



**Argyll and Bute
Chief Social Work Officer
Annual Report 2022/23**



Daibhidh MacGileabairt
Àrd-Oifigear Obair Shòisealta
Earra Ghàidheal is Bhòid

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Chief Social Work Officers Report

1. Introduction

This is the annual Chief Social Work Officer (CSWO) report for Argyll and Bute for the period from 1st April 2022 to 31st March 2023.

Over this period we have seen the last of the public health restrictions on people's lives, associated with the pandemic, being removed and the response to people becoming ill with Covid mirroring that of other viruses and illnesses. Only in health care settings does the wearing of masks linger on. Superficially we have seen a return to 'normality'.

The pandemic period positively challenged how we worked with people and each other. At the start of the pandemic in spring 2020 it was hard to imagine the amount of routine work we are now able to undertake via the use of technology and particularly Microsoft Teams, Skype and Near Me. This is clearly of advantage to practitioners covering the vast geography of Argyll and Bute. It is important we harness these developments: the question is now not what can we do remotely, but what do we have to do face to face? Of course for those of us steeped in relational practice this is particularly challenging, however a challenge we must face in the current context.

For those of us practicing on the geographic periphery of the nation continued remote working has also allowed more regular participation in national meetings and developments. We have been able to influence in a way we have not enjoyed in the past. In central belt local authorities a drift back to mainly face to face practice is well under way, however for those of us in remote and island practice such a drift will see us again marginalised. For now we remain at the centre of professional development and debate. It is important we stay there.

It feels in social work terms, we are now experiencing the impact of the pandemic, rather than during the period when the virus was at its peak. The public health responses have had obvious impacts. For example; increases in Speech and Language Therapy referrals for young children through to the social and emotional impacts on those in adolescence. Care home sustainability is a growing concern as the 'cost of living crisis' deepens. It is now we are seeing the increasing need.

The pandemic period and, probably more, the associated responses masked significant chronic issues. Services were stood down and emergency finances made available. Now demands for new initiatives feel to be accelerating at a pace outstripping financial and human resources. We are having to plan financial savings in core services. Short term focussed grant allocations are stifling attempts to meet local needs with local solutions. Inspection models are not taking consideration of the critical context practitioners are facing.

Recruitment is increasingly difficult, particularly in our remote and island areas. This is not simply about a dearth of affordable housing or the expense of living in remote and island areas. It is about demographic changes. In Argyll and Bute we continue to have a shrinking working age population and increasing numbers of older people.

During the period of this CSWO report Social Work Scotland published the 'Setting the Bar' research. It is clear from 'Setting the Bar' that there are not enough social workers in Scotland to meet the national demand. In response Argyll & Bute, like many other local authorities, are developing plans to 'grow our own' work force through support for existing staff to gain qualifications. We are engaged in international recruitment. We are enhancing support to Newly Qualified Social Workers. Yet we still have significant vacancy levels and our earnest efforts won't produce benefits for a number of years.

As a local authority, indeed as a nation, we require to address the questions: What do we keep doing? What do we do differently? What do we stop doing? Local and national government require to engage in this dialogue. As a profession we cannot meet all the current demands. An inspection model, developed in a pre-pandemic and pre-brexit world, which takes no account of the current crises requires to be changed or lose credibility.

Since writing last year's report the 'cost of living crisis' has deepened, with increasing numbers of people, including staff members, being adversely affected. This has most acutely impacted our most vulnerable. Partnership work such as the Child Poverty Action Group has become increasingly vital in protecting people from the worst effects of this crisis. The 'cost of living crisis' has also seen industrial strife surrounding pay and conditions for staff. Many in the social work and social care community would see themselves, in common with others in local government, not being treated as fairly as other professional groups. It is welcomed that through this pay settlement Scottish Government now pay the SSSC registration fees for Local Authority Social Work and Social Care staff.

Despite the current socio-economic challenges and the eternal difficulties of geography, Social Work and Social Care staff have continued to offer services which positively impact on the lives of the people living in the communities spread across Argyll & Bute. This has often seen staff going above and beyond core duties and working long hours. Our staff are without doubt our main resource. As always in the CSWO report I take this opportunity to thank all of our Social Work and Social Care staff for their steadfast service over the course of the last year.

This year's report will be in the format shared by the Office of the Chief Social Work Advisor. The report will cover:

- Governance & Accountability
- Service Quality & Performance
- Resources
- Workforce

2. Governance and Accountability

Role of the Chief Social Work Officer

As Chief Social Work Officer for Argyll and Bute, I am also Head of Children, Families and Justice. This portfolio clearly includes direct responsibility for all social work services for Children, Families and Justice as well as all associated resources such as Children's Houses. Within the scheme of delegation deployed in Argyll & Bute my responsibilities also include health services ranging across CAMHS, Maternity, School Nursing, paediatric AHPs and Health Visiting.

As CSWO I am a member of the Senior Leadership Team (SLT) of the Argyll and Bute Health and Social Care Partnership (HSCP) and have specific accountability for the delivery of social work and social care services ensuring that the statutory duties of the profession are delivered across children's, adult's and justice services.

Partnership working takes place with a wide range of multi-agency professionals including; the Chief Officer, Chief Executive, Elected Members, health and social care managers and practitioners. There are regular meetings with the Chief Executive of Argyll and Bute Council and the Chief Officer of the HSCP.

I am a member of various key groups and committees within the organisation. Clear governance and reporting arrangements are in place. The CSWO provides professional advice and guidance on all social work matters and provides assurance that social work services are being delivered to the best standards and within the required statutory and policy guidelines. Regular performance reporting around risk management is also provided with the CSWO specifically reporting through the Chief Officers Group for Public Protection. The CSWO is the MAPP (Multi-agency public protection arrangements) lead officer and is a member of the Adult Support and Protection and Child Protection Committees. The CSWO continues to have input into NHS Highlands Care Home oversight group which covers both Argyll and Bute and Highland Council areas, although there are plans to develop a local Argyll and Bute structure to this area of practice. The CSWO further reports to the IJB on key changes and developments regarding the social work profession.

Over the period of this report a key issue for the IJB, Council and NHS Highland continued to be consultation on and development of the National Care Service. As was reported last year the impact on staff from the two employers could well be different and the democratic process could lead to different views of the National Care Service being taken by the employing parent bodies. As I write there is a continued hiatus in the plans for the NCS and while it is proper that this planning is progressed with the utmost care it does leave a sense of limbo particularly for Justice and Children's Services. This is a level of complexity which requires careful consideration.

It is recognised, in Argyll and Bute, in terms of governance that the CSWO is working as Head of Service to two employing parent bodies, NHS Highland and Argyll & Bute Council, as well the HSCP. There is a complexity in the relationship with NHS Highland. NHS Highland are involved in different integrated arrangements in Argyll and Bute, an Integrated Joint Board, compared to Highland which uniquely follows a Lead Agency model. This is particularly obvious in Children's Services which are not part of NHS Highland's remit in Highland. This is over laid with a further level of complexity given that nearly all specialist services, such as for example CAMHS inpatient, are provided by NHS Greater Glasgow and Clyde. Ensuring that in relation to governance we have integration rather than complication or duplication is a constant effort.

As CSWO I am also involved in a number of national groups. These include: chairing Social Work Scotland's (SWS) Workforce and Resources Standing Committee and as such I am a member of the SWS Board, 'sponsoring' one of Scottish Government's national groups on children's mental health, membership of the national steering group for the Scottish Child Interview Model, and membership of the Remote and Island CSWOs group. Importantly, and as touched on in the introduction, these allow the issues of remote and island practice to be brought to bear on the national stage.

3. Service Quality and Performance

Service quality and performance is managed on an ongoing basis and in several ways. This is in line with the discharge arrangements of the CSWO and the requirement to manage the performance and quality of social work services being delivered.

The CSWO is an active participant in the key service performance and improvement meetings including Clinical and Care Governance, the Chief Officers Group for Public Protection, Child Protection Committee, Adult Support and Protection Committee and the Care Home Oversight Group etc.

A 'daily huddle' in relation to delayed discharges was stepped up and down a number of times over the course of the pandemic period. Often this huddle focused on the interface between acute hospital care and care home / care at home. This huddle has evolved through a period of winter planning to become a regular group considering issues of delayed discharge – monitoring overall data, but due to the size of Argyll & Bute being able to become involved in individual complex cases. Where necessary, with particular complex situations, the group can ensure senior management involvement to facilitate responsive decision making. Unsurprisingly, given staffing shortages, securing the human resource can be a significant part of these discussions.

During the period covered by this report there have been further developments in the Clinical & Care Governance structures within the IJB / HSCP. For example clearer expectations of written reporting and reflection on how this assurance tool dovetails with other partnership functions such as CPC, APC & COGPP. The CSWO has had an active role in the development of the IJB's Clinical and Care Governance Framework. This was an ambitious exercise in mapping regulated services, best practice and ensuring reporting methodologies and supported appropriate oversight across multiple governance routes. Our partners involve not just NHS Highland but also NHS Greater Glasgow and Clyde. This is an ongoing development and is linked to partners across the integrated arrangements delivering in urban, remote and island contexts. There requires to be constant scrutiny in such complex arrangements to avoid duplication and repetition.

Within Argyll and Bute HSCP there is an attempt to deal with health, social work and social care complaints and incidents within an integrated process. There are regular Quality and People Safety (QPS) meetings involving all professional leads and senior managers. There tends to be a concentration on the Datix risk management system reports which Social Work and Social Care staff do not have access to therefore there can be a subsequent over emphasis on health related issues. The evolution of this QPS system is a priority for the HSCP.

Performance monitoring has also been thorough and we have contributed to all statistical data requests from the Scottish Government. Variations between localities within Argyll and Bute have been recognised and reflected on. Data within an authority with a small population must always be treated carefully. A small variation in numbers can look significant when presented as percentages. Significant percentage falls or increases must be examined to uncover the complex human narratives which often lie behind the numbers.

Quality assurance necessarily requires the buy in of all our staff and service users and a move to self-evaluation and truly reflective practice. As was noted last year we must continue to free our staff from the ‘fear’ of current audit and inspection models, support them to have a positive developmental experience and releasing their innovative potential.

Care Inspectorate activity has been challenging in this respect as the feedback is very much that people feel ‘done to’ by the current inspection model rather than ‘worked with’. The current model of inspection is not taking the context of a national staffing crisis, nor the aftermath of social problems associated with the pandemic or the UK’s exit from the EU into consideration. Such inspection experiences can be demotivating with people feeling blamed without the context within which they are practicing being fully acknowledged, understood and reflected through inspection reports.

Adult Services

Adult services have two Heads of Service responsible for different aspects of Argyll & Bute’s services. This covers practice team social work and specialist teams such as Adult Support & Protection and mental health. There are 7 internal care homes and 10 which are externally commissioned. Care at home services are also both internal and externally commissioned. These Heads of Service are also responsible for all general and specialist health services ranging from community hospitals to mental health teams and community nursing.

Older People

The drive to deliver a comprehensive strategy for older people continues and work is progressing against the following areas:

- Care Homes and Housing
- Care at Home
- Palliative and end of life care
- Dementia Care
- Right Care, Right Time (which includes a Short Life Working Group on Adult Social Work and a focus on community services and standards)

Care Homes

It was notable that during 2022/2023 our local social work teams successfully negotiated full reviews and placement of residents within a care home that closed.

Also during this period, completed in March 2022/23 after a year of partnership working, the Health and Social Care Partnership took over the running of Kintyre Care Centre from HC-One: a 40 bedded nursing home in Campbeltown. Argyll and Bute Council bought the facility. This embeds the nursing home as part of the care facilities in the west of Argyll and Bute and protects the level of provision within the West of the area.

During the winter of 2022/23 Argyll & Bute did deploy extra funding for interim care home beds. This allowed us to manage hospital discharges, however whether these placements were in fact interim is doubtful with many becoming long term destinations for older people.

Care at Home

Over the past year demands for care at home have changed to focus more on personal care and hospital discharge as priorities.

The total number of people receiving care has reduced from 1149 to 1085. The monthly hours delivered has reduced from 51,550 to 50,216. This however masks an average increase per person from 44 hours per month to 46 hours per month.

Over the past 12 months, more people required two members of staff to deliver safe and effective care in their own homes.

In July 2022 the Scottish Government allocated funding through the Urgent and Unscheduled Care programme with a requirement to expand care at home capacity and to ensure the right care was available in the right place and at the right time. While this money was welcomed recruitment and retention of staff remains the key challenge to the service rather than finance. This has resulted in the increased use of agency staff and the introduction of a collaborative model of commissioning of service. This involves daily meetings of providers to ensure service is delivered as easily and economically as possible in each area.

In response to the staffing crisis additional funding was given by the HSCP to care at home providers to increase pay to frontline staff by 52 pence per hour and also to pay staff for time between service users where there was a gap in time and no work to fill it. This ensures staff are paid for the time they are out working, even when there is down time. Even with this additional resource, there continues to be unmet need, where people have had their needs assessed but service is unavailable. There are regular discussions with providers who are considering 'handing back' services to the HSCP. There is no confidence the HSCP would be any more successful in sourcing the necessary staff.

In April 2022, 22 people had an assessed need for care but no care was available and a further 14 people required an addition to their care package where this was not available. This figure has increased in April 2023 to 35 people awaiting a care package and 11 people awaiting an increase in their existing care package.

A care at home strategy is being developed and a tender process for the service will be undertaken during 2023-24.

Adult Social Work

Recurring funding was received from the Scottish Government during 2022/23 to provide additional capacity to the Adult Social Work workforce.

A short life working group was established to look at prioritising how we spent the additional funds. Key areas of transformation and priority have been:

- Evaluation of a centralised Adult Support & Protection team and a recommendation on the outcome of the preferred model of delivery of ASP.
- Review and evaluation of the current model of Adult Social Work delivery across generic / specialist teams and make recommendations on the preferred model of delivery of Adult Social Work.
- Agree the reviewing function of Adult Social Work and recommend a required staffing resource to enable reviews to be conducted within an agreed schedule.
- Develop the workforce/ learning and development plan to ensure sustainability of Social Workers by use of different models such as Grow Your Own / Traineeship programmes etc.

Teams included in the scope of the group have been Operations (area teams), Integrated Care and Assessment Team (ICAT) (Helensburgh and Lomond), Dementia Social Workers, Learning Disability Social Work Teams, Sensory Impairment, Addictions Social Workers and the interim Adult Support and Protection Central Team.

To date, an options appraisal relating the centralisation of the Adult Support and Protection function has been considered by the group and agreement was reached in March 2023 on a preferred option of a specialist team to manage and coordinate Adult Support and Protection activity. This option continues to be developed and will be presented to the Senior Leadership Team for ratification.

Work is ongoing to streamline the reviewing function of Adult Social Work whilst ensuring all statutory duties are met. This work will also take into consideration the use of technologies now available to us such as Near Me, Teams etc.

There has been a huge focus on the development of a learning and development strategy for all staff in Adult services with particular attention to the harder to recruit to roles and localities. Given the national shortages of Social workers and the added complexity of being a remote and rural authority, our focus has been on creating a strategy to offer a graduated career pathway to existing staff through programmes such as Grow your Own and traineeship. A Social Work Assistant learning and development forum is now in place.

Additional funding was provided by Scottish Government to the Open University and Robert Gordon University to match fund trainee social workers. A bid was made to access this match funding with £8,516 being awarded, some of which has been used to sponsor one Social Work assistant to complete their social work degree. The remaining funds will be carried over to sponsor additional places for either Post Graduate Diploma Social Work or BA Honours Degree Social Work in years 23/24.

The action plan for Adult services continues to progress with the next transformation action looking at a review and evaluation of the current model of Adult Social Work delivery across generic/specialist teams.

There were other successes in attracting funding for Adult Social Work and Adult Social Care during 2022/23. The Scottish Government in partnership with Inspiring Scotland launched a Wellbeing fund for Adult Social Work and Social Care. A small group of representatives from social work and social care got together to submit a bid to create wellbeing packs. The bid was successful for the maximum award of £10,000. Work is ongoing to ensure that all roles within Adult Social Work and Social Care receive their packs.

The number of Adult referrals received from 1st April 2022 – 31st March 2023 have increased to 12,402 where in contrast the number of referrals last year was 12,336. The number of initial contact referrals this year has shown a decline of 695 – down from 6,798 initial contacts to 6003.

The number of universal adult assessments completed has also reduced this year to 2,555. The application of shorter initial assessments, not captured on Carefirst as an assessment but instead counted as a referral, have contributed to the reduction of universal adult assessments.

We have recognised the difficulties faced across Adult Social work teams in relation to the shortages of staffing as noted earlier and the consequent impact such as delays in completing reviews. The key priority from the Adult Social Work SLWG of streamlining reviews will contribute to continued

improvement both to ensure best outcomes of the adult and improved performance if completing full assessments.

Adult Support and Protection

The focus of Adult Support and Protection (ASP) through 2022/23 has been on continuing to ensure effective support and protection, for people at risk of harm in Argyll and Bute in the post Covid period. We have seen the number of ASP Referrals increase significantly from 336 recorded between April 2021 and 31st March 2022 to 413 recorded between April 2022 and March 31st 2023.

Operational activities have mostly returned to face to face intervention for client interviews and meetings. However some meetings/conferences have continued online, where requested by the Adult at risk, or indeed particularly to bring multidisciplinary professionals together promptly, for information sharing and risk assessment, when required.

The Adult Protection Committee (APC), fully supported by the Chief Officers Group for Public Protection, and cognisant of revised guidance for APC's, has been charged this year with considering a range of developments in relation to the wider public protection agenda. Emphasis on assessment for people requiring support from a number of services and the consideration of preventative options, to avoid an adult's situation escalating, is very much at the forefront of ASP services. The APC ensures that local procedures support assessment of need, consideration of other relevant legislation or alternative services to respond to a person's need.

Particularly challenging has been consideration of the approach we take to those adults with complex presentations. People who do not quite fit the remit of any service, yet clearly need to be supported and at some points protected. We are taking the approach that 'it's everybody's job until such time that it's somebody's job.' This simple approach as led to more a more cohesive interdisciplinary working and support.

Workforce challenges saw the development of a trial centralised ASP Team in Argyll and Bute in June 2022. Working alongside locality social work teams the ASP Action Team completed a significant proportion of inquiry, investigation and case conferences. It is proposed that a centralised ASP service will continue to operate particularly in localities encountering workforce limitations.

The new revised Code of Practice was launched in July 2022 and promotion of this revised guidance has been essential to ensure best practice, recognising more recently the number of policy, legislative and practice development in the overall context of adult support and protection.

Our joined up agenda of public protection continues with liaison work with the Alcohol and Drug Partnership, and the Child Protection Committee, focussing on areas of joint concerns, drug deaths, and young people in transition and locality approaches.

Lomond and Argyll Advocacy Services has increasingly played a positive and constructive role in relation to service user support in investigations, case conferences and monitoring of outcomes. We have been exploring with our Advocacy colleagues how best we might work together in ensuring the voice of the Adult is heard and that their contribution is prioritised in our future service development.

The commencement of dedicated and regular meetings with Police Scotland hub staff through Multi-Agency Forums (MAF) meetings has had a marked impact on developing shared understanding and support in relation to referral activity and ensuring targeted activity on referral information sharing.

Over this last year we have noted particularly the support we receive from The Scottish Fire and Rescue Service in effective collaborative practice, be that in the undertaking of fire home safety checks, at the request of HSCP workers, or invaluable officer representation at ASP case conferences.

Ongoing development work on Health engagement in adult protection has resulted in much greater understanding of activity and promotion. Training events have assisted in this improvement. ASP training from, regularly delivered Level 1 awareness sessions through to the continuous inputs on Council Officer activity, Defensible Decision making, financial harm and case conference chairing, has been a priority activity. Of note has been the 'joining up' with a neighbouring authority in the provision of shared Council Officer training and development using MS Teams approaches. This approach has encouraged the sharing of practice, policy and procedures and cross fertilisation of ideas for future practice.

The Lead Officer has continued to meet with Council Officers and with locality teams on practice development. Quarterly Council Officer Forum events have taken place over the year, ensuring opportunities for information sharing, both formally and informally, and case presentation and discussion. Staff are invited to share case examples at ASP Committee meetings.

The Lead Officer has been able to contribute to the West of Scotland Lead Officers Group and the National Lead Officer group in developing the national agenda priorities for ASP in Scotland. A member also of the ASP National Implementation Group, formed to undertake detailed implementation planning on engagement with the revised Code, the Lead Officer has focused on the Chronology subgroup. Development of effective joint agency ASP chronologies is a priority activity for ASP into 2023, particularly as the new Eclipse IT recording system is rolled out across the HSCP.

Mental Health and Addictions

Services within Argyll and Bute HSCP continue to work collaboratively across our integrated Mental Health and Addictions services. The service map described in last year's CSWO remains in place although recruitment and retention of staff is a constant challenge throughout all that we do. As a small authority service continuity can be vulnerable where teams consist of one or two staff. Vacancies are present at all levels from front line staff through to managers. Notwithstanding this context we still have 11 MHOs available throughout the Local Authority area and as a consequence the MHO rota continues to run well across Argyll and Bute with one MHO on call at any time.

Argyll and Bute were successful in securing Scottish Government funding to support social workers in achieving the MHO award, 2 staff are nearing completion of the MHO programme this year.

In 2020/2021 41 people were detained under an Emergency Detention Certificate and 62 people detained under a Short Term Detention Certificate.

In 2021/2022 30 people were detained under an Emergency Detention Certificate and 50 people detained under a Short Term Detention Certificate

(Figures for 22/23 are not available at the time of writing however are expected to match if not exceed those of the previous year.)

Appropriate Adult information sessions were rolled out, delivered by COSLA and Carrgomm. They have been received well. Further training has been completed throughout the Local Authority on habitual and ordinary residence and delivered by our Legal Department

A Tracker for Adults with Incapacity and who are delayed in discharge has been developed to ensure an up to date overview, support progression and decrease delays for those in hospital and to maximise our community hospital flow. This has provided more oversight to ensure timeous progress. Information from mental health is reported into the weekly delayed discharge overview meetings in collaboration with home care/care at home.

We are continuing to progress Access to funds/DWP Corporate appointeeship processes. This is a significant piece of work to ensure that there is an appropriate legal framework to manage clients' money when they lack capacity and no other person is available to assist. All standard operating procedures have been developed, ratified and added to SharePoint, two finance colleagues have been recruited and five training sessions were delivered to HSCP colleagues, one of which was recorded to ensure further access if needed. Following DWP roll out, access to funds and financial intervention orders will require to be developed with the HSCP applying to the Office of the Public Guardian to access a client's funds.

A new Care Programme Approach (CPA) coordinator has also now been recruited. CPA guidance has been developed and training available to be rolled out to teams

Within health, staff recruitment continues to challenge service delivery, particularly around our sole Inpatient ward and crisis team. Focussed work continues to attract suitable candidates to ensure robust services for future delivery of services and this is starting to positively impact on the number of applicants. Initiatives developed include a recruitment and retention premium for band 5 nurses in Succoth Ward, earn to learn / grow our own pilots and promoting Argyll and Bute HSCP widely across career fayres and media platforms

We continue to work with our Scottish Government colleagues to develop and roll out Medication Assisted Treatment Standards to those at high risk of drug-related harm to ensure they are proactively identified and offered support to commence, re-commence or continue MAT and to make an informed choice on what medication to use for MAT, and the appropriate dose. This is piloting in Cowal and Bute, however are working collaboratively to ascertain how to ensure this is rolled out across Argyll and Bute

There is also a significant focus on Alcohol Brain Injury with the recommendations from "Ending the Exclusion". This report will also have implications for our mental health officer colleagues in relation to AWI and Mental Health Act legislation and will also challenge our pathways across our alcohol and mental health services in how we support and engage those affected

Adults with Incapacity (Scotland) Act 2000

There is no waiting list for the completion of MHO reports requested for private or local authority guardianship orders.

Due to the pandemic, "Stop the clock" legislation was introduced as the courts were only hearing urgent interim guardianship cases due to staffing challenges with doctors, MHO's, court staff among others. Therefore, to avoid guardianships that would have been renewed during that period expiring, 176 days were added to the expiry of guardianship orders, and this was subsequently passed as law and continues.

Argyll and Bute presently have 174 private welfare guardianship orders and 41 Public welfare guardianship orders. This equates to almost no change from the previous year.

Under section 10 (1) (a) of the AWI act, the local authority has a duty to supervise welfare guardians. Assurance meetings with CSWO oversight have been established with the priority being to improve and monitor the supervision of guardians and ensure time renewals.

Learning Disability, Autism and Transitions, Sensory Impairment Services.

Long term work continues on the repatriation of individuals who are currently placed out with the Argyll and Bute area. As has been reported over the last few years this is challenging as it brings with it the requirement for additional local specialist resources and provision which can take some years to develop. Key partners from the housing and third sectors include Affinity, Enable, Key Housing, Scottish Autism Cornerstone, The Priory Group, Hub North and NHS Greater Glasgow & Clyde.

Staffing pressures across the care sector have been undoubtedly the greatest barrier to full implementation of our Accommodation with Support proposals. Recently there has been some improvement and we will move to full occupancy at the 6 person Dunbeg service and 5 person Sawmill site in Helensburgh by the end of September 2023.

It had also been hoped to advance a new specialist 6 person service in Rothesay, Bute with commitments given for completion by May/June 2024 but sadly the preferred developer has now withdrawn from this and no alternative is currently available for that locality. We continue to work with the Argyll and Bute Council Housing Options Group and are planning to develop a new-build service in Helensburgh. All our efforts and considerations for service developments take full account of our ambitions with regards to the Coming Home report recommendations and we remain committed to endeavouring to support individual's safe and appropriate return from out of area placements as our new options become available. Skilled staff recruitment and retention will remain a major challenge.

Between October 2021 and June 2022 we undertook a root and branch review and redesign of our 5 in-house Learning Disability day services and 1 internal Supported Living unit. This has been fully embraced by our staff, the people we support, carers and families. It is hoped in the course of the year to July 2023 we will have consolidated the service redesigns, successfully recruited to almost all our posts, and begun to extend the service to increasing numbers. It is still early days but it is already clear that we have a new dynamic and ambitions within the services and great foundations for meeting new and additional challenges.

Throughout 2022 and 2023 to date we have experienced significant staffing issues within our Sensory Impairment Team however we have recently appointed to the 2 Rehabilitation Officer for the Visually Impaired posts and are currently seeking to appoint to the Hearing Impaired post and would anticipate moving to full staffing by Oct 2023.

In the last CSWOs report it was noted that there was local debate about having an Autism Strategy for Argyll & Bute. After much debate it was settled that there should be a much wider perspective taken both in terms of looking at a wider neurodevelopment approach and also about looking at solutions for people across the lifespan, as opposed to having different approaches to children and adults. At the end of the period covered by this report it was decided to recruit someone with a deep understanding of the subject area to develop this work for us.

Children & Families and Justice Social Work

The Children & Families Service includes Social Work, Youth Justice, Children's Resources, Child Poverty, Child Health, Paediatric Allied Health Professionals, Child and Adolescent Mental Health (CAMHS) and Maternity Services. Within the organisational structures of the Argyll and Bute's HSCP, Justice Services, Community Justice and Violence Women and Girls also sit within this same department.

Justice Services

Justice Social Work continues to provide statutory supervision to offenders via Community Payback Orders (CPO) and assists community reintegration and rehabilitation from prison via post release supervision. The service also provides assessment reports to the Courts and Parole Board and participates in the Multi Agency Public Protection Arrangements (MAPPA) which aim to manage the risk posed by violent and sexual offenders. The service works with other agencies, both within the HSCP and beyond, including Police Scotland, the Scottish Prison Service, NHS Highland, NHS Greater Glasgow & Clyde and a range of third sector providers.

There has been an increase in workload in all areas of Justice Social Work over the past year. Whilst this was not unexpected due to the Covid backlog in the Justice System, the increase has placed increased pressure on the workforce. As well as an increase in the volume of work, there has also been a change in the nature of the work. As can be evidenced from the table below, the number of Community Payback Orders has increased overall, however there has also been a change in the types of orders received. The number of Community Payback Orders with a requirement of supervision is now on a par with unpaid work. This has placed an increased demand on the work of social workers within the team. It also reflects the increased focus that the team has had on improving assessment skills and the resultant identification of areas of risk and complexity within cases and subsequent increase in supervision and conduct requirements imposed by the courts. The rise in high risk complex cases would appear to be the result of the Courts prioritising serious cases for prosecution in dealing with the backlogs created by the pandemic. This is also evident in the increase in MAPPA cases managed in the community by Justice Social Work.

Diversion is another area where a change can be evidenced in both the volume and nature of the work. The complexity of the referrals received from the Procurator Fiscal are changing with an increase in those charged with sexual and domestic abuse offences. Historically Diversion from Prosecution was used for very low level offending and for those who had a high level of welfare needs who required a short intervention of 12 weeks. These cases were overseen by paraprofessional staff. The change in offence type and risk profile of cases being referred has necessitated an increase in resource allocation both from time taken to complete interventions, in some cases up to 9-12 months, and case allocation to a social worker rather than a paraprofessional. This trend has been highlighted nationally in the Joint Review of Diversion from Prosecution published by the Scottish Government on 21 February 2023. This report further highlights Argyll & Bute as having the highest percentage increase (+203%) in the number of Diversion cases commenced per 10,000 population.

Annual New:	2021/22	2022/23*
Criminal Justice Social Work Report submitted	208	246
Prison Reports submitted	36	44
Community Payback Orders court reviews	111	115
Community Payback Order	95	145
Statutory Throughcare	10	18
Voluntary Throughcare	3	4
Drug Treatment and Testing Order	0	3
Structured Deferred Sentence	6	20
Diversion from Prosecution	57	75
MAPPA (managed by JSW as at 31 st March	18	29
Total	544	699

*figures still to be ratified in Annual Aggregate Return

The national change of ViSOR use by Justice Social Work has presented a number of challenges over this reporting period with Police Scotland no longer able to input Justice Social Work information onto ViSOR. The level of vetting social work staff require in order to use the shared IT system remains unresolved nationally, however we now have a small number of staff vetted and procedures in place to input a revised data set for MAPPA managed offenders. Whilst the changes brought about by the Chief Constables instruction have impacted working practices, relationships between key personnel in Argyll & Bute Justice Services and L Division, Police Scotland have remained strong.

A key area of work over this reporting period has been embedding new national policy initiatives, i.e. supervised bail, electronic monitoring, structured deferred sentences and Throughcare, Aftercare and Release Licence (TARL) processes. The implementation of bail supervision including electronic monitoring bail within Argyll & Bute has not been without its challenges mainly due to the remote, rural and island communities that we serve. The majority of assessments to date have been for individual's appearing at Courts out with Argyll & Bute (Paisley, Greenock and Dumbarton) due to our Courts not being full time. Special arrangements have had to be put in place to allow Justice Social Work staff to interview individuals by telephone in order for us to be able to provide the service. As with other local authority areas, Argyll & Bute has experienced a low conversion rate for bail supervision orders from assessments undertaken. The reasons for this are under constant review and scrutiny but the majority are from Courts having already dealt with cases prior to reports being submitted.

Argyll & Bute Justice Services continue to develop practice and improve assessment and interventions for perpetrators of domestic abuse. This links with the Equally Safe and Violence against Women and Girls strategies which outline the requirement to deliver robust, high quality and evidence based interventions for perpetrators of domestic abuse. It is hoped that this will act as preparatory work for the national rollout of Caledonian Programme by Scottish Government. Justice Social Work remains a key partner in Argyll & Bute's Violence against Women and Girls Partnership, with the responsibility for this area of work being in the portfolio of the Senior Manager, Justice. MARAC continues to be embedded as a practice model within Argyll & Bute and the Senior Manager, Justice attends Police Scotland L Division MATAAC meetings. The service is also involved in local Decision Making Forums around DSDAS referrals. The work undertaken in Justice Social Work around gender based violence is a key element of Argyll and Bute's Transforming Responses to Violence Against Women and Girls Project which aims to implement the Safe and Together Model across the local authority.

Capacity within the Justice Social Work Team is challenging with vacancies hard to fill, particularly in West Argyll. The increase in overall workload, combined with the changing nature of the work, including an increase in complex cases which require additional contact levels alongside the ever increasing impact on service users facing poverty is placing increased demands on the small workforce.

Community Justice

In Argyll and Bute Community Justice works very closely and harmoniously with Justice Social Work services. For the period 2022 to 2023 we recruited a full-time coordinator, previously a shared post with a neighbouring local authority.

During 2022 to 2023, community justice activity focussed on six main areas: Development of the refreshed local Community Justice Outcome Improvement Plan; finalising Justice Social Work (community justice) delivery plan; Aligning community justice and violence against women and girls planning and activity; Prison Custody to Community Pathway; Aligning Alcohol and Drugs planning and activity; and, Strengthening the Community Justice Partnership.

Key areas of progress include:

- Argyll & Bute Justice Social Work Service draft community justice delivery plan developed and is now aligned to the Scottish Government National Community Justice Strategy and Outcomes, Performance Framework, Community Justice Scotland Improvement Tool and the Care Inspectorate draft Self-Evaluation Framework
- Argyll & Bute Community Justice Partnership committed funding, with a small contribution from Delivering Equally Safe monies, to ensure a 2 year research project, associated with the roll out of Safe and Together, could be commissioned and delivered. The research project is managed and coordinated through our Violence Against Women and Girls Partnership. The Equally Safe Standards Priority 4 focus on perpetrator interventions and staff development will be included in Community Justice Partnership strategic planning and delivery considerations. The final draft of Phase 1 of the research focussing on victims, survivors and various staff groups is now complete, findings and recommendations will be considered. Phase 2 will begin during 2023 to 2024 with the research focus on the individuals who have been convicted of domestic abuse crimes.
- Argyll & Bute pathway for citizens returning to communities from prisons located across Scotland has undergone a review. During 2022 to 2023, combining funding from the Corra Foundation and Justice Social Work has facilitated discussions to commission a third sector partner, for a 1 year pilot, to provide human-rights based advocacy to those leaving prison and some people on Community Payback Orders. The service is expected to be operational in the second half of 2023 -2024.
- Argyll & Bute Alcohol and Drugs Partnership response to the refreshed approach to the Rights, Respect and Recovery and to the work of the Drugs Death Taskforce continues to examine and develop the relationship with justice settings. Cross cutting themes including access to services and rehabilitation, reducing drug deaths and services to young people and the links to the justice system are key areas of focus in the development of our new local Community Justice Outcome Improvement Plan. This will include collaboration to deliver on MAT Standards 3 and 8 specifically. During 2022 to 2023, improved collaboration has resulted in community justice representation on both the drug death review and residential rehabilitation groups.
- Argyll and Bute Community Justice Partnership representatives changed significantly and as a result have been revisiting the key statutory duties, considering focus and priorities, and, governance arrangements in preparation for the revised National Community Justice Strategy (published June 2022), National Outcomes and Performance Improvement

Framework and Community Justice Scotland Improvement Tool (published March 2023). The development of our new local Community Justice Outcome Improvement Plan is now underway, expected publication October/November 2023.

Challenges:

- The current national Community Justice Strategy takes a general approach to populations however does not reflect the needs of delivering to remote, rural and island communities. Cognisance should be given to the Islands Act and the requirement for an Island Community Impact Assessment to ensure national policy and initiatives do not inadvertently adversely affect those communities.
- The delivery of the significant community justice improvements expected, alongside core funding and workforce challenges, is an area of concern that will be closely monitored by the Community Justice Partnership. Whilst there is undoubtedly a strong commitment to continuous improvement, how many we can deliver within the current landscape challenges remains uncertain.

Children & Families

The Children and Families Management Team model aligns management, professional and clinical leadership and strengthens oversight of the services and the accountability of managers and staff. The service is underpinned and delivered in line with the Getting it Right for Every Child (GIRFEC) Framework and The Promise. There has been considerable investment in promoting a trauma informed approach.

As in 2021 – 2022 this year has seen a great deal of consolidation and development work. A focus this year has been on reviewing the Children & Young People’s Service Plan and publish a new plan for 2023 – 2026. This has been achieved with the new plan very much building on the success of the previous one. Meeting the challenge of ‘The Promise’ remains central to this and to other efforts such as the Corporate Parenting Plan.

Linked to the Promise the past year has seen us continue to move away from institutional and stigmatising language in how we write and talk about care experienced children and young people and we continue our commitment to ending the using words or phrases our care experienced children and young people dislike.

Over the course of the year we have been piloting a revised model for children s reviews, which responds to feedback from families and children and is based on trauma informed principles. Initial feedback indicates that families find the approach more inclusive and less threatening, the model will be rolled our more widely over the next year.

Strong progress continues to be made in developing a trauma informed workforce. Building on work as part of the national trauma training pilot we have continued to embed Trauma Awareness Training across the workforce, have delivered Dyadic Developmental Psychotherapy training to over 60 practitioners across integrated children’s services, and PACE training to foster and kinship Carers and to residential staff.

Staff from Argyll and Bute have been heavily involved in national and local debate on the efficacy of the Scottish Child Interview Model (SCIM) within remote and island communities. During the period of this report one Social Worker began the training for SCIM along with Police Scotland colleagues from L Division. It has been a challenge to get Social Work staff to volunteer for this training. Feedback

would suggest a significant factor in this reluctance is the length of time the training requires people to be away from home.

Recruitment to Children & Families Social Work posts has been somewhat more successful than other specialisms in Argyll & Bute. There have been international recruits and a number of Newly Qualified Social Workers have joined us. Developing the programme of support for NQSWs has been a key focus through the year. There has been a flexibility in recruitment with, for example, final year students being appointed into Social Work Assistant roles until such time as they pass their qualification.

There has been a review of the Social Work Assistant job description which resulted in a final document which is common to all Social Work Assistants employed by the Council and also an upgrading. There is a similar exercise on going for Social Work Team Leaders / Practice Leads.

Feedback from Social Workers has suggested that attendance at Children's Hearings is being perceived as increasingly stressful and in some cases traumatic for them. This has particularly been the case for less experienced workers. There has been a sense of the Social Worker being on trial especially when lawyers have dominated proceedings. Work has begun with SCRA and Children's Hearing Scotland to ensure the professionalism of Social Workers is respected and our staff feel safe in the tribunal setting.

Within our Children's Houses and in line with the Promise commitment to strive to not use restraint with children in care and ensure the workforce is supported to provide a caring, relational and trauma-informed response to challenging behaviour. We have reviewed our approach to managing behaviours within our children's houses and trained staff in the "Safety Intervention" model in partnership with the Crisis Prevention Institute. There were again no recorded incidents of the use of restraint with children in our residential care services this year

Our Care Experienced Champions Groups continue to grow from strength to strength, groups are meeting across localities and starting to shape and inform the work of the Corporate Parenting Board. We are pleased to welcome our two Care Experienced co-chairs to the Corporate Parenting Board alongside regular representation from the Champs groups. The Champs groups have also co-produced a new online tool to collect their views for meetings and have had a key role in shaping information about the new Care Experienced CAMHS service and a redesign of our approach to children's Reviews.

Within this reporting period there was a very challenging Inspection of one of the Children's Houses. This has usefully allowed us to reshape many of the practices with for example a leap forward in care planning for the young people. Equally the impact of the inspection was significantly negative on staff morale with many expressing their disquiet that the Care Inspectorate did not recognise the context in which they were practicing. A context which included chronic numbers of staffing vacancies and the number of young people placed through the National Transfer Scheme for Unaccompanied Asylum Seeking Children. Recruitment and retention is a challenge throughout the residential estate.

We continue our work to changing the balance of care in Argyll and Bute. We have successfully reduced the number of children, admitted to care from within Argyll and Bute, who are growing up in residential care and continue to increase the numbers of children in family care arrangements and reducing those living in residential care.

When we started work on shifting the balance of care from external and internal residential care to family based care we did not envisage the significant impact of the National Transfer Scheme (NTS) for Unaccompanied Asylum Seeking Children. (UASC) The implementation of the mandated National Transfer Scheme has created a challenge for our services as we have had to adapt to a 3 fold increase in the number of transfers, from that anticipated last year. While we were able to welcome

and accommodate 6 asylum seeking children this now represents one third of all our children living in our children's houses. The Home Office do not consider that we will have taken our share of asylum seeking children until we have taken 14 under the age of 18 years old. The successes in changing the balance of care and the intention to invest in prevention in the community have been largely negated by the National Transfer Scheme. This has been a steep learning curve for our staff in understanding and meeting these children and young people's needs.

With the shifting balance of care, anticipated ongoing pressures on placement sufficiency from the National Transfer Scheme, ongoing difficulties in foster care recruitment and wider staff recruitment across residential care we will shortly be commencing a review of our models of care to help embed of trauma responsive practices and meet anticipated need. It is without doubt we will have to meet some needs differently.

We have increased our support for Kinship Carer with an expansion in our Family Placement Team, who now undertake all kinship assessment, provide a named worker for each carer and have established kinship support groups. The family placement team have continued to support the work of the Fostering & Adoption panel, however we are finding fostering placements at a premium. A number of carers have given up fostering. Each having their own reasons for doing so, however it would appear many have re-evaluated their priorities during and following the pandemic and the cost of living crisis has added to the cost of caring. We have increased the financial support to foster carers and remain one of the higher paying areas of the country. We are intending recruitment campaigns however there is a sense that some who may have come forward have channelled their caring through one of the other schemes, such as 'Homes for Ukraine'. It is an exceptional complex system of caring in Scotland just now.

Aftercare services continue to support around 100 care experienced young people and adults living in or moving into independence. More young people are choosing continuing care and delaying plans to move towards more independent living, this has enabled many to consolidate their skills and have begun to feel ready to step into independence. Whilst this is good practice there has been no additional central funding to support this expansion. For example a youngster choosing to remain in continuing in an external residential school placement could cost upwards of £300k a year. We have increased capacity within the Through, After & Continuing Care team to enable us to engage earlier in transitions planning process with more young people and are completing an update to our joint housing protocols. We continue to see an increase in young people moving on from school to positive destinations and a growing number moving to and sustaining higher and further education.

Child Protection

The after effects of the pandemic continue to impact on service delivery and practice. During 2022 the multi-agency operational management groups met to ensure oversight of core child protection services as agencies reviewed the impact of the pandemic on service delivery. This group continues to meet and oversees practice developments across the authority area.

During 2022 and into early 2023 child protection meetings continued to be online and families have continued to indicate that online meetings can be less intimidating, however, the Child Protection Committee has recently agreed that child protection meetings should once again revert to in-person with the potential for hybrid meetings where absolutely necessary. The use of technology greatly assisted the continuation of core child protection work during the pandemic and during the early stages of recovery.

Child Protection data continues to be monitored on a regular basis. As with all data in relation to services covering a small population there requires to be caution in interpreting percentage rises and

falls as the number of young people actually involved can be small. While numbers dropped in all aspects of child protection activity during the pandemic period, it does appear there is a gradual return to pre-pandemic levels. As yet our relatively small numbers make it hard to state any definitive pattern.

Towards the second half of 2022 the Child Protection Committee moved to face-to-face meetings and a development session took place to allow CPC members to reflect on the work of the CPC and to agree priorities going forward.

Training continued to be delivered online with core training for managers and designated CP officers delivered in person. All training modules that could be converted to online training were adapted and delivered by the training officer with very positive feedback from staff and a marked increase in attendance for those practitioners living in remote and island communities. Going forward training will be delivered using different mediums and will include face-to-face training and online. Towards the end of 2022 training was suspended when the training officer left, but with the recent appointment of a new officer the CPC training calendar will commence shortly.

The CPC Inter-Agency Referral Discussion audit group continued to meet bi-monthly review the quality of IRD decision making and interim safety plans. The group have a robust cycle of learning attached to the process with feedback to practitioners and managers. Processes have evolved through practice experience and the group have undertaken local training for support practitioner learning. The majority of IRD's continue to score "good" or above and this is very encouraging and we roll out new local and national child protection guidance.

The CPC monthly "chat" sessions continued during 2022 and were well received by practitioners with attendance from all partner agencies and the third sector. The CPC chat has continued with the appointment of a new CPC lead officer. The sessions have identified potential thematic topics for further exploration such as child sexual abuse/exploitation.

Significant work has taken place to improve the quality of child protection data available to the CPC and agencies. With the introduction of the National Data Set work was undertaken to develop a local data set that supported national and local understanding. In addition, significant work was undertaken by Education, Health and Police Scotland to create systems to provide agency specific data which is incorporated into the CPC management information report. This enhanced information has given a greater understanding of local child protection activity.

Within Argyll and Bute staff are afforded the opportunity to reflect on a particular piece of practice which is presenting a challenge to the multi-agency Team Around the Child. Guidance has been developed and agreed by the Child Protection Committee and sits within Argyll & Bute's Learning Review framework and has been positively used by practitioners to support learning.

During 2022 one learning review was completed and learning disseminated across partner agencies. Work has been ongoing to develop local learning review guidance which incorporates child and adult protection. National guidance has informed recent learning review processes.

With the launch of the National Child Protection Guidance (2021) a multi-agency implementation group was established to develop local multi agency child protection procedures. The work has progressed well and Argyll & Bute have developed online procedures that are accessible for all partner agencies and third sector partners. Locality training is underway and the procedures are due to go live in mid-September 2023. This work has supported the review of existing policies and guidance ensuring they are compliant with local and national guidance.

Argyll & Bute live has gone live with the Scottish Child Interview Model (SCIM). Discussions continue with the SCIM national team as to how the model can be applied to remote and island communities and how the competency of workers can be demonstrated due to the relatively small number of joint interviews undertaken. A local SCIM implementation team will continue to monitor the process and a dual operation model of the current Joint Interview Model and the SCIM model will be required.

Parallel discussions continue around the development of the national Bairns Hoose initiative and how the model can be delivered across a large geographical area and remote and island population. Children requiring specialist services in Argyll & Bute may have to travel significant distances for services such as attendance at the Children's Hospital in Glasgow. In developing a local Bairns Hoose model consideration needs to be given to geography and how ethos of the Bairns Hoose standards can be delivered within local communities to prevent children having to travel long distances for interview. Discussions are ongoing to identify potential locations across the locality that could be adapted to provide child centred accommodation with a view to developing a hub and spoke model of practice.

The Age of Criminal Responsibility (ACRi) processes are now embedded in local procedures and ACRi investigations will be undertaken by the SCIM team.

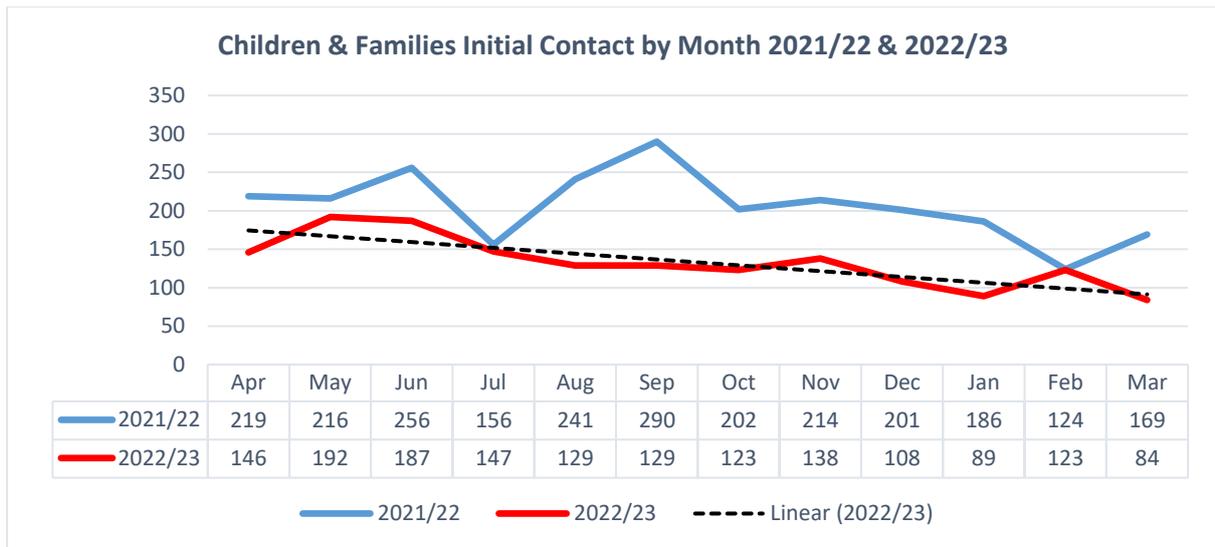
Service Quality and Performance Statistical Data 2022/23 Update– including delivery of statutory services

I offer a sample of the available data to give a sense of the social work and social care activity over the reporting period of 2022/2023, this is compared with the previous year to give context for performance and activity trends. As mentioned elsewhere caution is required when interpreting trends within the context of a geographic area with a small population. Other data is offered at other points in the report.

Children & Families Services

Social Work Contacts

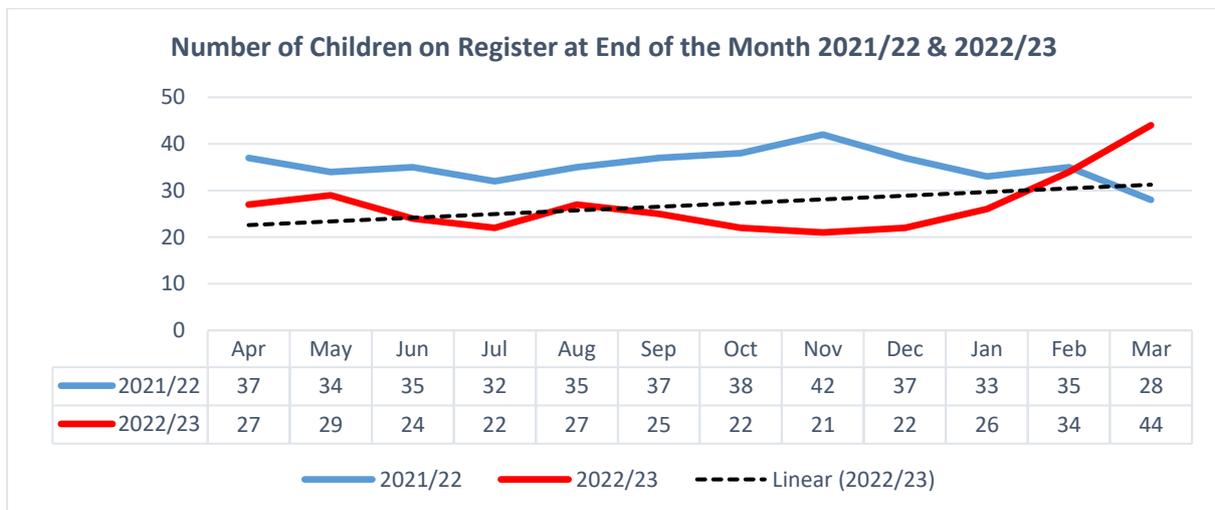
Average initial contacts for 2022/23 (132) notes a 36% average reduction against the previous year, (206) for 2021/22. The data for 2022/23 notes a flatter trend across the year with less volatility across July to October against performance noted in 2021/22. There is a shift in performance across January to March 2022/23 with a slight upward trend in February returning to baseline in March. Peak number of initial referrals are identified for May (192), this is a 34% reduction against the previous year peak of (290) in September.



(Data Dashboards 2021/22 & 2022/23)

Child Protection

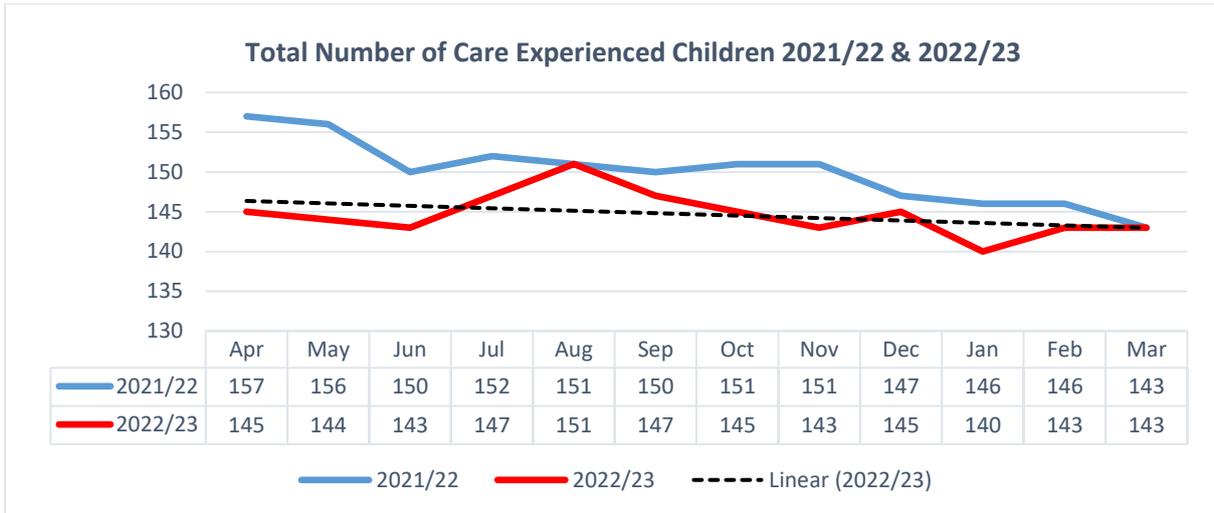
Monthly numbers of children on the Child Protection Register for 2022/23 notes an increasing trend against the previous year 2021/22. This increasing monthly trend is offset with a reduction of 23% for 2022/23 (27) against (35) for 2021/22 with regards to average monthly numbers of children on the register. A data shift for 2022/23 is noted from December to March, with (44) children on the register, this is against the highest number reported for the previous year (42) in November 2021/22.



(Data Dashboards 2021/22 & 2022/23)

Care Experienced Children

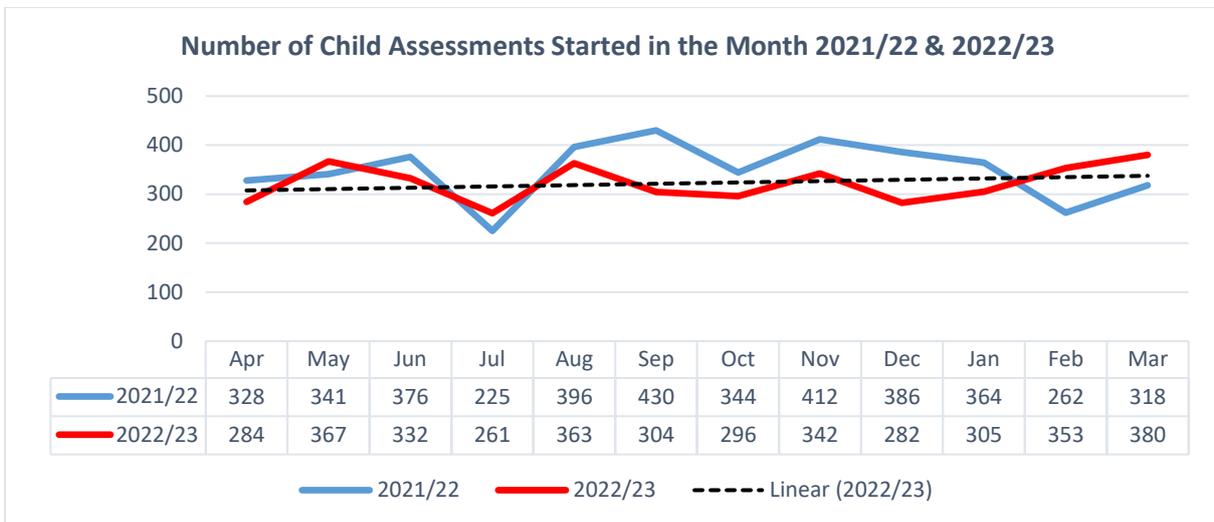
Wider trend analysis across the year identifies a continued reducing trend for 2022/23. Overall average monthly numbers of care experienced children notes a 3% reduction for 2022/23 (148) against (153) for 2021/22. It is to be noted that the increasing numbers of children who come through the National Transfer Scheme for UASC are incorporated in these figures and could skew underlying trends.



(Data Dashboards 2021/22 & 2022/23)

Child Assessments

The number of child assessments started in the month for 2022/23 notes a slight reduction in monthly numbers against the previous year. Against the overall average for both years 2021/22 (349) and (322) for 2022/23, this equates to an 8% reduction. Overall trend across 2022/23 notes a slight increasing trend, with data peaks following closely the trend of the previous years. Peak activity for 2022/23 (380) in March is noted against (430) in September 2021/22, this equates to a 12% reduction.



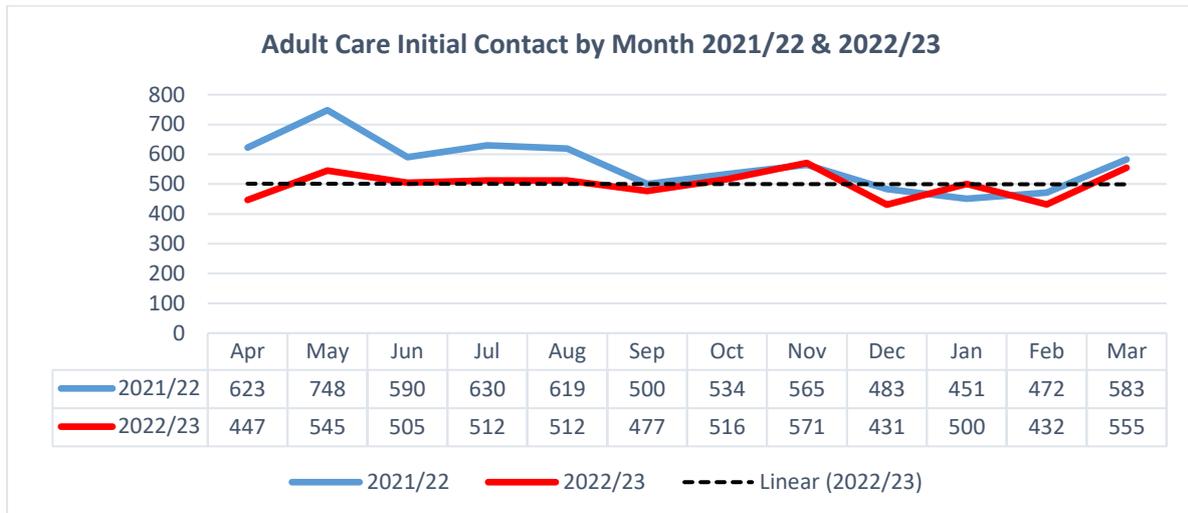
(Data Dashboards 2021/22 & 2022/23)

Adult Services

Social Work Contacts

Trends across both years note a 12% reduction in overall yearly average number of monthly initial contacts with (500) in 2022/23 against (567) for 2021/22. The overall linear trend for 2022/23 notes a reducing trajectory, for April to September with similar initial contact trend activity noted for both

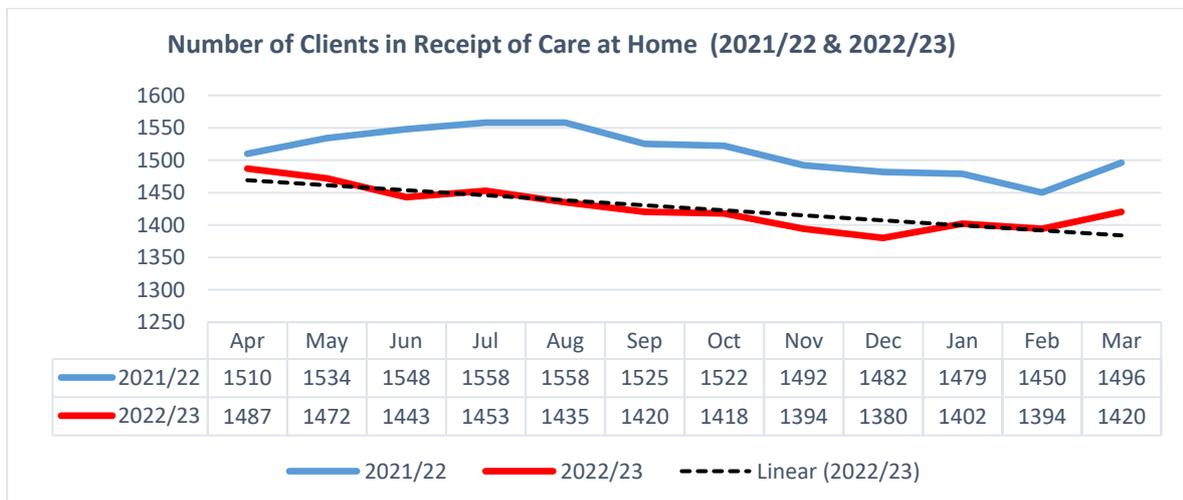
years from September to March. The highest contact activity for 2022/23 was in November (571), this is a 24% reduction against (748) in May the previous year.



(Data Dashboards 2021/22 & 2022/23)

Care at Home

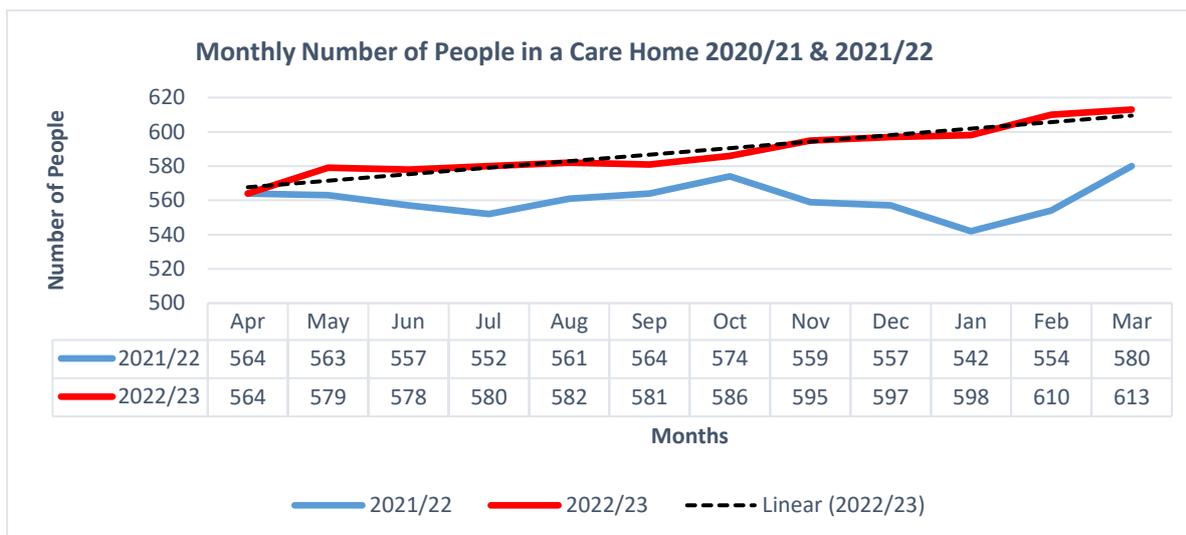
Average monthly number of clients in receipt of care at home notes a 6% reduction for 2022/23 (1427) against the previous year 2021/22 (1513). The trend across both year data notes similar monthly activity, with only a slight variation noted with regards to activity across June to August. For both years there is an identifiable trend in increased activity from December to March this could be attributable to winter pressures and local service response.



(Data Dashboards 2020/21 & 2021/22)

Residential Care

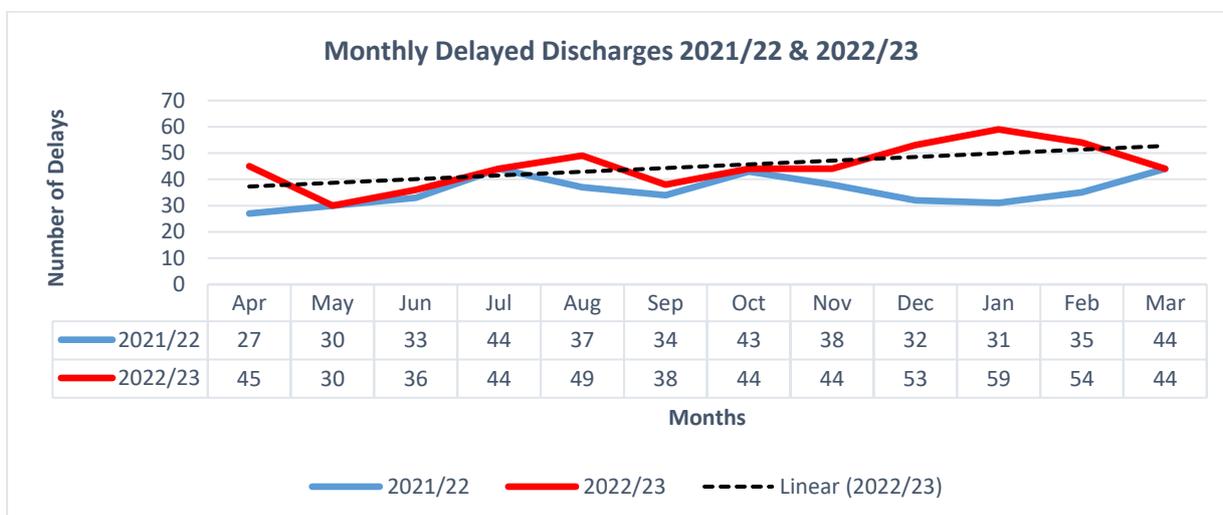
With regards to the average number of people in residential care for 2022/23 (589), against the previous year 2021/22 (561), there has been a 5% increase. Trend analysis for 2022/23 notes consistently increasing monthly data apart from a slight reduction in June (578). The utilisation of interim care home placements across October to March as part of the management of winter pressures may have contributed in part to the sustained monthly increases.



(Data Dashboards 2020/21 & 2021/22)

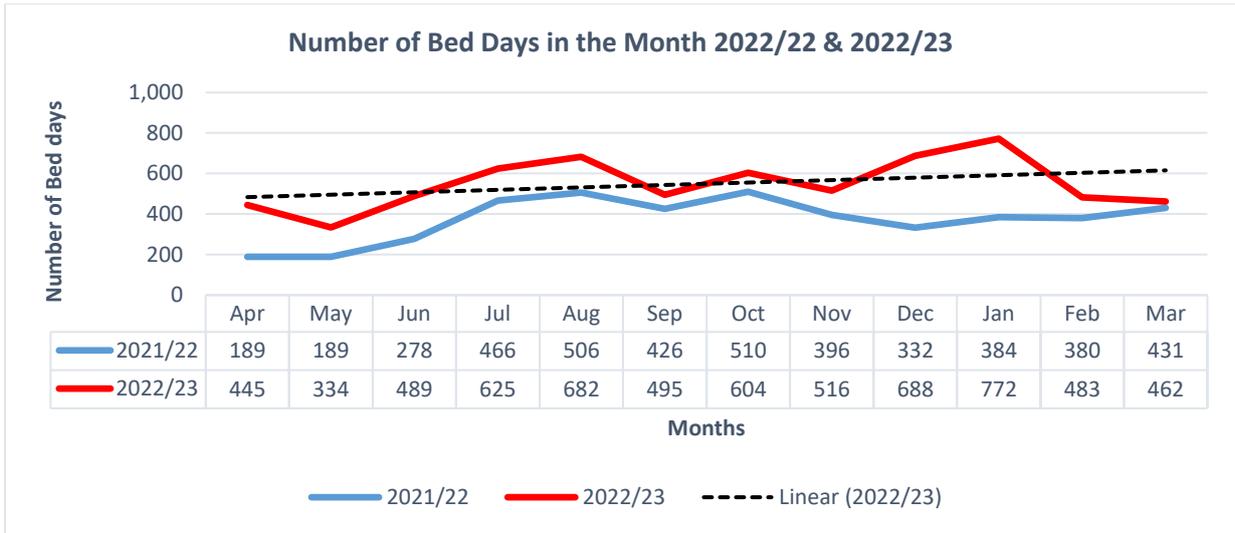
Delayed Discharge

Delayed discharge data for April to March 2022/23 notes a 25% monthly average increase against data for the previous year 2021/22. The yearly average for 2021/22 notes (36) delays this is against (45) for 2022/23. The highest number of delays is noted in 2022/23 in January (59), this is against (44) delays for both July and March 2021/22. An overall increase of 20% and increased activity for 2022/23 from October onwards is suggestive of increasing winter pressures.



(Data Dashboards 2021/22 & 2022/23)

Bed day data across both years notes an overall year average increase of 47% with (550) in 2022/23 against previous year (374). For the most part the increase bed day trends for 2022/23 is associated with an increase in the numbers of delays in the month. January 2022/23 notes the highest number of bed days (772), this is a 51% increase against (510) noted for October 2021/22.



(Data Dashboards 2021/22 & 2022/23)

4. Resources

The financial resources for Social Work and Social Care are intrinsically intertwined with the overall HSCP position. The financial year 2022/2023 saw a balanced budget for the HSCP as a whole and indeed we reported a significant underspend of just over £9M.

Service	Actual £000	Budget £000	Variance £000	%Variance
Council total	89,184	92,740	3,556	3.8%
Health Services Total	242,496	248,038	5,542	2.2%
Grand Total	331,680	340,778	9,098	2.7%

A number of factors led to this position, however it is significant 'non-recurring savings' were the major contributor. Unfilled vacancies accounting for the bulk of the eventual underspend. In reality only 68% of planned savings were achieved across Health, Social Work and Social Care - £4.1M out of a plan for £6M.

In Social Work Learning Disability, Mental Health and Physical Disability budgets finished the year with a £1.2M overspend. However this was actually £0.3M better than originally forecast.

There have been a number of better than anticipated financial outcomes across many service areas. For example, the older adults budget ended the year £0.9m better than forecast (total budget £43.9m). This was due to costs associated with the smarter commissioning model, implemented towards the end of the year, being less than expected and income in council owned care homes increasing towards the end of the year.

The Provisional Year End report to the IJB noted:

"Overall the favourable outturn does mask underlying cost pressures and overspending on some services. Financial year 2022/23 was unusual due to higher than expected pay increases and inflation. The delays in securing pay settlements and the unexpected strain this placed on government finances throughout the year meant that many of the NHS funding streams in particular were confirmed very late. The outcome is extremely positive and provides the HSCP with the ability to manage its financial position in 2023/24 in a better way than had been expected. It is acknowledged that forecasting processes require to be reviewed to ensure that they are not unduly prudent or risk averse throughout the year. Developmental work will need to consider how service management engage with the finance teams as well as technical financial reporting and contract management processes."

The over-all underspend is retained by the HSCP within reserves and will allow for a closing of the budget gap in the next financial year. Any funds not swallowed by the budget gap will be available for targeted investment and transformation.

In the last financial year reserves were deployed to, among other things:

- Purchase the Kintyre Care Centre including fees £330k
- The Learning Disabilities service restructure £220k

Scottish Government 'clawed back' £6M relating to the Covid 19 reserve.

As will be expanded on in the next section of the report the main restriction in service delivery and development is not money, but people. In almost all specialisms and geographic areas there are vacancies.

In Children's Services sourcing residential placements has been a significant resource pressure. External placements remain hugely expensive with some placements costing the equivalent of a third of a million pounds per child per year. Internal residential resources have been severely stretched due to the mandated Home Office National Transfer Scheme for Unaccompanied Asylum Seeking Children. One third of the children and young adults cared for in our own residential units have come through that scheme. The scheme funding while adequate to cover costs for those young people under 18 years old is wholly inadequate for any young people still in our care over that age.

5. Workforce

The major pressure in preserving and evolving current service has without doubt been the available workforce. We know from research, such as Social Work Scotland's 'Setting the Bar' report, there are simply not enough suitably qualified and experienced Social Workers and Social Care workers at a national level. The problem is probably amplified for those authorities outside the central belt. At times the shortage has been acute in certain teams, in certain geographic areas. This year recruitment in the Oban area has been particularly challenging. We have had to respond by taking action such as centralising Adult Support and Protection activity into one team covering the whole of Argyll and Bute.

Successful recruitment in one part of the organisation can simply mean a new gap in another part. It will certainly mean a gap in another authority. Posts are often being filled by Newly Qualified Social Workers who have completed courses during the pandemic and many have not had statutory social work experience. Given the right context and nurturing support these people will develop into valued and competent staff. Nevertheless that still leaves an immediate issue. As vacancy levels rise the load increases on remaining staff and in particular experienced staff.

We are dealing with this pro-actively. Developing a 'grow your own' programme to allow non-social work qualified staff to have a supported route to progress their careers in the profession. We have recruited from abroad. We have examined how to enhance our support for Newly Qualified Social Workers. As was indicated in the introduction we are hopeful these efforts will offer solutions in the medium to longer run. It still leaves us with a significant staffing shortages in the short term. What do we keep doing? What do we do differently? What do we stop doing?

In the last year there has been a move to review the job descriptions for both Social Work Assistants and Social Work Team Managers. Ensuring a consistency of expectations across service areas both in terms of practice but also in terms of learning and development. Both reviews resulted in an upgrading of the roles.

Modest rises in the hourly rate of pay for social care staff have been quickly outstripped by rises in the hospitality and other industries. It pays more to clean the hotels and distilleries of Argyll and Bute than it does to care for people in the county.

There has been continued evolution of the Social Work Training Board. There is the development of a career 'golden thread' from unqualified to qualified to advanced qualifications to management & leadership and onto the CSWO training. Increasing the expectation of everyone being involved in professional development activity. Recent discussions with Children & Families Social Work Team Managers have revolved around a consistent curriculum of training and developing an Argyll & Bute theory base – attachment, resilience, solution focussed, trauma informed.

We have had one social worker begin the Scottish Child Interview Model training. This has proved challenging due to the demands of training away from home over a number of weeks. These challenges are mirrored by our Police colleagues. Once we are running with this one worker we will review our approach.

Concerns remain among Justice Social Workers about the demands for enhanced vetting for ViSOR and, in time, MAPPs. There is a sense the demands to vet the individual more deeply and to vet their wider family and loved ones is unacceptably intrusive on their right to privacy. The Home Office's view on the introduction of MAPPs has heightened these concerns rather than lessened them. This could affect recruitment and retention into Justice roles.

Elements of Scottish Government funding are exacerbating these problems. Short term ring fenced grants leave us attempting to recruit to fixed term contracts and in some case part time fixed term contracts. These remain problematic to fill. This, for example, continues to be the case with funding for The Promise where relatively small discrete grants are being made, yet the aim is for systemic change. Even the Whole Family Wellbeing Fund is not clearly long term / permanent funding. We have had discussions with Scottish Government about the basis of funding for Care Home Assurance – despite Argyll & Bute having more inhabited islands than Orkney, Shetland or the Western Isles we did not receive the island weighting the other organisations did. Systemic change is going to require long term investment in core services.

In Argyll and Bute there are the added complications of a lack of affordable housing and a relatively expensive cost of living particularly in our most remote and island areas. Fuel poverty is high in our area. For those living on islands the unreliability of ferry links are adding to the uncertainty of life in general and the inconsistency of services.

Argyll and Bute Social Work and Social Care staff have been involved in the work which stemmed from the Sturrock Report into bullying within NHS Highland. A decision was made that all staff involved in HSCP services should have the same mechanisms and supports whether their parent employer was NHS Highland or Argyll and Bute Council. While the Guardian's Service was available to all staff there was very little uptake by Social Work or Social Care staff. As such it is intended to withdraw this service in the coming year.

The NHS iMatters on line staffing survey has been rolled out to all staff in HSCP services no matter the employing organisation. The levels of returns have been improving over the last year and appear to demonstrate a reasonable level of satisfaction with the HSCP as an organisation. One piece of consistent feedback is a feeling that 'Board' members are distant from services. As this was a tool developed by the NHS questions on 'Board' are somewhat alien to Social Work and Social Care staff. Nevertheless, over the coming year, we will be considering the connection with the IJB members and our staff.

6. CONCLUSION

The year 2022 to 2023 has seen us emerge from the period where public health measures designed to stem the Covid virus had dominated our lives. This did not herald a more settled period for Social Work and Social Care services. Demands on services have felt relentless. Finances have remained extremely stretched. There have been increased demands from new policy initiatives. Recruitment and retention of staff has become more challenging.

Over the period covered by this report the 'cost of living crisis' was coming increasingly to the fore. The Child Poverty work within Argyll & Bute has been pivotal in warding off the excesses of this crisis. We cannot rest on our laurels satisfied that our poverty levels have not risen as fast as in other areas. It is heartening that we are looking to plan for the eradication of the need for food banks rather than plan for more or better food banks.

In the midst of this tumultuous period staff in Argyll & Bute have managed significant service developments. We have taken over the running of a care home for older people from the private sector. We are on the cusp of implementing the use of a new IT system Eclipse – having developed ground breaking modules for Justice Services and including for the first time Health colleagues in an integrated system. We have reviewed and published the Children & Young Peoples Services Plan. Managing developmental activity on top of consolidating and preserving services has been a near miraculous achievement within the current context.

As always I recognise that this narrative is written some 6 months beyond the point of the report. At the end of the last financial year I don't think we fully appreciated that 10% inflation and rocketing mortgage and rent costs would have been the reality it is.

Over the coming year we look forward to ensuring Argyll & Bute Social Work and Social Care staff continue to be supported to serve the communities of our area. To further developments already in motion and begin work on new initiatives. Searching for imaginative solution on how we offer our services differently to meet the challenges of the human and financial resource context. Ensuring Argyll & Bute's local needs are addressed in discussions about a National Care Service and National Social Work Agency.

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