated accountability – empowering people to take leadership and responsibility at all levels of the organisation;
- Enabling constructive challenge – supporting people to interpret data and ask intelligent questions.

The H&SCP is introducing a system of tiered intelligence, where information is packaged to support effective service delivery, performance improvement, governance and strategic planning.

An early performance dashboard approach has been agreed, with indicators grouped under each of the nine outcome indicators. These indicators include the national core suite of indicators, health and social care national and local indicators and areas where we would wish to develop indicators to evidence achievement of outcomes. This continues to be an evolving piece of work, led by a cross-service Performance Working Group, with the intention of providing regular reporting and intelligence for use at three layers – operational, performance and governance.

As the Locality Leadership Groups develop, each has a performance sub-group, looking at co-ordinating the information required to develop Locality Plans. Over time these sub-groups will also look to develop local outcome indicators, to evidence the delivery of locality plans.

Risk Management

Risk Management within Children's Social Work

Risk management within Children's Social Work is governed by the City Council's Risk Management Strategy, which was agreed in January 2015.

The Strategy is designed to meet the following requirements:

- To promote the development of an Enterprise Risk Management culture across the Council and its Group.
- To support Principle 4 of the Local Code of Corporate Governance which requires transparent informed decision making which is subject to effective scrutiny and the management of risk.
- To assist the achievement of objectives.
- To provide a framework for the application of risk management practices to partnership activity in which the Council leads.
- To enhance the value of services provided to communities.
- To establish the methodology that identifies our appetite for risk.

The management of risk at the strategic level is informed by the implementation of controls and mitigation at both the strategic and service / operational levels. For example, developments in the management of a *Protecting Children* risk at the service level, will be linked at the strategic level to *Harm* and *Compliance* to ensure these key areas of risk are timeously updated and subject to dynamic management activity.

Beneath the strategic level, all services maintain registers which include risks with the potential to impact on their Service and Improvement Plan priorities and outcomes. All services take account of the corporate key dependencies in their consideration of risk:

- Financial Management and Planning
- Customer relations
- Employee engagement

- Business Continuity Planning
- Health, Safety and Wellbeing

The risks for Children's Social Work are contained within the service risk register for Education and Children's Services. Each identified risk has a risk owner, responsible for monitoring the risk. This risk register is a standing item at the E&CS Directorate Leadership Team meetings and will be approved at the meeting of the Council's Audit, Risk and Scrutiny Committee on 27th September 2016.

Risk Management within the Health and Social Care Partnership

The Aberdeen City Integration Joint Board recognises that health and social care provision and the activities associated with care for patients/people who use services, employing staff, providing premises and managing finances are all, by their very nature, risk activities and will therefore involve a degree of risk.

The IJB, through its strategic plan, will seek to establish a culture that ensures that risk management is an integral part of everything it does. Effective risk management helps the board to meet its objectives.

The Risk Management Framework for the Health and Social Care Partnership was approved by the Integrated Joint Board on 29th March 2016. The development of the risk management framework was underpinned by a risk management workshop facilitated for the shadow IJB in October 2015. This workshop presentation outlined the principles of risk management, its importance to core business dependencies and the wider context of economic, political, demographic and environmental change. The role of risk management in supporting good governance and informed decision making was stressed. The Good Governance Institute facilitated additional workshops to support the board's exploration of risk appetite.

A strategic risk register frames the risks associated with the H&SCP's progress in achieving its strategic priorities. The Chair of the Strategic Planning Group owns this risk register. The Chair provides the Audit and Performance Systems Committee with an update of the risk register and updates the Chief Officer through the Executive Group. The Audit and Performance Systems Committee provides the Integration Joint Board with an update of the strategic risk register.

In addition, a Corporate Operational Risk Register has been developed, showing the high level business dependencies and operational risks that need to be managed. The Head of Operations owns this risk register and it is a standing item for discussion at senior operational management team meetings. The Head of Operations reports changes to the risk register to the Chief Officer through the Executive Group. As with the strategic risk register, the Audit and Performance Systems Committee will provide the IJB with an update of the corporate risk register.

7. Delivery of Statutory Functions

Children's Social Work

Children's social work is now very much part of the Education and Children's Services Directorate led by a single Directorate Leadership Team. Service Managers are now located with Education Colleagues and four of the new Social Work Units are based on a School site. The Virtual School Head Teacher has been appointed to provide educational continuity for looked after children.

As part of the implementation of Reclaiming Social Work, as outlined above, we have completed a review of our commissioning framework in partnership with stakeholders, including service providers. This is being taken forward during the next twelve months with the development and tendering for three tranches of services under a Public Social Partnership.

A key aim for 2016 - 17 will be to fully implement the Reclaiming Social Work model. Recruitment of sufficiently qualified and experienced staff in key roles, such as that of Consultant Social Worker, has been a challenge. Targeted recruitment for vacant posts is ongoing and whilst we are actively seeking to recruit new staff to these roles, both internally and externally, the pace of recruitment will determine the pace at which we roll out subsequent phases of the new service model.

It is therefore our intention to move to a "hybrid structure" while efforts to recruit the staff that we need continue. The hybrid structure will see staff who have yet to move to a Unit move to a team directly aligned to the area of work they have been matched to. Cases will also move to the appropriate teams. This change will minimise further change for service users; ensure clear line management structures; allow staff to begin to practice in the area of service delivery that they have been matched to; and enable a smoother transition to future Units.

Implementation of Part 4 (Named Person) and Part 5 (the Child's Plan) of the Children & Young People (Scotland) Act 2014 have implications for children's social work as well as the universal services of health and education. It will be important that the eligibility criteria for children's social work reflects these statutory changes and sets out how we will work with other agencies to deliver effective services to all children who meet the eligibility criteria. We are working closely with colleagues in the universal services to ensure that local guidance is clear and we have participated in training ahead of the implementation of these aspects of the Act.

Extension of entitlement to continuing care and aftercare for care experienced young people, under the Children & Young People (Scotland) Act 2014, will pose a challenge for children's social work. Whilst we wholeheartedly recognise and support the catalyst for these legislative changes, that is the acknowledgement that the longer term outcomes for care experienced young people are among the poorest in society, these provisions do pose challenges for children's social work.

For example, registering our Children's Homes to care for both adults and children; providing care for 12 - 13 year olds within the same setting as 20 - 21 year olds;

supporting foster carers to not only provide support for adolescents and teenagers, but also for young adults; recruiting foster carers to compensate for those caring for young people for longer periods; and taking account of the fact that young adults may be in employment or have an entitlement to their own benefits when determining the allowance paid to carers.

We are preparing for these challenges and as part of the implementation of Reclaiming Social Work we have already established a Youth Team whose core responsibilities will include providing aftercare support for care leavers. The Team will also forge positive links with other services both within the Council and externally. The change in statutory responsibilities will place added demands on the Youth Team, and it is anticipated that there will be additional capacity issues over the coming years which we will continue to monitor and respond to. In preparation for this we are doing modelling work to understand the number of young people who may wish to take advantage of these entitlements. In addition, we are working on the financial arrangements for supporting continuing care placements as well as understanding how many foster carers will be willing to support young adults and how a variety of residential settings will manage this change.

Kinship care, which is when a child is looked after by their extended family or close friends when they cannot remain with their birth parents, should be the first consideration when a child requires to be accommodated. Research highlights that children placed in kinship placements generally have better outcomes than children placed in other care settings. However the research also highlights the practical and financial challenges experienced by kinship carers. The Children & Young People (Scotland) Act 2014 sought to formalise aspects of the support provided to kinship carers and extended the scope of those children who qualify for kinship support. Whilst additional funding has been provided by the Scottish Government to provide parity between kinship carers and foster carers the additional funding is unlikely to cover full cost of implementing these changes.

The increased expectations around assessing kinship carers and providing practical and financial supporting to them will have resource implications for the Alternative Family Care Service. We do not underestimate the complexity of the care task that kinship carers provide and we will need to undertake assessments timeously and provide flexible and responsive support, if we are to ensure that kinship placements do not disrupt contributing to poorer outcomes for children.

Like most urban authorities Aberdeen City Council has more children who require adoption than it has approved adopters. Positive relations exist with neighbouring authorities who are often in the opposite position. This allows for prospective adopters to be directed to us where we can assume responsibility for assessing their suitability. Whilst these placements offer the best long term outcomes for children who cannot be cared for by their family, the cost of purchasing adoptive placements can be significant. It will therefore be incumbent upon us to ensure that every effort is made to source a local placement within the three month time frame.

The Reclaiming Social Work redesign established a team whose focus is the recruitment and assessment of carers (adopters and foster carers). This will ensure every effort is made to recruit carers locally for children who require adoption. The

ability to attract sufficient numbers of adopters to meet the demand of children requiring an adoptive placement remains challenging though and the economic downturn in the city has resulted in a drop in the number of enquiries from people interested in adoption.

Over the course of the coming year it is our intention to: implement the next phase of Reclaiming Social Work with further small groups of social workers working in Social Work Units, although full implementation is unlikely to be completed before late 2017; introduce the first tranches of a Public Social Partnership approach to the commissioning of support services from third sector providers to work alongside the Social Work Units; begin to see a managed reduction in the numbers of children placed in out of authority placements as planned for within the delivery of the Reclaiming Social Work Model and complete the re-design of residential services.

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 is chaired by the Aberdeen City's Lead Nurse.

The CPC's Operational sub-committee is responsible for driving forward the work of the child protection programme. It is chaired by the Head of Children's Social Work and CSWO. A child sexual exploitation (CSE) sub group has been created to work exclusively on CSE for a concentrated period of time. The Operational sub-committee fulfils the function of the Safe outcome group of the Integrated Children's Services Board.

A Child Protection Partnership with Aberdeenshire and Moray local authority areas collaborates over the child protection register (CPR) and 9 core child protection training courses. Aberdeen City holds and administers the CPR, co-ordinates the core training programme and leads the organisation of the Partnership.

The CPC brought the 2011-15 child protection programme to an end in August 2015. This coincided with the report from the Care Inspectorate following the Joint Inspection of Children's Service in Aberdeen City. In August 2015, the CPC endorsed the new child protection programme consisting of the CPC contribution to the joint action plan 2015-2016 and a separate action plan relating to CSE.

The Child Protection Landscape in Aberdeen

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

*Number of children on the Aberdeen City CPR
31.07.11 to 31.07.16*

31.07.11	31.08.12	31.07.13	31.07.14	31.07.15	31.07.16
96	86	92	73	98	118

Children remain on the CPR for as long as necessary, 83% were de-registered within 12 months and 52% within 6 months, a total of 112 children in 2015-16. 40 children who were registered over the year from 1 August 2015 to 31 July 2016 had previous registration history, with a range of time intervals between individual registrations. Aberdeen City's rate of re-registrations has fluctuated between 16% and 25% over the course of the year.

The majority of children on the CPR (67%) are under 5 years old, including pre-birth registrations which indicates that we respond at an early 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. 10% of children on the CPR are aged 11-15 years which reflects an 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 CPR are emotional abuse 45%, domestic abuse 38% and parental drug misuse 37% (as at 31.07.16). Neglect is recorded as a risk factor in 31% of cases and non-engaging family in 25% of cases.

Contribution to Joint Inspection

Members of the CPC and its supporting groups were extensively involved in the Joint Children's Services Inspection of Services for Children and Young People in the Aberdeen City Community Planning Partnership area. The report was published on 4 March 2015. Child protection across Aberdeen City is commended throughout the report.

The summary states:

"Urgent concerns about a child's safety were now much better recognised and dealt with effectively and promptly across services. Staff shared and reviewed information together and took swift action to ensure children and young people were protected."

On the CPC itself, the report states:

"Aberdeen City CPC in its first year from the disaggregation of the NESPC had secured its identity, membership, structure and documentation. Phase 1 of an action plan had been successfully completed and phase 2 was in place."

The CPC considered the report in detail and identified areas for improvement in child protection which have been incorporated into the CPC contribution to the joint action plan:

- Improved use of data and performance information has been focussed upon. A data framework, or suite of questions which the CPC wish asked of the

- data, has been established. The Operational sub-committee now analyse the data from a multi-agency perspective and report in the new format to the CPC;
- A multi-agency case file audit took place in February- March 2016. The audit team focussed on post registration support, chronologies, risk assessments and outcomes for children and considered the findings in accordance with the Care Inspectorate scale of 1-6 (unsatisfactory through to excellent). The findings of the audit will inform elements of the new child protection programme from 2016 onwards;
 - The Practitioners Guide to Information Sharing, Confidentiality and Consent was the CPC focus at the Integrated Children's Services Conference in October 2015. The evaluation was positive and provided a useful benchmark in relation to use of the guide;
 - The improvement methodology has been utilised to gather feedback from families attending case conferences;
 - Work in relation to child sexual exploitation is carried out by the CSE group under a separate action plan.
 - Links with other strategic partnerships such as the Aberdeen Alcohol and Drugs Partnership and the Aberdeen Violence Against Women Partnership continue to be forged. A joint event with ADP called "Phases and Stages" explored the tensions between timely planning for children and the rate of parental recovery from substance misuse. The shadowing programme which followed the event is underway. The first cohort of professionals have reported positively on the programme which will now be extended.

Child Sexual Exploitation

Work in relation to child sexual exploitation is carried out by the CSE group, currently, under a separate action plan. The CSE action plan focusses on the national priorities of Prevention, Disruption & Prosecution and Recovery.

Considerable awareness raising and training has been undertaken – through Barnardo's training, Child Protection Partnership training and the CSE Conference which was held in October 2015. A total of 361 attendees at various training in the last year. CSE procedures and guidance for professionals have been published and made available to all multi-agency staff.

Connections were made with the UK Safer Internet centre who have now delivered online safety updates for the last 2 years.

The CPC promotes use of " Abby's Room" as a resource. Abby's Room is set up to illustrate the connection between a young person's actual and virtual worlds and to promote safe use of social media.

The 16 days of action event showcased the City's CSE strategy of Zero Tolerance in November 2015

Both the local Taxi Consultation Group and First Bus responded positively to the approach from the CSE group and it is hoped that awareness raising and reporting procedures can be developed with these key providers of transport in Aberdeen.

Future focus will be on working with schools, the night time economy, and shopping centres.

New courses were developed in the Child Protection Partnership to address CSE, on line safety and cultural issues impacting on child protection.

Our Child Protection Programme: 2016-19

The extended child protection programme for the period 2016-2019 will encompass any work outstanding from the 2015-16 phase of the programme in addition to the following priorities identified by the CPC:

- The CSE group to continue to implement its action plan;
- Significant Case Review procedures to be revised following the new National Guidance for Significant Case Reviews in Scotland;
- The launch of revised multi-agency guidance documents used locally and across the north east;
- Impact of the implementation of the Children and Young People (Scotland) Act 2014;
- Violence against women and domestic abuse to 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;
- Child protection and disability;
- Abuse, culture and child protection (Forced Marriage, FGM, honour violence, human trafficking);
- Implementing improvements following the findings of the multi-agency case file audit;
- Responding to other national priorities as identified by the Scottish Government or to local need as identified through performance data and other self-evaluation activity.

Changing demand for children's social work services

The population growth of Aberdeen City is putting pressure on all children's services, 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 three years the service has undertaken 6 monthly case file audits. The results of these highlight a continuing growth in the proportion of children aged 0-2 open to social work. By contrast, over the same period there has been a corresponding decrease in the proportion of young people aged 12 - 16 within the workload, reflecting of the decrease in the overall population of this group of young people.

As of 31 March 2016 children's social work services were supporting 1805 children and young people.

	31-3-12	31-3-13	31-3-14	31-3-15	31-3-16
No. of children open to Social Work	1802	2016	2064	1829	1805

The number of referrals received by children's social work has increased in recent years. Although the number fluctuates from quarter to quarter, there has been an upward trend. Currently the service receives approximately 800 referrals per quarter. Of these approximately 40% will necessitate a social work assessment as to whether intervention is required or not. As we await the implementation of the Named Person Service, Children's Social Work will continue to support colleagues in universal services to consider how they can actively support families in a way which does not necessitate a referral to the Children's Social Work.

In the year 2015/16 there was a slight increase in the numbers of referrals to the Scottish Children's Reporter Administration (SCRA) – 349 compared to 339 for the year 2014/15 and 483 for the year 2013/14. The increase in the past year was also observed in other areas. It is suggested that this was, at least in part, due to changes introduced by the Children's Hearings (Scotland) Act 2011 and new non-offence grounds for referral to a Children's Hearing. Despite this increase the number of referrals represents a significant reduction from previous years - 81% 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 request continuing care up to the age of 21 and aftercare to the age of 26. It also introducing enhanced duties to provide support and 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. This is something the service will actively plan for in the coming year.

Family and Community Support Services

Service Development has continued during 2016 with Family & Community Support Services refocusing some of their role and remit as we implement Reclaiming Social Work across Children's Social Work Service. There has been a continuing focus on Intensive Support Services which offer a community based alternative to children considered on the "edge of care".

There has been a refocusing of the Crisis team, now known as **IFIT (Intensive Family Intervention Team)** which delivers an intensive response to crisis within families to prevent, where possible, children and young people being accommodated; or where children are already within a placement, and that placement is at risk of breaking down. Family work is focused on improving relationships and reducing risk so that children can remain with their family, within their school and community.

The staff team of Family & Community Support Officers, (who are qualified Social Workers) and Family Resource Workers work intensively with families often very early in the morning and into the evening to support them at key times of the day.

The majority of the staff team have undertaken the 18 day Systemic Family Therapy training and this has been key to supporting them better understand family dynamics, build positive working relationships and achieving positive outcomes for children and their family.

The Young Women's Service (YWS) recently moved into their new premises in the Pittodrie area of the city having previously been based in Westburn Intensive Support Service. The YWS provides a gender specific facility for vulnerable girls and young women within Aberdeen City. The development of the service was in response to the increasing numbers of girls and young women involved in or experiencing a range of difficulties including sexual exploitation, substance misuse, domestic violence and self-harm.

Moving to their new premises has gone some way to help develop the tailored support these young women require. They have been involved in the refurbishment of the building making it fit for purpose, offering them an opportunity to "claim" a space that offers them a level of security and nurturing whilst addressing identified need, building self-esteem and resilience. The Service also provides a base from which care, education, health and employability services can be utilised.

Teachers based at Westburn can provide support for education and learning and there are also links with the Young Person's Mental Health Practitioner who is also part of the services provided at Westburn.

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 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 over the past 5 years seen a consistent year on year increase - from 70% as of 31.03.12, to 81% as of 31.03.16.

The overwhelming majority of looked after children continue to be placed in a 'family' home. For example, at 31.03.16 493 children were cared for within a family setting; 108 (19%) were cared for by parents; 114 (21%) by friends/relatives; and 271 (49%) by foster carers/adopters. In contrast, only 11% of looked after children were accommodated in a residential setting. This latter figures compares to a national picture of 10% 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, the proportion of children looked after at home with their parent(s) or with friends/relatives remains below the national average.

It is anticipated that, in line with other areas that have 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. Whilst there has been a 50% decrease in the use of such placements since 2010, the aim is to continue to reduce this.

Over the course of the RSW implementation a reduction of further 10 placements is planned for. The expectation is that this will also help deliver our strategic aim of increasing the proportion of looked after children cared for by their family.

The Children & Young People (Scotland) Act 2014 extended the duties on Local Authorities to deliver on the “staying-put” agenda, supporting looked after children to remain in care, beyond their 16th birthday possibly up to the age of 21. This new legislation aims to delivering improved long term outcomes for care experienced young people. The required changes identified by the Review along with how we deliver on our new statutory duties and ensure the residential service operates in line with Reclaiming Social Work are being actively taken forward.

There are five Children’s Homes maintained by the local authority, each accommodating five or six young people. In addition, there are two ‘satellite’ homes each with two places, within the city. Separately there is one Children’s Home managed by Barnardo’s and one Throughcare Home managed by Action for Children.

Work to refurbish the Throughcare Unit over the past year has meant they have, on a temporary basis, decanted into one of the Children’s Homes. Separately recruiting sufficient staff to provide safe staffing levels to meet the needs of the young people has meant one of the other Children’s Homes has had to close while efforts to recruit staff are progressed. The net effect is that we have continued to operate without two of the Children’s Homes. This is likely to continue into 2016/17 while we take forward the implementation of the Service Review and support the upskilling of staff to meet the needs of this vulnerable group of young people.

In 2015 the Scottish Government announced a new qualification for residential staff. All staff will need to complete this over the coming years. How the service supports staff obtain this qualification and continue to have the skill set appropriate to working in residential care, is a focal part of the workforce development plan.

The educational attainment of looked after children in Aberdeen has been considerably lower than that of looked after children throughout Scotland. Consequently, raising the attainment for looked after children is a local and national priority. The appointment of the Virtual Head Teacher, the first in Scotland, during the past year is providing a focus on how schools and services are supporting looked after children to achieve their full potential. It is anticipated that the impact of this post will begin to see an improvement in the attainment levels of our looked after population. The integration of the Education and Children’s Social Work will also contribute to services continuing and increasingly to work collaboratively to develop flexible and improved ways of improving the attainment of looked after children.

Youth Justice

The Whole System Approach (WSA) for youth justice in Aberdeen has been embedded within the GIRFEC framework. Youth offending has fallen continually over the last 5 years, showing a 42% reduction.

	2011/12	2012/13	2013/14	2014/15	2015/16
No. of Offences	3768	2826	2583	2372	2169
No. of CrimeFiles	2484	1946	1796	1588	1548
No. of Juveniles	1630	1271	1111	995	1050

For the first time the number of offences committed by 8-15 year olds marginally exceeded the number of offences committed by 16-17 year olds.

The number of young people referred to SCRA on offence grounds has remained unchanged from the preceding year (73 referrals). However, this still represents a significant drop in the numbers since 2010/11 - a 70% reduction.

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 services provided by Third Sector colleagues. This partnership approach enables social Workers to undertake more direct work with young people and families.

WSA processes are 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.

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.

Over the next year we aim to:

- reduce the number of young people placed in residential provision out of Aberdeen City and we will recommission services that provide Intensive Support, building on evidence of what works and reflective of the current need;
- support the skills and knowledge of staff in assessing the needs of young people who present high risk offending behaviour via AIM 2 training;
- further develop our approach to CARM (Care and Risk Management) meetings drawing upon national best practice in collaboration with CYCJ;
- Establish a Youth Team to better support our young people transitioning out of residential and secure care;
- Re-examine the interface between CJS & Children's SW to appropriately divert and support young people in the Court system.

Corporate Parenting

Following the implementation of the Children and Young People (Scotland) Act 2014, Aberdeen City, like other local authorities throughout Scotland, has a duty to provide

support, Council advice and guidance to children who are looked after and specified young people leaving care, up to their 26th birthday.

In advance of the introduction of the responsibilities laid out in the Children and Young People (Scotland) Act 2014, the Aberdeen City Council corporate parenting policy 2012 - 15 provided a clear framework for identifying specific actions and interventions to close the outcome gap between looked after children and care leavers, and their peers. The focus of the policy was to improve their educational attainment and achievement; enable them to take up and sustain positive post-school destinations in education, employment and training; reduce their involvement in the criminal justice system; reduce levels of homelessness for care leavers; and to help them live full and healthy lives.

The increase in numbers of those young people and care leavers entitled to support from the local authority over the next few years, highlights the need to have meaningful intervention, change and opportunities to ensure that they have positive outcomes and are supported to be successful learners, confident individuals, responsible citizens and effective contributors. The Act extends the range of public bodies required to act as corporate parents; it introduces new responsibilities on corporate parents to plan and collaborate to promote the wellbeing of care experienced young people. The Act requires local authorities to develop a corporate parenting plan detailing how it intends to deliver on its responsibilities. The action plan for the development of the Champions Board and associated areas provides the basis for Aberdeen City Council's corporate parenting plan.

We continue to work closely with a range of partners to raise awareness of corporate parenting, whether this be sharing corporate parenting action plans and strategies; participation in multi-agency meetings and events; or sharing resources for the benefit of care experienced young people. Aberdeen City Council and its partners send practitioners to attend networking and information sessions hosted by the Scottish Government or national organisations about corporate parenting.

Champions Board

In 2015, Aberdeen City participated in a competitive three stage application process to receive funding from the Life Changes Trust to help further develop our Champions Board and associated activities. The Life Changes Trust, is an independent charity established with a Big Lottery Fund endowment of £50 million to improve the lives of two key groups in Scotland: care experienced young people and people affected by dementia.

The application process included a self-assessment as well as an intensive residential that helped to inform the final bid for the funding. It also helped us produce an ambitious action plan for both developing the Champions Board and consolidating corporate parenting duties over the next three years.

We were delighted when it was announced in April 2016 that Aberdeen City Council was being awarded funding from the Trust as one of eight local authority areas receiving a share of £2 million funding to support or establish a Champions Board.

Aberdeen's share of £220 thousand will be further boosted by contributions of in kind support from partners.

The three year Champions Board action plan details the plans to work with Who Cares? Scotland and our local corporate parents, to build on young people's participation, as well as ensuring that the Board is making a meaningful contribution to improving outcomes for individual young people.

Future plans include the appointment of an Advocacy & Participation Worker; the development of a participation group; the appointment of care experienced Development Assistants; and the introduction of individual grants for young people. We will also hold an annual residential for care experienced young people where they will develop ideas and challenges to present to the Champions Board.

Our Children's Rights Officers are also working closely with young people and our partners to develop a website specifically for looked after children, again funded through the Life Changes Trust. This website is being developed with SHMU (Station House Media Unit) and includes input from our newly appointed Virtual School Head Teacher and the LAC Teacher with additional input from residential services and the Youth Team. The website is scheduled to be launched in autumn of 2016.

Family Firm

The corporate parenting agenda is both a Council and public authority wide commitment and inspires enthusiasm from all directorates. The continued support that corporate parenting receives from the Council leadership has contributed to the momentum that, for example, continues to create work experience placements as part of our Family Firm policy. The Family Firm policy has helped raise awareness of the corporate parenting responsibilities amongst staff who would not otherwise be aware of them.

In 2015 Aberdeen City Council entered into a joint venture with Action for Children to deliver the Keen4Work programme part funded by Inspire and the EU. It allows for 40 young people per year to take part in the programmes and will offer intense support tailored to the needs of the individual young person throughout their employment journey, from the pre-programme stage through to a sustained economic destination.

Keen4Work offers a 12 week (two days per week) supported work experience opportunity alongside an SCQF Employability Award qualification. These placements which are non-employment training opportunities can be matched with the interests of the young person. This allows them to both experience the working environment and to help them to develop transferrable knowledge and skills. Young people are expected to be at stage three on the Employability Pipeline prior to commencing a work experience placement thus ensuring that they are being set to succeed on the programme. Where a young person is not ready young people's practitioners can work with them to develop the necessary skills and knowledge to progress. Referrals are accepted from care experienced young people between 16 – 26 years.

Since July 2014 there have been seven intakes on the Keen4Work programme. The spring 2016 cohort saw four young people on placements, whilst the summer intake began in July 2016 with eight young people. The aim is to have 40 young people annually supported through Keen4Work.

The previous focus of Family Firm was on creating two year internship opportunities for care experienced young people. These were full time positions with the goal of encouraging the young person to gain employability skills whilst furthering their education and/or training. The internship programmes have had mixed success due to a variety of reasons but not limited to, structure; individual skills and knowledge; and interests. In future, the plan is to provide equality of opportunity for a Modern Apprenticeship with the Council, for care experienced young people as part of the Youth Employment Strategy being developed by Human Resources, in place of further internships.

Family Firm opportunities are also interlinked with Aberdeen Guarantees in promoting positive destinations to the most vulnerable groups at risk of negative destinations. 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, Family Firm opportunities are advertised and included on the Aberdeen Guarantees website.

In partnership with and the support of Who Cares? Scotland, and with funding from the Life Changes Trust, we aim to increase the levels of participation of care experienced young people in the work of the Champions Board. Also with the support of Life Changes Trust funding, we will promote paid employment opportunities for care experienced young people to develop their skills and confidence in championing the needs of looked after children and establish an individual grants scheme to increase opportunities for care experienced young people and to increase their involvement in decision making processes.

We will further develop the Champions Board to be fully representative of all corporate parents within the recent legislation and ensure that the interests of care experienced young people are championed throughout the respective organisations.

Secure Applications for Children

A very small number of 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. The CSWO must be satisfied that the criteria for secure placements are met and that such 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	2011-12	2012-13	2013-14	2014-15	2015/16
Total New Placements	6 (5 children)	5	3	10 (9 children)	7 (6 children)
Placed by Court	3	1	1	1	0
Placed by Hearing & CSWO	3	1	0	2	0
Placed by CSWO	0	3	2	7	7
Hearing request - declined	1	2	2	2	1

The criteria for secure care are set out in legislation and the CSWO as decision maker declined to implement one authorisation from a Children’s Hearing on the basis 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, an Intensive Support Service in Youth Justice and, support through the Crisis Team or Young Women’s Service.

Emergency transfer of children

The CSWO will from time to time be asked to give consideration to moving a child, who is subject to a Compulsory Supervision Order, to a more suitable placement, before the child’s circumstances can be presented to a Children’s Hearing. There can be a range of circumstances which can trigger the need for such a move including where the carers/establishment is unable to meet the needs of the child or where the child’s behaviour is posing a risk to themselves or others.

Research tells us that children do best when there is careful planning in the lead up to a move of placement. The use of emergency moves should consequently be kept to a minimum, reflective of the emergency nature of the child circumstances.

	2011-12	2012-13	2013-14	2014-15	2015/16
Number of Emergency Transfers	14	12	16	17	10

Adoption and Fostering

The CSWO/Head of Children’s Social Work is the Agency Decision Maker, a statutory role to consider the approval of plan’s that are presented to the Adoption & Permanence Panel and the Alternative Family Care Panel. While the Court determines whether an Adoption Order is granted, the CSWO is the ultimate local authority decision maker on matters pertaining to adoption.

	2011/12	2012/13	2013/14	2014/15	2015/16
Adopters approved	15	19	14	34	29
Adoption Plans approved	25	19	19	32	24
Children adopted	21	24	21	19	28
Foster carers approved	16	13	6	7	9

In March 2014 Aberdeen City were chosen as one of the pilot authorities to be involved in the PACE programme. The PACE, (Permanence & Care Excellence) programme recognised that delay and drift occurred in the planning for children at every stage of the permanence process. For some this drift and delay can make it difficult for the permanence plan to be achieved resulting in children remaining within the “care system” for the duration of their childhood.

Aberdeen City 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 (Centre of Excellence for Looked after Children in Scotland) 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. Further improvement is still required and the emphasis on permanence planning for children is reflected in the RSW structure.

The need to have an increased supply of foster carers and adopters is critical to meeting the needs of local children who cannot be cared for by their family. It is estimated there is a need for 800 foster carers in Scotland. The service operates in a very competitive environment with a number of Independent Fostering Agencies operating in the area. The whole service re-design as part of RSW will see the establishment of a team dedicated to the recruitment, assessment and preparation of new carers (adopters and foster carers). This team will be critical to minimising the need for children to be placed often far from Aberdeen and the associated dislocation such brings for the child with links to their family and community.

The downturn in the oil industry has seen an associated downturn in the numbers coming forward interested in adoption. Conversely there is an initial indication that there has been a marginal increase in the numbers coming forward for foster care.

In 2015/16 there were 137 children, in external foster placements, commissioned by Aberdeen City Council at a cost of £5.8m. Reducing this number, supporting more children to remain within their family or placing them with our own foster carers is a priority of RSW and will actively contribute to shifting the balance of care.

We will in the coming year aim to recruit 20 new foster carers.

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 has been reviewed and is about to be circulated for consultation. The Grampian Adult Protection Committees' Significant Case Review and Review Protocol has also been reviewed.

The Lead Service Manager is the Adult Protection lead for the Council. Around 125 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, there is to be a third Advanced Council Officer training course, 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, consent and undue pressure. RGU will run this course, again including a focus on risk assessment and risk management. It is now mandatory for Council Officers to attend an 'Adult Support and Protection Refresher course' every two years and these courses are run by the Aberdeen Adult Protection Unit (APU).

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 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 continuing efforts are made to promote awareness, resulting in increased referrals from individuals themselves, family members, the public, care homes, care at home staff, NHS staff, Fire and Rescue Service staff and the Ambulance Service.

The second Adult Support and Protection national publicity campaign was launched in March 2016. The materials in leaflet and poster form arrived after the campaign and were distributed.

Financial harm continues to be a clear focus of the Grampian Financial Harm Sub Group. Two of the four half day Grampian Financial Harm Events were held in Aberdeen City and two in Keith in February 2016. These were planned along with multi-agency Grampian ASP colleagues. The events were well attended and well evaluated. Presentations were provided by a range of professionals, including the Adult Protection Unit Coordinator, Police Scotland, the Office of the Public Guardian, Aberdeen City Council Trading Standards staff and the Royal Bank of Scotland. The workshop discussions were evaluated as particularly worthwhile. A significant number of Adult Social Care staff, Aberdeen City Council Communities, Housing and Infrastructure staff, as well as NHS staff and third sector and care agency staff reported that these workshops enhanced their learning significantly for addressing financial harm and developing knowledge and skills.

The Adult Protection Committee's continued commitment to prioritising financial harm is reflected in the APU Coordinator's membership of the Grampian Financial

Harm Sub Group. There were also successful meetings between the Adult Protection Unit Trainer and the Police Scotland Adult Protection Coordinator, with Royal Bank of Scotland staff to discuss ways of improving awareness and developing processes that the banks could use in relation to ASP. During subsequent meetings, closer links and joint working were established. The APU Trainer and the Police Adult Protection Coordinator provided a presentation and led discussion in the Queens Cross Branch on Adult Support and Protection. 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. Trading Standards have provided materials on financial harm and scams, to enhance the ASP Training provided by the APU.

The NHS Joint Training Coordinator along with a Speech and Language Therapist, have developed a Training for Trainers course and training materials for working with service users: 'Keeping Yourself Safe From Harm'. There is significant interest nationally in this course and the materials. A number of the courses have been run for an hour by two trainers in a range of Aberdeen services and have been well received by service users, to enhance their own understanding and awareness of harm and how to keep themselves safe. More of these courses are planned.

Over the past year 1055 referrals were submitted to the Adult Protection Unit; 34 fewer referrals than during the previous year. 89 older people accounted for almost half of the referrals which progressed to Inquiries and Investigations, followed by 60 people with mental health problems, 53 people with dementia and 52 people with a physical disability. For the first time annually, financial harm was the most common concern for 82 people, followed by physical harm for 69 people, which had been the largest group reported by concern in the previous year. Self harm was the next highest concern, for 56 people, followed by psychological harm for 38 people, with neglect for 33 people and sexual harm for 15 people. The main location of harm was for around 65% of people in their own home, which represented a significant increase from 51% in their own home during the previous year. Around 16% of people investigated were residing in a care home which is a slightly lower proportion than the 22% in the previous year.

Around 31% of referrals continue to a formal ASP intervention by Initial Inquiry, which is 5% fewer than the previous year, 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; the principles of 'most beneficial' and 'least restrictive'.

Over the coming year the APC will continue to focus on financial harm, which is the largest form of harm investigated under Adult Support and Protection procedures in Aberdeen. We will continue to promote service user and carer awareness of ASP

and continue delivery of the 'Keeping Yourself Safe From Harm' courses to service users.

Following the independent internal review of Adult Support and Protection, the Chief Officer has convened a short life working group to address and develop the findings. A series of rapid improvement events will take place in the autumn of 2016.

Criminal Justice

The Criminal Justice Social Work service is now in the transition phase between the Northern Community Justice Authority (NCJA) and Community Justice. Whilst the NCJA continues to disburse the funding from Scottish Government, monitor the delivery of the area plan for reducing offending and have oversight of the performance of Criminal Justice Social Work, these will become local authority functions from April 2017. Work is ongoing to ensure that strategic and operational structures are in place for the implementation of the new model.

Current NCJA Criminal Justice Social Work partners have expressed a desire to maintain a degree of collaborative working in terms of benchmarking, quality assurance and best practice.

Although Aberdeen follows the national and international trend in that offending continues on a downward trajectory, both the number of reports requested by the court and Community Payback Orders imposed has increased in the past year.

	2012-13	2013-14	2014-15	2015-16
CJSW Reports to Court	1,586	1,550	1,291	1,443
Community Payback Orders	968	1,054	1,116	1,132

Sentencers can impose any of nine Requirements on a Community Payback Order but, in reality, the Scottish average is 1.5 per order. In Aberdeen 90% of CPOs have an Unpaid Work and Other Activity Requirement, 10% above the Scottish average. This poses significant challenges in terms of unpaid work placements and it has been necessary to increase capacity by sourcing as many individual placements as possible. Whilst these are not as visible as some of the bigger work party environmental projects, they are rated very highly by both clients, who learn new skills and by recipients of the service, many of which are charities who gain additional workers.

We aim to be as responsive as possible to local need as identified by Councillors, MPs, MSPs, charities, environmental services, other ACC services and members of the public.

Pre-Disposal Team

The Pre-Disposal Team was set up 18 months ago as part of a restructuring of service in response to need and capacity issues. The Team is based in the Town House adjoining the Sheriff Court and the location has greatly improved relationships with Sheriffs as well as providing an improved court service to clients.

Since November 2015, the Team has been working in partnership with the Scottish Government and Scottish Court Service to pilot a Problem Solving Court for women offenders. This Problem Solving Approach was rolled out to men in August 2016.

Women's Services

The Connections Women's Centre has now been operational in Spring Garden for over a year and feedback has been almost universally positive. In addition to working with women who have offended, the Centre also provides support to women who have been harmed by domestic abuse and, more recently, to women who are subject to Structured Deferred Sentence imposed by the Problem Solving Court.

Women have the opportunity to undertake a range of activities and programmes such as crafts, therapeutic photography, confidence to cook, acupuncture, safety planning and the Connection's Women's Programme. Whilst the Connection's Café and Caledonian Drop-in provide opportunities for informal advice, socialising and peer support.

In addition to our community based service, our Women's Support Workers continue to meet with Aberdeen women in Scottish prisons on a regular basis. A strong working relationship is developing with staff at HMP Grampian.

Domestic Abuse

The Caledonian System continues to offer effective intervention with higher level domestic abuse perpetrators plus support for women and children harmed. This work is labour intensive, but initial feedback from Ipsos Mori who are currently evaluating the System are very positive.

CJSW was involved in Operation Gains, a pilot initiative with Police Scotland, Aberdeen Cyrenians and Alcohol and Drugs Action in the past year. This was aimed at providing support to women harmed by domestic abuse at the earliest possible opportunity in order to offer advice, safety planning and support throughout the legal process if required. In tandem with this, perpetrators whose offending was drug or alcohol related were offered support from ADA. The outcomes from the pilot were very positive, particularly in respect of the women, but unfortunately funding has now run out.

MAPPA

From 1st April 2016 MAPPA was extended to Other Risk of Serious Harm Offenders; i.e. those who are neither registered sex offenders nor restricted patient but who, by reason of their conviction, are subject to supervision in the community and are

assessed by the responsible authorities as posing a high or very high risk of serious harm to the public. These offenders are the “critical few” who require high levels of multi-agency support and management. We are very fortunate to have extremely good relationships with our partners in this respect with excellent communication, information sharing and joint working.

Over the coming year, the Criminal Justice services will work with Community Planning Partners to produce a Community Justice Plan which will deliver effective services to reduce reoffending and embrace the opportunities for even more creative partnership working inherent in the Community Justice model. We will 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 and work with the Scottish Court Service and other agencies to successfully roll out the Problem Solving Approach to men.

Learning Disability Services

In line with local and national policy and practice drivers, Learning Disability services continue to adapt to meet the needs and outcomes of the individuals it supports whilst addressing the challenges posed in the market place.

Over the past year we have:

- Rolled out a series of training event for care management and in house staff on Essential Lifestyle Planning and Support Planning. Lessons learnt from this have been shared within the service and to operational managers;
- Engaged with colleagues regarding Health & Social Care Integration, including commencing a dialogue regarding joint commissioning or budgets to support people with a Learning Disability;
- Continued to work in ways which promote people with Learning Disabilities as equal partners;
- Commenced work to support the development of a co-produced Vision for Learning Disabilities in Aberdeen;
- Continued to assess and review the best value of contracted services;
- Built and maintained good working partnerships with colleagues in health services and 3rd Sector organisations.

The programme of work in 2015-16 has highlighted that the service continues to face both challenges and opportunities. The key aspects of which are summarised below.

Market Pressures

A successful large scale tendering process for Care at Home and Housing Support for people with a reputation to challenge services took place during the year, giving the Learning Disability Service the opportunity to redefine the way in which we look at services for people with complex needs in Aberdeen. Further developments within this area are required and the methodology used for this tender exercise will be built upon in future commissioning activity.

Changes in national legislation in relation to working practices has led to increased dialogue with Provider Organisations. At times this has proved challenging due to the economic pressures placed on both statutory and 3rd/Independent Sector organisations. We continue to work closely with all contacted organisations to ensure a supportive and open dialogue is maintained. Provider Organisations have analysed their position in the North East of Scotland, with some making the decision to cease business in the area. These circumstances have highlighted to us that further support must be offered to organisations and good relationships require to be maintained.

Over the coming year we will need to ensure we support provider organisations to deliver good outcomes for individuals in a flexible and responsive manner whilst addressing legislative demands regarding working practices. To address this, we will continue with a programme of successful provider engagement, focusing on how we can commission and contract services/supports in more effective and person-centred ways for all stakeholders. Ensuring the Learning Disability service commissions services in a sustainable way whilst offering best value. To do this we will continue to review our commissioning arrangements and ensure these are in line with our financial position as a service.

Changing Need

Increased referrals have been made to the LD Care Management Teams with more people being assessed as Eligible for support. Individuals currently supported are often being reassessed due to increased need. As a result, further work has been undertaken in relation to mapping of our financial position and of our current services. This work will feed into the development of a Vision/Strategy for Learning Disabilities.

As part of reassessing the suitability of service provision work has commenced on the design of a replacement day centre facility for people with Learning Disabilities, due to open in late 2016. In addition, an extensive refurbishment programme was undertaken at Stocket Parade, ensuring that individuals have safe and well maintained homes.

Work has been ongoing to ensure, where possible, individuals are supported to live as tenants with associated rights within service provision. Close working relationships with a variety of stakeholders has been crucial to this aspect of work, and continues to be a priority.

Supporting the Workforce

All Care Management staff and In-house Team Leaders/Seniors have attended training on Essential Lifestyle Planning & Support Planning. This training opportunity has been crucial in supporting the design and development of support arrangements, particularly for people entering the Learning Disability Service from Children's services.

With the increased demand for Care Management assessments and reviews additional staff resource has been provided to the teams. Successful recruitment

has resulted in staff workloads being managed more effectively. However, an increase in Adult Support & Protection concerns and statutory reviews of Guardianship powers have resulted in higher workloads and further pressures for staff. This is an area of concern and further work is required to review how staff can be supported to undertake their professional role.

Throughout the year processes within the service have been seen to require review and at times redesign. This covers aspects of Care Management function such as assessment and screening as well as how we review services and commission support. These changes are a crucial part of making the service more effective and future focussed.

We need to support our workforce to cope with the challenges of their workloads, including how to work with complex cases. To address this, we will adapt our processes to ensure they are supportive of our staff whilst ensuring they provide good governance for the service.

Mental Health Services

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. Within the context of the integration of health and social care this duty clearly remains with the local authority. This point is particularly important as it maintains a visible and tangible separation of health and local authority services.

Aberdeen City Council secures accredited MHO training in partnership with The Robert Gordon University, with the University hosting the academic elements of the course. The Council provides the practice setting and Practice Assessors who are qualified, practising MHOs who oversee and assess the knowledge and practice of MHOs in training. Numbers of suitably experienced Social Workers coming forward for training vary and the demands of the course and on the service in which the worker is based are significant. Practice Assessing is also a demanding role. Recruitment, retention and training of MHOs is an ongoing challenge.

	2013	2014	2015	2016
NO. OF MHOs	34	32	30	34
TRAINEES	NO COURSE	4	4	4

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 Royal Cornhill Hospital are also MHOs.

The above figures are intended to provide an overall picture and does not take in to account MHOs on Maternity Leave, Sick Leave and those who have moved to promoted, seconded posts. The actual numbers of MHOs providing a service are less than those given above.

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 and/or treatment. Once a person is detained the local authority has a duty to designate an MHO to the case and they remain involved with the person and exercise particular functions and duties for the duration of their detention. These duties include the identification of a Named Person, the writing of a Social Circumstances Report (SCR) as well as advising the person of their rights and supporting the person to exercise these rights.

The deprivation of a person’s liberty and the giving of compulsory treatment is a grave infringement of human rights and the involvement of a social worker trained in mental disorder and the law – the MHO – is intended to provide independent checks and balances which take a holistic view of the person.

In relation to the civil provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 the figures below are in relation to statutory interventions by MHOs in Aberdeen City.

	2011/12	2012/13	2013/14	2014/15	2015/16
Compulsory Treatment Order	49	65	56	52	62
Emergency Detention in Hospital	20	30	36	36	28
Short-term	156	186	180	157	170

Recent and current Consultations by the Scottish Government propose changes to the Mental Health Act which will increase further still the role of the MHO under this piece of legislation. For example, the 2015 Act implemented in part earlier this year proposes the provision of mandatory MHO reports in certain circumstances when Compulsory Treatment Orders and Compulsion Orders are extended, changes to the Named Person provisions, the introduction of a role for MHOs in the transfer of prisoners for treatment and a brand new provision relating to Victim’s Rights. Consideration is also being given to whether people with a learning disability or autism should be dealt with under mental health legislation.

Adults with Incapacity – Guardianship

For those adults who lack capacity 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 (the 2000 Act).

The local authority has many duties under the 2000 Act including the duty to make application to the Sheriff Court to have the Chief Social Work Officer appointed as Welfare Guardian where this is necessary and no one else is doing so. This duty applies also to financial and property matters and application must be made to appoint a private solicitor as Financial Guardian. Private individuals also can apply to be appointed as welfare and/or financial guardians. In all cases where welfare powers are sought, a report from an MHO is required.

People on Guardianship tend to be diagnosed with dementia, a learning disability or some other condition which affects cognitive abilities such as Huntington's Disease, stroke and alcohol related brain damage.

Numbers of Guardianships have been increasing year on year. For example, the annual number of new orders granted in 2014/15 is 84% higher than in 2009/10. The use of this piece of legislation is also influenced by judgements made in Sheriff and European Courts around deprivation of liberty as it applies to the provision of care and this, alongside the introduction of Self Directed Support is partly responsible for the increase in the use of Guardianship.

The CSWO is Welfare Guardian for 99 people, this has increased by 20, the previous year's figure being 79. Private individuals are welfare guardian for 286 people, this is up from 247 last year. In cases where a private individual has been appointed the local authority has a duty to supervise the guardian at least once a year.

The increasing use of Guardianship, places a growing demand on social work services across the board. There are more Guardianships in place for people with a learning disability than for any other client group.

Judgements made in the European Courts around Deprivation of Liberty have impacted on views about the authority of the 2000 Act. A recent consultation by the Scottish Law Commission is proposing the introduction of measures to authorise holding adults who lack capacity in both general hospitals for treatment of medical problems and also in care homes. It is unclear what the overall implications of such measures may be but it may well result in a further increase in the numbers of welfare guardianships.

Older People

Integration with health into the Aberdeen City Health and Social Care Partnership has proved to be a major factor within Older People's Services. Significant work has been done with our health colleagues to improve services within Older People's Services across the partnership.

Practice Improvement

In recognition of our difficulties in delivering an assessment and intervention service for urgent and high priority referrals, we undertook a review of the functions and processes of care management. As a result, a Response Team was introduced within the Older People's service. This team is able to undertake urgent

assessments in order to meet the needs of citizens quickly. The use of a scheduling tool across the services then allows a planned reallocation from a worker in the Response Team to one in one of the locality teams.

Practitioners are continually striving to improve the service they provide to older people in Aberdeen. Managers and some staff in Older People's Adult Social Care, have developed a core skills training and development programme. This has been rolled out to all care management staff and this training is being developed further to include Learning Disability Services over the next year.

Continuous improvement of Assessment and Review processes

Ongoing feedback from frontline staff indicated that Assessment and Review tools and processes required further improvement. All paper work was reviewed as planned over the last working year and new assessment, care plan and risk assessments were piloted and will be rolled out to all Older Adults Care Management Teams during the rest of 2016.

As a way of undertaking our statutory duty to review annually all care packages, we have introduced innovative, less-time consuming ways of completing reviews, for some cases. Reviews of care were traditionally carried out through a face to face meeting with the individual, care provider, and family/informal carer. However, given the volume of high and urgent work within teams, it was not possible to regularly review less complex cases. Thus, our Care Managers and Care Co-ordinators have piloted the use of initial telephone reviews and day surgeries within care homes, which allow residents and families to attend if they have queries or wish to arrange a formal review. Traditional reviews remain a significant tool, particularly in more complex caring situations.

Partnership Working to address capacity issues

Shifting the balance of care to enable more people to live at home, or in homely settings, continues to be a strategic objective, for Older People's Services. However, this has been subject to market forces, and the supply of care has challenged the social care system over a number of years. Recruitment and retention problems remain difficult within this sector and this continues to impact on waiting times for care and on discharge from hospital.

Money has been received from the Scottish Government to provide for the Living Wage which will be rolled out to Care Providers from October 2016. It is intended that this will address the issue of low wages in relation to this sector.

Because of recruitment issues, care at home providers are still not able to fully meet all the demands for care across the city. However, there is ongoing discussion with Care at Home Providers to look at locality based models of care delivery, which in the longer term should improve our ability to provide care to those increasingly complex care demands we face. In the meantime, the pressures of resource finding are placing a significant strain on capacity in care management teams, who continue to illustrate a high degree of persistence in trying to source care.

In relation to care home provision, in 2015-16 embargos on admissions because of staffing problems or poor standards have reduced, with only 1 Large Scale Investigation being undertaken into a care home. Staff at the home worked closely with council officers, health partners and residents and their families over a 6 month period to improve the standards of care. Although this was a difficult process for all to work through, the commitment of those involved, to improve outcomes for individuals, has proved to be successful. Ongoing partnership working with the home and health staff will continue to ensure that the improved standards continue.

Integrated Practice around Hospital Discharge

Delayed Discharge remains a challenge and the national standard for 0 delays over 2 weeks is not presently being achieved, although the flow of people supported to leave hospitals is steady and delays have been gradually decreasing over the last year.

The main reason for delay continues to be the shortage of care to meet demand. However, the introduction of interim beds in for those patients assessed as requiring a care home place has enabled people to move from hospital to a care home, while they wait for a bed in their home of choice. There are plans to increase the resources available for this from September 2016, from 6 beds within 1 care home, to 19 across the city. The number of interim, residential beds will remain constant at 8, as will those for individuals awaiting care at home services who currently have access to 8 interim flats within the Clashieknowe Intermediate Complex.

Another major initiative to address this issue was the introduction of a Discharge Hub at Aberdeen Royal Infirmary (ARI). Care Management (Older Adults) Staff have been part of this and have worked in partnership with health colleagues to develop pathways for discharge, that minimise delayed discharge. Following the success of the Discharge Hub at ARI, a similar initiative has now been introduced at Woodend Hospital to ensure that an integrated approach to discharge is taken across services. The ARI and Woodend team gained three extra care managers (funded over a two year period) to facilitate the implementation of these initiatives.

Further Development and Improvement in 2016/17

A Planning and Development Manager (Older People) is recently in post, for up to 1 year, to support the service in improving and moving further into integration. The post holder will have a lead role in:

- Improving financial information in CareFirst and ensuring that all staff are adequately trained in this area. Improving our financial data recording will improve commitment monitoring and ensure that budgetary information is reliable.
- The introduction of a new resource co-ordinator, to reduce duplication and improve efficiency when care searches are being undertaken by staff.
- Review of our current eligibility criteria in relation to Care Homes and Very Sheltered Housing, in order to ensure consistency and transparency across services. This is being done with partners in health, ACC housing and third sector.

- Redesign of administrative services to improve administrative function, both in supporting frontline staff and to improve business processes across different ACC departments and within the H&SC Partnership.
- Our updated assessments and care plans are outcomes focussed tools, in line with Self Directed Support (Scotland) Act 2013. All staff will undertake training throughout 2016/17 around Self Directed Support and training will also be developed with Bon Accord staff develop training around outcomes focussed assessment.

Aberdeen City Alcohol and Drugs Partnership

The Aberdeen City ADP meets on a quarterly basis. It has representation from a range of stakeholders, including:

- The Chair of the Alcohol, Drugs and BBV forum - which is an open forum for members of the community to share their views on local alcohol and drugs issues.
- Aberdeen in Recovery (AIR) – an alcohol and drugs peer recovery support group
- Civic Forum – a city wide community representative group

The ADP is tasked with helping deliver on nationally set Scottish Government outcomes for alcohol and drugs. It also works to deliver on its alcohol and drugs strategies and on priorities contained in its Delivery Plan 2015-18. This latter document contains four priorities: Prevention; Early Intervention; Reducing deaths; Quality.

Although no new commissioning took place during the year, a public consultation on what services, service users and the public think previously took place prior to the current third sector alcohol / drugs services being commissioned.

In addition, the ADP jointly ran a local alcohol and drugs conference in November 2015, which attracted service users, family members and the general public.

Aberdeen City operates an:

- Integrated Alcohol Service (IAS)
- Integrated Drug Service (IDS)

Both services have multi-disciplined staff, including Doctors, Nurses, Social Workers and third sector Support Workers. The Support Workers are currently commissioned from the local third sector organisation, Alcohol & Drugs Action.

In 2015/16 there were 913 people referred to the IAS and 907 people referred to the IDS. During this time the IAS and the IDS consistently met Scottish Government health waiting times targets for alcohol and drugs services, which require that at least 90% of people are seen within three weeks from initial referral to treatment commencing.

The IAS and IDS has consistently met Scottish Government NHS treatment waiting times targets over the last year.

Work needs to continue to be done on helping clients to move through their recovery and in having robust methods for capturing outcomes around this.

Work with the Care Inspectorate

Early in 2016, the Care Inspectorate began a programme of work, across the whole of Scotland, to support the validation of Alcohol and Drug Partnerships and services' self-assessment of performance and progress in implementing and embedding the National Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol services.

The Care Inspectorate programme included: questionnaires for service users and staff; a self-evaluation template; case file reading; and meetings with service users, staff and ADP members.

The Care Inspectorate intends producing a national report during 2016/17, as well as providing local feedback for each ADP. This information will help inform the ADP on areas for ongoing improvement.

Work on dealing with people found drunk & incapable

Work took place during 2015/16 in preparation for the closing of the Designated Place of Safety (DP). The DP had been commissioned jointly by NHS Grampian and Police Scotland for temporarily caring for people found drunk & incapable.

New improved partnership processes were developed for implementing in 2016/17, which included having a Social Worker based within the Community Safety Partnership HUB at Frederick Street, Aberdeen. This worker assists the overall care management for this cohort, particularly for those people who are regularly found drunk and incapable. The new processes aim to reduce the impact upon emergency and health & social care staff.

Delivery of alcohol brief interventions

There is good evidence that the delivery of Alcohol Brief Interventions (ABI) can help reduce alcohol consumption. The Scottish Government set NHS Boards targets around ABIs. The ABI target for Aberdeen City in 2015/16 was 2889. Over the year, a total of 4,418 ABIs were delivered.

Supply of naloxone

Naloxone can temporarily reverse the effects of an opioid overdose and can therefore save life. Over the year, 544 naloxone kits were supplied to key individuals across Aberdeen.

Supply of methadone boxes

Methadone Safe (Home) Storage boxes are issued by IDS staff as part of ongoing risk-assessment processes for people in drug treatment services who care for children. In 2015/16 there were 29 boxes issued.

Complaints About Social Work / Social Care Services

The CSWO has awareness of the volume and nature of statutory complaints received and can sign off on appeals against complaint decisions. 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.

Complaint trend information and analysis is reported quarterly to both the Council's Education and Children's Services Committee and the Clinical and Care Governance Committee of the Health and Social Care Partnership. Complaint information is also reported separately to the CSWO and the H&SCP Chief Officer and forms part of the CSWO performance dashboard.

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 2015 to March 2016, 138 statutory complaints were recorded, (compared with 78 for 2014-15 and 95 in 2013-14).

These 138 complaints contained a total of 426 separate complaint points. Of these 426 complaint points, 59 points were upheld, 37 were partially upheld, 266 were not upheld, there 43 were no decision could be made and 21 were withdrawn.

Children services received 85 complaints, which contained 302 separate complaint points, 32 of which were upheld, 24 partially upheld, 204 were not upheld, 33 were no decision could be made and 9 were withdrawn.

Adult services received 51 complaints, which contained 116 complaint points, 26 of which were upheld, 13 partially upheld, 55 not upheld, 10 were no decision could be made, and 12 were withdrawn.

There were 2 complaints which covered both Children's and Adults Services, which had 8 complaint points, 1 of which was upheld and the remaining 7 not upheld.

In 2015-16, 87% of complaints that required formal acknowledgement were done within the required 5 day timescale, compared to 90% in 2014-15. In total, 70% of complaints were responded to within the 28 day deadline, compared to 29% in 2014-2015. Children's services responded in time to 70% and adult services responded in time to 72% of their respective complaints, the two joint complaints were both responded to on time.

In 2015 -16, 24 complaints were taken to the appeal stage, compared with 3 in 2014-15.

In 2015-16, 2 complainants took their case to the Complaints Review Committee, as compared to 3 in 2014-15.

Many factors can influence the number of complaints received and it is difficult to quantify the exact reasons. The rise in the number of complaints in 2015-16, can partly be attributed to particular complainants, who have made regular and voluminous complaints, but otherwise, it has to be accepted that the volume of complaints will fluctuate.

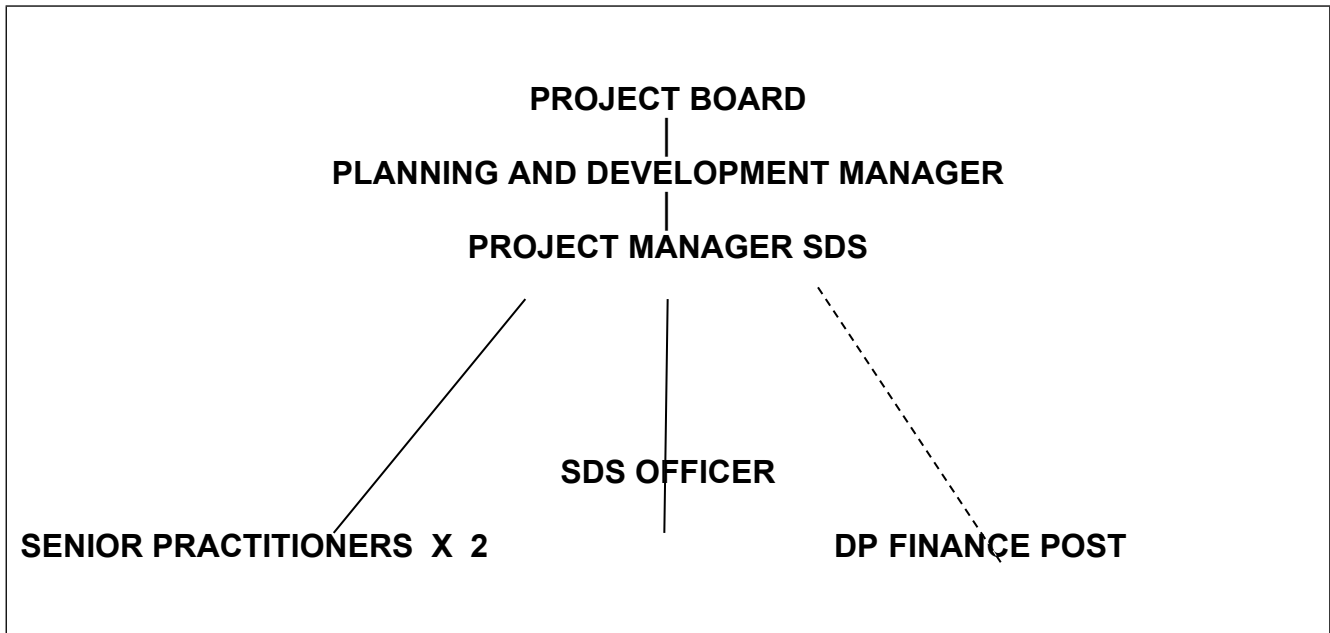
Likewise, the ability of the service to respond to a complaint within 28 days can be varied. In an effort to improve compliance, changes have been to how complaints are investigated. The Complaints, Rights and Enquiries team now take a more active role in the investigation of complaints, to aid social work staff. As can be seen by the improvement in compliance from 2014-15, this has been hugely successful and has been done whilst training all social work teams in complaints handling, which has also had a positive impact.

8. User and Carer Empowerment

Self-Directed Support

Aberdeen City Council is progressing with the implementation of Self -directed Support across the city.

SDS Team Structure



My Life Portal

On 1st June 2016, the City's MyLife portal went live to the citizens of Aberdeen.

MyLife is a website dedicated to Self-Directed Support within Aberdeen and covers all service areas. The hope is that it will be the one stop information and advice website for SDS. The portal contains sections of information to support individuals with SDS.

"What is SDS" and the four options provide the supported person with a generic SDS leaflet, factsheets on each of the 4 options available through SDS explaining the systems and process, front facing documentation used to set up a direct payment (option1), Information on financial monitoring and the process of becoming an employer, links to useful support organisations.

Providers of support, goods and activities resource directory providing both supported people with easy access to providers and their services and providers with a medium on which to advertise their services. Providers have full administrative rights to their own page.

Financial section where we have numerous links to internal and external financial support, documentation that the supported person can view before the practitioner discusses them with them (open and transparent).

Useful links is broken into 5 sections for Links to SDS legislation, Children, Transitions, Adults service specific information and Carers which provide links to documentation used by practitioners, eligibility for services information.

Frequently asked questions provide the supported person and the practitioner with answers to commonly asked questions.

Films and stories provide real life examples of how SDS has empowered individuals to have more choice and control over their assessed care and support needs. This is to be further developed to include stories

The future focus is to advertise the portal to the wider community, ensure that all information, systems and processes are updated as required. Consult with supported people, representatives, support groups and providers January 2017 re functionality of MyLife.

Progress on Implementing SDS

The main focus of work has been to implement a suite of forms and a clear process to enable practitioners to be confident in using option 1 successfully.

This has necessitated a complete overhaul of the processes and we now have a clear system from discussion, through set up, ongoing maintenance and closure of a direct payment. This overhaul has been informed through discussion with Finance, Carefirst, Service Managers, Supported People and Practitioners.

There is a comprehensive guidance document for practitioners, which will act as a day-to-day tool to enable them to work confidently within direct payment processes and systems.

An important part of successful implementation of option 1, DP has been the development of a robust escalation process. This is necessary for those situations where correct monitoring statements and accompanying paperwork have not been submitted to Finance, and as such has been developed through close working with Finance, Legal and Practitioners. There is now a comprehensive range of letters covering standard communication, alteration and escalation process available to Finance. There is an agreed time scale, process and a flowchart has been developed alongside written guidance to support this change.

The SDS team recognise that practitioners are developing their skills as we implement new processes.

There is an overarching guidance document for supported people to enable them to feel informed and capable in relation to their choice of a direct payment.

Additionally, there are comprehensive guides in relation to Personal Assistants and Self-Employed carers. For this particular aspect there has been consultation and discussion with Police Scotland and Adult Protection Unit to ensure we are meeting our responsibilities in relation to vulnerable adults and enabling people to make choices where it is safe to do so.

There are supported people who have, historically not been maintaining their DP in line with statutory requirements. With this in mind, over the coming months the SDS team will be supporting and establishing a guide for practitioners to help them think about and deal with these historical cases and ensure processes and systems are implemented to support and not disadvantage Supported People.

Supporting Independent Living

A large concentration of work within the Learning Disability service has centred on enabling people to live as independently as possible. To do this we commenced a programme of re-registering services from care homes to care at home and housing support services, within our In-House estate. Following this, Provider Organisations were supported to identify which resources should adapt into more independent living environments, with individuals benefiting from having rights as occupants or tenants as well as income maximisation through full entitlement to benefits.

Our own In-House estate of Care Homes was the first step for such work. There have been benefits to the organisation and to the individuals we provide direct support to. This can be seen in the ways in which people have more choice and control of their homes and support arrangements in order to meet their identified outcomes and the way in which we model our services and support our staff to deliver high quality, individualised care.

In addition to this a key aspect of independent living is about extending individuals' rights to have choice in relation to their support arrangements. We have worked with our LD Care Management staff to ensure they are knowledgeable of different ways in which someone may be supported, including the person self-directing their support. Our aim is that individuals supported by the service will be given the opportunity to contribute to their own Essential Lifestyle Plan and Support Plan, providing detail on their needs, outcomes and how they will be supported. This gives individuals more opportunity to say what works for them and how their support should be delivered. It also provides detail on the cost of their support so it is clear how the money provided for support/services is used and this assists with reviewing the effectiveness of the support and whether it delivers good outcomes and best value.

We continue to look at ways of supporting people to live in their own homes or homely environments, working with individuals and other stakeholders to support the success of this work.

Active Ageing and the Wellbeing Team

The achievements and progression of our wellbeing team have featured in the CSWO Annual Report since 2012.

The team has continued to support initiatives that promote physical activity and social opportunities and work with many partners and colleagues including Aberdeen Sports Village, Sport Aberdeen, The Robert Gordon University, local churches, the public health team, allied health professionals, Alzheimer's Scotland, Aberdeen Football Club Community Trust, Age Scotland, the Health and Care Village, Royal Cornhill Hospital, GP practices, care homes, Aberdeen Council of Voluntary Organisations, carers services, Footprints Connect and many others to increase the number of older people, many with long term conditions, getting active and involved in their local communities.

Some examples of what we did in 2015-16:

- We coordinated a programme that introduced new activities over a six month period in four separate sheltered housing complexes. The activities are now being led and delivered by Aberdeen Football Club Community Trust;
- We expanded our 'Meaningful Activities' network to reach more people living in their own homes and in care homes with long term conditions and worked with partners to create activities that are tailored to specific needs and conditions including dementia;
- We have worked with volunteers to support and empower them to meet needs in local areas. One community centre now runs a social group for isolated older citizens and a local Sports Centre hosts a wellbeing group for people with long term conditions and their unpaid carers;
- We have been actively involved in a design led approach facilitated by an external organisation called THRIVE in two neighbourhoods of Aberdeen and with GP surgeries in all localities to seek collaborative solutions to local issues. More specifically, we undertook a pilot project of 'wellbeing visitor' with one GP practice in a local neighbourhood to address loneliness and isolation among a small number of elderly patients;
- The work of the wellbeing team was promoted at the annual NHS Scotland Event in 2016 and was also shortlisted for a national award at the Scottish Council of Voluntary Organisations in the 'Perfect Partnership' category;
- We have promoted good practice and learning with one example being the discussion of a person's wellbeing as a central part of multi- disciplinary team meetings within primary care.
- We have continued to use approaches in community settings that have resulted in older people and volunteers taking ownership and responsibility for the running of initiatives in local areas such as volunteers running sessions of 'Technogym Easyline' in local neighbourhoods. 'Technogym Easyline' is a low level seated circuit class which is predominantly used for people aged 65 and above. It aims to help improve overall body strength. Technogym operates using a hydraulic bar which targets resistance for specific muscle groups.

During 2015/16 the wellbeing team also continued to support the 'Golden Games' which is a local partnership approach to a sports and physical activities festival for people over the age of 65 in Aberdeen. Initially developed in 2011, the 'Golden Games' have helped to create and promote an ever increasing range of active ageing events with partners that now take place throughout the year in Aberdeen.

During 2016/17 we hope that the Aberdeen partnership of local sports providers will take on the leadership for further development and delivery of the Golden Games.

Over the course of the next year, the wellbeing team will align itself with the public health team as part of Aberdeen City's Health and Social Care partnership (H&SCP).

Limited evaluation from previous projects makes it more difficult to know what learning and projects to prioritise and scale up.

Limited evaluation from previous projects has made it more difficult to know what learning and projects to prioritise and scale up. Therefore, the wellbeing team will undertake some evaluative learning on our successes and activities from previous years and make our function clear to a wide range of partners and colleagues in line with the priorities in the H&SCP's three year strategic plan.

We will continue to educate, support and empower communities to develop their own wellbeing opportunities and develop more locally focussed wellbeing activities and events. We plan to develop a range of wellbeing opportunities for people living with long term conditions, including people with dementia.

Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014, requires the H&SCP to divide Aberdeen's geographical area into at least two localities to enable to effective planning and deliver of integrated services.

The partnership has agreed to base its localities on the four existing GP cluster areas that have existed for a number of years, to take advantage of established relationship and activities. The agreed localities are:

- Aberdeen North;
- Aberdeen South;
- Aberdeen West;
- Aberdeen East.

The development of localities reflects that citizens will naturally associate themselves with communities rather than necessarily by the "locality" within which they live, the boundaries of which are set for administrative purposes.

Localities will be critically important from a planning perspective as they will enable the partnership to understand the health and wellbeing of the populations of these areas. The partnership will seek to use these localities to develop local solutions and will start small by testing proposals, understand the impact of implementation and then, where appropriate, seek to develop them further.

Some communities in Aberdeen already have established networks or planning groups and where these are in place, it is intended to seek to use this existing community asset infrastructure. A bottom up approach will be taken rather than placing a community or neighbourhood structure down onto a community, in order to increase the likelihood for sustainability.

The creation of Locality Leadership Groups has commenced and the four localities are planning and developing services on the basis of what we already know about the health and wellbeing of the local population and what assets and resources are available locally. All activities will be co-ordinated through the partnership, in line with the strategic plan, but recognising that localities may want to pursue some different approaches given their identified priorities. Mature and trusting relationships in and between the localities and the partnership as a whole, will help ensure that local emphases are within the parameters of the strategic plan.

9. Workforce Planning and Development

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 social work, recruits are often recently qualified. There continues to be a significant shortage of residential child care staff. 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 has recently undertaken a comprehensive succession planning exercise for key workforce/occupational groups across the Council including Children's Social Work and Adult Health & Social Care, focusing on hard to fill, business critical posts. The aim of the exercise is to develop strong succession plans to help the Council attract people with the knowledge, skills and abilities we need, retain key employees, develop our existing teams and prepare suitable ready replacements internally through a variety of learning and development activities.

The workforce skills required to meet the legislative agendas of personalisation and self-directed support have been considered in a joint workforce planning exercise between NHS and Aberdeen City Council. Further details of this are provided below.

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. Since 2013 annual increments in pay scales have been 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.

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. However, due the downturn in the oil industry, renting in the private sector became cheaper and easier and there was no take up for the scheme.

Children's Social Work

The implementation of Reclaiming Social Work presents a new way of working for the entire Children's Social Work Service. This has required comprehensive training of existing staff as well as cognisance of the fact that potential applicants from elsewhere in the country are unlikely to have undertaken training or have a qualification in systemic practice. Professional social work employees are being trained in systemic practice and as the implementation of the new Social work units go live, all staff in each unit are benefiting from a comprehensive five day induction

programme that covers the reclaiming vision, systemic practice, role definition, practical guidance and information on how the new team will operate and team building.

We are currently progressing a wholesale redesign of the Children's Residential Service. The redesign takes account of the national workforce development framework, the proposed SSSC registration requirement that staff within residential child care achieve the new SCQF level 9 awards in residential child care.

It is a key priority that action is taken to alleviate the recruitment and retention challenges facing Children's Social Work. A working group has been tasked with considering the workforce planning challenges facing the service and proposing an action plan to meet these challenges in the future, looking at career pathways, creative advertising solutions and a review of recruitment and selection tools to ensure we get the right people into these key roles.

Health and Social Care Partnership

The draft workforce plan for the Health and Social Care Partnership outlines a number of HR workstreams 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 workstreams 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.

As the Partnership develops and delivers its strategic priorities, it is expected that the workforce will need to develop and change in line with changes in service delivery and the move to locality working.

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. The Action Plan for Adult Social Care was reviewed and updated in July 2016.

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.

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.

In 2015/16, 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.

Key Challenges for 2016/17

The five key workforce planning challenges facing social work services for 2016/17 are:

1. A significant challenge is supporting employees to meet the increasing demand on social work services within budget constraints. This is a challenge faced by both children's social work due to the increasing number of young people and their families requiring support from professional social work staff and within Adult Health and Social Care due to the population demographics. To meet this challenge, the directorates will continue to review and design the way we deliver our services and upskill and prepare staff to meet the future challenges and new ways of working.

2. Recruitment of staff with the right skills, values and behaviours. Plans to address this include reviewing recruitment strategies and the use of robust selection processes and grow our own initiatives.
3. The integration of Adult Health and Social Care services is likely to have workforce implications as a result of different ways of delivering services, although at this point in time it is not yet possible to determine what these might be. The HR workstream will continue to review the progress of the integration agenda and anticipate the work force planning implications.
4. The attraction and promotion of a diverse workforce. In most areas within social work services the current workforce is largely female, aged 25 to 55. Equality and diversity is a key priority for the Council and focus over the coming year will be given to youth employment and attracting and promoting talent with cognisance of the Equality Act.
5. Retention of staff with the right skills, values and behaviours. There is a risk that during periods of change and significant service demands staff may leave or lack engagement. Plans to address this include ongoing consultation and communication with staff during periods of change,

10. Improvement Approaches and examples/case studies of improvement activities

Reclaiming Social Work

Following completion of the staff matching process in 2015 a planned and managed roll out of the new Reclaiming Social Work structure began as planned in February 2016. Two thirds of staff are now matched into their new posts and we have already:

- Introduced the revised structure for our in-house Family and Community Support Services.
- Created and introduced a revised structure for the Alternative Family Care Service.
- Established the first 8 Social Work Units.
- Established a Youth Team to work with care leavers and 16 - 18 year olds who are in the Criminal Justice system.
- Established a revised Children with Disabilities team to focus on those children receiving care packages.

Although it is still early days in the implementation of Reclaiming Social Work and we do not as yet have hard data, direct feedback from service users has been extremely positive and encouraging. Families have spoken of feeling a difference in how social work staff are engaging with them. The Unit model is beginning to evidence that social work staff are managing risk more effectively and supporting families to identify solutions to their own difficulties. It is hoped that this will lead to more children being supported to remain within their family and community and over time contribute to a reduction in the numbers of children accommodated by the local authority.

In preparation for the roll out of Reclaiming Social Work we have developed a 'Go to Guide' for staff covering roles and responsibilities as well as key policies and procedures. It also incorporates what has become known as the 'Wiring Diagram'. This is an interactive resource for staff to explore and understand processes and systems around the care of children, whether they be in the child protection, looked after children or court systems. It includes live links to legislation and guidance as well as forms and procedures. Carefirst, our client record system, has in turn been updated to reflect this and to reduce the amount of data that social workers collect about a child by ensuring that where possible data is collected once and used to populate subsequent processes. The 'Go to Guide' and 'Wiring Diagram' are invaluable resources which staff, who may not always be familiar with all aspects of the social work job, have welcomed.

Opiate replacement therapy (ort) peer support group

In January 2016, a Peer support group was set up at the Timmermarket Clinic under the title of 'ORT & Me'. This group meets weekly and is open to anyone who wants to discuss ORT and ways that they can stop requiring the need for its use in a controlled and supportive way. The group has been very successful, and regularly has a good attendance of about ten people who are currently on ORT. A number of these people have managed to reduce the dosage of their ORT and at least one

member has become abstinent in the time that it has been in operation. As it is a Peer support group, it is being run at no cost to statutory services.