

Chief Social Work Officers Annual Report Summary 2021-2022



April 2023

Foreword	3
Introduction	5
Workforce	7
Service Performance & Quality	10
Adult services	11
Domestic abuse	14
Mental health services	15
Drug and alcohol services	16
Justice services	17
Carers	19
Self Directed Support	20
Childrens services	21
Resources	25
Looking to the future	27

Foreword

I am pleased to welcome the publication of the latest edition of this report, a just tribute to the work carried out by social workers across Scotland. I see the CSWOs reports that form this report as a way to put social work at the forefront of policy development and improvement in Scotland. They allow us to include social workers in the ongoing national conversation about the issues they face as a workforce.

To many, the pandemic is now starting to feel like a distant event; in the case of social workers, however, the pandemic continues to have a negative effect on their workloads and daily lives. In all likelihood, its effects will continue to impact them, as well as those who rely on their support for years to come.

Social workers make a significant contribution to public health outcomes and promoting wellbeing, for example, through Mental health Substance Misuse Services, Whole Family Support, and learning disability services. Although this was particularly visible during the pandemic, the key role played by social workers is not always recognised.

The significant pressures social workers face from increasing workloads and the more complex needs of those they support continue to be exacerbated not just by the effects of Covid-19, but also the impact of economic instability and the cost of living crisis. All these factors have an impact on the demand for social work services and as a result there are more support needs to be met than ever before.

It is no coincidence that many CSWO reports agree local authorities across Scotland are facing an increase in the demand for social care and social work services. Noticeably, a number of specific workforce related concerns are at the centre of this year's reports, namely recruitment and retention challenges, including across children's services and care at home; worsening workforce demographic issues, such as an ageing workforce; and difficulties filling senior posts.

The Scottish Government priorities are to improve conditions for social workers, to grow the workforce, to provide greater opportunities for learning and development, and to give social workers more autonomy.

The creation of a national social work agency provides opportunities to promote the role of social work and consider what kind of social work we want for Scotland. It too offers 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.

The strong support for our social work agency proposals reflects the readiness of the sector to work together to tackle the problems recognised in this report. Over the next year, I intend to listen to and work with social workers, the Scottish Association of Social Work, Social Work Scotland, COSLA, UNISON and all other partners to identify opportunities to deliver public service improvement and address the key issues highlighted in this report.

I would like to take this opportunity to thank all those who work in social work and social care for their excellent work.

Iona Colvin, Chief Social Work Adviser

Introduction

The Chief Social Work Officer 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 30 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.

The past year has continued to be challenging for the social work profession. While restrictions have lessened, the effects of the pandemic remain a significant source of constraint on services, increased demand and complexity, as well as creating a backlog of unmet need. This is likely to be something social care and social work will be responding to for the foreseeable future.

All CSWO reports recognise the challenges faced and highlight the strength, confidence and effectiveness of the workforce. Social workers and social care staff have continued to respond with dedication, compassion and sensitivity to the needs of vulnerable children, adults and families who require support. The last year has also shown evidence for, and the value of, collaborative whole-system working, with partners in the NHS, council, third and independent sector organisations, and alongside service users, families and unpaid carers.

The biggest challenge with serious impacts, recognised across all reports and across all services, remains workforce recruitment, retention, and wellbeing.

The impact of the pandemic continues to be felt in service delivery and effectiveness. Risks to business continuity remain an on-going matter for discussion, monitoring, and mitigation. There are direct and indirect impacts on staff wellbeing, capacity and resilience. Across social care, including the third and independent sectors, there have been considerable staffing challenges, alongside increases in referrals for support, and an increasing number of people being assessed as requiring a service. This increase in demand, likely a result of deconditioning following periods of lockdown, exhausted family and unpaid carers returning to work, and services reopening, has meant increasing waitlists for assessment and provision, and increased delays in hospital discharge.

Statutory work pressures

All reports note statutory work pressures with cross-cutting issues around staffing, increased demand and complexity, budgetary challenges, and national policy impacts. These sit alongside continuing concerns like an ageing population; increasing numbers of people with long term conditions supported in the community; increasing ASP activity; increasing numbers of looked-after children; and service user and carer expectations.

Workforce recruitment, turnover, and retention and their resulting effects continue to affect

service availability and delivery across all aspects of social work and social care, particularly lost caring hours in Care Home and Care at Home services. This contributes to increased demands on other services. Some providers are withdrawing from service delivery, finding it challenging to cover planned hours.

Along with an increasing amount of statutory work, rising vacancy levels mean the workload increases on remaining experienced staff, particularly in supporting more complex work. Loss of staff also means an accompanying loss of skills and experience. Posts are often filled by newly qualified social workers and agency staff who lack statutory social work and care experience and require additional support.

The demand for social work services is exacerbated by the effects of the pandemic, economic instability, and the cost of living crisis. Demand, and a backlog of unmet need, has also been led by changes in the nature and complexity of care packages and rising levels of urgency and risk, leading to increasing numbers of people awaiting hospital discharge and waitlists for assessment and provision.

Increases in numbers of looked after young people, rises in fostering, kinship care, and agency placements are causing financial pressures in children's services. Children are being placed younger, and staying in placements longer, fostering networks are stretched, with the need to purchase more costly agency placements. Reducing the numbers of children looked after away from home, and increased access to internal foster care rather than residential care, are critical to this.

Some local authorities are also struggling with national policy changes that bring service demand costs but are unfunded, or funding remains unclear. This includes the extension of rights to aftercare support for looked after young people; the presumption against prison sentences of less than 12 months increasing demand to manage offenders in the community; and The Promise.

Rural, remote and island areas face specific challenges in undertaking the range and scope of required services, including population size, accommodation, dual relationships in small island community living, and the capacity of small Councils and HSCPs. Areas of rurality and low population density are either not cost-effective on current contractual rates for care at home providers. Awareness should be paid to the Islands Act and the requirement for an impact assessment to ensure national policy and initiatives do not adversely affect them.

Financial challenges include requirements for recurring efficiency savings, inflationary pressures, and core service dependency on non-recurring budgets. Short-term ring-fenced grants create recruitment problems, leading to fixed term posts which can be difficult to fill. There are sustainability issues such as continuing care, with young people staying in resources for longer, leaving them unavailable for others. Demand led provision like disability care packages can be subject to fluctuation throughout the year, leading to overspends.

More details are provided throughout the report.

Workforce

The workforce experienced a range of pressures throughout the year, with staff shortages in many areas alongside increased demand for services. There is a national issue in relation to the recruitment and retention of staff, which has been exacerbated by people leaving the profession during the pandemic. And as vacancy levels rise, the workload increases on remaining staff. The level of organisational change - working locations, practices, and team culture - has been significant. It has had an impact on the personal wellbeing and resilience of the workforce and their availability and ability to fulfill their roles and responsibilities. Argyll & Bute highlighted the need to recognise that the main limiting factor on service delivery or development, particularly in remote and island areas, is the scarcity of human resources not a lack of funding.

Planning

Most local authorities recorded looking into the robustness of workforce planning, with complexity increasing and new structures and different models of integration progressing.

East Ayrshire has a dedicated Workforce Planning lead to oversee their 2022-25 workforce plan. Actions will align to the 5 Pillars of the workforce journey: Plan, Attract, Train, Employ and Nurture. Engagement with services, third and independent sector partners and trade unions is currently in progress.

East Renfrewshire's interim plan includes supporting physical and psychological wellbeing, short and medium term workforce drivers, and supporting the workforce through transformational change.

Clackmannanshire's four key planning priorities aim to create a positive and inclusive organisational culture; have a sustainable and resilient workforce; ensure the workforce feels supported, empowered, respected and engaged; and has the knowledge, skills and behaviours capable of meeting future demands. A capacity and skills audit will define skills gaps, cultural factors and the capacity for change within council services. Workforce planning workshops will assist senior management uncover, define and plan for the key drivers impacting service delivery now, and in the future.

Turnover, recruitment, and retention

The SSSC published data suggesting that the length of a social work career has reduced to 6-7 years. Recruitment and retention of social workers and social care staff has been an issue for several years, with posts remaining vacant or filled by temporary agency staff. Inverclyde, Shetland, Fife, and Borders have depended on agency and temporary staff for the provision of services during the past year. Reliance on agency workers leads to higher recruitment costs, and general financial costs to Local Authorities. Short-term ring-fenced grants creates recruitment problems, leading to fixed term posts which can be difficult to fill. Borders and Aberdeen City also highlight how secondment opportunities and internal recruitment enables staff experience to grow but the vacant positions can be hard to fill.

Issues around lack of experience is reported by Argyll & Bute, with posts often filled by newly qualified social workers who have completed courses during the pandemic, have not had statutory social work experience, and mainly 'virtual' placements.

Dundee want to be more ambitious about recruitment, providing opportunity and reward, with retention of transferable skills and capability linked to broader improvement and change. This includes improving employer branding and marketing; maximising application time by changing closing days and advertising longer; funding programmes to support students, internships, graduates and modern apprenticeships; strengthening relationships with higher education; and working with Skills Development Scotland to develop career routes.

Recruitment in children's services has been challenging in many local authorities. Dumfries & Galloway experienced significant changes in the workforce with staff moving on or retiring, and long term absences. Over 30% of experienced staff moved on and were replaced by newly qualified workers. Aberdeen recorded notable vacancies in Residential Care and Children in Need teams. East Lothian reported a threefold increase in advertised Children's Services vacancies. The number of applicants to vacancies is also reducing. Corporate parenting services in East Ayrshire have no obvious roles that allow for career progression into Residential Worker positions. A review of Residential Service recruitment is in progress with a commitment to reviewing structure and working patterns.

Care at home staffing issues have contributed to increased demands on existing services. East Ayrshire is experiencing high levels of staff turnover and absence. A multi-disciplinary workforce planning group has been established to identify future service demands and solutions to the issues of staff turnover and absence. Other local authorities such as East Renfrewshire highlighted that staffing issues are affecting in-house Care at Home service delivery. East Lothian reported losing over 2000 hours of care per week between May and December 2021 primarily due to recruitment and retention issues.

Location, particularly in rural areas and islands, remains a significant issue in recruitment, including Highlands and Clackmannanshire. The availability of care at home in the more rural areas has significantly decreased.

An ageing workforce is contributing to retention issues, with a number of local authorities such as Glasgow, South Lanarkshire, West Dunbartonshire, and Stirling highlighting the high proportion of staff approaching retirement. In West Dunbartonshire the majority of its HSCP workforce are over the age of 45, and around a third are 55 years and over. Another consideration is the option where staff can choose to retire with their pensions from the age of 55. The number of individuals retiring early has increased during the pandemic.

A Grow Your Own approach is being used across Local Authorities. Scottish Borders partnered with the Open University to offer existing permanent staff a pathway to a professional social work qualification. Dumfries & Galloway have two schemes, one for qualified Social Workers and one for Mental Health Officers. Stirling has implemented it to enable some Family Support Workers to become qualified social workers.

Learning, development, and training

Staff learning and development continues to be a priority. All reports record improvements to the learning and development offered to staff, covering a variety of approaches including training courses, events, and apprenticeships.

Glasgow created a Succession and Talent Development Programme Board in recognition of the need to identify managers of the future and to provide development opportunities for all staff.

East Ayrshire's Social Care Learning Hub was established to provide dedicated training, learning and development opportunities to the social care workforce. Significant progress has been made, including upskilling team members with external training, accredited train the trainer courses, operational shadowing opportunities and knowledge refreshment; development of a new 8 day Induction Programme for all new staff joining the HSCP; delivery of in-house SQA qualifications; development of specialist training sessions such as: dementia skills, palliative / end of life training, and person centred care planning.

Falkirk are working on a Child Protection and Community Planning Partnership Learning and Development Strategy and Framework that supports sustained investment in well-resourced multi-agency training, learning and development for Adult and Children's services.

North Ayrshire's Practice Reflective Improvement Dialogue is a multi-agency initiative. Learning from ICRs and SCRs has highlighted that a cultural shift is required to put children at the heart of all decision making and ensure adult voices are not over privileged, and to enhance opportunities for professional reflection, for leaders supporting workers to be accountable for their practice, and increase professional curiosity. Evaluation feedback from sessions indicates the sessions are providing these opportunities.

Newly qualified social workers

With a greater dependency on newly qualified staff and agency staff, workforce experience levels have reduced. This has increased the need for additional support for NQSW. Stirling reports that limited placement opportunities and a lack of direct involvement with families has seen practitioners qualify who are potentially not as prepared for the role as they previously would be. This in turn has an impact on our more experienced staff who have been required to support the more complex work within the service.

Research supports the need for a systematic and consistent approach to supporting the transition to the workplace and continuing learning and development through the first year in practice. The Scottish Government commissioned SSSC to lead on a programme of work to design and test approaches which will support this. It will lead to a set of recommendations on how to implement and deliver a national approach to a NQSW supported year. Among the early implementation test sites Dundee are developing and delivering a programme that builds on existing Child Protection and Adult Support and Protection offers; East Dunbartonshire appointed a NQSW coordinator to take the project forward, with those

participating strongly expressing the importance of the support they are receiving; and Edinburgh are including all new social workers in the scheme to ensure sustainability.

Safe & Together

The Safe and Together model was developed for child welfare systems, but has policy and practice implications for a variety of professionals and systems, and is an approach being developed in a number of local authorities. It's expected this approach will improve the response to domestic abuse across services.

Dumfries & Galloway convened a multi-agency steering group to implement the programme, and appointed a Development Officer to progress the roll-out of training and evaluation. East Ayrshire are delivering training to HSCP Children Services Practitioners and Justice Workers through one day overviews. They aim to have a champion who has attended the 4-day training development programme within every team. East Dunbartonshire had a two day overview event, Core Practitioner training, and Supervisor training facilitated by the Safe & Together Institute. Practitioners and managers from Falkirk who attended the core training were invited to join a Community of Practice as mentors, to share experiences, tools and resources and help embed changes in culture, systems, and practice. It feeds into their staff retention strategy by offering experienced practitioners opportunities to mentor and encourage relationship-based and reflective practice.

Wellbeing

Continuing pressures on the health and wellbeing of the workforce continues to be a key priority. Stress related illnesses have increased absenteeism. Collaborative work with partners and staff has been undertaken to identify what would be helpful to support improved health and wellbeing and build increasing psychological resilience, including wellbeing ambassadors; use of the wellbeing fund; learning modules, workshops, webinars, drop-ins and a range of activities to promote physical, mental and emotional health; employee assistance programmes; and occupational counseling and physiotherapy services.

Inverclyde held a series of wellbeing events during Mental Health Awareness Week, dealing with stress management, wellbeing in grief, keeping active at work, being active at work, and managing stress mindfully.

Clackmannanshire's Healthy Working Lives group is a cross service group looking at all aspects of staff wellbeing, including wellbeing kits and apps (Sleepio, Daylight, Silvercloud Self Help for Wellbeing, 'Feeling Good: Positive Mindset', One Million Lives); and staying active sessions including lunchtime fitness, desk exercises, and weekly staff walks.

Service Performance & Quality

There are continuing challenges in maintaining and improving service quality and performance across the social work and social care landscape. A significant and frequently mentioned causes are difficulties in recruitment and retention, and the increasing demand for services. Changes to delivery and practices during the pandemic continue to develop, with a

particular focus on cross-organisational, multi-agency, whole-system working.

Adult services

Early intervention

As part of the post-pandemic recovery many local authorities continue to emphasise an early intervention and preventative approach. East Lothian worked with Iriss to re-imagine their approach to social work services for adults, and have restructured to improve outcomes for service users, carers and families, and reduce waiting list times for assessment. Glasgow launched a multi-agency specialist complex needs service, providing a range of care interventions, including an assertive outreach service for those who find it difficult to engage with mainstream services. Clackmannanshire are enhancing community and family support services, highlighting the progress of their Safeguarding Through Rapid Intervention multi-agency project which adopts a whole systems approach. The team is analysing data to evaluate interventions, and identify and address gaps in services.

Care homes

Care homes are an area of focus and challenge, particularly in the private sector. Enhanced and redesigned support and oversight has continued or developed. The significant number of care homes experiencing staff shortages due to issues around recruitment, retention and illness is a significant problem.

There has been a continuing rise in people placed in care homes, and of those placed out of area in Argyll & Bute. This has been a significant area of redesign, looking at need, demand and modeling. A structural review of internal care homes has been commissioned.

Following the new Care Inspectorate requirements for care home living conditions Borders are scoping the provision of a care village, and a multi-housed complex catering for older adults and intermediate care, based on a community living model.

Care home support teams such as Clackmannanshire's Care Home Assessment and Review Team evolved post-pandemic to provide support and advice to care home staff. CHART was nominated for a COSLA Excellence award in recognition of their work. They are currently developing an Early Indicator of Concern Framework in conjunction with a plan to support and manage all adult support and protection activity within care homes.

East Dunbartonshire's Care Home Support Team ensures that assurance, contract compliance, and quality of care support is undertaken in a collaborative manner. The team includes nurses, pharmacy and dieticians with a focus on supporting quality improvement around nutrition, falls and medication administration. Each care home has a Social Worker and Care Home Liaison Nurse which has improved joint working and early identification of needs and quality of care concerns. Twice yearly assurance visits, routine contract monitoring, and targeted training are undertaken for each care home.

Joint assurance visits are undertaken with nursing colleagues in Aberdeen to more quickly identify and respond to instances of harm or poor practice. The Care Home Tactical Team in

Dumfries have implemented several key actions to strengthen the oversight and assurance of their local care home sector including relationship building, communications, assurance visits, recommendations and follow up, education and development.

Care at home / hospital discharges

The pandemic placed significant pressures on care at home services and disrupted pathways in health and social care, with changes in the nature and complexity of care packages, rising levels of urgency and risk, and rising numbers of people awaiting hospital discharge. Recruitment and retention continues to impact on availability of services, with high turnover and an ageing staff, and the accompanying loss of skills and experience. Private providers found it challenging to cover their planned hours and are seeking to withdraw from service delivery in particularly challenging areas. At times this has been absorbed by in-house home care service (Aberdeen, North Ayrshire, East Lothian).

East Lothian are developing alternative approaches to commissioning and contracting, with a strengths-based model that focuses on assets and support networks around the service-user, and early intervention. Highlands have also had significant dialogue with the sector around commissioned care at home services, to better achieve sector stability, build resilience, grow and release capacity, and improve processes.

More often services are being redesigned. Inverclyde has an urgent hub model, with rotating staff across health and social care providing a multi-disciplinary approach. The East Ayrshire Intermediate Care team has been realigned and operates within the Care at Home structure. This achieved a number of benefits, including positive multi-disciplinary working, improved transitions, less disruption to care plans, and better service user outcomes.

Dundee's Independent Living Review team was set up to review packages of care and support in the community. It is estimated that this service is contributing to an annual saving of almost £1 million.

Falkirk are reshaping their in-house home care service to focus on three specific areas of service delivery: reablement teams, urgent response provision, and maintenance care provision. It will also support the development of integrated locality teams.

Argyll & Bute developed mobile teams of carers, enabling a rapid response to hospital discharges, community emergencies, and staff sickness.

Orkney's successful Home First pilot to reduce pressure on acute beds and reduce demand on care at home is now permanent. People who received the services saw an 89% improvement in their occupational performance. There was a 26% reduction in the hours of support required by individuals upon discharge from Home First to care at home.

Other attempts to improve delayed discharges include Clackmannanshire's RAPID model of care which increases internal capacity to discharge people to home. It covers discharge to assess, reablement, crisis care and discharge. Falkirk's Home First initiative team has social work, health professionals, and Home First practitioners working collaboratively. Home First

have recently commissioned a provider to assist and facilitate rapid hospital to home discharges using a reablement approach.

Learning disabilities

Learning disability teams have experienced pressures from increased demand and complexity, and limited capacity and staffing shortages. There were a number of developments across the spectrum of learning disabilities services. Stirling is prioritising work with service users and families to co-design outcome-focused support plans.

There was a focus on accommodation in some local authorities. Aberdeen opened a supported living development with further alternative housing options being explored in partnership with service providers, service users, families, and housing partners. Argyll & Bute established two houses of multiple occupancy with Enable and Scottish Autism. They are working in partnership with local housing providers and Safe as Houses to develop a Learning Disability / Autism adapted specialist accommodation service.

Day services are looked at across multiple reports. Aberdeen introduced a new model, moving away from building-based day services, with a focus on community integration and outreach, such as Shopping Buddies and Books on Legs. East Dunbartonshire appointed a project lead to oversee and lead the development of their new day service facility. There has been considerable engagement with service users, carers, staff and other stakeholders, run jointly with support from the local advocacy service.

Hospital and out of area placements are also reported on, with challenges of provision in rural areas. Argyll & Bute created a post to focus primarily on out of area placements, contracting / commissioning across the sector, and on developing new models of accommodation and support services. Borders are working with NHS Lothian in the development of NHS inpatient facilities to reduce the number of expensive private hospital placements. East Dunbartonshire have implemented the requirement for a dynamic risk register to improve monitoring of those at risk of hospital admission or inappropriate placements unsuitable for their needs.

There was also a focus on integration and multi-disciplinary working. East Lothian plans to co-locate their Learning Disability Social Work and Community Learning Disability teams to further develop an integrated, enhanced learning disability service. Nurses with specialist skills in positive behavioural support worked with social work teams and care providers in Midlothian to increase early intervention and support when individuals display challenging behaviour, resulting in a reduction in care placements at risk of breakdown. North Ayrshire developed a proposal for the establishment of a multi-disciplinary intensive support team to promote a consistent approach to Positive Behaviour Support around sustaining tenancies, supporting community integration to prevent delayed discharge, and bringing individuals back from out-of-area placements.

ASP

Most local authorities reported an increase in the volume of adult protection work, referrals and investigations. Enhanced level of oversight has continued, such as Dundee's development and application of the multi-agency corporate risk register; greater multi-agency involvement in learning from case reviews; and establishment of groups including Self Evaluation and Continuous Improvement, Citizens Engagement and Consultation, and Health and Social Care Protecting People Oversight.

East Renfrewshire's review of ASP procedures identified areas of improvement including promoting the role of professional decision making and defensible decision; clarifying the interface between adult and child protection through a joint process; improved oversight of investigations and case conferences; improved recording and reporting of domestic abuse and violence; and improved recording around advocacy.

East Dunbartonshire responded to consultations on the revised ASP Code of Practice, which strengthened the focus on trauma-informed approaches and adult participation, as well as refinements to the legislation proposed in relation to the National Care Service and the Mental Health legislation review.

Aberdeen City's Adult Protection Unit and the Duty team merged to become the Adult Protection Social Work team and the central point for all ASP referrals, police concern reports and emergency / crisis situations.

Domestic abuse

Domestic abuse is another area covered in the majority of reports, with local authorities seeing an increase in reported incidents. Dumfries & Galloway recorded waits of over two years for domestic abuse and rape cases going to court, resulting in support requirements for extended periods. Service developments include staff recruitment in Clackmannanshire and East Ayrshire to work with perpetrators and survivors of domestic abuse, and Lead Officers to coordinate core activities; development days, briefings and multi-agency training in Clackmannanshire and Stirling; and awareness raising in Aberdeen and East Ayrshire.

Aberdeen commissioned a multi-agency audit of child protection plans where domestic abuse was present to gather an understanding of how perpetrators are held to account, and how well practitioners recognise and support women and their children. Outcomes will be used to support good practice and identify and respond to training needs.

Dundee are piloting a test of change with a dedicated team manager appointed to build workforce capacity and enhance the service's ability to respond to perpetrators and victims. The post initially focused on consistent cascading of the Safe and Together model, specialist risk assessment training, improvement to multi-agency risk management processes, and full alignment with wider perpetrator programmes and victim support initiatives.

Argyll & Bute developed improved assessment and interventions for perpetrators of domestic abuse. This links with the Equally Safe and Violence against Women and Girls

strategies, and will act as preparatory work for the rollout of the Caledonian Programme.

The Caledonian System is a piloting integrated approach to address domestic abuse by men towards female partners or ex-partners. It works to reduce their reoffending and improve the lives of women and children. Local authorities such as Aberdeen and Falkirk have seen an increase in the number of Caledonian cases, reflecting the difficulty in delivering group work over the last two years. This has been compounded by challenges in retaining, recruiting and training. Falkirk took the decision to train all social workers as Caledonian case managers and this now forms part of the required training for Justice Social Workers.

Service adjustments in Borders aims to overcome entrenched barriers - lack of available public transport, significant travel distances, limited availability of places that can accommodate employment and carer responsibilities - for attendance and long-term engagement with the men's programme by those subject to a Community Payback Order with Programme Requirement.

Mental health services

Mental Health Services continue to experience increases in demand and complexity, alongside financial pressures and struggles with recruitment.

There has been a focus on collaborative working. Aberdeen's multi-disciplinary North Crisis Intervention Team takes referrals for individuals in crisis or distress from various partners such as Police Scotland, Custody Centre, Minor Injury Units and the SAS. Advanced Nurse Prescribers and Mental Health Pharmacists have been a positive addition to Community Mental Health Teams, increasing the capacity to prescribe medication and attend to physical aspects of mental health care. Mental Health and Learning Disability teams have also benefited from increased numbers of social workers and support workers. Argyll & Bute have a specialist nurse for homelessness, mental health and addictions hosted in the substance misuse team and funded by housing. The post is a valuable bridge to supporting vulnerable clients to retain a tenancy.

Dundee piloted a Paramedic Mental Health Response Vehicle with SAS and the Dundee HSCP. It is jointly staffed by a paramedic and mental health nurse to attend to both physical healthcare and mental health assessment. Early outcomes indicate that most people have been helped at home without the need for intensive mental health assistance. The first few months of data shows the number of mental health emergency admissions fell by 51%.

Stirling are currently working with a third sector partner to deliver group work for Anxiety Management and Safety and Stabilisation within the local community. This is helping to support the remobilisation of secondary care mental health services. They are also in discussion with Neighbourhood Networks who offer services to support people re-engaging within their own communities following prolonged periods of mental illness.

Adults with incapacity / guardianship

Adults with Incapacity work remains a significant demand pressure. Dundee notes that requests for MHO reports for welfare guardianship applications are unable to be met by current capacity. Borders created an Adult with Incapacity post to specifically undertake welfare guardianship supervisions. They developed a training programme to enhance understanding of the role of guardianship supervision amongst adult social care and health teams. East Ayrshire also created a new post - Practice Development Coordinator for Adults With Incapacity and Mental Health - to support practice development and learning.

Mental Health Officer

There has been a continuing increase in MHO service workload, particularly the increasing amount of statutory work. There is a national shortage of MHO's which means recruitment and retention is a challenge. In Argyll & Bute for example, approximately 60% of MHO's are in team leader or management positions. East Lothian made some key changes to combat these challenges. The MHO team is office based for the majority of the working week to ensure peer engagement and opportunities for improved practice and service developments. A lead MHO post to focus on Guardianship work was recruited. Referral processes were streamlined to improve clarity for recording and allocating tasks.

Drug and alcohol services

Authorities have reported increased referrals, likely related to the pandemic. Staff recruitment and retention challenges have also had a significant impact. A number of authorities have started or progressed significant plans around reducing harm associated with drug use, including drug deaths, outreach services, lived experience, and prevention.

In Dundee this has included development of a multi-agency, rapid response to non-fatal overdoses (recognised in the 2022 COSLA Excellence Awards as a sector leading approach); establishing the Navigator Programme, based in A&E, working alongside medical and nursing teams to offer support to people who have multiple and complex needs, including drug and alcohol use; early trends monitoring in reviewing drug related deaths and non-fatal overdoses; and extending the availability and reach of naloxone across statutory services, third sector partners and non-drug treatment services.

In East Ayrshire the Rapid Access Drug and Alcohol Service brought together the NHS Addiction service, We Are With You, Ayrshire Council on Alcohol, and East Ayrshire Advocacy, offering same / next day drug and alcohol assessment and prescribing. This quick access to treatment and opiate replacement has reduced dropout rates and associated risks. The ADP also developed a programme of peer outreach workers to create opportunities for promoting recovery and employment. These individuals have lived experience of drugs / alcohol and are local to the area. Work was also undertaken to promote Naloxone, including the recruitment and training of lived experience champions.

Increased collaboration has helped meet increasing demand for services and to respond to increased complexity. East Dunbartonshire developed a Drug-misuse Deaths Prevention Action Plan to enhance joint-working across teams and to review and revise current protocols and interface with other key teams and services. A new shared Justice and Alcohol Recovery Drug Service post is dedicated to providing drug treatment and testing orders alongside additional health orientated interventions to support recovery and mitigate drug related deaths. A Joint Addiction Nurse post has been co-located in Justice to manage Drug Treatment and Testing Orders and adopt a health orientated approach to recovery.

Clackmannanshire & Stirling Alcohol and Drugs Partnership coordinates the whole system response to substance misuse, working with colleagues across social work services. They also supported the development of a peer recovery worker post within the criminal justice social work team, to support people affected by substance use at key points of their journey.

Drug Deaths Taskforce

The Drug Deaths Taskforce published standards of care for Medication Assisted Treatment in 2021, with the aim to improve access, choice and care for individuals through the use of opioid substitution therapy, and psychological and social support. East Dunbartonshire have been working to implement the standards through activities such as same day prescribing, while supporting individuals to remain in the service for longer, and ensuring there are fewer barriers to accessing more treatment options. Priorities included enhanced access to residential rehabilitation, support for lived / living experience, and assertive outreach.

Inverclyde progressed several key areas including 3rd sector distribution of Naloxone; development of information sharing protocols with key partners to ensure assertive outreach within 48 hours to anyone who has had a non-fatal overdose; working to improve pathways of care via the ADRS Liaison Nursing Team; review of all drug deaths on a multi-agency basis to determine any learning and improvements in practice; and a test of change with Care Navigators working intensively with previously known vulnerable service users.

Lived / living experience

North Ayrshire's Drug Treatment and Testing Order Team secured funding from Corra for two Recovery Development workers with lived experience. An active outreach approach has been adopted to encourage the retention of service users within community-based services and to encourage community-reintegration and involvement in alternative meaningful activities to promote longer-term resilience. East Dunbartonshire's living experience groups have been established by the Alcohol and Drug Partnership with support from the Scottish Drugs Forum to provide a voice for individuals with living and lived experience.

Justice services

The justice system reopening presented ongoing challenges, including the impact of court closures, increased requests for reports and a backlog of cases and unpaid work. Allocation of Covid recovery funds saw increased recruitment and support of temporary staff. Priority to process high risk casework increased assessments for domestic abuse related and sexual

offending related work. This created workforce pressure as only accredited practitioners can undertake this work. Limited access to national training to increase these competencies across the workforce has been difficult.

There has been a high percentage of remand prisoners, with the Government and the Scottish Prison Service taking steps to reduce this by promoting supervised bail as an appropriate alternative. In Stirling for example, this scheme is delivered in partnership with a range of local agencies. The numbers are low, reflecting the national experience, but an increase in use is anticipated with the introduction of electronic monitoring.

Argyll & Bute's focus included the Justice Social Work (community justice) delivery plan; aligning community justice and violence against women and girls planning and activity; the Prison Custody to Community Pathway; aligning Alcohol and Drugs planning and activity; and strengthening the Community Justice Partnership.

An area of potential risk highlighted by East Lothian and Clackmannanshire is the proposed amendments to Police Scotland sharing information with partners. This is a key component to multi-agency work and any reduction could be detrimental to public safety.

Unpaid work

The service remained unable to provide unpaid work opportunities in the way that it normally would. The unpaid work team in Aberdeen developed creative solutions such as Blended Learning Packs, which enabled orders to be undertaken at home. Other areas developed or expanded the service changes brought in during the previous reporting period, such as additional workshops or outdoor areas, and increasing the range of activities. Dumfries & Galloway created a new role of Community Engagement Officer to develop higher quality work experience and unpaid work placements in collaboration with other services. The aim is to increase the purposefulness of unpaid work through employability, education, health and wellbeing, confidence, and community inclusion. They adopted a more holistic, person-centered approach, including drop-in facilities for showering, laundry, and food, involving other community health and wellbeing agencies and addiction services.

Addiction

Links between justice and addiction services were highlighted or developed in a number of authorities. Falkirk established a Recovery Service co-located with Justice services, delivered by Change Grow Live, which provides users with effective screening and triage to ensure they receive the right support package at the right time. There has been high engagement, positive feedback from service users and staff, and a reduction in substance related offending behaviour. Renfrewshire established a temporary post through CORRA foundation funding which provided analysis of pathways between justice social work and addiction services in relation to information sharing and standardisation. This will be developed further, with learning used to improve the interface between these areas.

Women

Women involved in the justice system was a recurring topic in reporting. Glasgow have been working alongside partners to open a new women's custody unit - the Lillias Centre. It has a focus on custody in the community and will enable women to foster stronger and closer links with community support agencies while in custody.

Inverclyde's Early Action System Change continued to progress, with a test of change proposal informed by women with lived / living experience, and front line staff from the statutory and third sectors with practical knowledge of supporting such women.

Midlothian recruited a social worker to supervise court orders. Research shows that 60% of female offenders have experienced domestic abuse, and the complexity of female criminality is often embedded in family disputes, trauma and mental health. Providing continuity with the Spring social worker preparing the court report and then supervising the community-based disposal is beneficial as it avoids women having to repeat traumatic information.

Dumfries & Galloway launched Structured Deferred Sentences, a pilot aimed at women over 21, assessed as low-moderate risk, with evidence of underlying needs relating to their offending. SDS is a brief but intense intervention programme designed to steer individuals away from the justice system and offending, towards community services and self-efficacy.

Lived experience

Dumfries & Galloway commissioned two local third sector Lived Experience Projects, with the aim of reducing stigma and barriers to community inclusion for those with experience of the justice system, and increasing service user participation in the development and delivery of justice services. Peer Support Coordinators are employed to promote and develop support groups for others who had been through the justice journey - Voices for Us, delivered by Apex Scotland and Amazing Futures delivered by Summerhill.

East Dunbartonshire piloted Wayfinder, a peer navigator project providing a trauma informed, person-centered, strengths-based recovery approach to support. The navigator has lived experience and uses relationship-based practice to develop supportive and meaningful relationships with clients, many of whom are difficult to engage.

Clackmannanshire worked with the Resilience Learning Partnership, a locally based, lived experience led social enterprise, to research individual's experience of the justice system, consider the role of trauma-informed practice, and better understand the needs of people within the justice system. A report was published in January 2022.

Carers

Engagement with carers highlighted the significant effects the pandemic has had on their health and wellbeing, and the critical role they play in the health and social care system. The

reduction or unavailability of traditional respite, day services and community supports, the resulting increase in caring roles, and the cost of living crisis had considerable impact.

Demand on carer support services has increased. Developments include adult carer support plans, reviews and commissions of residential respite in line with carers priorities, improving the route of access to assessment and support for carers, peer support groups, reviews of paperwork, and establishing an SDS learning review board.

Workforce planning saw Dundee recruit a carers strategy officer and MHO, establish a Community Care Worker to help deliver national commitments to recognise, support and value carers, support private guardianship applications, and to focus on developing Carers Support plans, recognising carer and cared for person needs are distinct. Clackmannanshire developed a programme of joint working to deliver improved carer support and more consistent responses to carers' needs. Their Short Break Coordinator provides an agile and rapid response to carers in crisis, and ensures agreed planned respite.

As recommended by the Carers Partnership, Dundee enhanced capacity within the NHS Tayside Listening Service, bereavement services and young carers health checks. A number of projects focused on engagement and awareness raising. Significant investment has been directed to the HSCP itself to enhance implementation of Carers Act duties. Their Young Carer Sub-Group has been developing a range of resources, services and supports to identify and improve outcomes for young carers, including school coordinators, link workers from Dundee Carers Centre, and secondary school Young Carer Ambassadors.

East Dunbartonshire established a Black, Asian and Minority Ethnic Older People's Group. The Local Area Coordinator for Older People worked in partnership with the group, supporting the activities associated with developing a local peer resource. The group and their carers have established links with the local third sector interface as well as making connections with the Health Improvement Team and local leisure services.

East Lothian is developing an in-house service for Young Carers, aligned with the inclusion and well-being service in Education and Children's services. A new co-ordinator is in post and has engaged schools in discussions with the aim of increasing numbers of identified Young Carers and accessing appropriate support. Initial work saw a significant gap in understanding of young carers' needs among staff and pupils, so there was a focus on raising awareness and recruitment of team members.

Self Directed Support

SDS remains an area of focus and difficulty for authorities. There have been numerous developments and improvements to strengthen approaches to SDS. Local authorities are seeing SDS spending increasing post-lockdown, with families reinstating their support packages, but it's accompanied by a national staff shortage, particularly personal assistants. Highland highlights a disparity around funding for children PAs and adult PAs.

There have been a number of general improvement approaches such as reviewing and revising public information, operational guidance; assessment tools and methodology; and

professional development programmes, practitioner learning and training opportunities.

In Highland local co-production groups are working to improve delivery of SDS by improving local information about how budgets can be used flexibly; exploring how SDS can be used preventatively alongside community-led approaches; and agreeing how to best engage people in realistic and creative conversations about the choice and control SDS offers.

Stirling and Clackmannanshire appointed an SDS lead to support the culture and conditions required across the HSCP, LA's, external agencies and the community; and to work in collaboration with supported people and carers to influence the HSCP's approach to implementation of SDS. Similarly Moray's new SDS Enabler roles are the conduit between individuals and the community, while collaborating and supporting social work to achieve positive outcomes.

East Dunbartonshire's SDS Implementation Plan introduced a new assessment template which supports outcome focused conversation, and established a new community group for older people from the Black and Minority Ethnic community.

Childrens services

Referrals continue to rise, and children and families work is affected by recruitment and retention issues, increased demand and complexity, policy impacts, and budgetary pressures. There were numerous areas of development over the past year, often involving young people and families, with an emphasis on multi-agency working, including transitions, signs of safety practice model, family group decision making, and early interventions.

Child protection

Child protection has remained the top priority in Orkney children's services with further development of procedures, protocols, training, and continual self-evaluation. Dundee identified four key priorities for improvement: enhancing the voice of children and young people in strategic developments, workforce engagement, support to young people, including transitions, and coordination of quality assurance activities.

The Child Protection Lead Officer, Multi-agency Public Protection Learning and Development Advisor, Who Cares? Advocacy, Children's Rights Officer, and Participation workers collaborated in Clackmannanshire and Stirling to consult with care-experienced children and young people on how to improve participation in decision-making about their lives. Based on the findings from this work a checklist was produced which has been widely promoted for use in preparation for multi-agency meetings.

Argyll & Bute have a monthly discussion session for all agency staff involved in child protection, attended by Police, Social Work, Education, Health and Third sectors. Subjects such as working with resistance and challenging families have led to training provision.

Scottish Child Interviewing Model

Aberdeen City collaborated with colleagues in Aberdeenshire and Moray to implement a Grampian-wide IRD as the cornerstone for the Scottish Child Interview Model, ensuring consistent practice for children and their families.

Dumfries and Galloway were the first rural area involved. Feedback suggests the interview experience is supportive and helpful. Focus groups for school and Social Work staff have helped with thinking around better supporting children before and after the interview.

Island authorities have raised concerns about the efficacy of the model, with issues around smaller specialist teams, geography and low numbers of joint interviews. They emphasise the needs of remote and island be considered at the start of national initiatives. East Lothian also noted the resource impact of the training and evaluation programme in small local authority areas has not been recognised or provided for by the Scottish Government.

Corporate parenting

There has been a focus on improvements and developments around looked-after children and young people, from reducing numbers who need it and who need to be looked after away from home, to reducing delays in securing permanent care arrangements. This has involved a range of approaches, including awareness raising and information signposting in Aberdeen, and appointing a solicitor in Clackmannanshire to progress applications through court. Dundee worked on improving timescales for obtaining Court Orders to secure children in permanent homes. This has been extended to children who are placed in kinship care. Following a review of kinship care practice in Aberdeen City, a new assessment framework has been implemented to include photographs, simple language, and a focus on keeping the child at the centre of assessments.

Dundee established a dedicated team to provide targeted support to kinship carers, covering all aspects of care-planning, including assessment, preparation, training, and ongoing support. There is a particular focus on separation, loss and other forms of trauma across the extended family, including the impact of substance use. East Ayrshire also established a Kinship Support Team, composed of experienced social workers, to provide dedicated support, advice and guidance to carers looking after vulnerable children. An approach to developing peer to peer kinship support is being progressed based on local hubs and clusters where carers can meet to share their experiences, support and learn from each other, and access training and support.

Despite recruitment efforts, there is an ongoing need for foster carers. Recruitment is a national challenge, and there continues to be a requirement for those who can provide interim placements for older children and sibling groups. This is exacerbated by competition between neighbouring authorities and independent agencies in recruitment, and variability across the country in the level of allowances paid to foster carers. Some areas such as Clackmannanshire are reliant on externally provided foster care placements.

The cost of residential care placements are prohibitive and the outcomes for young people can be variable. Service development and improvements in this area have included:

- Love and Relationship Based Practice within the home in Borders. This was co-produced with young people and covers areas such as training and improving staff awareness of the importance of love and relationship based practice; on-going participation and advocacy for young people; ensuring a positive physical environment; and encouraging ex-residents to remain involved and access support from the residential staff team.
- Intensive Outreach Service, and a Villa Through-Care and After-Care Service in East Lothian. These projects seek to capitalise on continuity of care beyond staying at Lothian Villa, and using the specialist skills of staff in the provision of relational practices to work with young people and their families in the community. They are looking to increase the pace of movement through the service, and provide a step-down facility with a reduced care element as a transition to independence.

Continuing care

More young people are choosing continuing care, enabling them to prepare better for independent living. Stirling undertook an evaluation of their throughcare and aftercare services, involving participants with lived experience, using surveys, interviews and focus groups. Service improvements will be co-designed and tested. East Lothian highlights the need to consider what outcomes and support young people need in the statutory throughcare and aftercare phase at a much earlier stage.

Inverclyde uses transition flats, located close to their children's houses, allowing a supported step to independent living while retaining care and support. Midlothian are also supporting care experienced young people to move on from their care setting into their own permanent tenancy, with all so far sustaining tenancy.

Borders and Argyll & Bute both highlight sustainability, and the ongoing additional budgetary pressure continuing care puts on the service budget, with young people staying in resources for longer, leaving them unavailable for others.

The Promise

Development and progress around The Promise has taken various forms, including recruitment (East Dunbartonshire), creation of groups to support implementation (Aberdeen City), information gathering and initial developmental activities and consultation events (Inverclyde), awareness and profile raising (Renfrewshire), and co-production with young people, parents, partners and staff (Stirling).

Dundee emphasised partnership working such as initiatives with Universal Services and the Third Sector on enhanced preventative family-based support, the Alliance on Fast On-line Referral Tracking and a volunteer strategy, the Scottish Mental Health Foundation on an

emotional health and wellbeing capacity building model, and the Hunter Foundation and local communities on What Matters 2 U.

Renfrewshire is progressing with a Self-Evaluation tool, to be used in identifying areas of best practice that can be shared to encourage partnership learning between staff teams and identify where services require further support to fully implement The Promise.

Mental health and wellbeing

Children and families are still recovering from the physical, emotional, and financial impact of the pandemic and there has been an increase in those experiencing challenges with their mental health and wellbeing.

East Renfrewshire developed a multi-stakeholder approach - Healthier Minds Service - aligned to school communities, to identify and ensure delivery of mental wellbeing support. This is alongside the existing Family Wellbeing Service which links to GP practices. Local Youth Counseling provision has also been increased. Data suggests that a referral to the Family Wellbeing Service has reduced the representations of young people experiencing emotional distress at GP surgeries by 86%. Clackmannanshire invested significantly in the work of the Family Wellbeing Partnership, and the Values Based Leadership approach.

Stirling launched the School Counseling Service, with a counselor based in all mainstream secondary schools to work with pupils aged 10 and over. Further therapeutic support for primary-aged children has been commissioned.

The Emotional Wellbeing Triage Group has been set up to allow agencies to provide the earliest most appropriate support to children and young people in Inverclyde. The aim is to develop learning around how multiple, duplicate and inappropriate referrals to statutory services occur; improve signposting; build step-up / step-down processes between agencies; and eliminate experiences of referral knockbacks and re-referral.

Renfrewshire launched a multi-agency service to improve families' access to health and wellbeing support. Ren10 aims to bridge the gap between universal services that deal broadly with wellbeing and the specialised support for more severe mental health conditions. Key activities include the development of Non-Violence Resistance Approaches and Child Psychology Parent Drop Ins.

West Dunbartonshire's Distress Brief Intervention Associate Programme supports young people experiencing emotional distress without requiring clinical intervention by offering face-to-face and telephone support within 24hrs of referral. The first phase of workforce development focused on Primary Care, Education and Police Scotland.

Rights, participation, and voice

The participation of children, their families, and carers, and the gathering and sharing of views is integral to assessment, care planning and intervention. Most reports stated or reaffirmed their commitment to engagement and participation with children and young

people, whether through Champions Boards (West Dunbartonshire, South Lanarkshire), young people's involvement in recruitment (Stirling), recruitment of care experienced young people (Glasgow), and surveys of care experienced young people on improving participation and having their voice heard (East Lothian)

East Dunbartonshire and Aberdeen city introduced the Mind Of My Own app-led suite of products and services that modernises the processes and systems used to gather the views of children and young people who use social work and social care services.

Stirling formed a team - including a Child Protection Lead Officer, Multi-Agency Public Protection Learning and Development team, Advocacy, Participation Workers, Children's Rights Officer - to consult with child protection and looked-after experienced children and young people, around improving their participation in decision-making.

Resources

All services across the social work and social care landscape are experiencing pressures. CSWOs again report working with increasingly tight budgets. Financial challenges which social work and social care continue to manage include requirements for recurring efficiency savings, inflationary pressures, and core service dependency on non-recurring budgets. Additional resources have been provided by the Scottish Government, but the ongoing operational and financial impact of the pandemic continues to be felt. Demand for adult services is expected to continue to rise given projected population increases, the complexity of care required, and the increased average life expectancy.

Areas of pressure

There are general areas of pressure including demographic growth and an ageing population; increasing numbers of people with long term health conditions supported in the community; increasing ASP activity; and service user and carer expectations.

Specifically, increases in numbers of looked after young people, rises in fostering, kinship care, and agency placements are causing financial pressures in children's services. In Dumfries & Galloway children are being placed younger, and staying in placements longer. This has a knock-on effect in fostering placements, with networks stretched and the need to purchase more costly agency placements. Falkirk does not have the internal residential and fostering placement capacity to meet needs. Reducing the numbers of children looked after away from home, and increased access to internal foster care rather than residential care, are critical factors.

North Ayrshire and Midlothian highlight looked-after children and learning disability care packages. Overspend in these areas is due to provision being demand led and subject to fluctuation throughout the year. They can be low volume but high cost.

Renfrewshire reports that Adult with Incapacity work remains a significant demand pressure, with increasing numbers of guardianships to be managed.

There is a significant challenge in meeting demand for care at home services, such as staffing absences (Midlothian), having a higher than average proportion of older people (Perth & Kinross), and having a large rural demographic.

Some local authorities are also struggling with areas of government policy change that bring service demand costs, but are unfunded, or funding is unclear. Examples from East Dunbartonshire include the extension of rights to aftercare support for looked after and accommodated young people, and the presumption against prison sentences of less than 12 months, which increases demand to manage offenders in the community. Aberdeen City highlights the need for clarification on financial support for the transformational changes needed to implement The Promise. Glasgow includes the Scottish Living Wage and policy commitments in relation to Primary Care, Mental Health, Carers, Alcohol and Drug Partnership. West Dunbartonshire highlights the annual funding model for Justice services restricting their ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector.

Commissioning

During this reporting period the strategic commissioning of services has continued to be developed and supported. Clackmannanshire & Stirling HSCP are looking at how care and support services are commissioned, with a shift towards collaboration, ethical commissioning and commissioning for the public good, which are joined up and responsive to need and demand, and support the development of sustainable community capacity. They are developing Commissioning Consortiums for Carers, Dementia and Mental Health, and Alcohol and Drug Partnership Services. They are also working with strategic and authority partners, and those with lived experience, to generate collective insight; develop integrated strategies for delivering common outcomes; co-design and commission services; make decisions about who provides what and how; and review / evaluate how well they are doing.

East Ayrshire are currently reviewing commissioned services to embed the findings of the Feeley Report and The Promise, with extensive consultation with service users. A focus group was held with women who use East Ayrshire Women's Aid, their views and ideas added to the new service specification, and are driving how this service now supports them.

Rural

Island and rural social work continues to present its own challenges. Argyll & Bute highlight that awareness should be paid to the Islands Act and the requirement for an impact assessment to ensure national policy and initiatives do not inadvertently adversely affect these communities. They note the current national Community Justice Strategy takes a general approach to populations but does not reflect the needs of delivering to remote, rural and island communities.

Funding and resourcing is one of the key challenges in Shetland and Orkney, alongside capacity and recruitment and retention. Population size, accommodation, varied career choices, and the challenges of dual relationships in small island community living, and the

capacity of small Councils and Health and Social Care Partnerships, can present challenges for undertaking the range and scope of required services.

Provision of care at home in the rural north area of Stirling has proven challenging over recent years. Areas of particular rurality and low population density are either not cost-effective on current contractual rates for a provider to service, or present additional levels of risk to service delivery caused by poor condition of roads, length of time to travel, lack of access during extreme weather events etc. This has resulted in providers being unable to cover their planned hours and seeking to withdraw from service delivery.

Looking to the future

There are a range of legislative and policy changes proposed or coming, with the establishment of a National Care Service plan the most significant. While it may offer new opportunities, and for social work and partners to work in a more integrated way, it also has the potential to fundamentally change the social work and social care landscape in Scotland, with many unresolved questions, including the impact on the workforce.

Alongside recovery from the pandemic, demand and complexity of need grows. The impacts of an ageing population, increased demand on services, and workforce recruitment and retention issues continue. An uncertain financial environment, the current economic instability, and the cost-of-living crisis are making this situation more challenging.

Areas of focus highlighted in the reports for the next reporting period include child and adult protection, The Promise, care experience and care leavers, trauma informed practice and leadership, SDS, prevention and early intervention, supporting carers, and improving mental health and recovery.