

Chief Social Work Officers Annual Report Summary 2020-2021



June 2022

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Foreword

The pandemic created much disruption and uncertainty in our lives, and resulted in a significant increase in the workload pressures on those delivering our social work services. Although, the pandemic has had a negative effect on everyone, it has disproportionately affected the most vulnerable members of society. The pandemic effects will be felt for years to come, and will continue to put pressure on workloads across the social care sector.

I am pleased to welcome the publication of this Report, which pays just tribute to the incredible work carried out daily by social workers across Scotland and highlights the life changing work that has continued despite the pressures resulting from the pandemic.

The work of social workers in supporting, empowering and, where necessary, protecting the most vulnerable members of society has never been more important, and I would like to express the Scottish Government's gratitude for their unwavering dedication.

We aspire for social work in Scotland to be of the highest order, and essential to this aspiration ensuring we have a skilled, empathic and dedicated workforce to deliver it. Covid-19 shone a light on the silent contribution made by social workers, who often went above and beyond to support people in difficult circumstances. People saw a workforce that, in the face of increasing challenges and constant pressures, worked tirelessly to support fundamental human rights and relationships, bringing love, care and support to many at a time of fear, uncertainty and isolation.

This report is an opportunity to shine a well-deserved spotlight on the invaluable contributions of social workers and the difference they all make to so many people's lives, as well as the difficult challenges they have faced, which have been well documented by the Social Work Scotland report, [Setting the Bar](#), which highlights the many challenges faced across the sector including a growing demand across adults, children's and justice social work. It also highlights the importance of supporting our future workforce to meet the growing demands for support from across all parts of society. Social work professionals need to have the time to build relationships and trust, undertake person-centred assessments, plan for the future, and arrange or provide appropriate support. Excessive workloads make it difficult for case holding social workers to achieve their best practice and support people effectively in what are often challenging and complex situations.

Looking ahead, the proposals for a National Care Service and the overwhelming support for a national social work agency offer opportunities to build on and promote the role of social work offer us a chance to redesign our approach to care and support, helping us to deliver on our many commitments including, Keeping the Promise, UNCRC, GIRFEC and the Bairns' Hoose, and still react swiftly to sudden crises, such as supporting refugees.

Above all, it presents us with the opportunity to consider what kind of social work we want for Scotland, and how we can deliver the relational and community-based practice models that are required, ensuring our workforce is valued and supported to do their demanding roles.

Iona Colvin, Chief Social Work Adviser

The Chief Social Work Officer (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. The reports can be found on Council websites.

Iriss is funded by the Office of The Chief Social Work Adviser, Scottish Government to undertake analysis and produce an overview of the CSWO annual reports. This summary is intended to highlight key themes drawn from the 32 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.

In light of events over the past two years, this report focuses on the pandemic and gives a general overview of the effects on the social work landscape in Scotland.

Introduction

This reporting period saw the national lockdown and introduction of emergency legislation (Coronavirus Act 2020, Coronavirus (Scotland) Regulations). Services remained operational whilst adjusting to new regulations and guidance, but all were impacted, reorganised, reduced or disrupted. The challenges faced - communication, workforce, equipment provision, operational pressures - were unprecedented.

Most social workers were working remotely, with some core work continuing in new or redesigned premises, and outwith high risk service users most face to face contact initially stopped. There was a significant move to digital working, including the use of video and teleconference and online meeting platforms such as Teams, Zoom and Near Me.

Alongside this, work was undertaken to train and upskill staff for redeployment to support other sectors.

In the early stages CSWOs focussed on continuing essential services, supporting the most vulnerable children, families and older people, sometimes in very different ways. As things progressed it became about balancing between responding to Covid and continuing to provide core social work and social care services.

Thinking began around hidden harms, increased complexity, and demand for support as restrictions eased. Many individuals and families, previously not considered as vulnerable, were presenting for the first time. East Renfrewshire for example were already seeing a rise in public protection activity, domestic abuse incidents, child and adult protection inquiries, notifications of concern and mental distress, and the physical and mental health impact on unpaid carers.

Covid, and the responses to it, demonstrated the range of responsibilities and the benefits of true partnership working with agencies, families, unpaid carers, and volunteers across social work and social care services in delivering support. All CSWO reports recognised the challenges faced and commended the workforce for its resilience, innovation, flexibility, and commitment.

As recovery planning begins, learning from the changes to service delivery, both positive and negative, is being considered, but the impact of the pandemic on services will continue for months if not years.

Governance

Services quickly moved to reflect changes to legislation and guidance from Public Health Scotland, ensuring provision of essential services, while protecting staff, service users and the wider community.

Boards and groups developed in line with this. Normal governance arrangements changed, and additional governance structures were established. In Glasgow for example the existing HSCP Executive Group was extended to include key officers from across the service to form a Service Crisis Management Team. They also set up daily huddles around the 5 care homes operated by the HSCP. These were led by the Assistant Chief Officer (Operational Care Services), and include Public Health, Nursing and QSW Service Managers, representing the professional care governance role of the CSWO and providing advice.

Meetings increased in frequency. Leadership and portfolio huddles developed (and in Aberdeen have continued, feeding into the wider Council and Partnership response). Oversight groups were set up to coordinate local responses to the pandemic, share information, develop and update risk registers, and assess the impact of restrictions.

In Clackmannanshire enhanced governance arrangements and senior leadership groups, particularly for care homes and care at home services were established. Across Forth Valley, the Care Home Strategic Oversight and Assurance Group - consisting of strategic leaders - continue to meet weekly, working collaboratively to support local care homes, alongside consideration of infection control measures and data analysis.

Additional capacity and oversight in relation to assurance of Care Home services was added to the CSWO role in Aberdeen. This was also seen in Shetland where the CSWO role became more prominent particularly around care homes, data on the council's delivery of statutory functions, compliance with Covid guidance, and temporary legislative changes.

The Scottish Government reminded partnerships that Chief Officers Groups have a central role in the oversight of risk management in respect of public protection, suggesting increased frequency of meetings and supporting oversight by introducing a weekly data set.

At the start of the pandemic the three Forth Valley CSWOs recommended their Chief Officer Groups combine temporarily into one overarching group. A specific Covid-19 remit and dedicated risk register were developed to ensure focus, assurance and scrutiny on the right areas - staffing levels, changes in demand, capacity, information sharing, resilience and domestic abuse.

The COG also led on wider adaptations to governance, leadership, and strategic planning functions during the pandemic response period in Dundee. This ensured more regular opportunities for the escalation of risk from operational services, identification of mitigating actions and support required from senior leaders, and enhanced joint working at committee level and particularly between the Child Protection Committee, Alcohol and Drugs Partnership, and Violence Against Women Partnership.

Resources

Financial pressures

Throughout 2020-21, the impact of the pandemic was felt profoundly on the health and social care needs of the population, how services are delivered, health inequalities, and the health and wellbeing of the workforce, including unpaid carers. CSWOs again report working with increasingly tighter budgets, with the pandemic significantly affecting budgets.

Budgets agreed in March 2020 did not take into account the pressures preceding the pandemic - increases in service demand, an ageing population, inflationary pressures, legislative reform, and heightened citizen expectations - and many Local Authorities (LA's) felt unprepared, vulnerable to risk and uncertainty the pandemic brought, with significant extra spending in:

- staffing - cover for absent staff and revised service delivery arrangements to ensure the safety of service users and staff
- equipment and materials - most notably on personal protective equipment to protect staff and slow down the spread of the virus
- income loss - a reduction in care fee revenues collected due to service closures and reduced activity
- additional care packages and capacity - primarily to transfer people out of local hospitals to care homes or home with support

Specifically, areas like care at home and looked-after children were tested as a result of required adaptations. The most significant pressures remain in external residential care, high tariff secure placements, and external fostering.

Additional funding was made available to LA's in order to meet the Covid-19 pressures, though notification wasn't made until December 2020 and it was restricted in nature and timescale for spending. Like many LA's, Falkirk Justice services for example, were unable to accept the funding as it could not be spent on anything that would have supported their needs within the timeframe and criteria specified.

The additional funding led to many LA's reporting an underspend in some service areas, but some CSWOs seeing an overall overspend, highlighting areas like continuing care, care at home and looked after children. The overspend was generally demand led and subject to fluctuation throughout the year. Even in normal circumstances these services are at times difficult to deliver within budget, as they can be low volume but high cost.

LA 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.

The main challenges to service capacity are the longer term adaptations to the pandemic, and the stabilising of the workforce. Efforts to mitigate these financial pressures include:

- implementation of financial recovery and renewal plans
- reviewing third party public body spend
- standardised monitoring to support contract reviewing arrangements
- a third sector and contracted provision resource directory for practitioners
- continuous efforts to develop early intervention and preventative work
- whole systems approaches to delivering new and more efficient operating models
- shifting the pattern of spend from institutional to community settings
- reviewing Care at Home activities
- 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
- managing demand through a strategic commissioning review
- future service redesign
- greater embedded multi-disciplinary collaborations and shared outcomes
- improving staff retention and turnover by implementing staff wellbeing policies

Many LA's reported a period of review of budgets and financial modelling strategies to ensure the sustainability of their services, such as looking at the impact and benefit of creating different care models, including an increase in reablement approaches and care at home delivery models. In response to the long term impacts of Covid-19, overall reporting suggests a more proactive, less reactive approach to the financial pressures and realities of service delivery.

Looking ahead

The past year has highlighted the absolute necessity of sufficient provision and quality of social work and social care services. There has been a significant level of uncertainty, and it is clear that 2021-22 will be dominated by the ongoing financial and operational impact of Covid-19. 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.

It is recognised that significant service redesign is likely to be required in response to new ways of working. East Lothian report on their Transforming Services for Children programme, developed following a previous deep-dive into historic overspends in Children's Services. Reducing demand was a significant lever for change, and this could only be achieved by other services and partners providing effective early intervention, universal services, and preventative activities and support for children, young people and their families.

LA's overall highlighted:

- the need to further strengthen partnership and integration with other professions
- finding solutions at a local level and working across service boundaries
- they are still in the early stages of recovery or remain in response mode
- concern regarding the provision of financial support to implement the findings of recent reviews
- the impacts of Brexit, such as employment rights of staff from EU countries

Public Protection

Covid meant LA's and their partners had to prioritise their essential duties. In public protection this led to:

- the merging of Public Protection Chief Officers Groups (e.g. Falkirk)
- the development of pandemic specific work plans
- increased frequency of meetings
- increased collection and use of data
- establishment and development of frameworks for assurance and oversight
- increased awareness raising
- creation and monitoring of covid risk registers

In East Ayrshire the pandemic oversight work evolved and adapted, with the focus shifting from operational and safety planning towards horizon scanning and support for recovery. It remains in place to support real-time risk assessment and mitigations to prevent harm and ensure multi-agency responses adapt to new needs.

Public protection committees have overseen a number of developments to further strengthen the multi-agency pandemic response to adults and children who are at risk, including:

- additional investment in IT equipment to support frontline staff
- enhanced operational arrangements in response to increasing risk associated with domestic abuse
- strengthening joint working arrangements around statutory and third sector substance use services
- resources to support practitioners responding to enhanced levels and complexity of risk and need

Service Performance & Quality

Children & Families

Covid-19 presented significant challenges for services and the vulnerable children and families supported. The commitment and dedication of frontline staff was recognised. The

wider impacts have seen children experience disruption in relationships, including professional, social, and school supports. Families have experienced challenges due to increased unemployment and furlough schemes. Restrictions have led to delays in decision making, assessments, and Children's Hearings.

Restrictions on travel and meeting people affected the ability of social workers to have face to face meetings, visit homes, and carry out assessment activity. Services have adopted varied approaches to engagement, using a blend of office-based, community-based and virtual contact. Social workers found new and innovative ways to engage with children, young people and their families outdoors but also through virtual baking, craft sessions and games. Feedback has been positive. Some services, such as Stirling, having already developed mobile working capacity, found the switch to blended working easier to establish. Many will now build on the opportunities and benefits offered by this transition to online and virtual working.

New working and resource sharing methods were required. For example, the Midlothian People and Partnership Directorate introduced a guidance document which included a gatekeeping process to review referrals for families in need and provide appropriate supports, including 1:1 youth work and places at early years and school hubs.

Collaborative and partnership working became more important than ever across Adult Services, Education, and Health to ensure support continued, particularly while schools were closed. In Aberdeenshire, Children's Services worked closely with education to ensure Hub provision was extended quickly and without stigma to families experiencing particular vulnerabilities and hardship. Angus worked with Education and Lifelong Learning colleagues to ensure families had access to resources necessary to support children's learning at home.

The most immediate impacts were seen in delays to services such as short break respite for children and young people with complex needs, longer timescales for foster carer assessments, backlogs of Children's Hearing meetings, and delays in formal decision-making for alternative permanent care. There is a recognition across the service of:

- an increase in complexity of child protection concerns, including those who've not previously been in contact with social work services
- the potential hidden harm experienced by children during the pandemic
- an anticipated increase in demand for social work services over the next year

Child Protection

There were some increases in child protection referrals and registrations, partly due to the effects of Covid-19 - emotional and financial stress, increase in substance use, increase in domestic abuse rates. Borders and Aberdeen suggest one impact from the pandemic was on decision making, with other services provisions reduced, practitioners adopted caution and viewed registration as ensuring support was provided.

Service delivery was adapted. Multi agency operational management groups were established to coordinate responses to the pandemic alongside the maintenance of core

services - bringing together all aspects of public protection activity including child protection, adult support and protection, gender based violence, alcohol and drugs and Multi-agency Public Protection Arrangements. There was a clear focus on collaborative working with local and national partners, providers and community groups.

Child Protection Committee meetings were increased to ensure opportunities to discuss challenges, risks, good practice, and local operational arrangements. Regular reviewing and reporting on the status of all children and young people was undertaken on a weekly basis by Locality Managers to ensure the appropriate level of support was being provided based on assessed risk. Midlothian produced interim guidance to supplement the national child protection guidance.

Support

Poverty and financial support

Poverty has been exacerbated by the pandemic. There was a focus on financial support to families in various forms, including food parcels, help with fuel debt, and financial advice. Action for Children in Dumfries partnered with Barnardo's to ensure financial support was available and accessible.

Inverclyde children's services provided financial support to families most affected by poverty. Social work staff applied for payments for identified families that reflected their situation and the most impactful way to support them. They used a model comparable to self-directed support to promote choice and enshrine the families as experts in their own needs. They looked at some aspects of poverty related neglect, in particular living environments. The average payment was around £1300 though some received more allowing for large scale improvements to home environments.

A Financial Poverty group was established during the pandemic as part of wider wellbeing recovery and renewal agenda in East Ayrshire and an Action Plan developed to target a range of poverty related concerns.

Children and Families teams in North Ayrshire worked with families to offer payments for care experienced young people to spend on an area of interest or passion, such as National Trust subscriptions and sports.

West Dunbartonshire used the Scottish Government Winter Support funding to provide opportunities for children with additional needs to engage in activities at home, as well as exercise and respite. Children who are looked after, in kinship placements and vulnerable families were supported in a range of ways including outdoor activities and IT equipment.

Inclusive support

The Inclusive Support Service in East Renfrewshire consists of three services - holiday provision, out of school activity clubs and individualised support services - providing targeted

support for children and young people aged 5-18 years with complex health or behavioural support needs. They refocused activity during the pandemic by working closely with partners in Education, Health and Adult Social Care Services and adapting service delivery through things like personalised activity boxes, videos, calls, online chats, outdoor programmes and intensive support at HUB provisions.

Hubs

Creating or developing hubs was a common way to provide safe support for children and families. North Ayrshire worked closely with Education colleagues to create hubs for both children of key workers and those who were vulnerable. These hubs provided quality environments for children and promoted resilience at a time of national anxiety through positive play and inclusion.

The Hawthorn Family Learning Centre team in Midlothian were active in providing whole family support via a Hub, supporting children, their siblings and new families during lockdown and school holidays, providing food and support with learning and activities. Based on learning from the pandemic Hawthorn made changes improving referral and induction processes, reintroducing 3-5 placements, routinely providing home learning packs, and extending registration and support from birth to the end of primary school.

The Vulnerable Valuable Learners Hubs in Aberdeen further developed to focus on the safety, health and wellbeing of children and their families, with the capacity to self-refer, enabling them to access the variety of support on offer.

Children's Rights and Participation

The participation of children, their families and carers is a key aspect of children's social work. The gathering and sharing of views is integral to assessment, care planning and intervention. The pandemic required innovative practice to ensure this continued effectively. A blended approach of virtual and physical activity was used dependent on restrictions, with much higher levels of online engagement, more use of apps, websites, social media, and virtual drop-in's.

East Lothians champions board sessions took place on Zoom but with higher levels of online fatigue as restrictions and lockdown went on and a reduction in engagement. The Champs team had three update meetings with Ambassadors during this reporting period where young people shared their experiences of loneliness, isolation, mental health, and poverty.

Regular national online meetings with Champions Boards enabled sharing of best practice as different areas worked to meet the demands and impact of the pandemic on care experienced young people in terms of accessing support, education, and wellbeing.

Advocacy

Advocacy services continued to provide support virtually through the pandemic. For children and young people who did not have access to technology Independent Advocacy Perth and Kinross staff wrote letters and cards and included a pre-addressed envelope, so that the

children and young people could write back for free. This ensured that contact between the child and Independent Advocate was sustained throughout lockdown.

Services

Services adapted and evolved to meet changing needs and priorities. Falkirk, wanting to be alert to new and emerging needs for families, partnered with Barnardo's and Aberlour to develop the Information and Support Line for Falkirk Families. Falkirk Council supported the use of 5 operational communication lines with a central contact number for callers. Connections were made with the Support for People Service and Falkirk's Covid-19 Emergency Community Food Project. There are aims to build on this approach.

Dundee's Fast Online Referral Tracking went live allowing staff across various agencies who had identified needs to help families access support, such as grants, food parcels, and activities packs.

Care leavers / aftercare

Lockdown changed and restricted the structure and routine of care experienced people. As opportunities reduced - due to social isolation and lockdown, financial and employment hardships, furlough - demand for services increased.

High levels of contact were maintained with young people in aftercare, and stronger working relationships with other teams and services developed.

Engagement moved to digital and online platforms, and increased as a reflection of young people's preference, including online study groups, support groups, job clubs, and increased social media presence. The Dundee Throughcare and Aftercare team were receiving calls and messages at different times than usual so changed hours of coverage to accommodate.

Individual and small group support moved outdoors. Renfrew provided opportunities for learning new skills, such as cooking, gardening, exercise classes and musical workshops. In East Lothian refurbished bikes were distributed to young people. Staff in Dundee went on socially distanced walks with young people with many saying in feedback it was easier to talk about things affecting them than in the usual office setting.

The impact of digital inequality on those with care experience was acknowledged with a range of direct support made available. For example Aberdeen and West Dunbartonshire provided phones, devices, and internet connections

Residential Services

Covid-19 brought specific challenges for residential services. Social distancing could not be easily achieved, and the routine use of PPE was not always appropriate. There was national guidance for adult residential settings, but little focus was given to child settings, resulting in confusion and uncertainty for staff, carers, and young people. In Highland children reported feeling anxious and worried about information relating to the virus and could not always understand why they had to abide by the restrictions placed on them. Staff and carers found

it difficult to keep children and young people busy and stimulated with limited educational input and opportunities to participate in activities. The Looked After Children educational team were creative in assisting residential staff and carers to use technology, crafts, and alternative learning strategies to alleviate pressures (eg. virtual guitar lessons, exercise programmes, Zoom Quiz nights).

Fostering & Adoption

Fostering and Adoption Services have adapted working practices to reflect the changing landscape. Foster carers became educators and counsellors, supporting young people through school closures, limited direct family contact and isolation.

Like most services fostering and adoption moved to virtual delivery. Recruitment and review, preparation and support, and training were re-established online. These new ways of working were met positively particularly by children and young people and are being consolidated into standard practice.

Emergency carer registration was introduced in response to initial concerns the pandemic would increase demand for foster care. In Fife, Council employees who were unable to complete their usual work duties were offered the opportunity to be assessed and approved as emergency foster carers, with some staff continuing to foster as short break carers. East Renfrewshire offered a similar approach with the Scottish Social Services Council, Nursing and Midwifery Council and General Teaching Council for Scotland staff.

Mental health and wellbeing

The pandemic had a wide-ranging impact on the mental health and wellbeing of children, young people and families - disruption in relationships, social and school supports, lack of family support during restrictions, limited visibility to and visits from services. Many families experienced challenges due to increased unemployment and furlough schemes. LA's have seen a rise in the number of those experiencing challenges with their mental health and wellbeing. Short-term funding was provided by the Scottish Government to enable additional support.

A strategic needs assessment was carried out in West Lothian to better understand the impact the pandemic had on the mental health and wellbeing of children and young people in West Lothian. These findings will inform service design and commissioning requirements.

A multi-stakeholder Healthier Minds Service approach in East Renfrewshire, aligned to school communities has been developed to identify and ensure delivery of mental wellbeing support to promote children and families' recovery.

Argyll & Bute Mental Health Transition and Recovery Plan lays out a comprehensive set of actions to respond to the mental health needs arising from the pandemic. Alongside recruitment to CAMHS, the School Counselling service commenced in January 2020.

Disabilities

The pandemic brought particular challenges for disabled children and their families with many of the usual routes for support and respite reduced or stopped. Stirling saw a backlog of assessments develop, with complaints from some service users. Staffing realignment and recruitment were used to assist. In East Renfrewshire this was reflected in an increase in numbers of disabled children in the child protection system and becoming looked after.

East Lothian ensured all young people had accurate and up to date assessments in place detailing the specific risks to their health in relation to the pandemic and, where possible, safe access to services. They worked with partner agencies to develop bespoke services and packages of care for those with high levels of need.

Respite services for carers of children with disabilities was highlighted by West Lothian. Social Policy and Education jointly delivered an outreach service and school-based resource to provide respite for families. A Hub was developed to support key worker parents who had children with complex additional support needs.

Adults

Like children's services, adult social work moved mostly remotely during the pandemic, with building-based services closed, and reduced access to resources. Home care and residential services operated subject to legislation, Public Health guidance and best practice. Day services and respite were closed or limited to high dependency / high risk service users. In times during lockdown it was necessary to reduce non-critical support to individuals in order to prioritise critical care support. Arrangements were put in place to support the most critical needs but this was limited due to restrictions. Adults have experienced stress and pressure without regular support over an extended period.

Though the impact of the pandemic initially slowed referrals and demand for services as people were reluctant to mix, LA's such as East Renfrewshire have seen increased demand and higher levels of complexity.

East Dunbartonshire developed a new 'Vulnerable Persons, Classification of Risk and Contact Arrangements Procedure' to provide a clear protocol for safeguarding vulnerable adults and set out clear expectations regarding contact during the pandemic. A Vulnerable Persons List for Adult and Older People Services was prepared, refreshed, and provided every day to Social Work team managers, identifying more than 3000 individuals alongside a risk categorisation and expected frequency of contact from social work services.

Some groups were affected by the pandemic in different ways. In Fife it became evident that people with a lived experience of being deaf or who rely on British Sign Language found restrictions difficult and open to misinterpretation. New ways to support and communicate had to be developed.

Some service developments introduced in response to Covid - such as Glasgow's Discharge to Assess Pathway in Older People's Services to alleviate pressure on acute hospitals - have proven effective, well received, and likely to be part of mainstream service delivery.

Adult Protection

The pandemic has seen fluctuations in adult protection activity and intensified the need to safeguard adults with support needs who are more vulnerable to abuse and neglect. Some examples from Dundee and Aberdeenshire include:

- Additional monitoring and oversight on a multi-agency basis
- Updating of operational guidance
- A focus on a multi-agency corporate risk register
- More frequent Public Protection group meetings
- Improved communication, information sharing and awareness raising
- Increased capacity and resources to the Adult Protection Network
- Daily situation reporting for all HSCP services and Commissioned Services
- All protection plans were reviewed taking account of changes to service
- Trading Standards website updated to include Covid scams
- Redeployed staff receiving ASP training

Support

Day services

Day services have been significantly impacted with building based services closed. LA's used a number of ways to try and mitigate the impact of closures. Blended models of care have been introduced, combining building based, community based and technology based provision. Outreach and wraparound support services were established, offering individualised support at home. South Lanarkshire worked with care at home services, taking steps to reduce the footfall within service users' homes, and with day services, enabling them to carry out personal care tasks within users homes.

Technology was used to offer alternative activities such as online exercising, walking, remote learning classes, music and movement, gardening, recycling projects in Fife.

Partnership working with third sector organisations, supporting community groups and local services was highlighted by East Ayrshire. Argyll & Bute are also building on work carried out during the pandemic, supporting and developing a range of community assets, focussing on prevention and building of independence for older people in the community.

Responses to the pandemic have offered opportunities to rethink and redesign service delivery. Aberdeenshire have carried out engagement with service users, families, carers, and staff to gather views on existing services. Some areas have already introduced new models with particular focus on community integration and outreach.

Care homes

Care homes have experienced extremely difficult circumstances and trauma. Protecting the safety of care home residents has been one of the most serious challenges faced by the social care sector, and the impact on all staff has been significant.

Care homes have been the focus of intense management intervention, support and oversight throughout the pandemic. Most partnerships had set up response teams prior to the government requirement to put additional support measures in place (Enhanced Care Home Team in Perth & Kinross, Covid Response Team in Highlands, Care Home Assessment and Response Team in Falkirk). These teams have supported care home services, care at home services, and carer support to navigate the pandemic, and will have an active role in supporting sector recovery and contributing to wider strategic improvement within older people's services.

Joint Nursing and Social Work assurance visits took place in all Care Homes in East Dunbartonshire, to offer a holistic view, the chance for staff to support the care homes, and to share learning. All visit findings were shared and jointly signed off with the Care Homes. Recommendations for areas of improvement where required were given and followed up. The overall process and its findings and impacts, was reported through the Health and Social Care Partnership's Clinical and Care Governance Forum.

The importance of multi-agency working is apparent. The Argyll & Bute Care Home Task Force pulled together all the care homes, Public Health, Finance, Social Work, Health and the Care Inspectorate to work together to support resident and staff wellbeing. This group now supports non-Covid work and is a stakeholder group for developments for older adults.

Staff training and redeployment to support nursing and care homes was highlighted by Aberdeen / Aberdeenshire, noting that some redeployed staff have joined permanently.

Care at home

The pandemic placed significant pressures on care at home services too, and reports recognise the commitment and care provided by staff. The pandemic changed some of the choices service users make, and disrupted pathways within health and social care. For example, care at home in East Renfrewshire has seen increased demand for people to be supported at home, along with earlier and more complex hospital discharges.

Angus saw an increase in the number of personal care hours being delivered at home because people chose to remain at home rather than enter a care home, people were unable to attend day care, and care at home being accessed as respite.

In Aberdeen home carers have become more integrated within multidisciplinary teams and benefit from working alongside local district nursing teams to provide palliative and end of life care. South Lanarkshire improved staff engagement and communication by providing Microsoft 365 accounts (including email and Teams) to all home carers.

Homelessness

Access to emergency accommodation was critically affected by the pandemic. In response, hotels in Glasgow were repurposed to provide emergency accommodation. Work was also undertaken with Housing Associations to make additional temporary furnished flats available across the City. This led to a reduction to single figures in the number of people sleeping rough in the City Centre. A new service model and multi-disciplinary city centre complex was developed due to the pandemic, incorporating the Homelessness Health Services and additional Social Work services. A Young Person's Outreach Service was also established, the majority of whom had not previously engaged with services. The previously established Women's Service was also moved to a new female only base within the city centre.

Mental Health

Like other services the Mental Health Social Work teams adapted to the pandemic, combining remote working with face-to-face visits and assessments where possible. A significant area of work has been in supporting service users and their families to adjust to these changes. A strong collaborative and multi-agency approach is again seen.

Mental health interventions decreased during the initial lockdown with significant increases in demand and complexity following the easing of restrictions - including domestic violence, homelessness, self-neglect, drug and alcohol misuse, and suicide. This is partly due to the impact on people with existing mental health conditions, and an increase in referrals from those previously unknown to services.

A case study from East Dunbartonshire shows how the pandemic impacted on mental health and the benefits of preventative measures:

In this instance a person previously unknown to mental health services was admitted to psychiatric hospital due to significant concerns in relation to suicidal ideation. When home circumstances were explored by Social Work staff, it came to light that home and living conditions had significantly deteriorated over the pandemic period and that the home was in a significantly unhygienic state which had further adversely affected their mental health and wellbeing. Extended inpatient care and community support were put in place to ensure the person could maintain their home and attend to issues such as the management of finances and self-care more broadly. These minimise the risks of future deterioration and need for hospital care. The cost to the NHS is around £1300 for an emergency admission detention to an acute ward. The cost of a weekly support plan in this instance is £85.00.

Looking forward East Renfrewshire mental health services have delivered a mental health and wellbeing remobilisation programme with the third sector, including a recovery pilot, staff capacity building around bereavement, suicide prevention, and wellbeing support to carers.

Wellbeing

General wellbeing has been a recurring theme in the reports. Inverclyde's Health Improvement and Inequalities Team focussed on food insecurity, growing, gardening and online cooking classes.

East Ayrshire's Wellbeing in East Ayrshire website was created to support residents to look after their physical and mental health during the pandemic, containing a range of content and links around wellbeing, mental health, financial assistance, activities and supporting children and young people. Their wellbeing calls also arranged things like delivery of food parcels, signposts to the Financial Inclusion Team, prescription collection and deliveries.

Learning Disabilities

Building-based day services for people with learning disabilities and respite and support for families and unpaid carers were closed or limited during the pandemic. Glasgow and Perth & Kinross introduced an Outreach Service to provide community-based support to service users who would have attended day services. Perth & Kinross have enhanced and extended the service to provide support to a wider group, including a new virtual service which offers online activities. Feedback has shown some prefer it to attending in person and a blended model of building based, virtual and outreach support will be available ongoing.

Carer support was a primary focus for the Joint Learning Disability team's work in East Dunbartonshire. Additional help was provided on a crisis / emergency basis using daycare staff, additional third and voluntary sector supports, and developing more creative and flexible use of Self Directed Support.

Aberdeen and Aberdeenshire saw increased partnership working, communication, staff resource, information and intelligence sharing, and support to and from third sector partners. Aberdeen completed a widespread review of individuals who are living at home with elderly parents in order to better understand future service needs.

Domestic abuse

As the pandemic progressed it was recognised that incidence of domestic violence would increase. Households forced to remain indoors with each other for much longer periods than normal would place additional pressures on families, decreased visibility, prevent women from seeking support, and increase opportunities for perpetrators to exert coercive control. Incidents in West Lothian increased by almost 18% including those who haven't previously accessed services, and older individuals.

Services had to quickly adapt to changing circumstances. This meant moving to remote working where possible, suspension of in-person group interventions, closure of courts and resulting delays in processes. East Lothian found video or phone were not appropriate ways of providing longer term sexual abuse therapeutic support.

There were a number of methods used to increase available support including the formation of oversight groups, increased collaborative and multi-agency work, enhanced information sharing and resources, and increased staffing. East Renfrewshire's Multi-Agency Risk Assessment Conferences moved online and was seen to work well with 100% attendance from the range of agencies that attend. In Dumfries and elsewhere, the focus of prevention and public awareness moved to social media to encourage people to seek support and reinforce the message that domestic abuse was a legitimate reason for leaving home.

East Ayrshire highlighted a number of initiatives including:

- Circulating information on how to conduct telephone counselling
- Advising head teachers on the Women's Aid supports available for pupils
- Making NHS Contact and Trace staff aware of domestic abuse matters, coercive control factors and available support
- Training around the Safe Spaces initiative pathway for dental staff
- Promotion of the 'Ask for ANI' scheme

As responses to the pandemic progress the longer term impacts and areas of hidden harm are likely to be seen.

Justice

Criminal Justice Social Work was significantly impacted by court closures to all but essential business. While core tasks continued there were necessary changes to the delivery method. All of this affected their ability to deliver on statutory functions, but also the health and wellbeing of both the people using services, and the staff providing them.

Services were again mainly delivered remotely. There was a focus on managing existing statutory community payback orders, Multi-agency Public Protection Arrangements (MAPPA), and ensuring high risk offenders were managed appropriately. Face-to-face supervision became largely digital, except mainly for those of higher risk, the potentially vulnerable, those newly released from court or custody, and those without phones.

In Falkirk third sector partners supported service users through phone contact and signposting to services, enabling social work staff to concentrate on statutory work. Western Isles found the experience challenging, particularly around the quality of interaction and IT challenges that made contact difficult. Aberdeen learned that some clients respond better to telephone contact than to face to face, particularly young people and women; some open up more when walking and talking; some work better from home than in a workshop. This suggests the need to sometimes be more flexible in the way services are delivered.

During lockdown some justice social work staff were redeployed. In Borders they assisted with shielding calls and the delivery of food parcels, medication and essential goods, at community resilience hubs and local health centres, and Out of Hours social work service. Supervisors in Falkirk supported foodbanks with deliveries and community groups. Their Justice Community Psychiatric Nurse and Keepwell nurse moved to support the NHS frontline response. The Unpaid Work team in Midlothian were trained in using, and training

service users in, the use of Naloxone, to assist colleagues from the Substance Misuse Service minimise risks of overdose while clients were having less face to face support.

Early release

Coronavirus legislation was used to release a small number of prisoners early. Strong partnership working was evident in planning support around this, and learning from these approaches is being built on. The focus of multi-agency support was around assessing risk prior to release, assisting with the welfare needs of prisoners as they dealt with lockdown measures, the distribution of mobile phones where needed, accessing food parcels, and regular contact to check on their physical and emotional wellbeing.

East Dunbartonshire's Reintegration Working Group recognised that people being released from custody may face particular challenges in reintegrating back into their community (i.e. housing, mental health, employability, welfare, addictions) and navigating new Covid specific approaches to services. Their multi-agency approach involves: Justice Services, Alcohol and Drugs Recovery Services, Homelessness, Youth Justice and Young People, Police Scotland, Scottish Prison Service, The Wise Group 'New Routes' mentoring service, Families Outside, and Prison Healthcare. It allows partners to work together and case-manage people's support needs, ensure referrals have been made prior to release, and any adult or child protection issues are addressed.

In Inverclyde this included referrals to third sector partners such as Shine and I-Fit and has led to improved information sharing between statutory and third partners agencies, including the Scottish Prison Service. They hope to use this to provide a more efficient offer of support to ensure individuals are offered the right support at the right time.

Multi-agency co-working through the Early Prison Release virtual team in Dundee worked so well that the coordination has continued beyond EPR.

Unpaid work

Unpaid work activity given its nature was one of the earliest areas to be impacted by the pandemic, and on a face-to-face basis, was suspended during lockdowns. The time limit for completion of all existing unpaid work and other activity requirements in community payback orders was extended by 12 months. Despite this, and the Scottish Government's reduction of individuals' outstanding hours, there remains a significant backlog.

Community Justice partners had to think of new ways to provide people with opportunities to complete their unpaid work hours, and a number of solutions and workarounds were highlighted across the reports. Use of the Any Other Activity component within a Community Payback Order became crucial. Completion of online courses and participation in virtual group work programmes from organisations like Wise Group CPO Connect, Street Cones and Apex Scotland is highlighted in a number of reports, covering things like desistance from offending, improving literacy, money management, healthy eating, and stress and anxiety. Free online learning courses through the Open University were also used in East Ayrshire, to develop interpersonal, vocational and employability skills, reducing the risk of reoffending, with some gaining employment through unpaid work placements at East Ayrshire CVO.

These successes have seen a desire to continue online learning and these partnerships with the 3rd sector beyond the pandemic.

Home-based work was provided to suitable clients. In Aberdeen this included work packs for making (and sometimes designing) small pieces of furniture, upcycling, with DIY instructions and telephone back up from Task Supervisors if needed. These proved so popular that some clients are reluctant to return to work parties.

The pandemic led to reviews on how services are delivered. Stirling moved to a single site, focused on one large activity in an open space, where a limited number of individuals could attend directly each day. East Renfrewshire secured workshop premises, recruiting new staff, and ensured the premises were upgraded and equipped with appropriate tools and machinery.

Alcohol and drugs

There was an expectation across drug and alcohol service areas that the pandemic would lead to deteriorating mental health and wellbeing with people increasingly anxious, isolated, and depressed. The lack of normal supports, structures and routines increases the risk of deterioration and crisis. This meant different and shared approaches to delivering essential services were required. Like most services they have adopted a blended approach of essential office working and home-based working.

In East Ayrshire key partners from the ADP came together on a weekly basis as an oversight group for vulnerable drug / alcohol users, focussed on mitigating protection risks with practical solutions such as providing access to phones, internet, food banks and community support. A local substance-related death group continued to meet regularly to examine the circumstances surrounding each death to identify patterns, trends and support learning.

Many of the changes to service delivery in East Dunbartonshire are being built into future service delivery - 28 day prescription delivery to the pharmacies, extended collection and supervision arrangements, video and telephone assessments as standard with face to face assessments if required (depending on risk). There were concerns around the potential for increased drug related harm / death, and illicit or dangerous use of prescribed medication given the rapid change to 28 day prescribing and absence of regular in-office clinics. Evidence so far suggests that those engaged with services have been better able to manage their recovery and medication. This has led to developing and establishing much more targeted and risk-focused approaches which could deliver more personalised opportunities for recovery and better outcomes for those using these services.

Carers

Provider services including day care and respite services that provide the bulk of social care services to the most vulnerable populations have been severely affected by restrictions and closures. Many carers were unable to access the support they had previously used and relied on. The impact has been profound, and the critical role they play in the health and social care system has never been more apparent. This has been exacerbated by similar restrictions in care at home services. Much of care-management contact with carers has

been virtual to minimise risk and support those who are shielding. Many families also cancelled care packages because of the uncertainty of letting other people into their homes.

Engagement

In West Lothian people reported having felt increasingly isolated and concerned about their mental health and wellbeing. Fife Carers Centre reported that carers coped well at the start of the pandemic but as time wore on carers confidence in their own abilities and resilience was tested.

Dundee reported on their local engagement work with carers and the workforce who support them to better understand the impacts of the pandemic - involving surveys and focus group discussions. The majority reported an increase in the amount of care provided since the start of the Pandemic. A high proportion were struggling to balance commitments alongside the caring role. Many had to reduce or give up hours in employment. Negative impacts were felt by the majority, including physical, mental, social wellbeing, and isolation. Half of carers were unable to get support through accessing resources to improve their own wellbeing.

What worked well included community groups and voluntary sector organisations, local networks in the community, neighbour support during this period, and the use of technology for communication.

Breaks

Carers have reported suffering significant strain and stress during lockdown and a particular challenge has been the lack of breaks from caring. Due to the implementation of additional health and safety measures, providers have had to adapt their service delivery models. Building-based respite and day services were suspended or significantly restricted resulting in fewer and shorter breaks. Accessing outdoor activities was much reduced, which meant that individual experiences of short breaks were very different. To help bridge some of the care gap different supports have been put in place.

In Aberdeenshire the use of replacement care at home increased as an alternative. Many carers have chosen not to return to traditional forms of respite and are continuing with supports put in place as a result of restrictions.

North Ayrshire provided different breaks from caring, supporting carers with laptops, meals out, gardening equipment, sports equipment, electronic tablets, and exercise equipment.

Supports

Other forms of support were provided. The Carers Team in North Ayrshire compiled a Covid Guide to make it easier for carers to find the right information in relation to the pandemic. There was also a wellbeing fund which supported carers with fuel and food parcels.

In East Dunbartonshire where possible, carers who wished to continue to receive or urgently required additional community care services as a replacement for respite and day centre services were supported with self-directed support options, and flexibility in the use of self-directed support was encouraged wherever possible.

Like other services increased collaboration with other parts of the social care sector, the NHS, third sector partners, and support providers was seen. In Falkirk there is an increasing focus on a blended approach, combining support from a range of provision including community led models.

Young carers

Young carers have been particularly affected on numerous levels by the pandemic and subsequent restrictions - in school, at home, in work, and caring. Many of the arrangements and mechanisms they had in place for support stopped or changed.

Perth & Kinross increased the reach of their Educational Attainment Service for Young Carers. This service was initially set up to support young carers who were disengaging with education through access to private tuition lessons, homework clubs, and educational hardware and software. During the pandemic it was also directed at any young carer struggling with the new methods of schooling. Referrals for the service have come from schools, social work, self-referrals and from Young Carers Support Workers.

More flexible funding support has also seen purchases of technology, garden, sport and exercise equipment.

Hidden harm

The pandemic, responses and lockdowns, changes to service operation, have seen a renewed focus on hidden harm, particularly with reduced levels of face-to-face contact and the risk of escalation of some types of harm.

The response in Dundee was built around partnership, communication and collaboration, not structural changes. Regular strategic and operational discussions allowed this to evolve and for gaps and concerns to be highlighted and resolved. These included:

- moving a range of multi-agency risk assessment and management meetings online
- developing safe alternative arrangements for dispensing oral substitution therapy
- childcare and wider support for the most vulnerable families through Community Support Centres
- maintaining screening arrangements and Intake Services
- support virtual provision of services, including peer and community support groups
- expanding the distribution of take-home Naloxone and postal distribution of injecting equipment
- developing third sector support for community pharmacies to continue provision of services to people who use drugs
- collaborative working for targeted support to women involved in commercial sexual exploitation

Different ways of working

All reports recognised that the pandemic has offered the chance to look at how services are delivered and the opportunity to reevaluate and explore new and different ways of working.

Technology

The biggest shift has been towards remote working and the increased use of technology for work and communication, between colleagues and with service users. Feedback around this has been mixed.

Contact was maintained using applications like Microsoft Teams, Skype, Near Me, Attend Anywhere, and WhatsApp. South Lanarkshire notes that many services are redesigning care pathways to include video consultations as standard where possible. In North Lanarkshire Near Me has been used by Mental Health Officers (MHO's) to support contact with service users in hospital, and Integrated Rehabilitation Teams to deliver support. It has also offered the opportunity to improve engagement and participation. East Renfrewshire's ASP case conferences have been largely delivered via Microsoft Teams and seen increased participation from carers and family members.

Some service users report not having to attend face to face meetings has reduced their anxiety, and would prefer to continue with virtual communications. Others noted the ease and privacy of participation in contrast to having to travel to meetings in public places. Some families fed back in West Dunbartonshire that they have felt more in control with virtual child protection meetings.

East Lothian purchased iPads to ensure care home residents could keep in regular contact with families. Each care home now has an electronic device called Rita which facilitates games, music, karaoke, bingo, interactive activities, movies, contact and communication between residents and families. North Ayrshire provided devices and internet dongles to vulnerable children and young people, as well as care leavers attending college. Aberdeen did the same for the care-experienced.

In more rural areas such as Perth & Kinross virtual meetings have enabled staff to be more productive with a reduction in time lost travelling.

But while technology has supported services through the pandemic, there remain challenges. A lack of systems connectivity and functionality between services, agencies and organisations creates difficulties for communication and information sharing. Digital engagement and participation is also difficult if service users lack access and resources or have poor connectivity. Digital exclusion is mentioned as a serious issue during the pandemic in several reports.

Stirling recognised the benefits of hybrid working but also the tensions in it. Remote working can potentially reduce face-to-face peer sharing of experience and practice, meaning staff

need to seek it out rather than being in it. East Lothian also see social workers' reliance on informal and formal support in the course of their day to day work and decision making.

Telephone and virtual engagement was initially a positive means for increased engagement by service users in Aberdeenshire, but after several months telephone fatigue was evident and inconsistencies in self-reported accounts of coping were in conflict with the reality of deteriorating physical and mental wellbeing.

Partnership working

The past year has seen a particular focus on whole-system working, and an increase in work with commissioned services and voluntary organisations, with lessons learned on how to find solutions at a local level and work across service boundaries. South Lanarkshire worked alongside 3rd Sector Interface to collate activity happening in communities and establish contact with new groups and networks that have developed in response to the pandemic. West Lothian worked in partnership across internal and external providers throughout. They plan to continue enhanced support arrangements for older people's care homes, and the strong culture of partnership working with all providers of care.

Dumfries & Galloway's Child Multi-Agency Safeguarding Hub moved to working remotely and through monthly review and analysis of decision-making has seen improvements in partnership working, with a clearer focus on proportionate and relevant information sharing, analysis and decision making. The Operational Managers for both Child and Adult MASH met with their counterparts from NHS and Police Scotland on a weekly basis throughout the pandemic and are continuing to do so. This has enabled rapid identification and resolution of any operational issues, has improved partnership communication, and has allowed for greater consistency to be developed between Child and Adult MASH.

Children's services in Edinburgh continued to develop partnerships with the voluntary sector, Locality Operational Groups, and the joint Voluntary sector and Council Covid Task Force. 48 workers, a mix of Council and voluntary staff, meet each week, to share learning and solve problems.

Self Directed Support

There were some negatives and positives noted and creative uses of SDS. Perth & Kinross found the majority of SDS funding requests were to improve home circumstances and experiences for children. For example:

- funding to landscape a garden so that a young person could safely access the space
- a specialist bike purchased allowing a family to take their disabled son on bike rides
- garden equipment, furniture, safety and play equipment for children to enjoy time together in the garden as a family
- laptops and internet access

In Highland the reduced availability of support options put a number of families under increased pressure. The Council agreed alternative appropriate spends when the original

support choices were no longer available or not deemed safe to use by the family. There were resource gaps identified particularly in the North and West area of Highlands.

Workforce planning and development

Training and recruitment

The social care workforce experienced a range of pressures throughout the year. Many services anticipated staff shortages in critical areas alongside unprecedented demand for social work and social care services. To mitigate these risks, many LA's established processes for assessing service sustainability and staffing in essential services.

Services reflected on the challenges of providing student placements, with many suspending them for several months (including East Ayrshire, Perth & Kinross, and West Lothian) or delaying the process (Dumfries and Galloway). East Ayrshire reported not being able to host placements within Care at Home services for local students studying for HSC qualifications.

Some LA's reported less absences than previous years, some experienced more absences as a result of Covid. Glasgow reported that Covid-related absences fluctuated over the period of the pandemic and reached 5% of the total workforce in January 2021. The main impact of absence for many was felt in Care Homes and Care at Home services.

Services already face a potential crisis in the provision of care and support services over the coming years, with many LA's expressing ongoing concerns about fewer people coming into a labour market that is increasingly competitive and impacted by high living costs. There is still a national challenge in recruiting MHO staff, and attracting MHO's to practice in the islands and rural areas, with some vacancies requiring multiple rounds of recruitment and still not leading to appointment. Many LA's however reflected on new strategies for attracting MHOs.

Staffing and recruitment are also impacted by the age and experience of the workforce. Care at Home services have an identified ageing workforce and a significant number of staff at retirement age within the next 5 years. This area of recruitment has been a challenge for several years.

CSWOs report on a range of strategies to tackle workforce challenges. Edinburgh 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. Borders identified their Trainee Scheme to 'grow our own' qualified Social Workers as a key response to the challenges of having a sufficient number of qualified social workers.

Workplace adaptations

Issues around team capacity and home working, including confidentiality, effective professional learning opportunities, robust assessment, and meaningful team working have

resulted in challenges around professional development. LA's reported overwhelmingly that prolonged lone working had an impact on the confidence and development of practitioners across all services. East Lothian found that staff needed formal and informal access to colleagues and senior practitioners to explore practice dilemmas prior to reaching final decisions. Despite arrangements in place to support practice discussions it is clear these cannot replace the intuitive and ad hoc learning opportunities of practitioners being in the same physical space.

Actions were taken to support the workforce during the pandemic, including redeployment of staff from non-essential services, and increased utilisation of bank staff. LA's all recognised that the ability to provide essential services to those most vulnerable in their communities throughout the pandemic was due to the commitment, flexibility and efforts of the workforce.

Systems were put in place, such as regular virtual peer-to-peer contact, team catch-ups and meetings to offer support and reassurance. Things like virtual tea breaks and mentoring walks were used by staff for discussion and debriefing.

Staff wellbeing and support

A key feature across reports was the continued pressures on the health and wellbeing of the workforce. Staff found it challenging working through the pandemic and adapting to new ways of working, particularly at the start. Resilience has been tested by additional demands and complexities. The boundaries between home and work life were blurred. All led to an exacerbation of mental health and wellbeing issues. The need to ensure the wellbeing of staff which is essential to the delivery of safe and effective social services is recognised.

LA's reported increasing levels of stress, burn out, as well as risks to wellbeing from technology, in particular the 'always on' culture. Stirling for example highlights that 36% of Working Days Lost through absence were due to Anxiety, Stress & Depression.

In response to these pressures LA's have developed new initiatives to support staff wellbeing. Perth & Kinross held a successful Staff Wellbeing Conference in Autumn 2020 and chose a wellbeing champion whose role is to spread key messages around supporting mental and physical wellbeing, and ways to access practical support.

The need for additional staff support was recognised. A range of tools and resources were used and developed to protect and support mental health and wellbeing, including:

- virtual forums to meet up and check-in with each other and maintain relationships
- wellbeing hubs
- listening and support services
- websites with information and resources
- practitioner forums

Managers in Edinburgh worked with clinical psychologists to support staff transitioning to home working. The Staying Psychologically Well guide was produced to help employees

adapt from office-based, face to face client work, to providing telephone-based support from home. It supported staff to devise an individual Home Working Management Plan.

Borders identified additional reflective space and time for staff to slow down for short periods, creating opportunities for connection with colleagues across teams and service areas and to share and learn together. The Professional Development Team provided a range of practice sessions to support this. In addition, mentoring and coaching sessions were made available.