

# **Chief Social Work Officers Annual Report Summary 2019-2020**



March 2021

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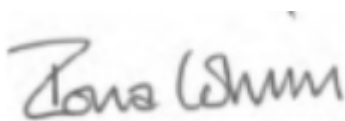
# Foreword

Over the last year Scotland's health and social services have continued to deal with the hugely significant impact of COVID-19. Social work and social care staff have undertaken a critical role, skilfully and professionally supporting individuals and families, many in crisis situations.

This sector's workforce has been seen more publicly than ever for the skilled, caring, and vital public service that it provides. COVID-19 also presented some more challenging perspectives, with important lessons to learn, and shone a harsher light on on-going challenges around investment, skills, staffing levels and delivery models. As we emerge from what we all hope is the worst of COVID-19 we face other substantial challenges - financial pressures, pressures around children, adult and mental health services and making sure we support the social care workforce. Alongside those, we have historic opportunities to reform the future of social services across Scotland and to ensure all those who work in them, and receive them, are fairly treated, and better valued and supported. The implementation of the UN Convention on the Rights of the Child, the Independent Review of Adult Social Care, and the Promise all offer a chance to redesign the whole system approach to care and support, to bring human rights to the forefront of social care, and to make longstanding sustainable improvements building on what is good and world class about social care in Scotland. COVID-19 and the creativity and innovation it has unleashed will offer an important voice within that.

Right now, there are real concerns about the implications of COVID-19 and how we can meet them in the coming year. These are well reflected in this report, which covers the year before our first lockdown and service provision in the early days of COVID-19, what was achieved and what had to stop. As usual with these reports, there is much that is positive, and which will stand us in good stead as we move forward - service transformation, continued integration, and many examples of positive multi-disciplinary working. Some challenges remain the same. Increased demand for services, difficulties in funding service redesign, and ongoing constraints in resources including workforce capacity sit alongside recruitment challenges in adult social care, social work, and Mental Health Officers. There is much to do, not just to build the sector back, but to build people's lives back and to create a better offer to the people of Scotland and to this most vital public service.

Thank you again for the life changing work that you and your teams continue to do in these still difficult times. I hope the coming year brings better things for us all.



Iona Colvin, Chief Social Work Adviser, Scottish Government

# 1. Introduction

IRISS was funded by the Office of The Chief Social Work Adviser, Scottish Government to undertake analysis and produce an overview of the Chief Social Work Officer (CSWO) 2019-2020 reports.

This report provides a summary of the main areas covered in the CSWO Annual Reports. These reports were based around a reporting template and give a general overview of the social work landscape in Scotland.

The CSWO Annual Reports are a means of reporting to Councils on the delivery of social work services in their area, highlighting key activities, developments, and challenges. Considering pressures caused by the current pandemic CSWOs were asked to include a short update on its impact. The reports can be found on Council websites. Analysis of CSWO Annual Reports is commissioned annually by the Scottish Government's Office of the Chief Social Work Adviser resulting in the creation of this and previous summary reports.

This summary is intended to highlight key themes drawn from the 27 CSWO reports received to improve understanding of performance, improvement and challenges being experienced across the sector. It is not intended to be an in-depth analysis of social services in Scotland.

## 2. Governance and Accountability

The duties and responsibilities of the CSWO are set out in [Scottish Government guidance](#). The role of CSWO is attached to a variety of posts within local authorities, including the Chief Officer of Children's Social Work, the Director of the Children, Families and Justice Service, Head of Adult Services, the Head of Service for Health and Community Care, the Head of Children's Health, Care and Justice and Depute Director (Education and Children's Services).

The role of CSWO in overseeing quality assurance, improvements, inspections, and audits (and related issues arising from them) is highlighted by several local authorities. Some local authorities stress the importance of the CSWO as a national leadership role. Perth & Kinross highlight the visibility of the CSWO's leadership, meeting and consulting with the workforce, those being supported and other stakeholders to learn first-hand about issues and to encourage good practice and innovation.

### 2.1 Governance

Most local authorities have developed well-established governance arrangements, to ensure quality service provision.

The reporting and organisational structure is visible for all local authorities. The CSWO reports to the Chief Executive (CE) of the local authority. All CSWO's are part of the Council's Executive / Senior Management Team(s), the Integration Joint Board (IJB), and the Health and Social Care Partnership (HSCP) Management Team. The CSWO has direct access to the CE, elected Members, and the IJB as a non-voting member, but more widely the full Council, Executive Directors, Heads of Service, managers, and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional social work issues. Wider than this, the CSWO is involved in regular meetings with organisations and partnership groups with governance roles.

The importance of the CSWO in Multi Agency Public Protection Arrangements (MAPPA), public protection work, community justice, strategic and community planning is frequently highlighted.

## 2.2 CSWO support

With the wide scope of the role, CSWOs are supported in carrying out their duties by senior social work colleagues. For example, Glasgow has a CSWO Group made up of social work leads from each of the partnership's three localities. This ensures the CSWO is directly linked to local professional practice and service delivery and ensures clear links and reporting lines for social workers. Most CSWOs have a named deputy for cover, support, and delegation.

CSWOs tend to be supported by senior management team(s), designed to facilitate good communication and clear sight of day-to-day operational practice across all areas of social work/social care. These teams have oversight around national, regional, and local developments, strategic direction, recruitment and staff development, standards, and quality. The CSWO's leadership across the breadth of these groups means there is a key link between operational practice, local and national policy, and the strategic direction of the service.

Reports highlight the number and wide range of memberships, committees, groups, and boards the CSWO is involved in, advises on, and reports to. As well as fulfilling statutory duties these arrangements support work with partners across local authorities and enable a broad oversight of all aspects of social work service delivery, as well as offering opportunities to discuss cross-cutting themes and feedback from national meetings. Regular reporting and feedback on key priorities, pressures, and local and national agendas from committees and the IJB also supports the informing of and engaging with the workforce.

## 2.3 Challenges

It was noted that the role of the CSWO has become increasingly complex in terms of governance, with integration and the introduction of Health and Social Care Partnerships. North Ayrshire highlights the increasing demands on the time of the CSWO while balancing the role and responsibilities of their other roles within the local authority. East Lothian highlighted the challenges for the CSWO to have a direct "window into practice" across adult social work services

where there are no line management responsibilities. This is essential to remaining connected to the core business and standards of assessing and responding to risk and need for vulnerable people.

## 3. Service Quality and Performance

### 3.1 Adult services

#### 3.1.1 Mental health

CSWOs continue to report on the numbers of emergency detentions, short-term detentions, Compulsory Treatment Orders, and Guardianship Orders.

Mental Health Social Work Services continue to see a high demand in requests for Mental Health Officer reports for private Welfare Guardianship applications. These requests range from younger adults requiring support in terms of transitions from school to older adults requiring support to move into nursing home care. Many local authorities introduced a waiting list for the first time to prioritise cases.

As a result of COVID-19, services are now witnessing an increase in demand for mental health services, both in the adult and older adult population. Services have been working creatively with increased use of technology to meet demand, however the anticipated long-term impact of COVID-19 on employment and relationships will undoubtedly lead to a sustained growth in demand across all ages.

Areas of improvement highlighted by CSWOs are around social circumstances reporting and suicide prevention. Activities have included increasing awareness of the signs of potential suicide through provision of Safetalk training across the workforce, regular social media communications, developing trained suicide first aiders within the workforce and undertaking in-depth reviews to inform future prevention work.

Some CSWOs reflected on services' innovative and preventative work in dealing with the anticipated COVID-19 pressures. Perth & Kinross Council for example updated their Mental Health Directory to give comprehensive information about the mental health and suicide prevention services available during the novel coronavirus pandemic.

#### 3.1.2 Care at home and reablement

CSWOs continue to highlight that services for older people are experiencing increasing pressures of demographic change, increased demand, and financial constraints. The effects of these pressures are readmission to hospital, delayed discharge, and extended hospital stays. Some CSWOs see challenges in care home and care at home services in large rural areas, which has resulted in

services becoming unsustainable and closing. In response to these pressures, reablement teams are becoming embedded within adult services across Scotland.

Services are focusing on reducing delayed discharges and shifting the balance of care from hospital to community. Local authorities are reporting on a range of efforts to improve the process of hospital discharge such as Edinburgh's, East Lothian and Stirling's Home First approach. Home First is designed to support those who are ready to return home after a period in hospital but require short-term health and social care services to manage their discharge safely. Similarly, North Lanarkshire is developing The Discharge 2 Assess.

Aberdeenshire has also introduced a four pillars model covering complex care, end of life care, rehabilitation, and rapid response. The main challenge of this model has been in rural areas, where there are limited alternatives to the internal home care service. Nonetheless, the model has encouraged integrated working as home carers have become embedded within multi-disciplinary teams. This integrated model has proved crucial during the COVID-19 pandemic.

Some CSWOs reported increases in delayed discharge from hospital (Argyll and Bute) and in hospital readmissions (Dundee).

### 3.1.3 Self-Directed Support (SDS) Uptake

Some CSWOs reported that there continues to be a decline in the proportion of people using option 3 and an increase in the proportion of people choosing option 2 as people are empowered to take more control of their support plans. There is also a slight increase in the number of people using option 4 i.e., a combination of directed support (option 3) and choosing support for themselves (options 1 and 2).

For most social services, option 3 remains the most popular. Lesser uptake of options 1 and 2 may be due to lack of available social care providers, lack of flexibility offered by provider organisations, and personal financial contributions required from customers due to the differences between the agreed individual budget and the rates charged by the customer's choice of provider.

### 3.1.4 Services and support for carers

Key activities for services in this area focused on meeting new legislative duties and on ensuring that services for carers met the needs of carers. CSWOs reported an increase in registered carers and an increase in the percentage of carers who accepted the offer of a Carers Support Plan. Adult support plans have been introduced to replace carers assessments.

Practitioners who support unpaid carers in receipt of their own SDS budget have been working to ensure people have access to the support needed to continue in their caring roles. These discussions have, in some cases, resulted in temporary changes to how unpaid carers use their budgets to meet their outcomes. Some CSWOs noted a significant improvement in the percentage

of carers reporting that their quality-of-life needs are being met. Input from carers indicates that carer support plans help them feel more valued and more able to manage their caring role.

## 3.2 Children's services

Key areas of focus for Children's Social Work Services over the past year have been kinship care, child protection (disability), children affected by domestic abuse, whole families approach, and restorative and strengths-based practice.

CSWOs reported on the numbers of children on the Child Protection Register, numbers of referrals, children in care and other service provision data. The reports indicate a widespread commitment from social work services to focus on helping families to remain together. CSWOs also reflected on their commitment to ensure that children and young people's rights are respected, protected, enabled, and fulfilled.

### 3.2.1 Care experienced children and young people

Reducing the number of children and young people becoming accommodated continues to be a priority and the number of children placed in secure accommodation remains low. Kinship care has developed significantly in recent years and continues to see ongoing improvement. Councils reflected on their commitment to ensure, where possible, that all children and young people are cared for and educated within their local communities. CSWOs emphasised their efforts to ensure care and support that is person-centred, coordinated, engaging and empowering, with children's rights being central to practice and future developments. CSWOs reflected on specific challenges with Edinburgh reporting a high number of asylum seeker children needing to be looked after.

### 3.2.2 Early intervention and prevention challenges

The ongoing rises in referrals and limited early intervention resources available to schools have affected some services ability to intervene effectively or promptly. A variety of changes to process and structure were tested during the year, alongside partnership work with colleagues in universal services with a refocus on GIRFEC.

### 3.2.3 Working well

CSWOs reported overall that they are well placed to meet statutory functions to respect children's rights. Several CSWOs report on the CELCIS minimum dataset which is helping services test and report on several changes. Many local authorities are beginning to integrate these changes into the permanence process. The Permanence & Care Excellence programme is becoming embedded in social work practice in several local authorities. This has helped services identify delays, blockages, and difficulties in securing permanence for looked after children.



CSWOs also reported on the Family Group Decision Making (FGDM) model which involves the extended family in making plans for children and the family unit. CSWOs reported systems of referral to the FGDM team are working well. Referral rates increased significantly and there is good evidence of successful outcomes and placements prevented (Midlothian, Edinburgh, and North Lanarkshire).

### 3.2.4 Service Improvement

Examples of improvement include North Ayrshire who reported a new approach to working with parents at the point their child has been removed. This uses a trauma informed approach to supporting parents and builds on the work of the Pathways Parenting Capacity Team and reflects parental feedback.

Edinburgh has established a Pandemic Taskforce and Locality Operational Groups to coordinate children's services and shared efforts and resources across the Partnership to support vulnerable children and their families in response to the impact of COVID-19.

The Promise launched in February 2020 and challenges local authorities and partners to redesign the system to focus not just on improving the experience and outcomes for care experienced young people, but to also concentrate on early intervention to prevent children becoming looked after.

### 3.2.5 Priorities for Future Improvement

Reports highlight the availability of mental health support for children and young people as an area of concern, with care-experienced young people facing delays in accessing specialist support.

Children and families social work services are leaving COVID-19 lockdown restrictions with a significantly higher workload. Individual circumstances are becoming more complex or more entrenched and it is predicted that it will take longer to achieve the required progress within child protection plans.

Recruitment issues have impacted on services for Children Affected by Disability (CHAD), but work has continued to review all CHAD policies and procedures and to support the CHAD Resources Panel.

## 3.3 Justice Services

Partner agencies are working together to deliver on the Community Justice Outcome Improvement Plan. CSWOs reported on a range of development sessions with multiple partnerships.

Awareness raising campaigns around specific issues like domestic abuse, parental imprisonment and alcohol and drug misuse, and specialist training have been ongoing. Partners continue to develop a range of interventions across the criminal justice system to ensure that timely, proportionate, and cost-effective responses can be delivered, increase community safety, and

improve outcomes for adults who offend. The number of referrals for diversion from prosecution cases continues to rise.

### 3.3.1 Presumption against Short Sentences and Community Payback Orders

The Scottish Government committed in its 2019-20 Programme for Government to extend the presumption against short sentences of 12 months or less. Justice Social Work Services continued to develop a delivery approach to meet the increase in community sentences, as a result of the introduction of Presumption Against Short Sentences (PASS).

CSWOs, however, highlight that PASS is yet to translate into an increase in community payback orders. Community payback orders have steadily increased since they were introduced in 2011. While Justice Social Work Services continue to offer the full range of requirements, the Courts have mainly used unpaid work/other activity and supervision, with programme, conduct and compensation requirements featuring less frequently. Justice services which continued to implement unpaid work received consistent positive feedback from the individuals carrying out their work and the recipients (Midlothian, Perth and Kinross). CSWOs reflect on evidence of strong and improving performance trends across several important Community Payback Order standards. Aberdeenshire reports on a Higher Support Needs Team that was established to work with people who require individual support to attend unpaid work opportunities.

### 3.3.2 Young Offenders

There is a strong commitment to the whole systems approach for young offenders. Youth Justice projects continue to deliver services in line with the National Youth Justice priorities. Several Prevention and Early Intervention initiatives were developed. Some social service localities put specific focus on working closely with schools to identify and support children who may be displaying pre-offending behaviours, allowing children to access support without being charged with an offence or referred to the Children's Reporter (Aberdeenshire, North Lanarkshire, South Ayrshire).

### 3.3.3 Caledonian System

CSWOs report on services continuing to deliver the Caledonian System in response to men who are convicted of domestic abuse related offences. The implementation of the Caledonian Programme has been ongoing and some CSWO reported on its success in:

- Leading to the better assessment of patterns of domestic abuse/coercive control
- Ongoing information sharing regarding men who are on the programme, enhancing women's safety.

The Borders however highlight a key challenge in delivering the Caledonian System Men's programme. The CSWO report highlights that the programme is failing to meet the needs of many

men who cannot attend due to employment and/or transport issues. This can result in men waiting some considerable time for a suitable place or the need to return the order to Court.

### 3.3.4 Collaborative working in the justice system

There are several good collaborative working examples noted. Midlothian's Number 11 Recovery Hub co-locates all mental health, substance misuse and justice services staff to consider and provide individual packages of support. The Tayside Substance Misuse Service runs the Onestop Womens Learning Service which has enabled staff and women to access programmes and resources more readily. Collaborative work has ensured better communication, quicker response times to women engaging in substance misuse programs and building a more resilient partnership of support.

Some CSWOs reflect on improvements surrounding the referral process. Aberdeenshire Safer Streets Initiative provides high visibility joint patrols to identify and disrupt those who are suspected to be involved in antisocial behaviour, disorder, or violence. The intention is to divert people from crime and disorder and minimise the effects of excessive alcohol consumption, to provide advice, guidance and support to individuals displaying vulnerabilities, and to refer on for follow-up contact from support services. The initiative also allows for arrest referral work to take place where people have been held in police custody. Follow-up intervention and onwards referral into services can then take place through justice services staff who attend Court.

West Dunbartonshire's Custody to Community project was implemented to support people's reintegration into their local community. The support of Community Justice Scotland and the local community justice coordinator was influential in work to establish collaborative Hubs, with a range of support within the justice system, including social work, addictions, and Police Scotland.

## 3.4 Addressing gender-based violence

Domestic Abuse remains a priority. Social services across Scotland developed awareness campaigns in schools and specialist events and training targeting domestic abuse and gender-based violence. Some CSWOs report an increase in the number of referrals for Multi-Agency Risk Assessment Conference, and an increase in police reports.

Specific courses are being developed across different local authorities. Safe and Together is becoming increasingly used by social work across Scotland, providing improved safety planning for children and adults and improving the assessment and management of perpetrators. Multi-agency training is being delivered to key staff across addictions, children and families, adult services, mental health, primary care, housing, education, children's hearing panel members and the third sector in several local authorities (East Renfrewshire, Midlothian, Stirling, East Lothian).

Social work continues to develop and strengthen links with other groups and bodies, underlining the need for the response to violence against women to be integrated effectively with adult and child protection services and community planning.

## 3.5 Challenges to service delivery

Overall, CSWOs felt that services were able to meet their statutory demands, but there remain key challenges across different areas of social work.

### 3.5.1 Challenges for adult services

CSWOs reflect on several changes to service delivery. The biggest identified challenge is recruitment and retention, particularly threatening local authorities' ability to meet some statutory duties with regards to Mental Health Officers (MHO). To combat this, some CSWOs moved to a more centralised service delivery model rather than the previous arrangement where MHOs were team aligned. The rurality of service provision in some Justice Services Social Work departments, coupled with limited opportunities to source and facilitate 1:1 placements remains a challenge. However, it is anticipated that through increased promotion of services, presentations at Community Council meetings and regular articles highlighting work undertaken, new and diverse opportunities can be identified.

There are risks to delivery around specific additional demands on services arising from both the local demographics but also the impact of COVID-19 and responses on mental and physical wellbeing. There has been an increased demand for commissioned care services, particularly for learning and physical disabilities and the provision of overnight support. Carer stress in the context of the availability of day services and care at home services is also a risk.

Funding and resourcing are the biggest financial risks, arising from a combination of growth in service demand, challenges delivering a transformational change agenda in the absence of any additional resources, wider socio-economic uncertainty, and additional unknown COVID-19 cost implications. The provider market is also an ongoing risk, including the possible impact of COVID-19 on service sustainability for smaller services and the process of transitioning to purchase of services. The current fragility of provider organisations in the home care and care homes sector may require action and investment to secure sustainability in these important services.

### 3.5.2 Challenges to children and family services

Children and families social work was identified by several CSWO Annual Reports as particularly at risk regarding statutory services. There are currently several risk factors affecting children and family social work services. There is a lack of foster placements – a fostering recruitment strategy is in place with a rolling programme to recruit foster carers. Creative partnership working and a high profile and widely supported communication strategy are essential to this. Services also have limited controls for Unaccompanied Asylum-Seeking Children, though the proposed national

transfer scheme will offer additional resources. Increased housing options are required for emergency accommodation for young people to eradicate the need for B&B.

Independent advocacy services for children and families are limited. There are increasing pressures around service capacity to ensure that visits, Inter-agency Referral Discussions, Joint Investigative Interviews, Child Protection case conferences, Looked After Children reviews and Children's Hearings are held on time and with the required rigour. There is a continued increase in the requirement for supervised parental contact (directed by Children's Hearings and the court) which has significantly eroded the efficacy of the early intervention support role of Social Work Assistants. This has meant that the opportunity for quality early intervention, family and parenting support decreasing significantly alongside some disparity in service provision depending on the geographical area.

CSWOs acknowledge some challenges are compounded by the need to:

- identify young people at risk more timeously, particularly in relation to those with disabilities and those who may be exposed to emotional, sexual, physical abuse or neglect
- consider the input of the child more
- consider the increase in domestic abuse and bereavement and the impact on the physical and mental health of children and young people
- ensure access to food for children in poverty
- consider emergent issues such as heightened on-line risk
- consider the role of isolation and a deterioration in mental health
- negotiate the challenges of facilitating Family Time and the impact of this in court decisions on permanence planning

CSWOs reflected on several efforts to mitigate these challenges, which include:

- regular meetings of relevant groups to provide oversight of activity including through the framework of Committee subgroups
- data gathering and analysis within and across partners
- regular operational conference calls between agencies
- joined up implementation of partner strategies and plans
- home visits and ongoing 'virtual' contact with vulnerable children and families.
- ensuring staff awareness of, and adherence to, national and local guidance
- promotion of national and local awareness raising campaigns
- continuing multi-agency Learning and Development programme
- participation and involvement of children and young people and their families in service development is improving across CFSW
- service redesign and transformation to support people to remain or return to their own homes or a homely setting for as long as possible across all service groups

## 3.6 Quality assurance

Quality improvement and assurance systems are in place across a range of services. For example, one local authority has introduced an enhanced Health and Social Care Contract Management Framework, designed to:

- focus resources where they are required most
- allow for early identification and addressing of issues, concerns and risks
- collect and record more structured and consistent information across care groups
- allow autonomy for contract managers in how they conduct contract management activity
- promote more robust monitoring of financial and governance arrangements
- conduct monitoring in a standardised format, with frequency determined by level of risk

Another Reviewing Team developed a Quality Assurance Framework to look at practice standards across the board and the role of the Independent Reviewing Officers in building up and supporting robust quality assurance processes. They created a Quality Assurance calendar of audit activities to ensure they are continually reviewing their work. Most CSWOs reported on various internal mechanisms to monitor the quality of provision and any improvement activity required, including:

- direct supervision of front-line practice by team managers
- individual reviews of care plans and packages of care
- analysing social work complaints
- monitoring of service level agreement and contracts for the purchase of care
- regular case file audits
- an ongoing programme of quality assurance, reviews of teams and services
- routine performance monitoring
- self-evaluation through Customer Service Excellence
- monthly performance reporting
- multiagency self-evaluations

# 4. Resources

## 4.1 Financial pressures

All CSWOs reported working within tight financial constraints, with budgets incorporating year-on-year savings. Some CSWOs reported overall overspends, while others reported underspends – those reporting underspends often reported overspends within other individual services. All services are facing significant financial challenges resulting from a combination of increases in service demand, inflationary pressures, legislative reform, and heightened citizen expectations. These factors are set against a backdrop of core Government grant income that is not

keeping pace with demand. Councils have been severely affected by the impacts of the pandemic, resulting in increased expenditure demands and large reductions in income.

During the final months of 2019/20 services began to be impacted both operationally and financially by COVID-19. CSWO Annual Reports also indicate that reserves are being spent across most local authorities. Staffing costs, especially around agency work, have also increased. Management Teams have undertaken significant work to prepare projections, plans and models which estimate the operational and cost impact of COVID-19 on service delivery.

The main areas of pressure continue to be care at home, looked-after children and learning disability care packages. Generally, these areas overspend due to provision being demand led and subject to fluctuations throughout the year. These services are at times difficult to deliver within budget as some can be low volume but high cost.

For many services, overspend has been exacerbated by the Children and Young People (Scotland) Act extending the age support is provided from 18 to 26, the impact of young people in Continuing Care and the introduction of Aftercare. This has a significant impact on the Children and Families budget but puts services in a better position to ensure good outcomes.

Whilst there is undoubtedly increasing demand on services across all groups, the main challenge for services' capacity is the increasing complexity of those requiring support. This is particularly apparent when considering medical advances and the associated consequences of living with long-term conditions such as heart disease or respiratory illness. In addition, services are seeing a rapid increase in requests for mental health support for children and young adults.

The 2018/19 CSWO report shows significant pressures in justice services social work arising from increasing demand and the issues associated with the new national funding formula agreed by COSLA and the Scottish Government. This new model has added some pressure to the overall justice service. The extension of PASS is resulting in more community payback orders and remains likely to have further impact on resources and the performance of the justice services in future years.

Efforts to mitigate these financial pressures include:

- the implementation of a financial recovery plan, contributing to a steady reduction to the forecast overspend despite new demands
- continuous efforts to develop early intervention and preventative work
- shifting the pattern of spend from institutional to community settings
- reviewing Care at Home activities including client charging and maximisation of service provision based on identified need
- continued scrutiny of attendance management policies to reduce absence levels
- increasing the number of local foster carers to reduce external placements
- integrating and streamlining teams and using technology to deliver services more efficiently, release financial savings and protect front line services

- managing demand through a strategic commissioning review
- future service redesign including greater embedded multi-disciplinary collaborations and shared outcomes

Financial modelling has also looked at the impact and benefit of creating different care models, which would include an increase in reablement approaches and care at home delivery models.

## 4.2 Looking ahead

It is clear that 2020-21 will be dominated by the ongoing financial and operational impact of COVID-19. Several services are gradually being reintroduced, and it is recognised that significant service redesign is likely to be required in response to ongoing social distancing requirements and new ways of working. Given the uncertainty in terms of the duration, the impact on demand, and the potential costs involved, COVID-19 represents a significant financial risk. Provision of PPE and use of agency staff to ensure service provision are creating unanticipated costs.

The past year has highlighted the absolute necessity of sufficient provision and quality of social work and social care services. Demand is only likely to increase, as is the need to continually improve and innovate to meet the complexity of need in communities. The financial framework within which these services are delivered must keep pace to allow these developments to take place.

# 5. Workforce

## 5.1 Workforce Planning: staffing and recruitment challenges

CSWOs reported on workforce planning taking place at HSCP / IJB level. However, there was also evidence of this going beyond statutory partners to involve third and independent sector partners. With a limited labour pool available and increasing demand, recruitment within Adult Social Care and Children services is an ongoing activity, with particular challenges in recruiting social care assistants and home care staff. During 2019 services needed to recruit agency social care staff for brief periods of time to ensure ongoing safe delivery of service. It is likely this will continue.

Many services face a potential crisis in the provision of care and support services over the coming years, with an increasing older population and fewer people coming into a labour market that is increasingly competitive and impacted by high living costs. There is a national challenge in recruiting MHO staff and attracting MHOs to practice in the islands and rural areas has been challenging, with some vacancies requiring multiple rounds of recruitment and even then, leading to no appointments.

Staffing and recruitment are also impacted by the age and experience of the workforce. Vacancy applications are predominantly made by newly qualified social workers which can mean



imbalances of experience in teams and additional management time for supervision. Care at Home services have an identified ageing workforce and a significant number of staff who will be at retirement age within the next 5 years. This area of recruitment has been a challenge for several years.

The significant number of issues from COVID-19 around team capacity and home working, including maintaining confidentiality, effective professional learning opportunities, robust assessment, and meaningful team working has resulted in fewer social work student placement offers. It is expected that numbers graduating in 2021 may be lower than normal. Services have been encouraged, wherever possible, to provide student placements as the projected impact of low final year placement opportunities will undoubtedly impact on service's ability to recruit in the future.

CSWOs report on a range of strategies to tackle workforce challenges. Edinburgh for example, worked extensively with the Council Resourcing Team to benefit from the National Recruitment Campaign for Adult Social Care. The Partnership has been successful in identifying 30 new staff to join the Adult Social Care teams across Care Homes in the City.

## 5.2 Workforce training and development

Training and development was a challenge in 2019/20 due to financial constraints and staff capacity and requires attention moving forward to support the changes in practice required in social work.

Learning and Development Teams work with directorates and service areas to support essential learning qualifications, continuous professional development, and practice learning. This involves the facilitation of in-house learning delivery and working with providers to deliver opportunities to employees. Despite the financial challenges that the Partnerships face, CSWOs reflected on the importance of professional and career development opportunities offered to social care employees. In planning learning and development opportunities over this year, some CSWOs reflected on the importance of ensuring a cohesive alignment with services' broader strategic goals.

The core social work learning and development curriculum remains consistent in professional practice areas (e.g., child protection, ASP) with courses reviewed and developed alongside changes to legislation, strategic drivers, and practice developments. Services continue to assess succession planning, career pathways, talent management, leadership and management development.

For example, in Stirling learning and training matrices are in place for Children and Families and Justice Services which detail core required learning and are embedded into the ERIN (personnel information) system so that staff and managers can manage their learning. They also introduced integrated learning for health and social care support staff in relation to several health care skills

and a wealth of Safe Practice courses including Advanced Moving and Handling for Occupational Therapists.

Several CSWOs report that since the outbreak of COVID-19 and the availability of 'Microsoft Teams', the attendance of people at training sessions has increased. The feedback has been that there has been time to do this due to less time travelling.

### 5.3 Workforce health and wellbeing

Significant attention is being paid to key issues in the workforce, particularly mental health, stress, presenteeism and leaveism, as well as risks to wellbeing from technology, in particular the 'always on' culture. Taking action to identify and reduce stress in the workplace has seen partnerships increase awareness of mental health issues and provide learning and development opportunities aimed at building personal resilience and offering employee assistance programmes.

## 6. COVID-19

The CSWOs all recognised the significant impact the COVID-19 pandemic, infection control measures, and social distancing has had on social work, social care staff, and the community. The service has continued to put the safety and welfare of people who use services and their families at the centre of planning and intervention, while managing considerable operational issues, and rapid changes to staff working and personal lives. Substantial work was undertaken on business continuity planning, and although social workers, care managers and social care staff continued to work in the community some services had to be redesigned to accommodate a more remote and personalised approach. An emphasis was placed on making the best use of technology.

The initial stages of the pandemic were particularly challenging given the volume and pace of change, all while maintaining essential services. Children's and Adult Social Work were identified as critical services and continued to be fully operational during the pandemic. Key offices were made available for direct work with members of the public with measures in place to minimise transmission, including hygiene, PPE, occupational health assessments and risk assessments.

Recognition of social work and social care staff, and the leadership team's role in the response and subsequent planning for recovery throughout the pandemic is seen across the reports, particularly the work of front-line practitioners, residential and care home staff. Many acknowledged the continuing need to support skilled and valued staff through the complexities and stresses of COVID-19. Qualities like motivation, flexibility, dedication, resilience, professionalism, and commitment in the face of challenges and constraints are highlighted. Staff were commended for responding to uncertainty with agility and a willingness to work in different ways.

## 6.1 Impact on workforce

### 6.1.2 Staffing

Managing staffing levels, sickness, and vacancies proved challenging, particularly while staff were adapting to homeworking, or working with people during a pandemic. There was an increase in sickness absence at the start of the pandemic but no reports of significant absences, though some areas discovered higher than anticipated numbers of staff with underlying health conditions. One of the knock-on effects of the response to the pandemic has been the lower use of annual leave.

Staff moved to working flexibly both in offices and from home. This, alongside office rotas, staff rotation and redeployment helped ensure the sustainability of service delivery. Some frontline staff worked from team 'bubbles' to ensure a balance between service delivery, risk management and social distancing.

Proactive recruitment and early investment prior to, and at the start of, the pandemic proved critical to maintaining care capacity and to the wider health and social care response. This helped alleviate pressures from complexity of care and provide resilience to higher-than-normal levels of staff absence.

Redeploying staff from closed services to care homes and care at home teams enabled services to run as close to normal as possible, but also required remaining staff to cover colleagues' caseloads. Restrictions on staff moving from other geographical locations did create some issues, and there is a general need to consider the different situation of more remote parts of the country, particularly around digital connectivity, and smaller systems where staff may already have multiple roles and responsibilities. Reductions in some services such as education and health visiting or stops to face-to-face contact placed additional demands on staff to cover these gaps.

### 6.1.4 Mental Health

Mental health and levels of stress and anxiety due to COVID-19 were frequently raised for the social care workforce, unpaid carers, and those being supported - exacerbated by revised working arrangements, lack of face-to-face assessment, and the increased risk of infection for those still working on the frontline. Protecting mental health and wellbeing of the workforce is seen as a priority. Local authorities coordinated wellbeing support for the workforce, communities, and the wider sectors. Examples include distribution of a workforce Mental Wellbeing Toolkit for managers, and promotion of digital platforms for remote supervision sessions.

### 6.1.5 Supervision

Social care and social work staff need high quality supervision and support, particularly newly qualified employees and those working with the most complex and high-risk cases. Remote and home working can mean social work teams are missing professional supervision, peer support

from colleagues, and the positive benefits of close team-working within the workplace. Managers are working to ensure support and regular supervision continues. Some areas have carried out internal surveying to monitor staff satisfaction.

### 6.1.7 Training

The opportunity for national learning across all sectors has been stopped or delayed. Given the issues around face-to-face training most areas are looking at ways to develop virtual and blended learning opportunities using platforms such as WebEx and Teams. This will have a particular impact on new staff joining social care and those ready to progress in their careers.

## 6.2 Impact on services

A few reports emphasised the importance of the CSWO role in a coordinated, whole system approach to managing the response to the COVID-19 pandemic. For example, East Lothian highlights the raised profile of the CSWO around care home and care at home services. North Lanarkshire and Perth and Kinross highlight the CSWO role in informing the delivery of a range of support services, identifying the thresholds of intervention and the targeting of support across public service delivery, and ensuring the needs of the most vulnerable and at-risk were met.

While almost all social work services have continued, with an emphasis on remote working, there have been significant impacts on service delivery, operating arrangements and on the needs of the people being supported, particularly across day care, respite, support packages and group work. Staff availability initially impacted delivery but was lessened in some services by a reduction in demand. In East Renfrewshire though there was a significant increase in the number of children required to be removed from their families. Dumfries & Galloway worked and intervened with an increasing number of children and families they had no previous contact with, and who previously would not have reached the statutory level of intervention but needed support due to the impact of the pandemic.

Initial limited availability and access to IT equipment and digital / software platforms to support remote working and distanced support created some problems. Most meetings, including with clients, are now taking place virtually using tele- and videoconferencing. Case discussions are taking place on NHS Near Me, and platforms like Microsoft Teams have been integrated into remote working practices. The absence of a single IT platform, or different systems that connect, impacted on the effectiveness of multi-agency working. It is also worth noting that not everyone being supported is comfortable, confident, or able to access the necessary hardware or connectivity to use virtual communication.

The need for face-to-face contact with the most vulnerable and at risk has required adapting to different means of communication, often at non-traditional times, including messaging services

such as WhatsApp, group calls and video technology. Children's services during lockdown saw some parents provided with smartphones for video calls with their children.

Many local authorities used Red Amber Green (RAG) traffic light systems, risk management, contingency and continuity plans to ensure statutory requirements were being met, and to review and prioritise support. The demand on services has shifted from emergency response for basic needs at the start of the pandemic, to supporting increasing numbers of individuals deemed to be vulnerable, due to mental health and substance misuse. The introduction of temporary legislative changes under the Coronavirus (Scotland) Act 2020, has affected Mental Health Officer practice both in terms of the Mental Health (Care and Treatment) Scotland Act 2003 and Adults with Incapacity Act (Scotland) Act 2000.

Some local authorities found a previous emphasis on self-directed support, social prescribing and day opportunities models has mitigated some of the impact of COVID-19 on service delivery. For example, integrated day services for older adults moving to an outreach model with some staff supporting care at home and others home respite.

Significant work is ongoing to reshape the delivery of services in light of restrictions, including moves to a seven-day service, an increased emphasis on technology enabled care, day care provision, and patient flow from the hospital to community settings. COVID-19 also saw the use or repurposing of specific teams, such as the Care Response Team in the Highlands, to deal with situations where care services were impacted.

System changes have also led to positive results. Remote working saw increased meeting attendance for those usually unable to attend in person. Young people are actively engaging with on-line rather than office-based Children's Hearings. The programme of early release of a limited number of short-term sentenced prisoners highlighted the benefits of a multi-agency, proactive, planning approach.

### 6.2.1 Residential fostering adoptions

Residential, fostering and adoptions services were particularly challenged. Staff and carers found it difficult to keep children and young people busy and stimulated alongside limited family contact, educational input, and opportunities to participate in activities. Some of this was moderated using technology, crafts, alternative learning strategies such as virtual lessons, exercise programmes, and games nights.

### 6.2.2 Justice services

The closure of the courts and the need to suspend the delivery of unpaid work and the progress of rehabilitation has had serious impact. While unpaid work has restarted, it is at a much-reduced capacity, with a significant backlog. Children's Hearings have been held virtually, but again at much reduced capacity. There is an expected demand on services post-lockdown.

### 6.2.3 Hubs

With many buildings and offices closed due to the pandemic, services moved to a Hub model of delivery. For vulnerable children some were based around local schools, resourced on a multi-service basis, for early and preventative support. Other Community Assistance hubs led locally by the social work locality managers involved a range of NHS, third sector and community partners.

### 6.2.4 Care homes

Care homes have been particularly challenged and affected by the pandemic on a personal and procedural level - including the impact of resident deaths, the lockdown, the testing regime, and in some cases police investigations. All providers require additional support, flexibility, and responsiveness to constantly changing practices. Work is now taking place to identify how local enhanced care home assurance and support and workforce requirements will be delivered after the pandemic eases. Care Home Assessment and Review Teams, Care Home Oversight Groups alongside health and social care workers are working in close partnership with care home providers to ensure residents remain as safe as possible during this period, with roles in the ongoing implementation of infection prevention and control measures, data reporting requirements, required changes in practice, and support for staff.

### 6.2.5 Shielding

Services have taken a direct role in supporting the design and delivery of support to people shielding, for example the Shielding and Humanitarian Aid Angus Response Team (HAART) which offers multi-service, trauma informed support. These services have several functions, from dealing with telephone queries and requests, food and prescription deliveries, and coordinating financial and emotional support and information. As the pandemic progressed the services increased focus from those formally shielding to dealing with the wider and more vulnerable groups of people set out in the national guidance.

### 6.2.6 Carers

The pandemic and associated restrictions have been particularly challenging for unpaid carers. Some CSWOs report a clear reduction from March 2020 in the number of new Adult Care Support Plans due to COVID-19 and an increase in awareness activities for young carers and support provisions. The need to consider the impact of the pandemic, distancing and lockdown on unpaid carers was frequently identified, with limited or reduced availability of support services such as respite care and lack of alternatives. This usually centred on learning what the key issues were for carers, often working with third sector, carers representative groups and community resilience groups to share information about support, advice, and resources.

Some services adapted by supporting carers to complete emergency and support plans to find the best ways to support carers during the pandemic. Some moved face-to-face services to phone and video or offered online training around specific conditions. Others offered a short-term Carers Sitting Service to allow carers a short break from their caring role.

### 6.2.7 Partnerships

A focus on collaborative working with local and national partners, providers and community groups was key to maintaining interventions and support to those most in need, particularly at the start of the pandemic and during recurring lockdown restrictions. Local Operational Groups have been mapping family support services to identify gaps and engage with families around support. The main challenges to this interagency working were a lack of system connectivity and functionality and sometimes conflicting demands and responses to guidance.

## 6.3 Key priorities for recovery

The transition from response to recovery, and resuming paused or scaled down services, will see an increase in demand for, and backlog of, services. The impact and implications it will have for the workforce, communities, and individuals is still largely unknown. There is already a visible increase in referrals in child and adult protection generally, but also around frailty, mental health, substance misuse, domestic violence, and crisis support for carers.

Most reports note the need to factor in both the inevitable economic and social challenges post-pandemic, and the desire for public sector reform into any recovery planning. Medium to long term financial planning is essential given the challenges before the pandemic, the impact of the responses, the potential implications of Brexit, further austerity, and future transformation of services and legislation. Of particular note is the sustainability of care homes, care at home, the increased demands for services, and the legislative and protection elements in social care.

The levels and impact of poverty and inequality remain a major concern. The correlation between increases in unemployment and financial hardship to higher numbers of social work referrals means there is an expected increase in demand for both adult and children's services.

Local authorities are establishing or developing a programme to look at recovery from the pandemic and delivery of services now and in the future. These include communication and implementation of national public health advice, the reintroduction of services adapted for social distancing and digital delivery, the financial consequences of the pandemic, multi-disciplinary, integrated and partnership working, general resilience, and future proofing.

### 6.3.1 Services

The social care landscapes and priorities have changed and workplans will have to reflect this, and lessons learned, from the pandemic response. Improved collaborative working is a key component

to making the best use of local resources. There will be a continued focus on improving workforce planning, meeting demands and risk management, with COVID-19 highlighting the extent of underlying health and childcare issues within teams.

All local authorities anticipate increasing resource pressures across social care services, particularly around the anticipated impact on the safety, health and wellbeing of children, families, and adults. It will require closely monitoring staffing to ensure safe levels during and after recovery. The increased blending of home and office-based work could also necessitate a review of the office and accommodation needs of services. There is a greater need for, and use of technology, with flexible and home working, virtual assessments and changing communication needs. A review and procurement of equipment and resources is needed, such as upgrades for effective video communication. This was raised specifically around learning for newly qualified social workers.

Borders are using referral management software to integrate referral management across primary and secondary care, social work, social care, and communities. It also provides a way to aggregate data on population, need and demand to support more effective service development, and faster, more appropriate, local responses.

### 6.3.2 Technology

Aside from the logistical requirements, an increased use of technology and remote working raises issues in social work which has a strong foundation in relationship-based practice. Digital engagement means ensuring digital access for people. It also has the potential to improve opportunities for greater engagement and participation. Programmes like Connecting Scotland seek to improve digital connectivity for people who are isolated. The virtual Fostering, Kinship and Permanence panels allowed work to progress supporting children who have been assessed as requiring permanent alternative care arrangements and to review and approve foster and kinship carers and adoptive parents.

### 6.3.3 Day care and care homes

Continuing sustainable support for care home and care at home services is one of the key priorities for managing infection, prevention and control and the accompanying demands and workforce pressures. Some local authorities have taken the opportunity to look at redesigning services. There has been considerable social work input to NHS Grampian's 'Remobilise, Recover and Redesign' framework which includes care home support around infection prevention, end of life care and workforce requirement. Where respite and day services are closed alternative outreach and community supports need to be found. Reopening these services with accompanying national guidance is a priority.



### 6.3.4 Justice services

Fully re-establishing court business and working to avoid unnecessary delays is the key priority for justice services, for both adults and children's hearings. Like other services, demand is likely to increase during recovery. There is an emphasis on support for the safe resumption of unpaid work where possible, and ways to accommodate the sizable existing backlog. Even with the legislated extensions it is unclear how these hours can be completed alongside the expected influx of new orders, particularly when working group size is restricted, social distancing is required, and transport is limited.

Prison and Parole board business requires different approaches, with an increased need for telephone and video for services such as parole hearings and custody interviews, alongside resuming face-to-face interventions for reports and offence-focused interventions.

### 6.3.5 Children's services

Children's support and rights are central to recovery and renewal plans. Children and young people's service priorities are focusing on maintaining existing levels of care and relationships; partnership working with third sector providers; the increase in looked after and displaced children; emotional and mental health; new methods of communication and use of technology; education; and vulnerable and care experienced children and early years. Feedback from families and young people in Aberdeen highlighted the importance of a relational approach, more practical and emotional support, and the use and ease of digital communication for engagement.

### 6.3.6 Mental health

Mental health is noted as a key priority during recovery. This involves maintaining services, while working around the limits on face-to-face contact and improving flexibility around in-patient services. Frequently noted areas are alcohol and substance misuse; counselling; bereavement; suicide support; early intervention; self-management; children and young people; and poverty and financial hardship. For some this means increased staffing in community mental health teams to manage increased demand. For others remobilising and increased funding for third sector commissioned services like Penumbra, Streets Ahead and Carr Gomm will be key to safe and sustainable recovery.