



ABERDEEN
CITY COUNCIL

Chief Social Work Officer

ANNUAL REPORT 2017/18



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Foreword

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I am pleased to present the Chief Social Work Officer's Annual Report for Aberdeen City for 2017/18. 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 2017-18 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 and the Aberdeen Health and Social Care Partnership receive 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 fulfil these responsibilities, the CSWO has direct access to elected members, reporting through various Committees, the Chief Officer of the AHSCP and has direct links to the Chief Executive of the Council. 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 meet the requirements of their regulatory body and the SSSC Codes of Practice. Any social worker or social care professional may approach the CSWO for 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. These decisions must be made by the CSWO or by a senior, 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 Chief Officer – Integrated Child & Family Services 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 Lead Service Managers in Children's Social Work and Lead Social Worker, Aberdeen Health and Social Care Partnership. Over the past year the Service has undergone significant change in leadership across Children's Social Work and the Aberdeen City Health and Social Care Partnership. It has been important for services to increasingly evidence the impact they are having on the lives of they are intervening in. The challenge is to do so against a challenging economic and financial backdrop.

In this context, the CSWO has a crucial role in ensuring that any financial decisions made do not compromise the safety and wellbeing of people who use social work services. These pressures are felt not just by ourselves, but also by our colleagues across the third and public sector. The City Council commissions high volumes of adult social care and the difficulty of securing this provision has continued over the past year. These are challenges that the Health and Social Care partnership are addressing through innovative commissioning approaches, which are outlined later in this report. In addition, the City Council, the Health and Social Care

Partnership, our stakeholders and partners face recruitment challenges, with difficulty in filling key posts.

In its 2016 report on Social Work in Scotland, Audit Scotland noted that the role of the CSWO has become increasingly complex with the introduction of Health and Social Care Partnerships. In Aberdeen, Children's Social Work is located within the City Council, and is attached to the role of Chief Officer – Integrated Children & Family Services, whilst Adult and Criminal Justice social work resides within the Health and Social Care Partnership. This provides two challenges. Firstly, the CSWO has to retain oversight, professional leadership and provide assurance of safety and quality of all social work services across two large and complex organisations. Secondly, the CSWO has to step back from the role of Chief Officer to provide independent, professional oversight and challenge of Children's Social Work. This is not unique to Aberdeen and is an issue facing a number of CSWOs across the country.

This report recognises the excellent work delivered day in day out by staff in Children's Social Work and Aberdeen Health and Social Care Partnership. These staff deliver high quality support and services to vulnerable adults and children and to discharge statutory responsibilities to ensure their safety, wellbeing and protection. This report attempts to reflect their work.

Graeme Simpson
Chief Social Work Officer

Children's Social Work

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. In 2015 Aberdeen City Council adopted a systemic model of practice known as "Reclaiming Social Work". This was a whole system redesign of social work services for families in need in Aberdeen. The model recognises the important role social workers play in helping and supporting families in need, and we have redesigned our structure to ensure they are free to focus on this work. While the service model has evolved over the course of the past three years in response to challenges in respect of recruitment and the changing financial environment, the model continues to enable social workers to work more collaboratively within newly formed systemic units and concentrate on social work, not unnecessary bureaucracy.

Initial advice was that it would take up to three years to recruit sufficient appropriately trained and experienced Consultant Social Workers, and this is proving true. It has not slowed progress, however, as whilst remaining true to the systems based theoretical model, we have developed alternative solutions such as systemic teams, rather than units, introduced a mentoring scheme to support staff develop the skills necessary to apply for Consultant Social Worker posts. Whilst recruitment remains a challenge across much of the public sector. In the North East we are confident that the posts will be filled and that the service model will be fully operational within the coming months. The positive experience of those units already in place will roll out across the service. The impact of the model on service users is being independently evaluated. This will also draw upon the evidence from staff and partners and, more importantly, service users.

The wider restructure of the Council and the establishment of an Integrated Children & Family Service will require Children's Social Work in collaboration with Education colleagues to further consider how services can be integrated to benefit the needs of children, young people and their families. While acknowledging the scale of the change across the Council, staff throughout Children's Social Work have worked with a professionalism and dedication to improve the lives of children and their families.

The Aberdeen City Health & Social Care Partnership

The Aberdeen City Health and Social Care Partnership has continued in its second year of operation to embed the integration of the delegated health and social care functions, the ongoing transformation of our services and to work towards fulfilling the ambitions and priorities outlined in our Strategic Plan.

The partnership is required to show on an annual basis how effective it has been in attaining or working towards the national health and wellbeing outcomes. Core indicators are aligned to all these outcomes and over the past year (2017-18) 14 of the 19 reported indicators have improved or stayed the same. Most notable improvements are evident in the rate of emergency bed-days for adults reducing by 9% and the number of days people spend in hospital when they are ready to be discharged reducing by 27%. Of the 5 indicators that had performed worse than the previous period, 4 indicators were within 3% of the previous period's performance except readmission to hospital within 28 days at 10%.

For the same period, the partnership performed better than Scotland for 12 of the 19 indicators with particularly good comparative performance in the rate of emergency admissions at 16% better than the average, the rate of emergency bed-days for adults at 12% and the falls rate per 1,000 population in over 65s at 11%. We performed worse in 7 of the indicators with readmissions to hospital within 28 days of discharge worse than average by 7%, the percentage of all adults with intensive needs receiving care at home worse by 7% lower and the number of days people spend in hospital when they are ready to be discharged worse by 9%.

We have identified that some of the sources of our performance data are not as robust as we would like, and we have committed to undertaking a full review of our indicators and of how the information is gathered. In addition, we are about to embark on refreshing our Strategic Plan as the lifespan of the current one ends on 31st March 2019.

There is a strong expectation to deliver significant transformational change at pace to improve the personal experiences and outcomes for individuals who use our services. We have increased the capacity of our transformation team to drive an ambitious programme of change activity that will deliver the desired improvements and required efficiencies. This programme includes the introduction of INCA (Integrated Neighbourhood Care Aberdeen) in the South Locality, Acute Care @ Home in the Central Locality, and a new approach to home visiting for all GP practices in the West Locality as well as the roll out of our primary care Psychological Therapies service and Links Practitioners. These have all been small tests of change, the learning from which will inform the future rollout of these initiatives across the whole partnership.

During the year, both our Chief Officer and our Head of Operations moved on to other roles which was unsettling for the staff but they have continued to fulfil their roles and deliver services with a high degree of professionalism. Despite these changes our aim remains to be one of the top performing partnerships in Scotland across all sectors and one which attracts the best people to work with us and I look forward to working with the new Chief Officer towards achieving this goal.

Partnership Working - Governance and Accountability Arrangements

Integrated Children's Services

In line with the Children and Young People (Scotland) Act 2014, Statutory Guidance, Section 3, our Integrated Children's Services Partnership began the development of the new Aberdeen City ICS Plan 2017 - 2020. The plan was published on the 1st April 2017 and formally launched at our annual ICS Conference on 12th June 2017. Key themes identified in the plan were:

- Closing the outcome gap for our disadvantaged children and young people
- Improving health and wellbeing, particularly in areas such as mental health and physical activity
- Improving community safety and the environment to make safe spaces for children and young people of all ages
- Ensuring that we engage and include children and young people in the ongoing progress and development of our work.

The first annual update report on progress to deliver these objectives was completed and submitted to the Scottish Government. It is the intention to refresh the Local Outcome Improvement Plan in the coming year and this review will influence and inform the areas of continuing priority for the IBS Board. The Chief Social Work Officer and senior Children's Social Work leaders are represented in each of the ICS Partnership senior governance groups ensuring that the Corporate Parenting, and Child Protection agendas will be delivered and supported within a multi-agency approach over the coming three years.

This work will be driven by our ICS Board who will be provided with reports on the progress and improvement. This will ensure timely performance updates and recommendations for the Outcome Groups to drive forward.

The Health and Social Care Partnership

Aberdeen City Council has delegated a range of statutory functions in respect of social care services to the Integrated Joint Board (IJB). Legal responsibility for these functions still sits with the City Council, under the direction of the IJB.

The Chief Social Work Officer is a member of the Integration Joint Board as the responsibilities of this role in relation to local authority social work provision continue to apply to functions which have been delegated under the integration arrangements. The Lead Social Work Officer continues to link with the Chief Social Work Officer with regards to the governance arrangements, continuous improvement, quality assurance and management of adult social care services.

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 Committee (C&CGC) and a Clinical and Care Governance Group (C&CG) have been established to oversee the implementation of this 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 Lead Social Work Officer is a member of the Clinical Governance Group (C&CGG) and the Chief Social Work Officer has a freestanding invite to attend this group.

H&SCP Commissioning

Strategic Commissioning is fundamental to our ambition to work with partners across all sectors in reshaping the services that we deliver to address the common challenges that we face. A coherent commissioning approach is pivotal to the people who use our services having improved personal experiences and outcomes. Other anticipated benefits include a more resilient, local marketplace, innovative and effective care models and contractual arrangements that are fit for purpose.

During 2017/18 the ACHSCP has:

- published its Strategic Commissioning Implementation Plan which details our key commissioning intentions and incorporates a market Facilitation Statement;
- established a Strategic Commissioning Programme board to support progress across the priority commissioning programmes. It provides leadership, direction, challenge, permission, and control to commissioning projects as well as removing blockages;
- published its Carers and Learning Disability strategies as well as its Primary Care and Transformation Plans and
- further developed and enhanced its relationship arrangements with provider umbrella organisations such as Scottish Care and ACVO involving them in key groups such as the Strategic Commissioning Programme Board.

Social Services Delivery Landscape

About Aberdeen

Place: Aberdeen City covers an area of 186 square kilometres and in terms of population size, it is the 8th largest local authority in Scotland. The City is made up of 37 neighbourhoods – 8 of which have been recognised as deprived based on SIMD.

Population: In June 2017, the estimated population of Aberdeen City was 228,800, with slightly more than half of the population being female (50.2%). This estimated population was 0.5% lower than the previous year's population of 229,840. The main contributor to this decrease was negative net-migration to the City between mid-2016 and mid-2017. In the period up to 2041, the population of Aberdeen is forecast to increase to 243,056 (5.8%) with the number of children (aged 0-15) increasing by 0.9% and the number of those aged 65+ by 12.5%. (Figure 1)

Age structure: Compared to Scotland, Aberdeen City has a lower proportion of people in the older age groups, 55+ years and a higher proportion of its population in the young adult age groups, 15-24 years and, particularly 25-34 years (Figure 2)

Life expectancy: In 2014-2016 estimated life expectancy at birth was 80.8 years for females and 76.4 years for males. Both male and female life expectancy have decreased in each of the last three years and are now lower than average life expectancy for Scotland. Consistent with longer-term trends in Scotland, both male and female life expectancy have increased since 2001-2003, with the rate of increase being higher in males than females, thus narrowing the gap between male and female life expectancy. However, the rates of increase in this period were lower in Aberdeen City than for all other local authorities.

Estimated life expectancy by deprivation: Estimated life expectancy is strongly associated with deprivation. Males in the most deprived quintile (SIMD 2016) in Aberdeen have a life expectancy of 72.0 years compared to 81.0 years for those in the least deprived quintile – a difference of 9 years. Females in the most deprived quintile have a life expectancy of 77.1 years compared to 84.1 years for those in the least deprived quintile – a difference of 6.4 years.

Deprivation (SIMD 2016): Based on overall rankings of deprivation (i.e. All Domains), Aberdeen performs relatively well in the SIMD with 113 (40%) of its data zones being in the 20% least deprived areas of Scotland. However, there are 22 (8%) data zones in the 20% most deprived areas of Scotland – equivalent to a population of 18,171.

Resources

Finance

The current Council 5 Year Business Plan lays out the net budget for social work services until 2022-23, showing a decrease of 0.3% from 2017-18. However, within this figure, adult social work services will reduce by 6.8%. This is based on current assumptions of future government funding.

SOCIAL WORK SERVICES	2017-18 (£'000)	2018-19 (£'000)	2019-20 (£'000)	2020-21 (£'000)	2021-22 (£'000)	2022-23 (£'000)
Total Budget	121,541	128,384	126,045	123,608	121,993	121,182
Adults	83,308	84,995	82,483	80,046	78,431	77,620
Children	38,233	43,389	43,562	43,562	43,562	43,562

Please note that these figures may change during the current budgeting process and the adult social care budget does not reflect how the Partnership might use additional capacity/transformational funding to pay for some adult social care services.

Children's Social Work

Social Work Services meet commitments within budget. However, Children's Services in 2017-18 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, gives the opportunity for an outcome-based approach to setting the Children's Services budget. The Inclusion Review in Education enables 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.

H&SCP

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 Integrated Joint board (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. 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.

In 2017/18 a third tranche of additional funding of £3.86m was made available so that social care workers providing care to adults could be paid the Scottish Living Wage. Councils could reduce the funding passed over to the Integration Joint Board by their share of £80 million. In Aberdeen City this reduction amounted to £3.090 million. This gives a total delegated budget of £264.323m for 2017/18 for the Aberdeen City and Social Care Partnership budget.

Service Quality and Performance including delivery of statutory functions Performance Frameworks

HSCP Performance Framework

For the IJB to function effectively as a governance body it requires the right information at the right time to ensure it is focused on the right issues. The information needs of the organisation are increasing as it operates in a constantly developing environment. For intelligence to have an impact on improving health and care, it is important to work together at all levels of the system to co-produce intelligence, aiming to improve ownership, responsibility and collective leadership. This Framework and the proposed approach to performance and governance are not just about change at IJB level but must permeate the organisation at locality level and in multidisciplinary teams. Achieving our aims and objectives depends on having an effective performance framework to measure progress. There are hundreds of indicators used to monitor the services we deliver, the quality of care we offer and the outcomes we achieve. Our approach has been to develop a structured framework for managing information to ensure the right information reaches the right people at the right time. We are operating in a constantly changing environment and what we measure now to assess performance is likely to develop as we pool data between health and social care, particularly at locality and community level. We draw on indicators that help to assure performance of current practice and support continuous improvement. They are based on aspects of care and management where we have the greatest level of accountability and leverage to improve. In some cases, the data may be limited, and the measures may be imperfect, but we can still use it to understand where we are, and where we want to be, and we are working to improve the quality and range of data available and our ability to analyse it. The national and local indicators we use are contextualised around a balanced performance framework adapted from the Care Quality Commission

Risk

The Integration Joint Board has in place a Board Assurance Framework to provide the necessary assurance associated with good governance that the partnership has put in place the structures, behaviours and processes necessary for setting risk appetite, for delegating the identification of both significant events and trends, for assessment and mitigation of risk, and for putting in place effective controls and assurances, properly owned and actioned.

A key element of the assurance framework is the risk management system, whose outputs (i.e. strategic and corporate risk registers, and other reports) contribute significantly to board assurance on key risks to our strategic ambitions and priorities. The IJB Risk Management policy sets out the arrangements for the management and reporting of risks to IJB strategic priorities, across services, corporate departments and IJB partners. It describes how risk is contextualised, identified, analysed for likelihood and impact, prioritised, and managed. This process is framed by the requirement for consultation and communication, and for monitoring and review.

The Strategic Risk register is owned primarily by the Chief Officer with individually identified risks assigned to different members of the Executive Team as appropriate. It sets out those

risks which may threaten achievement of the IJB's strategic priorities, in order for the board to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce these. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.

The Strategic Risk Register is presented to the Executive Team for discussion every month. It is also submitted to the Audit and Performance Systems Committee (APS) on a quarterly basis and then presented, with appropriate APS comments included, to the following IJB meeting thus ensuring regular and robust scrutiny of the assessed risks and the mitigating activities and interventions.

Child Protection

The Aberdeen City Child Protection Committee (CPC) is chaired by the Aberdeen City's Lead Nurse and has a membership across the full range of agencies and services with child protection responsibility including Aberdeen City Council (including social work, education and housing), Police Scotland, NHS Grampian, the Reporter to the Children's Hearing, Aberdeen Violence against Women Partnership and the third sector. All members aim to consistently improve upon the delivery of robust child protection practices across the public, private and wider third sectors.

The Local Police Commander and the Chief Executives of NHS Grampian and Aberdeen City Council are the Chief Officers responsible for the leadership, direction and scrutiny of the local child protection services and the Child Protection Committee. They have strategic responsibility for the CPC.

The CPC has three sub committees. The CPC's Operational sub-committee is responsible for driving forward the work of the child protection programme. It works alongside the Significant Case Review sub-committee and the Learning & Development sub-committee. The child protection programme encompassing the period 2016 – 2019 is in course of delivery and on-going development.

A child sexual exploitation (CSE) sub group has been established for three years and its remit has been extended to incorporate child trafficking. Short Life Working Groups are established to work on identified priorities; neglect, child protection and domestic abuse, missing children, vulnerable 16/17year olds and Strength-based practice

A Child Protection Partnership with Aberdeenshire and Moray CPC areas collaborates over the child protection register (CPR), joint investigative interview arrangements and bespoke training events. Aberdeen City holds and administers the CPR, co-ordinates the training programme and leads the organisation of the Partnership.

The Child Protection Landscape in Aberdeen

A significant source of information about categories of concerns and emerging trends comes from the management information compiled by the CPR. This enables the CPC to consider issues in its own geographical area and to compare trends across the Grampian area. The

annual figures are taken at 31 July each year and reported to the Scottish Government. The statistics used in this report are therefore consistent with the return to the Scottish Government.

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.

No. of children on the Aberdeen City CPR from 31st July - 31st July

2011	2012	2013	2014	2015	2016	2017	2018
96	86	92	73	98	118	80	68

Children remain on the CPR for as long as necessary, 88% were de-registered within 12 months and 60% within 6 months, a total of 162 children in 2017 – 2018. 33 children (22%) who were registered over the year from 1 August 2017 to 31 July 2018 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.

Most children on the CPR (66%) 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. 21% are in the 5-10 age group whilst 13% 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 37%, neglect 32% and domestic abuse 31% (as at 31.07.18). Parental drug misuse is recorded as a risk factor in 25% of cases, parent mental health in 23.5% and non-engaging family in 19% of cases.

A suite of performance management information is considered at each meeting of the Operational Sub-Committee and reported upon, in accordance with a data framework, to the CPC. The strategic focus on the range of performance information enables the CPC, through its child protection programme, to concentrate on the predominant areas of risk to children.

Key themes of Child Protection Programme 2016 - 2019

The Child Protection Programme (CP Programme) has been developed and continues to evolve to ensure that the CPC functions are fulfilled; namely continuous improvement, strategic planning, public information and communication. Those functions have been incorporated into the multi-agency CP Programme.

Three key themes of the CP Programme are linked to the Quality Indicators as outlined in the Care Inspectorate document “How Well Are We Improving the Lives of Children and Young People?”. These are

- How well are the lives of children and young people improving?
- How well are partners working together to improve the lives of children, young people and families?

- How good is the leadership and direction of services for children and young people?

The CP Programme is informed by ongoing self-evaluation and there are a number of strands to this. As well as performance information, the CPC considers national developments, case file auditing, significant case reviews, inspection findings, statistics and practitioners' knowledge. It has an annual development day to which all members of the Chief Officers Group, CPC, Sub Committees and any other relevant groups are invited.

Child Protection Programme delivery 2017 – 2018

- Making best use of child protection data in order to review performance, benchmark with other authorities, identify trends and areas for improvement.
- Recent figures from the CPR indicate that the predominant risk factors across Aberdeen City remain domestic abuse, parental drug and alcohol misuse, emotional abuse and neglect, with increasing evidence of concerns around parental mental health
- There has been much emphasis on ensuring practitioners have relevant, consistent up-to date information and guidance at their disposal. This is through multi agency guidance, web site information, and learning events
- Bespoke learning events to respond to local practitioners' needs have been held. These have related to Initial & Significant Case Reviews (March 2017), CSE national event (March 2017), Child Protection and Disability Conference (June 2017), Awareness Raising month (Oct 2017), Internet Safety (Nov 2017), Child Protection and Domestic Abuse Conference (Nov 2017), CSE and child trafficking Conference (Jan 2018), and Inter-Agency Referral Discussions in Aberdeen City (April 2018)
- Live Facebook events to inform the public about child sexual exploitation, child trafficking and online safety have been held in conjunction with Police Scotland
- Significant and Initial Case reviews have been high on the agenda. The SCR sub-committee has been formed to develop local procedures, to ensure we learn lessons from SCRs conducted locally and in other parts of the country and to make sure learning is disseminated to the Aberdeen City workforce
- Neglect remains a persistent risk factor and has featured in an in-depth ICR.

Child Protection Programme delivery 2018 onwards

In the year ahead, the following areas will be our focus:

- Dissemination of learning from ICRs and SCRs
- Addressing and responding to cumulative neglect
- Developing multi agency guidance and awareness raising of child trafficking
- Addressing child protection and disability
- Improving children's and families experience of and participation in the child protection process
- Responding to Scottish Government's national Child Protection Improvement Programme
- 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, such as multi agency case file audits

- Improving awareness of Child Protection and Culture such as FGM, Honour Violence and Forced Marriage
- Alignment with strategic improvement programmes of Aberdeen Violence Against Women Partnership, Adult Protection Committee, Alcohol & Drugs Partnership
- Continuing our work on CSE/CT/Online safety, neglect, child protection and domestic abuse, missing children, and vulnerable 16 & 17-year olds
- Exploring how to implement Strength based practice across all agencies and services in Aberdeen City.

Looked After Children

The total number of Looked After Children has in the past year reduced slightly from 594 to 576. This represents 1.6% of children aged 1-17 compared to a National figure of 1.4%. Aberdeen City has undertaken significant work to ensure the numbers of Looked After Children sit within the National average and this figure reflects this.

The overwhelming majority of Looked After Children continue to be placed in a 'family' home. As at 31st March 2018, 508 children were cared for within a family setting; 108 (18%) were cared for by parents; 112 (19%) by friends/relatives; and 288 (49%) by foster carers/adopters. 68 (11%) of Looked After Children were accommodated in a residential setting. This latter figure compares to a national picture of 10% of Looked after Children being in residential care.

Our strategic aim is to further shift the balance of care, increasing the proportion of children safely looked after at home with their parent(s) or with friends/relatives. At present Aberdeen City in these areas sits below the national average. It is a service priority that we support children to remain within their families where it is safe to do so. We are further developing our approach to ensuring kinship carers are supported to care for their family members when their parents are unable to do so. Given the continuing financial pressures, particular emphasis will be placed on out of city placements both fostering and residential.

Over the past year we have recommissioned our "Early Help" and "Intensive Support" services. The aspiration of these new services will be to provide tailored support to young people and their families who are in crisis and where there is a risk to the child being accommodated and/or being placed in an out of authority residential setting. These new services will compliment the support provided by our in-house services.

Supporting staff to understand and delivering on our new and extensive duties as set out in the Children & Young People (Scotland) Act 2014 has been a major focus over the past year - in particular Continuing Care and supporting Looked After Children to remain in their care placement beyond their 16th birthday possibly up to the age of 21.

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 for young people transitioning to independence managed by Action for Children. Due to significant challenges in recruitment, one of our homes has been non-operational for the past year. While recruitment activity remains a key priority to build up the capacity of the residential staff, over the past year there has been a strong focus embedding our philosophy of care. In

partnership with Scottish Attachment in Action we have rolled out DDP training for staff. This has seen a very positive shift and evidenced positive outcomes for our young people.

Over the coming year it is our intention to develop a multi-agency approach to Throughcare. This will aim to bring together a number of key agencies into a co-located setting to support young people as they transition from care to an independent setting. It recognises the need for a responsive and flexible support offer to care experienced young people is critical and that social work staff are not always the best placed profession to support them.

The educational attainment of Looked After Children in Aberdeen has been considerably lower than that of Looked After Children throughout Scotland and as a result, is a local priority. The appointment of the Virtual Head Teacher has provided a clearer focus on how schools and services are supporting Looked After Children to achieve their full potential. Over the past year there has been a slight improvement but how schools and wider council services support the attainment needs of our looked after young people remains a high priority.

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 recent years, showing a 20% reduction over the past year. While there is no room for complacency and recognition that the partnership needs to continue to support the WSA the figures noted below are to be welcomed.

	2015	2016	2017	2018
No. of young people who were accused in relation to multiple CrimeFiles per year	262	198	170	136
No. of young people who were accused in relation to a single CrimeFile per year	602	559	587	522

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. WSA processes are continually reviewed and the approach strengthened and over the past year the Responsible Group which takes a Youth Justice lead has held a number of development events to ensure a focus and collective understanding of the needs of young people is at the forefront of practice and strategic planning.

Effective and enhanced links between Youth Justice and Adult Criminal Justice are in place. The Youth Team has ensured a coherent approach to youth justice and a strengthening joint approach where necessary. This has helped shift practice to ensure that young people are not being “up tarified” in terms of recommendations. In addition, skills and knowledge of staff working with young offenders has been enhanced by a number of learning and development events held over the past year. This has included:

- A refocus of our Care & Risk Management Meeting Policy
- Continued input from Christine McCarllie in relation to Young People who exhibit sexually harmful behaviour
- AIM2 and ASSET Assessment training

The Family and Community Support Service IFIT (Intensive Family Intervention Team) respond to the needs of young people who present high risk behaviours to de-escalate the level of risk and avoid the need for secure/custodial intervention. The IFIT Service works collaboratively with our third sector provider of intensive support services.

Corporate Parenting

In 2015 Aberdeen was successful in its application to the Life Changes Trust (LCT) for funding to help to develop its Champions Board and the associated three-year Development Plan provides the basis for Aberdeen City Council's initial corporate parenting plan. The LCT award provided renewed enthusiasm, momentum and commitment. Whilst improvements have been made, there is more work to ensure that all corporate parents fully understanding their responsibilities to Looked After Children. This remains a key priority for Aberdeen. We are currently working with LCT to explore extending the life of their support beyond the three years.

The Champions Board has recognised that while there has been undoubted value in senior leaders coming together to consider the challenges facing CEYP there is a need to challenge and embed a practice across all agencies that recognises the unique needs of CEYP. This remains a priority for the Council and its key partners. Capturing the views of CEYP is a challenge and the Service is exploring how young people can more easily give their views both in terms of their own planning but also in relation to wider service planning.

To ensure the continuing priority of Corporate Parenting at both a strategic and operational basis a revised Corporate Parenting Improvement Plan will be developed in the coming year which will fall within the remit of the Integrated Children's Services Board to provide appropriate support and governance.

The Champions Board, which meets quarterly, provides an opportunity for care experienced young people to talk directly to decision makers about how best to remove complex barriers to multi-agency working so that innovative solutions can be agreed and implemented in a timely manner. An essential element of this is the development of participation in the city to help empower our CEYP and provide them with opportunities to develop their confidence, leadership and teamwork skills.

ACE (Aberdeen's Care Experienced) group is supported by a Development Officer funded by LCT and recruited in partnership with Who Cares? Scotland. A range of activities have been arranged throughout the year including an annual residential week. The group provides the platform to present the issues and areas for improvement to the Board's subsequent meetings. While our young people continue to inspire and impress us with their commitment and enthusiasm we will review and improve our engagement and participation activities for young people over the coming year.

Children's Social Work employs two full time Children's Rights Officers who as well as providing support to Looked After Children to attend reviews and statutory hearings, have a broader Corporate Parenting development role. This has included managing and coaching five Children's Rights Development Assistants (CRDAs). CRDAs are care experienced young people employed by the council for up to a year and for six hours per week. The success of this has been recognised and we will look to adapt this model on a sustainable basis.

An individual grants scheme for care experienced young people, launched in September 2016, continues to provide the opportunity for CEYP aged 14 - 25 to apply for a grant of up to £500. The scheme is managed by ACVO, the local Third Sector Interface, who are responsible for the launch, administration and management of the grants. A decision panel consisting of young people from ACE; Who Cares? Scotland and representatives from Education, Children's Social Work and ACVO, assess and decide on the applications. This model of support has been positively received and evaluated.

The latest data set shows a slight improvement in Looked After Children's attainment and school leaver destinations. Whilst the data shows that 71% of Looked After Children achieved positive follow up destinations compared to 91% of other all children – a 20% difference. This means that considerable work is still required to ensure Looked After Children have the same educational opportunities and life chances as others. The Virtual School Head Teacher for Looked After Children post was established in December 2015 to address high exclusion rates disparities in achievement. Whilst each Looked After Child remains the responsibility of the school at which they are enrolled, the Virtual School Head Teacher provides additional co-ordination of support at a strategic and operational level. The role of the Virtual School Head Teacher is to advocate for the right to education for every one of these children, to reduce the exclusion rate and to address the use of part time timetables, which disadvantages this group.

Our Family Firm approach is being reviewed and developed in collaboration with our HR service as part the Councils approach to developing a young workforce strategy. Our Opportunities for all Manager works in close partnership with the service to identify employability opportunities.

Secure Applications for Children

A very small number of young people present a significant danger to themselves or others and for these few; a placement in secure care may be warranted. These placements can be instigated through Court proceedings, or by the CSWO. The CSWO decides whether to implement a secure authorisation by a Children's Hearing and whether to remove a child from secure accommodation – and provides rigorous oversight to the process. The CSWO must be satisfied that the strict 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.

PLACEMENTS	2013-14	2014-15	2015-16	2016-17	2017-18
Total New Placements	3	10 (9 children)	7	6 (4 children)	6
Placed by Court	1	1	0	0	1
Placed by Hearing & CSWO	0	2	0	1	1
Placed by CSWO	2	7	7	5	4
Hearing request - Declined	2	2	1	1	0

While it is encouraging that there is a fairly stable trend, the use of secure care will continue to be required where circumstances merit. Where the potential for secure is identified, the CSWO must be assured that every effort has made to avoid this option given it results in the ultimate, non-custodial, deprivation of liberty for a young person. The CSWO in Aberdeen takes this role very seriously, and has, on occasion, involved the City Council's legal team to ensure Human Rights Legislation is not being breached, and to provide external challenge to decision making. The importance with which this is regarded is reflected in newly commissioned services for those most at risk of secure and specialist residential provision and redesigned in-house provision to ensure that Secure Accommodation is truly the last resort.

Emergency Transfer of Children

The CSWO will, on occasion, be asked to consider moving a child on 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 carer/s or establishment is unable to meet the child's needs 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. It is therefore encouraging that the data reflects the low use of emergency transfers.

	2013-14	2014-15	2015-16	2016-17	2017-18
No. of emergency transfers	16	17	10	10	6 (5 children)

Adoption; Fostering and Kinship Care

The Chief Officer – Integrated Children & Family Services/CSWO is the Agency Decision Maker. This is a statutory role to consider the approval of plans 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. It is the role of the CSWO to thoroughly review the information and be assured the recommendations from the Panel are the right ones for the child. As such, some recommendations will not be agreed, or further information sought.

	2013-14	2014-15	2015-16	2016-17	2017-18
Adopters Approved	14	34	29	14	12
Adoption Plans Approved	19	32	24	23	29
Children Adopted	21	19	28	25	17
Foster Carers Approved	6	7	9	4	2

In March 2014 Aberdeen City was a pilot authority for the PACE, (Permanence & Care Excellence) programme. The PACE programme recognised that delay and drift occurred in the planning for children at every stage of the permanence process and across all agencies. For some this drift and delay can make it difficult for their permanence plan to be realised resulting in children remaining within the “care system” for the duration of their childhood.

The service has begun to see a reduction in the length of time it is taking for children's plans to be agreed. The restructure of Children’s Social Work recognises the importance of plans being timeously progressed, as the structure embeds, further improvements are anticipated. The success of the PACE programme was recognised in November 2016 when Aberdeen City won a prestigious Herald Society, national award.

The need to have an increased supply of foster carers and adopters is critical to meeting the needs of children who cannot be cared for by their family, perhaps of greater significance locally, is how we identify and support suitable kinship carers. Kinship care enables the child to remain within their family and positive sense of identity. Research also suggests that the outcomes for children living in appropriate kinship placements can often be better than other settings. Accordingly, the service is further developing its support offer to kinship carers to respond to this need.

It is estimated there is a need for 800 foster carers across Scotland. The service operates in a very competitive environment with several Independent Fostering and Adoption agencies operating in the area. The service re-design saw the establishment of a team dedicated to the recruitment, assessment and preparation of new adopters and foster carers. This team will be critical to minimising the need for children to be placed outside of Aberdeen and the associated dislocation from family and community this brings.

The work of the Fostering and Adoption Team was recognised in a highly positive Care Inspectorate inspection this year.

Adult Protection

The Adult Protection Committee (APC) is chaired by an independent convener who is also the convener of Aberdeenshire Council APC. Over the past year there has been significant work undertaken with the committee to both strengthen and improve to provide robust governance of adult protection practices across public, private and wider third sectors. Following an APC development day in November 2017, a decision was made to revise the membership of the committee with new members identified for each agency who are at a senior level within their organisation. Representation on the APC includes Council, NHS Grampian, Aberdeen City Health & Social Care Partnership, Police Scotland, Advocacy

Services, Aberdeen Council for Voluntary Organisations, Scottish Ambulance Service and Scottish Fire and Rescue Service.

The Local Police Commander and the Chief Executives of NHS Grampian and Aberdeen City Council make up the Executive Group for Public Protection and provide leadership, direction and scrutiny of local adult protection services. The group provide oversight and a line of accountability to the Adult Protection Committee. The minutes of each APC are submitted to the group along with exception reporting.

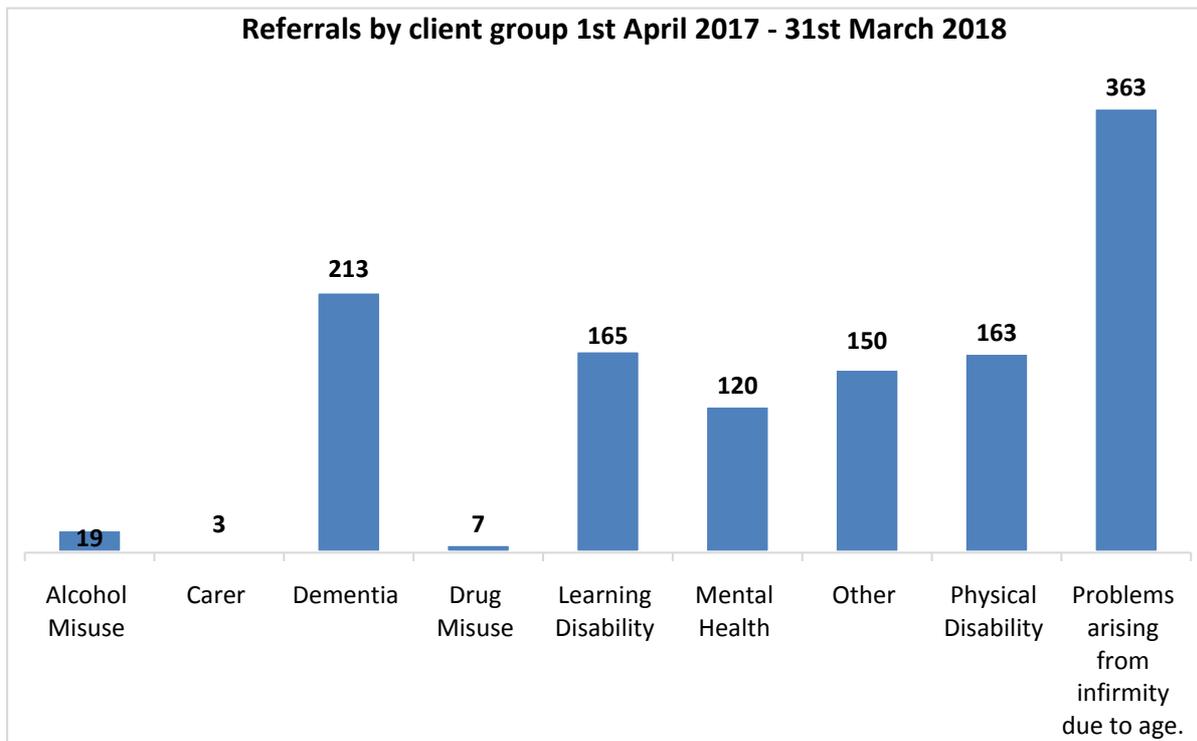
An Operational sub-group has now been established for adult protection and is chaired by the Lead Social Worker who has, as part of her role, lead responsibility for adult protection in the Health & Social Care Partnership. The group is an inter-agency forum and will be responsible for delivering the identified priorities of the APC as detailed in the Adult Protection (AP) Action Plan. The group will have a strong operational basis and will:

- Carry out tasks identified in the AP Action Plan
- Keep a tracker of national and local case learning reviews and Serious Case Reviews (SCR)
- Be responsible for the learning and dissemination of information highlighted in reviews/SCRs
- Highlight ASP operational issues and address them
- Ensure a performance management framework is in place and information is presented to the APC
- Undertake a comprehensive programme of self-evaluation based on quality assurance drivers which demonstrates continuous improvement in service delivery and outcomes.
- Produce quarterly Adult Protection Bulletins
- Establish a communication strategy to enable the effective awareness raising of adult protection across agencies and communities.

The Adult Protection Committee and Child Protection Committee work collaboratively on cross cutting areas of improvement work, such as in relation to the development of consistent case review procedures and multi-agency guidance for professionals working with vulnerable 16 -17 year olds. The CPC and APC each have representatives on the other group and minutes are shared to ensure relevant information and initiatives are shared. There are established procedures in place to guide professionals where there are both child and protection concerns.

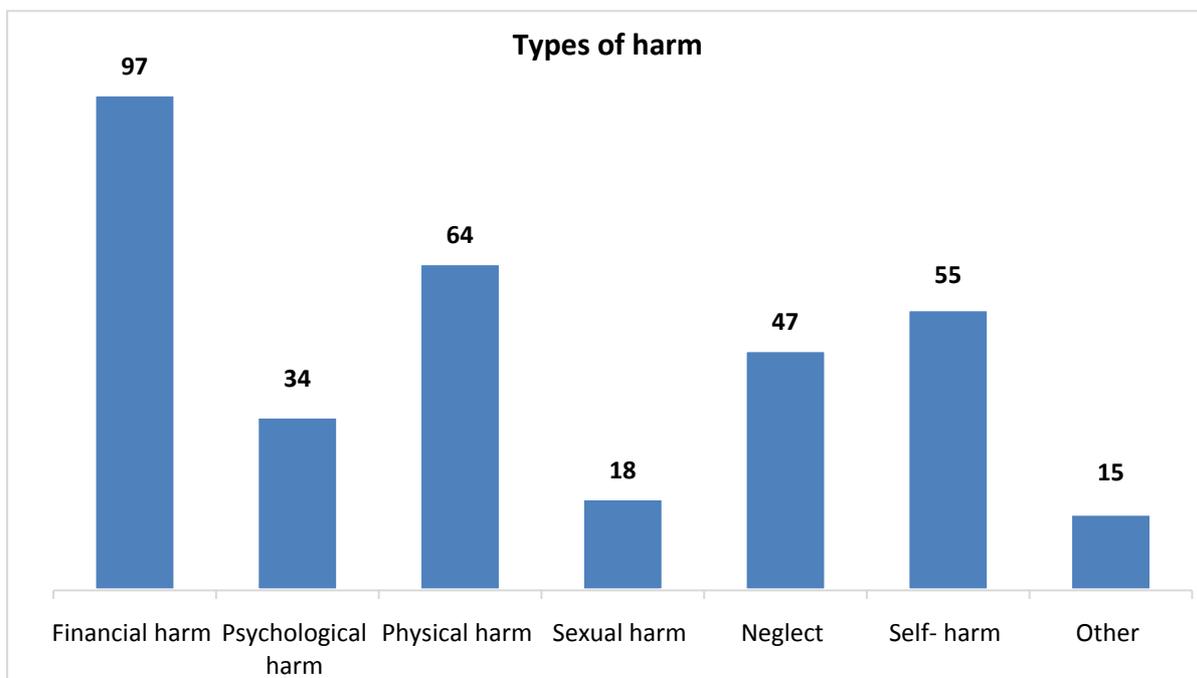
Adult Protection Referrals

1125 referrals were submitted to the adult protection unit over the last year. This is a decrease of 6.5% on the previous year when 1203 referrals were received. The largest number of referrals received per client group continued to be for problems arising from infirmity due to age (32%), followed by Dementia (19%) with 213 reports received.



No further action was taken in 42% of cases with either no risk being identified, inappropriate referral, no support required or support already in place. A further 22% of cases resulted in further action out with the ASP process which could for example be a service/support package being put in place.

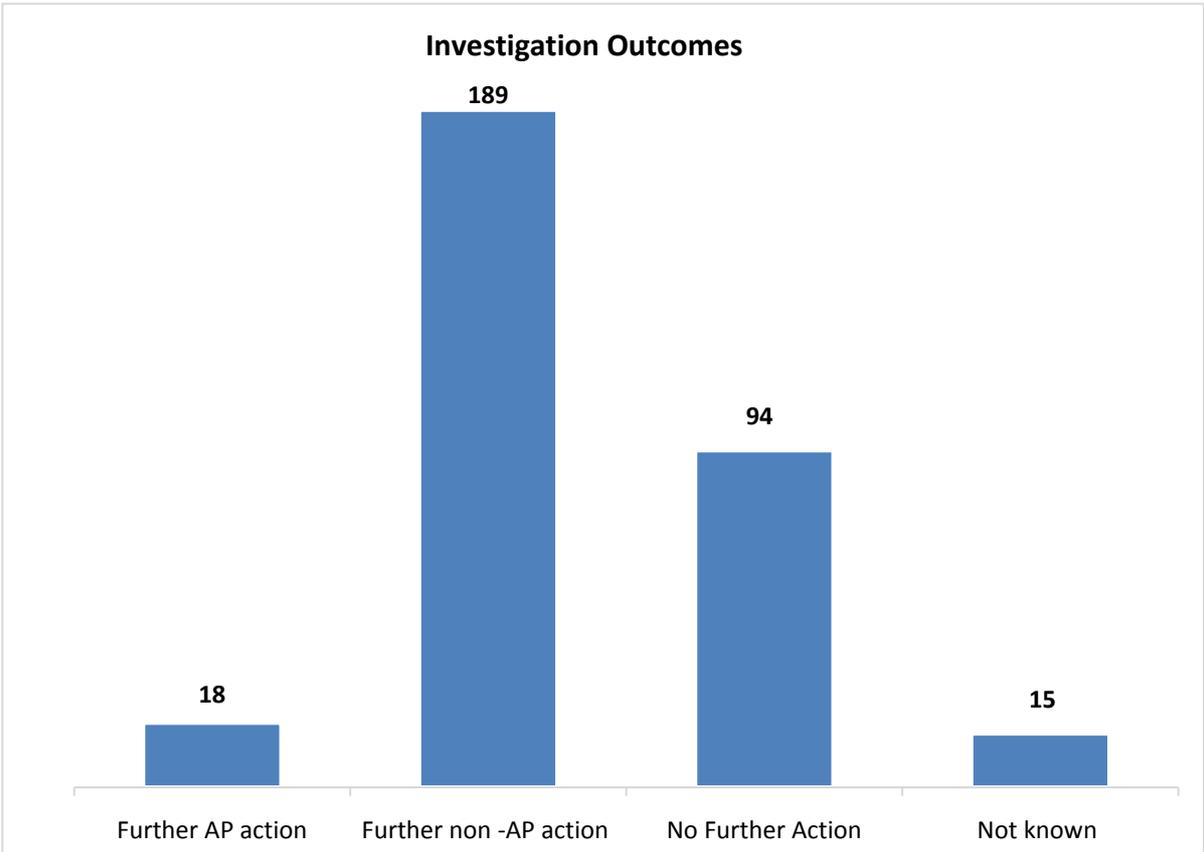
From the all referrals received, 36% of those resulted in investigations completed under the Adult Support and Protection (Scotland) Act 2007. The over 65 age group accounted for 150 out of the 316 investigations.



The main risk factors for adults is financial harm 31%, physical harm 20%, self-harm 17% and neglect 15%.

A suite of performance management information is considered at each meeting of the Operational Sub-group and reported upon, in accordance with a data framework, to the APC. The strategic focus on the range of performance information enables the APC, through its action plan to concentrate on the predominant areas of risk to adults.

Financial harm has continued to increase over several years. The Financial Harm sub group continues to work closely with banks and Trading Standards as well as statutory partners to try to minimise the risk of financial harm and raise awareness. June 2018 was Scams Awareness month which was organised by Citizens Advice who worked closely with the Consumer Protection Partnership to prioritise areas that cause most harm.



There were no protection orders used during the period of this report. Three Large Scale Investigations were conducted which involved multi agency work and cooperation. The commitment from all involved resulted in improving outcomes for the service users and an increased understanding of others’ roles and remits. Within the Health & Social Care Partnership we have continued to build relationships with providers and work collaboratively with them to upskill their staff in ASP ensuring our service users are safe and well cared for. Grampian Threshold Guidance was introduced several years ago for care providers and it is our intention to refresh this guidance and ensure this is embedded in practice across all our providers.

Developments in Adult Protection

Following the Joint Inspection of Older Adults in 2016 and the commission of an internal review of adult protection practice within the Health & Social Care Partnership, a short life

working group was established and has continued to drive forward improvements across the partnership based on the improvement plan that was developed.

Significant work has been undertaken, not only in the partnership but with other statutory partners and agencies across Aberdeen. Over the past year we have developed a culture of learning and development for staff ensuring that effective support, good direction and strong leadership are in place.

Vision

“Aberdeen City Health and Social Care Partnership is committed to ensuring an effective, responsive and inclusive approach to the support and protection of adults at risk of harm”

Key themes of adult protection improvement work 2017-2018

A risk register has been developed for the Adult Protection Committee identifying areas of risk, the controls and mitigations. From this, an APC Action Plan for the newly refreshed committee has been written with identified timescales and measures. As previously advised, the new operational sub group will have the responsibility for driving the work forward. Work is around continuous improvement, strategic planning, public information and communication. Work will be informed by ongoing self-evaluation using performance information, case file auditing, significant case reviews, inspection findings, statistics and practitioner’s knowledge.

A Champions network has been established across health services within the partnership. Several healthcare staff have been trained in adult protection with more staff training arranged. The role of the Champion has been designed and agreed and once rolled out across the partnership, the aim will be to introduce this across all partners.

A GP event, “Overcoming Barriers in Adult Support and Protection and the Care of Vulnerable Adults” was held at Curl Aberdeen on 22nd November 2017. The event was attended by GPs, Nursing staff, Police, SFRS, Advocacy, solicitors and social work staff. Scenarios of ASP cases were looked at using the Action Learning Framework and this highlighted that while we have made progress in raising awareness in ASP, there is still a way to go with upskilling professionals.

The Care Inspectorate and Health Improvement Scotland returned to Aberdeen for a follow up review inspection at the beginning of June 2018. They considered progress on the 8 recommendations made in their inspection report in 2016. The review consisted of a week of file reading, focus groups, meetings with senior managers and some members of the APC. The inspectors also met with a carers group. At the time of writing, the inspection report has not been received but initial feedback has confirmed that progress has been made in all areas apart from the progression of localities within the Health & Social Care Partnership.

Following the publication of the Joint Inspection of ASP across 6 authorities, a Grampian Workshop has been held to consider the findings from the report and key actions have been identified and will be undertaken by Grampian Working Group.

Adult Protection work identified over next year:

- Continued training with an emphasis on joint training across all partners.
- Increased use of and better quality of chronologies and multi-agency chronologies
- Ensuing staff receive specific training in risk assessment and risk management planning
- Champions to be identified in all partnership agencies to raise awareness and a better understanding of the ASP process.
- Communication and Engagement Strategy developed
- To improve the process for individuals and their families/carers by gathering qualitative data about the experience of the ASP process
- To build upon the work done regarding financial harm
- Adult Support and Protection to be integrated in Locality Plans
- Robust performance framework to be developed
- Improving adult and unpaid carers experience of and participation in the adult protection process

Criminal Justice

Criminal Justice Social Work

The Criminal Justice Social Work (CJSW) service sits within the Health and Social Care Partnership, although further work still requires to be done to increase our profile. Aberdeen continues to follow the national and international trend in that offending is on a downward trajectory. This, and several changes to legislation, guidance and practice across the justice system, have impacted on the Criminal Justice Social Work Service and we need to be responsive to the challenges these bring. Whilst a high-level Community Justice Group is working to deliver on the improvements set out in the Local Outcome Improvement Plan, we still need to improve joint working at operational level to be proactive, rather than reactive to change.

In terms of trends, we can report a slight decrease in the number of Criminal Justice Social Work Reports to courts, a decrease in Community Payback Orders (CPO) imposed, but an increase in the number of CPOs with stand-alone Supervision Requirements. In relation to Unpaid Work we are seeing an increase in the number of people who, due to mental/physical health problems, mobility issues, alcohol/drug use and other issues, require indoor placements. There has also been an increase in the number of sex offenders requiring men-only placements. These have proved challenging for the Unpaid Work Team. We continue to provide a range of outdoor placements and, unsurprisingly, did a lot of snow clearing last winter.

Staffing has been a major issue during the past year for a variety of reasons. Local economic issues tend to deter external candidates, so we often recruit newly qualified workers who have undertaken social work placements with us. This does however mean that lack of experience impacts on ability to be trained to use more enhanced risk assessment tools; a high level of training is required and, several years later, they move on to further their horizons or take maternity leave – or both.

Community Justice

The Community Justice priorities for improvement are embedded in the Local Outcome Improvement Plan (LOIP) and CJSW is involved in several of the projects associated with this. These include:

- Project aimed at increasing the number of people referred to relevant services at the Police Custody Suite. Small scale testing was started in relation to engaging individuals with relevant housing/accommodation supports. This project is on hold pending the development of Police Scotland-led multi agency 'Hub' pilots at custody suites
- Project aimed at increasing the number of individuals aged 16 – 25 appropriately diverted from prosecution. The first part of the project has been around improving information sharing arrangements and raising awareness of the benefits of 'diversion' and processes involved, with staff from the relevant organisations. Future efforts will focus on increasing the numbers;
- Employability pilot, aimed at supporting a small number of individuals on a custodial sentence, Community Payback Order with Supervision, or Diversion from Prosecution to progress on the Employability Pipeline. This project is at the early stages of engaging with potential participants prior to close partnership working to support them going forward. This will enable partners to learn from individual 'journeys' to inform potential future service planning aimed at improving outcomes. (A range of evidence is available which shows that being employed can contribute to reducing the likelihood of someone reoffending.);
- Project to improve the quality of Community Payback Orders by increasing the number of Supervision and Unpaid Work exit questionnaires completed by individuals at the end of their Order, and using the feedback to inform service development;
- Project to increase the number of CPO Unpaid Work individual placement providers in within locality. For 11 out of 12 crime categories, the locality was one of the top three home postcode areas of people against whom charges were made (2013-2016). In some cases, it is desirable for an individual to undertake Unpaid Work in their own locality area. However, there are only a very small number of placement providers, which this project aims to address.

An additional emerging project aims to improve collaborative working to support young people in Polmont.

Pre-Disposal

There has been an increase in the number of individuals given Bail Supervision as an alternative to remand. Arrest Referral and Diversion from Prosecution have both been identified as Community Justice areas for improvement. We are looking at the possibility of working with Police Scotland colleagues to deliver an arrest referral service from Kittybrewster Custody Hub. We have already made improvements in relation to Diversion for young people aged 16-25, specifically data collection and a roadshow and practitioner's forum facilitated by the Centre for Youth and Criminal Justice (CYCJ). There is still work to be done to increase referrals from the Procurator Fiscal, but this will be taken forward nationally. It is anticipated that this "down tariffing" approach which addresses issues at the lower end of the criminal

justice system will prevent people from going to court, having convictions and ultimately from going to prison.

Court

The Problem Solving Court has now been independently evaluated and acknowledged as a model for best practice. The referral criteria for the Problem Solving approach have now been reviewed to be more flexible to ideally include more young people as an alternative to both CPOs and custody.

Young People

On the positive side, earlier intervention has meant that the number of young people entering the adult criminal justice system has declined but that those who do so are at the higher end of the needs/risk continuum. The Youth Team has responsibility for Criminal Justice (CJ) work for those aged 16/17 who are care experienced, while the CJSW service has reassumed responsibility for those who are not. It will be obvious from the information above that we consider young people to be a high priority, so we are committed to training CJ staff to work with this age group. Training in the Smart AV Risk Assessment is being rolled out as further training in working with young people was requested.

Accredited Programmes

The Caledonian System is delivered by ACC to both City and Shire. Aberdeen CJSW was actively involved in the national reaccreditation of the Men's Programme and the accreditation of the Women's Support Service. Aberdeen staff have also been involved in the development and delivery of training. The SARA 3 enhanced domestic abuse risk assessment has been rolled out. The Moving Forward Making Changes (MFMC) is delivered by Aberdeenshire CJSW to both City and Shire. There were issues in relation to changes in funding arrangements and how they may impact on the service, but these have now been resolved. Aberdeen City now has two workers fully trained to deliver the pre-group and groupwork component of the programme. This allows for greater flexibility across both Authorities in the delivery of the programme.

MAPPA

MAPPA continues to function well in relation to both sex offenders and those who are Category 3 (MAPPA extension) offenders, i.e. those who by reason of their conviction are subject to supervision in the community and are assessed as posing a high or very high risk of serious harm to the public. New MAPPA Level 1 and Environmental Risk Assessment (ERA) processes have been recently introduced and, although labour intensive, are gradually bedding in.

Women's Services

The Connections Women's Centre has now been operational in Spring Garden for three years. Outcomes for women are generally good and feedback is positive. We have however, identified a cohort of high needs/risk women with whom we need to work differently if we want to reduce their risk of going to prison on a regular basis or for longer sentences. This

project will be taken forward by staff at the Women's Centre over the next year in collaboration with partner agencies.

Learning Disability

The Learning Disability Service continues to respond to the complex and varied needs of the individuals with Learning Disabilities across Aberdeen City. In July 2017 our new Day Service provision opened, marking a new era for the way in which people with more complex needs can be supported in a building-based service. Since its opening the service and staff have continued to develop their links with the local community and plans are being pursued to create a sensory garden for all the community to enjoy. There are a range of local community groups who use the building for their own group activities and our aim is to continue to develop this over the next year. The Centre, known as the Len Ironside Centre has a Business Hub attached to it and this has enabled the integration of our Community Learning Disability Health and Social Work teams. Working from the same office space promotes joint working and supports the integration of systems and processes, enabling a more holistic service provision to those who require support.

On-going awareness raising of the Learning Disability population within the geographic localities identified within the Health & Social Care Partnership continues to be a focus. Links have been made with Locality Managers and Leadership groups and the service continues to raise awareness through events and information sessions.

One of our achievements during 2017-18 was the development of the service's first Learning Disability Strategy, known as A'thegither in Aberdeen. This whole life strategy was commended for its accessibility and engagement by the Integration Joint Board and will be formally launched alongside development of an Action Plan & Commissioning Plan in 2018. We are proud to say that the development of the strategy fully embraced the principles of engagement and meaningful consultation right from its conception and ensured that people with Learning Disabilities, their families, professionals and organisations were instrumental in its development and the finalised strategy was developed in a co-productive manner. The 3 strategic outcomes identified correlate very much with other policy and strategic documents within both the Partnership and the wider Council, focusing on community connections; promoting people's skills and abilities; and improving health & wellbeing. Work is ongoing in established sub-groups to explore the key issues of Transitions, Housing and Complex Care.

Commissioning activity has also been a key focus for us this past year with revised Frameworks for Care at Home and Supported Living now launched. These new agreements have brought new providers into the city whilst also maintaining many of our existing relationships. The Frameworks have clarified the commissioning requirements the service has for certain models of support, with the addition of an Enhanced Supported Living lot ensuring that the provision of care and support of our most complex individuals can be achieved in a transparent and consistent manner. The implementation of the Frameworks has enabled the monitoring procedures to be aligned to the wider monitoring framework used within the centralised procurement service. Commissioning activity for Skills Development, Training and Employability Services was undertaken in conjunction with City based Mental Health Services and Learning Disability Services in Aberdeenshire. This work sought to bring cohesion to the commissioning of such services and to deliver greater choice of provision to the populations of Aberdeen City and Aberdeenshire.

We continue to work closely with providers of services in the City, exploring joint opportunities and offering support where required. The revision of Frameworks has supported an increased benchmark hourly rate with further Scottish Living Wage uplifts continuing to be given subject to funding settlements. Some providers however still find Aberdeen a tough environment to deliver care & support within, with one care home service requiring to be re-provisioned. Support for individuals with more intensive needs will continue to be met through the re-tender of the existing Intensive Support Service Contract; work will take place in 2018 to redefine the service specification and undertake the necessary procurement activity.

Learning Disability Strategy

Work to develop and implement a Learning Disability Strategy for Aberdeen culminated in the IJB approving this on 27th March 2018 to much acclaim. A strategic steering group composed of wider partnership organisations and a number of sub-groups worked over the course of the latter half of the year to produce a succinct, user friendly strategy. A key part of the strategy development was the promotion of wider engagement with the local community and people with a Learning Disability. The launch of the strategy was planned for Learning Disability Week in May 2018 and featured an event where people with Learning Disabilities could showcase their talents. It was a very sociable and enjoyable affair. Work is now in progress on developing an Action Plan and the Steering Group will continue to drive progress on delivery of the strategy's aims.

Mental Health Legislation

The Mental Health (Scotland) Act 2015 which was enacted on 30th June 2017 increases further still the role of the Mental Health Officer (MHO). This Act is essentially an amendment Act and has been introduced to tackle some of the problems with The Mental Health (Care and Treatment) (Scotland) Act 2003. For example, the provision of mandatory MHO reports in certain circumstances when Compulsory Treatment Orders and Compulsion Orders are extended, significant 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. This enactment is thought to be part of the evolution of mental health legislation reflecting a greater emphasis on the rights of people who use services. MHOs are a key component of this movement.

The figures given below suggests an overall decrease in the use of compulsory measures. Such data is difficult to interpret but the increasing duties for MHOs outlined above means we have not seen a corresponding decrease in workload demands on our MHO Service.

Detention in Hospital Intervention

	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018
Compulsory Treatment Order	49	65	56	52	62	82	53
Emergency Detention in Hospital	20	30	36	36	28	40	50
Short-Term	156	186	180	157	170	241	203

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the 2003 Act) Section 32, places a responsibility on Local Authorities to appoint sufficient MHOs for their local area to undertake statutory duties. With the integration of Health and Social Care Services this duty remains the responsibility of the Local Authority.

The 2003 Act stipulates that MHOs must be Registered Social Workers working for the local authority who are experienced and who have completed specialist training. Aberdeen City Council (ACC) 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 the Practice Assessors who are qualified, practicing MHOs who oversee and assess the knowledge and practice of MHOs in training. In 2016-17, four social workers completed their training and were appointed by the CSWO. A further four are currently undertaking 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	2017	2018
No. of MHOs	34	32	30	34	34	39
No. of Trainees	No course	4	4	4	4	3

The above figures are intended to provide an overall picture and do not take into 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.

There are 32 MHOs located across adult services and 7 in the Out of Hours team. There are 14.7 FTE core MHOs who are paid at a higher grade; these posts are MHO/SW posts and all but one are aligned to multi-disciplinary teams in Adult and Older Adult Mental Health at Royal Cornhill Hospital (RCH). The nonaligned MHO is peripatetic covering where needed. There is one higher graded MHO in the Learning Disability Service. All five Senior Social Worker Posts at RCH are also MHOs. Delayed Discharge monies have been used to create a further temporary half time Grade 14 MHO post to focus on cases where welfare guardianship applications for people in hospital are required. The efficacy of this post is being monitored and will be reviewed. The other MHOs are a mixture of Senior Social Workers, a Service Manager and G13 social workers across adult services.

Mental Health Strategy

The Health and Social Care Partnership is in the process of refreshing the Aberdeen City Mental Health Strategy taking into account the refreshed national strategy which was published in March 2017. Some consultation activity took place towards the end of 2017 with a couple of multi-agency workshops that examined the 40 actions from the national strategy and prioritised them in relation to local needs, identifying the key themes for our local strategy. The long established Mental Health Partnership Group which is a multi-agency group is leading on developing these themes into a strategic document and the aim is to have a first draft of the strategy ready for wider public consultation by the summer of 2018. Following the consultation period, it is hoped that the final strategy will have achieved the necessary approvals and be published by the end of 2018. An action plan will also be developed, and the Mental Health Partnership Group will monitor the delivery of this.

Autism Strategy

Work has commenced to deliver a refresh of the local Autism Strategy & Action Plan for Aberdeen City. This follows the launch of the new National Outcomes & Priorities for Autism by Scottish Government in March 2018. A multi-agency steering group has been established and engagement work planned to establish key priorities and actions for the updated Strategy & Plan.

Adults with Incapacity – Guardianship

Currently for those adults who lack capacity to make decisions or act 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 CSWO 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 can also 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 or alcohol related brain damage. In cases where a private individual has been appointed, the local authority has a duty to supervise the guardian at least once a year. Numbers of Guardianships have been increasing year on year. 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 98 people – down from 110 last year
- Private individuals are welfare guardian for 335 people – up from 312 last year

The overall increase in the 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. There has been a major consultation by the Scottish Government around the Adults with Incapacity (Scotland) Act 2000 which looks at ways to address the deprivation of liberty issues as well as making the legislation more flexible and quicker to implement. Moves towards supported rather than substitute decision making was also a key aspect of the consultation. There is no doubt that these proposals will have an impact on resources. There will be Short Life Working Groups over the Autumn and tests of the proposals are likely to begin in early January 2019. There is also a review underway to consider how the provisions of the 2003 Act fulfil the needs of people with learning disability and autism.

Older People

2017/18 has seen the Older People/Physical Disability/Rehabilitation Community Care Management service consolidate the four locality-based area teams, working alongside the city-wide Care Management Response Team. There have been increased opportunities to collaborate with our colleagues in the NHS and the wider Partnership with the introduction of initiatives such as the INCA teams in the South and West localities, and the roll out of Acute Care at Home, in the Central locality. Frontline practitioners and managers have been actively participating in the Locality Leadership Groups, as well as various sub groups that have evolved from these, exploring issues such as challenges around care at home provision, and how to reach unpaid carers.

In addition, the Hospital Social Work team based at Aberdeen Royal Infirmary has continued its ongoing integration into the Partnership's Specialist Older Adults and Rehabilitation Service (SOARS). Management of Hospital Social Work is now fully integrated into the wider arrangements in place across SOARS – with appropriate links to the Lead Social Worker for the Partnership.

Practice Improvement/Supporting the Workforce

Practitioners from the Care Management Response Team have been engaged in a test of change alongside NHS colleagues in the Community Adult Assessment and Rehabilitation Service (CAARS) aiming to increase collaborative working and to provide a more targeted and streamlined service to individuals who require access to both these areas of service, ultimately improving the service user experience. This process has involved joint meetings, interagency shadowing, and the establishment of a joint screening tool used by both teams. This is to improve the prioritisation of referrals and ensure individuals are seen timeously and by the most appropriate professional, dependent on need.

There has been a further pilot of new Assessment, Support Plan and Review tools, which has been well received by staff and are now in development by colleagues in Carefirst. With the implementation of the Carers (Scotland) Act 2016, we have now developed the Adult Carer Support Plan tool, and have rolled out information sessions across Adult Services, ensuring staff are fully apprised of new statutory requirements therein. Our commissioned service for adult carers is also now providing an enhanced service, with whom we are working closely to identify and reach unpaid carers to facilitate access to supports and signposting where appropriate.

The SDS core skills training programme has been successfully rolled out and well received by practitioners. Alongside this, we have introduced a Resource Allocation Panel, to support parity of decision making across all areas of service and ensure consistent application of eligibility criteria.

In July the first meeting of our Staff Liaison Group was held. This was introduced to improve the opportunity for meaningful engagement of frontline practitioners in decision making around service transformation, development, and delivery. It is also anticipated that involvement in this forum will afford staff the opportunity for professional development, and a means to enhance their resilience and leadership skills.

Hospital Social Work has now embedded two Care Managers into Woodend Hospital as part of an “Integrated Transitions Team”. Working alongside liaison nursing and an NHS flow coordinator, these staff are offering integrated pathways of support and assistance both into and out of specialist rehabilitation services.

Partnership Working to Address Capacity Issues

As has been the case in previous years, there are continued challenges around the ability of Care at Home providers to fully meet assessed need for care. The new Care at Home framework went live as of January 2017, and alongside this the roll out of the commissioner portal. This is an additional interface within the CM2000 operating system, which enables the electronic matching of care requirements to the available resource from the care providers. Our two Resource Co-Ordinators are now fully embedded into their new role, and this innovative approach has seen a subsequent significant reduction in the recorded hours of unmet need, which has demonstrated overall a downward trajectory throughout 2018. Improvements in our ability to provide care at home enables delivery of the Partnership’s strategic outcomes, in terms of supporting older people to live at home or in a homely setting for as long as possible, and is further underpinned by the Technology Enabled Care workstream, which frontline staff and managers have been engaged in.

The new Care at Home framework will run until January 2019, and as such we are working with providers going forward to explore models of delivery of care at home that move away from time and task to an outcomes focused delivery model. This is currently being developed alongside our ALEO: Bon Accord Care, whose contract expires at the end of July.

Throughout 2017-18 there has been one Large Scale Investigation undertaken into practice in a care home. A targeted multi-agency approach was effective in supporting the care home to make required improvements, and it has been further supported by collaborative working with the new management and provision of care home drop in sessions by Care Management staff.

A small test of change was undertaken by the Partnership to support diversion from acute hospitals. Predicated on managing winter pressure, 2 ‘admission-avoidance’ care home beds were ‘reserved’ in a local nursing home for a three-month period for individuals with a combination of increased physical dependency and medical needs that were clinically safe to be managed by primary care. The beds provided wrap around care and support alongside dedicated GP medical cover as an alternative to hospital admission. The three-month pilot

proved to be very successful with over 95% occupancy over the course of the project and qualitative positive feedback from service users and families and other professionals.

A follow up Progress Review to the 2016 Joint Inspection of Older People's Services took place in June 2018, looking specifically at the recommendations from the previous inspection. This involved file reading of Adult Support and Protection cases, and focus groups with service users, unpaid carers, frontline staff, managers, and lead officers within the Health & Social Care Partnership. The written feedback from this has not yet been received, but initial feedback from the Inspectors recognised improvements and progress in respect of delayed discharge; SDS conversations; Adult Support and Protection processes; and staff morale.

Hospital Social Work has continued to drive forward capacity and process improvements in 2017/18 to further reduce the occurrence of delayed discharges across the hospital estate. A further reduction of 30% in bed days lost was recorded in 2017/18 (primarily related to social work and care activity).

Further Development and Improvement in 2017/18

- New assessment, review and support planning tools to be operational.
- Further collaborative working with commissioned service to improve access to supports for unpaid carers.
- Preparation for the implementation of the Carers (Scotland) Act 2016 in April 2018.
- Regular surgeries to be held in all care homes to enable residents, families and staff to discuss standards of care and any concerns.
- Expand the volume of admission-avoidance beds to 4 and these will be operational for a full year.
- Dedicated Mental Health Officer capacity in place to support complex discharges out of hospital in a safe and timely fashion.

Complaints About Social Work / Social Care Services

The CSWO is made aware of the volume and nature of social work complaints received and will be required to occasionally sign off complaints, where the circumstances of the case require it. An excel spreadsheet register and CareFirst version 6 is used to record data on complaints and allows for analysis and ensures that complaint information is available for services and committees as well as informing service improvements. Complaint information and analysis is reported on a quarterly basis, with trend information provided when possible to help aid understanding of the reasons for the complaints.

Since 1st April 2017, social work complaints are handled under the Complaint Handling Procedure (CHP), which was drawn up by the Scottish Public Services Ombudsman (SPSO). Within the CHP, Stage one complaints can be made, which should be responded to within 5 working days, with the ability to extend to 15 in exceptional circumstances. Stage two complaints are intended for investigation of more complex issues where more time is needed – these should be completed within 20 working days. Where an individual is dissatisfied with the response received, they can take the matter forward to the SPSO and a decision will be made on whether further investigation is needed.

In the period April 2017 to March 2018, there were 250 total complaints recorded, 13 Stage one and 237 Stage two complaints. In 2016/17 there were 237 total complaints. These 250 complaints contained a total of 754 separate complaint points. Of these 754 complaint points, 111 points were upheld, 58 were partially upheld, 507 were not upheld, there were 32 where no decision could be made and 49 were withdrawn.

Children's services received 149 complaints, which contained 522 separate complaint points, 60 of which were upheld, 36 partially upheld, 377 were not upheld, 19 where no decision could be made and 30 were withdrawn.

Adult services received 101 complaints, which contained 232 complaint points, 51 of which were upheld, 22 partially upheld, 127 not upheld, 13 where no decision could be made, and 19 were withdrawn.

In 2017/18, 87% of complaints that required acknowledgement within 3 working days, were completed on time. This is in comparison to 97% in 2016/17. This reduction is likely attributable to the fact that less time is now permitted to provide acknowledgements.

In total, 85% of complaints were responded to within the 20-working day deadline, compared to 73% in 2016/17. Children's services responded in time to 85%, compared to 74% in 2016/17 and adult services responded in time to 84% of their complaints compared to 88% in 2016/17.

A total of 7 individuals approached the SPSO for a decision. Only 4 cases were taken on by the SPSO and in two cases, we were asked to reaffirm our apology for errors made and the remaining 2 are still outstanding.

Many factors can influence the number of complaints received and it is difficult to quantify the exact reasons. This can be partly due to the volume of complaints from specific complainants, as well as policy changes and amendments to eligibility criteria for example. The team must react to variations on the volume and complexity of complaints, whilst juggling the other statutory responsibilities, which can at times be challenging and have an effect on compliance.

The Complaints, Rights and Enquiries (CRE) team continue to be actively involved in the investigation of complaints to aid social work staff, which is welcomed by the teams. The CRE team will continue to build on their steady good level of compliance, always with a view to making improvements where possible.

User and Carer Empowerment

Self-Directed Support

The Self-Directed Support (SDS) Team lead by the SDS Coordinator continues to be the hub which gathers and coordinates all feedback in relation to SDS activity and they ensure that action is taken to address new and emerging issues as and when they arise. The implementation of SDS continues to be overseen by the SDS Programme Board which meets monthly and has representation from senior staff from Adult and Children's Social Care,

Finance, the SDS Team and CareFirst. It receives updates on progress, considers any issues or innovations, and directs the appropriate staff to resolve or implement these.

We are now in the final phase of implementation whereby we are mainly monitoring the effectiveness of, and making minor improvements to, the information, processes and procedures already in place. Significant progress has been made in the last 12 months towards the implementation of the Self-directed Support legislation to the point where it is fully embedded in our operational practice and all of our supported young people, adults and where appropriate their guardians or carers have choice and control over the care received.

This has been achieved in 4 main ways: -

1. Training, advice and guidance for staff
2. Improving access to information for supported young people, adults and their guardians or carers.
3. Revised and improved processes, procedures and documentation.
4. Continual feedback and review

Bespoke training for staff has been delivered and staff make good use of the dedicated helpline to access advice and guidance. The main tool for accessing information is the MyLife portal which is a dedicated web portal where everyone can find out all about Self Directed Support and what it means for them whether they are a member of staff, an individual or an organisation. It contains information on legislation and options and on help available for getting financial support. There is also a Resource Directory for services available from Aberdeen City Council, from the Health and Social Care Partnership and from local third and independent sector providers as well as a Frequently Asked Question section and a range of personal testimonies of individual experiences of self-directed support designed to inspire others.

Information leaflets have been developed (including an Easy Read version) and these are available in public places including GP surgeries. The forms that are used to record packages on our electronic case management system CareFirst, have been revised and these facilitate the gathering and reporting on the progress, of the implementation of SDS and the uptake of each of the 4 options.

A review of all Option 1 packages in Adult Services has been completed and this has led to a number of improved care arrangements for service users. We are hoping to extend the review process to option 2 packages.

The Resource Allocation Panels continue to work well and the remit and process has been refined. We are making progress with identifying individual budgets and are looking to improve the reports that the panel provides to senior management.

We are currently reviewing the process for undertaking audits of Direct Payments to ensure this is as streamlined and as simple as possible for both service users and staff. We are in the final stages of implementing a Pre-Paid Card which will greatly improve access to Direct Payment monies and further simplify the financial audit process and requirements.

Workforce

Planning and Development

Employees in Children’s Social Work and Council employees working in the Health & Social Care Partnership are eligible to access the full range of corporate learning and development whether online, through qualifications or workshops.

Over the last year, staff have accessed a wide range of opportunities from this corporate menu – including personal and professional development such as Facilitation Skills, customer service skills through workshops such as Behaviour Breeds Behaviour, digital skills through Microsoft Office courses and management development including Improvement Methodology.

Children’s Social Work

We are now at the end of the third year of the implementation of the Reclaiming Social Work Model within Children’s Social Work and systemic practice has now been adopted as mainstream practice. Filling Consultant Social Work posts has remained a challenge. The Unit model has been adapted to mitigate this by having fewer units than originally intended with larger units with more Social Work posts.

Recruitment in the social care sector remains a challenge in the Northeast and “growing our own” is a key priority within our workforce planning.

Workforce

There continues to be significant difficulties in recruiting Social Workers (especially experienced Social Workers) and Consultant Social Workers / Team Managers across Children’s Fieldwork and the service has utilised agency workers to supplement the core workforce. While this has ensured safe practices, it has resulted in higher than wanted changes in Social Worker for children and their families. Over the year our use of agency staff has reduced as we have built up our workforce. The position is similar in the Children’s Residential Service where the vacancy rate remains high.

Learning and Development

As our use of systemic practice beds in the need for First Year System Training has diminished.

It is hoped that Clinical Practitioners will be able to attend a Train the Trainers in Systemic Practice course. This will allow them to deliver the First Year Systemic Training to other staff at Aberdeen City Council at no cost.

More recently the review of residential child care has seen a similar commitment to providing training in Dyadic Developmental Psychotherapy (DDP) for staff working in Children’s Homes as well as a number of those working in Family & Community Support roles. This training continues to be rolled out.

The Children’s Social Work Learning and Development Team Leader is working on the Training

and Development plan. New Courses such as Parenting Assessments and finance for social works are already running. Workshops to improve Professional writing are being rolled out. A Newly Qualified Social Worker (NQSW) Training program now offers 144 hours face to face training per annum. All NQSWs are also offered mentoring one to one or within a group. Social Work staff are signposted to Leadership and management training offered by corporate training, NELC, and online via OIL or External Providers.

Our Practice Placement Program has undergone rationalization. Our Practice Improvement programme remains a key part of our development. This includes a series of half day training events for all staff throughout the year, as well as an annual full day conference. The theme of this year's conference which was held in May, was the health and wellbeing of our service and its staff and included inputs from national speakers as well as Health and wellbeing activities for staff.

In addition to this service specific learning and development, employees within Children's Social Work have access to the corporate learning and development menu outlined above.

Conclusion

Aberdeen City Council and its partners, like most areas, continue to face demand management and financial challenges. Having a strong social work vision and effective leadership is critical to ensuring that our approach to meeting these challenges utilises that services focus on up to date evidence-based models, research informed practice and a strength-based approaches. This will ensure that children's, adult's and criminal justice is making a difference – and that the impact effectively measured.

Graeme Simpson
Chief Social Work Officer
September 2018