



**Dundee City Council Social Work Department**

**Chief Social Work Officer Report 2013-2014**

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## PURPOSE OF REPORT

- 1.0** Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government, (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO).

The specific qualifications are set down in regulations and require that the post holder is a qualified social worker registered with the Scottish Social Services Council (SSSC), the body that regulates professional social workers and the social care workforce in Scotland. This is one of a number of statutory requirements in relation to the post holder's roles and duties with which local authorities must comply.

National guidance requires that the CSWO reports to elected members on an annual basis. This is the fourth CSWO report for Dundee and provides details as to how the CSWO for Dundee City Council discharged a range of key elements of her role, including, in particular, the statutory elements of the role, during the year 2013/14.

## **GOVERNANCE ARRANGEMENTS**

**2.0** In Dundee the social work and social care services which are provided directly, or which are commissioned by, Council employed staff, are delivered through a stand alone Social Work Department. In Dundee the role of CSWO is carried out by the Director of Social Work.

### **2.1 Role of CSWO**

The CSWO, as Director of Social Work, reports directly to the Chief Executive of Dundee City Council and is a member of the Council's Strategic Management Team which meets monthly. The Director of Social Work reports through the Social Work and Health Committee to the elected members of the Council.

The Director of Social Work manages a team of 4 senior managers as Heads of Service for: Community Care Services; Children's and Criminal Justice Services; Strategic Integration, Performance and Support Services; and Finance, Contracts and Welfare Rights Services.

Each Head of Service is responsible for overseeing the delivery of social work and social care services within a functional grouping, through staffing structures which include Service and Resource Managers, Team Managers and front-line qualified social work staff, as well as a trained social care workforce, and a range of support staff.

In the absence of the Director, the role of CSWO is covered by one of the Heads of Service in the Department who holds a Social Work qualification and is registered with the SSSC. The Head of Strategy, Integration, Performance and Support Services otherwise formally deputises for the Director, as required. This officer also shares the role of Dundee's Interim Chief Officer for Health and Social Care Integration with a senior Manager in Dundee's Community Health Partnership (CHP).

The overall objective of the CSWO role is to ensure the provision of effective, professional advice and guidance to Dundee City Council's elected members and officers, in the provision of social work and social care services in Dundee, for children, young people and families, adults and older people with needs, carers, and those who are involved in the criminal justice system.

The CSWO also plays a key role in ensuring that social work services contribute effectively to the achievement of national and local outcomes and carries responsibility within the Council for overall performance improvement, as well as the identification and management of corporate risk, insofar as these relate to social work services.

In Dundee the CSWO's role is therefore one of both organisational management and professional leadership in ensuring the delivery of safe, effective and innovative practice.

As with the CSWO, all of the managers within the social work and social care staffing structure also have both line management, as well as professional leadership responsibilities for all of the staff for whom they have supervisory responsibilities.

These leadership, management and support functions are carried out through the activity that takes place within clearly defined management and supervisory relationships at all levels within the social work and social care workforce staffing structures in Dundee's Social Work Department. Through these line management structures and integrated functions, there is a clear articulation of the connections between individual practice and organisational objectives, ensuring that all staff are able to contribute more widely to the organisation's capacity to improve services and outcomes for the people who use them.

This has the effect of creating a system within which local social care governance plans can be linked to the organisation's overall governance strategy and implementation plans. This combined role allows for a whole system approach to be adopted to the development and delivery of social work and social care services in Dundee City.

## **2.2 Governance Arrangements within Social Work Department**

The following is a more detailed description of the governance arrangements operating in each of the key areas of service in the Department.

### **2.2.1 Children's Services**

The Department's Children's Services are led and managed by a Team of 5 Service Managers who report to the Head of Children's and Criminal Justice Services. Together with the CJS Service Manager, they form the Management Team responsible for Social Work services in Dundee for children, young people and their families, and those who are involved in the criminal justice system. The following are the areas of service for which the 6 Service Managers are responsible:

- Intake Services
- East Locality
- Central Locality
- West Locality
- Residential and Family Placement Services
- Criminal Justice Services

### **2.2.2 Criminal Justice Services**

In 2013/14 services for those involved in the criminal justice system in Dundee have continued to be provided through the Social Work Department's Criminal Justice Service (CJS). As described above the CJS is managed by a Service Manager, who reports to the Department's Head of Children's and Criminal Justice Services, and he is a member of the Children's Services and CJS Management Team, with colleague Service Managers in Children's Services.

### **2.2.3 Community Care Services**

Community Care Services are managed by Social Work's Head of Services (Community Care) who is accountable to the CSWO and is responsible for five service managers. Services are broadly managed within the following portfolios:

- Older People East
- Older People West
- Intake Service
- Learning Disability Services
- Other Adult Services

### **2.2.4 Community Adult Services Management Team (CASMT)**

In Dundee there is also a Community Adult Services Management Team (CASMT) which is made up of senior operational and support service staff from both Social Work and the Dundee Community Health Partnership (CHP). The Community Care Service Management Team are represented in full on the CASMT, which reports directly to Dundee City Council's Social Work and Health Committee and the Dundee CHP Board. In addition there is a direct line from the CASMT to the Dundee Community Planning Partnership (CPP) for identified aspects of the Dundee Single Outcome Agreement (SOA).

The CASMT receives regular strategic updates, performance reports and financial reports, from all adult community care service areas across the partnership, and holds devolved decision making powers in relation to strategic and operational matters. Regular reports are also provided to the Social Work Community Care Management Team, which continues to be accountable for the day to day to management of social work services for adults and older people in Dundee.

## **SOCIAL WORK SERVICE STRUCTURE**

**3.0** As described above Dundee's Social Work and social care services are delivered via a structure made up of four service areas, all managed by a Head of Service. The areas of service which are managed under each of these functional groupings are as follows:

### **3.1 Children's and Criminal Justice Services**

- Care and Protection Intake and Out of Hours Services
- Locality based Care, Assessment and Family Support Services
- Fostering and Adoption
- Residential Care
- Youth Justice
- Throughcare and Aftercare
- Criminal Justice Services: Court Liaison, Management of High Risk Offenders, Groupwork Services, Women Offender Services, Offender Accommodation, Unpaid Work Services

### **3.2 Community Care Services**

- First Contact Team and Hospital Intake Services
- Occupational Therapy, Dundee Independent Living Centre (DILCEC), Blue Badge, Manual Handling and Community Equipment Store
- Older People Services
- Learning Disabilities and Autism
- Physical Disabilities and Sensory Impairment
- Adult Mental Health and Mental Health Officer (MHO) Services
- Drugs, Alcohol and Blood Borne Viruses Service (BBV)

### **3.3 Strategic Integration, Performance and Support Services**

- Strategic Planning, including Emergency Planning
- Performance Management and Self Evaluation
- Business Partnership with Human Resources
- Health and Safety
- Public Information
- Customer Care
- Protecting People
- Integrated Children's Services
- Review Services for Looked After and Accommodated Children
- Equalities and Children's Rights Services
- Learning and Workforce Development

### **3.4 Finance, Contracts and Welfare Rights Service**

- Finance
- Contracts
- Welfare Rights



## PARTNERSHIP STRUCTURES

**4.0** There are a number of key partnerships which are relevant to the delivery of Social Work and social care services in Dundee. This section provides a description of these partnerships, the relationship between them, and the involvement in, and contribution made by, Social Work Managers to such partnership arrangements in the city.

### **4.1 Dundee Community Planning Partnership (CPP)**

At the most senior and strategic level, partnership mechanisms are in place in Dundee which involve Dundee City Council, NHS Tayside and a range of other key partners in the planning, co-ordination and delivery of services for the people of Dundee who need them.

Central to these strategic partnership arrangements is the Dundee Community Planning Partnership (known locally as the Dundee Partnership or CPP) which provides strategic oversight and a vehicle for co-ordinated inter-agency working in the city.

The Dundee Partnership pools together the strengths of key agencies in the city, including Dundee City Council, NHS Tayside, Police Scotland and Scottish Enterprise, along with local academic institutions and representatives of the business, voluntary and community sectors.

The lead responsibility for the development and delivery of Dundee's Single Outcome Agreement (SOA) 2013-2017 sits with the Dundee Partnership. Through the SOA, which is agreed with Scottish Government, the local authority, together with its partners in Health and other agencies, are together delivering against the range of agreed national outcomes in a way which reflects local needs and priorities in Dundee.

The Dundee Partnership has 3 formal bodies, made up of the Partnership Forum, the Partnership Management Group and the Partnership Co-ordinating Group, together with a range of Partnership Theme groups.

The **Partnership's Theme Groups** take forward each of the Partnership's strategic themes along with a range of other Partnership groups, such as the Community Involvement Group. There are eight strategic themes which together are the focus of the Dundee Partnership:

- Work & Enterprise
- Learning & Culture
- Children and Young People
- Health & Wellbeing
- Reshaping Care
- Community Safety
- Building Stronger Communities
- Dundee Environment

There are in addition 5 cross-cutting Theme Groups which include the Dundee Alcohol and Drug Partnership (ADP) and the Equality and Diversity Steering Group.

These Groups meet throughout the year and are made up of senior representatives from the key partner agencies and organisations in the city. They also include chairs of the **Strategic Planning Groups (SPGs)** which are responsible for taking forward the agreed work streams which link to the strategic priorities of each of the identified Theme Groups.

Each of the city's SPGs has a lead responsibility for one of the priority themes expressed in the SOA and in the more detailed service plans which link to the SOA. These SPGs are chaired and led by operational Service Managers or strategic Senior Officers from the key agencies involved. These officers are directly accountable to their host organisation for the delivery of outcomes attributable to the relevant Theme Group.

Alongside the range of strategic partnership groups above, there are 8 **Local Community Planning Partnership Groups (LCPPs)**. LCPPs are now well established in each of the 8

multi-member wards bringing together elected members, Dundee City Council officers (including officers from Social Work and Housing), partners in Health, Police and Fire and Rescue Services, and community representatives.

The LCPPs build on Dundee's de-centralisation strategy and promote local co-ordination of service planning and delivery within the strategic priorities for the city. Officers from the Strategic Integration, Performance and Support Service represent the Social Work Department on each of the city's 8 LCPPs.

Given the lead role which social work and social care staff play in assessing and providing supports and services to many of the people in Dundee whose needs are reflected under one or more of the above strategic themes, and associated planning work streams, there are a number of strategic planning groups which are chaired by, or have representation from, operational Service Managers, or strategic Senior Officers from Dundee's Social Work Department, as described in further detail below.

#### **4.2 Public Protection**

Since 2011 the Chief Officers of Dundee City Council, NHS Tayside and Police Scotland 'D' Division, individually and collectively, have led, and are accountable for, the development of work in the Dundee area relating to adult protection, child protection, violence against women and Multi-Agency Public Protection Arrangements (MAPPA) for high risk offenders who present a risk of harm to the public. The responsibilities of the Chief Officers Group (COG) for Care and Protection include ensuring the effectiveness of each of the 'Protecting People' (PP) component committees/partnerships.

The Chief Officer Group's vision is:

"Dundee's future lies with its people. They deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm".

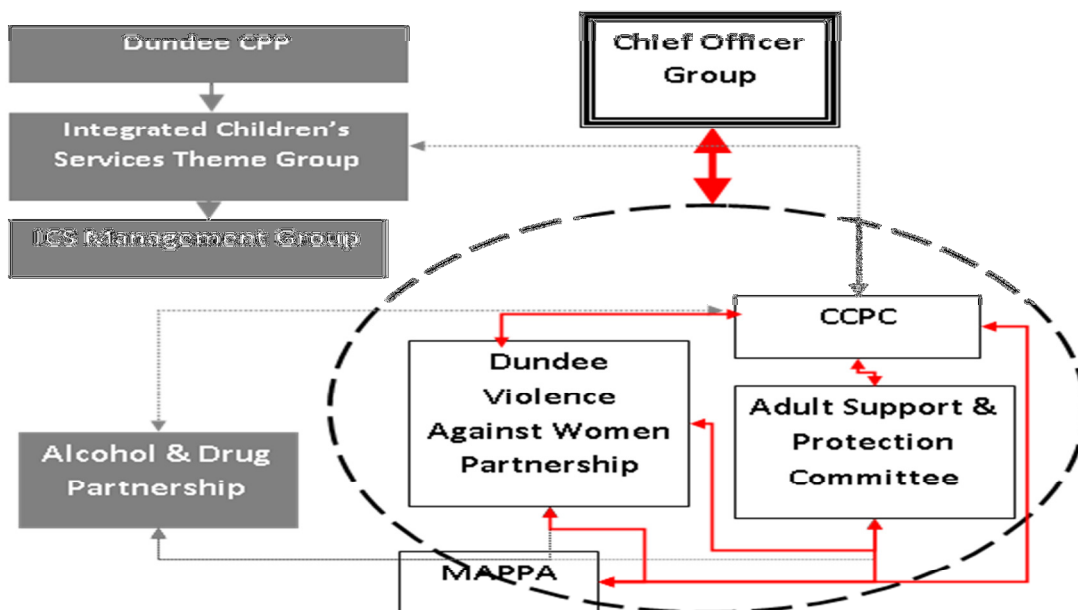
Within the city the COG has initiated a public protection policy aimed at greater integration of child protection, adult support & protection, the prevention of violence against women and multi-agency public protection arrangements. This initiative increases the efficiency of protection interventions but, importantly, places the work within a more holistic framework in which a more integrated approach towards protecting people in the city can be achieved.

There are three multi-agency PP groups which coordinate self evaluation, communication and learning and workforce development activity across the PP spectrum. The activities of these three groups include, for instance, the work of the PP Communications Group to agree a 'branding' and single awareness rising message across all the PP areas.

The Dundee Alcohol and Drug Partnership have recently moved into the PP structure, given the considerable overlap between the risks of harm associated with substance misuse and the other PP partnerships' responsibilities. All of the PP Lead Officers are now co-located as a team within the Social Work Department's central Strategy, Integration, Performance and Support Service.

#### **4.3 Strategic Planning and Integrated Management Framework**

The network of partnerships in Dundee is complex due to the range and complexity of the strategic planning agendas which require to be addressed for the city. Work has taken place to show diagrammatically the relationships between the different parts of the planning system. For instance the following diagram shows the relationship between the Dundee CPP and Integrated Children's Services (ICS) Theme Group, the COG and these 5 key PP partnerships within the city.



The diagram at Appendix 2 lays out the strategic planning framework and integrated management arrangements in Dundee as a whole, and shows the relationships between each part of this strategic planning system.

Managers from Dundee's Social Work Department make an active contribution to strategic planning in Dundee, thereby ensuring that the needs of some of the most vulnerable children, families, adults and carers, who live in local areas across the city, are appropriately recognised, prioritised and reflected in the Council's SOA and Community Plans. More detailed information regarding the partnership arrangements which are relevant to each area of service in Dundee's Social Work Department follows.

#### 4.4 Key Partnerships for Children's Services

The protection of children and young people from abuse, neglect and harm remains a key priority for all agencies in Dundee, and specifically for Social Work as the lead agency. The Social Work Department is committed to working in partnership with other agencies to achieve the best outcomes for children and families.

The **Child Care and Protection Committee (CCPC)** in Dundee continue to retain its distinctive role and purpose in line with national child protection guidance. However, the CCPC is one of Dundee's 7 SPGs in Children's Services, which are overseen by the ICS Joint Management Team and link into the Dundee Partnership Children and Young People Theme Group. The Head of Social Work's Children's and Criminal Justice Services in Dundee chairs the CCPC.

The aim of Dundee's CCPC is that services to protect children and young people should take their place alongside other services for children and families, and direct their activities through the coordinated and integrated approach to the implementation of GIRFEC (Getting It Right For Every Child) that continues to be driven across Dundee.

The **Dundee Partnership's Children and Young People's Theme Group** is chaired by the Director of Social Work/CSWO, who has a lead role for ICS and the implementation of GIRFEC across all agencies. The Director of Education (who chairs the ICS Joint Management Group) and the Director, Leisure and Communities are also members of this key group, as well as other senior managers and partners. Together this group takes an active

lead in the development and implementation of strategies, across agency and departmental boundaries, to improve services and outcomes for children and families in the city.

#### 4.5 Key Partnerships for Criminal Justice Service

All of the Criminal Justice Social Work Services that are provided by the three local authorities in Tayside are overseen and co-ordinated through the **Tayside Community Justice Authority (CJA)** and the **Tayside Criminal Justice Social Work Partnership**. The role of CJAs is to bring together a broad range of agencies, with the jointly agreed task of reducing re-offending and promoting a more coordinated approach to delivering quality services for offenders, their families, victims and local communities.

The CSWO and the Head of Children's and Criminal Justice Services in Dundee are officer representatives on the Tayside CJA. Dundee City Council is also a partner in the Tayside Criminal Justice Social Work Partnership which brings together criminal justice social work services from Angus, Dundee and Perth & Kinross to promote a standardised approach to the delivery of services and enhance economies of scale through the development of shared resources.

In 2013/14, Dundee's CJS managers contributed to the Scottish Government consultation on community justice structures in Scotland. At the same time, they also continued to contribute towards both the Tayside CJA Area Plan, and the local SOA objective of reducing crime and reducing the fear of crime with other members of the Community Safety Partnership.

The Scottish Government has since announced a new model for the management, commissioning and delivery of community justice services in Scotland. As this is likely to involve the abolition of CJAs and a new national body, cascading a strategic plan and performance framework to local CPPs, the service is now well placed to help progress the model locally.

In Dundee the CJS Service Manager is a member of the Tayside Local Criminal Justice Board and the CJA Area Plan Implementation Group, as well as **Dundee's Community Safety Partnership** and the **Tayside MAPPA Strategic Oversight Group**. As Chair of the Dundee Vulnerable Adolescent Partnership, which focuses on young offenders, child sexual exploitation and other adolescents at risk, he is also a member of Dundee's Child Care and Protection Committee (CCPC). Through these different partnership arrangements the CJS in Dundee plays a significant public protection and community safety role in the city.

#### 4.6 Key Partnerships for Community Care

The protection of adults and older people in Dundee from risk and harm is a key role for Social Work's Community Care Services. As in Children's Services, there are strong partnership working arrangements with all agencies at strategic and operational levels within the city. There is a well established and active **Adult Support and Protection Committee (ASPC)** which has an independent chair, as well strong representation from all the key partners in Social Work, Police, Health and other organisations with a contribution to make adult protection in Dundee.

There are other partnership working arrangements operating in Community Care with partners across all areas of adult and older people services, and catalysts such as the Change Fund, which have increasingly promoted and energised joint and integrated models of working in Dundee over the past few years.

The commitment to improving integrated service delivery was formalised within Dundee's Community Health and Social Work Services a number of years ago through the development of an integrated management structure for services for adults with a learning disability and/or autism in Dundee. Since then the Social Work Service Manager for Learning Disabilities has held strategic, operational and financial management responsibility for the joint **Dundee CHP and Social Work Learning Disability Service**.

These arrangements sit alongside a Tayside-wide service for adults with a learning disability and/or autism, which is hosted by Angus CHP and includes in-patient services. The management structure within Learning Disability services includes managers employed by both NHS Tayside and Dundee City Council.

There are in addition other joint Health and Social Work teams and services in Dundee including the:

- Joint Community Care Mental Health Teams for Older People
- Joint Community Care Mental Health Teams for Adults
- Joint Equipment Store
- Drug, Alcohol and Blood Borne Virus Team (DABBV) co-located with Tayside Substance Misuse Service (TSMS)

In Dundee there is a well established model of governance and partnership working for the implementation of the Dundee Reshaping Care for Older People Change Plan. The **Change Fund Monitoring Group** (Social Work, NHS Tayside, and 3rd Sector Partners) approves, directs and monitors the use of the Change Fund monies. The work undertaken through the Change Fund has broadened partnership working to include service users, carers, the voluntary sector and the independent sector, as equal partners in decision making and in sharing responsibility for monitoring service delivery. It is anticipated that this model of partnership working will be used to prepare and monitor the implementation of the Integrated Care Fund plans (referred to further at Paragraph 11.1 below) when produced in December 2014.

Operationally a number of new partnership arrangements were put in place during the reporting period, all of which include representation from key partners in Social Work and Health in Dundee. These are detailed at Paragraph 11.4 below.

#### **4.7 Health and Social Care Integration**

For the Social Work Department in Dundee, the new legislation to integrate health and social care services across Scotland (the Public Bodies (Joint Working) (Scotland) Act 2014) will bring about the most significant changes in service organisation and partnership working that have taken place since the introduction of the NHS and Community Care Act (1990). It has in fact been said that this legislation, in its intended outcomes, is as far reaching as the changes brought about when the Social Work (Scotland) Act 1968 created the legislative basis for the organisation and delivery of Social Work services, as they are still known today in Dundee.

The Scottish Government first published its proposals on health and social care integration in May 2012 (Integration of Adult Health and Social Care in Scotland, Consultation on Proposals May 2012). In the consultation document the Government set out its argument for change, its vision for the future, and its framework for improvement. In advancing the argument for change the Government explained that demographic pressures make the current model of service delivery in Scotland unsustainable. In addition, it was argued that there are aspects of the current model of service delivery that are unsatisfactory.

On 1 April 2014 the Act received Royal Assent. The Act puts in place provision for Regulations and Orders, and a commitment was made by the Scottish Government to consult on the Regulations, when drafted. In developing these Regulations, the Scottish Government has had the involvement of a wide range of stakeholders, and Dundee City Council and Tayside Health Board, along with other public bodies and organisations across the country contributed to the consultation process. The Dundee City Council response to the Regulations was presented to Dundee's Policy and Resources Committee in August 2014 (Report No: 308-2014).

In 2013/14 the momentum towards these changes increased and the Community Care Management Team, with Health partners in the CASMT, became involved in a range of planning and reviewing activities in preparation for the creation of the new health and social care integration body in Dundee.

The integration model that has now been agreed for Dundee, by Dundee City Council and NHS Tayside, is the Body Corporate. This means that a new Health and Social Care Integration Authority is to be established in Dundee, which will include all the areas of service which are agreed as being appropriate for integration within the new Authority.

At 31 March 2014 (the end of the reporting year that is the subject of this report) Dundee City Council and NHS Tayside had not yet confirmed the services that should be included within the new Integration Authority. However, the position by September 2014 was that Dundee's Health and Social Care Integration Shadow Board were considering a set of proposed services for inclusion within the Authority, based upon local pathway analysis.

At September 2014 therefore, the proposal is that all Social Work's Adult and Older People Services are to be included within the Integration Authority. The lists of proposed services for Dundee are broadly consistent with those outlined in the draft Regulations.

At this stage however, it seems unlikely that Children's Services will be part of the new Integration Authority. As an alternative, integration and locality planning approaches are likely to be taken forward for Children's Services in ways that are consistent with the principles contained within the Act. One option under consideration currently is the formation of a new Integrated Children's Services partnership in Dundee, bringing Social Work's Children's Services together with the Education and Leisure and Communities Departments within the Council. Decisions regarding the proposed way forward are to be concluded by December 2014.

With regard to Criminal Justice Services, further consideration is to be given to the most appropriate model for Dundee, with the obvious alternatives being inclusion either with other Adult Services within the Integration Authority, or within an integrated Children and Families Service model, if that is the chosen way forward. Final decisions regarding the future structure, within which Dundee's current CJS will sit in the future, await the outcome of further consultation on alternative models.

Alongside the deliberations regarding scope of services, there are a range of tasks that require to be undertaken to establish the new Integration Authority. These include the requirement to:

- agree an Integration Scheme that establishes the governance arrangements for Dundee's Integration Authority
- develop an overarching Strategic Plan and Commissioning Statement for Dundee,
- develop a range of individual Care Group Strategic Plans and Commissioning Statements for all of those care groups in Dundee which are within the scope of the new Authority
- agree a Market Shaping Strategy for Dundee

Preparation for the production of the Integration Scheme is being taken forward through two local fora – one which brings a Tayside-wide perspective (through the Tayside Integration Joint Issues Group) and one which is concerned only with Dundee (the Dundee Integration Support Team). The work to consider the content and prepare the Integration Scheme began in the early part of 2014 and has continued into 2014/15. Further information regarding the planned work to develop the Strategic Plans, Commissioning Statements and Market Shaping Strategy are detailed at Paragraph 11.4 below.

## DESCRIPTION OF LOCAL AUTHORITY

**5.1** Dundee is Scotland's fourth largest city and is situated on the north coast of the mouth of the Tay Estuary. Edinburgh lies 60 miles to the south and Aberdeen 67 miles to the north.

The Dundee City Council area covers 24 square miles and is, geographically, the smallest local authority area in Scotland. It is bordered by Perth & Kinross Council to the west and Angus Council to the north and east. The former Tayside Regional Council area previously covered all three councils, and Dundee continues to serve as the regional centre for this area and north-east Fife, with an estimated catchment population of some 400,000 people.

### **5.2 Population**

The most recent estimate of Dundee's population is 148,170 (General Register Office for Scotland (GROS) 2013 Mid-year population estimate). Dundee is home to the University of Dundee, the University of Abertay and Dundee & Angus College, and has a sizeable student population. However the majority of students who come to Dundee leave the city at the end of their period of study.

As shown in Figure 1, by 2037 the population of Dundee is projected to be 170,811. This is an increase of 15% when compared to the estimated population in 2012.

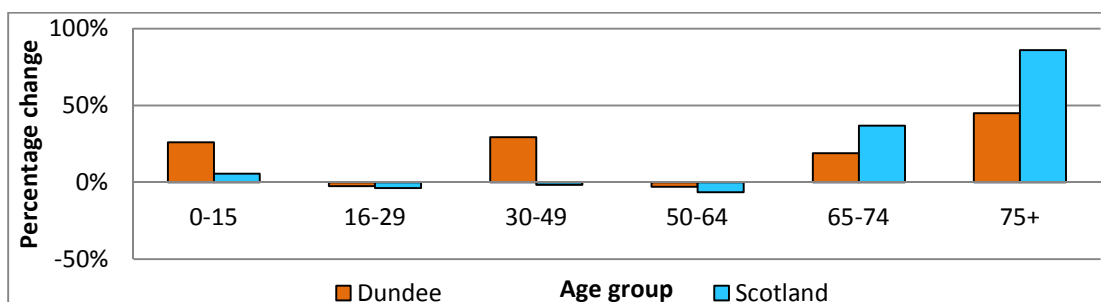
**Figure 1: Dundee City, projected population change by age group at five year intervals, 2012 to 2037**

Age group	Base year	Projected years				
	2012	2017	2022	2027	2032	2037
0-15	23,726	24,950	27,510	29,396	30,151	29,894
16-29	36,489	36,150	32,377	31,817	33,197	35,534
30-49	36,193	36,957	41,933	45,919	47,391	46,829
50-64	26,249	27,091	26,998	24,428	23,488	25,452
65-74	12,861	13,661	14,061	15,254	16,238	15,301
75+	12,282	12,470	13,342	14,611	15,811	17,801
<b>All ages</b>	<b>147,800</b>	<b>151,279</b>	<b>156,221</b>	<b>161,425</b>	<b>166,276</b>	<b>170,811</b>

*Source: GROS Population Projections 2014*

The distribution of population change by age is shown in Figure 2. As well as giving the figures for Dundee City, Figure 2 also provides the Scottish figure for comparison. This shows that over the 25 year period, whilst there is projected to be an increase of over 20% in the number of children and young people, the age group in Dundee that is to increase the greatest is the 75+ age group.

**Figure 2: Projected population change for Dundee City and Scotland by age group, 2012 to 2037**



The Scottish Census 2011 shows that the majority of Dundee's population (90.3%) are White British/Irish, with 3.7% who are White Polish and Other White. There are a range of other small minority ethnic groups in Dundee. Those who are Indian or Pakistani form the largest minority ethnic groups, making up 1% and 1.4% respectively of Dundee's overall population.

### 5.3 Deprivation Levels

Historically Dundee City has been a local authority area which, compared with others, has experienced high levels of deprivation.

The Scottish Index of Multiple Deprivation (SIMD) for 2012 estimated that in Dundee City there were 42,125 people living in the data zones ranked within the 15% most deprived in Scotland. This represents 30% of the total Dundee City population, a figure which has been slowly increasing over the last decade.

Comparing this figure with those for other local authorities, Dundee is ranked third behind Glasgow City and Inverclyde for the highest percentages of population living in the 15% most deprived data zones in Scotland.

SIMD figures for Dundee and the three other major cities in Scotland are shown in Figure 3 for further comparison purposes.

**Figure 3: 15% Most Deprived Data Zones SIMD 2004 to 2012**

	SIMD 2012		SIMD 2009		SIMD 2006		SIMD 2004	
	DZs	%	DZ's	%	DZ's	%	DZ's	%
<b>Aberdeen</b>	22	8.2%	28	10.5%	27	10.1%	18	6.7%
<b>Dundee</b>	55	30.7%	54	30.2%	53	29.6%	51	28.5%
<b>Edinburgh</b>	54	9.8%	60	10.9%	63	11.5%	61	11.1%
<b>Glasgow</b>	289	41.6%	302	43.5%	330	47.6%	374	53.9%

Source: Scottish Government, SIMD 2012 Local Authority Summaries

There are a range of other key findings which emerged from the 2012 SIMD, as follows:

- The level of employment deprivation in Dundee City is greater than that in Scotland as a whole. 17.0% of the population of Dundee City aged 16-60/64 were shown as employment deprived. This compares to 12.8% across Scotland as a whole.
- The level of income deprivation in Dundee City is greater than that in Scotland as a whole. 17.8% of the population of Dundee City were shown as income deprived. This compares to 13.4% across Scotland as a whole.
- In the housing domain in SIMD 2012, 37.4% of Dundee City's 179 data zones were found in the 15% most deprived data zones in Scotland.
- Across all the other SIMD 2012 domains of education, crime and health, 20% or more of Dundee City's 179 data zones were found in the 15% most deprived data zones in Scotland.

In Dundee there is a very clear recognition of the need to build the local economy, and one of the key initiatives being taken forward is the development of Dundee's waterfront through a



£1 billion investment programme. The aim of this development, which is to be completed by 2025, is to boost tourism and the desire for students, businesses and commuters to locate to Dundee.

More detailed information regarding Dundee, its population and demography are contained in the city's 'About Dundee' publication. In summary however, the main population and demographic determinants of need and demand in Dundee are the levels of deprivation, an ageing population, and the level of associated morbidity for the population of the city. The health and social inequalities which result from the combination of these factors impact on a total of 40,000 of Dundee's citizens, and this places a high, and increasing, demand on health, social care and other services within the city now, and into the future.

## SOCIAL SERVICES DELIVERY LANDSCAPE/MARKET

**6.0** Dundee has a high level of poverty, with associated social and health inequalities and a high level of demand on health and statutory services. There are in addition the financial risks for individuals and families presented by the welfare reforms that are currently being implemented for people across the country.

### **6.1 Welfare Reform**

Over the past year in particular there has been increasing concern regarding the potential impact of welfare reform on the people of Dundee who depend on state benefits. This concern has focussed on the growing impact of the 'bedroom tax', amongst other welfare reforms. In addition however the Department of Work and Pensions (DWP) has begun to gradually introduce Personal Independence Payments (PIP) to replace the Disability Living Allowance (DLA) for people aged 16-64.

The main impact of this change will be the loss of DLA for those failing the new PIP criteria. Nationally the DWP expects 600,000 working age claimants to come off DLA, and overall, that 26% of those currently in receipt will lose their DLA. There is specific concern in addition that there will be a double loss to claimants on the lowest incomes, as they will also lose DLA related premiums in means tested benefits.

Since DLA plays a key role in promoting independence, funding supported living schemes, and reducing hospital admissions, it is fully anticipated that there will be additional costs to social care services, housing services and the NHS, as benefit awards decrease or are removed.

It is projected that individual losses will be concentrated in areas of multiple deprivation where the numbers of people on DLA are higher. For Dundee, with high levels of deprivation across the city, there is growing concern regarding the cumulative impact which all of these welfare reforms will have upon individuals of all ages, families and communities across the city, as well as the health, social work, social care and other services in the city whose resources will continue to be under increasing demand into the future.

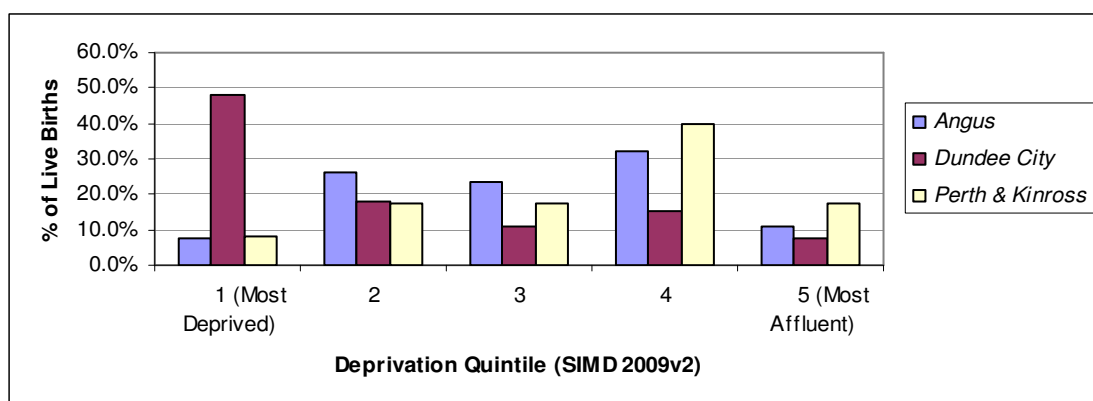
The combination of welfare reforms and the significant demographic changes in Dundee, current and projected, mean that there are increasing demands on all services across Dundee. The needs of those who require health and social care services in Dundee are detailed by care group as follows.

### **6.2 Children and Young People**

Figures show that between one third and one half of the children and young people in Dundee are living in deprived circumstances, with many living in lone parent households.

Figure 4 below summarises the distribution of live births in 2010 for Tayside's three local administrative areas by SIMD deprivation quintile. These figures show that Dundee City had the largest number of live births within SIMD Quintile 1, the most deprived quintile, and therefore the largest number of children in Tayside born into deprived circumstances. These figures also show that, for Dundee, nearly 50% of new-borns are from areas of the highest deprivation in the city.

**Figure 4: Percentage of 2010 Tayside Local Administrative Area Live Births by SIMD 2009v2 Quintile**



Source: NRS (formerly GRO(S) Annual Birth File & SIMD 2009v2 PC-SIMD LookUp (via Health Information Analyst, Corporate Information Team)

According to the Scottish Census figures (2011), there are 6138 lone parent households in Dundee, with 41% of lone parents who are not in employment. The fact also that 92% of lone parents are female means that for the majority of the children involved there is no resident father in their lives. Consequently, a high number of children in Dundee have life experiences which are often restricted, and life chances which are significantly reduced

At the same time many of these children and young people are at risk of compromised parenting, related to such parental factors as substance misuse, mental ill-health, learning disability or domestic violence. As described below there is a high prevalence of all of these factors within the adult population in Dundee, and as a result the demand for child care and protection services from all agencies in the city is significant.

For children who experience such compromised parenting, research shows there is an increased risk of physical or mental health issues in adulthood, and of involvement in anti-social behaviour or the criminal justice system, as young people or adults. The Social Work Department has a lead role in co-ordinating the multi-agency response and provision of supports and services, for this most vulnerable group of children and young people in the city.

### 6.3 Substance Misuse

The term substance misuse is the term used to describe the misuse of drugs and/or alcohol. Substance misuse is associated with a range of adverse health and social outcomes and presents a major challenge for all agencies in Dundee, both due to the support needs of those adults involved, but also because of the impact on their wider families, and in particular their capacity to parent their children safely and appropriately.

It is estimated that Dundee City has the highest rate of problem drug use in Tayside. As shown in Figure 5 the prevalence rate for Dundee is also estimated to be significantly higher than the overall Scotland rate.

**Figure 5: Estimates of the number of problem drug users (aged 15-64 years) in Dundee, Tayside and Scotland 2009/10**

	Number	Prevalence rate (%)
Dundee City	2,800	3.28%
Tayside	5,000	1.92%
Scotland	59,600	1.71%

Source: National and Local Prevalence of Problem Drug Use in Scotland 2009/10

The prevalence rate of alcohol misuse in Dundee is more difficult to quantify, because alcohol consumption is a more socially acceptable activity, and problem use is, as a result, more hidden in the general population. However analysis of attendance at Ninewells Hospital Accident and Emergency Department (A&E), and the usage of the hospital's acute services, shows certain identifiable patterns:

- In 2012, there were 1,625 alcohol related attendances at A&E by Dundee City residents, a rate of 1,116 per 100,000 of the general population. Almost a third (32.7%) of the presentations at A&E for alcohol misuse were children or young people aged under the age of 25 years, and 61.3% of the presentations were male.
- People from the most deprived areas of Dundee account for more than five times the number of presentations to A&E, compared with those from the most affluent areas in the city.
- Two thirds of the discharges were males with the largest proportion being in the 50-54 years age group. The older age groups made up the majority of the discharges.

Most significantly, this analysis of hospital attendances and the use of acute hospital services shows that although people from the least deprived areas consume just as much, or more, alcohol than those living in the most deprived areas, those from deprived areas of the city are more likely to develop health problems due to their alcohol consumption. This is because of the other health inequalities, associated with deprivation.

Evidence shows that there is significant substance misuse related health, social and financial harm in Dundee, and that this is having a detrimental impact on individuals, families and communities across the city, with the most deprived communities being the more adversely affected.

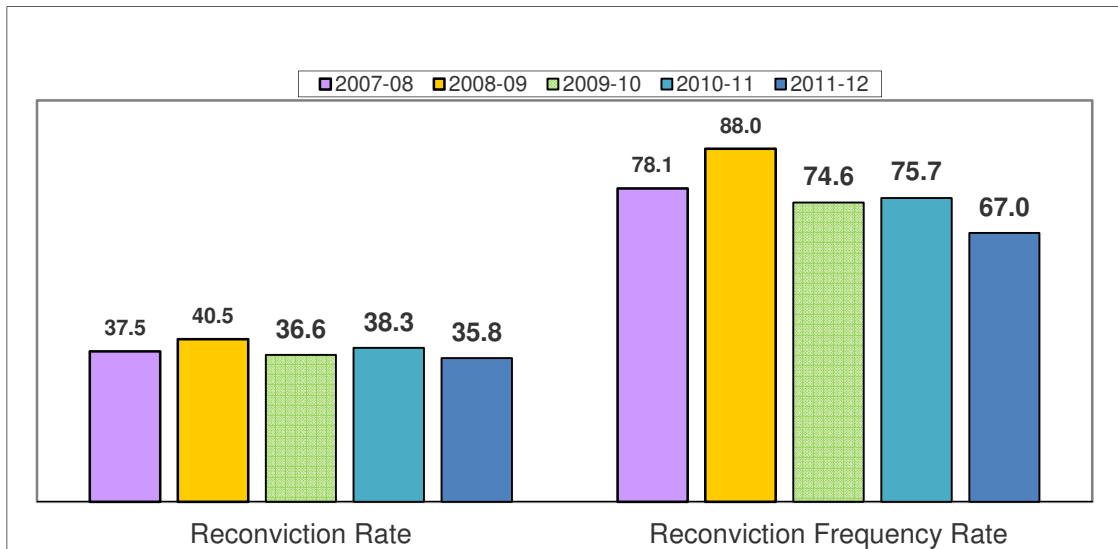
As a result the level of substance misuse in Dundee is making significant demands which the city's health, social work and social care services (for adults, children and families) continues to have difficulty in fully meeting.

#### **6.4 Crime**

Between the years 2011-2013 there was an 8.7% decrease in crimes in Dundee, with a total of 8962 crimes reported in 2012/13. In that year 55% of the crimes in Dundee were cleared up (compared with 58% in 2011/12). Dundee's clear up rate for 2012/13 compared favourably with the average rate for Scotland as a whole at 51%. (Source: Scottish Government bulletin, Recorded Crime Statistics 2012/13, additional data sets)

As shown in Figure 6 below, reconviction rates for Dundee showed a fall of approximately 3% in the years 2011-2013, and a drop in reconviction frequency. Although reconviction rates in Dundee still remain much higher than the Scottish average, figures for Scotland show an increase in reconviction from 28.4% in 2010/11 to 29.2%.

**Figure 6: Reconviction Trends in Dundee**



*Source: Scottish Government bulletin, Reconviction of Offenders Statistics 2011-12*

In Dundee progress is being made in reducing or minimising the impact of crime, but criminal behaviour continues to have a major impact on communities across the city, and on the demand for services from Social Work’s Criminal Justice Service (CJS). Together with partners, CJS continues to play a key role in Dundee in both preventing offending, and responding effectively to re-offending.

Over time however, the demand for the more traditional types of service for offenders has changed, and this has occurred in the context of a reduction in resources. Such change has required the roles, responsibilities and priorities for CJS to be refocused to enable the service to continue to appropriately meet the need for criminal justice services in Dundee.

### 6.5 Older People

The GROS 2013 mid year population estimates show that currently more than a fifth of the Dundee population is over 60 years of age, with the number and proportion of older people increasing year on year.

With the rising numbers of older people there is projected to continue to be an increase in the level of associated morbidity, particularly around dementia prevalence. In Dundee there are currently 2,694 people with a diagnosis of dementia, and through demographic modelling it can be predicted:

- in 2019 there will be 2,925 people with a diagnosis of dementia
- in 2024 there will be 3,193 people with a diagnosis of dementia

There are also higher numbers of people in Dundee than the national average who have long term conditions, such as physical or learning disabilities. Those with such conditions have more complex support needs as they grow older.

At the same time the population of unpaid carers is also ageing. The majority of those providing unpaid care for older people are partners, family members or friends who are frequently themselves older people. The challenge is further compounded therefore as the average age and dependency needs of carers themselves increases.

This, in conjunction with high levels of deprivation, provides a complex set of social circumstances, leading to a high demand for health and social care services for older people and other adults in Dundee now, and into the future.

The impact of such demographic trends associated with Dundee's ageing population has included the following:

- The number of people aged 65+ with multiple emergency admissions to hospital (as well as the rate of multiple emergency admissions per 100,000 of the population) has increased, although the number of occupied bed days has decreased. This would indicate that, despite multiple co-morbidities, more older people are being discharged from hospital, more quickly. This is a change in the pattern of hospital use in comparison with that in past years.
- The number of very dependant older people who have a need for intensive packages of care has continued to increase.

The task of providing services for older people is therefore becoming a progressively challenging one, and dependency on community health, social care and other support services in Dundee is increasing year on year.

## 6.6 Learning Disabilities and Autism

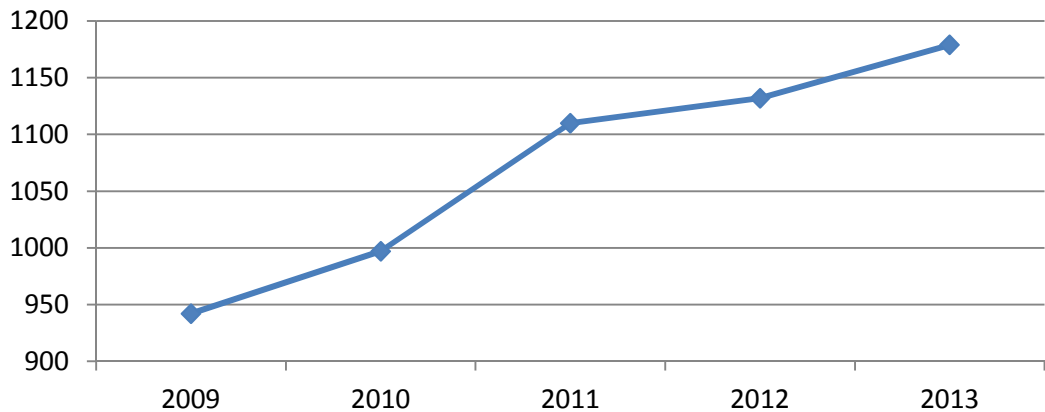
As the entire population lives longer, so does the population of people who have a learning disability. However this group of people and their carers will need more services and support, as they will also experience the long term conditions and co-morbidities associated with old age.

In 2013 Dundee City Council was the Scottish local authority with the most people with a learning disability/autism per 1,000 of the population (9.5 people). Perth & Kinross Council was lowest with 3.6 per 1,000, with the Scottish average being 5.9 per 1,000. (SCLD, 2013).

Based on the Dundee population projections alone, and assuming that mechanisms are now in place to identify all people with a learning disability, it is estimated that the learning disability/autism population will continue to rise in line with the projected population increase in Dundee.

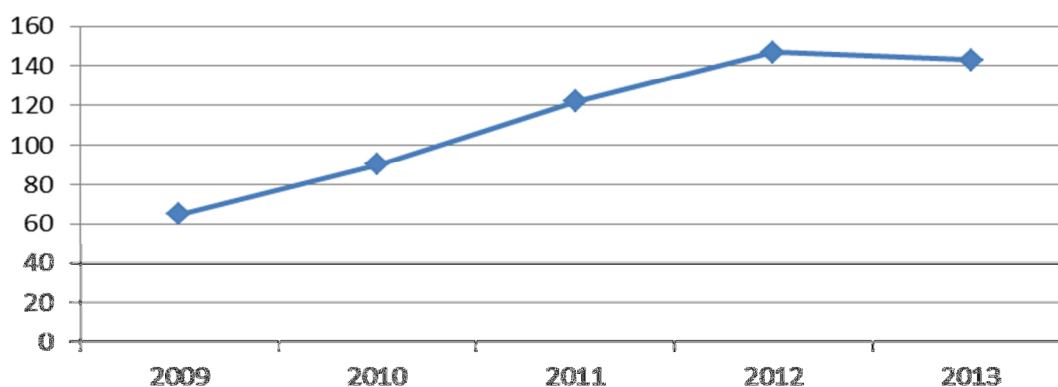
As shown in Figures 7 and 8 below the number of people in Dundee with a learning disability and/or autism has in fact risen considerably over the last 5 years.

**Figure 7: Number of People with Learning Disabilities living in Dundee**



Source SCLD, eSay 2009-2013

**Figure 8: Number of People with Autism living in Dundee**



*Source SCLD, eSay 2009-2013*

The sharp increase in the numbers of people with a learning disability and/or autism during the period 2009-2013 is partly due to improved identification of people with such disabilities. The rise is also considered to be partly due to advances in medical science, and an increase in the number of people with complex disabilities surviving longer.

There are however other reasons, which include the improved survival rate of very premature babies, with 80% of babies born at less than 26 weeks gestation now surviving, and of these, 50% who will have complex health issues. There has in effect been a minimum 1% year on year increase in the numbers of children with learning disabilities in Scotland.

There is also a rising incidence of Foetal Alcohol Spectrum Disorder (FASD) and Attention Deficit Hyperactive Disorder (ADHD), as well as a local rise in the number of families moving to Dundee from the UK & EU, who have children with learning disabilities and/or autism, as reported by Dundee's Education Department.

It is recognised however that many people with a learning disability are still dying some 20 years earlier than statistics show for the population generally. It is relevant to report in this context that there is a higher than average number of people with a learning disability/autism who live in some of the more deprived areas of the city. People with a learning disability/autism are exposed to the same impacts which health inequalities have on the wider population living in deprived circumstances.

This increase in the number of children and adults with learning disabilities/autism clearly has resource implications for Children's Services, as well as Adult Services in Dundee. Overall the demand for support for adults with a learning disability and/or autism continues to exceed available resources.

## **6.7 Mental Health**

In the Scottish Government's Mental Health Strategy for Scotland 2012-15 it is estimated that mental disorders affect more than a third of the population every year, the most common of these being depression and anxiety. In the strategy it is noted that in all countries most mental disorders are more prevalent among those who are most deprived, and that the prevalence of mental disorders does not appear to be changing significantly over time.

NHS Tayside reported in a Population Health and Wellbeing Profile in 2010 that almost 1 in 4 people attended primary care in relation to mental health. The data for Tayside used within the report showed a higher number of referrals to mental health services from areas of deprivation.

Social Work Scotland (previously called the Association of Directors of Social Work (ADSW)) has cited a number of recent reports and academic reviews which argue a link between the economic down turn, and the increase in the prevalence of mental illness, due to social

circumstances such as unemployment, personal debt and home repossession. Because of this the current economic crisis has led to calls for increased investment in mental health services.

Mental illness can also often be inter-related with problems associated with drug or alcohol dependencies, as well as adverse social circumstances such as homelessness. These bring their own additional stresses and can in themselves have a significant negative impact on the individual's mental health. People with mental illnesses have a range of support needs during times of crisis, as well as at other times. Services are required therefore to be responsive, flexible and adaptable, with such support being individualised and specific to the person, enhancing the quality of the individual's life.

Data from the Dundee City Council Annual Citizens Survey (2013) showed that Dundee scored higher on the Warwick-Edinburgh Mental Well-being scale (WEMWBS) than the Scottish average (57.14 as compared with 49.9). The scores for people living in communities across the city did vary considerably, however they were reported as being somewhat lower in Dundee's Community Regeneration Areas.

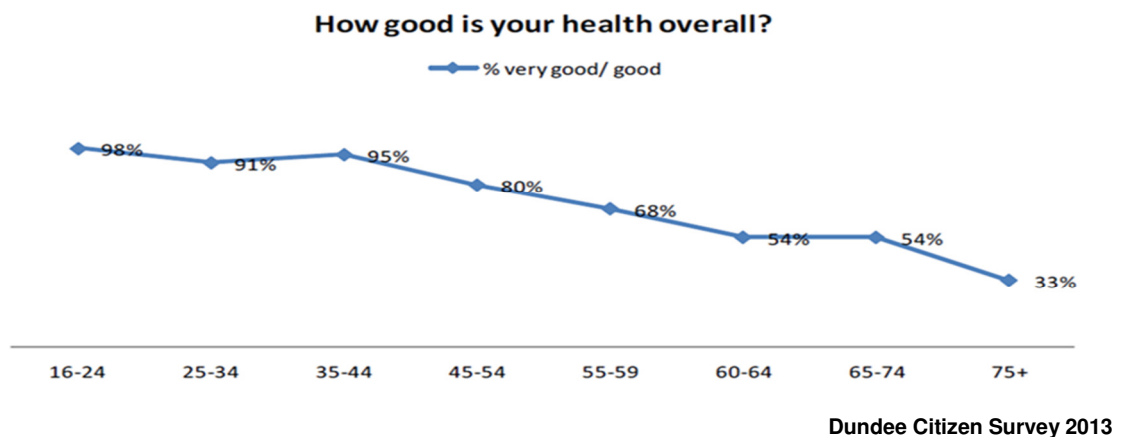
Dundee also has a higher prevalence of people medically diagnosed with a mental health issue. The Quality Outcomes Framework prevalence rate in Dundee is 1.12, which is higher than both NHS Tayside (1.00) and Scotland (0.88)

As in other areas of service in Community Care, the demands on Social Work Services for people with mental illness in Dundee are very high.

## 6.8 Physical Disabilities and Sensory Impairments

The 2013 Dundee Citizen Survey asked respondents to rate their overall health and Figure 9 shows the correlation between age and ratings of health from those who responded.

**Figure 9: Rate of Overall Health by Age**



This survey showed that the level of good health people consider themselves to have seems to progressively decrease as they grow older. Table 6 shows that only a half of people aged 60-64 rated themselves to be in good health, and this figure reduced to one third for the age group 75+.

The accepted measure of prevalence of physical disability comes from Scotland's Census, General Register of Scotland (2011). Figure 10, extracted from these Census figures, shows the number of people in Dundee, in comparison with Scotland as a whole, who have a long term limiting illness, with separate recording of the numbers of people who reported their lives as being impacted 'a lot' as compared with 'a little' by such conditions.



**Figure 10: Number of People with Limiting Long Term Health Conditions**

	DUNDEE		SCOTLAND	
All people	147,268	(100%)	5,295,403	(100%)
Limited a lot	15,390	(10.5%)	505,508	(9.6%)
Limited a little	15,321	(10.4%)	534,508	(10.1%)
Not limited	116,557	(79.1%)	4,255,032	(80.4%)

Source (Census 2011)

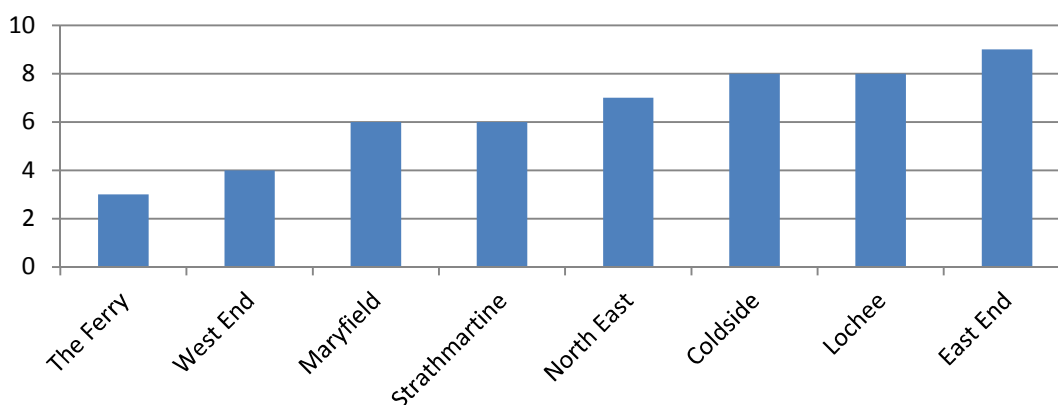
These figures show one in five adults in Dundee as having a long term limiting illness, with 1 in 10 of these having significant disability.

In February 2013 the Department for Work and Pensions Office (DWP) reported to the Office of National Statistics that there were 11,740 people in receipt of Disability Living Allowance (DLA) in Dundee. DWP describe DLA as a tax-free benefit for children and adults (under the age of 65 when they claim) who need help with personal care, or have walking difficulties, because they are physically or mentally disabled.

DLA is now being progressively replaced as a welfare benefit for 16-65 year olds by Personal Independence Payments (PIP). However as a measure of disability levels in Dundee, the DLA figures at February 2013 indicate that 9.8% of the Dundee population aged under the age of 65 were dependent on disability allowances. Using this as a measure, Dundee currently has the 5th highest level of disability out of the 32 local authorities in Scotland.

The 2011 Census also reported the proportion of people who have a long term limiting illness by each of the Local Community Planning Partnership (LCPP) areas in Dundee. As shown in Figure 11, the figures for each of these LCPP areas correlate closely with the levels of deprivation in each local area.

**Figure 11: % by LCPP where citizens have a long term limiting illness**



Source (Census, 2011)

People with significant physical disabilities are very dependent on the practical help and personal care provided by family members, carers and/or health and social care services. Their quality of life is also very dependent on the appropriateness of their living accommodation, the extent to which it can be adapted, or the availability of alternative housing to suit their individual needs. They are also very dependent on the provision of equipment to support them to live as independently as possible. Those on low incomes in particular are those most in need of such services and supports provided by the local authority.

Depending on their individual abilities and needs, some people with physical disabilities require very complex packages of care and support to help them live independently in the community, whereas the personal circumstances and/or care needs of others are such that they can only be met in residential or nursing care settings. In Dundee the demands on health and social care services for the provision of such services for people with physical disabilities continues to increase.

## **PERFORMANCE**

- 7.0** The key priorities and targets for the Department are outlined in Dundee's SOA for 2013-17, and the Departmental Service Plan for 2012-17. An Annual Report to the Social Work and Health Committee (Report No: 373-2013) was presented in September 2013, and provided information on the progress of the performance measures and actions/projects included in the Social Work Service Plan 2012 – 2017.

The performance of the Social Work Department's range of services during the year 2013/14 is reported within this section by service area under the following headings:

- 1 Children's Services
- 2 Criminal Justice Services (CJS)
- 3 Community Care Services

## PERFORMANCE IN CHILDREN'S SERVICES

7.1 The following section describes the performance of Dundee's Children's Services in providing the range of services required to meet outcomes for children, young people and their families in Dundee.

### 7.1.1 Outcomes for Children's Services

Of the specific outcomes set out in Dundee's SOA, it is Outcome 3, to which the Department's Children's Services are clearly linked, as follows:

**Outcome 3:** Our children will be safe, healthy, achieving, nurtured, active, respected responsible and included.

Of the specific priority actions set out in the Dundee Partnership SOA, those with greatest relevance to Social Work's Children's Services are the following:

- 1 Assess and manage risk through the provision of targeted support to pregnant mothers and parents of new born babies, with compromised parenting.
- 2 Deliver a strategy for engagement of children and families, including supporting the delivery of the Looked After Children Champions Board Action Plan.
- 3 Develop alternatives to secure care and custody, and also develop early and effective intervention and diversion, so that fewer young people are prosecuted in court.
- 4 Ensure that all looked after children have a health assessment.
- 5 Contribute to achieving positive destinations for looked after children.

In 2013/14 Children's Services continued to provide a range of services to children and families in Dundee with a focussed approach to service and practice development in pursuit of the above outcomes.

During the course of the year GIRFEC continued to be the primary policy driver for service and practice development. However there were in the course of the year two additional pieces of significant legislation to be implemented in practice in Dundee. The following performance report for Children's Services includes details of:

- Key legislative changes in Children's Services
- The work taking place in Integrated Children's Services (ICS) with partners in the city to implement GIRFEC and improve outcomes for children and young people across all of Dundee's services
- The multi-agency processes being developed at an operational level to improve outcomes for children, young people and families
- Foster carer resource development
- Kinship care development
- Progress made in 2013/14 in working towards the specific Priority Actions for Children's Services detailed above.

### 7.1.2 Legislative Changes

One of the key developments to have influenced the direction of travel and activities of Social Work's Children's Services in 2013 was the planning and implementation of the:

- Children's Hearings (Scotland) Act 2011, which went live on 24 June 2013
- Children and Young People (Scotland) Act 2014, which comes into force in April 2015.

The **Children's Hearing (Scotland) Act 2011** created a new single, national Children's Panel for Scotland, sets out a new framework of legal orders, measures and conditions available to the Children's Panel, and introduces new terminology for use in practice. This has required changes in practice, with additional safeguards around Child Protection Orders and the authorisation of secure accommodation for young people. There have also been changes in

expectations in relation to the attendance of children and young people at Children's Hearings, with greater emphasis on the child's right and duty to attend.

In Dundee the implementation of the new legal orders for looked after children under the Act was preceded by a staff development programme for all Social Work staff in Children's Services that took place between April and June 2013. Recording systems have also been revised in Children's Services to meet the new requirements.

The **Children and Young People (Scotland) Act 2014** gives expression to the Scottish Government's aim to enshrine GIRFEC in legislation and everyday practice and make Scotland:

"the best place to grow up in by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector".

The Act makes it clear how this is to be achieved in the following areas:

- Rights of children and young people
- Children's Services Planning
- Wellbeing and GIRFEC
- Early Learning and Childcare
- Getting it Right for Looked After Children (Corporate Parenting)
- Support for Kinship Care
- Scotland's Adoption Register
- Secure accommodation

The provided for the Social Work and Health Committee (Report No: 39-2014) informed Committee of this new legislation, and the approach being taken in Dundee to its implementation is:

In recognition of the needs of Social Work staff to develop the necessary knowledge and skills to meet the requirements of this new legislation, all relevant staff members in Children's Services undertook a training programme, entitled Purposeful Contact in 2013/14. This programme was presented by CELCIS (Centre for Excellence for looked after Children) and was co-facilitated by Dundee City Council L&WD staff. The specific aim of this course was to further inform and develop the capacity and confidence of staff in promoting, planning and assessing family contact for looked after children.

### **7.1.3 Integrated Children's Services (ICS)**

The commitment of the Social Work Department to multi-agency information sharing and decision making in Children's Services is clearly reflected in the strategic planning arrangements in place in Dundee (as described at Paragraph 4.4 above)

The CSWO/Director of Social Work is the chair of the Dundee Partnership Children and Young People Theme Group in Dundee and has a lead role for ICS and the implementation of GIRFEC across all agencies. The ICS Manager reports to the CSWO/Director of Social Work, and he and some members of his team are co-located with Social Work staff from the Department's Strategic Integration, Performance and Support Services.

In 2013/14 there has been continuing service development that has been taken forward in Dundee to embed GIRFEC, and implement integration plans across all key agencies and organisations in the city. The focus of this work includes the development of Dundee's Team Around The Child (TATC) approach, the Looked After Children Champions Board, the Lochee Ward Pathfinder initiative, Dundee's Parenting Strategy (Being Parent in Dundee (BAPID) and the Early Years Collaborative in Dundee. More detailed information regarding the work taking place in ICS is available on the Council's ICS Website.

The direction of travel for ICS has been informed by a broad range of consultation work with families and communities, and it can be summarised as having a main focus on the following:

- the development of more co-terminus shared services through initiatives such as 'Hubs' and, in doing so, improve the engagement and partnership working with communities, encouraging co-production and community enterprise (in line with the work taking place in the Lochee Ward Pathfinder Project)
- the realignment of resources towards prevention and early intervention throughout the child's life pathway, ranging from the early years (for example, through promoting physical activities, play and early learning for young children) to working to achieve positive outcomes for young people (through delivery of the Youth Employment Strategy and 'Opportunities for All' approach)
- the achievement of the relevant specialist Adult Services 'fit' with Children's Services, through improving Through Care and After Care services for looked after children, as well as transition arrangements, and access to mainstream services, such as housing and employability services

Within Children's Services the strengthening of Social Work's joint working with key partners is also clearly evidenced in the referral routes into Social Work services, and the working arrangements with partners operating across the city on a day to day basis to identify, respond to and address children and young people's needs.

The developments which have taken place within Children's Services in 2013/14 have included a clear focus on a number of key areas of activity, which have included the following continuing work aimed at:

- maximising the integration of multi-agency screening, referral and assessment processes
- increasing the number and range of local foster care placements for children
- improving assessment and supports for kinship carers
- improving intensive assessment and support for children in their earliest years
- developing robust community alternatives for young people involved in offending or risk taking behaviour
- improving the health outcomes and other outcomes for looked after children

The following section provides more detailed information regarding the performance of Children's Services in working towards the achievement of these outcomes in Dundee. To this end information is presented regarding the developments being promoted to improve multi-agency processes and decision making, foster care resources, and kinship care services. Information is also provided regarding the progress being made against the more specific priorities, set out in the Dundee Partnership SOA, that have the greatest relevance for Social Work's Children's Services.

#### **7.1.4 Multi-Agency Processes**

The commitment to multi-agency information sharing and decision making in Dundee is reflected not only in the strategic planning arrangements described above, but, for Children's Services, also in the referral routes into Social Work services, and the partnership working arrangements operating across the city on a day to day basis to identify, respond to and address children and young people's needs.

With regard to referral pathways there is a Multi Agency Screening Hub (MASH) in place in Dundee which considers initial child care and protection concerns. There is also the Early and Effective Intervention Group (EEI) which screens information on youth offending and vulnerability, as well as the Team Around The Child (TATC) framework, which brings together agencies to co-ordinate the Child's Plan for children and young people for whom there is a wellbeing concern.

A protocol has now defined the interface between MASH and TATC which ensures that children and young people about whom there are concerns continue to get the level of help

they need, when they need it, and that this help is provided in the most effective and efficient way.

Referrals to SCRA (Children's Reporter) are also channelled through multi-agency processes, with the offence referrals being screened by Early Effective Intervention, and wellbeing referrals increasingly coming through TATC processes. Given that multi-agency Initial Referral Discussions and Child Protection Case Conferences determine which children require social work assessment, and to have their names to be placed on the Child Protection Register, there are very few circumstances in which a referral to the Social Work Department does not now come through a multi-agency screening process.

#### **7.1.5 Foster Care Resources**

For those children and young people who are looked after there are some clearly identified priorities, which include the aim to develop Dundee placements for Dundee's children who need them. In recent years the Social Work Department in Dundee, like many other authorities in Scotland, has had to purchase an increasing number of placements from external providers, because of an insufficient number of local placements available to meet the rising level of need in the city.

The desire to improve locally based foster care resources is driven by the very clear recognition that placement in Dundee exposes children to less traumatic dislocation, allows continued attendance at their own school, and supports easier access to family contact and existing workers. The Department's Family Placement Service has therefore actively worked to increase the number of internal foster carers, who live in Dundee, or as close to the city as possible. Further information regarding the work taking place within the Department's Family Placement Service is included at Paragraph 8.1.6 and 8.1.7 below.

#### **7.1.6 Kinship Care Services**

Recognising the benefits to children of having continuity of care in their existing family and support networks, Dundee City Council has been one of the lead authorities in developing the use of kinship care placements as a key family placement option for looked after children. This has resulted in almost a third of all looked after children in Dundee now being placed in kinship placements.

In 2012/13 the Social Work Department developed a Kinship Care Strategy for 2013-18, which was approved by the Social Work and Health Committee (Report No: 83-2013) This strategy takes account of 'Getting It Right For Every Child in Kinship and Foster Care', the national strategy focusing on the needs of children and young people who are unable to be looked after by their parents.

In Children's Services there is now a Social Worker attached to the Permanence Team with a specific role and remit for kinship care. This worker's role includes the provision of both of an assessment and support service for kinship carers providing placements for looked after children, and also a development role to strengthen the range and quality of supports and services available for kinship carers across the city.

In 2013/14 one of the developments initiated by this worker was the establishment of a kinship carer forum in Dundee, involving other partners in the Council and across the voluntary sector. In February 2014 the Forum hosted a well attended and very successful kinship carer event, which raised the profile of kinship care in the city, and allowed the opportunity for consultation with carers. Services for kinship carers in Dundee continue to be developed in line with Dundee's Kinship Care Strategy.

#### **7.1.7 Priority Actions to Improve Outcomes**

The Children's Services 2013/14 report on progress being made in pursuing the 5 Priority Actions relevant for Children's Services in Dundee's SOA is as follows:

## 1. Assess and manage risk through the provision of targeted support to pregnant mothers and parents of new born babies, with compromised parenting

Robust multi-agency assessment, where there is a welfare concern related to a pregnancy, is critical, as positive parenting in the first years of a child's life are vital to healthy brain development and emotional security. Decisive assessment at the pre-birth and new born stage helps decide which families, with support, are able to meet their new born child's needs, and those who cannot. When required, decision making at this young age can afford children a chance of a new attachment and identity, through permanence and adoption, or in some cases kinship care.

Children's Services in Dundee continue to invest in the multi-agency **New Beginnings Team**, which brings together workers from Adult and Children's Services in Social Work and Health to provide an intensive, multi-agency service aimed at identifying and assessing the needs of unborn babies at risk of compromised parenting, related to such factors as parental substance misuse, mental illness or learning disability.

The New Beginnings Team is staffed by Social Workers from Dundee's Children's and Learning Disabilities Services, along with nursing staff from Community Midwifery, Community Psychiatric Nursing and the Substance Misuse Service. This service gives children with compromised parenting the chance of the best supported start or, following assessment, a plan for permanence for the child through adoption.

In addition Children's Services have created an **Intensive Family Support Team** which prioritises assessment and support to children aged 3 and under, to promote and monitor the well-being of children at home, or children accommodated, who are being considered for rehabilitation. The Team has the capacity to work with parents flexibly, and provides opportunities to work with families at such key times of the day for family routines as breakfast and bed times. The Team is co-located, and works closely with, the New Beginnings Team in accessible premises on the outskirts of Dundee's city centre.

The importance of progressing permanence plans for children who are accommodated is well recognised in Dundee, and while this applies to children of all ages, it is of increased relevance for children under the age of 5, where adoption is a greater possibility and preferred option. To encourage the progression of permanence planning a specialist **Permanence Team** has been maintained in Children's Services.

The Senior Officer, Adoption and Fostering, provides regular updates to the Children's Services Management Team on the progress of permanence planning for those children and young people in Dundee who required permanence.

Performance information regarding the services provided for children in need of protection, and those who are looked, is provided below in greater detail in the Statutory Functions section of this report. However the following is some key data relating to the delivery of these key services for unborn and new born babies at risk of compromised parenting in Dundee, which reflect the increased priority given to intensive intervention within a child's early years. In the year 2013/14:

- There were 97 unborn or new born babies who were the subject of assessment by the New Beginnings Team.
- 47 children received a service from the Intensive Family Support Team.
- 65% of children on the Child Protection Register for the year up to 1<sup>st</sup> April 2014, were aged birth - 4 years, compared to 54% in 2012, illustrating an increasing trend towards younger children being registered
- 57 children aged birth – 4 years old were made the subject of child protection orders in 2013/14 (compared with 53 children in 2012/13). This represents 71% of the total number for 2013/14 (83% in 2012/13).
- Of these 18 babies (22%) were placed on child protection orders at birth (24 (i.e.37%) in 2012/13)

- Children in the birth - 4 years age group now account for 26% of accommodated children, compared with 23% in 2011 and 16% in 2001.

## **2. Deliver a strategy for engagement of children and families, including supporting the delivery of the Looked After Children Champions Board Action Plan**

The Social Work Department is committed to engaging with children and families and to promoting their contribution towards both their own individual Child's Plans and the wider strategic development of services. Work to promote and support such engagement is being taken forward in a number of different ways by Social Work's Children's Services.

In 2013/14 the format of the Child's Plan was reviewed to ensure an improved focus on the views of the child and their parents. Children are also encouraged to attend their Looked After Child Review meetings and to provide their own report (depending on their age and stage of development). At the same time parental attendance at Child Protection Case Conferences is actively supported as a high priority.

In addition Dundee's **Child Protection Engagement Officer**, who is hosted by Children 1<sup>st</sup>, is working with social work staff and other partners to develop approaches and practice to ensure that children's views are appropriately presented (in person, or by someone on behalf of the child) within child protection processes, as well as through attendance at Child Protection Case Conferences. More detailed information regarding the work undertaken in the Engagement Officer's second year in post is contained in the report to Dundee's CCPC for the year 2013-14, and in the report of the external evaluation undertaken by Dundee University.

In 2013/14 **children's rights and advocacy services** for children who are, or have been looked after, as well as those with a disability, have continued to be an active priority in Dundee. The Social Work Department commissions services from Who Cares? Scotland and also has a dedicated Children's Rights Officer (CRO) post. A report on the work of the CRO for 2011-13 was approved by the Council's Social Work and Health Committee in February 2014. (Report no: 82-2014).

The Social Work Department is committed to embedding an outcomes focussed approach to the delivery and evaluation of services. In July 2013 Children's Services introduced **GIRFEC Outcome Wheels** which are being used with older young people, and with parents and carers for younger children. This initiative is in its early stages, but as the use of wellbeing wheels becomes increasingly more embedded into practice, there will be a growing body of evidence from which it will be possible to track longitudinal patterns in relation to wellbeing, and to undertake more robust evaluation of outcomes.

Alongside this new development, staff in Children's Services are also currently working with the **Loughborough Project** to analyse the findings regarding outcomes for children and young people who are looked after, when set against the cost of interventions. The overall aim of this Project is to ensure Dundee is making the most appropriate use of the resources available to support children and young people to achieve best outcomes. It is anticipated that the first report from the Loughborough Project should be brought forward by the end of 2014.

In terms of service users' contribution to the development of strategic policy, a key area of activity in 2013/14 has continued to be the Department's support to the running of the Looked After Champions Board (referred to at Para 7.1.3 above and embedded below) Social Work staff are key members of the Champions Board Young People's Support Group, and the Head of Children's Services, and the Service Manager who chairs the Looked after Children SPG, are regular contributors to the work of the Board.

Closer links have been developed between the Department's children's houses and the Young People's Group within the Champions Board, and several of the children's houses hosted "LAC attack" sessions where views were sought and young people informed about the work of the Board.



A former looked after young person is also a member of the **Dundee Care Leavers Consortium**, which seeks to enhance the co-ordination of service delivery to care leavers. Priority areas currently being addressed include the issue of stigma and the plight of young people (over 16 years) who are looked after at home and do not qualify for the financial support provided by the Throughcare and Aftercare Service under S29 of the Children (Scotland) Act 1995.

The need to address these areas of concern has prompted a review of service provision for this particular group of young people. Managers within Children's Services are also working with workers from Who Cares? Scotland and the Council's Communities Department staff to develop **peer mentoring programmes** for young people looked after, or formerly looked after, by the local authority.

The following is some key performance information that evidences the progress of work in Dundee to support and improve the engagement of children, young people and their parents in the processes and decisions that affect them. In 2013/14:

- 93% of Initial Child Protection Case Conferences, and 91% of Child Protection Review Case Conferences, were attended by parents.
- 11 of the total 49 children aged 8 and over (22.4%) attended a Child Protection Case Conference, and 2 sent in reports
- 13 children/young people were supported by the Child Protection Engagement Officer to participate in Review Child Protection Case Conference processes
- 52% of children (over the age of 12) attended their own LAAC review, and 5% submitted their own report
- From July 2013 – March 2014 a total 40% of children who were looked after completed a GIRFEC Outcome Wheel, or had one completed for them.

### **3. Develop alternatives to secure care and custody, and also develop early and effective intervention and diversion, so that fewer young people are prosecuted in court.**

The Social Work Department has a strong commitment to the Scottish Government whole system approach to young people involved in offending, or exhibiting vulnerable risk taking behaviour. It is clearly recognised that unnecessary early exposure to custody, the criminal justice system and secure care is often not in a young person's best interests. Alternatives that support young people within the Children's Hearing system, or which support young people to remain in the community, need to be informed by structured risk assessment and support.

The Children's Services Management Team has worked to create alternatives to secure accommodation and residential school, through improved targeting of case holding by the Adolescent Team and the Choice Youth Justice Team. These teams have access to the Includem Intensive Support and Monitoring Service (ISMS) and two co-located teaching staff. This combination of services can help create wrap-around packages of support to supervise and support young people in a community setting.

The remit of the Elms Secure Unit has also been changed to create an additional 5 bedded residential unit in Dundee, with a particular remit to support challenging young people in the community. At the same time work is also ongoing to review the Department's specialist ACE foster care scheme.

For young people assessed as presenting a risk to others, their risk is managed through Multi-Agency Care and Risk Management Conferences (CARMs). This is a framework established in Children's Services in 2013 which is similar in format to that in place for child protection. Positive consideration is being given to the option to extend the remit of CARMs to include vulnerable young people whose behaviour presents a risk to themselves, such as those involved in drug or alcohol use, self-harm or sexual exploitation. As described in more detail at Para 8.1.4 below in the Statutory Function section of this report, the combination of these

actions has led to a significant reduction in the number of young people from Dundee in secure accommodation and residential schools.

In relation to approaches to Early and Effective Intervention (EEI) (as referred to at Para 7.2.5 below in the section relating to Criminal Justice Services) Dundee has a long established system in place for responding to the needs of young people charged with an alleged offence, which involves a multi-agency group sharing information and allocating timely interventions. This approach has now been extended to include 16 and 17 year olds, and young people who are the subject of a Police child care concern report, where there are extra indicators of concern.

The indications are however, that such concerns relate increasingly to youth vulnerability. Consequently the Youth Justice Partnership has reviewed its aims, objectives and membership, now considers a broader range of issues, and has been re-named the Vulnerable Adolescent Partnership (VAP). The group has recently established a sub-group to develop an Action Plan to enhance Dundee's response to sexual exploitation.

Key performance indicators showing the impact of such early intervention and diversionary processes and services are as follows. In 2013/14:

- 5 young people were in secure accommodation, compared with 10 in 2012/13.
- 4 young people were placed in residential schools, compared with 7 in 2012/13.
- From Jan to September 2014 there were 10 new CARMS (not including review meetings) compared with 2 for Jan-Dec 2013.
- Includem worked with 46 young people offering an ISMS service. In the 9 month period Jan –Sept 2014 47 young people received this service, representing a significant increase on service levels in 2013.
- 201 young people (16/17 year olds) were referred to EEI, compared to 88 in 2012/13.

#### **4. Ensure that all looked after children have a health assessment**

Although the provision of a health assessment for all looked after children is primarily a health target, there are significant actions Social Work's Children's Services can take to ensure this target is successfully met in practice, for example by ensuring the Health LAC nurse team has accurate information about children.

It is recognised that it is critical for young people to receive help to access the best ongoing support with their health. Many young people experience complex issues which impact on their overall health; such issues can include those that relate to mental health issues, a learning disability, trauma and attachment issues, and/or behaviour which presents a risk to self or others. Identifying interventions and resources that address all these different needs is challenging for all services.

Looked after children in Dundee receive health assessments, which usually take place within four weeks of the child becoming looked after. The Social Work Department and Dundee's Child Health service are jointly working to improve the notification, data collection and reporting processes for looked after children to ensure that health assessments are undertaken within the target timescale for 100% of children, and that robust data regarding the service provided can be produced for performance management purposes.

The Department commissions a psychotherapy service from Barnardo's to help meet the psychological and emotional needs of younger children within the permanence process, and also employs a play therapist to undertake intensive individual and group work with children who have experienced trauma. In addition Social Work staff in Dundee have recently been involved in a widespread attachment based practice training programme to improve their assessment and care planning skills, and ensure that full account is taken of the child or young person's all round health, developmental and social needs.

The following performance information is available regarding the actions being taken in Dundee to improve health outcomes for children and young people. In 2013/14:

- 10 children received a service from the Department's play therapist, and 18 children received a service from the psychotherapist, commissioned from Barnardo's.
- 169 Social Work staff attended attachment training.

## **5. Contribute to achieving positive destinations for looked after children**

Helping looked after young people achieve positive destinations is a critical aim of Social Work's Children's Services and Integrated Children's Services in Dundee. As corporate parents, it is the shared responsibility of elected members and Dundee City Council officers across departments, to provide young people with a positive care experience and to help them achieve positive destinations (for example in terms of employment and housing, when they leave school or cease to be looked after).

In order to achieve positive outcomes, young people require out of care experiences that work to enhance self esteem and offer early preparation for independence, whilst not making young people feel they have to leave care, before they are ready. Good assessment and pathways planning is in this context as vital as are strong, enduring relationships.

The Social Work Department's Throughcare and Aftercare (TCAC) Team provide assessment, care planning and support services tailored to meet the needs of young people who are reaching an age when they will no longer be looked after, to support them into independence. The Team also provides a service to those who have already left care and need additional support to help them cope with the demands of independent living.

The demands on the TCAC Team, and the resources to which they have access, are high currently, but it is also anticipated that these demands will continue to grow in the future, not only because of the higher expectations of the Team, but also because of the likelihood of future legislative changes, which will extend the age that an aftercare service can be requested by previously looked after young people.

Social Work staff in the TCAC Team, and other locality social work teams in Dundee, work with the Housing Department, Action for Children and Carolina House Trust to enhance the range and capacity of supported housing services. They also work with the Education Department, Discover Opportunities and local colleges to enhance the training and employment options for looked after young people.

With these aims in mind the Champions Board has also promoted initiatives such as the Family Firm, although it is clearly recognised that there remains a need for active co-working in every individual case to help the individual young person to the best destination possible within the range of resources and choices available to them. In 2013/14 the following was achieved:

- The total number of young people who received a service from the TCAC Team in the year 2013/14 was 108, compared with 123 young people in 2013/13. (Restricted staffing levels in the TCAC team meant that fewer young people could be provided with a service.)
- 45.5% of care leavers left school and moved to a positive destination in terms of employment or training.
- 5 care leavers moved to a supported accommodation resource.

In summary the work of Social Work's Children's Services in 2013/14 has evidenced clearly the investment made in multi-agency working to achieve improved outcomes for children and young people. The Department's activities also show a clear recognition of the critical relevance of: 1) intensive assessment and support within children's earliest years 2) local placements for children and young people 3) health assessment and treatment services for all round well-being 4) robust community alternatives for young people involved in offending or risk taking behaviour.

One of the key principles which has underpinned the approach and activities of Children's Services in Dundee in 2013/14 is the promotion of service user involvement, both in terms of child, young person and parent contribution to individual Child's Plans, and also to the planning and development of services.

The overarching aim is to achieve better outcomes for all the children and young people for whom the Social Work Department provides services, and especially for those at risk of harm, and those who are looked after, for whom the Council has corporate parenting responsibilities. These have been the key themes for 2013/14 and are set to be central to planning and service delivery in Children's Services for the years to come.

#### **7.1.8 Statutory Functions**

More detailed analysis of the performance by the Department's Children's Services of their statutory duties is provided at Paragraph 7.1.

## PERFORMANCE IN CRIMINAL JUSTICE SERVICES

7.2 The following section describes the performance of Dundee's CJS in providing the range of services required to meet outcomes for service users involved in the criminal justice system.

### 7.2.1 Outcomes for CJS

Of the specific outcomes set out in Dundee's SOA, it is Outcome 6, with its Intermediate Outcomes, as follows, to which the CJS is clearly linked.

#### **Outcome 6: Our communities will be safe and feel safe**

Intermediate outcome: Dundee has reduced levels of crime  
Intermediate outcome: Dundee has reduced levels of re-offending

In 2013/14 a joint approach to addressing the needs of young people at risk of becoming involved in the criminal justice system has continued to be pursued by the Children's Services and CJS Management Team in Dundee. In addition therefore Outcome 3, with the following Priority Actions (as already outlined in the Children's Services Performance Section of this report) is also relevant for CJS in Dundee:

- Develop Early and Effective Intervention and Diversion Programmes to ensure fewer children and young people are prosecuted and sentenced in Court.
- Develop Alternatives to Secure Care and Custody Programmes to ensure fewer children and young people are placed in or sentenced to secure settings.

The priorities for CJS in Dundee can therefore be summarised as follows:

*"tackle re-offending through the timely provision of appropriate services to Offenders at different stages of the criminal justice system, from early and effective intervention through to diversion from prosecution, community sentences, resettlement from short-term prison sentences and statutory through care for prisoners serving over 4 years"*

Dundee SOA 2013-17

In 2013/14 CJS continued to provide a range of services to those adults and young people involved, or at risk of becoming involved, in the criminal justice system in Dundee. The CJS has a strongly embedded approach to using self-evaluation as a platform on which to plan and improve services. In 2013/14 CJS in Dundee continued, as it has in the past, to use a range of approaches to evaluating the effectiveness of its services and practice in improving outcomes for service users. The following are the range of areas in which CJS sought to improve the performance of practice and services in 2013/14.

### 7.2.2 Self-Evaluation in 2013/14

In 2013-14, CJS carried out an LSCMI Self-Evaluation Questionnaire (SEQ) with the Care Inspectorate, the Risk Management Authority and local authority partners in Angus and Perth & Kinross. The self-evaluation report showed that the key issues affecting offenders in Dundee continue to be substance misuse and unemployment; it also showed that these are closely linked with a high local incidence of acquisitive crime. This report is referred to at Paragraph 10.6.2 below.

In the LSCMI SEQ, which adopted a Performance Improvement Model (PIM) and therefore covered all aspects of the service from leadership through to outcomes, Dundee's CJS as a service was rated as good, with very good capacity for improvement. The report shows that performance continued to improve in most areas, although declined in some others.

The areas in which improvement took place related to increases in successfully completed community sentences, in particular for young offenders aged 16-17 years, as well as adult women.

The areas of decline related to the average number of weekly unpaid work hours and the total unpaid work hours completed. This was caused by artificially high trends the year before, when 4 large sports development projects, for which the service received additional funding, were carried out at locations across the city. These projects had been completed by more compliant offenders working a number of days each week, thereby increasing both the average unpaid weekly hours and the total number of work hours over the year.

The following are some of the key areas of service in CJS where specific developments took place in 2013/14, either directly in response to the findings from the LCSMI, or as part of other service improvement initiatives.

### **7.2.3 Drug Testing and Treatment Orders (DTTO)**

Following some of the key findings from the LCSMI self-evaluation process regarding the impact of substance misuse and unemployment on offending, consideration was given to the potential contribution to be made by the Drug Treatment and Testing Order (DTTO) Service. Dundee's CJS had already revised their DTTO contract with Tayside NHS to extend provision beyond DTTOs and include all community sentences with a substance misuse treatment requirement. However, the number of offenders subject to such requirements reduced, and further analysis suggested this was due to a combination of mainstream services being more readily available and accessible to offenders, and statutory conditions not being proposed in court reports. This issue is being addressed through further training.

Continued work with NHS Tayside is also exploring how the DTTO contract could be further extended to include all offenders known to the service in the criminal justice system as a whole. These discussions are taking place alongside those exploring the development of a generic health pathway which makes best use of all the co-located health service personnel and resources based at the CJS office premises at Friarfield House in Dundee's city centre.

### **7.2.4 Community Payback Orders (CPOs)**

In March 2014 Dundee's CJS submitted its second Annual Report to Dundee City Council's Social Work and Health Committee on Community Payback Orders, covering the year 2012-13 (Report No: 147-2014).

This report highlighted continued improvements in performance, especially in respect of a reduction in the number of short-term prison sentences, an increase in the number of unpaid work hours completed, and an increase in the proportion of offenders successfully completing sentences. Feedback from the recipients of unpaid work showed that all were satisfied with the quality of work carried out.

In 2013-14, the service also started to implement a number of specific projects to meet the particular needs of distinct groups across the criminal justice system as a whole.

### **7.2.5 Early and Effective Intervention (EEI)**

In partnership with Police Scotland and the Crown Office, CJS extended Early and Effective Interventions (EEI) to 16-17 year old offenders. As described at Paragraphs 7.1.4 and 7.1.7 above, this has since successfully diverted more young people out of the formal criminal justice system, and resulted in fewer of them being prosecuted in the Sheriff Courts.

### **7.2.6 Women's Community Justice Centre (CJC)**

In 2013/14 Dundee's CJS has also piloted a Community Justice Centre (CJC) for Women Offenders, that is being evaluated using a logic model approach, and the results of which will be published in early 2015. A key focus of the CJC is to build local capacity to help women to more easily access local services and sustain progress upon completion of any intervention and/or sentence. To date, attempts to extend EEI to women have received local support from both Police Scotland and the Crown Office Procurator Fiscal Service (COPFS) but this

initiative still awaits national approval from the COPFS. In June 2013 the Social Work and Health Committee approved the report and the proposed use of the additional funding awarded by the Scottish Government to develop services for women offenders (Report No: 269-2013).

### **7.2.7 Intensive Support Programme**

In 2013-14 the service also piloted an Intensive Support Programme for persistent offenders, which is similarly being evaluated using a logic model approach, with the results to be published in early 2015.

### **7.2.8 Community Reintegration Programme**

In 2013-14, in partnership with the Scottish Court Service and Scottish Prison Service at HMP Perth, Dundee's CJS also piloted a Community Reintegration Programme (CRP).

The CRP involves a new, 7 stage approach towards the resettlement of short-term prisoners. It aims to improve information sharing and increase engagement rates in both custody and the community. The pilot was evaluated by the Scottish Government and the model led to more prisoners engaging with support whilst in custody, and more using support on a voluntary basis when released to the community.

The CRP was implemented at the same time as a range of Change Fund initiatives for short-term prisoners, and further work is required to ensure a coherent approach where different services do not duplicate or conflict with one another, and both partner agencies and offenders are consistently aware of the nature of services available, and the respective roles and responsibilities of each.

As short-term prisoners are responsible for a disproportionate amount of crime, and often experience the costly and ineffective 'revolving door' syndrome of custody/community, this has been identified as a key priority in Dundee.

### **7.2.9 Employability Support**

In 2013-14, in addition to the review of the contract with the NHS, a contract with Apex was also reviewed. This contract had involved providing employability support to service users, but a high number were failing to attend initial referral appointments, and of those who did attend, few progressed to a positive outcome. The service was therefore re-focused to target 'hard to reach' offenders who could benefit from additional support to address personal and social needs in order to become 'job ready'.

At the same time, a new assessment and evaluation system was introduced to help measure service user progress during the intervention. Initial findings show that more are engaging more often with support, and reducing or overcoming barriers, although there are still few who progress into employment.

This project is being further evaluated in the context of the performance of the service in Angus and Perth & Kinross, and the respective jobs markets in all 3 local authority areas. Further work is now required across the service on literacy, numeracy and financial inclusion, and pilot projects are being progressed on each.

### **7.2.10 East Port House**

Dundee's CJS also manages East Port House, a national supported accommodation unit for offenders who require a stable residence and additional assistance to move forward independently. This is a partnership project between Dundee, Angus and Perth & Kinross Councils and is also used as a national resource for home leave.

In 2013-14, East Port House had 106 admissions. Of these 51 were admissions of Dundee service users, a slight decrease on the 2012/13 figure of 55. Overall East Port House

achieved a 63% occupancy rate in 2013/14, a decrease on the 2012/13 figure of 8%. However 85% of residents completed their stay successfully.

As detailed at Paragraph 10.2 below, a Care Inspectorate inspection of East Port House was carried out in March 2014, and it was graded as Very Good in 4 out of 4 categories. However, due to increases in the costs of running the unit, East Port House has been subject to an options appraisal to assess its sustainability beyond the current lease expiry date of March 2016.

#### **7.2.11 Statutory Functions**

Details regarding the delivery of statutory functions by the Department's CJS are included at Paragraph 8.2.8 below.



## PERFORMANCE IN COMMUNITY CARE SERVICES

**7.3** The following section describes the performance of Dundee's Community Care Services in providing the range of services required to meet outcomes for adult and older people in Dundee.

### **7.3.1 Outcomes for Community Care**

In Community Care a clear link can be identified between all of the services provided and key outcomes identified for adults and older people in the Dundee Partnership SOA. Of the specific priorities set out in the SOA, those with greatest relevance to Social Work's Community Care Services are detailed under Outcome 5 which states that:

#### **People in Dundee are able to live independently and access support when they need it**

The Intermediate Outcomes against Outcome 5 are:

- 6a) People who receive care and treatment services achieve positive personal outcomes.
- 6b) Carers are supported in their caring role, whilst having a life of their own, and have their caring role acknowledged.
- 6c) Older people and other adults access timely and appropriate preventative, enabling and rehabilitative treatment and support.
- 6d) Older people and other adults receive care, treatment and support in community settings as opposed to long stay care settings.
- 6e) Older people and other adults are protected from harm.

There is an accompanying suite of indicators that relate directly to each of these intermediate outcomes, and the performance of Dundee's Community Care services in working towards these outcomes is reported under the relevant service area and care group sections of this report that follow.

### **7.3.2 Legislative Changes and Policy Drivers**

The period 2013/2014 has seen the introduction of a number of legislative and policy drivers which has both enacted and proposed significant changes to the future delivery of community care services in Scotland. These include:

- Public Bodies (Joint Working) (Scotland) Act 2014
- Social Care (Self-directed Support) (Scotland) Act 2013
- Mental Health (Scotland) Bill
- Adults with Incapacity (Scotland) Regulations 2014
- Proposals for a Carers Bill
- Carers (Waiving of Charges for Support) (Scotland) Regulations Act 2014

For social work services, the direction of travel set by the Scottish Government through all of these changes has led Community Care Services in Dundee to initiate cultural and practice shifts towards personalisation. This is an approach which focusses on the building of personal capacity for services users, carers and their families, and community capacity for communities across the city. Through the implementation of models of change, such as that developed with the support of the Change Fund, more emphasis has been placed on introducing preventative services and introducing early interventions to avoid increasing levels of dependency.

In Dundee investment has been made in the move from institutional forms of support to community supports through the development of additional supported accommodation, the promotion of employment and college opportunities, and the development of enablement and enabler supports.

Community Care services received additional Council resources during the financial year 2013/14, and this has advanced planning and facilitated service remodelling, all of which go

some way to addressing demographic pressures, as well as achieving desired change in line with legislative requirements. Despite this, there remain a number of financial pressures within Community Care services, which are highlighted for the range of services affected below.

The performance of Dundee's Community Care Services in 2013/14, in the context of all of these legislative and policy drivers, local priorities and financial constraints, is detailed under the following key service areas or care group headings.

### 7.3.3 Older People Services

The strategic direction for older people services is outlined in the Dundee Joint Strategic Plan and Commissioning Statement for Older People 2012-2015, and in Reshaping Care for Older People. The current strategy sets out a number of objectives to have: older people cared for at home; more support for carers; fewer people delayed in hospital; fewer people living in care homes; and a broader range of alternatives to statutory services. The Older People SPG is currently working towards producing a **Strategic Commissioning Statement for People with Dementia**.

In partnership with NHS Tayside a significant number of improvements in the range, level and quality of services provided by the Department's Community Care Services have taken place over the past year in line with the outcomes identified in Dundee's SOA.

One of the most significant developments that took place in Dundee was the testing out of the **Enhanced Community Support Pilot** over the winter of 2013/14. This Pilot involved the development of a primary care led enhanced community response service for frail older people in their own homes, who without such a response may otherwise require admission to, or remain longer in hospital, or require urgent residential care placement. NHS Tayside and Dundee's Social Work Department worked in partnership to pilot this approach in two GP practices in the east of the city, and this has demonstrated significant improvements in service user outcomes. A plan is now in place to roll out this approach across the city for the patients of the four GP cluster areas that have been identified in Dundee.

There has also been work undertaken through reshaping care to develop a falls pathway, a community based model for Medicine for the Elderly, the development of the Early Intervention Model, and community based rehabilitation. The model of Early Intervention, which has been established, proactively identifies those most at risk of unplanned admission to hospital through regular Multi-disciplinary Team (MDT) Meetings, which include a Medicine for the Elderly Consultant. This model also includes input from Pharmacy, Allied Health Professionals, Social Care staff and General Practitioners.

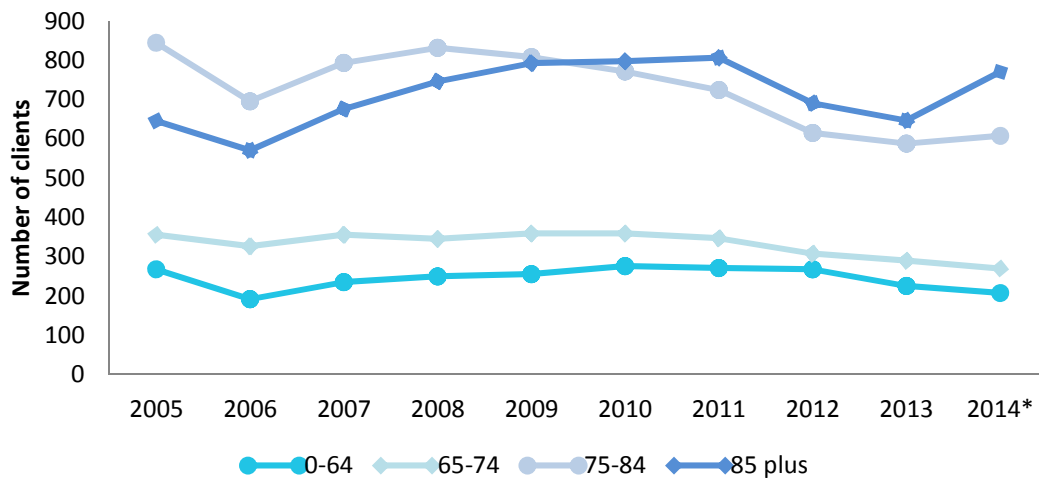
Significant investment has also been made in community capacity building through the work undertaken by the Third Sector Interface (a voluntary sector partnership in Dundee) in partnership with the local authority and the NHS. This has included the establishment of a Social Isolation Network and projects such as Community Cars. Work has also been funded to support carers through, for example, the Time for You Scheme. Further information regarding such programmes of change being taken forward in Dundee can be accessed through the Reshaping Care for Older People website.

### 7.3.4 Home Care Services

Figure 12 shows the number of people in Dundee receiving home care services by service user group between 2005 and 2014 for a snapshot week during March. The figures show that although there is a significant minority who are under age 65 who receive home care services, the majority are aged 75 years+.

The data for home care for 2014 has been submitted to the Scottish Government, but it has not yet been published. However we know from provisional data available that the number of hours of homecare provided in Dundee increased substantially between the snapshot weeks in March 2013 and March 2014. Additionally, average hours provided per service user also increased from 8 hours per week in 2013 to 9.5 hours per week in 2014.

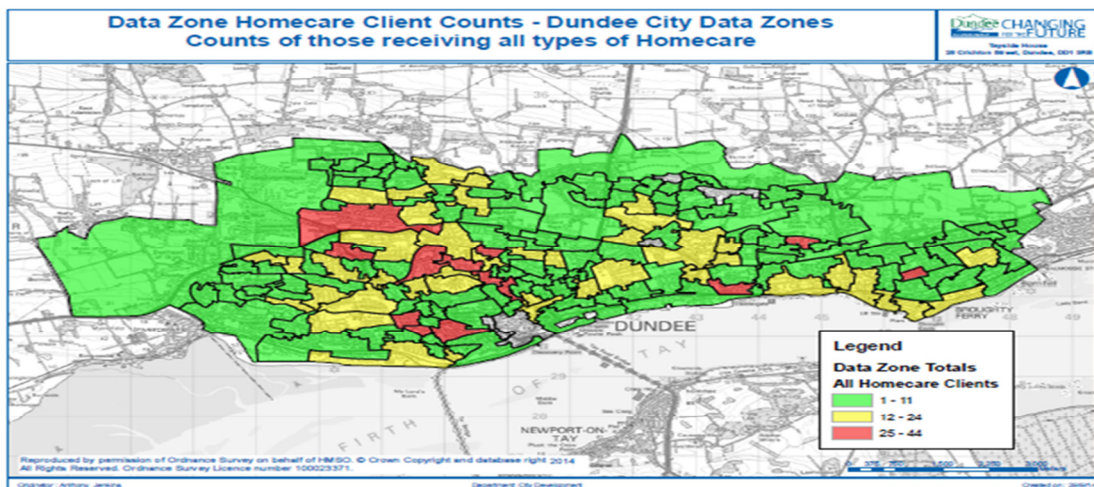
**Figure 12: Home care service by service user age groups, Dundee City 2014**



Source: Scottish Government, Health and Community Care  
 \*Unpublished Data, subject to additional validation

Considerable work has taken place in Dundee to map out need in local areas across the city to ensure the appropriate targeting of resources. This work has included a mapping of homecare provision by service user address. Figure 13 below shows the highest concentration of homecare service users to live in the Strathmartine and Coldside LCPP areas of Dundee.

**Figure 13: Map of Homecare Service Users in Dundee**



Such a mapping exercise has also been completed for services users who need more intensive homecare provision. This has illustrated that there are 6 data zones spread across the city where there is a high concentration of people who need an intensive homecare package from health and social work services. The intention is to use this information to enhance the understanding of all agencies regarding the needs of local populations across the city, to reduce variation in the delivery of services, and to inform the development of strategic commissioning intentions for integrated planning purposes.

In 2013 analysis of the level of need in Dundee led to a re-commissioning of social care services, and the number of hours of service was increased by 1000 hours per week. This has supported the discharge flow from hospital and introduced a number of additional social care providers to the city of Dundee, thus giving service users more choice and supporting the introduction of Self-directed Support. This process has further externalised social care services. It is the intention to continue to monitor the demand against the services available in

Dundee to ensure that as far as possible the level of service provided matches with the level of need in the city.

In March 2014 an external provider of social care was also commissioned to provide End of Life Care in order to enhance the experience of those people who choose to spend the last weeks of their lives in their own homes, rather than in a hospital setting.

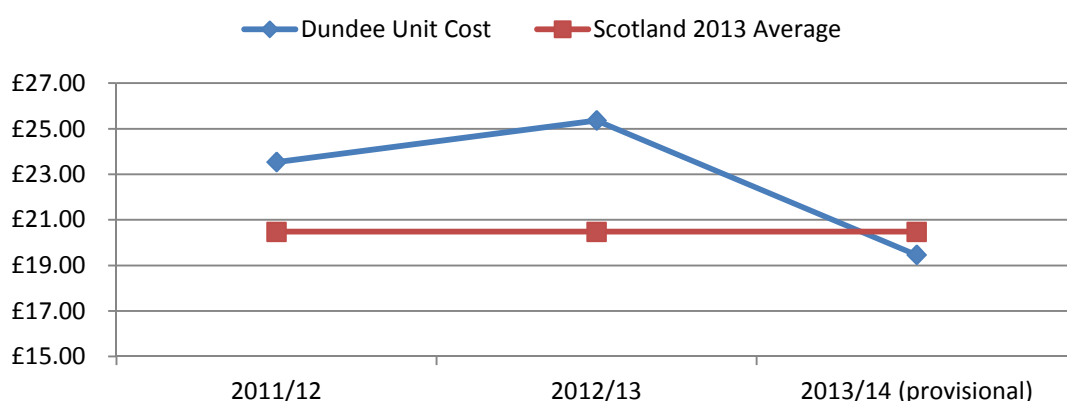
As detailed in the report to the Social Work and Health Committee in September 2013 (Report No: 371-2013) and other similar Committee reports, all care at home services provided by Dundee City Council achieved good grades (Grade 4 and above) from the Care Inspectorate on inspection. In terms of external provision of care at home services, 75% of providers were graded at 4 or above.

Early in 2014 home care services began the introduction of an Electronic Monitoring and Scheduler System for both internally and externally provided services. This new system not only allows for the exact number of hours/minutes of care delivery to be recorded, but it can also provide information regarding the percentage of visits which took place at the time commissioned, and whether any service user received a service from more than an acceptable number of care staff within any given period of time. This system will allow the Department and other providers to ensure that accurate charging for services and best value for money is also achieved in the provision of home care services in Dundee.

In 2013/14 the Council has also been undertaking a review of the Department's home care services in order to ensure that they are being delivered as cost effectively as possible, and that additional capacity can be created within the system in order to cope with the anticipated increase in demand in the future. Such review activity is taking account of the information available regarding the unit costs of providing home care services, compared with the costs in other local authorities.

The SOLACE suite of indicators collated by the Improvement Service in Scotland reports home care costs per hour for people aged 65 and over across Scotland. Figure 14 shows the costs per hour for home care services provided to people over the age of 65 in Dundee, as compared with the Scottish average.

**Figure 14: Homecare costs per hour 65+**



Source: Improvement Service, Solace Indicators

Provisional data for Dundee shows that home care costs per hour for people aged 65+ has reduced by over £6 hour and is now slightly below the 2013 Scotland figure (the Scottish average cost per hour for 2014 is not yet available for direct comparison). Further analysis is taking place regarding the factors that have led to this reduction in costs shown. One of the factors to note is that the models of home care service are different from authority to authority, and therefore not necessarily comparable, across the country.

Significant work is taking place to ensure that all of the resources available for home care services in Dundee are used in the most efficient and effective way to meet the needs of the people of Dundee who depend on them. However the ageing population and high prevalence

of long term conditions means that increasing numbers of people will become dependent on home care services, and particularly on intensive home care packages, to allow them to stay in their own homes for longer, and to prevent the need for residential or nursing care.

### 7.3.5 Enablement Services

One of the key services provided by Community Care staff is the Enablement Service. These social care services are provided to service users to support them to return quickly to the community from hospital, to remain in the community and avoid admission, or re-admission. An enablement approach to delivering social care across the city is now well embedded in Dundee, and this service plays a significant role in reducing the risk of delayed discharge.

*“A delayed discharge is a hospital inpatient that has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient’s discharge, and who continues to occupy the bed beyond the ready for discharge date.”*

*(ISD Delayed Discharges Definitions and Data Recording Manual Rev. May 2012)*

In October 2011, the Scottish Government announced two new targets. These are:

- by April 2013, no patient should wait more than 4 weeks from when they are clinically ready for discharge
- by April 2015 no people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete

The majority of people who receive an enablement service are older people, but there is a significant minority of adults under the age of 65 with serious illness or disability, who also benefit from the intensive support and services available from the Enablement Teams in Dundee.

In supporting people to return home from hospital when they are well, Social Work services have implemented outcome focused assessment and care planning to ensure users and carers are involved in decision making. To enhance the skills of the staff involved, plans were made early in 2014 for key community care staff to receive JIT training on the CEL 32 (2013) Guidance on Choosing a Care Home on Discharge from Hospital. This training was due to be delivered in July 2014 and was to be followed up with work with NHS Tayside to implement this in practice.

The Enablement Service has been further strengthened by the introduction of a Pharmacy Technician to support people in the community to manage their medication, thereby reducing the risk of admission to hospital. The Pharmacy Technician works with the Enablement Teams in order to identify such individuals and examine how medication management can be revised in order that the person can become independent, or appropriately supported to manage their medication.

The Enablement Service was inspected by the Care Inspectorate in October 2013 and received Very Good Grades across the domains of Quality of Care and Support, Staffing and Management and Leadership. The report to the Social Work and Health Committee in February 2014 (Report No: 80-2014) provides further details.

The Delayed Discharge Report provided for CASMT in March 2014 highlights the following:

- Dundee remains on trajectory for achieving the Scottish Government target set for delayed discharge
- In comparison to other local partnerships in Tayside, Dundee had fewer numbers of delays for this reporting period
- There had been a downward trend for delays over 28 days for the previous 3 month period. The delays were caused by complex circumstances which were not easily resolved.
- The number of delays caused by complex reasons had decreased in the previous two months; this resulted in a reduced number of associated bed delays.

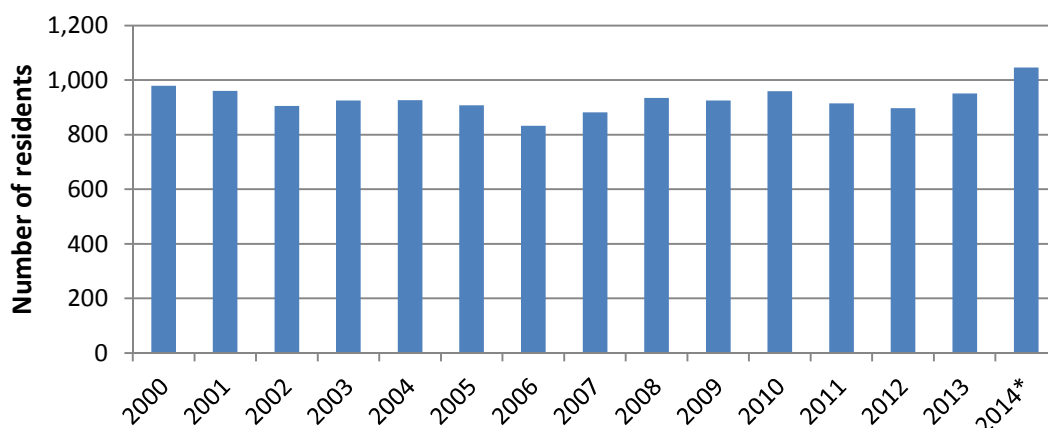
A Discharge Management Improvement Plan is in place for Dundee, and progress in achieving the Scottish Government targets is discussed at CASMT, the Discharge Management Improvement Group, the Dundee CHP Committee and through Social Work performance reporting processes. It is positive to report that Dundee continues to meet the targets set, and is on track to meet the more challenging targets which will follow in future years.

### 7.3.6 Residential Care for Older People

Despite best efforts and the development of alternatives to housing with care, there remains a demand for care home provision for older people in Dundee. Previous figures which showed a reduction in the number of people in care homes have shown an increase over the past year in particular.

Each year figures for Dundee are submitted to the Care Inspectorate providing data regarding the numbers of service users in care homes. The 2014 data has not yet been published, however it is known from provisional data that the number of people living in care homes in Dundee rose between 2012/13 and 2013/14. Figure 15 shows the number of people over the age of 65 in care homes in Dundee, compared with figures since the year 2000. This includes the unpublished figure for 2013/14 for comparison purposes.

**Figure 15: Number of People aged 65+ supported in care homes**



Source: Scottish Government, Health and Community Care  
 \*2014 data unpublished, therefore subject to further validation

Further work is being carried out in Dundee to look at length of stay and routes into residential and nursing care to determine whether or not the average length of stay has increased, and whether further work 'downstream' can be undertaken to reduce the need for residential or nursing care. It is significant to note that care homes continue to show an increase in dependency at the point of admission, with an increasing number of people known to have a cognitive impairment.

There are Providers Forums for both Care Homes and Care at Home providers to support performance improvement. In relation to care homes a Peripatetic Team and Psychiatric Liaison service both support practice in care homes. There is also a specialist Review Team for older people in care homes. There has been an associated reduction in hospital admission from care homes, and the overall standard of care across the city continues to improve.

Registered care home services in Dundee for older people continue to demonstrate good grades. Dundee City Council, as a direct provider of care home services, runs four homes for older people across the city. These services continue to perform well and have grades which are all Grade 4 and above. An annual report to the Social Work and Health Committee demonstrates a year on year improvement in grades across all care home provision for adults

and older people in Dundee. Further information regarding the inspection of care homes in 2013/14 is included at Paragraph 10.2 below.

There are significant pressures in the **Older People's** budget due to the rising demand for residential services associated with an ageing population. In particular there are pressures on the Older People's placement and respite budgets. While there is a necessity to develop Housing with Care in order to prevent admission to care homes, this has not been possible. The number of people entering care remains unchanged, however it appears people are now living longer in care homes.

It is anticipated that there will also be difficulties in planning for the mainstreaming of projects which have been funded through Reshaping Care for Older People monies. While it has been possible to mainstream some projects, such as additional hours of Enablement Services, those such as Housing with Care are likely to be a significant budgetary pressure.

### **7.3.7 Adult Care Services**

In recent years additional finance has been added to the Adult Care budget, and this has enabled the service to plan more proactively and has led to an overall greater efficiency/better use of resources and better outcomes for adults.

One example of such improvements in planning capacity is the work which has been undertaken in partnership with Housing Department colleagues. The Strategic Housing Investment Plan (SHIP) has enhanced planning and development activity in the city and is leading to more people being appropriately accommodated, in some cases at lower cost than within expensive out of area, more institutional placements. The principle of investing additional resources to deliver medium/long term best value is already leading to positive outcomes for people with a learning disability and/ or autism, with further developments to be progressed for adults with physical disabilities, adults with mental health difficulties and adults who are homeless.

There are a number of significant pressures within the Adult Mental Health budget and the Physical Disability budget, due to the rising demand for services associated with an increase in the number of people with complex care and support requirements. There is a structure and pathway in place to enable the Department's Community Care Managers to share resources with Health partners to support such complex care and support packages.

The performance of Social Work's Community Care Services in the delivery of services and supports for each of the separate adult care groups in Dundee is described in the following sections under each care group heading.

### **7.3.8 Substance Misuse and Blood Borne Virus (BBV) Services**

The Social Work Drug, Alcohol & BBV (DABBV) Team is co-located with substance misuse colleagues in Health, and this has enabled partnership working to be significantly strengthened in the provision of Social Work and health services to adults involved in substance misuse.

In the provision of Social Work services the Social Work DABBV Team takes account of the priorities agreed by the Alcohol & Drug Partnership (ADP) for Dundee for 2012-15. These priorities are: children affected by parental substance misuse (CAPSM); drug related deaths; and the needs of homeless people affected by substance misuse. The DABBV Team also recognise that there are other significant areas that require further service development in Dundee. These include social and nursing care for adults experiencing cognitive difficulties associated with alcohol use and/or alcohol related brain damage, and the needs of older people living with HIV.

In order to meet these priorities, the Social Work DABBV Team has been working with other agencies to develop a recovery based care pathway, in line with the Scottish Government's drug strategy, the "Road to Recovery". The aim is to improve service delivery and maximise

the best use of collective resources across all agencies and organisations involved. At the same time an asset based approach is also being used in order to identify areas of strength within communities that can be further developed.

For **children affected by parental substance misuse services** in Dundee, the DABBV Team and partners (statutory and voluntary) are committed to conducting a parental needs assessment with every service user, with the intended outcomes being early identification of need, and subsequent early intervention for the child and parents involved. Links between the DABBV Team and colleagues in Children's Services and CJS continue to be strengthened to ensure that an integrated approach is taken towards the assessment of the family's needs, the interventions required and the actions that are taken by the network of professionals involved with each family.

The incidence of **alcohol related brain damage** is increasing in Dundee, and DABBV Team's Social Care Officers work across the city to maintain people, with varying degrees of cognitive impairment, in their own tenancies. For those who are unable to live independently the local authority access placements at a specialist ARBD unit within a nursing home. For adults who experience daily dependant alcohol use and have a significant history of homelessness the local authority also access places in a new residential facility, which opened in April 2013. There are 5 people currently placed by the local authority.

The local authority is also in partnership with colleagues in Health and the third sector to improve the service provided to people in Dundee affected by a blood borne virus. An assessment of the needs of **older people living with HIV** has recently been completed and future planning regarding how to best meet these needs is underway, via a Managed Clinical Network with partners in Health.

The DABBV Team were active participants in the **Dundee Alcohol & Drugs Review** undertaken by Dundee's ADP (Paragraph 10.5.5 refers also). This Review began in September 2013 and incorporated a week long multi-agency Improvement Event designed to develop a change plan with specific actions for implementation. Following this event and the production of a change plan, a number of projects were developed and are currently being tested in Dundee.

There has been significant support across agencies for the range of change projects being taken forward, and staff members from the DABBV Team are directly involved in implementing some of these projects. In particular the DABBV Team Manager is the lead for the Common Assessment Framework and Multi-Disciplinary Meeting tests of change. Weekly input by the DABBV Team to the Restore and Revive (Recovery) Café for people affected by substance misuse, is also planned. The DABBV Team have been very enthusiastic about the potential of these different ways of working and the anticipated benefits for service users in recovery.

The DABBV team has its own small dedicated **Social Care Officer Team**. This part of the service is registered along with other adult Care at Home services and is inspected by the Care Inspectorate. The service continues to receive good grades. In 2013/14 Dundee City Council and Dundee's ADP began to undertake a review of contracted services, a process which has continued into 2014/15.

### **7.3.9 Adult Mental Health Services**

The Community Mental Health Team in Dundee provides support to adults with severe and enduring mental illness, with strong links to both in-patient units at the Carseview Centre in Ninewells Hospital and Murray Royal Hospital. The service is co-located with Health services, and operates on a multi-disciplinary basis, providing a specialised community based service and a person centred approach.

Similar to previous years, the demand for assessment, care management and protection services for people with mental illness have continued to increase over the last year. The service continues to support more individuals with complex care and support needs to live in their own homes and be part of their community. During 2013/14 the Adult Community Mental



Health Team received 121 new referrals, and a total of 246 people were provided with a service.

One of the challenges facing the Community Mental Health Team for adults is that more adults, with extremely complex support needs, are requiring intensive support packages and resources, which are not always available when they require them. This at times places pressure on the delayed discharge management processes in place for people receiving in-patient mental health services from the acute sector in Health. The use of robust contract and monitoring arrangements has enabled the service to ensure that the range of service delivery models in place can be flexible and adjusted, with the aim of shifting the balance of care away from acute services to community based alternatives.

The Community Mental Health Team has its own small dedicated Social Care Officer Team. This part of the service is registered along with other adult Care at Home services and is inspected by the Care Inspectorate. In 2013/14 the service continued to receive good grades.

### **7.3.10 Mental Health Officer (MHO) Services**

MHOs provide a statutory service to people with a mental disorder in relation to three pieces of legislation: the Mental Health (Care and Treatment) (Scotland) Act 2003; the Criminal Procedures (Scotland) Act 1995; and the Adults with Incapacity (Scotland) Act 2000. A 'mental disorder' is defined as any mental illness; personality disorder; substance misuse related brain damage or learning disability, however, caused or manifested.

MHOs undertake a range of statutory duties in terms of making and renewing orders, undertaking social circumstance reports and providing reports to the Courts and mental health tribunals. These activities relate to the compulsory care and treatment of individuals in hospital or in the community. Servicing the tribunal arrangements, which have the power to authorise compulsory measures, represents a substantial proportion of MHOs' workloads. In addition MHOs provide advice and support to the wider Department in relation to the complex interaction of mental health and incapacity legislation, and in adult protection cases where mental disorder is a feature.

A number of the social workers across Community Care are qualified Mental Health Officers (MHOs) and as such they contribute to the social work MHO rota. More detailed analysis of the MHOs performance is reported in the Statutory Functions section of this report below at Paragraphs 8.2.4 - 8.2.7. However the following are some of the key issues and activities relating to the MHO service that are relevant to report for 2013/14.

One of the key issues for the MHO service has been the capacity to meet the increasing demand for services. The Adults with Incapacity (Scotland) Act 2000 and its functions continue to positively affect the lives of adults with a learning disability and/or autism, but as the number of people for whom a Guardianship Order is in place continues to increase, the workload demands also increase and challenge the capacity of the service.

In 2013 – 2014, there was no change in the budget for MHO services, and this was identified as a corporate risk because of Dundee City Council's statutory duty to provide such services. In response a review of Dundee's MHO service was agreed in February 2014, and additional interim funding (£15,000) was provided through the Change Fund for the period 2014 - 2015 to support the completion of guardianship reports and reduce delays in discharge from hospital for the service users involved. This funding was provided on an interim basis, with the commitment that longer term funding is considered through the review of MHO services.

There are other potential additional costs to the MHO budget anticipated. Initial analysis of the financial memorandum contained within the Mental Health (Scotland) Bill highlights a potential added cost to Dundee City Council of £44,175, related to the new duties for MHOs proposed within the Bill. It is unknown at this stage if additional monies will be granted to local authorities to support implementation.

The review of the MHO service continues into 2014/15, but the building of capacity more widely within the workforce, to meet the demands related to this area of work, continues to be a priority within Dundee's Community Care Service.

In 2013/14 work has also taken place to take account of the new powers being introduced to the supervision of private guardians via enactment of the Adults with Incapacity (Scotland) Regulations 2014. A review of operating procedures relating to the provision of services for adults with incapacity was undertaken, with a plan for a new procedure by December 2014, providing guidance and then training for staff regarding the Supervision of Private Guardians.

In the MHO service an overview is maintained of any legal precedent or new case law which needs to be applied in the delivery of MHO services locally. For instance in 2013 a review of practice was initiated following the findings from the Cheshire West decision to take account of the learning provided. The Department has since used this to inform the development of good practice guidance regarding the application of Section 13za of Social Work (Scotland) Act 1968. This allows a local authority to act to provide a community care service, as an alternative to a guardianship or intervention order, where it appears that the adult is incapable of making decisions about the service. This section expressly includes, where appropriate, the option to move the adult to residential accommodation provided under the 1968 Act. It is anticipated that this new guidance will be completed by December 2014 and training for social workers delivered from then.

Similarly a review of Social Work Department operating procedures relating to Powers of Attorney was initiated following a recent decision (Sheriff Baird) regarding the appropriate use of Powers of Attorney. It was planned that these procedures will be updated in 2014/15 with a view to training for Social Work staff being provided thereafter.

### **7.3.11 Learning Disability and Autism Services**

Supports for adults with a learning disability and/or autism in Dundee are being delivered in line with the national policy direction provided in 'The keys to life' Strategy published in 2013, and the Scottish Strategy for Autism (2011). These national strategies highlight health inequalities as a main area of focus for local strategy developments for services for people with learning disability and/or autism. Integral to these policies is a human rights approach which will underpin all future local policy developments in Dundee, and elsewhere in Scotland.

The report to the Social Work and Health Committee in November 2013 (Report No: 477-2013) agreed to the preparation of a Joint Dundee Autism and Learning Disability Strategic and Commissioning Statement in partnership with NHS Tayside in line with the policy direction set in 'The keys to life'.

Whilst access to universal services such as further education, employment and housing has improved over recent years, a sustained focus is required to ensure that this is improved further for people with learning disabilities and/or autism. In Dundee, as in other parts of Scotland, the ability to proactively develop the required range and volume of supports for people with a learning disability and/or autism has been a significant challenge against a backdrop of financial constraints, and demand has continued to increase beyond available resources.

In Dundee two reports were approved by the Social Work and Health Committee (Report No: 149 – 2012) and (409-2012). These reports laid out detailed proposals for the development of care and support arrangements for adults with a learning disability in Dundee. The overarching aim of the agreed changes in models of service delivery was to shift further the balance of care from institutional to more community based models of care, and to ensure increased personalisation, flexibility, and equity of access to/delivery of supports for, adults with a learning disability in Dundee. The outcome being sought for the people affected by these changes is to enable access for them to more mainstream opportunities, such as volunteering, employment, college and leisure, recreation and learning opportunities in the local community.

As part of these proposals for change, it was agreed to close one of the day centres in Dundee (Kemback Street). The report to the Social Work and Health Committee in September 2013 (Report No: 367-2013) provided details on the work undertaken by the Independent Consultant appointed to consult with service users and carers on the planned closure. This closure subsequently took place in November 2013 and has released resources for the further development of supported employment, enabler services and day opportunities. These are being progressed in line with the strategic plan for the development of supports and services for people with a learning disability and/or autism in Dundee.

Whilst the release of these resources has been a very positive development, the process of developing a wider range of services, with more personalised methods of delivery, has led to significant challenges for the workforce in 2013/14. The flexibility and adaptability of the workforce have been the key factor to success in this area of significant change, but the main focus into 2014/15 is now to achieve consolidation within the Learning Disability Service. The priority is therefore to embed the personalisation approach across all Learning Disability services in Dundee, and focus on continuous improvement in the quality of services provided to service users, their carers and families.

The supports and services provided in Dundee for adults with a learning disability and/or autism are generally of a good standard. The Care Inspectorate gradings for services awarded both internally and externally are largely Very Good, with an increasing number of services being graded as Excellent across all themes. There have been fewer quality concerns in recent years, perhaps due to specific home closures in the city and an increase in monitoring/partnership focus in this area.

Due to the volume of externally provided services for people with a learning disability and/or autism, a key process is the review and monitoring of services. Given the number of different providers, many of whom are national organisations with their own respective policies and procedures, recent discussions have centred on whether a common understanding, approach and framework can be developed across some key areas of activity e.g. outcomes, workforce development. Work continues in partnership with independent providers to improve the quality of services and ensure a focus on outcomes for people.

In 2013/14 the process was begun of developing Joint Strategic and Commissioning Statements for people with a learning disability and those with autism. These Statements will have a very clear focus on outcomes for people with a learning disability and/or autism, based on the six personal outcome areas identified through consultation and involvement activity that has taken place in Dundee. A key aim is to ensure that the right kind of support is available at the right time for those who need it. The Statements will describe plans for this care group in Dundee, and the services to be provided, ranging from those which are universal, to those which are more specialised within health and social care in the city. They will also describe how these services are to be financed and delivered.

### **7.3.12 Physical Disabilities**

The Department's Physical Disabilities Care Management Team works across the whole city of Dundee and has strong links to both Ninewells and Royal Victoria Hospitals, and in particular the Acquired Brain Injury Unit.

Similarly to previous years, the demand for assessment, care management and protection services has continued to increase over the last year. The service continues to support more individuals with complex care and support needs to live in their own homes and be part of their community. During 2013/14 the Physical Disabilities Care Management Team received 42 new referrals and a total of 232 people were provided with a service.

One of the challenges facing the Physical Disabilities Team is that more and more adults with extremely complex health care needs (such as spinal injury, acquired brain injury, Multiple Sclerosis and Huntington's Chorea) are requiring intensive support packages and resources which are not always available when people are need them. This places pressure in particular on the acute sector and the delayed discharge management processes in Dundee.

However, through the use of robust contract and monitoring arrangements, it has been possible to ensure that the service delivery models in place can be more flexible, and the balance of care shifted. This is evidenced by the number of people with physical disabilities now in receipt of home care services in Dundee (170 people at 31 March 2014).

The **Mackinnon Centre**, which is one of the main resources in the Department's Physical Disabilities service, provides day centre services and residential respite care services for adults with long term conditions, physical disabilities and/or sensory impairments. The Mackinnon Centre has gone through a process of significant refurbishment to raise it to the standard required to meet the needs of people with complex physical needs. The services provided were inspected by the Care Inspectorate in February 2014, and achieved good grades for the services provided. In 2013/14 79 adults accessed the services of the Mackinnon Skills Centre, and 45 adults received a respite service.

Dundee has not as yet made the progress planned for in developing the use **of tele-health and tele-care** solutions to support the people who would benefit them to live independently. To accelerate progress on this work, a multi-agency group to develop an Assistive Technology Strategic Commissioning Statement was established in the early part of 2014. The aim is to lay out a detailed plan to support the future commissioning and usage of assistive technologies in Dundee. The group has involvement from the national Joint Improvement Team (JIT) to ensure Dundee are developing in line with national tele-health/tele-care strategies and developments.

Funding has been made available for the period 2014 – 2015 (£60,000) to develop and implement the use of assistive technologies, to enable independence for disabled and older people, through recruitment of an Assistive Technology Development Officer, and an Assistive Technology Assistant. Further funding has been requested for the period 2015 – 2016 to extend this project.

### **7.3.13 Sensory Impairment**

The Social Work Department in Dundee meets its statutory responsibilities to provide services and supports for people with sensory impairments through commissioning specialist services for those children and adults in Dundee who require them. There are a range of organisations in Dundee who are involved in the provision of services for people with sensory impairments, in order to ensure that the specialised nature of the needs of each person can as far as possible be appropriately met. Over the past year a good level of stability has been achieved in the provision of services from this range of specialist service providers.

As in previous years, the demand for assessment, care management and protection services has continued to rise in Dundee. The service as a whole continues to support more individuals with complex care and support needs to live in their own homes and be part of their own communities. However changes to the assessment and provision pathway for equipment and aids have resulted in better outcomes for those with a sensory impairment, as has the streamlining of referral pathways for other services and supports.

One of the challenges facing Community Care in Dundee is that at present two separate organisations are commissioned to discharge the Department's statutory responsibilities for children and adults with a sensory impairment. In line with the direction set out in the See Hear Strategy (April 2014) it is planned with partners to take forward in 2014/15 conversations with providers to scope out plans for an integrated sensory service. This work will include identifying the key benefits for those with a dual sensory impairment, and identifying staff development needs, as well as the financial efficiencies which could be achieved through integration arrangements.

The financial expenditure for services and supports for children and adults who have a sensory impairment has to date been monitored through individual contract monitoring meetings, as these relate specifically to the commissioning of Social Work statutory services. Recently a modest amount of funding has been made available for each local authority by the

Scottish Government to support the implementation arrangements for the See Hear Strategy. To make the most efficient use of these finances, the three Councils in Tayside have come together, along with NHS Tayside to consider pooling resources. Dundee's Sensory Impairment SPG will be responsible for approving and monitoring the use of these monies in Dundee.

#### **7.3.14 Community Rehabilitation Services**

Dundee's Community Rehabilitation Services are made up of a range of services which support children, adults and older people across Dundee. These services are managed as part of Community Care's Intake Service. The services involved are:

- Social Work Occupational Therapy Service
- Community Equipment Store
- Dundee Independent Living Centre
- Manual Handling Coordination
- Assistive Technologies
- Blue Badge Scheme

These services are located at Dundee Independent Living Centre (DILCEC) at Claverhouse West along with Dundee City Council Enablement Services. The Centre provides access to a wide range of information on equipment and services for people with a disability. The Centre is a much valued and well used resource by service users and professionals alike in Dundee.

In order to achieve improved integration for the range of services in Dundee providing community rehabilitation, a joint Dundee City Council and NHS Tayside **Community Rehabilitation Integration Steering Group** was established early in 2014. Its role is to develop a partnership approach towards achieving improved experiences and outcomes for those who receive services. The group is a partnership between representatives from occupational therapy (in NHS Tayside and Social Work Department) physiotherapy, nursing, enablement services, housing, the community equipment store and Dundee's care management teams). It is the remit of the Steering Group to assist partners to streamline processes and achieve service improvement in the delivery of Community Rehabilitation Services in Dundee.

#### **7.3.15 Manual Handling**

The role that carers play in providing support to individuals cannot be underestimated, and the provision of manual handling training is seen as one way of helping to enable them to undertake this vital role. Additional funding (£15,633) was identified for the period April 2014 - 2016 from the Change Fund to support carers to receive manual handling training through the Dundee Carers Centre and a range of manual handling training providers. Funding had previously been provided to finance a manual handling trainer employed within the Council. This training began to be delivered early in 2014/15.

A Dundee Integrated Manual Handling Strategy Group was also established in 2013/14 as a joint initiative between Social Work, Housing and NHS Tayside, to support the implementation of the Scottish Manual Handling Passport Scheme,

#### **7.3.16 Occupational Therapy Services**

The Social Work Department's Occupational Therapy (OT) Service carries out functional assessments of people affected by disability, in their own home environment. OT interventions aim to maintain and promote service users' independence through the provision of advice, equipment and adaptations. Occupational Therapists (OTs) in this service facilitate safe discharge from hospital by providing essential equipment on the day of discharge.

The OT Service is a very high volume service, which received 3,881 referrals in 2013/14 (compared to 4,176 in 2012/13, and 3,751 in 2011/12) of which:

- 32% were responded to on the same day (this compares with 37% in 2012/13 and 33% in 2011/12)
- 49% within 2 days (46% in 2012/13, and 56% in 2011/12)
- 19% in more than 2 days (16% in 2012/13, and 11% in 2011/12)
- 94% assessments were completed in 20 days (89% 2012/13 and 74% 2011/12)

It has been recognised that the high demands on the service, together with the increase in the number of referrals which require a speedy response (such as to support hospital discharge) present significant challenges for the OT Service. These challenges affect both the provision of assessments within timescale for the people who need services, and the demand on resources that the Social Work Department has allocated to provide equipment and adaptations. In response, the following review and improvements were initiated during the period 2013/2014:

- Review of Criteria For The Provision Of Equipment And Adaptations In The Homes Of People With Disabilities Who Live Within The Dundee City Council Boundary
- Implementation of a Community Rehabilitation Integrated Steering Group to develop a partnership approach between occupational therapy (health and social work), physiotherapy, nursing, enablement services, housing, community equipment store and care management to achieve positive experiences and outcomes for users and carers in need of rehabilitation.
- Review of Social Work Occupational Therapy governance addressing issues such as workforce capacity, operating procedures, systems and processes.

### 7.3.17 Blue Badge Service

To improve user and carer experience of the Blue Badge service, it is planned to streamline timescales for receiving and collecting Blue Badges and ensure that a consistent approach to tackling Blue Badge fraud is undertaken. To this end a review of Blue Badge services was initiated during this reporting period by way of a Blue Badge Review Group. It is anticipated that the review, together with improvement actions identified, will be completed by December 2014.

### 7.3.18 Community Equipment Store

As of 28th March 2014, the Joint Equipment Store was storing 4895 pieces of equipment to a total value of £316,666. In the community, 58,283 pieces of equipment are in use which presents a total value of £1,907,198.

Figure 16 shows the performance of the service in issuing, collecting and re-cycling equipment during 2013/14, as compared with the last two years.

**Figure 16: % Figures for the Issue, Collection and Re-cycling of Equipment**

Year	2011 – 2012	2012 – 2013	2013 - 2014	Trend
<b>% Equipment Recycled for Re-Use</b>	71%	76%	69%	Downward Trend
<b>% People receiving equipment in 1-3 days</b>	83%	83%	86%	Upward Trend
<b>% Equipment collected within 1 – 3 days</b>	73%	75%	84%	Upward Trend

This performance report shows a positive upward trend for the delivery and collection of equipment, but a downward trend in terms of recycling for re-use of equipment. It is relevant to note that where the delivery of equipment took longer than 2 days, this was due either to the specialist nature of the equipment ordered, or the delays in equipment being returned. Where equipment could not be recycled for re-use, this was due to the age and condition of the equipment returned, or the non-return of the equipment by service users involved.

In 2013/2014, there was no change in the budget for the Community Equipment Store, and in recognition of the pressures arising from increasing demand and complexity of provision, a Dundee Integrated Equipment Steering Group was established. The aim of this multi-agency group is to review need and demand, develop and implement an Equipment Strategic Commissioning Statement, and progress continuous improvement in the provision of equipment in Dundee.

### **7.3.19 Dundee's Independent Living Centre**

The Independent Living Centre at Claverhouse West provides access to a wide range of information on equipment and services for people with a disability. The Centre also has a wide range of equipment in situ for people who have a disability to try out, in order that they can identify what will help them to overcome some of the difficulties associated with their disability. The Centre is a much valued and well used resource by service users and professionals alike in Dundee.

### **7.3.20 Self-Directed Support (SDS) and Personalisation**

The Social Care (Self-directed Support) (Scotland) Act 2013 was passed by the Scottish Parliament on 10<sup>th</sup> January 2013. SDS provides individuals, assessed as having eligible social care needs, with a range of choice options as to how their care and support arrangements can be delivered to meet their agreed outcomes

SDS involves identifying a budget for the individual service user's support. It allows the service user to then decide how much ongoing control and responsibility he/she wants over his/her own support arrangements. SDS is an approach which is designed to promote and support independence and choice for people with care or support needs.

In the year preceding the enactment of the Act on 1<sup>st</sup> April 2014, considerable work took place in Dundee to prepare for the integration of personalisation, and an outcomes focussed approach within service planning, decision making and service delivery across Social Work. The report approved by the Social Work and Health Committee in May 2011 (Report No: 252-2011) describes the Social Work's Department Personalisation Strategy.

The infrastructure developed to support the implementation of the Act included a communication strategy, a training strategy and the production of guidance for staff, service users, providers and carers. In particular an Outcomes Assessment Framework was developed in Community Care for use by staff with service users, carers and partner organisations, when supporting the individual to making decisions regarding the way in which his/her care or support needs are to be met. A monitoring process has also been put in place to gather statistics pertaining to the level of uptake by service users of each of the options available to them.

In the early part of 2014 discussions began regarding the options available for the development of a brokerage service, for use by those service users in Dundee who may wish to take control of managing their care and supports, without the responsibility of financing and sourcing the service involved. Decisions regarding the brokerage arrangements to be put in place in Dundee are to be finalised in 2014/15.

### **7.3.21 Carers**

In Dundee, as in many authorities across Scotland, there is a high level of informal/unpaid care provided to older people and those with disabilities, by family members and friends. The provision of such care within family and friendship networks reduces the level of demand there might otherwise be on the more formal health and social care services provided by local authorities and health boards. Therefore informal care forms a vital part of the social care support system in Dundee, as in other parts of the country.

The number of hours of care provided varies considerably depending on the needs of the individual and the ability of partners, young carers and other family members or friends to

meet their needs. Frequently a combination of informal care, together with care and supports provided by health and social care services, are being delivered as part of a package of care and support for the person and carer(s) involved. However it is not uncommon for close family members to provide a very high number of unpaid care hours a week. Figure 17 shows the level of unpaid care delivered in Dundee, as reported in the 2011 Scottish Census.

**Figure 17: Provision of Unpaid Care, Dundee City 2011**

	<b>Population Count</b>	<b>Percentage of Population</b>
<b>Provides no unpaid care</b>	134,196	91.1%
<b>Provides 1-19 hours unpaid care a week</b>	6,833	4.6%
<b>Provides 20-49 hours unpaid care a week</b>	2,330	1.6%
<b>Provides 50+ hours unpaid care a week</b>	3,909	2.7%

*Source: Scottish Census 2011, Table QS301SCa Provision of unpaid care (UK harmonised)*

Carers have a right to request an individual assessment of their own support needs, but the number of formal assessments undertaken in Dundee remains low. In the period 2013/ 2014 an outcome focused carers assessment framework was developed and launched for use by all assessment staff within Social Work and community health services. It is anticipated that this will raise awareness of carers needs and lead to an increase in the offer and completion of carers assessments in Dundee.

In the period 2013/2014 a Dundee Carers Partnership was re-established. This Partnership now has overall responsibility for the strategic planning and development of services for adult carers and young carers in Dundee. The Partnership also has responsibility for the development and implementation of the NHS Carers Information Strategy. Representation on the group is drawn from Dundee City Council, NHS Tayside, Carers Support Organisations and carers themselves.

Carer representation is provided through Carers Voice, Dundee, the organisation which has a key role in promoting and supporting the representation of carers' views in the city. Carers Voice is a group of unpaid carers working together to improve the local situation for carers and to make a difference in their lives. In the period 2013/2014 Carers Voice continued to be supported to be centrally involved in service and strategic developments being taking forward in the city.

A Carers Joint Strategic Commissioning Statement for Dundee is also under development by a multi-agency Dundee Carers Partnership. This Commissioning Statement will be supported by a vision that 'People who provide unpaid care are supported to manage the caring role and to reduce the potential impact of that role on their own health and wellbeing, enabling them to have a life alongside caring.' Progress towards the production of this Commissioning Statement is set out in a clear action plan, with the deadlines for completion during 2015. This work will also facilitate the introduction of additional legislative duties and the achievement of the national strategic ambitions outlined for carers.

### **7.3.22 Housing Support Services**

Housing support services are provided for adults, or older people, with support needs who require such services to allow them to live independently in their own home, or rented accommodation. Such services are either provided directly by the Council, or are commissioned externally from private and voluntary housing support providers.



Housing support services facilitate independence through:

- advising people how to keep their home clean, warm, tidy and in a good state of repair
- assisting with the management of their finances
- facilitating social interactions
- providing emotional support and counselling
- promoting healthy living

Such housing support services are relatively low level, preventative services, and can be all that is needed for an individual with needs to be able to look after themselves, their home and finances.

Until 2013, there was ring-fenced funding (provided through Scottish Government Supporting People monies) that was used in Dundee to meet the costs of housing support services. Since then however, the funding for the provision of housing support services has been embedded within the budgets across each care group. Housing support needs are now taken into account as part of the wider assessment of needs undertaken for each individual care group, and these inform the commissioning statements produced for each care group within the Dundee Partnership's wider strategic planning framework.

At the last count in 2012/13, approximately 7000 people benefited from a housing support service in Dundee, with approximately 50% being older people, living in sheltered housing. It is not anticipated that these figures have changed significantly, as levels of service procured since then have not changed.

Other adults (over the age of 16) receiving housing support include those who may be young adults with no family or peer support, may have a learning disability, a physical disability, a mental health issue, or a drug or alcohol dependency. Those experiencing some form of domestic abuse also benefit from this service.

## **STATUTORY FUNCTIONS**

- 8.0** There are a number of duties and decisions that relate primarily to the restriction of individual freedom and the protection of both individuals and the public, which must be made either by the CSWO, or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO, and for which the latter remains accountable. This section of the report provides information regarding the Department's performance of these specific duties.

Information provided regarding performance of these duties is recorded below under each of the following separate headings:

**8.1 Statutory Functions: Children's Services**

**8.2 Statutory Functions: Adult Services**

## STATUTORY FUNCTIONS - CHILDREN'S SERVICES

**8.1** The information provided regarding the discharge by the Department of its statutory functions in respect of children and young people is presented under a number of relevant sections, as follows.

### **8.1.1 Child Protection**

The protection of children and young people from abuse, neglect and harm remains a key priority for all agencies in Dundee, and specifically for Social Work as the lead agency.

Crucial to the development of effective and efficient protection services that provide positive outcomes for children, is the ability to identify and understand information that tells agencies in Dundee how well they are performing. The drive to develop the quality of management and performance information that is required is continuing, as is the increasing use of this information to inform service planning, development and improvement across the city.

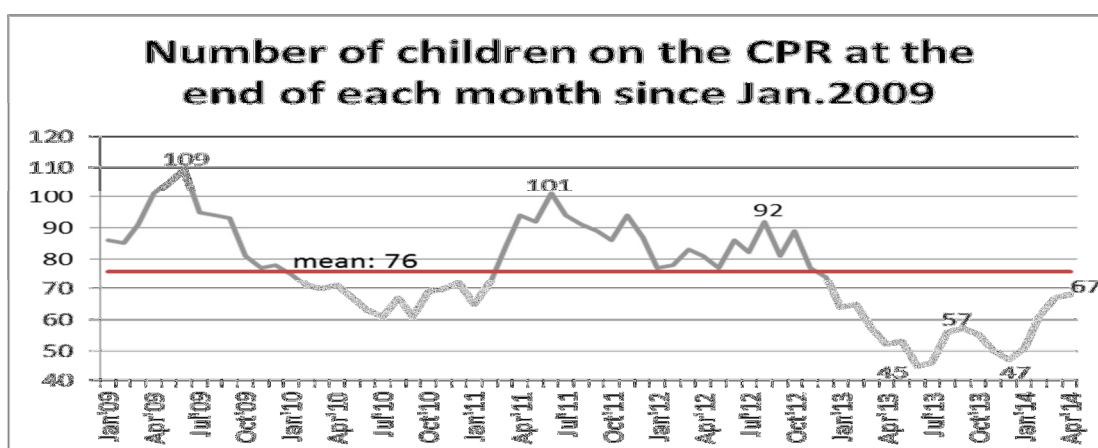
A Looked After Children and Child Protection Register data set is regularly provided for Children's Services Managers to allow them to identify and monitor trends, as well as track progress in completing tasks and achieving performance targets set in Dundee's SOA and other service plans. Dundee's CCPC also actively uses this and other performance information to inform service planning, development and improvement across the city.

During 2013/2014 the following child protection activity was undertaken in Dundee:

- 67 children were on the Child Protection Register as at 31 March 2014 (compared with 57 on the same day in 2012)
- 164 children were subject to a child protection investigation (189 in 2012/2013)
- 155 children were subject to an Initial Child Protection Case Conference (180 in 2012/2013)
- 126 (81%) children were placed on the Child Protection Register (136 (83%) in 2012/2013)
- 163 children were subject to a Review Child Protection Case Conference (249 in 2012/2013)
- 103 (63%) children were deregistered (154 (61%) in 2011/2012)
- 61 Child Protection Orders were secured, including 11 at birth (49 in 2011/2012)
- 141 children were the subject of Place of Safety Warrants issued by Children's Hearings (136 in 2011/2012)

As shown in Figure 18, although the number of children on the Child Protection Register in April 2014 was higher than that for the same period in 2013, the trend for registration in recent years has been a downward one, compared with a high of 109 children shown for April 2009

**Figure 18: Number of Children on Child Protection Register by Quarter since 2009**



As shown in Figure 18, the numbers on the Child Protection Register at any one time are beginning to increase slowly again towards the 10 year mean of 76, after the lowest number recorded in those 10 years was 45 in April/early May 2013.

Further analysis shows that the volume of Child Protection Case Conferences that took place peaked during 2011/12, and the number of children in the child protection process is gradually decreasing. It is relevant to acknowledge that the overall reduction in the numbers on the Child Protection Register has not been matched by a reduction in the number of Initial Child Protection Case Conferences. However the number of Initial Case Conferences can still be higher and just reflect shorter periods of registration for the children and young people involved.

Shorter periods of registration are frequently associated with the fact that children have become accommodated because of the concerns regarding their safety or well-being, and their names have been removed from the Child Protection Register, as they are, by the time of a Case Conference, in safe placements.

In Dundee child protection registration is used as a means to focus and co-ordinate professional activity and resources, aimed at encouraging families towards significant change, where possible. Registration is not considered appropriate when children become accommodated, nor are there many children who spend more than a year with their name on the Register, as it is recognised that it is not positive for a child to live for so long under circumstances that meet the threshold for being 'at risk of significant harm'.

The following statistical information gives an indication of the timescales within which child protection activities have taken place within the Department during 2013/14:

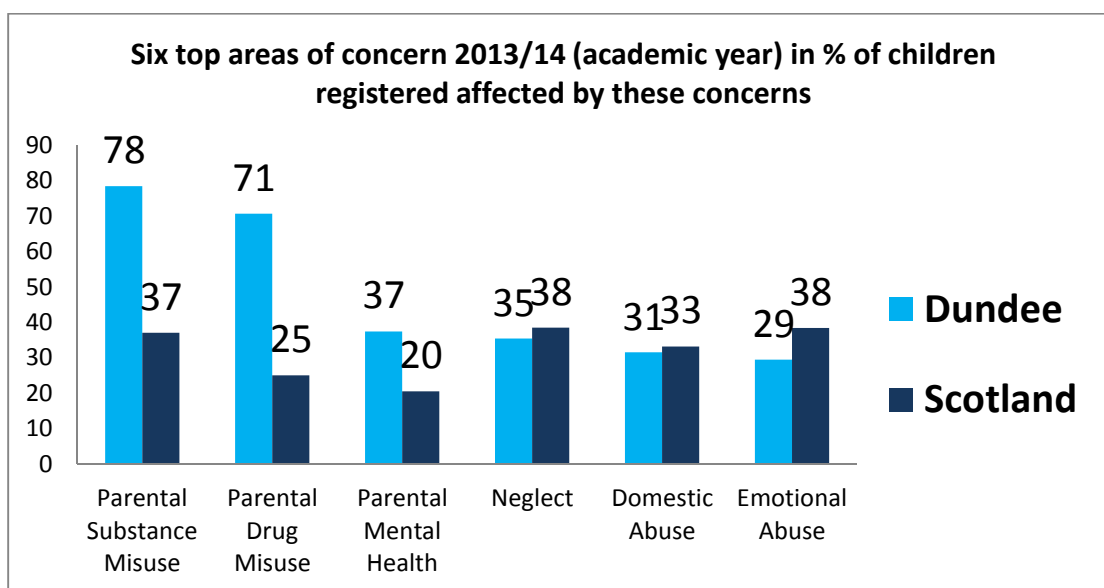
- 97% of child protection referrals were screened and responded to within 24 hours (compared to 95% in 2012/13)
- 66% of Initial Child Protection Case Conferences were held within 15 working days of the decision being made to convene a case conference (45% in 2012/13).
- 92% of regular Review Child Protection Case Conferences were held on time (91% in 2012/13).

These figures show, in particular, a significant improvement in 2013/14 in the timescales within which Initial Child Protection Case Conferences were convened, demonstrating an improved response to decision making for those children and young people in the city for whom there is the greatest level of risk and concern.

With regard to the age range of children who were subject to child protection registration, the data set for the Child Protection Register shows an increasing trend towards younger children being registered (65% of children aged birth - 4 years for the year up to 1<sup>st</sup> April 2014, compared to 54% in 2012).

Figure 19 below shows a breakdown of the reasons for child protection registration in Dundee as compared with the Scotland average. These figures indicate that on 1 April 2014 78% included parental substance misuse as a significant factor (compared with the Scottish average of 37%) and 37% included parental mental health (compared to the Scottish average of 20%). Domestic abuse is not a new issue influencing decisions regarding registration, but it is a new category within recorded child protection registration reasons. In this category the Dundee figure of 31% is similar to the Scottish average of 33%.

**Figure 19: % Areas of Concern leading to Child Protection Registration**

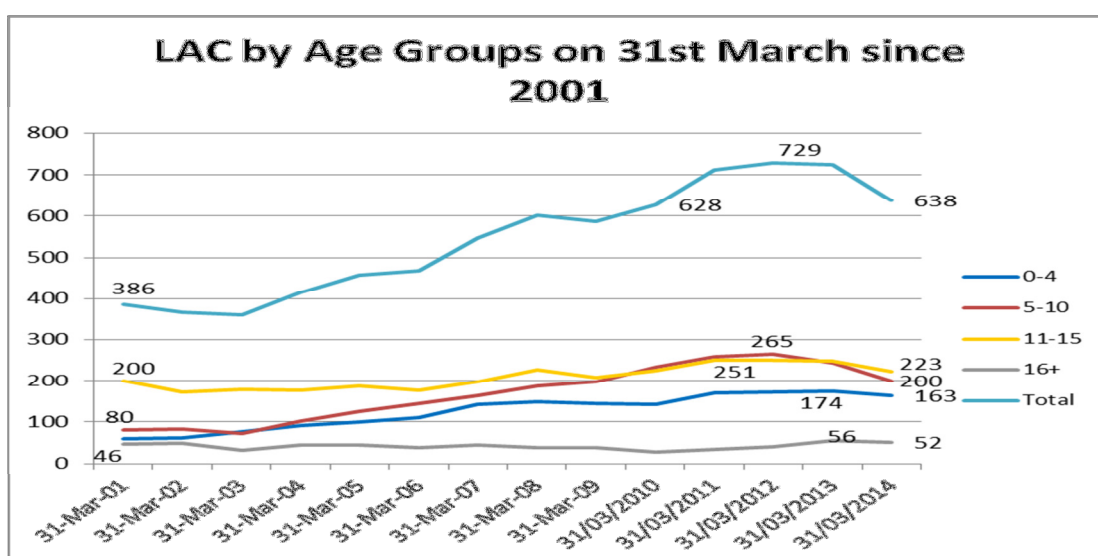


### 8.1.2 Looked After Children

The Social Work Department co-ordinates the multi-agency assessment and care planning activities required for all looked children and young people in Dundee, including those children living in kinship care arrangements.

The population of looked after children in Dundee doubled during the ten year period from 2001 to 2011, from 350 to over 700. However, as can be seen below from the chart in Figure 20, the number of children becoming looked after in Dundee appears to have peaked in 2010/11 and to have been reducing particularly significantly in the year 2013/14.

**Figure 20: Looked After Children by Age Groups at 31<sup>st</sup> March Each Year**



The total number of children looked after on 31 March 2014 was 638. This represents a significant decrease from last year's figure and appears to indicate a return to levels at 2010. This change is related in part to a decrease in the number of children becoming newly looked (149 in 2013/14, compared with 199 in 2012/13), and in part to the increase in the number of children who are ceasing to be looked after during that period, either because they are able to

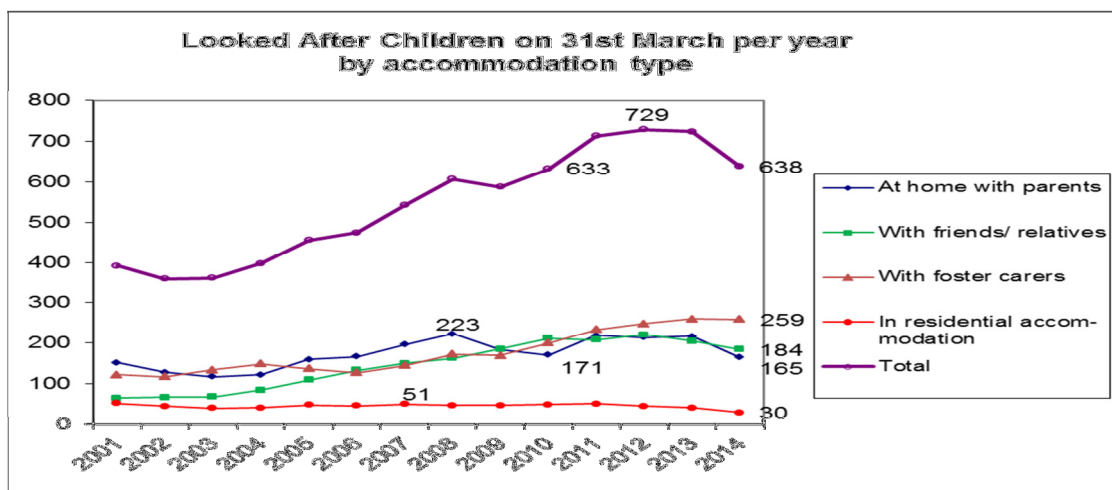
return to their parents' care, or because they have been provided with permanent alternative care.

As can be seen from Figure 20 the most radical decrease was in the age group 5-10 years, which until 2013, was the age group which increased consistently year on year. The number of looked after young people aged 16+ has been relatively stable between 46 and 56 over the past 14 years; by percentage they made up 8% of the looked after population in Dundee on 31 March 2014.

The data for looked after and accommodated children also shows that the birth - 4 age group now accounts for 26% of accommodated children, compared with 23% in 2011 and 16% in 2001. These changes reflect the increased priority given to intensive intervention within a child's early years.

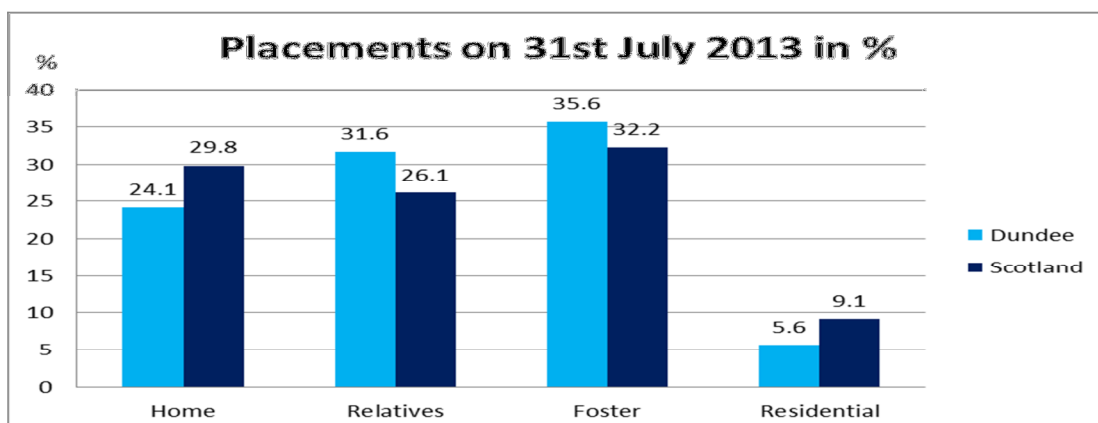
Despite the sharp decrease in numbers of looked after children in 2013/14, the proportion of those in foster care has continued to grow, as the chart in Figure 21 shows. These figures also show that the proportion of children living with kinship carers continues to be high, with kinship carers continuing to provide almost a third of placements for looked after children in Dundee.

**Figure 21: Number of Looked After Children by Accommodation Type at 31<sup>st</sup> March Each Year**



As Figure 22 clearly illustrates, the proportion of children in foster care is increasing nationally, but overall comparison with the rest of Scotland shows Dundee continues to be ahead of the trend towards more children in foster and kinship care arrangements, with a reduction in the number of children in residential settings. This represents a positive increase in the proportion of children who are afforded alternative family experiences.

**Figure 22: % Placements by Placement Type in Dundee as compared with Scotland**



With regard to the location of placements where children were placed with foster carers in 2013, 67% were in Dundee, with 26% being in neighbouring authorities in Perthshire, Angus or Fife.

However it is positive to report that in 2013/14 93.75% of all looked after children's first placements were made in Dundee. This is a figure which includes all those who remained looked after at home and those in kinship care placements (which are generally in Dundee). This figure compares to 78.76% for 2011/12, and represents positive progress against this target aim of providing Dundee placements for all Dundee's looked after children, in line with their individually assessed needs.

It should be noted here that there are a number of children who are placed, some of them permanently, in external foster placements outwith the city, for whom the plan is appropriately that they remain in these placements, as this is assessed as being in their continuing best interests.

For those children and young people in Dundee who are looked after, and for whom the Council has corporate parenting responsibilities, the Department's Children's Services Management Team keep under active review the levels of need in the city. The improvements made in 2013/14 to the services and resources that are available to support them and their families are referred to at Para 7.1 above.

### **8.1.3 Looked After Child (LAC) and Looked After and Accommodated Child (LAAC) Reviews**

It is the statutory duty of the local authority to review the cases of all children looked after by the local authority in terms of the Children (Scotland) Act 1995.

Locally this means that children and young people looked after at home (LAC) will be reviewed by the case responsible Team Manager, and those looked after away from home will be reviewed by a Review Officer. The overall objective of the LAAC review system is to ensure that effective assessment, care planning and decision-making takes place in relation to each individual child looked after away from home.

The Department employs a Review Team which is managed through the Strategic Integration, Performance and Support Service, to co-ordinate the running of the Review system, to chair LAAC Review meetings and to ensure the production of minutes for each meeting. These meetings are held at appropriate points following a child or young person becoming looked after and accommodated.

During 2012/13 the child's plans for **509 children** were reviewed at **1168 LAAC review meetings** (a slight decrease from last year's record high of 1219 reviews for 534 children during 2012/13). The decrease is in line with the decreasing number of looked after children in Dundee. However, the numbers of meetings which the Review Officers are chairing continues to be high, and this, together with a long term staff vacancy in the Team, continued to affect their capacity to meet the time and practice standards laid down for the planning and review of accommodated children in 2013/14.

### **8.1.4 Secure Accommodation**

Local authorities have a duty to provide or arrange the provision of secure accommodation, where, in specified circumstances young people are considered to present a serious risk of harm to themselves or to others.

Decisions regarding the use of secure care are in the main made at a Children's Hearing, or in some situations by Courts for remand, but in an emergency situation, the CSWO may authorise the detention of a young person in secure accommodation with the agreement of the person in charge of the establishment. These decisions are subsequently reviewed by a Children's Hearing, and there is ongoing scrutiny of whether or not secure criteria continue to be met through monthly Looked After and Accommodated Child (LAAC) Reviews.

Compared with previous years Dundee's use of secure accommodation has continued to reduce. In both 2011/12 and 2012/13 there were 13 young people placed in secure accommodation. However in 2013/14 there were only 7 young people, including one young person detained for a single night, as an alternative to Police cell detention. In the second half of 2014, this number has reduced further.

The reasons for this reduction appear to be two fold. The first factor relates to an increased targeting of those young people who are considered to be at highest risk of secure accommodation, to ensure they are case managed by either the Children's Services Choice Project or Adolescent Team, and are supported by Includem intensive support services. Secondly there has been a change in remit for the residential facility which was previously Dundee's Elms Secure Unit. This has allowed some more challenging young people to be accommodated in the community in Forrester's House.

There also continues to be strong co-working with the Education Department in Dundee, with out-posted teachers helping those young people who are the hardest to reach (and teach) to receive education. In Dundee priority is also given within Offsite educational provision to young people who are looked after and at risk in the community.

In 2013/14 2 of the young people who had the longest periods within secure accommodation were young people with a complex combination of learning disability, mental health issues and challenging behaviour. Identifying a suitable resource for such young people continues to be an area of focussed attention within Social Work and Health in Dundee.

#### **8.1.5 Emergency Placements**

Children's Hearings may impose conditions of residence on children subject to supervision requirements, and only a Children's Hearing may vary such conditions. However if a child, who is required to reside at a specified place has to be moved in an emergency (for instance in the event of foster placement breakdown) the CSWO may authorise the move, and then the case must be referred back to a Children's Hearing.

During 2013/14 there were 9 disruptions of named placements which resulted in such emergency moves. This represents an increase on the 4 placement disruptions recorded for 2012/13, although it is less than the 13 which took place in 2011/12.

#### **8.1.6 Adoption Services**

Adoption Services in Scotland are provided under the Adoption & Children (Scotland) Act 2007 and associated secondary legislation. The statutory requirements include arrangements for assessing children and prospective adopters, placing children for adoption and adoption support for all those affected by adoption.

During 2013/14 the Scottish Government has continued to place a strong emphasis on improving outcomes for children who are permanently unable to return to their birth family. The Government's Care & Permanence Plan lays out a very ambitious plan to reduce timescales, improve outcomes and achieve sustained increase in the numbers of children adopted across Scotland. Dundee City Council's Adoption Service Plan, published in February 2013, addresses the expectations of the Scottish Government and provides a clear framework for service development.

As shown in Figure 23 the number of children requiring permanent care outwith their birth family has remained high within Dundee. These figures also show that the number of adoption plans has risen significantly in the 2013/14 period, indicative of a growing awareness of the need within Children's Services to expedite permanence plans for children as speedily as possible, particularly for babies and very young children.



**Figure 23: Children Approved for Permanence 2013/14**

<b>Children Approved for Permanence /Matched</b>	<b>April 2010 - March 2011</b>	<b>April 2011 - March 2012</b>	<b>April 2012- March 2013</b>	<b>April 2013- March 2014</b>
Children approved for permanence <b>via kinship care</b>	8	17	37	27
Children approved for permanence <b>via permanent fostering</b>	8	22	14	15
Children approved for permanence <b>via adoption</b>	17	19	12	26
<b>TOTAL</b>	<b>33</b>	<b>58</b>	<b>63</b>	<b>68</b>
Children matched with permanent <b>kinship carers</b>	11	16	36	27
Children matched with permanent <b>foster carers</b>	17	14	17	15
Children matched with <b>adopters</b>	17	18	13	12
<b>TOTAL</b>	<b>45</b>	<b>48</b>	<b>66</b>	<b>54</b>

Figure 24 below also shows however, that there is a continuing shortfall in the number of suitable local adoptive families.

Dundee has continued to be involved in a range of national and local activities aimed at finding adopters willing to consider children with additional needs, older children and larger sibling groups. The Department's Family Placement Service makes extensive use of the Scottish Adoption Register, referring all children where no immediate family can be found for them in-house. The Service also refers to the North-East Consortium and uses online publications to feature children waiting for placements.

In 2013/14 plans were made jointly with Perth & Kinross and Angus Councils for a TV recruitment campaign, aimed at increasing the number of adopters and permanent foster carers within the Tayside area. This campaign was launched in September 2014.

The Service has also focused on developing the skills and knowledge base of frontline staff and managers involved in permanence work, as a crucial element of improving outcomes for children. The one day Child Centred Assessment and Permanence Training, established in 2010, was considerably amended and re-launched in 2013. Six training events were held in 2013/14 and opened up to colleagues in other agencies and departments. This training will continue to be delivered on a rolling programme basis.

A Permanence Forum was also established in January 2013 and meets quarterly. This provides an opportunity for practitioners and managers to share information and good practice and to hear about national and local developments in permanence. The meetings are generally well-attended with between 10 – 20 participants. It is hoped that the numbers and range of regular attendees can be built upon and that this can develop into a more practitioner-led forum.

**Figure 24: Foster and Adoptive Carer Approvals and De-registrations 2013/14**

<b>Foster/Adoptive Carer Approvals and De-registrations</b>	<b>April 2010 - March 2011</b>	<b>April 2011 - March 2012</b>	<b>April 2012 – March 2013</b>	<b>April 2013 – March 2014</b>
Foster carers approved (temporary)	7	8	5	5
Foster carers approved (permanent)	3	3	0	0
Foster carers approved (temporary and permanent)	0	4	3	2
<b>TOTAL</b>	<b>10</b>	<b>15</b>	<b>8</b>	<b>7</b>
Foster carers de-registered	3	6	6	3
Adopters approved	8	11	9	10
Adopters de-registered	1	2	1	0

### 8.1.7 Fostering Services

The Looked After Children (Scotland) Regulations 2009 provide the statutory framework under which Dundee provides fostering services.

There is a national review of foster care being undertaken by the Scottish Government at the present time, with a number of working groups having been established. The timetable for reporting from these groups is likely to be 2015. The Social Work Department in Dundee will be taking account of the outcome of this review when it is completed and will implement any required changes to systems, processes or practice locally. In the meantime action continues to be taken by the Department to achieve continuous improvement in the planning and delivery of fostering services.

During 2013/14 foster carers have continued to work in partnership with the Department's Family Placement Service to deliver service improvements. For instance, carers have participated in the ongoing review of the ACE Fostering scheme and the review of the Foster Carer Handbook. They have also worked with the Recruitment Group, as the Carer Consultative group.

The Family Placement Service has been able to gradually increase the number of fostering households during the past year, but it is recognised that there is a continued need to recruit and retain a range of carers able to offer high quality placements. Demand for placements remains high, and there continues to be a mismatch between the profiles of the children needing placements and the carers available. This has resulted in a requirement in 2013/14 to purchase 31% of total placements from external fostering agencies, many of which are permanent placements.

It is hoped that the TV recruitment campaign, together with the associated recruitment activities planned for the autumn 2014, will deliver greater numbers of carers for children and young people in Dundee who need foster or adoptive placements.

## STATUTORY FUNCTIONS – ADULT SERVICES

**8.2** The information provided regarding the discharge by the Department of its statutory functions in respect of adults and older people, and those involved in the criminal justice system, is presented under a number of relevant sections, as follows.

### **8.2.1 Adult Support and Protection**

The Adult Support and Protection (Scotland) Act 2007 places a duty on the local authority to look into the circumstances of adults at risk and to protect adults who because of a disability, health condition, or age, are less able to protect themselves or their own interests. The Act also gives powers to intervene where an adult is at risk of serious harm, via protection orders, which are applied for through the court.

While Social Work has the lead role, adult protection is a multi-agency responsibility, and a central provision of the Act is the obligation of named statutory agencies to collaborate in adult support and protection activity. Such interagency collaboration is evident at various levels of protection activity in Dundee.

The Dundee Adult Support and Protection Committee (DASPC) (which is led by an independent chair) together with adult support and protection services across the city, have continued to meet the requirements of the Act, promoting partnership working, improving practice through the development and implementation of a multi-agency training strategy, and advancing the provision of services. Adult support and protection services continue to play an important role in supporting individuals to live safe and independent lives in appropriate community settings across Dundee. Further information is contained in the report to the Social Work and Health Committee in October 2013 presenting the DASPC Biennial Report (Report No: 418/2013)..

In 2013/2014 the following adult protection activity took place in Dundee:

- 895 adult protection referrals were received (compared to 368 in 2010/11, 584 in 2011/12 and 558 in 2012/13)
- 90 of these referrals resulted in adult protection activity (136 in 2010/11, 149 in 2011/12 and 127 in 2012/13)
- 49 Adult Protection Case Conferences were convened (50 in 2010/11, 64 in 2011/12 and 40 in 2012/13)
- 36 Review Case Conferences took place (37 in both 2010/11 and 2011/12, and 22 in 2012/13)
- 2 protection orders were secured to protect 1 individual requiring protection

Compared with the numbers for the period 2010/12 the number of adult protection referrals from sources other than Police have reduced by 18%. This reduction is largely related to a reduction in referrals from Social Work and other Dundee City Council staff, Nursing Homes and Scottish Fire and Rescue. It is not possible to establish why referrals have dropped in this way, but there is not any evidence to suggest that that this should be of particular concern.

There has been a very slight numeric increase in the number of referrals from NHS Tayside by health professionals including Community Nursing, Consultant Psychiatrist, Clinical Psychologist, NHS 24, Diabetes Nurse and Tayside Alcohol Problem Service. Whilst it is encouraging that there have been referrals from a broader spectrum of NHS professionals, the increase numbers only 13 cases at this stage.

In February 2014 Police Scotland introduced the Interim Vulnerable Persons Database (iVPD) in Tayside Division. In respect of Police Scotland there has been a 91% increase in referrals, with numbers rising from 594 in 2010/12 to 1161 in 2012/14. Of the referrals made in the period 2012/14 only 6% resulted in adult support and protection activity (compared to 15% 2010/12). This would indicate that many referrals are being made which do not fit within the adult support and protection legislation and that the 'three point test' is not being applied. Furthermore, many of the referrals concern suicide prevention and repeat callers to Police.

Dundee's multi-agency Adult Support and Protection Committee, which includes Police representation, are undertaking a more detailed analysis of the reasons for this referral pattern, with a view to identifying any action required to make any changes to practice.

Significant work has been undertaken in Dundee in relation to Early Indicators of Concern in managed care settings. The aim of this work is to prevent more serious incidences of harm arising in these settings by identifying issues at an early stage. This work was undertaken in conjunction with Hull University and an operating procedure and staff training are now in place for social care staff and home care providers as a group in Dundee.

One important strand of adult protection work in Dundee is that related to **suicide prevention**. Suicide is a leading cause of death in Scotland among people aged 15-34 years, and services in Dundee work with a number of young people, who are deemed to present considerable risks to themselves and others through their own behaviour. Typically the behaviour that this can involve includes absconding and/or self harming, both of which can be very challenging for family members and professionals alike to address.

In 2013/14 training has been made available to Social Work staff to improve their knowledge, skills and strategies in managing such behaviours and reducing the risks to the young people or adults involved. This has involved ASIST (applied suicide intervention skills training) and SAFEtalk approaches.

The Tayside-wide guidance for all staff working with children and young people who attempt suicide or self harm has continued to be used in training with a broader range of staff in Dundee during 2013/14. This guidance gives information to workers on factors which can impact negatively on young people's mental health, on types of self harm, reasons why young people might self-harm, signs which may precede suicide, and advice on what action to take in the event of concern or incident.

In 2013/14 the multi-agency Joint Angus and Dundee Choose Life Steering Group was dissolved, and the work in Dundee is being remitted back to a locally established group which is in the process of being set up. The Dundee Suicide Prevention Action Plan sets out the main focus of work for the new Dundee Suicide Prevention Group. Performance related information on the outcomes of the group is not yet available, as the group is at the very early stages of forming. The financial expenditure for services and supports for suicide prevention continue to be monitored through partnership arrangements in Dundee.

At the same time appropriate resources have been identified, and a framework agreement has been put in place for a Tayside-wide Multi-Agency Suicide Review Group, which will have the responsibility for reviewing all suicides across the three Council areas.

## **8.2.2 Violence against Women (including Domestic Abuse) Services**

The protection of women, children and young people from all forms of violence (domestic abuse, sexual violence, sexual exploitation, human trafficking and forced marriage, honour based violence and female genital mutilation) is an important component of the Social Work Department's public protection role. The Department hosts the multi-agency Violence Against Women Partnership and is a key contributor to the delivery of the Violence Against Women Strategic Plan and Monitoring Framework 2011-2014.

Dundee City has the highest prevalence rate of domestic abuse of any local authority area in Scotland (1,608 incidents reported to the police per 100,000 population in 2009/10). Domestic abuse and sexual crime incidents recorded by Police Scotland (Tayside) showed that there were:

- 2,271 domestic incidents recorded within the Dundee City Council area in 2013/14, and 2,525 in 2012/13
- 338 sexual crimes reported to the police in 2012-13

Statistical information has been provided by local specialist support services (primarily based in the voluntary sector, such as Dundee Women's Aid). The figures show a trend over a number of years of increasing demand for support and protection services in the city.

For example, the Dundee Women's Rape and Sexual Abuse Centre (WRASAC) supported 350 women in 2013/14 and received 238 new referrals. Dundee Women's Aid also supported a total of 476 women and 113 children/young people, and received 394 new referrals over the same period. It is significant to note that for up to 40% of children on the Child Protection Register in Dundee, domestic abuse is a main reason for registration

In relation to domestic abuse (including forced marriage and honour based violence) a system of Multi-Agency Risk Assessment Conferences (MARAC) was introduced in April 2011. This provides a co-ordinated multi-agency response to very high risk adult victims of domestic abuse and aims to reduce risk and increase safety. The Social Work Department has supported this important development through the provision of practitioner input and administrative and chairing support. In 2013/14 the MARAC considered:

- 130 very high risk victims of domestic abuse (up from 101 victims in 2012/13 and 80 in 2011/12).
- 206 children and young people living in the households of high risk victims of domestic abuse (up from 140 children in 2012/13 and 99 children in 2011/12).

Other key developments in relation to work to address violence against women over the period 2013/14 included the achievement of Big Lottery funding awarded to the Multi Agency Independent Advocacy Project, a partnership between Dundee's Barnardo's and Women's Aid, whose role it is to provide a specialist advocacy service for high risk victims of domestic abuse.

The new Scottish Government/COSLA strategy: Equally Safe aimed at preventing and eradicating violence against women and girls was launched earlier in 2014. The DVAWP has agreed to review the current Dundee Violence against Women Strategy, taking account of the new Equally Safe strategy.

### 8.2.3 Multi-Agency Public Protection Arrangements (MAPPA)

The Management of Offenders etc. (Scotland) Act 2005 introduced a statutory duty on Responsible Authorities i.e. Local Authorities, Scottish Prison Service (SPS), Police and Health, to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders and restricted patients) who present a risk of harm to the public. The responsible authorities are required to keep the arrangements under review and publish an annual report.

The introduction of Multi-Agency Public Protection Arrangements (MAPPA) across Scotland in April 2007 introduced a consistent approach to the management of offenders, and the operation of MAPPA in Dundee is now well established.

Figure 25 gives information about the number of offenders managed through MAPPA arrangements in Dundee as reported in the Tayside MAPPA Annual Report 2013-2014.

**Figure 25: Number of Registered Sex Offenders**

<b>Number of Registered Sex Offenders managed by MAPPA</b>	<b>on 31/03/2011</b>	<b>on 31/03/2012</b>	<b>on 31/03/2013</b>	<b>on 31/03/2014</b>
<b>Total number</b>	153	152	136	141

The report to the Social Work and Health Committee in October 2013 (Report No: 416-2013) summarises the sixth Annual Report on arrangements for managing high risk offenders across Tayside for the period 1 April 2012 - 31 March 2013.

Further information regarding the contribution of Criminal Justice Social Work Services to MAPPA in Dundee is included at Paragraph 8.2.8 below.

#### 8.2.4 Mental Health Officer Services

The Mental Health Officer (MHO) service undertakes assessments under three key pieces of legislation: the Mental Health (Care and Treatment) (Scotland) Act 2003; the Criminal Procedures (Scotland) Act 1995; and the Adults with Incapacity (Scotland) Act 2000. The specific duties of MHOs under relevant legislation are as follows:

- Provision of independent assessments regarding detention of individuals against their will
- Consideration of alternatives to detention in hospital
- Preparation of social circumstances reports for courts and mental health tribunals
- Application for Compulsory Treatment Orders
- Provision of advice and support to workers in the wider department regarding the complex interaction of mental health and incapacity legislation, and in adult protection cases where mental disorder is a feature
- Provision of MHO reports to accompany welfare guardianship applications.

#### 8.2.5 Mental Health (Care and Treatment) (Scotland) Act 2003

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances. Figure 26 below shows the number and type of orders made in Dundee during the year ending 31 March 2014, and comparison with the same figures for the year up to 31 March 2013, 31 March 2012 and 31 March 2011.

**Figure 26: Number/Type of Detention Orders made in 2013/14**

Type of Order	Total at 31/3/11	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.2014
Emergency detention in hospital (up to 72 hours)	84	109	111	62
Short term detention in hospital (up to 28 days)	134	160	155	126
Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) – these orders may be community or hospital based	44	67	40	33

These figures demonstrate a reduction in the number of orders made, however it is noted that a new service, The Crisis Resolution and Home Treatment Service, has been in place for at least 6 months of the period being reported. It has been concluded that it is more than likely this is having a positive effect on the number of cases the MHO Team are becoming involved with, and that this accounts for the identified drop in referrals in 2013/14.

In this reporting period 42% of Social Circumstances Reports were provided following short term detention. Although this figure is still above the Scottish national average, it represents an overall decrease over the past 3 years in Dundee (41% in 2012/ 2013, 52% in 2011/2012, and 57% in 2010/2011). Nevertheless this continues to represent an area of significant activity

for MHOs, given that an MHO must be actively involved with service users where there are compulsory measures in place and provide reports following detention.

The MHO Review planned to be completed during period 2014/2015 will review the implications of this data in terms of trends and impact on MHO workforce capacity.

### 8.2.6 Criminal Procedures (Scotland) Act 1995

There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The legislative requirements relating to these are critical and complex.

If an individual has been involved in a criminal offence, but was suffering from a mental illness at the time, the court has the power to ensure the person receives care and treatment under the Mental Health Act. AN MHO will contribute to the assessment of the person and provide reports to court.

If an individual is convicted of an offence, for which the punishment is imprisonment, instead of imposing a prison sentence, the court may detain the person in hospital using a Compulsion Order, or impose strict conditions, which would allow the person to receive treatment, while living in the community.

If the Court makes an individual subject to a Compulsion Order, it can also add a Restriction Order, if it considers this necessary. This will restrict the person's movement to the extent that s/he may not be transferred to another hospital or be granted leave from the hospital without the consent of Scottish Ministers. It also means that the measures authorised in the Compulsion Order last without limit of time or until a Tribunal cancels the Restriction Order. These orders require a very high level of monitoring and supervision, including regular MHO reports to the Scottish Government.

The figures for Dundee for individuals subject to these measures at 31 March 2014, alongside the same figures for the past 3 years, are shown in Figure 27 as follows:

**Figure 27: Criminal Procedures (Scotland) Act 1995**

Type of Order	Total at 31.3.2011	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.2014
Compulsion Orders with Restriction Order	18	18	16	15
Assessment Orders	1	6	1	7
Treatment Orders	N/A	0	0	3
Transfer for Treatment Direction	N/A	2	0	0

These statistics highlight an overall increase in the MHO activity under this Act. Although the number of Compulsion Orders with Restriction Orders has marginally decreased, the number of Assessment and Treatment Orders has increased. This trend will be monitored over the next period to determine if this is a continuing trend and to identify the reasons. The MHO Team continue to work in partnership with NHS Tayside to ensure effective risk management arrangements are in place for each person subject to these Orders.

### 8.2.7 Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare, and managing the finances and property of, adults (age 16 and over) who do not have capacity to act or to make decisions for themselves, because of mental disorder or inability to communicate due to a physical condition. Inability to make such decisions is usually the result of a learning disability, acquired brain injury or dementia. This legislation allows other people to make decisions on behalf of such adults, subject to safeguards.

When a person over the age of 16 is deemed unable to make decisions to safeguard his/her welfare and/or property or finances, the local authority has a duty to carry out an assessment of the needs of that individual, and must make a decision as to whether some other party should be given the legal authority to make decisions on behalf of the person. Decisions might include: where the adult will live, including the possibility of a care home; and what community care and/or health services should be provided. Welfare Guardianship Orders are often used to allow the provision of care to which the adult cannot consent and/or to help protect them from others who put them at risk.

Any person with an interest in an individual's welfare, including a family member, may make an application to the Court to be appointed as a private Welfare and/or Financial Guardian. If the need for guardianship is established and no interested person is willing or able to take on the role, the local authority has a duty to make an application for the CSWO to be appointed as Welfare Guardian. The local authority also has to make applications for financial guardianships, although the CSWO cannot be the appointed guardian in such cases.

An MHO report must accompany any application for welfare guardianship, whether the application is made by a private individual or the local authority. The purpose of the report is to comment on the need for the order and the suitability of the proposed guardian to carry out the role. The CSWO is required to ensure both advice and supervision of all private Welfare Guardians in the discharge of their functions. Supervision requires an officer of the local authority to meet with both the adult and Welfare Guardian at least once every six months. Figure 28 reflects the number of new guardianship orders made in 2013/14, compared with those made in 2012/13 and 2011/12 and 2010/11.

**Figure 28: New Orders made 2013/14 under Adults with Incapacity (Scotland) Act 2000**

Type of Order	Total at 31.3.11	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.14
Local authority welfare guardianship	22	36	35	38
Private welfare guardianship	46	63	68	65
<b>Total welfare guardianship</b>	<b>68</b>	<b>99</b>	<b>103</b>	<b>103</b>

These figures indicate that the demand for guardianships continued to be at an extremely high level in Dundee in 2013/14. However, despite the high volume, the majority of applications for Guardianship, both private and local authority, are granted within 2 months. Mental Welfare Commission data highlights that Dundee sustains the highest volume of applications in comparison with Perth & Kinross, Angus, West Lothian, Aberdeen City and Falkirk, and one of the highest rates of applications granted in 2 months.

The continuing high volume of applications has a corresponding impact on the number of supervisors required to undertake statutory supervision of private Welfare Guardians, and the day to day guardianship duties where the CSWO is formally designated as Guardian. In Dundee, the MHO team and all Community Care teams are responsible for enacting these guardianship arrangements, alongside other statutory duties. It is recognised that this continuing high workload volume has workforce capacity implications for Community Care, and this issue will also be considered as part of the MHO Review.



## 8.2.8 Offenders Subject to Statutory Supervision

In 2013-14, the statutory functions of Dundee's CJS, including the provision of court reports, and the supervision of offenders on community sentences and on release from prison, continued to be delivered.

Following a 30% increase in sentences involving a supervision requirement in 2012-13, there was a 9% decrease in 2013/14. Overall, since Community Payback Orders (CPOs) were introduced, the number of cases involving a supervision requirement has increased, and staff have been supported to deliver proportionate interventions which reflect the research into what works in reducing crime, mirror the guidance in National Outcomes and Standards for CJSW, and make best use of available resources. Funding has also been prioritised towards core service provision.

Figure 29 shows the number of offenders in Dundee who have been made subject to statutory supervision orders during 2013/14, by type of order, as compared with the number of orders in the past three years.

**Figure 29: Offenders in the Community Subject to Statutory Supervision**

Type of Order	New Orders 2010/11	New Orders 2011/12	New Orders 2012/13	New Orders 2013/14
Community Payback Orders	18	372	658	670
Community Service Orders	235	114	22	2
Probation Orders	270	118	20	2
Supervised Attendance Orders	250	173	65	28
Drug Treatment and Testing Orders	17	16	25	9
Bail Supervision	30	28	40	62
Throughcare in community e.g. life licence, parole, non parole, extended sentences etc.	40	58	34	35
<b>Total No. of Open Statutory Cases in the Community at:</b>	<b>31st March 2011</b>	<b>31st March 2012</b>	<b>31st March 2013</b>	<b>31st March 2014</b>
	963	946	1059	999

Analysis of the above figures for statutory supervision in Dundee shows that the total number of open statutory cases in the community has remained broadly the same since the CPO was introduced. However, the CPO has now virtually replaced all other community sentences as a single, composite sentence, and the Sheriffs have used it for a range of up to 9 separate requirements. The Sheriffs have also more frequently requested formal reviews, involving the preparation and submission of a further Court Report. The fall in the number of DTTOs is believed to be associated with a combination of easier access into mainstream substance misuse treatment and targeted CJS social work assessments, for which further training is being provided.

Other key Community Payback performance and workload indicators for 2013/14 include:

- 89% of offenders attended their first appointment within 1 working day of sentence (compared with 90% in 2012/13)
- 59% of offenders started unpaid work within 7 days (55% in 2012/13)
- 75% of offenders successfully completed orders (71% in 2012/13)
- 491 orders with unpaid work were imposed in 2013/14 and 36,291 hours were completed, this being a drop from 2012/13 figures when 554 orders were imposed and 40,008 hours were completed.

- 60 CPOs were subject to a substance misuse requirement of drugs or alcohol; this has remained consistent with figures for the previous year. In addition 9 DTTO orders were imposed showing a decrease on the 2012/13 figures of 23 orders.
- 23 service users were subject to CPOs with a requirement to attend Domestic Violence Groupwork Programmes; this was an increase of 65% on 2012/13. In 2013/14 there was an 86% completion rate and an increase on the 2012/13 figure of 83%.
- 26 Dundee service users in 2013/14 were subject to the Community Sex Offenders Groupwork Programme (CSOGP) either as part of a CPO or Statutory Throughcare; this compares with 22 orders in 2012/13. The CSOGP is delivered as a partnership project.

The CJS Public Protection Team (PPT) currently supervises all statutory throughcare of long-term prisoners serving more than 4 years, as well as all sexual and violent offenders subject to post custodial supervision requirements. The PPT is responsible for the assessment and preparation for release of such offenders while they are in custody, as part of statutory throughcare arrangements. Figure 30 gives the number of offenders who are/or will be subject to such statutory supervision on release.

**Figure 30: Offenders in Prison who will be subject to Statutory Supervision on Release**

<b>Throughcare in Prison</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Number of New Admissions	68	73	39	78
	<b>31.03.2011</b>	<b>31.03.2012</b>	<b>31.03.13</b>	<b>31.03.14</b>
<b>Total Number of Open Cases</b>	114	136	141	157

These figures indicate that the number of new throughcare in prison cases has remained broadly the same, although the total number of open throughcare cases has increased in 2013/14.

CJS also provides Voluntary Assistance and Resettlement for short term prisoners. There were 304 cases for 2013/14, an increase on 2012/13 figures which totalled 257. This was mainly due to the impact of the Community Reintegration pilot with HMP Perth for adult males referred to above at Para 7.2.8.

In addition to providing the statutory post custodial supervision noted earlier, the PPT also assess and manage registered sex offenders who are subject to community and post custodial supervision requirements. This is in line with the jointly established Multi Agency Public Protection Arrangements (MAPPA) in Dundee, described at Paragraph 8.2.3 above.

## FINANCE

**9.0** In Dundee, as well as in other local authorities across Scotland, local government funding continues to be under severe pressure. As evidence has shown throughout the Performance and Statutory Functions of this report, the demand for Social Work services in particular is also increasing at this time of sustained financial constraint.

In recognition of these challenges, as in previous years, Dundee City Council's 2013/14 budget setting process was informed by a comprehensive projection of the demand lead pressures facing Social Work, with a main focus on pressures facing Adult Care and Older People's services, in addition to Family Placement services within Children's Services. This resulted in an additional £4.295m being invested in Dundee's Social Work budget in 2013/14 to reflect budget pressures.

Despite this additional investment, the Social Work Department was still required to make financial savings elsewhere in 2013/14. The main focus of the savings was a reduction in payments to third party service providers and a reconfiguration of the Council's secure unit for young people to become a residential resource. The value of these direct savings was approximately £1.3m.

During the 2013/14 financial year, Dundee City Council placed fewer children in external residential or secure care, leading to a considerable reduction in expenditure within this budget, and a resultant underspend of approximately £1m. In addition, with the additional investment in the budget for continued pressures around family placement, the actual expenditure for family placements was within budget for the year.

Within Adult Care, there was slippage in the development and procurement of accommodation based services which were planned to meet demand led pressures. This contributed greatly to an underspend in the 2013/14 budget of approximately £1m in adult placements. At the same time however, within Older Peoples services, pressures around free personal care payments for nursing and residential placements resulted in an overspend of over £600k.

Overall the Social Work Budget for 2013/14 was underspent by approximately £2.4m. However a number of pressures remain and are predicted to continue to remain in the immediate future.

In particular, financial planning with partners in Health continues to take into account the challenges of meeting the needs of an increasingly frail older people population, with a planned shift in resource from higher cost nursing and residential care to home based care, housing with care and other community based preventative services, as reflected in the local Reshaping Care for Older People Plan that is partly funded through the Older People's Change Fund. The development of these services will contribute greatly to meeting the Government's delayed discharge targets for Health and local authority partners.

One area of emerging pressure is within "older" adults with a disability who are transitioning from Adult Care to Older People's services, often with expensive care packages. Given the increasing pressures within Older People's services, this additional cost pressure will be taken into account in future budget planning.

Within Adult Care, financial planning is taking into account the effect of young people moving through transitions to Adult Care, with a growing number of children with a disability, and autism in particular, being reflected in projections of current and future resource requirements.

In addition, there is continued pressure to develop and purchase appropriate services to meet the needs of people with a disability who are currently cared for in hospital, as well as an increasing number of people with mental health needs, and those with substance misuse issues. Further investment has been made by Dundee City Council in the Department's 2014/15 revenue budget to reflect these pressures.

Within Children's Services, pressures remain around Family Placement services, and in particular the need for permanent placements. The task of increasing the recruitment and retention of Dundee City Council in-house foster carers has been established as a priority in Children's Services, with a recruitment campaign already underway.

The Department continues to monitor the impact of Welfare Reform on its service users, with those adults and families who are significantly affected by these changes. Whilst at this stage of the Welfare Reform programme there is no demonstrated significant impact on social care services locally, risks remain around the impact of the migration from Disability Living Allowance (DLA) to Personal Independence Payments (PIP). The Department's Welfare Rights Service is assessing this impact on Social Work service users in particular.

## CONTINUOUS IMPROVEMENT

**10.0** Social work services are subject to a range of external scrutiny and inspection processes, in addition to the quality assurance and self-evaluation activities that take place within individual areas of Social Work services, and on a Departmental, Council and multi-agency basis in Dundee. This section provides information about the broad range of such external scrutiny and internal self-evaluation activities in which Dundee City Council's Social Work Department was involved in 2013/14.

### **10.1 External Scrutiny, Regulation and Inspection**

The range of social care services provided in Dundee is subject to external regulation and inspection by the Care Inspectorate, as are all such services across local authorities in Scotland. These services include:

- Residential adult services
- Residential children's services
- Care at home
- Housing support
- Fostering and adoption services
- Adult placement services
- Day services for adults
- Day services for older people
- Throughcare and aftercare services
- Care at home, enabling, short breaks and play schemes for children with a disability

Such services are provided either directly by the Social Work Department or are purchased from a range of providers in the private and third sectors in Dundee.

### **10.2 Inspections of Regulated Care Services**

The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. As a regulatory authority the Care Inspectorate ensures that care service providers meet their respective National Care Standards and that in doing so they provide quality care services. The Care Inspectorate uses a six point grading scale, against which certain key themes are graded. The grades awarded are published in inspection reports and on the Commission's website.

On 23 June 2014 a report on Registered Care Homes for Adults was presented to the Social Work and Health Committee (Report No 257-2014) summarising the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults in the period 1 April 2013 to 31 March 2014.

In the report it was noted that there are currently 905 Dundee citizens accommodated in 27 private and voluntary care homes and 5 local authority care homes in Dundee. The service user group numbers are: 829 Older People; 31 Learning Disability; 33 Physical Disability, 9 Community Mental Health Team and 3 Drug and Alcohol Services.

During the reporting period 2013/14 the Care Inspectorate carried out 45 inspections of care home services in Dundee. 76% of registered care homes in Dundee were assessed by the Care Inspectorate as providing good, very good or excellent services (grades 4, 5 and 6), 21% as providing adequate services (grade 3) and 3% as providing weak services (grade 2). No service was assessed as being unsatisfactory (grade 1).

These results for the year 2013/14 were benchmarked against those awarded to Dundee care homes in the year 2011/12, the previous year 2012/13 and all registered care home services in Scotland in the year 2012/13. The results show that the gradings for all key themes for 2013/14 compare very favourably with the gradings in the year 2011/12, compare favourably with the gradings in the previous year 2012/13, and comparatively with the gradings across Scotland for 2012/13.

The report notes that requirements were placed on 10 of the 32 services following inspection by the Care Inspectorate covering a range of issues relating to the health, welfare and safety of service users. Action plans were drawn up setting out the actions the services would take in response to these requirements. It is also noted that during 2013/14 there were 12 complaints to the Care Inspectorate relating to 7 of the 32 care home services in Dundee. All of these complaints were upheld by the Regulator.

Details are provided in the report of the work which is ongoing to continuously improve the quality of care services in Dundee. The report outlines a number of supports and services that are in place in Dundee to promote service improvement and outcomes for service users in residential care homes. These include supports from the Care Home Liaison Team and the Psychiatric Liaison Team, as well as advice, guidance and training available from relevant partners on the identification and reduction of the risk for services users associated with such areas of harm as falls and financial abuse.

Further information regarding these supports and services, and the partnership approach adopted to quality improvement in residential care services in Dundee is included at Paragraph 10.3 below.

The skills service and residential respite services provided at the **Mackinnon Centre** for people with physical disabilities and sensory impairment were inspected by the Care Inspectorate in February 2014. As shown in the report to the Council's Scrutiny Committee in April 2014 (Report No: 187-2014) Good grades were awarded in four quality themes encompassing Care and Support, Quality of Environment, Quality of Staffing and Quality of Management. Under the Leadership theme the award given was Grade 5, Very Good.

Key services in Children's Services, such as residential care homes for young people, and the Department's Fostering and Adoption Services, are also the subject of regular inspection by the Care Inspectorate. During August 2013 the Care Inspectorate undertook announced, low intensity inspections of both the **Fostering and Adoption Services** in Dundee

The Fostering Service and the Adoption Services both received the same grades: Very Good for Quality of Care and Support, and Good for both Quality of Staffing and Quality of Management and Leadership. In its' report (details below) the Care Inspectorate noted a number of areas in which the services performed very well.

The report on the Adoption Service commented positively on the family finding and recruitment activities that Dundee undertakes on its own and in conjunction with neighbouring authorities, local and national organisations, to improve the availability of suitable adoptive families. The report also noted the systems that were in place to support permanence planning and reduce drift, a priority area for the Scottish Government.

The Fostering and Adoption Services were also reported as having very good arrangements in place to ensure that the health and wellbeing needs of children, foster carers and adopters are met. The inspectors noted the effectiveness of the Fostering Panel and the significant quality assurance function it fulfils within the Department. The report to the Social Work and Health Committee (Report No: 35-2014) in January 2014 provides additional detail.

Dundee's CJS also received good grades for the service provided at East Port House, the Council's Offender Accommodation Service. In March 2014 the Care Inspectorate visited and rated the standard of care provided, as Very Good overall across the areas that were the subject of inspection. The report to the Scrutiny Committee in June 2014 (Report No: 226-2014) provides more detailed information about the findings from this inspection of East Port House.

### **10.3 Quality Assurance of Purchased Services**

In 2013/14 Dundee City Council's Social Work Department had 192 contracts with 105 suppliers of social care services. Of these, 140 are involved in the supply of regulated

services, ranging from residential care to Care at Home. The remaining 52 contracts are for unregulated services, such as lunch clubs, advocacy services, befriending, and family support services.

These figures show an increase on those for 2012/13 when there were 187 contracts and 102 suppliers involved, reflecting a pro-active approach being taken within the Department to the review and development of increased flexibility and diversity in the social service market to meet the range of presenting need in Dundee.

To promote quality in the care services being provided or commissioned by the Department, there continues to be a joint commitment to continuous improvement which involves the care service providers, the regulator (Care Inspectorate) and the Social Work Department. A range of processes are in place to support this improvement, including regular meetings between officers of the Department, individual care service providers and any other relevant parties who have a contribution to make to supporting quality improvement for the service users of the care services involved. In addition Council officers attend Care Inspectorate feedback sessions following inspection visits.

At the same time older people's care needs are monitored and reviewed on a planned basis by the Department's review officers, who also undertake extra-ordinary reviews where there are concerns either about individuals or establishments. Where there is evidence of poor quality and performance, the Head of Community Care Service meets with providers to discuss proposed actions to make improvements and to agree how the Department can support these actions. This action was only required on 1 occasion in 2013/14 and resulted in a marked improvement in the quality and performance of the care home involved.

In Dundee work with partner providers continues through established provider forums, which promote shared visions for service areas, facilitate the sharing of good practice and set a foundation for future strategic and commissioning change. These forums are organised at both a care group level and at a functional level (Care Home Providers Forum, and Care at Home Providers Forum). While predominantly led by Social Work Managers, the Learning Disability Forum of providers, which includes external and internal representatives, is facilitated by ARC (Association for Real Change) Scotland. These forums provide an opportunity to consider the changes required through Self-directed Support.

For care home providers as a group, regular learning network events are also held covering a range of subjects. In 2013/14 these events covered such issues as falls management. Planning also took place for a workshop to be held in 2014/15 to address the legal issues and challenges facing care home providers.

In 2013/14 one significant area of development was the work with care home providers to embed the use of the Early Indicators of Concern Tool, which was developed through a research project in which Dundee City Council Social Work Department were involved with Hull University. This tool helps raise awareness of the 'low level' indicators of concern which may, if unresolved, affect the safety and well being of service users in residential care settings. A guidance document and recording system has been developed for staff working in care homes to encourage a more consistent approach and early intervention to collective concerns within care homes.

One of the other key activities involved in the quality assurance of purchased services is contracts monitoring. This process is co-ordinated by the Department's Contracts Service, in partnership with the designated Departmental lead officers for each service. A comprehensive contractual framework is in place and lead officers meet regularly with providers to manage and support the delivery of procured services. There are various methods used for the monitoring of contracts with care providers including:

- Monitoring meetings with all relevant stakeholders
- Visits to providers, with the frequency of visits related to service performance
- Formal monitoring reports submitted to monitoring fora
- Review by the Council's Scrutiny Committee

Through a combination of the above activities active oversight of purchased services is an ongoing process which allows Social Work Managers to identify and respond timeously to any issues regarding the quality of services being provided. The contracts liaison meetings, which take place with providers on a minimum 6 monthly basis, also allow the opportunity to keep under active review the focus, targeting, and uptake of each service to ensure that it continues to meet the specified needs for which each service has been purchased.

Towards the latter months of 2013/14 work was taken forward to build further on the strong partnerships Dundee City Council has developed with both independent and voluntary sector partners. The aim is to work in partnership to agree a mutually acceptable process for future commissioning arrangements between Dundee City Council and the voluntary sector in Dundee. Representatives from Dundee's Third Sector Interface (voluntary sector partnership) jointly lead these strategic planning processes, and it is expected that the Council and its third sector partners will benefit from clearer outcomes focussed commissioning arrangements in the future, when the work of the group has reached agreement regarding a proposed model of working for implementation.

#### **10.4 Complaints**

The Council's Social Work services are required by statute to report annually on complaints from service users and their carers.

The Social Work complaints procedure currently has up to four stages. The first stage deals with the informal or Level 1 complaints, which can usually be resolved at the point of service delivery. If a complainant is unhappy with the outcome of the investigation, it can be escalated to Level 2 of the procedure. Investigating officers who are not deemed to be part of the complaint are assigned the complaint by the Head of Service to investigate and to resolve directly with the complainant.

This level requires a more in-depth investigation, and serious complaints are always investigated at Level 2. If the complainant remains dissatisfied, the Director of Social Work reviews the complaint (this stage can be bypassed at the complainant's request). The next stage, if requested, is a hearing by the Complaints Review Committee of Dundee City Council.

Complaints received at Level 1 are required to be acknowledged within 5 days and have a response within 14 days. Level 2 complaints have to be acknowledged within 5 days and a response within 28 days. These timescales can only be extended under exceptional circumstances and by mutual agreement. The Complaints Review Committee concludes reviews in 56 days.

The following information regarding complaints received and responded to within 2013/14 is included in this report to meet these statutory reporting requirements.

The Social Work Department received and responded to 79 complaints from 1<sup>st</sup> April 2013 until 31<sup>st</sup> March 2014.

Of the 79 statutory complaints received, 28 (31 in 2012/13) related to Children's Services, 38 (19 in 2012/13) to Community Care, and 9 (6 in 2012/13) to Criminal Justice Services. The 4 remaining complaints involved financial charging for services and therefore related to Social Work's Finance Department.

Of the total of 79 statutory complaints recorded, 4 were received from repeat complainers regarding the same issues.

Of the total complaints received in 2013/14, 24 (33%) were upheld (as compared with 35% in 2012/13), whereas 40 (55%) were not upheld (65% in 2012/13) and 15 complaints were partially upheld.



There were 2 complaints progressed to the Complaints Review Committee or the Scottish Public Services Ombudsman during 2013/14.

Completion target timescales for investigation of complaints (set by procedures or agreed with complainant) were achieved in 75% (90% in 2012/13) of cases.

Figure 31 shows a breakdown of the reasons for the 79 statutory complaints being raised with the Department in 2013/2014.

**Figure 31: Statutory Complaints by Reason for Concern**

Attitude, behaviour or treatment by a member of staff	35
Delay or failure to respond to a query or request for service	7
Failure to provide a service	12
Failure to meet our service standards	8
Failure to follow the proper administrative process	2
Dissatisfaction with our policy	14
Refusal to give advice or answer questions	1
<b>TOTAL</b>	<b>79</b>

The Social Work Department continues to show a relatively small number of formal complaints, when it is considered that there is contact with over 9000 service users, often delivering services under difficult circumstances. Most complaints are not upheld, but the Department continues to try to improve the approach to customer satisfaction, as most complaints, even if not upheld, demonstrate at least some perception of user dissatisfaction.

The Scottish Public Services Ombudsman (SPSO) has developed a simplified complaints handling procedure for the public sector across Scotland. However this applies to corporate complaints, and not Social Work statutory complaints. There is currently ongoing discussion nationally about how these changes will affect Social Work services, and Social Work Scotland, as the leadership organisation for the social work profession in Scotland, will provide advice in the near future about the procedures Social Work services need to put in place locally. The Social Work Department in Dundee has been preparing for this change by developing an electronic complaint recording system to reduce paperwork and improve monitoring.

## **10.5 Scrutiny and Self-Evaluation Activities**

There is a wide range of scrutiny and improvement activity that takes place at different levels within the Council and the Social Work Department each year.

### **10.5.1 SOA**

On an annual basis the Department provides statutory performance measures for publication. Performance is reported quarterly to the Council's Scrutiny Committee through a combination of information provided through the Council's performance database and statutory performance indicators measured by a 'traffic light' reporting system.

In 2013 a decision was taken by the Council's Chief Executive and senior managers that a more robust and consistent approach should be applied to self-evaluation to improve strategic planning activities across the Council. It was decided therefore to adopt the use of Balanced Scorecard Strategy Maps and Key Performance Indicators (KPIs) as a framework to be used by all strategic planning groups.

Since then this approach has been taken forward by those in the Protecting People network. Earlier in 2014 the Protecting People Lead Officers began the work with others to support the development of Balanced Scorecards within each of their strategic groups and to assist in focusing their priorities for protecting people activities. The Care and Protection Chief Officer Group are actively promoting and supporting this approach and the work of these groups which is continuing into 2014/15.

### 10.5.2 Departmental Service Plan

Yearly the Department also reports to the Social Work and Health Committee on the progress of actions contained in the Social Work service plan, which highlights areas of achievement, along with areas requiring remedial action on progress. Committee Report No: 373-2013 provides performance information for the six month period January – July 2013.

### 10.5.3 Multi-Agency Self-Evaluation Activities with Partners

In 2013/14 planned self-evaluation activity at a case work level took place, involving key Social Work Managers and relevant partners in other agencies.

In relation to the public protection arrangements in place in Dundee, a multi-agency **Protecting People Self-Evaluation Group** are now responsible for the planning, development and oversight of single and multi-agency self-evaluation activity across children's and adult Protecting People services. These arrangements locally reflect the developments that have taken place nationally to bring together the models and methodology for scrutiny carried out by external bodies such as the various inspectorate and regulatory bodies in Scotland.

Amongst the responsibilities for which this Protecting People group are responsible are the tasks of:

- Ensuring that all single and multi agency self-evaluation activity is aligned to the self-evaluation framework and the priorities agreed through strategic planning
- Proposing programmes for self-evaluation, including recommendations on the areas of activity/quality indicators to be focused upon at any given time.

### 10.5.4 Multi-Agency Self-Evaluation Activities with Partners - Children's Services

In Children's Services the annual **CCPC case-based self-evaluation** was undertaken in November 2013. This exercise demonstrated continued improvement in key areas of child protection practice and showed that the improvements noted by the Care Inspectorate in November 2012 now seemed to be well embedded into practice.

Those involved in this case-based audit concluded that initial responses to concerns were very good to excellent. They also found decision-making to be very good, the quality of plans for children was good, and the participation of children and family members in key processes was good to very good.

In terms of improvements still required, the report noted that whilst progress had been made on reducing the frequency of staff changes in working with a family, this still needed to be better. The report also called for more to be done to embed reflective supervision into front-line practice, and to support service users in expressing dissatisfaction with services and in accessing information provided on how to make complaints, should they wish to do so.

Earlier in 2014 Social Work Managers became involved in work which is ongoing within Integrated Children's Services (ICS) to undertake an evaluation of the role and impact of ICS, using the Care Inspectorate's Quality Indicators Framework. Based on the Performance Improvement Model (PIM) the new version of the Quality Indicators will allow all the agencies involved to evaluate the effectiveness of services being provided to improve outcomes for children, young people and families through Dundee's existing ICS commissioning framework. This work will inform a high level scan of ICS work across the city and will identify where improvements are required.

### 10.5.5 Multi-Agency Self-Evaluation Activities with Partners- Adults and Older People Services

A similar exercise to that being undertaken in ICS has been planned for Adult Services to begin in September 2014 with staff in Dundee's Community Care Services. This work will look

at the Care Inspectorate Quality Indicators for Adults and Older People's services, including adult support and protection services, and will adopt a similar pattern of facilitated work with commissioning groups across Community Care Services.

Within adult support and protection the annual **ASP case based self evaluation** undertaken at the end of 2013 showed better recording of information meetings/action plans, clearer links evidenced between meetings and review of actions, improved recording of service users being advised of their rights under Adult Support and Protection, and evidence to demonstrate service users being more fully involved in the whole process. The three areas highlighted as requiring improvement were increasing use of independent advocacy, a clear 'dispute resolution' process to be put into place and an improved process around the 'assessment of capacity'. An improvement plan has been put in place to cover these issues.

As described at Paragraph 7.3.8 above in the Performance Section, the **Alcohol & Drugs Review** undertaken by Dundee's ADP began in September 2013 and incorporated a week long multi-agency Improvement Event (2nd-6th Dec 2013) designed to develop a change plan that includes specific actions for implementation. Following this a number of projects have been developed and are currently being tested.

There has been overwhelming support for the various projects and the new ways of working that are currently being tested. The Social Work staff and other partners, who are directly involved in implementing the changes, are increasingly enthusiastic about the potential of these different ways of working. The creation of multi-agency teams (part of the Albert St. and Cairn Centre tests) to undertake joint planning and deliver joint interventions has, so far, progressed successfully and there are clear benefits already identified for individuals in recovery.

The **Dundee Violence Against Women Partnership** undertook a self-assessment exercise in 2013 which provided a comprehensive evidence-based picture of partnership work to address Violence Against Women. The exercise highlighted many successes and identified improvement actions which will be used to inform further strategy development, within Dundee's Protecting People framework.

The DVAWP is progressing with the work to produce Balanced Scorecards and Key Performance Indicators which when complete will provide robust monitoring and evaluation data for strategic planning in Dundee.

A sub-group of the **Joint Mental Health Strategic Planning Group** in Dundee carried out a benchmarking exercise against the thirty six commitments set out in the Mental Health Strategy for Scotland 2012 – 2015. Information derived from this exercise has been shared with the joint Dundee Mental Health Strategy Planning Group and will form the basis of the Strategic and Commissioning Plan for adults with a mental health need.

## 10.6 Departmental Self-Evaluation Activities

Within the Department there is a range of improvement activity that takes place which ranges from: day to day quality assurance at a local level by managers of services; through regular reflective practice in supervision and team meetings, employee and team development plans and performance management; to broader self evaluation activity, involving practitioners and service users, which takes place on a less frequent, but more planned, focussed and targeted basis.

Such key self-evaluation and improvement activities include the following for 2013/14:

- Reviews of service user needs and outcomes, taking place as part of everyday case work across the Department.
- Case file audit programmes, involving the review of samples of case files.
- Management scrutiny of datasets focusing on key performance indicators for each service area.

In addition a number of staff surveys were carried out by the Council in 2013, including the Employee Survey, Employee Stress Survey and an Organisational Culture Survey. The Social Work results for these three surveys were analysed against the Council results and an action plan developed for the Department.

Analysis of these findings showed that the Department continues to be viewed positively, and performance in relation to a number of questions is higher than the Council average. Responses show that staff within the Social Work Department feel they are given more opportunities to learn and develop compared to the Council average and that they receive the right training to do their jobs. Staff are more positive about job security, with the feeling that their employment is more secure than it had been previously. Additionally, more staff feel they are able to access their managers, and that their managers listening to them, than previously in 2010.

However, there is a concern that fewer staff feel valued by the Council, or that the Council is a caring and supportive employer. It remains unclear as to the reasons for these latter results, but it is noted that the ratings by staff across the Council have reduced considerably since 2010 across all these themes, and therefore it can be concluded that Social Work staff are not alone in reflecting these views.

#### **10.6.1 Children's Services**

The practice and decision-making in the Department's Children's Services related to individual children is examined critically on a day to day basis through such internal processes as the Fostering Panel, the Adoption and Permanence Panel and Looked after Child Reviews. There are also robust external processes provided through Children's Hearings and Court processes. This includes the scrutiny applied by Safeguarders and Curators appointed on a case by case basis by Children's Hearings and the Courts, where appropriate.

In the early part of 2013/14 a review of the Child Protection Case Conferences processes in Dundee was undertaken, and a range of improvement actions were brought forward and implemented in Social Work's Children's Services in the course of the reporting period. Such actions included those which were aimed at improving: the involvement of children, young people and parents in child protection processes; the streamlining of the processes to reduce duplication for families and professionals; and the focus on risk, needs, protective and resilience factors; as well as the focus on outcomes and the active use of the Child's Plan within child protection processes.

Also in the early part of 2013/14 an evaluation of the service being provided by the Looked After and Accommodated (LAAC) Child Review Team was completed to identify the range of capacity issues and other factors that were impacting both on the efficiency and effectiveness of the Team, and on the outcomes for the children and families who are the subject of the review processes for which the Review Team have responsibility. From this work a range of actions were identified which were taken forward by the Team. These actions addressed the capacity issues being faced by the Team, improved practice standards and care planning activities for children, and maximised the use of all the resources available to the LAAC Review Service.

Following the completion of each of these separate reviews in 2013 it was recognised that the meetings system and processes in place in Dundee are not wholly GIRFEC compliant, do not make use of the collective resources invested in them in the most efficient and effective way, and do not engage and involve children and parents in the planning and decision making processes that affect their lives in a way that promotes best outcomes for the children and families involved.

A decision was made therefore by the CPCC and the ICS Joint Management Team that work should be undertaken to bring forward proposals for the development in Dundee of a Single Planning System and Child's Meeting Process for children and young people who are looked after and accommodated, are on the Child Protection Register, and/or are the subject of Co-ordinated Support Plans. The plans for this work were carried forward into 2013/14 for action.

The overarching aim of this proposed development is to give expression in Dundee to the GIRFEC principles through the way in which we integrate systems and processes around the individual child and family, and empower them to assume a more central role within the planning and decision-making processes that affect them.

### 10.6.2 Criminal Justice Services

In CJS the LSCMI SEQ audited 20 case files, and 7 were rated as good, 9 very good and 2 excellent. Areas for improvement included extending risk management plans to address wider welfare needs, as well as criminogenic risk factors. It is recognised within CJS that the use of LSCMI as a tool to gather management information and performance data, including offender needs and their responses to different interventions, could be further developed to strengthen CJS's capacity for self-evaluation.

The LSCMI SEQ findings were consistent with a subsequent Care Inspectorate report on the aggregated national findings of the exercise, which shows LSCMI has been implemented well in Dundee.

### 10.6.3 Community Care Services

In 2013/14 a review of **home care services** within the Department's Community Care Service was commenced and has continued into 2014/15. The aim of the review is to consider the models of working and the most appropriate and effective deployment of social care hours in Dundee. The service has been benchmarked against the SOLACE reports, and consideration given to both the range and level of home care services provided.

The review sets out the strategic direction for home care for the next five years, in terms of ensuring that the service is being provided in the most cost effective and efficient way, and that there is a clear understanding, both of the specific skills required of staff in the Department's internal home care service, and of how these skills can be best used to support people with multiple and complex needs to live in the community.

The Electronic Monitoring System and Scheduler System which is currently being introduced for home care services in Dundee (Referred to at Paragraph 7.3.4 above) will provide very accurate information, which will not only assist the day to day management of the service, but will also provide enhanced data and qualitative information which will be very valuable for planning and performance management purposes.

In January 2014 a questionnaire survey was conducted to seek the views of people using the services of the **Drugs, Alcohol and Blood Borne Virus Team (DABBV)**. The responses received through this survey show that the services and supports provided were valued by both service users and carers. All respondents were positive in their evaluation, with no areas for improvement noted. This evaluation was reinforced by the findings of a recent inspection of DABBV Team's Social Care Officer Service (February 2014) carried out by the Care Inspectorate.

As detailed at Paragraph 7.3.8 above, the DABBV Team is actively involved in the improvement work being led by Dundee City's ADP. The DABBV Team have also used the Recovery Self Assessment Tool developed by the Figure 8 Consultancy to evaluate the recovery commitment and orientation within the Team and strengthen this.

In the period 2013/2014 **Dundee's MHO Team** implemented a performance framework using a balanced scorecard approach to measure performance and to use this information to inform continuous improvement of the service. In so doing the team has sought to ensure it is contributing to the achievement of the proposed National Health and Wellbeing Outcomes and Dundee's SOA. As part of the MHO Review it is planned to compare the performance of Dundee's MHO Team against Tayside authorities and comparable local areas, using data extracted from Mental Welfare Commission Annual Reports, to allow for benchmarking of performance in Dundee.

In 2013/2014, staff in Social Work's **Community Rehabilitation Services** worked together with Social Work's MHO staff to develop a performance framework using a balanced scorecard approach. It is planned that this framework will be implemented during 2014/2015 and used to measure performance and inform continuous improvement of the Community Rehabilitation Services involved.

Quality assurance in the two providers of **Sensory Impairment Services** in Dundee is also now provided through regular case file audits. Staff from both commissioned organisations receive supervision and access to social work training programmes to further develop their skills and knowledge.

## **10.7 Significant Case Reviews and Practice Reviews**

In child and adult protection there are Significant Case Reviews (SCR) and Practice Reviews. These are two parts of the self-evaluation of services that takes place on a multi-agency basis in Dundee. Over the course of the year implementation of the plan to create a single structure across Protecting People (comprising Child Care & Protection, Adult Support & Protection and Violence Against Women) was implemented in 2013. It is within this more integrated structure that cases across the spectrum of these three areas of protection services in Dundee are now considered. Cases being dealt with through MAPPA in Dundee continue to be reviewed as required under a separate arrangement.

Over the course of 2013-2014, there were no adult support and protection cases referred for consideration by an SCR Panel. However an SCR Panel met on 4 occasions to consider cases from within Children's Services.

In 1 case it was decided that an externally commissioned SCR was appropriate. The report on this case was produced in 2014-15. In 2 other cases, the Panel considered that the criterion for SCR was not met, but that reviews on some aspects of practice were appropriate. These reviews were carried out internally on a multi-agency basis. In the 4th case it was decided to refer the case to the Practice Review Group for its consideration. The PRG was not considered until the start of 2014-15.

The independently chaired PRG examines specific cases referred to it, both where there have been concerns but also, importantly, when there have been examples of good practice. The findings from the reviews undertaken have informed plans for improvement to practice. During 2013-14, the PRG reported on 1 case it had reviewed in 2012-13, and conducted reviews on a further two cases relating to children.

## PLANNING FOR CHANGE

**11.0** Throughout this report information has been provided regarding the plans being taken forward across all areas of service in the Department to improve the provision of services for the people of Dundee of all ages who need them. The following is a brief summary of the key areas of change that are relevant for Children's Services, CJS and Community Care Services, as they look forward into 2014/15 and the years beyond.

### **11.1 Health and Social Care Integration**

As mentioned at Paragraph 4.7 above decisions have not yet been taken regarding the scope of the services to be included in the new Health and Social Care Integration Authority being established in Dundee, although there has been a commitment made to these decisions being finalised by October 2014.

To date it has been decided that Social Work's Community Care and Adult Services will become part of the new Authority, along with those services from Dundee's CHP which are also determined as being in scope. At this stage it also seems increasingly likely that the Department's Children's, and possibly Criminal Justice Services, will form part of a new Children's Services partnership within the Council.

### **11.2 Children's Services**

As detailed at Paragraph 7.1 and 8.1 above, the main focus of Social Work's Children's Services is to continue to work to achieve improvements in the outcomes for children and families, through the priority actions contained in Dundee's SOA, and by working with partners to embed GIRFEC in practice across all processes and areas of service in Children's Services.

In particular there is a commitment to continue to work to achieve the following, as the priority areas of action contained in Dundee's SOA:

- 1) intensive assessment and support for children in their earliest years
- 2) improved capacity within the service to provide local placements for children and young people
- 3) ensure health assessment and treatment services are provided for all looked after children and young people at the point of accommodation
- 4) provide robust community alternatives for young people involved in offending or risk taking behaviour.
- 5) improve the involvement of children and young people in all of the processes that affect them
- 6) create a single planning system and integrate systems and processes around the individual child and family to empower them to assume a more central role within the planning and decision-making processes that affect them.

In Children's Services there is also a very clear recognition of the importance of multi-agency working to achieve improved outcomes for children and young people, and there are very well embedded working relationships with partners at an operational level in Education, Health and the Police, as well as other Departments and organisations in Dundee. The direction of travel for staff and Managers in Children's Services into 2013/14 remains therefore to continue to work with partners to achieve better outcomes for all the children and young people for whom the Social Work Department has responsibility for providing services. This will include, in particular, those children and young people who are at risk of harm, and those who are looked after, for whom the Council has corporate parenting responsibilities.

As described at Paragraphs 4.3 and 4.4, there are also strong strategic partnership arrangements in place for Children's Services in Dundee, in particular within the Dundee Child Protection Committee (of which the Head of Children's Services is currently the chair) and Integrated Children's Services. The Looked After Child SPG is also chaired by a Service Manager in Children's Services, which ensures that the priority issues for looked after children

are addressed, and that the discussions with partners are well informed by the experience and knowledge he brings to this planning forum. The strategic planning arrangements currently in place will therefore provide a strong foundation on which to build, as Children's Services move forward in the year ahead into the new partnership arrangements, when formally decided.

### **11.3 Criminal Justice Services**

As described at Paragraph 4.5 above, the Scottish Government has announced a new model for the management, commissioning and delivery of Community Justice Services in Scotland. This will require the CJS Management Team to work with the CJA and Dundee's Community Safety Partnership in transferring responsibility for criminal justice services to Dundee's CPP. This work will include the implementation of a new national performance framework, in partnership with other agencies.

In 2014/15 some of the key areas of planned work for Dundee's CJS will include therefore the need to respond to, and influence, the future shape of the national and local structural changes in community justice, as well as those in the new Integrated Children's Services Partnership (if this is the model decided upon) and the new Health and Social Integration Authority for Dundee.

The CJS will also wish to respond to the outcome of the national unit costing exercise taking place in Scotland, and any impact it will have on the overall allocation of funding for community justice services in the future. Dundee's CJS is very aware of the potential implications which the removal of ring-fencing may have in terms of the prioritisation of resources for adult offenders.

It is recognised that when combined, the introduction of a new performance framework for community justice services, together with reduced funding, may create particular demands on the range and/or quality of services to be delivered. Locally, the plan is therefore for Dundee's CJS to work as part of either an integrated adult services framework, or an integrated approach towards children and families, depending on the partnership models decided for Dundee. The CJS Managers acknowledge that each of these models will provide their own challenges and opportunities, but it is agreed that the service is now well placed to help progress the Community Justice Service model locally.

Dundee's CJS, in whatever form it continues to exist as a service in the future, will continue, in accordance with Outcome 6 of Dundee's SOA, to seek to provide a range of services to those adults and young people who are involved, or at risk of becoming involved, in the criminal justice system in Dundee. This work will include the continued development of the current Early and Effective Intervention and diversionary programmes to ensure fewer children and young people are prosecuted and sentenced in Court, and that there are effective alternatives to secure care and custody programmes for those children and young people in Dundee who need them.

### **11.4 Community Care**

As detailed at Paragraph 4.6 above, Social Work's Community Care Management Team is involved in the strong strategic partnership arrangements that have already been established in Dundee. Throughout this report information is also provided regarding the partnership working that has led to the development of the range of strategies and plans that are guiding the development of services and practice across Health and Social Work, as well as partner agencies and organisations in Dundee. The following are some of the key partnerships and plans which are either already in place, and are directing service development, or were in the process of being put together in 2013/14.

In 2013 and into 2014, the CASMT has been very active in preparing and planning for the integration of services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. As the partners prepare for the forthcoming legislative changes, interim governance arrangements have been put in place. Since early 2014, Adult Mental Health Services within NHS Tayside have been strategically and operationally managed within the



Tayside Mental Health Directorate, as opposed to locally within the three Tayside CHPs. This includes **Learning Disability Services, Adult Mental Health Services and Drug and Alcohol Services.**

These interim arrangements have been introduced to strengthen clinical governance and improve consistency in key processes, as partnerships prepare to establish the new integrated bodies. Social Work services in these areas continue to be managed within Dundee's Social Work Department. Governance arrangements have been reviewed to ensure effective operations continue at a locality level, within a matrix model of management put in place.

In response to the requirements of the Public Bodies (Joint Working) Scotland Act 2014, preparation began in 2013/14 for the development of an overarching **Strategic Plan and Commissioning Statement for Dundee**, alongside individual Care Group Plans and Commissioning Statements for all older people and adult care groups across health and social care services in Dundee.

Over the course of 2013/14 arrangements were confirmed for a range of SPGs to take forward this work, building on existing SPGs already in place, and bringing new groups together. Within Community Care Services there were already well established SPGs within Older People's Services and Learning Disability Services, and the city has an active ADP.

However additional SPGs were required and were established for the following care groups:

- Adults with Mental Ill-Health
- Adults with a Physical Disability
- Children and Adults with a Sensory impairment
- Adult Carers and Young Carers
- People who are Homeless

As part of the preparation for the integration of Health and Social Work services in Dundee, SPG Leads and other lead managers were asked to define the current and future models of service for each of their areas of service delivery. It was the intention that all of the information gathered within this process should be used to inform: the scope of, and the financial framework for, Dundee's new integration authority; each individual care group's Strategic Plan and Commissioning Statement; the Integrated Care Fund Strategic Plan and Commissioning Statement; and the Dundee Market Shaping Strategy.

In addition to operational staff and strategic planners from Social Work and Health services in Dundee, the SPGs include service users, carers, third sector and independent sector representatives. A number of user led groups, across all care group areas, are funded to support the level of service user and carer involvement required for these planning processes. All of the SPGs for adults and older people report directly to the CASMT, which is coordinating all of the planning activity of the SPGs collectively, as it gathers momentum into 2014/15.

It is the intention that during 2015, new or revised Strategic Planning and Commissioning Statements will be in place for all care group areas. It is anticipated that the new resources being made available by the Scottish Government through the Integrated Care Fund might be used to support change initiatives for these and the other care groups in adult services.

## **11.5 Equality and Human Rights**

The Social Work Directorate recognised the need to prepare Social Work staff to promote good practice and respond to potential challenges to policy, practice and procedure, as required by the Equality Act 2010, the Human Rights Act 1998 and SNAP, the Scottish National Action Plan for Human Rights 2013. In April 2014 proposals were agreed which set out the future Equality and Diversity Framework and Human Rights Approach for the Department. The work to take this development work forward was carried forward into 2014/15.

## USER AND CARER EMPOWERMENT

**12.0** In Dundee there is a strong ethos of user engagement and involvement in the planning and evaluation of services. The following are some examples of user and carer involvement that took place in areas of service across the Department, and with other partners, in 2013/14.

### **12.1 Protecting People Team**

Within the ASP Biennial Report 2012–14, presented to the Council's Social Work and Health Committee in October 2013 (Report No: 418-2013) one of the recommendations was to set up a Stakeholder's Group to achieve improved and meaningful participation by service users and carers in adult support and protection in the city in:

- Informing and raising the awareness of relevant service users and carers of the issues relating to adult protection in Dundee
- Consulting 'front-line' service users and carers on a range of topics focused on the priorities of the Committee and ensuring feedback to those giving their views
- Encouraging and facilitating service users and carers to bring relevant topics/issues to the Committee
- Influencing the work of the Committee and leading to improved policy and practice in this area
- Supporting other services by sharing good practice across the 'virtual' group

After some consultation, this Stakeholder Group met for the first time in August 2013 and has met regularly throughout the remainder of 2013/14. The Group is made up of representatives from a variety of services who work across the city with a wide range of service users. The Group chose three main areas of focus for their first year of operation: financial harm, hate crime and self-directed support, and staff members and service users have been involved in consultations on how to progress in these and other areas of current priority.

### **12.2 Children's Services**

As detailed at Paragraph 7.1.7 (Point 2) above, there are a range of initiatives and activities taking place in Children's Services to improve the engagement of children, parents, carers and other family members, in individual care planning, as well as service planning. In 2013/14 these include the work that has taken place to:

- Improve engagement with children and young people and promote their contribution towards their own individual Child's Plans
- Develop and introduce the use of GIRFEC Outcome Wheels as a means to monitor children and young people's progress in achieving improved well-being, in terms of the SHANARRI indicators
- Change the format of the Child's Plan and format of meeting minutes, such as Child Protection Case Conference Minutes, to ensure an improved focus on the individual views of children and their parents/carers
- Facilitate the involvement and participation of children and young people and their parents in the meetings that affect them
- Provide independent advocacy and children's rights services through the continued funding of a dedicated Children's Rights Officer post, and commissioned services from Who Cares? Scotland for young people in residential care
- Develop peer mentoring programmes for young people looked after, or formerly looked after, by the local authority.
- Promote and support the engagement of children and young people in the wider strategic development of services, for example, through their involvement in the Dundee Champions Board

Specific mention was made at Paragraph 7.1.7 of the role of Dundee's **Child Protection Engagement Officer**, who is hosted by Children 1<sup>st</sup>, in working with social work staff and other partners to develop approaches and practice to ensure that children's views are

appropriately presented (in person, or by someone on behalf of the child) within child protection processes, as well as through attendance at Child Protection Case Conferences.

In 2013 an externally commissioned evaluation of the Child Care & Protection Engagement Officer post was completed. Overall the findings of the evaluation were very positive, and it is clear that the Engagement Officer Service has made a definite contribution to children's engagement and participation in child protection processes in Dundee. The key findings of this evaluation, undertaken by Ms Margaret Bruce of the University of Dundee support the continuation of this service, and a number of recommendations were made for its further development.

### 12.3 Community Care Services

All of the Community Care SPGs have user and carer involvement, and additional resources have been invested to ensure there are sound fora and mechanisms in place to promote engagement at an individual level, as well as having a clear focus on service development.

The following are a number of specific areas of activity/development work that took place in Community Care Services in 2013/14 to improve user and care empowerment.

- All registered services continue to have active user and carer fora and a range of methods are used to support and encourage feedback.
- Advocacy services for older people and adults are commissioned to ensure that they are supported to have a voice and can contribute to current and future care planning arrangements. This includes a specific programme for older people who live in care homes.
- User and carer involvement is now embedded within discharge from hospital planning, through implementation of self-directed support in Dundee.
- Social Work Occupational Therapy Services have implemented self-directed support in line with statutory responsibilities, and are actively supporting people to make choices about how they wish support to be delivered and commissioned.
- Work has taken place with colleagues in Children's Services across agencies, and this has increased the number of young people and carers who are engaged in future care planning.
- Celebrate Age Network has been commissioned by the Older People's SPG to undertake consultation with both older people and the wider community.
- The Reshaping Care Team (based at Dundee Voluntary Action) is now taking a lead in developing change projects, which are based on both an asset approach and community engagement.
- Two posts have been funded in the voluntary sector Mental Health partnership to support engagement with service users, carers and service providers.
- An increasing number of carers are now engaged with the Dundee's Carers Centre and are receiving one to one, or group, support, as well as having the opportunity for engagement with planning processes through the Carers Voice Group and other activities.
- The first Hope and Recovery programme has been developed for carers who live with, or support, an adult with mental ill-health.

In 2013/14 feedback was sought from users and carers of MHO services to inform the review of **MHO Services** (referred to at Paragraph 7.3.10 above). Responses showed that the service provided by MHOs was valued by many, who felt that the MHO with whom they were involved had gone 'above and beyond' their remit and role to help them. They cited help with such practical tasks as support with filling in forms, providing signposting to services, or contacting an independent advocate, as being very much appreciated. Comments such as the following also reflected the views held by many of Dundee's MHO service:

*'They are somebody to talk to; you can always contact them in a crisis. They have a legal obligation to respond'.*

*'I opened up my thoughts to them in hospital and they listened.'*

Other respondents provided feedback about areas in which the MHO service could be improved, with many stating that it would be helpful to 'touch base' with an MHO more often.

Some service users reported that they would like to receive clearer information about the outcome of any agreed commitments given. One participant stated that they recognised that their MHO had done a lot of work, but that they were not sure at the time what was going to be done and when; they felt the action taken by the MHO had all been done '*behind the scenes*'.

Others' comments reflected their concerns or fears regarding the powers invested in MHOs and the way in which these are exercised by individual MHOs.

*Don't tell you your rights. Don't come back to you. Shouldn't just come up and see you, slap a CTO on you and then basically leave you.*

*'It is scary because it's a 'double whammy'. It's a social worker and also someone who can lock you up. It scares me even thinking about it. And the word 'officer' strikes a bit of fear. It's an authority figure. And then you start to edit what you say because you don't understand who they are or what they do.'*

This feedback has been welcomed by the MHO Team and will be used to inform the evaluation of their service, which has been ongoing into 2014/15.

## **WORKFORCE PLANNING**

### **13.1 CSWO's Leadership Role**

At a time of considerable change to professional roles and organisational structures, the leadership role of the CSWO is very important to the development of the current and future social work and social care workforce. The promotion of confidence and resilience are crucial to the continued growth of professional social work practice, as the workplace and environment changes for employees in the years ahead.

In Dundee's Social Work Department there is a very clear recognition of the overlaps between organisational and service re-design, workforce planning and workforce skills, and the re-design of job roles. Promoting and developing the unique and distinct role of social work in integrated settings, and supporting the process of change, are the priorities for workforce development now and into the future. Other key priorities for the Department include the need to continue to strengthen evidence-based practice and to pursue the policy direction laid out in the Christie Report for local government.

In leading the Department to prepare for meeting the challenges associated with all of these demanding agendas, the CSWO has a key role in promoting the development of a motivated, well trained and empowered workforce, which is committed to learning, innovation and best practice. The aim is to maximise the capacity of the workforce to contribute to continuous improvement, both in the quality of services delivered, and in the individual outcomes achieved for the people of Dundee who are in need.

For some years now, a Support to Front-line Staff and Good Practice in Management Handbook has been in place in Dundee to support staff and leaders in their day to day practice. The CSWO, as the Director of Social Work in Dundee, has set out her expectations and vision for the workforce in the handbook, and it incorporates a number of areas specific to the continuous development of employees, their codes of practice and the standards expected of them.

The use of the handbook in everyday practice is reinforced for new staff by their participation in a well attended induction programme that is based on the framework set by the Scottish Social Services Council (SSSC). The CSWO, as Director of Social Work, attends the induction programme laid on for all new staff. She also attends all mandatory and practice related training and development, alongside her staff, to lead by example.

The CSWO is committed to the task of ensuring that all employees in the Department are equipped with the right skills and the knowledge they require, both to carry out their work safely, and to deliver on the complex agendas facing the social work and social care workforce today. To this end the CSWO has directed and supported the work of the Council's L&WD Service, as well as the investments made in the learning and workforce development programmes detailed below, that have been developed and delivered for the social work and social care workforce in Dundee in 2013/14.

### **13.2 Learning and Workforce Development Strategy**

A Learning and Workforce Development Strategy 2009 – 2014 is in place in Dundee which is based on the Continuous Learning Framework (CLF). This strategy, which is due to be reviewed at the end 2014, describes the values, behaviours and the priorities set for the whole social care workforce, including those staff in support services. The aim of the strategy is to embed reflective practice and continuous improvement at every level of the organisation, and specifically in front-line practice.

There has been very successful uptake of the use of the CLF by front-line managers, who are working to promote the use of the framework within everyday practice and within supervision. Workshops are in place to support managers to embed the CLF alongside supervision and employee development.

In Dundee learning and workforce development programmes are delivered both on a single agency basis, via shared services, and on a multi agency basis, including corporate services across the Council. From 2013, the management of the L&WD Service for the Council has been hosted within the Social Work Department. This has provided the opportunity to influence the development of employees more broadly, integrating good practice and the sharing of resources, whilst still ensuring social work values and principles are retained and actively promoted within the Council.

### **13.3 Health and Social Care Organisational Development Plan**

Additionally, the Social Work Department and partners in Health have put in place an **Organisational Development (OD) Plan** to support health and social care integration. The agreement of a Plan has been seen as essential to the development of those employees involved in the delivery of integrated services and to effective planning for the future workforce in Dundee.

This OD plan identifies the key components for successful integration in line with the research undertaken by Alison Petch (IRRIS, 2014). Some work has commenced on taking forward the actions outlined within the plan, but dedicated worker time to take this forward has been identified within the L&WD Service, given the timescales and target dates to be achieved for integration in 2015/16. There is a broad range of different types and levels of learning opportunities designed to meet the needs of social work employees across the Department.

### **13.4 Workforce Registration and Regulation**

Significant progress has been made in Dundee in meeting the requirements for registration set by the SSSC for the social care workforce, with almost 100% of children and adult residential and day care staff now qualified to meet registration requirements. Additionally there has been significant workforce planning and investment made in preparing for the registration of the Care at Home service; although the register is yet to open, 90% of these employees have gained their required qualification.

This is a strong position to have achieved in developing the competences and capabilities required of a large dispersed workforce. Planning to ensure that all social care staff meet the Continuing Professional Development (CPD) requirements for continued registration with the SSSC is underway in Dundee.

### **13.5 Practice Learning and Student Social Work Placements**

The SSSC report a lack of statutory social work placements nationally, as predicted since 2007, and this remains a focus of national debate. Contrary to predicted national trends and the experiences of many other local authorities, however, Dundee has achieved a year on year increase in the provision of practice learning placements. Our activity across practice learning has received recognition and endorsement from the SSSC, Universities and other organisations in relation to both our approach and our successes.

In Dundee we offer social work placements for workers from our own Social Work Department, who are sponsored on to the BA (Hons) in Social Work degree course with the Open University. This has proved to be a sustainable model for some years, and the Department continues to provide 50% funding to support the achievement of the Social Work degree. The success in retaining staff undertaking this qualification, and establishing a recognised career route for them, has significant benefits for the organisation within our overall workforce development and planning approach.

Early in 2014 a decision was taken for Dundee City Council to submit an application to the SSSC to host and administer the Practice Learning in Social Services Award on behalf of Dundee City Council, Perth & Kinross Council, Angus Council, Falkirk Council, Fife Council, and Stirling Council. Dundee City Council has been an active partner in the delivery of this award to date, and the working relationships which have been developed with all partners in the practice learning arena, including those in the voluntary sector, are strong. These

partnership arrangements strengthen and support the delivery of shared teaching, assessment and evaluation of the programme. It was anticipated that the application to SSSC would be formally submitted later in 2014.

The Scottish Qualifications Agency (SQA) has fully approved Dundee City Council to lead on the delivery arrangements for the qualification, highlighting the excellent standards and expertise of all the partners involved, who will be continuing to support this programme.

All of these arrangements, which will continue to be in place for social work students in the coming year, will ensure that Dundee City Council can sustain the practice learning experience, until the forthcoming review of the Social Work degree due to take place in 2014/15 has been completed.

### **13.6 Post Graduate Qualifications**

There are a number of professional post graduate programmes in place in Dundee for employees of the Council. For example, Protecting People post graduate programmes are on offer, with a link to the professional job role of the individual and the service for which he/she is employed. The Department also delivers, and is managing to sustain recruitment to, the Mental Health Officer and Practice Educator awards year on year. As the review of the social work degree progresses, and the long term career pathways for the workforce are developed in partnership with the SSSC, employees in Dundee are well placed to take advantage of the career opportunities ahead.

### **13.7 Health and Social Care Academy**

In partnership with Dundee and Angus College, NHS Tayside and the private and voluntary sector locally, work continues to take place to strengthen the workforce by offering social care qualifications and placements within the Department. Modern Apprenticeships are also available for young people aged 16-19 years old as a workforce planning approach to meet Dundee's social care workforce needs. Currently there are 4 apprentices working in the Department's Older People's services. This is in addition to the 20 placements for Social Care Academy students from Dundee and Angus College.

### **13.8 Self-directed Support (SDS) and Personalisation**

There are different levels of workforce development programme relating to SDS (below) which are targeted at a range of employees within the Council and other key agencies and organisations. This suite of programmes has been developed in Social Work, but is delivered on a multi-agency basis. Some of these programmes have been developed and delivered in partnership with the Dundee Carers Centre, and user experience and contribution to the delivery of the programmes has been successfully integrated into our approach. Those who are employed as Personal Assistants are also involved in any SDS or personalisation events organised for Council staff. The following programmes have been developed and run to date, with continuing promotion of SDS training for relevant staff taking place across all agencies.

**SDS Awareness Raising Workshops:** Workshops are running and receiving good feedback. Attendees are still mainly from Social Work, however a number of other staff from across the Council, NHS Tayside, and private and voluntary sector providers have also attended, as well as Personal Assistants.

**Effective Leadership in Delivering SDS:** Six workshops were delivered towards the latter end of 2013. These workshops were targeted at Heads of Service, Service Managers and Resource/Team Managers in Social Work (30 in total) along with relevant managers from other Council Departments and from Health (8 in total).

**SDS Workshops for Social Workers & Care Managers:** These workshops for Social Workers and Care Managers which have run to date have also included a small number of health practitioners. A key issue emerging from practitioners in attendance at these events relates to how local procedures and guidance will be implemented, and how the local resource

allocation system will work in practice. These issues are informing the content of future workshops that will be running throughout the autumn period in 2014.

### **Social Care (Self-directed Care) (Scotland) Act 2013: Option 1, Direct Payments Workshop**

This Workshop is for all staff, including managers, who have assessment as part of their core functions. This learning is considered mandatory for all practitioners, as it relates to their statutory duty under the Act. A series of twelve workshops have been arranged to take place in 2014/15. A similar approach to learning is being developed for Option 2 and will be rolled out in 2015.

### **Outcomes Assessment Framework Workshops:**

A new Outcome Assessment Framework for Adults is in now place in Dundee and a workshop has been developed for staff in Community Care who carry out assessments as part of their day to day role. This workshop has been delivered by practitioners from the Department's Outcome Assessment Framework Group, and the use of practice examples promotes ownership of the new framework and helps embed the learning gained, with a key focus on outcomes.

This approach is similar to that adopted in Children's Services to embed an outcomes approach based on Getting It Right For Every Child (GIRFEC) principles. There is a GIRFEC staff development plan in place in Children's Services, and implementation is progressing positively across the Department. Programmes such as 'Team around the Child' and 'Attachment-based supervision: Supporting, Supervising and Sustaining practitioners' are current examples of reflective approaches to workforce development brought forward in 2013/14, which are now receiving very positive evaluations from practitioners and their managers.

## **13.9 Leadership Training**

Dundee City Council has invested in leadership and management development at different levels within the city. Post graduate leadership and management qualifications are available for middle and service managers within the Department.

A more targeted approach to addressing the requirements, for instance, for managers of registered services, has resulted in all managers who need to be registered now having a qualification recognised by the SSSC. The final phase of such development is a programme for supervisors of 'Care at Home' services who are progressing through their awards.

Progress has also been made in supporting 'aspiring management' qualifications with a view to encouraging front-line staff to progress into manager roles. It is recognised however that career progression should ensure that leadership is strong at the front-line, and therefore practice leadership programmes are also encouraged.

Within the Council there is now a corporate leadership programme which is offered to leaders across departments. There has been excellent uptake of these awards and programmes, which include an Adaptive Leadership Programme for senior leaders, 'Playing to your Strengths' for leaders involved in Health and Social Care Integration, and the Post Graduate Award in Public Service Leadership. These programmes are based on a shared services development and delivery model with partners across the Council and from other key agencies and organisations.

There is emerging evidence to confirm that organisational development and change management approaches, such as creating capacity through coaching and action learning, improves leadership and the performance of organisations generally. Dundee City Council has invested heavily in this approach across social work services and other areas in the Council in 2013/14.



### **13.10 Digital Learning**

Dundee City Council is implementing the use of digital technology in a number of areas of activity and service. In the L&WD Service, there is a staff resource to support digital work and a dedicated E-learning Assistant. The learning programmes being developed are diverse to meet a range of different needs across the Council. To ensure that user experience is central to improving outcomes, many local digital stories involving citizens of Dundee have been recorded and are actively in use to support the development of the Council's employees.

Other approaches to using digital technology in the learning environment include the use of Video Interaction Guidance by staff with service users, and Video Enhanced Reflective Practice with staff themselves, to strengthen practice based learning in the workplace.

Within the Council there is a very clear recognition of the importance of information literacy for employees and the need to support them to find more effective ways to work with technology, building confidence and learning. The Council has invested in the development of an e-learning platform and IN 2013/14 there has been a significant uptake in its use by staff, as well as an increase in requests by staff using other systems.

Throughout 2013/14 work was undertaken for the L&WD Service to move to the use of an e-portfolio for SVQ assessment, a change which has been embraced by the Department's dispersed workforce. Enablement training also involves learning how to support the use of assistive technologies such as tele-care, tele-health and other digitally operated aids and adaptations.

The social care staff in the Department's Community Care Service are also now participating in the pilot with the SSSC to use the Dementia Mobile App designed to support people with dementia and their families and carers. The outcomes of this pilot are to be evaluated, and the use of this tool, if successful, will be rolled in the future.

### **13.11 Key Achievements in 2013/14**

It is a complex task to demonstrate good outcomes from training and staff development. However self evaluation activity, inspection reports and staff surveys have all positively evaluated and praised the investment made locally in the development of social work staff. There is also a positive track record in Dundee, both of good practice examples across all service areas (including within the L&WD Service itself) and of formal success in winning local and national awards for new and innovative practice.

The following is a summary of the some key successes to report for learning and workforce planning and development in Dundee for the Social Work and social care workforce for the year 2013/14:

- a Modern Apprenticeship Programme for 16-19 year olds has been developed and established within the Council
- a leadership programme has been introduced for Council managers
- more e-learning opportunities have been developed for staff, including social work and social care staff
- shared learning programmes across Council Departments have been actively developed
- a multi-agency Protecting People Learning and Development Framework is being progressed, with a Dundee officer who chairs the L&WD group which reports to the various Dundee Protection Committees.
- Customer Service awards have been developed for front-facing staff

## KEY CHALLENGES FOR 2014/15

- 14.0** In 2013/14 there has been an unprecedented level of change and challenge that has faced Dundee's Social Work Department. It is anticipated that the trends in need, risk and demand in Dundee experienced in the past year will not diminish and that the year ahead will continue to be as demanding for the Social Work Department as the last.

The following are the key risks and challenges which are considered to be ahead for the Department in 2014/15.

### **14.1 Levels of Deprivation**

Dundee is a city authority with historically high levels of deprivation. There is concern about the potential impact over time of welfare reform on those adults and families across the city who depend on state benefits to meet their day to day needs. There is also concern about the potential impact on deprivation levels in communities across the city.

### **14.2 Demographic Changes**

The overall number and proportion of older people is increasing in Dundee and with it the numbers of people with dementia and other complex age related illnesses and disabilities. This is bringing additional pressures for health and social care services, with significant impacts being experienced, for instance within the health acute sector, associated with delayed discharge.

### **14.3 Impact of Social Factors**

Dundee has a high number of adults involved in substance misuse, and this has a significant impact on the lives not just of those adults involved, but on their children and families, as well as the communities in which they live. Compared with other local authorities in Scotland there is also a higher incidence in Dundee of disabilities within the population, including learning disabilities and autism, mental health issues, physical disabilities and sensory impairments. Evidence from research nationally suggests a strong link between deprivation levels, and the increase in the prevalence, for instance, of mental ill-health associated with adverse social circumstances (such as unemployment, personal debt and home repossession).

### **14.4 Rising Levels of Need, Demand and Public Expectations**

As performance levels for the past year show, demand has continued to remain high or increase across many categories of need, with deprivation levels, demographic changes and other social factors all contributing to this increase in demand for Social Work services in Dundee. At the same time there is a growing public expectation that services that are provided will be suitable to meet the wide range of needs in the city, will be of a high quality and will be delivered in a fair, equitable, efficient and effective manner.

### **14.5 Financial Pressures**

The Social Work Department is operating at a time of growing financial constraint that is affecting Dundee City Council and many other authorities across the country. The increasing demand for services has therefore to be met at a time when there is also an increased drive for efficiency savings to be made in the provision of public services. Meeting the public's expectations, as well as the range of standards set for service quality, both internally within the Council and externally by inspection bodies, is stretching Council resources in Dundee to the maximum.

### **14.6 Legislative Changes**

There are a range of key national policy drivers and legislative changes across all areas of service which the Social Work Department is now in the process of planning for, and implementing in Dundee. The most significant of these are the:

- **Public Bodies (Joint Working)(Scotland) Act 2014** which requires local authorities and health boards to establish new health and social care integration authorities in each local authority area.
- **Children and Young People (Scotland) Act 2014** which brings additional responsibilities to take forward the GIRFEC approach to improve outcomes for children and young people, and in particular for looked after children.
- **Establishment of new Model of Community Justice** with local strategic planning and service delivery to be established as part of Community Planning Partnerships (CPPs) and specific duties being defined for partner bodies, including local authorities.
- **Social Care (Self-directed Support)(Scotland) Act 2013** which places a statutory duty on the Social Work Department to ensure that service users and carers are provided with choice (between four prescribed options) over the level of control and responsibility they wish to have in the provision of services to meet their support needs.

In 2013/14 this new policy framework has required the investment of time and resources to plan and implement the changes required in the way in which services are organised and delivered in Dundee. The work in relation to all of these changes continues into 2014/15.

#### **14.7 Changing the ways in which services are organised and delivered**

The aim of all of these policy and legislative changes is to achieve 'transformational' change and a shift in the balance of resources from crisis driven service responses to investment in more community based, preventative services, and early intervention when required. The changing patterns of need in Dundee detailed earlier in this report also require different, or more specialist forms, of care and support, to be provided in the community for the people of all ages in Dundee who need them, when they need them. Such transformational change places a heavy emphasis on supports and interventions being made available for children and their families in the very early years.

It is a challenge for local authorities to achieve such shifts in resources between areas of service, given the current climate of financial constraint, and the investment in worker time and other resources that is required to plan, prepare and make the changes desired in the organisation and delivery of Social Work and social care services in Dundee. This may be even more of a challenge with health and social care integration, and the formation of other partnerships for Children's Services and CJS, as there will be a need to develop joint budgets and adopt a joint approach to the decision making about priorities and the use of shared resources.

It is anticipated that the complex relationship between need, available resources, any additional investment, strategic planning and operational delivery, and savings requirements will continue to be the greatest challenge for Social Work services in the year to come and beyond.

## SUMMARY

- 15.0** This report has been compiled to provide information to elected members and others on how the CSWO has discharged her responsibilities for the delivery of Social Work services in Dundee in 2013/14.

Within the report a broad range of information is detailed on the performance by the Social Work Department in delivering, in particular, on the statutory duties that are central to the CSWO role. Other relevant information is included regarding the key trends, risks, achievements and challenges that have faced the CSWO in leading the Department in the delivery of Social Work services in Dundee last year. Also described are details of the availability and use of resources, and the partnerships in which the Department has been involved in order to integrate service delivery and improve outcomes for service users in Dundee.

This report is presented to offer assurance to elected members and others regarding the governance of social work services in Dundee for the year 2013/14.

All of the changes and demands on services described above cannot be met by the Social Work Department alone, and it is very clearly recognised that the greatest potential for improving outcomes for service users in Dundee is through partnership working and integrated approaches. The Social Work Department along with key partners in Health, other Council Departments and other agencies recognises that the integration of structures and services in Dundee will create opportunities for building capacity and resilience in the future organisation and delivery of services.

At the same time it will also offer potential efficiency savings through streamlining, rationalising and maximising the use of Departmental and Council resources, as well as the combined resources with Health in the future. To that extent the investment of staff time and resources in planning for the future shape of Social Work services in Dundee is recognised as being both essential for the Department, as well as in the best interests of the people who will use Social Work Services in the future.

The CSWO will ensure that in the coming year the Department continues to work to achieve the optimum balance in the use of the staff time and all the resources available, to both contribute effectively to this growing and complex service planning agenda, and to continue to provide the best quality Social Work services possible for the people of Dundee.

