

**REPORT TO EDUCATION & CHILDREN'S SERVICES COMMITTEE – 31
AUGUST 2017****CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/2017****1 Recommendations**

The Committee is recommended to:

- 1.1 Consider the Chief Social Work Officer (CSWO) Annual Report for the 2016/2017 financial year and make recommendations to Full Council.**
- 1.2 Acknowledge the level of investment by the Council in Social Work Services for the residents of Aberdeenshire.**
- 1.3 Acknowledge the commitment of social work staff in the consistent delivery of high performing services.**

2 Background / Discussion

- 2.1** The purpose of this report is to introduce the CSWO Annual Report for the financial year 2016/2017.
- 2.2** The preparation of an annual report is not mandatory but is a recommendation of Scottish Government Guidance on the role of the CSWO.
- 2.3** Council Committees receive reports throughout the year on the performance of social work as measured against a range of national and local indicators, and also receive reports on particular initiatives and issues.
- 2.4** In order to add value the CSWO reports attempts to avoid duplicating this information.
- 2.5** Rather, it draws on these reports to highlight particular overarching themes and trends, and also reports on key areas concerning the proper discharge of the social work function that may not have been addressed elsewhere, including those areas of decision making that require CSWO output.

Conclusion

- 2.6** The CSWO report describes a service that is performing well in most of the key areas upon which the report is focussed.
- 2.7** In those areas where improvement was required, timely and effective remedial measures have been put in place.
- 2.8** Currently there are no specific areas that require additional scrutiny of planning beyond that provided Service and Council processes.

2.9 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and their comments are incorporated within the report and are satisfied that the report complies with the Scheme of Governance and relevant legislation.

3. Scheme of Governance

3.1 The Committee is able to consider this item in terms of Section E.2.3 of the List of Committee Powers in Part 2A of the Scheme of Governance which provides delegated powers to consider and make recommendation to Full Council on the Chief Social Work Officer annual report and any related action plan.

4 Equalities, Staffing and Financial Implications

4.1 An equality impact assessment is not required. All of the projects and initiatives referenced in the CSWO report have their own Equality Impact Assessments where appropriate.

4.2 There are no staffing or financial implications.

Maria Walker
Director of Education & Children's Services

Report prepared by Robert Driscoll, Head of Children's Services
Date 22 May 2017

APPENDIX 1**ANNUAL REPORT BY ABERDEENSHIRE'S CHIEF SOCIAL WORK OFFICER
2016-2017****Introduction**

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

The role of Social Work in Aberdeenshire is to support, care for and protect people from pre – birth to end of life care. Social Work does so by providing or purchasing services designed to promote the dignity, safety and independence of people who use these services, and to contribute to community safety by reducing re-offending. The Third and Private Sectors are key partners in these endeavours.

The Social Work Services workforce is diverse, and includes social workers, people working in residential and day care services for adults and children, care at home and housing support staff, occupational therapy staff, mental health officers, people working in child and adult protection and in criminal justice services.

Social Work Services are provided 24 hours each day of the year. They are provided in partnership with a range of stakeholders, including people who use or benefit from them. National standards are required to be met as is the achievement of best value.

This Report on the Social Work Service in Aberdeenshire for 2016/17 uses the national reporting cycle first adopted in 2013/2014 and is concerned with the financial year rather than any other time period. This follows the request of the Scottish Government's Chief Social Work Advisor in order to assist with ensuring that on a national basis key issues are highlighted, and information and learning is similarly shared. On receipt of Reports from 32 CSWO's the Chief Social Work Advisor prepares a national overview, a copy of which for 2014/2015 can be located on the [Scottish Government Website](#).

The overall approach of avoiding the duplication of information that has been reported to a range of Committees has largely been maintained, with a series of electronic links to that information being provided. By and large this Report adheres to the financial year time frame

with only minor exceptions around external Inspections of services where the calendar year 2016 – 2017 is referenced.

I would wish to acknowledge the assistance of a range of colleagues who have supported me in the provision of relevant information for this Report.

In addition as Aberdeenshire does not have formal deputising arrangements for the CSWO continued thanks are due to the Children's Social Work Services Service Managers who deputise for the CSWO during periods of leave.

1 Summary Reflections - Key challenges and developments during the past year

In 2016/2017 staff in all social sectors have continued to demonstrate their commitment to improving the lives of service users and their families. Many legislative, policy and demographic drivers have been approached positively, with innovative thought and behaviour and with a focus on solutions, all to the immense credit of our staff.

In spite of the challenging financial climate, service users, carers and staff continued to benefit from substantial financial investment in service delivery. In addition both the Council and IJB have continued to support service re-design and re-provisioning in accordance with best practice and a strong service focus.

In the latter part of 2016, the Audit Commission pointed out that Councils (and IJB's) have to increase efforts to invest in prevention; improve commissioning; improve community resilience and remodel/redesign services. None of these changes are simple or painless but all are essential if Social Work is to continue supporting vulnerable people in our Aberdeenshire communities. The support of Officers, Elected Members and the IJB staff involved in leading and implementing change, and on managing expectations will be even more important in the years ahead and as austerity deepens.

Throughout this report there is reference to tangible examples of where Aberdeenshire has been working on these essential changes and we have already seen some signs of impact – importantly the reduction in the number of bed days lost due to people from Aberdeenshire being delayed in hospital dropped from 29,652 in 2015 to 20,639 in 2016. This is the equivalent of an extra ward being open for a year.

Nevertheless as the same Audit Scotland report noted national challenges to reliable and high quality services from workforce issues around recruitment and retention of staff for a range of reasons. Statutory, Third Sector and Private Sector providers in Aberdeenshire are not immune from these pressures.

2. Partnership Structures/Governance Arrangements

As reflected in last year's Report, there is no longer a single governance arrangement around the provision of Social Work Services. Children's Social Work Services remain within Aberdeenshire Council and are part of the Education and Children's Services portfolio. All other Social Work Services, including Criminal Justice, are part of the Aberdeenshire Health and Social Care Partnership (AHSCP) and are governed by the Integration Joint Board (IJB).

In terms of Older People and Adult Social Work these services are managed on an integrated (i.e. not profession specific) basis in 13 localities, while Criminal Justice Social Work Services continue to be delivered on a functional basis. In addition, Criminal Justice Social Work Services have been experiencing a further significant change in 2016/2017 as Community Justice Services exited the Northern Community Justice Authorities model and became part of the Aberdeenshire Community Justice Partnership (ACJP) – a partnership between the statutory agencies and the Third Sector.

Criminal/Community Justice can be defined as the collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. During April – June 2016, briefings on the new model for community justice were delivered to Elected Members in each of the six local administrative areas of Aberdeenshire.

Diagrammatically a simplified and high level picture of the landscape within which Social Work is operating can be represented thus:



Perhaps unsurprisingly the themes of transition, managing risk and maximising opportunity that have featured in the previous two CSWO Reports have continued in 2016/2017.

Last year's report summarised professional and practice challenges for the proper discharge of social work responsibilities as:

- 1 The retention of the distinctive contribution of the Social Work profession to the lives of vulnerable people in organisational arrangements in which Social Work is a relatively minor part.
- 2 The retention of the influence of Social Work as a unitary profession on the service experiences of vulnerable people (as the profession is now governed in separate arrangements).
- 3 How to ensure that the statutory responsibilities of Social Work are undertaken via safe professional practice and clear lines of professional support and accountability in the context of 1 and 2.

These challenges have endured in 2016/2017 and a welcome development in 2017 was the establishment of a Lead Social Worker post in the Health and Social Care Partnership with a specific responsibility to strengthen social care governance and practice in the Partnership's areas of responsibility. This is in addition to the commitment of the Chief Officer of the Partnership to ensuring that a minimum of one of three "Partnership Manager" posts (equivalent of Head of Service) is held by a qualified and registered Social Worker. At "Location Manager" level (equivalent to Social Work Manager level) the commitment remains to a 50:50 split between Social Work qualified and registered staff and others, except for the three manager posts that are focused on Mental Health and Learning Disability where there will be one post retained for a qualified and registered Social Worker; one for someone with an NHS background and one for someone from any profession (including health and social work).

Moreover in order to place the service experience of the public at the heart of 1- 3 above the Partnership and Council have agreed to undertake a specific piece of work in 2017 around children and families where parental substance misuse; parental mental health; and domestic violence features. This builds on findings of Scottish Government sponsored research from 2012 and more recent publications from the Care Inspectorate around the need for earlier identification and coordinated support where these characteristics feature. The work will be undertaken through a facilitator - led process which will involve colleagues from a range of disciplines and which may surface governance as well as practice and process issues.

The self - evaluation work on practice where the above characteristics feature that was sponsored by the Child and Family Protection Committee and which is nearing completion will help inform the above initiative. For information the [Child and Family Protection Committees Report for the 2016 calendar year can be found here](#).

In addition to the landscape presented in the diagram on page 3, Social Work also features significantly in what is known as "Public Protection" arrangements. These arrangements comprise the related spheres of activity of the Child and Family Protection Committee; Multi Agency Offender Management; Adult Support and Protection; Domestic Abuse; and the Alcohol and Drug Partnership. In 2016 Aberdeenshire's Chief Executive along with a range of his peers sponsored an input from the Good Governance Institute on the effectiveness of current Public Protection arrangements and it can reasonably anticipated that in 2017 that Social Work will fully participate in the implementation of any recommendations of this exercise.

3. Social Services Delivery Landscape

Aberdeenshire is a predominantly rural area in North East Scotland covering a wide geographical area of 6,313 square miles (approximately 8% of Scotland's territory). This includes farming and fishing settlements, commuter towns and more remote rural villages, including both coastal and mountainous areas.

2016 mid-year whole population estimates for Aberdeenshire were 261,960, roughly 4.9% of Scotland's total population.

At the last census (2011) 1.5% of Aberdeenshire's population were from an ethnic minority group with 0.8% Asian, Asian Scottish, or Asian British and 0.7% identifying as other. Of

these, 30% of the ethnic minority population were children.

Aberdeenshire's child population (aged 0-15 years old), is above the Scottish average and growing steadily, with a predicted further 13.8% rise over the next 25 years to 2037. Inward migration accounts for 9.4% of this increase, with large numbers of families moving from Eastern Europe moving to work in the fish and meat processing industries. There is a declining population trend seen in the 16-21 year old age range, which may be due to young people leaving the area to attend further or higher education, or seeking employment.

There has been a 1.9% increase in the number of births recorded between 2014 and 2015, reflecting the demographics of Aberdeenshire's population with age groups where births and pregnancies are higher.

While Aberdeenshire has comparatively low levels of unemployment at around 2.7% (2016 Office for National Statistics), there has been a 0.3% increase in those looking for work between 2014 and 2016. Employment levels for 16-24 year olds at 68.5% in Aberdeenshire sits above the Scottish average of 56.2%.

Nevertheless, while Aberdeenshire remains a relatively affluent area, pockets of deprivation and rural isolation do exist. The Scottish Index of Multiple Deprivation (SIMD) identifies different domains of multiple deprivation across Scotland, in data zones (small areas of around 500-1000 people) and Aberdeenshire has six data zones in the most deprived 20% in Scotland. These tend to be concentrated in the North of the authority area. Some areas reflect higher than Scottish average levels of drug-related deaths and infant mortality.

Aberdeenshire will also have Scotland's highest proportion of older people by 2035, with the number of people aged over 85 years expected to rise by 198% from 5,009 in 2010, to 14,953 in 2035. The geographical layout of the region, coupled with an increasing and ageing population, provides challenges to planning and delivering services through the Health and Social Care Partnership to meet this growing need. (National Records of Scotland 2016)

In terms of older people and adults within this landscape, [Aberdeenshire Health and Social Care's Market Position Statement](#) continues to be a key influence in the creation of a diverse market for accommodation and care of older people and people with disabilities. From this and the associated capacity plans a picture is derived of the care home and very sheltered housing market in each of the six local authority areas of Aberdeenshire.

This has been an invaluable resource in responding to approaches from private providers with an interest in developing additional care home provision and to help assess the short and long term impact of care home closures. In this latter regard Aberdeenshire lost approximately 100 care home places in 2015/2016 and a further 14 places were lost in 2016/2017 with the closure of Buchanan House in Fraserburgh.

While appropriate care and support for these residents was provided, any further loss of provision in the northern areas of Aberdeenshire would pose some risk to individuals remaining in their local community in close proximity to friends and family. Exploratory work is however underway in relation to development of a third care village in the north of

Aberdeenshire in partnership with NHS Grampian. Potentially this complex could also provide a day service for people with learning disabilities.

The private sector in Aberdeenshire has continued to provide a relatively small number of intermediate care resources in the southern Area of Aberdeenshire. These places have helped in the reduction of delayed discharges and in helping to reduce avoidable admissions to hospital. (Intermediate care “aims to offer care and support services to enable you to maintain or regain the ability to live independently in your own home or avoid premature admission to residential care”.)

In order to expand this provision, in December 2016 Bennachie View in Inverurie, began to provide intermediate care which, coupled with the new virtual community wards, has resulted in assessment and support by a multi-disciplinary team in order to expedite recovery.

Currently, within Adult and Older Peoples Social Care Services there is a mixed economy of internal service provision and externally commissioned services. Overall we have achieved a reasonable balance in provision, with there being different ratios within functions – for example a roughly 50:50 split in care at home services; 20:80 between Council Care Homes and externally commissioned places. With regard to Home Carers, Aberdeenshire employs approximately 660 home carers who provide around 12,000 hours of care every week for Adults and Older People with a further 9000 hours being commissioned from external providers.

A recognised shortfall in the availability of Very Sheltered Housing is being progressed and in February 2017 the Care Inspectorate awarded Very Sheltered Housing registration status to Pleyfauld House in Inverurie. This complex had been physically converted to provide a higher level of support in 2015 but a lack of sufficient revenue funding to support the increased staffing model along with challenges regarding registration delayed our ability to offer the increased care and support model. The support model now meets care inspectorate requirements regarding service user choice in relation to Self-Directed Support and around 30% of tenants currently in the complex are intending to take advantage of the increased care and support options available.

The provision of respite care continues to be an important aspect in realising the ambition of older people to remain in their own home for as long as possible. In the last year there has been an overall reduction of 28% in the number of respite beds across Aberdeenshire, and a similar percentage increase in the use of local authority respite provision. During this period there has also been a shift from the traditional use of respite from providing a break for unpaid carers to other purposes including provision of a place of safety arising from Adult Support and Protection concerns; somewhere to stay if maintenance or repair work is required in the home; support for a service user should their main carer become unwell or have to go into hospital and a brief period of care until a care package can be put in place to facilitate a successful return home.

With regard to children and the delivery landscape 2016/2017 saw an enhanced impact from “Wrap Around Care” (WAC) and Self Directed Support (SDS).

WAC provides a range of services that offers 24/7 support to children with disabilities/additional support needs. Its objective is to help children remain in their families, networks of support and communities. SDS offers new levels of choice and design to

individuals on the matter of their support/care and requires that families are made aware of the 4 options of:

1. A Direct Payment – The Service determines the cost of the support that is required and the supported person uses the money to arrange their own support, employ staff or buy services.
2. Individual Service Fund - The Service determines the cost of the support and the supported person chooses who will provide the support: either through the Service or through an Individual Service Fund Provider.
3. Council Arranged - The Service determines the cost of the support required and the supported person asks the Service to choose and arrange the support that the Service considers to be the most appropriate.
4. Mix of the Above - The Service determines the cost of the support and the supported person decides which parts of the support they wish to control and which parts they wish to delegate to the Service.

Rather than witness a withdrawal from Council provided or commissioned services, the inter – relationship between WAC and SDS has resulted in a greater mix in the services being used by families – often a combination of 1:1 support, play schemes and respite care.

Nevertheless Aberdeenshire continues to spend around £8m on purchased residential educational and care provision for children. Although some children’s needs will always be better met by these purchased services, in 2017 a project began to examine practice and resourcing that may enhance the range of support available earlier and within their communities for children with a range of complex needs.

4. Finance

Finance is an area in which there are interdependencies between specific budgets. Accordingly additional information is provided this year in relation to budgets that may have been regarded as being “health” in previous years, and particularly before the creation of the IJB.

In 2016/2017 the breakdown of budget for IJB responsibilities was as follows:	£' 000
Core Services	58,501
Hosted Services (GMED, HMP Grampian)	7,129
Primary Care	33,702
Prescribing	41,881

Community Mental Health	6,547
Ring Fenced Funds	4,914
Social Care funding (primarily related to the Living Wage)	9,500
Criminal Justice	33
Learning Disabilities (Aged under 65 years)	30,865
Mental Health	4,088
Substance Misuse	1,581
Care Management (Aged over 65 years)	34,001
Other Services for Older People (Residential, Very Sheltered Housing, Day Care)	30,492
TOTAL	263,234
Children's Social Work Services	29,315

On 1st April 2016 the IJB assumed responsibility for service delivery and financial governance on the matters indicated above.

Whilst in overall terms the IJB did not overspend, this was achieved through the use of underspending in new funds that were available in the shadow year and in the first year of full operation.

Core budgets are experiencing substantial cost and demographic pressures and will continue to do so.

In terms of Children's Social Work Services the main area of pressure has been on the Children's Services contribution to the joint budget with education on externally provided residential and care provision. This is largely generated by both cost pressures and complexity of need – influences which to a lesser extent are also causing upward pressure on Self Directed Support costs.

5. Service Quality and Performance

As an increasingly integrated service delivery landscape develops, disentangling social work per se and reporting on quality and performance is challenging.

The approach adopted in this report is to use the Care Inspectorate grading's of regulated services; add a narrative to highlight particular challenges and achievements; and to reference some self-evaluation outcomes.

Briefly, the Care Inspectorate undertakes planned and unannounced inspections. Inspections do not assess all quality themes in every visit. Themes are selected from a range of sources of "intelligence", including self-evaluations/assessments. The Social Work Service considers Care Inspectorate reports individually and strategically in order to highlight any themes that may require to be addressed.

The Care Inspectorate grading scheme for these themes in all regulated services is;

- 6 Excellent
- 5 Very Good
- 4 Good
- 3 Average
- 2 Weak
- 1 Unsatisfactory

By way of overall summary, of the 33 services inspected in 2016/2017, 91% were graded as Good or above. This is a slight reduction from the previous year's performance of 92% but is balanced by an increase in the number receiving a Grade 6 (Excellent).

Further information on all services that were inspected can be found in the [Summary of Care Inspection Reports](#)-

By way of additional narrative, information by major function is as follows:

5.1 Services for Older People and Adults

Care Homes, Very Sheltered Housing and Day Care are all regulated by the Care Inspectorate.

Care Homes. In 2016 all eight care homes received grades of 3 and above in all themes, with seven of the eight care homes receiving a grade 5 in three of all four themes. Bennachie View achieved a grade 6 for Theme 2 – Environment.

Very Sheltered Housing. In 2016 Very Sheltered Housing complexes received grades 4, 5 or 6 in each of the three themes, with each complex achieving at least one grade 5. Dalvenie Gardens achieved a grade six for Theme 1 – Care and Support.

Day Care Services. Day Care Services have consistently received a grade of 5

Home Care and Housing Support Service. In November 2016 the service received a rating of 5 for quality of staffing and for quality of care and support.

5.2 Children's Social Work Services.

The regulated Children's Services are residential care; foster care; adoption; and a supported accommodation project.

Residential Child care

Fernbank Children's Home (Peterhead) was inspected in April 2016 under 2 quality themes – Quality of Care and Quality of Staffing. In both indicators Fernbank was graded as 5.

Supported Accommodation

Taizali (Fraserburgh). Taizali opened in the latter part of 2015 and is a supported accommodation project providing care for four young people transitioning between care and greater independence. It underwent its first inspection in June 2016.

Care and Support received a 3; Environment a 4; Staffing a 4; Management and Leadership a 2. Management and Leadership issues were largely around administrative issues and have been improved as per the units Action Plan.

Adoption Service

In March 2017 the Adoption Service received Grade 6 for the two quality themes that were inspected – quality of care and support and quality of staffing.

Fostering Service

In March 2017 Aberdeenshire's Fostering service received Grade 5 for the two quality themes that were inspected – quality of care and quality of staffing.

6. Delivery of Statutory Functions

This part of the Report focuses primarily on areas in which the CSWO has specific decision making responsibilities, including agreement to a child/young person being placed in Secure Accommodation; the appointment of Mental Health Officers (MHO's); the Guardianship of Adults with Incapacity; and certain matters relating to adoption.

Secure care

Secure accommodation is a form of residential care for the small number of children and young people whose needs and risks, for a particular period in their lives, can only be managed in the controlled setting of Secure Accommodation. These children and young people have been deemed to be a significant risk to themselves or others in the community.

Admission to Secure Care is a major development in a young person's life. It strikes a different balance between autonomy and restriction on personal liberty to that enjoyed by other young people under the age of 18 years.

Thus even if a Children's Panel decide that a young person presents sufficient risk to him/herself or to others to warrant admission to Secure Care, legislation requires that the CSWO and the person in charge of the Secure establishment agree to the placement. All such admissions are subject to regular and rigorous review.

Scotland has 84 secure accommodation places spread across five dedicated units, the closest to Aberdeenshire being Rossie in Montrose, Angus.

Aberdeenshire continues to be a very light user of the secure estate. For much of 2016/17 we did not use the secure estate at all, and at any one time there were only two children in this type of provision.

The child – centred resilience and professional approach to risk management demonstrated by the child care workforce when faced considerable pressure to “solve” a challenging situation by placing a child in Secure Accommodation has been pivotal in maintaining this relatively low use of the secure estate.

Mental Health Officers; Adults with Incapacity

Mental Health Officers (MHOs) are Social Workers who have successfully completed post qualification training in Mental Health and who are designated Mental Health Officers by the CSWO on behalf of the Council. Only MHOs can undertake certain statutory responsibilities.

With regard to the MHO workforce, the 2015/16 CSWO Report confirmed an improving trend on recruitment and retention of MHO's and this has endured in 2016/2017.

Pivotal in this has been the retention of the ability to fund 5 training places per year with backfill arrangements during absence from substantive posts. This has also assisted in reducing the attrition rate of MHO's to 24% being eligible to retire by 2021. (In 2012 46% of the MHO workforce in Aberdeenshire was eligible to retire by 2017).

Overall however the MHO workload continues to rise. This is particularly so because of responsibilities under the Adults with Incapacity (Scotland) Act 2000.

Under this legislation a court can appoint a “Welfare Guardian” if an adult is unable to make decisions or take necessary actions to safeguard their own welfare. “Financial Guardianship” arises where there is impairment to an adult's capacity to safeguard their property or financial affairs.

In both areas MHOs have a key role in assisting the court and supporting the individuals involved, and the ageing population has continued to contribute to the increase in workload.

Currently, there is no specific risk as such to the Services' capacity to fulfil its statutory mental health related responsibilities, but it is an area that we will continue to monitor (and it is a national issue rather than one that is confined to Aberdeenshire).

In April 2017 Aberdeenshire had 39 MHO's compared with 35 in the 2015/2016 reporting period.

Adoption

Adoption is the process whereby parental rights and responsibilities are transferred from birth parents to Adopters. Although courts ultimately determine whether an Adoption is granted, the CSWO (or his appointee) is the ultimate Council decision maker on matters appertaining to Adoption.

In terms of recruitment of Adopters in the 2016 calendar year, most people coming forward to be Adopters were primarily interested in an age range from infants to pre-school children. The primary need however is for adoptive families for children who have started their

education; for sibling groups; for children with special needs and for children who are subject to complex legal situations.

In the same period 13 prospective adoptive families were approved by the Permanence Panel (10 in 2015) and a further 2 had their category of approval modified. 16 adoption plans for children were approved (14 in 2015).

11 children were matched with prospective adopters, including 2 sibling groups of 2 (the same as in 2015) and 7 were awaiting matching (3 in 2015). It should be noted that although children are awaiting a match being made, the robust process of effecting matches for them has begun and their wellbeing is secured in their current placements.

Aberdeenshire is a full participant in the national adoption register which seeks to progress the matching of children with approved adopters on a national rather than local authority basis.

Adult Support and Protection (ASP)

Briefly, adults who may require support under the 2007 legislation are those individuals aged 16 years or over who:

- Are unable to safeguard themselves, their property, rights or other interests;
- are at risk of harm; and
- they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.

In other words not every adult who experiences some form of adversity falls within the remit of ASP arrangements and it may be misunderstandings about this distinction that at least in part accounts for the referral dynamics described in more detail below.

In 2016/17 the Aberdeenshire ASP Network received 332 referrals (398 in 2015/16).

Of these 90 progressed to an actual investigation (81 of 398 in 2015/16).

Thus for 2016/17 the referral received: investigation ratio is 3.7: 1 (4.9:1 in 2015/2016, 6.5:1 in 2104/2015) This trend suggests an increasing proportion of appropriate referrals and thus an increasing understanding of the purpose of the Adult Support and Protection arrangements.

The principal source of these referrals in 2016/17 is described in the data nomenclature as "other organisation" i.e. not a statutory organisation. Of the statutory organisations, social work is the main source of referrals.

In terms of age profile the highest number of investigations by age in 2106/17 were:

40 - 64	17
65 – 69	16
And 23 -39; 80-84 and 85+,	all with 11

The three highest number of investigations by client group were:

Infirmity due to age	29
Learning Disability	17
Mental Health problem	16

The three highest types of principal harm were:

Financial Harm	29
Neglect	19
Physical Harm	14

The main location in which an allegation of harm led to an investigation was “Own Home” (71).

Although legal responsibility for ASP continues to reside with parent organisations, the portfolio itself moved to the IJB in April 2016. As reflected in other parts of this report, this change may bring challenges around continuity of best practice, and clear lines of accountability. The Aberdeenshire ASP Network is aware of the need to speedily identify and address any such emerging issues.

7. User and Carer Empowerment

This section concerns the involvement of service users in their own service experience and how they influence the nature of the actual service itself.

The shift from service users being passive recipients to active participants in their care experience is now an established principle in Aberdeenshire’s Social Work Service. Precisely how we give life to the principle is an ongoing process of refinement and differs because of issues such as legal status and whether one is a child or an adult. Although various concepts are used to describe this dynamic - co-production; personalisation and so on - at its heart is the objective is to design, provide and improve services around the needs of service users rather than the needs of professions and professionals.

With regard to the experience of individuals about having their own needs met, all Social Work Services have a range of means whereby feedback is sought throughout the period of service delivery and (where appropriate) when services cease.

Thus in terms of an individual’s care/support plan it is standard practice by the case holding Social Worker/Care Manager to actively seek and record views of the service user and their family. Similarly practitioners support services users to express their views at Reviews of the care/support plan and help service users to access additional advocacy-type support where this is required. This input is then used to modify care/support plans with the overall case record being an important means whereby social work is held accountable for its performance.

Alongside this, services and sub services have developed a range of methods to attempt to aggregate information arising from the above in order to influence service design. In addition there are a range of “satisfaction surveys” that feed into our continuous improvement processes.

All of the above places Aberdeenshire in a strong position to take forward the requirements of the Carers (Scotland) Act 2016, when it is implemented in April 2018

Space only permits a few practical examples of how service users and their carers are currently influencing service design and improvement.

7.1 Older People's Services

Allachburn Care Home

Arising from a series of discussions with residents a number of innovations are being progressed, including the development of:

A Sensory/Memory garden

The home will create an outside area which is stimulating, interesting and accessible and will be completed by the 35th anniversary of the home in June 2017.

A Vintage Train Carriage

Following feedback from residents an area within the home has been repurposed to incorporate a small seating area featuring a rempod train window with train table and luggage rack. Residents have been involved in the naming of and choice of seating for the train. This area will also have a coffee vending machine for residents and families to enjoy a hot drink and packet of biscuits as part of their journey. The rempods are particularly beneficial for residents with dementia but can provide important reminiscence therapy for all.

Arbor

A 2 seated arbor with internal fairy lights is being created in an area situated just around the corner from the train carriage. This area will create a quiet, reflective area for residents to sit and watch the world go by.

Retro Cinema

Residents have been supporting the development of a cinema within one of the under used lounges in the home. A Duke of Edinburgh student from Westhill Academy is involved in the interior design of the room.

Edenholme Care Home

The vision of the home is to deliver high quality person centred care at the heart of the community. To further this, liaison with the new Public Health Coordinator has resulted in a monthly community conversation café. This allows residents to engage with other older people in the community who may be socially isolated; have a learning disability; or a mental health issue. The café is run by local volunteers. The hope is that the care home residents have an opportunity to mingle with new people. There will be speakers invited along to the café and/or we may have an activity e.g. yoga

7.2 Adult Day Services

Inclusive Day Services Enabling Aberdeenshire (IDEA). IDEA is a programme that is leading on the transformation of adult day services. The direction is away from services delivered in

exclusive buildings towards the delivery of services in mainstream and community resources. Many service users are now taking a more interactive and visible role in their communities and are increasingly being regarded as valuable contributors.

One example of community based adult day services being delivered in partnership with the third and private sector is 'Imagine at 27' - a retail and arts project in Banff. This high street resource provides an outlet for over a hundred local artists and crafters displaying a wide range of high quality goods produced by people with disabilities. People with disabilities are involved in every aspect of running the resource from doing window displays, stock control and providing customer services, and in the process are developing practical skills and knowledge leading to in some instances improved employability opportunities.

In a similar vein "Bridge" projects in Aberdeenshire are providing individualised and intensive short term support to enable people to move from traditional services into community opportunities. For example, the development of supper clubs has encouraged intergenerational working and involved people with disabilities learning, sharing and supporting others with independent living skills through food planning and preparation followed by the social experience of eating healthily together. This has led to the development of extended natural social networks for individuals and the development of enhanced knowledge, skills and confidence.

7.3 Children's Services

My Voice: In Children's Services the actual design of an IT platform – My Voice - to capture feedback from Looked After Children was informed by young people. In November 2016 it won the prestigious GO Award for Best Customer Engagement.

Champions Board: Although not an exclusively Social Work undertaking Aberdeenshire's Champions Board is concerned with 'Championing' the needs of looked after and previously looked after children and young people. It does this by providing a facility for looked after children and young people to engage with their 'corporate parent' and make their needs known. The care – experienced group refer to themselves as '*The LAC Factor*', and meet monthly with their supporters to share and develop ideas to present to the full Champions Board. This brings together young people and their supporters and Senior Officers from the Local Authority, Elected Members, NHS and Voluntary Sector as equal partners, to discuss and make decisions on an agenda set by the young people.

7.4 Mental Health Services

Suicide Prevention. In spring 2016 a suicide prevention app was launched in Aberdeenshire. This allows people to download suicide prevention information to their mobile devices and makes it easier to call for help. This initiative is believed to have contributed to the 15% reduction in the number of suicides in Aberdeenshire.

8. Workforce

For older people's and adult services 2016/2017 has seen continued improvement in the time taken to recruit dropping from an average of 88 days in April 2016 to 15 days in February 2017.



Nevertheless recruitment and retention continues to be a challenge across Aberdeenshire. Aberdeenshire has relatively low levels of unemployment which does make it more difficult to attract and retain people into health and social care settings. There is stiff competition in the employment market for postgraduate and non-graduate employees from the oil industry and other multinationals particularly in retail where rates of pay and other benefits are perceived to be greater. The recent slump in the oil industry did see a rise in applications and has provided some good candidates, albeit sometimes without the requisite work experience. Recruiters have however been receptive to focusing on personal qualities and informal care experience as relevant foundations to paid employment.

We are also conscious of the age profile of the Social Care workforce where 42% of colleagues are currently aged 50 plus.

The Workforce Development Team is hosted by the Aberdeenshire Health & Social Work Partnership and supports the annual training Plan that incorporates the training needs of individual Social Work functions.

In terms of planning to ensure that our staff achieve and retain the Scottish Social Services Council's (SSSC) registration requirements, courses and bespoke support for individuals continues to be provided.

Some examples of training completed are: (2016/17) (2015/16)

SVQ2 care Assistants and Home Carers	25	50
SVQ3 Assistant Team Coordinators, Occupational Therapy Assistants and Social care Assistants	2	15
SVQ Level 4 Registered Managers Award	6	7

With regard to other Mandatory Courses, completions were:

Crisis Aggression Limitation and Management (CALM) Theory	50	116
---	----	-----

CALM Physical Intervention	83	147
CALM Re – accreditation	387	419
People Handling Induction	843	223
People Handling Refresher	123	133

Although not mandatory, eight child care Social Workers successfully completed the Post Graduate Certificate in Child Welfare and Protection: three receiving a distinction and one a merit.

In addition twenty three newly qualified professionals met the requirements to join and successfully completed our one year Social Work Professionals Support Programme, this provides an induction into the service, familiarisation with our expectations regarding good practice and opportunities for reflection and discussion on challenging themes.

Overall, we are well placed to continue to provide services to the people of Aberdeenshire through a competent and confident workforce and sufficient investment in training remains a key aspect of ensuring the amelioration of the aforementioned risks to the influence and contribution of Social Work.

Although currently on hold at national level, the Scottish Government's proposal to require the SCQF Level 9 qualification (currently Level 7) for residential (including respite) child care staff may have significant implications for our workforce in both Children's and Adult Social Work residential services.

Similarly work is ongoing to contribute to and implement other national initiatives being taken forward by the Scottish Social Services Council including:

- Adult Supervisors Qualification Consultation: Revised standards in Social Work
- The Review of Social Work Education encompassing:
 - Realising a shared approach to professional learning
 - Updating the Framework and Standards in Social Work Education
 - Developing a supported year and professional standards for Newly Qualified Social Workers
 - Improving standards and widening access
 - Continuous professional learning
- Registration of the Care Home at Home Workforce

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

The Service has an extensive range of approaches to improving services. These range from large scale programmes arising from significant national or local initiatives through to smaller scale developments arising from self-evaluation exercises. The following examples are not

exhaustive but they give an indication of tangible projects that have resulted in real improvements in service delivery and the lives of people in Aberdeenshire.

- The re-commissioning of Mental Health Day Services in order to reflect best practice, the targeting of finite resources on risk/need and to ensure best value. The contract for this initiative has been awarded to the Scottish Association for Mental Health and is delivered through the “My Life Dynamic” project. This commenced in January 2017 and supports adults aged 16 -65 to recover and achieve their personal outcomes.
- Throughout 2016/17 work has been underway to implement the Adult Social Work Assisted Transport Policy. The aim of the policy is to improve equality through implementation of a consistent approach to decisions around eligibility for support with transport arrangements with regard to accessing services. Service users are being supported and empowered to use their skills and resources to travel independently where possible with, for example public transport training being provided (an investment that can have broader beneficial outcomes). Similarly where users can walk to their service this is being encouraged and can lead to health benefits.
- “Our Family Firm” provides opportunities to experience work placements for Looked After Children and other children and young people who would benefit from particular support. Following a successful re-launch in May 2016 there has been a seven-fold increase in referrals and placements achieved.
- Permanence and Care Excellence (PACE). PACE is a quality improvement programme focused on improving outcomes for Looked After Children by reducing drift and delay in planning for their future. Supported by the Scottish Government and the Centre for Excellence for Looked After Children in Scotland (CELCIS) the success of this Social Work - led multi-agency project was recognised at both ‘The Herald Society’ and ‘Scottish Government Quality Improvement Awards in November 2016