

**Argyll and Bute
Health and Social Care Partnership
Chief Social Work Officer
Annual Report 2021/22**



**David Gibson
Chief Social Work Officer
Argyll and Bute HSCP**

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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 year 2021/2022.

During the course of this reporting period, in September 2021, the CSWO changed from Julie Lusk to me, David Gibson. I want to thank Julie for the work she did in Argyll and Bute and particularly the huge efforts made through the first 18 months of the Covid 19 pandemic.

In last year's report Julie wrote, "Little did we expect that the impact of COVID -19 would remain with us and continue to have an impact across services in Argyll and Bute." This is equally true of the year 2021/2022 during which we have continued to experience various levels of restrictions on all our lives, both professionally and personally. There have been mass vaccination campaigns, new variants and the start of discussions on how we 'live with the virus'.

I must take this opportunity to thank all Social Work and Social Care staff, who along with many other key workers in the public sector, have worked steadfastly throughout these last extraordinary few years. The resilience shown by so many in the face of this adversity has been exceptional and without them many of the vulnerable people of Argyll and Bute would not have been able to access the level of service they did. As CSWO, indeed as a nation, we are indebted to our public sector staff.

As the pandemic begins to abate and we look to the future, it is perhaps becoming clearer that the pandemic and the associated responses masked significant chronic issues. While planning to spend the extra resources, freed by central government to deal with the pandemic, we were still having to plan financial savings in core services. 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. We are beginning to recognise that nationally there is a lack of qualified Social Workers and Care Staff. These core chronic problems will require to be addressed in the years to come during the upheaval of the National Care Service re-organisation.

Nonetheless the pandemic has also offered opportunities for development. 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. For those of us practicing on the geographic periphery of the nation it has also allowed more regular participation in national meetings and developments. We have been able to influence in a way, I doubt, we have ever enjoyed in the past. Those of us on the geographic periphery are now at the centre of professional development and debate. It is important we stay there.

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, however with our scheme of delegation also includes 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. The CSWO further reports to the IJB on key changes and developments regarding the social work profession.

During the period covered by this report one of the emerging key issues for the IJB, Council and NHS Highland was undoubtedly the consultation on the National Care Service and anticipation of legislation. It is recognised 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. 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. This is a level of complexity which requires careful consideration.

There is also 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 overlaid 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.

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 has continued to attend 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 has been stepped up and down a number of times over the course of the year as the pandemic has waxed and waned. Often this huddle focused on the interface between acute hospital care and care home / care at home. As mentioned in the introduction, as time has progressed it is clear that issues are increasingly surrounding chronic difficulties of resourcing services – most particularly the human resources – rather than the impact of the pandemic.

During the period covered by this report there have been discussions to consider how to dovetail the assurance mechanisms above with the Clinical and Care Governance processes of the HSCP. The hope is that a synergy can be achieved and dangers of duplication and over scrutiny can be avoided. These discussions will be concluded during the course of the next reporting period.

Performance monitoring has also been thorough during the pandemic 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. It is equally interesting to note factors which have not been affected to any great degree by the pandemic. For example, Child Protection numbers have remained relatively consistent with previous patterns.

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.

As we look forward we must move away from terminology such as ‘grip and control’ which has been imported from other organisations. Quality assurance requires the buy in of all our staff and service users and a move to self-evaluation and truly reflective practice. We must free our staff from the ‘fear’ of current audit and inspection models, releasing their innovative potential. Indeed as we try to develop co-production of services with our communities, self-evaluation would seem to be the only viable way forward. This is of course the anti-thesis of ‘grip and control’ from the centre. As such locality planning structures are going to be important as we progress these aims. I chair the Locality Planning Group for Mid Argyll, Kintyre and Islay.

Adult Services

Social Work

Adult Social Work supports people from the age of 16 + (if not care experienced). Some teams are specialist teams such as Mental Health, Substance Misuse, Sensory Impairment, Learning Disabilities and Dementia. Within the Operations teams, we support people with Physical Disabilities, Acquired Brain Injuries and mainly older people with frailty.

Referrals for social work intervention have reduced year on year since 2019. This date correlates with the implementation of the integrated community referral discussions which identify the most appropriate professional to carry out the initial assessment based on the individual's presentation. This approach ensures that duplication is reduced and the person only has to tell their story once.

	2019/20	2020/21	2021/22
Apr	988	507	623
May	1,083	672	748
Jun	833	781	590
Jul	808	893	630
Aug	878	800	619
Sep	829	916	500
Oct	900	863	534
Nov	864	845	565
Dec	741	731	483
Jan	935	819	451
Feb	870	804	472
Mar	715	834	583
Grand Total	10,444	9,465	6,798

Contrary to the reduction in referrals, the number of assessments completed by social work staff have increased. This increase demonstrates the ongoing intervention that is required from social work staff in relation to protection from harm and support to achieve agreed outcomes. These figures cover all social work assessments inclusive of Adult Support and Protection.

	2019/20	2020/21	2021/22
Apr	1,853	989	1,600
May	2,072	1,177	1,731
Jun	1,625	1,322	1,819
Jul	1,526	1,638	1,651
Aug	1,556	1,489	1,695
Sep	1,515	1,709	1,652
Oct	1,602	1,540	1,574
Nov	1,574	1,555	1,743
Dec	1,308	1,377	1,461
Jan	1,693	1,579	1,422
Feb	1,596	1,576	1,429
Mar	1,325	1,670	1,826
Grand Total	19,245	17,621	19,603

The current electronic recording system is being replaced by a new one, Eclipse. This development is still in transition and will enable a single recording system for community health and social work practitioners. (This system will cover all social work specialisms and many health staff too.)

Work has also been ongoing with the Scottish Social Service Council and a small group of Adult Social Work staff in the Oban locality. This work was to look at the quality of supervision for staff and develop a new supervision contract and agenda. Work is underway to roll this approach to supervision out across all of Social Work in Argyll and Bute and consequently amend the current supervision policy to reflect the changes.

Within Adult Social Work, there are 2 Newly Qualified Social Workers registered with the Supported Year Pilot through Scottish Social Service Council – this aspect of the pilot specifically focuses on newly qualified staff working in island and rural communities.

Work is also underway to increase the capacity of the workforce by reviewing the current learning and development strategy of “Grow our own”. Consideration is being given to studentship and traineeship models in addition to reviewing current models of providing practice educators and assessors.

An Adult Social Work action plan identifying key priorities for the service has been established. This plan includes the need to reduce bureaucracy that has crept into the service over the years and therefore increase social work capacity. Additional priorities within the plan will look to prioritise where the additional funds from the Scottish government to increase social work capacity can be utilised.

Day Services

Day services for older adults were closed from March 2020 until September 2021 due to the pandemic restrictions. The services reopened with a move towards initially providing ‘critical’ respite. The reason for the change in focus was due partly to ensuring operating standards complied with pandemic requirements and partly to fill a gap in service where unpaid carers had limited

support for a period of time. Care is tailored to meet the individual needs of the cared for person and to provide a break for the carer.

Care Homes

Every older adult who is resident within a care home following an assessment of need, had their care needs reviewed in line with national requirements. This included people within care homes situated in Argyll and Bute as well as people from Argyll and Bute who were placed out with the area. A total of 312 reviews were completed.

The number of people placed in care homes rose from 509 in April 2021 to 523 in April 2022. Of those placed, there were 156 people placed out of area in April 2021 and 172 in April 2022.

Of the above figures, 97 people were placed in nursing care at April 2021 and 104 in April 2022. This follows a trend of increasing dependency of people being admitted to care homes, and links to the increased number of people being placed out of area.

These rising figures could of course have been influenced by the pandemic, however it is more likely to be a function of an ageing population.

In January 2022 a new build care home opened in the Helensburgh area. In April 2022 another care home in Helensburgh gave notice of closure. Re-assessments of care requirements for all current residents were completed and alternative accommodation identified. The Care Home Task Force remains the co-ordinating focus for communication with all care home providers within Argyll and Bute.

Care at Home

Throughout the pandemic period, partnership working across the internal and external care at home services has increased considerably.

All organisations are finding it increasingly challenging to attract and retain staff.

Home care can enable older people to remain safely at home when they may otherwise be unable to cope. Local Authorities have a duty to provide or arrange 'Home Care' support to people who need this under the Social Work (Scotland) Act 1968.

The necessary targeting of statutory support towards those with critical levels of need has resulted in a gradual reduction in the numbers of older people receiving local authority funded home care, with the use of eligibility criteria to assist in equitably managing demand. Internally during 2022 the service engaged additional management capacity to manage and improve care at home standards. Given the context of there being more people needing services than people able to meet that need, it is hard to envisage that national aspirations to remove the use of eligibility criteria will be achieved. There will be a continued need to prioritise.

In April 2021, 1123 people aged over 65 years were in receipt of care at home support. This figure has reduced to 1043 in 2022 however the level of unmet need has increased from 82 hours 'unmet need' in April 2021 to 253.5 hours of unmet need and 114.8 hours of partially met in April 2022.

There has been a slight increase in people choosing to have care provided through Self-Directed Support option 4 from 97 in 2021 to 104 in 2022.

Use of agency staff across the areas has enabled some additional capacity within the system however several recruitment drives have resulted in few, if any applications for care at home posts. Redesign and collaborative commissioning models are required for care at home.

Support for Carers

An increase in Carers Act funding allowed us to supplement our social work team budgets to support short breaks, and enable our 6 Carer centres to offer flexible support to reach Carers across Argyll and Bute.

During the last year we have consulted and held focus groups, gathering greater feedback on Adult Carer short break provision and how our young carers access and use the support services available to them.

We have increased our short break capacity and developed a mobile App to assist our young carers to engage more readily.

We have supported the growth of our Parent carer groups and started developing Carer support on our Islands along with tailored peers support groups.

We have noticed a significant increase in Adult Carer Support and Young Carer statements during the past year and expect this to continue rising.

As a partnership we have increased our Carer focus and promote the preventative support offered through our funded Carer Centres. We promoted and celebrated both Young Carers and Carers week through increased communications across our media sites.

Our Carers Act Implementation group continues to meet on a regular basis to monitor progress, share information, monitor trends, and identify any issues that arise.

We successfully recruited and now have two carer representatives sitting on the IJB.

Areas of Transformation and Challenge

- **Care Homes and Housing Programme Board**

This significant area of redesign has looked at need, demand and modelling. A structural review of internal care homes has been commissioned following increased repair and maintenance requirements and the need to increase the number of nursing home places available across Argyll and Bute. The outcome of these surveys will be considered in 2022.

- **Dementia Redesign**

Work to redesign the enhanced dementia service, pathways and processes is fully underway and work continuing to benchmark ourselves against the key commitments of the national dementia strategy. A dementia strategy group will be established for Argyll and Bute in 2022 to encourage a wider ownership of dementia across a range of services and communities. As part of this redesign, an Older Adult and Dementia Reference Group was established of interested older people to link directly and comment on any service developments relating

to older people. This group is chaired independently by Alzheimer Scotland on behalf of the HSCP.

- **Right Care, Right Time**

The national programme and expectations of unscheduled care are embedded within this work which is inclusive of social work and social care services. This wide programme of work involves many of our community services with areas of redesign linking to national key performance indicators.

- **Falls prevention**

Funding has been secured to allow for the permanent operation of our pilot Responder Service. Increased capacity within the community responder services has been developed to begin to deliver a service over a 24 hour period to support uninjured fallers and ensure they are not inappropriately admitted to hospital, but supported to remain safely at home.

- **Mobile teams**

Development of a mobile team of carers as a front end to care at home service has been developed, enabling a rapid response to both hospital discharges and community emergencies and staff sickness.

Adult Support and Protection

Last year the Partnership was subject to a joint inspection of adult support and protection (ASP), one of 26 adult support and protection inspections to be completed between 2020 and 2023.

Such inspections aim to provide national assurance about individual local partnership areas' effective operations of ASP key processes, and leadership for ASP.

The inspection addressed 2 key Questions

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

The findings from the Inspection focussed on a range of issues and now comprise an Improvement Plan. The areas examined included Chronologies, Risk Assessment and Protection Plans, Three Point Test and Capacity Assessment, Case Conferences and Reviews and timescales, Second Worker Guidance, Fire and Rescue inclusion and development, and further training and development.

The full report can be found at:

[Argyll-and-Bute-adult-support-protection-report.pdf](#)

The Inspection was predominantly positive and recognised interagency practice, a clear focus on protection issues, and good leadership from the Chief Officers Group.

Following the inspection there was a frank and robust exchange of feedback with the Care Inspectorate on the process of the inspection and in particular the issue of proportionality. For example the current process requires the same number of casefiles to be presented whether a big urban authority or an authority with a smaller population like Argyll and Bute. Resulting in cities providing a sample of files and Argyll and Bute effectively having to present all our files.

The inspection Improvement plan is supported by the Adult Protection Committee (APC) together with the wider adult support and protection development agenda. APC partners play a full and comprehensive role in the widening adult protection agenda and we continue to receive valuable

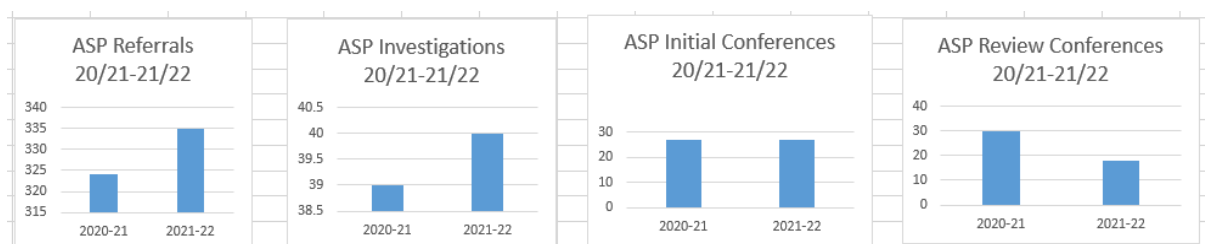
support from colleagues throughout the Health and Social Care Partnership, Police Scotland, the wider NHS Highland, the Scottish Fire and Rescue Service, the Care Inspectorate, the voluntary and independent sectors, and Advocacy services.

Financial harm continues to be a significant concern within the context of Adult Protection, nationally and locally, as scamming and other types of financial abuse become ever more sophisticated. In recognising this we have rolled out learning and development opportunities for the partnership workforce and our APC partners as a priority. General awareness training has also been resumed across the county to ensure that everyone involved in supporting vulnerable people understand their role.

Ensuring the population of Argyll and Bute is supported and protected under ASP legislation, and that policies and procedures for intervention remain robust and effective has continued to be challenging owing to the pandemic. Such challenges have included home working, office closures, access to home visits, safety and a changed environment. Restrictions on staff activity has been difficult and The Adult Protection Committee and the Partnership’s senior management have prioritised addressing this.

The ASP Committee has continued to meet regularly examining issues and current challenges, developing audit, and the Improvement Plan. Close working between the Independent Chairs and committees of the Child Protection, Adult Support and Protection committees and the Alcohol and Drug partnership continues. The overarching learning and development agenda has continued through the pandemic period.

Adult protection data demonstrates an increase in ASP referrals from last year to this, a slight increase in investigations, however the number of conferences has remained the same. As mentioned elsewhere within this report it is important to carefully consider data within the context of a geographical area with a small population as small changes in number can superficially appear as significant percentage changes.



(Data Source- Carefirst/ Business Objects Report)

Mental Health & Addictions

It is a reflection on the integrated nature of services in Argyll and Bute that it is difficult to comment on social work, or indeed social care, in isolation within this part of the report. Our services and those of health are deeply intertwined. A number of the developments noted are primarily staffed by health colleagues yet are inextricably providing a social service. It is of course recognised that there is also an imperative in such integrated arrangements to assert the expertise which social work brings to these services.

Argyll and Bute now has a well-established primary care mental health team who are well embedded in our localities to provide tier 1 and tier 2 interventions for those experiencing a mild to moderate mental health concern. The team are planning a pilot of self-referral. In addition, through the Scottish Government Recovery and Renewal Agenda, a Local Programme board will be developed to further expand the primary care model to encapsulate a wider remit of relevant services and practitioners to meet the needs of the local communities and in line with Scottish Government directive and funding.

Argyll and Bute HSCP were a national accelerator site with NHS Highland supporting the Early Interventions in Psychosis Work Stream in collaboration with Healthcare Improvement Scotland/SGHD. Following conclusion of stage one we were unable to commit to stage two due to a combination of pandemic pressures and staffing challenges. We remain an interested party and hope to become an early adopter site in the future

The Specialist nurse for homeless/mental health and addictions hosted in the substance misuse team and funded through by housing colleagues within the rapid rehousing strategy has been extended for a further year. The post is a valuable bridging post to support our most vulnerable clients by providing the best support to ensuring a successful tenancy.

We have recruited to the Perinatal Advanced Nurse Practitioner (ANP), and training is well under way within the ANP training framework. The post holder is able to offer assessment, support and guidance to practitioners, and in reach to the mother and baby unit if required. Key to this development in perinatal and infant mental health is increasing the knowledge, understanding and skills of practitioners who are present on our island and in our remote communities. Those practitioners could come from maternity, health visiting or social work. There is a specialism of being able to work generically in remote and island contexts.

The Urgent and Emergency Care Mental Health team are fully embedded across 3 of our localities. Helensburgh and Lomond remain under the Service Level Agreement with NHS Greater Glasgow & Clyde however as part of the Action 15 funding a worker has been appointed in Helensburgh and there is access to the Personality Disorder (MBT) service for local residents. This of course perhaps exemplifies the complexity of providing services from the doorstep of Glasgow through to the islands well out in the Atlantic. There are a diversity of solutions required to meet need within local contexts.

The Scottish Government quarterly reporting has now ceased and Argyll and Bute fully achieved the commitment of 14.8 wte practitioners by Spring 2022. The team works across A&B to ensure, where able, we can meet the 2 hours initial contact time and ensure a robust and supportive assessment to those presenting with mental health concerns in distress. The team will also coordinate on ward care, provide increased support to prevent admission ensuring person centred compassionate care or provide escort when required to those detained under the Mental Health (Scotland) Act to the inpatient facility.

The Argyll and Bute Addiction Team covers all 4 localities of Argyll and Bute. It is an integrated health and social care service consisting, when fully staffed, of one consultant psychiatrist 12 nurses, 2 social workers and 1 support worker with administrative support centrally within Lochgilphead.

A business case has been submitted to support the roll out of Medication Assisted Treatments to support same day prescribing and support to those in need. The pilot area is Cowal and Bute due to the increasing need evidenced in this area of Argyll and Bute.

A Substance Liaison post has also been extended for a further year. This has proven to provide a valuable support to our local Rural General Hospital and has collaborated well with our urgent and emergency Mental Health teams across Argyll and Bute to develop quick access and support to those people presenting with substance or alcohol concerns. It is of course noted that the short term funding of such posts is problematic and can often lead to recruitment difficulties.

Recruitment of mental health practitioners, from all professional backgrounds, remains challenging. MHO recruitment at first line manager level remains a concern, however we recently appointed a Social Work MHO operational manager for our MHO and MH social workers to ensure the availability of specialist support, oversight and strong leadership to our teams.

Mental Health (Care and Treatment) (Scotland) Act 2005

Despite the considerable challenges of the pandemic, consent to detention for Mental Health Officers continued to be a priority for MHO's and all people detained using a short term detention certificate in Argyll and Bute, were assessed in person.

There continues to be challenges in consenting to emergency detention certificates, particularly out of hours as there is only 1 MHO covering the very large geographical area.

There are 13 Mental Health officers working in Argyll and Bute.

In 2019/2020 33 people were detained under an Emergency Detention Certificate and 48 people detained under a Short Term Detention Certificate.

In 2020/2021 41 people were detained under an Emergency Detention Certificate and 62 people detained under a Short Term Detention Certificate which is an increase of 24.2% and 29.2% respectively.

As yet we do not have the equivalent figures for 2021/2022 however anecdotally do not expect any reduction on the previous year's figures.

Approximately 60% of our MHO's are in team leader or management positions, resulting in continued challenges in having sufficient MHO's to complete all the statutory work required.

Although there were no MHO's required to shield during pandemic, there were staffing challenges at points due to staff requiring to isolate.

Argyll and Bute were successful in achieving Scottish Government funding to support social workers in achieving the MHO award and as such, 2 staff are registered to complete the MHO programme this coming year. Due to ongoing challenges during the pandemic there were no applicants to complete the course for year 2021/2022.

Additional Scottish Government funding was received to support the MHO service. As such it has been possible to second an MHO to the Adult Support and Protection Team. This has been invaluable in dealing with a significant number of mental health referrals to the ASP team.

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 between 7/4/2020 and 30/9/2020. This has allowed additional time to complete renewal of orders.

Argyll and Bute presently have 173 private welfare guardianship orders and 36 CSWO welfare guardianship orders.

Under section 10 (1) (a) of the AWI act, the local authority has a duty to supervise welfare guardians. Last year, 73% of supervision of guardianships were completed within the required timeframe. This was only possible following considerable effort by social work staff. Despite the ongoing challenges within social work, 52% of guardianships have been supervised within the statutory timescales this year, with priority being given to the supervision of CSWO guardianship orders. Improving these figures will be a priority in the coming year.

Learning Disability, Autism and Transitions, Sensory Impairment Services.

Work continues on the repatriation of individuals who are currently placed out with the Argyll and Bute area. As was reported last year this is challenging as it brings with it the requirement for additional local specialist resources and provision. Despite these considerable challenges we remain committed to exploring and developing services to meet these identified needs.

A Reviewing Officer post has been created to focus primarily on 'out of area' placements, contracting/commissioning across the sector and on developing new models of accommodation and support services within A&B. Work continues with key partners in housing and third sector including Affinity, Enable, Key Housing, Scottish Autism and Cornerstone.

Examples of development and active service improvement are the in-year establishment of two 3 person Houses of Multiple Occupancy with Enable and Scottish Autism in Lochgilphead and Helensburgh and in recent months a 6 person new-build Independent Living with support in Dunbeg. Additionally we are working in partnership with local housing providers and The Safe as Houses Organisation to redevelop/convert a mainstream facility and grounds in Rothesay into a Learning Disability/Autism adapted 6 person specialist accommodation service. Other turnover may allow 'opportunistic' changes within existing accommodation provision which will also support the improvement of our 'estate' for residents with a range of care, protection, and wider support needs.

Since October 2021 we have been undertaking a root and branch review and redesign of our 5 in-house day services and 1 internal Supported Living unit. This should conclude during the summer of 2022.

During the reporting period 2021/2022 there were staffing issues of long term absence and turnover within our Visually Impaired Service. Work is continuing to overcome these.

At the point of the last CSWOs report there was some debate on an Autism Strategy for Argyll and Bute. There has been considerable reflection over the year. It is clear having spoken at length to colleagues that the requirement is to move towards a much wider perspective. We require a neurodevelopmental or neuro-diverse strategy which also encompasses complex multiple diagnoses. There needs to be greater recognition of the whole spectrum of need from those in need of little support through to those requiring residential care. There needs to be a whole life approach from potentially childhood diagnoses, through transition out of school into adult support structures and

into older age. This work will necessarily be integrated with efforts on the part of health colleagues to develop parallel clinical pathways.

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 services have continued to face the challenge of changes to the volume of work caused mainly by the imposition and lifting of pandemic restrictions. During the time period of this report particular challenges included servicing a back log of cases being dealt with by the court system and managing pandemic restrictions on the type of unpaid work that could be undertaken. These challenges appear to have been predominantly met through the hard work and imagination of the staff involved. During the time relevant for this report it was noted that Argyll and Bute had the second highest remand rate in Scotland. It is yet to be seen whether the introduction of Electronic Bail Monitoring, in the next reporting period, will improve or indeed potentially worsen this trend.

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 (MAPPAs) 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.

It is acknowledged that during the time frame relevant to this report there was a developing debate on information sharing agreements between social work and police and in particular the level of vetting social work staff would require in order to use the shared IT system. This is a matter which remains unresolved however at the time of this report there were no adverse effects locally caused by these discussions. This is a testament to the strong relationships between the key personnel in Argyll and Bute Justice Services and L Division of Police Scotland.

While the pandemic has continued to pose challenges in service delivery it has also created opportunities to change the way that the service operates. This in the main has included an increased use of digital technologies, and we are continuing to embrace aspects of this in day to day work. The service faced the challenge of repeated changes in volume of work as the pandemic progressed but the service maintained performance targets throughout. Additional temporary staff were recruited via the Scottish Government's pandemic recovery grant which supported an increase in unpaid work delivery as well as increased capacity to meet the demands of the Courts and community orders. Additional services aimed at making a positive impact on unpaid work termed 'other activity' were obtained from Sacro's CPO Connect Service, as well as local partnerships with University of Highlands

and Islands and the Open University in the delivery of online learning. This has been positive and has continued as we move out of the pandemic.

With the increased focus on new policy initiatives, i.e. bail supervision, Electronic Monitoring bail, Justice Social Work Service has expanded and a further Practice Lead was appointed early 2022. This post has been a welcome addition with the main focus on enhancing service delivery in respect of bail supervision, diversion from prosecution, development of a bespoke women's service and increasing the uptake of voluntary through care. This development will improve the range of quality and effective services to those at all pathways into and out of the justice system, and is closely aligned with our Community Justice Strategic Plan.

One key area of practice development over the past year has been the development of improved 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 is now firmly embedded as a practice model within Argyll & Bute and the Senior Manager, Justice attends Police Scotland L Division MATAC 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.

Community Justice

In Argyll and Bute Community Justice works very closely and harmoniously with Justice Social Work services. For the period 2021 to 2022 we shared a Community Justice Co-ordinator with neighbouring West Dunbartonshire. Plans are in place to recruit to a full time post concentrating solely on Argyll and Bute.

During 2021-2022, community justice activity focussed on five main areas: 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 new National Community Justice Strategy. It was published just outside this reporting period in June 2022
- Argyll & Bute Community Justice Partnership supplemented Delivering Equally Safe funding to ensure a 2 year research project, associated with the roll out of Safe and Together, could be commissioned and delivered. 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
- Argyll & Bute pathway for citizens returning to communities from prisons located across Scotland has undergone a review. Small funds provided by the Corra Foundation will

facilitate commissioning of third sector to meet gaps for the next year or so, however, sourcing longer term funding will be a key area of consideration for the Community Justice Partnership. Third sector support will be commissioned jointly with Justice Social Work to fully maximise available funds

- 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
- 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) and Performance Improvement Framework (awaiting publication)

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.

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.

Over 2021 – 2022 there has been a great deal of consolidation and development work. Consideration has been given to the updated National Child Protection Guidance, to the refresh of GIRFEC, to the potential place of Children's Services within the proposed National Care Service. 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. The roll out of the programme designed to insure a trauma informed work force has continued as has the investment on training a cohort of staff in Dyadic Development Psychotherapy (DDP).

As noted in last year's CSWO report, Getting it Right for Every Child (GIRFEC) Collective Leadership Programme commenced pre-pandemic and worked with leaders across children's services in Argyll and Bute to examine the content, structure and delivery of GIRFEC. Part of this work involved undertaking a range of supported evaluation interventions which provided a detailed analysis and understanding of how well GIRFEC was embedded across the partnership, drawing on evidence from partners and a wide range of practitioners, children, young people, parents and carers on their perspective of the children's services system.

The 2020 – 2023 Children and Young People's Service Plan (CYPSP 2020/23) was developed throughout the pandemic and much of the GIRFEC leadership work supported its development. The CYPSP 2020/23 is set within the context of four strategic priorities; strategic leadership, early help & support, mental health & wellbeing, strengthening the voice of children & young people. To evidence

improvements in practice the Plan adopts a Quality Improvement approach supporting us to achieve our aim of improving outcomes for children and young people. Quality Improvement is a systematic approach using specific methods to improve quality; achieving successful and sustained improvement.

There is a continuing commitment to the use of this improvement methodology to support transformational changes. It is, however, recognised that there has been drift in this over the period of the pandemic, with staff deployed into core health and social services or having moved on. It is anticipated that efforts will be refreshed in the coming year. In particular to ensure those in leadership positions have the knowledge to push improvements forward. This will further support efforts to move from a model of auditing practice which is often top down towards a self-evaluation model of quality improvement and development. There has been success in engaging young people but further work is required to fully engage communities through the Locality Planning process and other means.

Progress for Year 2 of the CYPSP 2020/23 is fed back separately from the CSWO report and is currently being presented to the necessary partnership governance bodies prior to submission to Scottish Government.

The Promise – two Years On

The Promise outlines an ambitious and far reaching change programme to transform the Scottish care system and to reduce the numbers of children requiring to be cared for by redesigning community supports to families where children are at risk of coming into care and to reduce the numbers of children in the care system by transforming services in support of parent's and carers particularly those with mental health, addictions or learning difficulties and those parents at risk of custody or in prison. Significantly many of those services have already touched on in this CSWO report.

To celebrate the second year of the Promise, Argyll and Bute's Children Strategic group undertook a detailed self-evaluation against the priorities of Change Programme One; this noted particular strength in terms of moving to a trauma responsive workforce, education attainment, attendance and driving out exclusions.

There has been wide engagement in Trauma Training across the children's workforce and Dyadic Developmental Psychotherapy (DDP) and its PACE approach training has been delivered to foster and kinship carers and residential staff. All of the Family Placement team are now trained to level one in DDP which is helping shape and improve our support for foster carers and kinship carers.

Linked to the Promise the past year has seen us move away from institutional and stigmatising language in how we write and talk about care experienced children and young people and we have committed to ending the using the 15 words or phrases our care experienced children and young people have identified a priority to change.

In line with the Promise we have begun an evolutionary process of 'changing the balance of care' in Argyll and Bute. The first phase of this is to reduce the reliance on external placements. In common with many local authority areas we are spending large amounts of money on a small number of children in residential placements external to our area. Changing the balance of care is firstly about returning those children we can to care nearer home. Ensuring planning drift does not result in new requests for external placements where earlier intervention is not only best for the child but also for the public purse. Those who do require specialist external placements must have a clear outcomes focus in the planning process and once those outcomes are achieved we should look to internal resources for their continuing care. Over the period of this report there was reduction in the

numbers of young people in external placements, however it is too early to suggest this is the start of a positive trend.

This year we have created a new participation and engagement officer role and we now have developed a network of participation groups across Argyll and Bute – including on our Islands and this is beginning to inform and shape services. In addition we have appointed a care experienced co-chair to the Corporate Parenting Board.

Corporate Parenting

The pandemic has seen us adapting our services to care experienced children and young people due to the changing requirements and guidance and virtual and remote ways of working have become increasingly embedded in practice.

Overall our care experienced children and young people have coped remarkably well with the various impacts of the pandemic and have cooperated fully with changing government guidance and restrictions. We have continued to put them and their needs at the centre of our planning and decision making. We have been able to maintain all key services, albeit in sometimes different ways, and used pre-existing infrastructure to move as much as possible onto virtual platforms; whether this is workers keeping in touch, family time and contact or reviews and meetings.

Our children and young people adapted to this change quite quickly and many report preferring this approach - particularly for meetings and we anticipate making greater use of online and virtual platforms in future.

All our care experienced children have benefitted from personalised education support and the provision of electronic devices to maintain engagement in education. We are increasingly seeing children benefitting from the adoption of Trauma informed approaches within schools and across our workforce.

We continue to drive forward with our 4 strategic improvement priorities supporting implementation of The Promise and the Care Leavers Covenant. These are the key areas where we are determined to make significant changes and improvements specifically for and with care experienced children, young people and adults;

1. We respect and include our children and young people - helping ensure they shape and inform all we do, and that we promote approaches that build on their and their families' and carer's strengths and assets
2. We ensure our children and young people grow up in safe, secure, nurturing and loving homes and we promote and maintain positive relationships
3. We support our children and young people to achieve their potential through lifelong learning, growth and development and the enjoyment of positive mental and physical wellbeing
4. We help ensure our young people move to a positive more independent life when they are ready and we support them on their journey to independence

In delivering these priorities we are incorporating the 5 foundations of The Promise and to encourage and support their implementation across wider children's services planning and with partner agencies;

The work of the Fostering and Adoption Panels and our Kinship Care rs Panel has remained on a virtual platform. Recruitment of carers has continued throughout the year and have been gradually able to re-establish face to face assessment and support, undertaking more assessment work virtually, and delivering virtual training and support groups as restrictions have eased. While we made good progress at the start of the year with the approval of new carers recruitment slowed notably in the latter part of the year.

We are progressing plans to increase our Family Placement Team and improve the assessment and support of kinship carers and our intensive support for carers. Plans are also in place to increase the Through Care and After Care Team. Both these developments are made possible by savings in the spending on external care placements.

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. It requires to be recognised that while continuing care is an important principle it does mean young people staying in resources for longer and consequently they are unavailable for other young people and clearly there is a financial cost to such practice. This has been managed within current resources up till now however it will become unsustainable without new resources coming on line. We have prioritised keeping in touch with all our care leavers and will expand our service to improve support to young people in continuing care and become involved earlier in the through care journey to improve transitions .

Child Protection

As with all other areas of Scotland, pandemic restrictions continued to create significant challenges throughout 2021 and the start of 2022. This reporting period saw a continuation of much of the work begun in 2020.

Multi-agency operational management groups continued to operate and ensure core child protection services were maintained and functioning within the guidance of the moment. Throughout the pandemic period where it was necessary to see children, young people and their families face to face this was done, however there has been an appropriate embedding of the use of technology to supplement our processes. Some young people and families have given feedback that attending meetings remotely has been less intimidating. As we move forward we can offer more bespoke processes to meet the needs of individuals.

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. Notwithstanding this we have seen a modest drop in the number of young people who, on average, are on the Child Protection Register. It had perhaps been expected that these numbers may have risen with the resumption of face to face school attendance, however that did not materialise. It would be wrong to hypothesise on the basis of a drop from an average of 41 children and young people on the register last year to an average of 35 this year. It is of course still to be seen if this is indeed a trend. It is interesting there was a significant jump of 44% in the number of social work contacts over the same reporting period. However this significant jump in social work activity with children and families did not result in a similar jump in child protection registrations. Number of completed assessments also rose by 10%.

As we moved through the pandemic, the CPC continued to meet online and delivered training in the same way. This has included training for managers & designated CP officers, Care & assessment toolkit training and a rolling programme of level 1 training. It has been noted that attendance rates have increased from pre-pandemic levels. Clearly for an area the size Argyll and Bute this has resulted in vastly reduced travel time and expenditure. Indeed for those living on the islands attending training using Teams takes the period of the meeting rather than potentially overnights away from home. As staff have become more used to the process of remote meetings the efficiency and etiquette of these forums has improved. Of course as we emerge from the pandemic we are starting to consider what the balance of face to face and remote meetings should be. For the time period relevant to this report we were still same way off returning to routine face to face meetings.

CPC has continued to audit Inter-agency Referral Discussion records on a bi-monthly basis, which is a key decision making stage following a child protection referral. The majority of IRDs are now consistently scoring 'Good' or above. This group has also developed the record of discussion in order to provide more guidance to the writer with a clear focus on risk and rationale for decisions made.

CPC continues to offer a monthly 'chat' session to all agency staff involved in child protection and this has been well attended by Police, Social Work, Education, Health and Third sector staff. Subjects of discussion such as working with resistance and challenging families has led to training being provided to promote confidence in this difficult area of practice.

It has recently been noted that there appeared to be a number of case conferences which were taking longer than they should to be convened. During the time period of the report we were still examining why this was happening, however early indications were that there was an administrative and recording issue at the heart of the apparent delays.

Following the tragic death of a young person, COGPP requested that CPC carry out an Initial Case Review (ICR). This ICR will feedback to COGPP in summer 2022. Notwithstanding that we are awaiting the detail of any recommendations, there will be, in line with 'Learning Review Guidance', a Learning Workshop for the professionals involved.

The CPC is continuing to progress the use of data from agencies beyond that contained in Social Work electronic records. Education is now a regular contributor of data to CPC. Work is now on going to improve the data available from Police Scotland and the NHS. Argyll and Bute have been involved in contributing to work on national trends both through the introduction of the National Data Set and through work with CELCIS. Through these efforts work is now being focused on Core Group recording and improving the timescales from the point of initial referral to Initial Case Conference.

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. It is proposed such sessions will be developed by the Learning & Development sub group of CPC as part of our ongoing commitment to an Argyll and Bute learning culture.

Implementation of the updated National Child Protection Guidance is being led through a partnership sub-group which meets on a monthly basis. This will continue over the nationally agreed two year implementation period.

A number of Argyll and Bute social work staff, along with Police Scotland colleagues from the area, have been involved in discussions about the roll out of the Scottish Child Interview Model. As CSWO, I am on the national steering group. Along with other island authorities we have raised concerns about the efficacy of the model outside the urban centres of Scotland. Having a smaller specialist

team creates issues due to both our geography and relatively small numbers of joint interviews. During this reporting period we had not concluded on potential adaptations to the model for remote and island practice however were in constructive discussions about the potential dual operation of the current Joint Interview Model and the new Scottish Child Interview Model. It is likely the first social work and police staff will be trained in SCIM during the early part of 2023.

The process through which SCIM was developed demonstrates clearly the need for remote and island needs to be considered at the start of 'national' initiatives. It was clear that the implementation within authorities such as Argyll and Bute, Comhairle Nan Eilean Siar, Orkney or Shetland had not been considered in the initial stages of the SCIM project. As a result there is a huge amount of effort having to be expended later in the process to try to make this model work for us.

Parallel discussions are taking place about the process of Age of Criminal Responsibility Investigation (ACRi) and the Bairns Hoose initiative. Argyll and Bute staff absolutely welcome all these developments and concur with the values which underpin them, however will continue to push for them to be fit for the whole nation and most particularly remote and island based children, young people and their families.

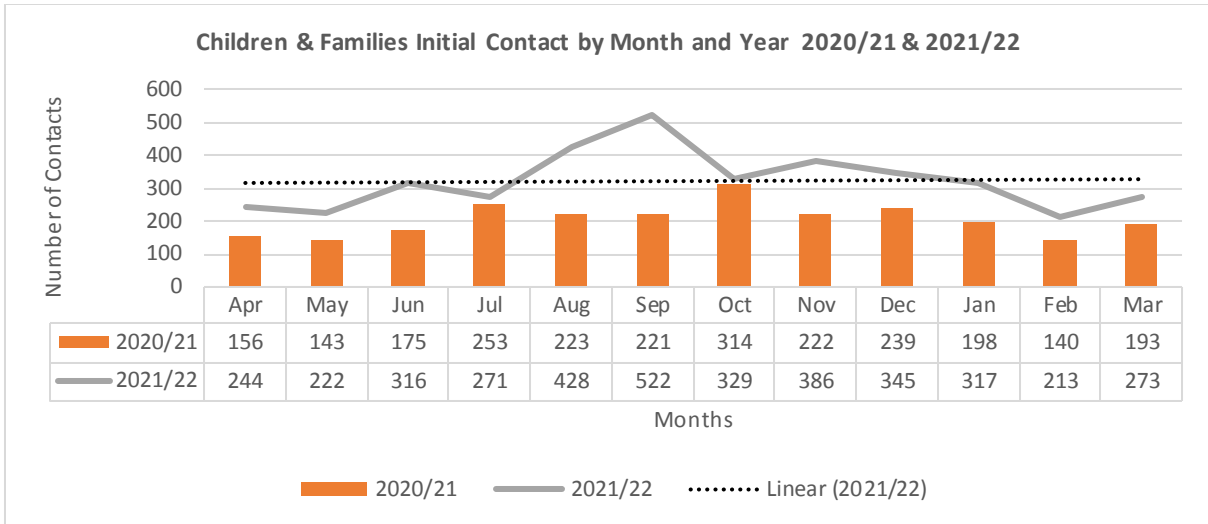
Service Quality and Performance statistical data– including delivery of statutory services

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 2021/2022. 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

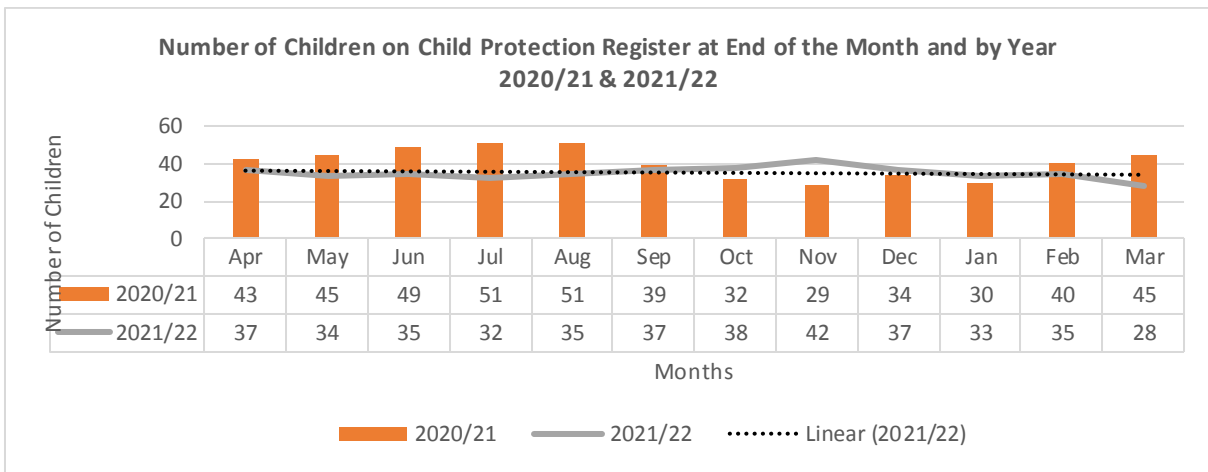
Data with on initial social work contacts for 2021/22 notes an overall increase against the previous year. The average number of contacts for 2020/21 was (206) increasing to (322) in 2021/22 this is a 44% increase. Data trends identify an increase in activity for the periods where national restrictions were eased from July to September (2021/22) and the period November to March 2022 notes a slight reduction, this could in part be attributable to the emergence of the OMICRON variant. Overall linear trend for 2021/22 notes a relatively flat trajectory across the year.



(Data Dashboards 2020/21 & 2021/22)

Child Protection

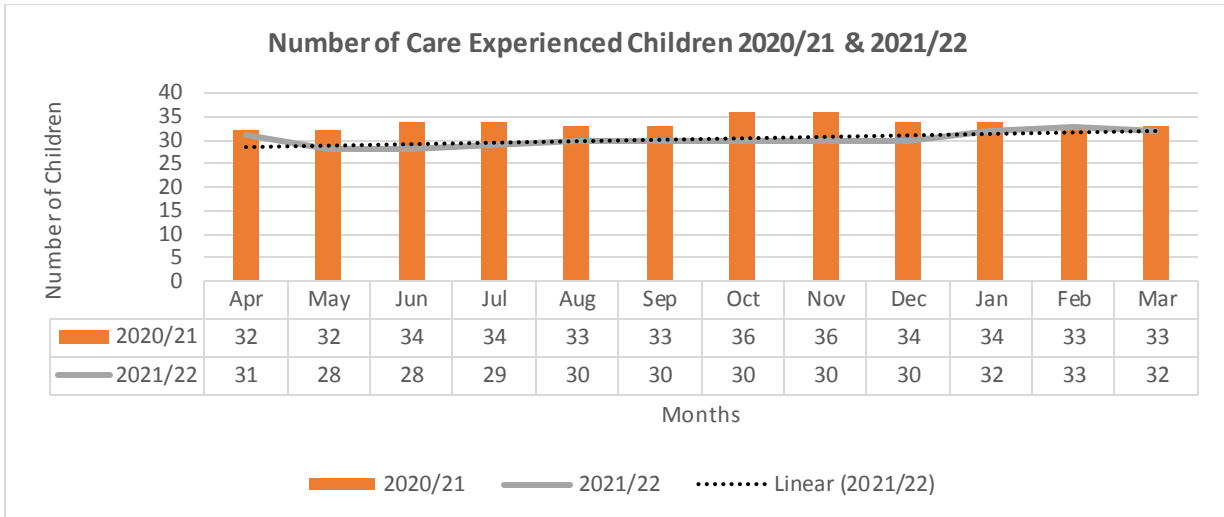
The average numbers of children on the register for 2021/22 (35) against the previous year (41) note a reduction of 16%. In particular the data trend for December 2021 to March 2022, notes a period of reducing numbers of children on the register, this could in part be attributable to the effect of OMICRON on staff and contact.



(Data Dashboards 2020/21 & 2021/22)

Care Experienced Children

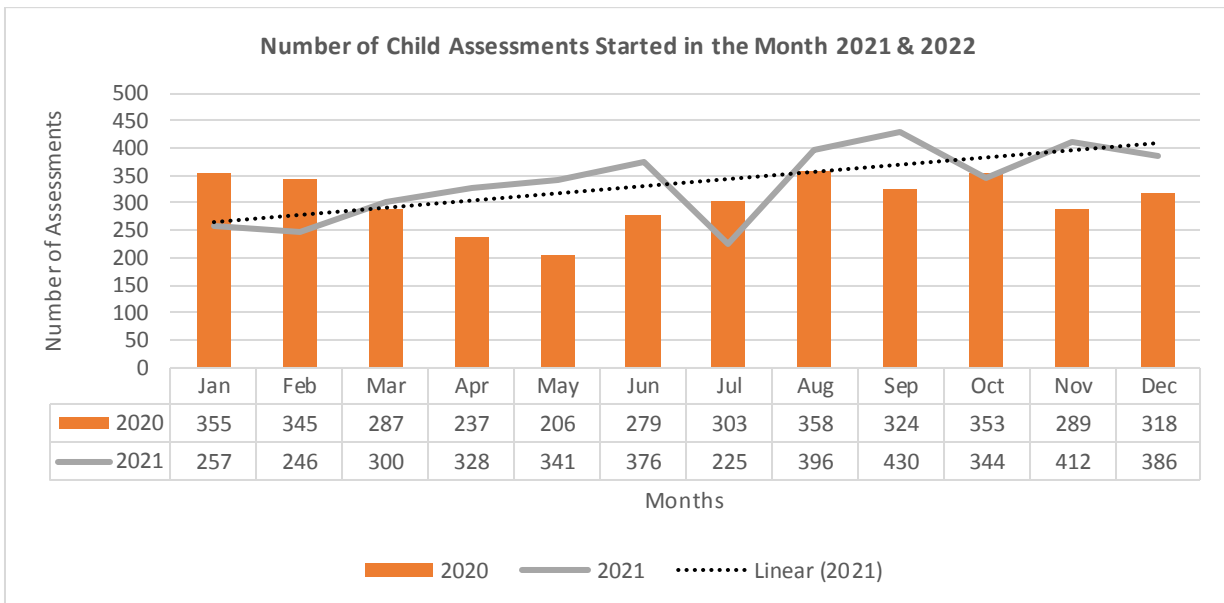
Overall total numbers of care experienced children in each financial year notes an 11% reduction for the period 2021/22 against the previous year. The average number of care experienced children for 2021/22 (38) against previous average of (44) for 2020/21, notes a 15% reduction. The linear trend with regards to data for 2021/22 notes a slightly increase trend.



(Data Dashboards 2020/21 & 2021/22)

Child Assessments

The overall number of assessments started in the month notes a 10% increase for 2022 (4041) against the previous year 2021 (3654). Trend analysis for 2022 notes an increasing trend, variance against this is noted for the months of July, October and December, these could be attributed to seasonal fluctuation across the peak summer months and later in the year affected by the emergence of the OMICRON variant



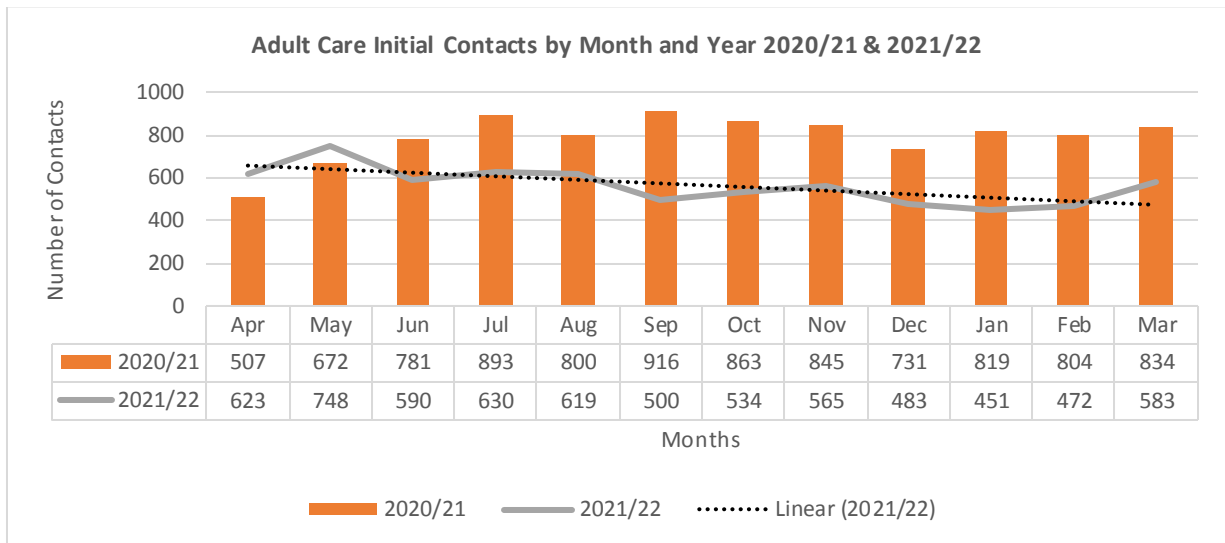
(Data Dashboards 2020/21 & 2021/22)

Adult Services

Social Work Contacts

Data for initial Adult Social Work Contacts notes a 33% reduction in average social work contacts for 2021/22 (567) against the previous year 2020/21 (789). The overall data trend for 2020/21 notes a

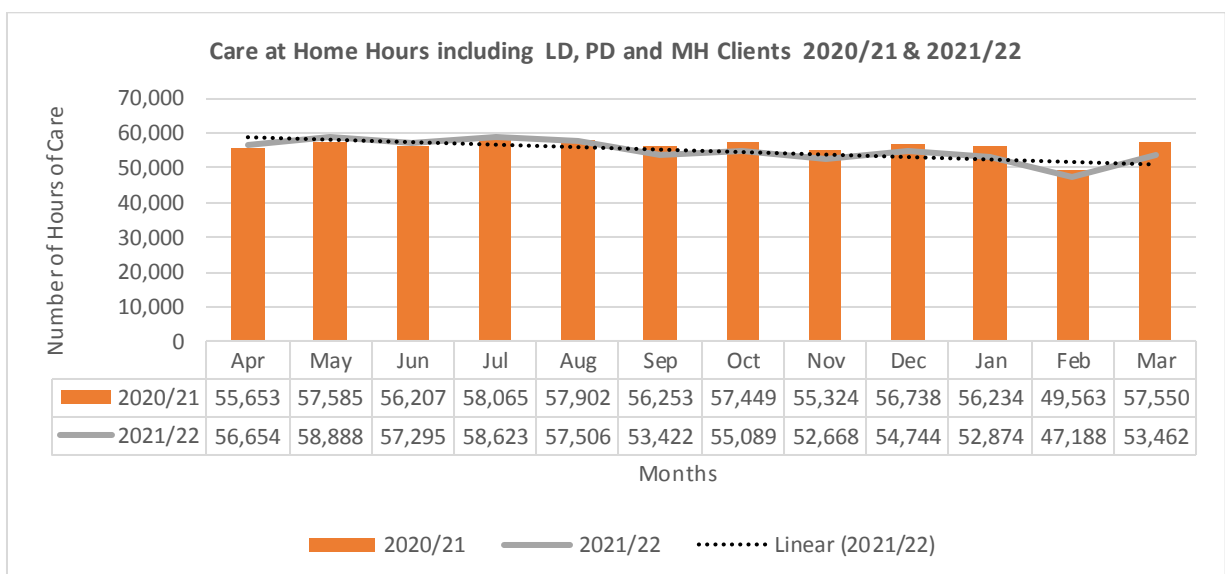
reduction in contacts, in particular from November 2021- February 2022, with a recovery in March above trend.



(Data Dashboards 2020/21 & 2021/22)

Care at Home

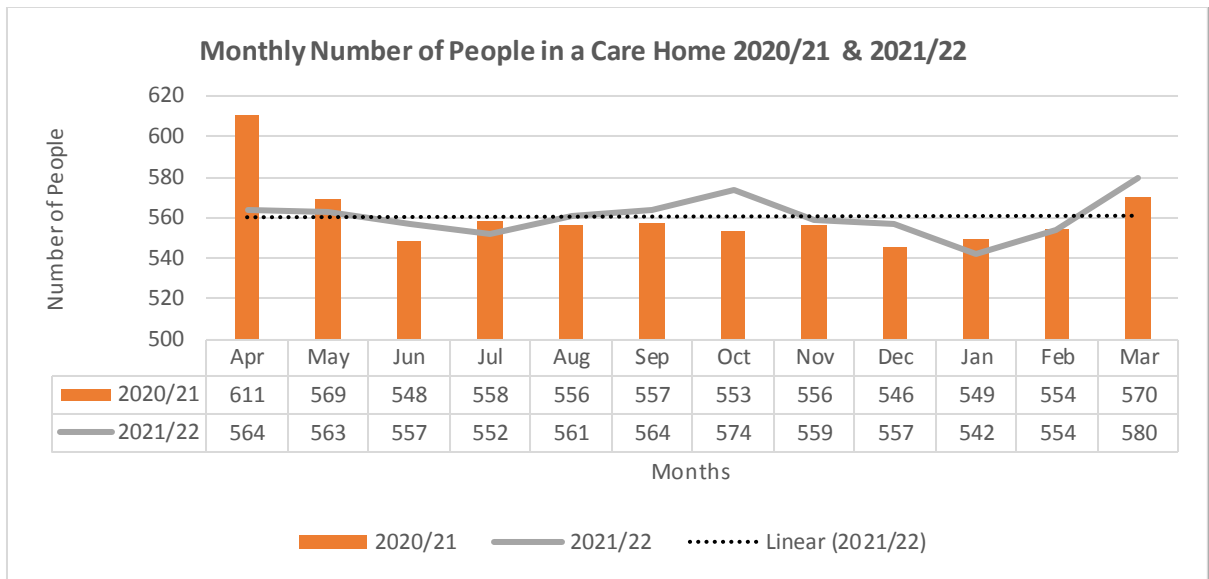
Care at home trends note a 2.4% reduction in total hours for 2020/21 (54,868) against 2021/22 (56,210) and for the months December 2021 to February 2022 this reduction is more evident and may be a result of the emergence of the OMICRON variant, this is partially recovered in March.



(Data Dashboards 2020/21 & 2021/22)

Residential Care

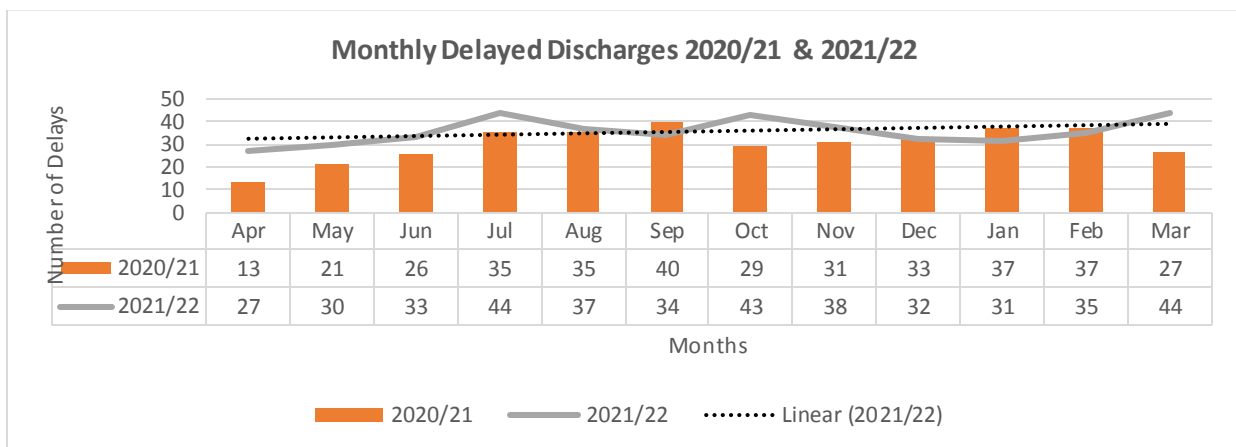
Trend analysis of the data for the monthly Number of People in a Care Home notes an overall 7% reduction a decrease from (844) in 2020/21 to (790) in 2021/22. Across both years there is variation which could be in part an effect of a reduction during 2020/21 with ongoing pandemic restrictions, from July to October 2021/22 there is a slight increase which aligns with the national lifting of some restrictions. From October onwards there is a reducing trend through to January 2022 in line with the emergence of the OMICRON variant.



(Data Dashboards 2020/21 & 2021/22)

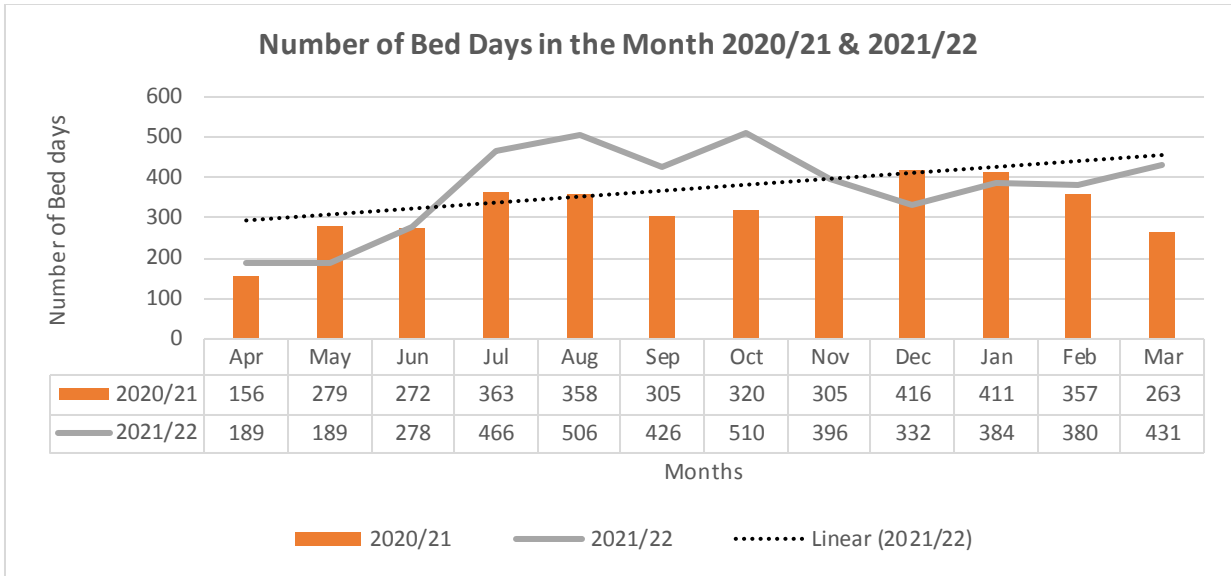
Delayed Discharge

Delayed discharges across both years have remained above the national target, trend analysis across the year notes variable performance against a backdrop of pandemic restrictions for 2020/21 and the emergence of OMICRON in 2021/22. Average delays across both years notes an 18% increase for 2021/22 (36) compared with 2020/21(30).



(Data Dashboards 2020/21 & 2021/22)

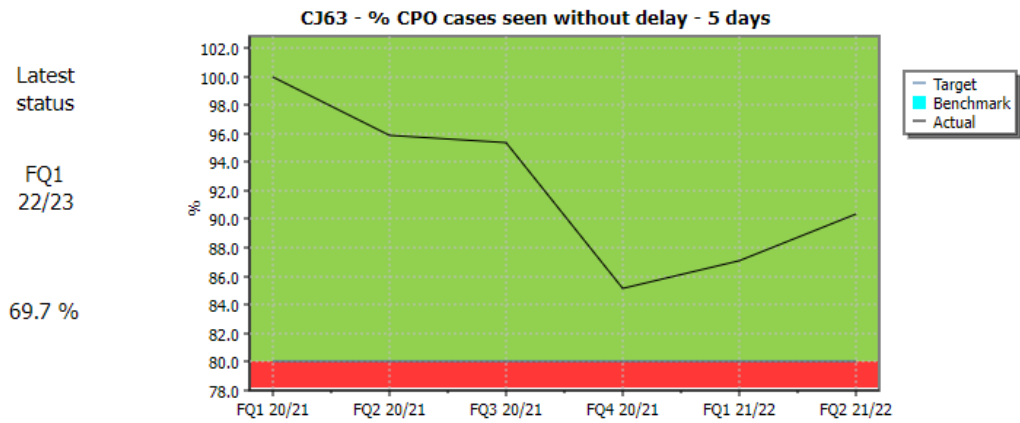
With regards to bed days used trend analysis notes a 16% increase for 2021/22 against the previous year. Peak bed days across 2021/22 notes an increasing trend from May to October which could in part correlate with a reduction in pandemic restrictions nationally and more hospital admissions. From December the number of bed days starts to increase again with the emergence of the OMICRON variant.



(Data Dashboards 2020/21 & 2021/22)

Justice

With regards to Community Payback Orders seen within 5 days the data notes consistent performance above the 80% target for both 2020/21 and 2021/22. There is a general reducing trend across both years and again this could be attributed to COVID19 restrictions for 2020/21 (FQ3 2020/21) and then the emergence of the OMICRON variant for FQ4 2021 which noted a gradual increase but below previous levels.



(Pyramid Balanced Scorecard 2020/21 & 2021/22)

4. Resources

The financial resources for Social Work and Social Care are intrinsically intertwined with the overall HSCP position. The financial year 2021/2022 saw a balanced budget for the HSCP as a whole and indeed we were able to report a small underspend. It is acknowledged that a number of factors contributed to this position including delivery of savings, improved financial management and governance and additional funding allocations from the Scottish Government.

The final revenue outturn for 2021/2022 was an underspend of £682k against the resources available to the HSCP, which totalled £313m. It is noted that the entirety of this underspend was in Social Work Services. This underspend has been retained by the HSCP within its general reserve and it is intended that it will be invested in 2022/2023 on service transformation. These reserves are not ring fenced to Social Work Services. The other important aspect of financial performance during the year was that the HSCP was able to repay the full historical debt balance due to Argyll and Bute Council during the year, this totalled £2.8m. Argyll and Bute Council reduced the funding available to the HSCP to facilitate this repayment of debt. The following table summarises the financial performance against budget analysed between Health and Social Work related services.

<i>Service</i>	<i>Actual £</i>	<i>Budget £</i>	<i>Variance £</i>	<i>Variance %</i>
<i>Social Work Services</i>	78,958	79,640	682	0.9%
<i>Health Services</i>	233,408	233,408	0	0%
<i>Grand Totals</i>	312,365	313,048	682	0.2%

The budget for the HSCP 2021/22 included a total savings target of £9.3m spread across 142 projects. As at the end of March 2022, £8.2m of the savings target was delivered. Of this total, £5.8m was delivered on a recurring basis. The shortfall was funded through additional financial support from the Scottish Government, recognising that a number of projects had to be placed on hold during the year as a consequence of the pandemic. Ironically staffing vacancies have contributed to non-recurring savings which have ultimately allowed the budget to be balanced.

Achieving a balanced budget at a time of significant financial pressure has been exceptionally challenging. Particularly salient factors include:

- Staffing – additional costs of cover for absent staff and revised service delivery arrangements to ensure the safety of service users and staff;
- Equipment and materials – additional costs on personal protective equipment to protect staff and slow down the spread of the virus;
- Income loss – a reduction in care fee revenues collected by the service due to service closures and reduced activity;
- Reduced service demand – a reduction in availability and up take of temporary and respite services due to apprehension around their safety;
- Staff travel and subsistence – reduction in spend as a result of changes to the way in which services are carried out as a result of the Pandemic;

- Budget savings delivery –with the initial focus on dealing with the pandemic and emergence of new variants, activity on the delivery of budget savings was halted creating a substantial net overspend on the service budget; and
- Financial support for local commissioned care providers - to help with their pandemic related extra running costs and the reduction in care fee revenue caused by service closures and reduced activity.

The HSCP has a savings target of £6.0m for 2022/23, this includes £3.9m of new savings in addition to the carry forward of those projects which were not delivered in full during 2021/22. Social Work and Social Care will shoulder their share of these budget reductions.

Notwithstanding this financial report it requires to be recognised that it has often been the experience that the main limiting factor on service delivery or development, particularly in our remote and island areas, is the scarcity of the human resource not a lack of funding.

5. Workforce

Argyll and Bute Social Work and Social Care staff have continued to be 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.

Most recently the NHS iMatters on line staffing survey has been rolled out to all staff in HSCP services no matter the employing organisation. To date the level of returns tends to vary from team to team and it is too early to make any judgement on whether this will be a useful tool. There has also been a management reflections exercise on what is working and what not. A whistleblowing service is available to social work and social care staff in common with NHS Highland staff.

It is inescapable, and perhaps inevitable given different histories, that the two employers have different organisational and professional cultures. This has been most stark in adult services. In adult services most of the Tier 3 integrated management posts are filled by health staff and they are therefore directly managing social work team leaders. Ensuring appropriate professional supervision as well as line management has been challenging. This has probably been heightened over the pandemic period where different employers had different rules for their staff to adhere to. A social work professional lead has been appointed within adult services in order to attempt to ameliorate to some degree these challenges. As mentioned earlier in the report a new supervision model has been developed and will be rolled out across services in the coming year.

Work continues within the context of the HSCP to balance these cultural issues and bring greater cohesion to integrated services.

There has been further development of the Social Work Training Board. The Board is now chaired by the CSWO rather than HR colleagues. Over the years the social work training budget has been underspent and as a result has suffered cuts. Efforts are underway to rectify that and restructure to ensure neither the training needs of social care nor social work dominate. The support requires to be more widely known throughout the workforce. It is recognised that Social Work Assistants wishing to gain a qualification found it hard to access financial support as those in the workforce who required a qualification for SSSC registration were being given priority.

Notwithstanding the above, the major workforce pressure is undoubtedly recruitment and retention. Much of the £682,000 underspend on Social Work Services is the result of vacant posts.

There are simply not enough social workers and social care workers at a national level. Successful recruitment in one part of the organisation can simply mean a new gap in another part. Posts are often being filled by Newly Qualified Social Workers who have completed courses during the pandemic, many have not had statutory social work experience, some have had mainly 'virtual' placements. Given the right context and nurturing support these people will develop into valued and competent staff. Nevertheless that still leaves us with an immediate issue. As vacancy levels rise the load increases on remaining staff and in particular experienced staff. Modest rises in the hourly rate of pay for social care staff are quickly outstripped by rises in the hospitality and other industries.

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 are proving 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. 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.

In Argyll and Bute we are attempting to respond through consideration of changing structures, considering the viability of smaller teams and efficacy of some centralised services, 'growing our own' staff through offering career progression and funded training opportunities. There are plans for access to a small number of houses in the Oban area to allow potential staff an opportunity to settle in the area while attempting to secure longer term accommodation. Yet this might not be enough and it is predominantly through the scarcity of human resource rather than finance that we are forced to consider what services we can continue to develop and perhaps which ones we cannot.

6. CONCLUSION

The year 2020 – 2021 has seen us all work and live through the continued period of world pandemic. It has been a dynamic period involving new variants of the virus and various levels of restrictions and freedoms. As the period drew to a close there was sense of starting to ‘live with the virus’.

Over the preceding 18 months or so the importance of ‘key workers’ has never been more in the public conscience. Often this has concentrated on the role of the NHS and others in the public sector including social workers have perhaps not had the same profile. I make no apology for re-iterating my thanks, from the introduction, to social work and social care staff for the enormous role they have played in supporting the most vulnerable people of Argyll and Bute through these extraordinary times. This has not only been about crisis management. I have been deeply impressed by the amount of developmental work and progress that our social work and social care staff have achieved despite the challenges.

Of course I recognise that this narrative is written some 6 months beyond the period on which it reports. In March 2022 it is doubtful anyone could have predicted the cost of living crisis which has now overtaken the pandemic in impacting our service users and staff. In Argyll and Bute, in particular, the costs charged by the energy companies, where we already have high levels of fuel poverty, will adversely affect those we employ and those we serve. Rising inflationary costs will not positively impact already restricted financial and human resources. It will no doubt be the subject of the next CSWO report.

We must look forward. We look forward to engaging in the debate on the shape of the National Care Service. Ensuring the role of social work and social care is valued and fully embedded within both the ethos and structures of the new service. Ensuring the local needs of Argyll and Bute’s urban, remote and island communities are recognised in emerging national structures.

David Gibson
Chief Social Work Officer and Head of Children, Families & Justice