

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 26TH SEPTEMBER 2011

REPORT ON: THE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 363 - 2011

1.0 PURPOSE OF REPORT

1.1 The attached report informs the Committee on the role and function of the Chief Social Work Officer (CSWO). The national report - Changing Lives which examined the fitness for purpose of Social Work in the 21st century recommended that CSWO prepared an annual report. It is now an appropriate time to introduce this report on an annual basis.

2.0 RECOMMENDATIONS

2.1 That the committee notes the annual report.

2.2 Instructs the Chief Social Work Officer to provide an annual report.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising from this report.

4.0 MAIN TEXT

4.1 The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 45 of the Local Government (Scotland) Act 1994. The qualifications of the CSWO are set down in regulations which state that he/she should be a qualified social worker and be registered with the Scottish Social Services Council.

4.2 The overall objective of the CSWO post is to ensure the provision of effective, professional advice to the local authority elected members and officers, in the authority's provision of social work services. The CSWO's post assists the Council in understanding the complexities of social work service delivery, highlighting particular issues such as corporate parenting, child protection, adult protection, the management of high risk offenders and the key role social work plays in contributing to the achievement of national, local and personal outcomes. The CSWO also has a significant contribution to make to overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services.

4.3 The attached report outlines the range of statutory duties that the CSWO is responsible for. This includes:

- Duties under the Mental Health Care and Treatment (Scotland) Act 2003;
- Adults with Incapacity Act 2000;
- Secure accommodation of children and young people;
- Fostering and adoption and;
- Protecting people.

Also covered in the report are the leadership expectations of the role, particularly self-evaluation, scrutiny and ensuring that workforce development and staff registration requirements are met.

4.4 The report details the value base within which the CSWO must function and how these values are applied to the decision making and risk management processes. The report highlights the key challenges facing the department and the strategies to address these challenges in the future.

5.0 POLICY IMPLICATIONS

5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website <http://www.dundee.gov.uk/equanddiv/equimpact/>.

6.0 CONSULTATIONS

6.1 The Chief Executive, Depute Chief Executive (Support Services) and Director of Finance have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

7.1 Equality Impact Assessment

Alan G Baird
Director of Social Work

DATE: 22nd July 2011

**ANNUAL REPORT
2011**

CHIEF SOCIAL WORK OFFICER

DUNDEE CITY COUNCIL

INTRODUCTION

This is the report of the Chief Social Work Officer (CSWO) of Dundee City Council. The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work duties. In Dundee City Council this role is carried out by the Director of Social Work.

Social work and social care services are essential to the delivery of good outcomes, particularly but not exclusively, to the most vulnerable in our communities. Social work makes an important contribution to public services; working with people to help them achieve change and better outcomes in their lives. This requires a particular balance of need, risk and rights.

The 21st Century Social Work Review, *Changing Lives*, described the changing social environment in which we operate and the complexities, challenges and expectations this brings. Engaging with people in developing the solutions which best meet their needs in line with local priorities makes a significant contribution to improved outcomes for individuals and communities. This requires a confident, competent and valued social care workforce, capable of working flexibly in a variety of settings. Particular challenges are raised for staff working in integrated service delivery arrangements whether they be internal, inter-departmental settings or multi agency partnerships with NHS or Police partners. While these matrix arrangements carry great benefits for effective service delivery, they do re-emphasise the need for clarity of accountability and professional leadership.

The role and function of the Chief Social Work Officer supports Dundee City Council and its elected members by ensuring that this statutory post not only enhances professional leadership and accountability, but provides a key support and added value to the Council and its partners in delivering positive outcomes locally.

The overall objective of the CSWO post is to ensure the provision of effective, professional advice to the local authority - elected members and officers - in the authority's provision of social work services. The post assists the Council in understanding the complexities of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and the key role social work plays in contributing to the achievement of national and local outcomes. The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services.

Dundee City Council has an integrated social work department which develops, delivers and reviews social work services for children and young people, adults, older people, offenders and carers.

SCOPE AND RESPONSIBILITIES OF THE CSWO

The scope of the role relates to all social work and social care services, whether provided directly by the Council or in partnership with other agencies. Where services are purchased on behalf of the authority, including from the private and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of services commissioned.

BACKGROUND

The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 45 of the Local Government (Scotland) Act 1994. The qualifications of the CSWO are set down in regulations which state that he/she should be a qualified social worker and be registered with the Scottish Social Services Council.

STATUTORY DUTIES

The Council's Scheme of delegation provides for the CSWO, and in instances his managers, to make related decisions on behalf of the local authority, The Council's Standing Orders outlines the Council's Scheme of Delegation. The main delegated powers are:

1. to provide advice to the Council on the formulation of policies and strategies in respect of all Social Work services.
2. to take steps to ensure that the Council complies with all statutory requirements in respect of the provision of Social Work services.

Delegated power 2 consists of 81 sub-powers covering a range of legislation.

In addition to legislation there are overarching policy drivers for the Council and the department that include Health and Safety, Equalities and Human Rights.

The CSWO has to be satisfied that departmental staff have the necessary skills and qualifications to ensure staff are equipped to practice competently and safely within the statutory framework.

CHILD PROTECTION

The protection of children and young people is a key priority for statutory agencies and their partners.

Over the course of the past year, there has been considerable attention paid to the quality of services to protect children and young people in Dundee.

The focus has been on change and in the last year we have:

- worked together to raise the profile of our leadership as Chief Officers;
- improved governance arrangements;
- improved communications within and among agencies; and
- committed significant additional resources.

And as a result of that, we:

- have taken immediate action to improve those elements of our services where the need for action has been highlighted;
- have made progress on changing structures and culture;
- are building for long-term sustainable change and improvement;
- have improved our collective leadership and provided clear direction to staff; and
- protect children and young people in Dundee.

ADULT SUPPORT AND PROTECTION

Adult Support and Protection (Scotland) Act 2007 ('the Act').

To undertake the requirements of the Adult Support and Protection Act various staff are involved in key areas similar to Child Protection. The detail of the Adult Support and Protection activity is detailed in the Biennial Business Plan and has been reported in Committee Report 111-2011. Similar to child protection this is an area that is discussed at the Chief Officers group.

The structures and procedures considered necessary to support and protect adults at-risk of harm in Dundee are complex and diverse. This state of affairs reflects the challenging nature of adult protection, and the complexity involved in the situations in which harm occurs or is perpetrated. The principal aim for the future must be to continue to enhance the integrated nature of our response to both preventing harm and dealing with allegations of harm, and its consequences.

PROTECTION AND RISK MANAGEMENT

The assessment and management of risk are fundamental to the business of Social Work. These processes are carried out across the department and involve a multi agency approach. We have strong procedures and protocols which are accessible to staff across the Department and learning and workforce development systems are in place to ensure that staff are equipped to do the job.

Within Dundee there are structural and management arrangements in place to achieve positive responses to risks presented to children and adults in need of support and protection. These involve the co-location of police, social work and health to protect children, and a single point of contact for people with concerns about both child and adult protection and the Multi Agency Public Protection Arrangements.

The effective assessment and management of risk depends on a number of factors including:

- good polices procedures and protocols;
- the use of accredited risk management methods;
- consistency of standards and thresholds across the department and with partner agencies;
- strong partnership working and information sharing;
- effective staff supervision, training and development; and
- effective recording and performance management systems.

VALUES AND STANDARDS

THE PROMOTION OF VALUES AND STANDARDS.

In line with the beliefs and behaviours set out in the Dundee City Council Plan we expect that the employees of the Social Work Department will, at all times:-

- inform consult and involve users of services and their carers about what we are doing and how we are performing;
- use care and courtesy when dealing with the public;
- develop our employees to achieve the Council's aims and departmental desired outcomes;
- efficiently utilise our resources to provide the highest standards of service;
- treat everyone with fairness, respect and dignity and take action when there is inequality;
- protect the environment by using sustainable resources;
- form partnerships with any group or body which can make a positive contribution, and provide leadership and support as required;
- work together to provide co-ordinated and effective service;
- recognise and reward the contributions made by groups and individuals who help us achieve our desired outcome;
- respecting the right to self determination;
- promoting participation;
- taking a whole person approach;
- understanding each individual in the context of family and community; and
- identifying and building on strengths.

These are the values which underpin the delivery of social work services in Dundee and are reflected in our vision and shared outcomes for people.

It is the responsibility of the CSWO to achieve these outcomes by ensuring we have a motivated, well-trained and empowered workforce; committed to learning, innovation and best practice and professional in our conduct, aiming for continuous development and improvement.

COMMUNICATION, ADHERENCE AND REVIEW OF VALUES AND STANDARDS.

Our values and standards are evaluated by undertaking a range of quality assurance and evaluation activities to assess the degree of implementation and impact of these in the day to day activity and practice of social work and social care staff.

The range of quality assurance activity includes:

- service User's and Carers surveys;
- staff surveys; the outcomes of these surveys are detailed in Committee Reports - 577-2010, 415-2010;
- case based auditing and evaluation and;
- supervision and observing staff

SUPPORT AND ADVISE MANAGERS IN MAINTAINING AND DEVELOPING HIGH STANDARDS OF PRACTICE AND SUPERVISION;

The support to staff is crucial to ensure quality services are being delivered. Within the department we have an expectation that all staff are provide with appropriate supervision and guidance. Staff are issued with a personal copy of our Effective Support to Staff and Good Practice in Management Handbook. This covers key areas including:

- supervision;
- Codes of Practice;
- management behaviors;
- customer Care Standards and;
- personal development

Through survey results from staff and the findings of SCSWIS we generally have an improving picture on supervision and developing our workforce.

SUPERVISORY ARRANGEMENTS

Supervisory activity takes place within clearly defined supervisory relationships at all levels within the Department. It is an ongoing two-way process which is based on a partnership which includes the supervisor, staff member and the Department. It involves the provision of individual face-to-face contact for all staff, contributes to an annual Employee Performance Development Review (EPDR) and is the starting point for the planning of staff development.

Supervisory activity may take a variety of forms including individual supervision, group supervision, peer supervision, and reflective supervision. Other forms of support may be provided in an effort to ensure that staff are able to carry out their responsibilities effectively and efficiently; these include coaching, mentoring, and counselling. The appropriate use of methods and approaches will vary from setting to setting. They may also vary over time for an individual staff member. Decisions will be made at service level on the most appropriate forms to be used, in conjunction with a relevant employee development review system. The content of individual supervisory programmes between staff member and supervisor will be mutually agreed and recorded in the supervision agreement. Good practice guidance on a range of supervision methods and staff support activities is contained within the Effective Support to Staff handbook.

Supervision has four main functions: management, development, support and mediation. These four functions are interdependent and a supervisor cannot perform one function effectively without addressing the others.

PRINCIPLES OF OUTCOMES FOCUSED PRACTICE, SUPERVISION AND SUPPORT

In line with continually progressing person centred practice a shift in policy and practice toward focusing on outcomes for service users, the role of supervision either on a one to one, group or peer basis, staff need to consider the importance of undertaking supervision in an outcomes approach way.

'The primary characteristic of outcome focussed supervision is maintaining a focus on the intended results of the work, and to use this focus as a way of structuring supervision.

PRESERVATION OF THE ROLE OF THE REGISTERED SOCIAL WORKER.

The Department has adopted the Scottish Social Services Council (SSSC) Code of Practice as its standard of practice for all staff. The Chief Social Work officer chairs a Human Resources group, one of whose tasks is to ensure that all registered social workers meet this Code of Practice and that registered workers meet the requirements of their regulatory body. The Group also ensures that only registered social workers undertake those functions reserved in legislation. In addition the values and standards of professional practice expected of social work staff are set out in the Social Work Department's Effective Support to Staff and Good Practice in Management Handbook which is issued to all staff commencing work with the department. Induction of new staff also hear directly about the standards of practice expected of them which includes a presentation by the CSWO and his management team. The Effective Support to Staff Handbook also contains policies on induction, supervision, EPDR, and cross references to Dundee City Council Staff Handbook.

GOVERNANCE ARRANGEMENTS

A Practice Governance Framework complements guidance on the Role of the Chief Social Work Officer and the Role of the Registered Social Worker in Statutory Interventions It draws on the Scottish Social Services Council's Codes of Practice, SWIA's guide to Supported Self-Evaluation, COSLA's guidance to elected members and the Framework for Continuous Learning in Social Services. The Framework covers 5 key areas:

1. Risk, Discretion and Decision Making;
2. Self and Self Regulation;
3. Developing Knowledge and Skills;
4. Guidance, Consultation and Supervision and;
5. Information Sharing and Joint Working responsibilities in delivering safe, effective and personalised practice.

For each of these it provides an overarching statement on the area describes responsibilities for Employers/ CSWOs and social workers and provides a descriptor of what this looks like in operation. It can be used as a tool for assessment of whether everyone is clear on their responsibilities and key accountabilities, whether personal or corporate, and if the necessary conditions have been established to promote safe, effective and personalised practice, meet performance objectives and make sure people get the sort of support and services we would like to see for ourselves and our families.

Often when involved in the decision making process the CSWO has to strike a balance between Human Rights, freedom to self determine and risk to the wider community. These issues can be in conflict and the eventual outcome may require the CSWO to take all these factors into account and make a final professional decision on a course of action.

ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Director of Social Work is a member of the Council's Strategic Management Team, which meets fortnightly under the leadership of the Chief Executive. The Director reports directly to the Chief Executive and 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 - Community Care, Children's and Criminal Justice Services, Strategy, Performance and Support Services and Finance, Welfare Rights and Contracts. Through an extended management team these managers are responsible for around 1800 staff, a budget of over £89.458 million and the development, delivery and review of direct services to over 9000 service users and carers.

The Manager of the Strategy, Performance and Support Services deputises for the Director in his absence.

PROTECTING PEOPLE

Protecting people is about being able to protect everyone no matter what age when they may need it. The responsibilities of the CSWO are to ensure that children, adults, and older people are protected from harm. This includes,

- child protection;
- adult support and protection;
- domestic abuse and violence against women and;
- Multi Agency Public Protection Arrangements (MAPPA)

The development of a public protection strategy in the wider context of the Dundee *Protecting People* agenda through joint working between the Adult Support and Protection Committee, the Children and Young Persons Protection Committee, the Domestic Violence Against Women Partnership and MAPPA Strategic Oversight Group provides many opportunities for joint initiatives and developments.

The Chief Officers' group obtain regular reports from the staff responsible for these areas so that future direction in developing these services can be addressed. Reports are also submitted to SW and Health Committees on these activities. Staff responsible for Child Protection, Adult Support and Protection and Violence Against Women Partnership are now based together which brings many advantages in partnership working to address risk assessment and risk management.

WORKFORCE CAPACITY AND PLANNING

In order to develop and grow to meet the challenges of the future, the whole organisation must continue to develop and sustain a learning culture, recognising the need to participate in lifelong learning as a means of responding to the rapidly changing social services environment. We must provide development opportunities to support staff as we accommodate new ways of working, new technologies, faster communications and increased expectations.

There will be future resource constraints and an expectation that all public sector organisations will deliver services more collaboratively and on a multi-agency basis. Workforce development is key to helping our staff adapt and develop innovative

solutions to service delivery. This includes the capacity of social workers and the specific role of the qualified social worker. To take this forward there is a workforce capacity and planning group chaired by the CSW. This work is some of the Changing for the Future projects.

In the Department we strive for continuous improvement in all we do and achieving this is dependent on having the right people with the right knowledge, skills and behaviours deployed appropriately throughout the organisation. Work is currently underway in looking at areas of workforce planning that can be delivered corporately as well as shared services with out neighbouring authorities

CONTINUOUS IMPROVEMENT

The continuous improvement of the department is crucial in ensuring the quality of service delivery. To do this we have undertaken Self Evaluation Activity since 1999 when the department undertook its first European Foundation of Quality Management (EFQM) assessment. Following this the departmental EFQM Self Assessment and Case Study was undertaken in 2004/5 and again in 2006/7. The EFQM Case Study was produced at Departmental level and actions to be taken were again incorporated into the departmental service planning process. (Committee Reports 106-2007 and 131-2008).

In 2009 self assessment took the form of a submission to Quality Scotland for Recognised for Excellence. As a result Dundee City Council Social Work Department now has Recognised for Excellence Bronze status (Committee Report 343-2009).

In 2010 the department moved on to adopt the recently published by the then Social Work Inspection Agency 'Guide to Supported Self-Evaluation' as its self assessment model. This follows naturally from the previous work we have done and builds on the EFQM and PIM model approaches. It has been agreed within the Council that the Social Work Department will use the SWIA PIM and Supported Self Evaluation Guide as its main self evaluation tool rather than PSIF, although the self evaluation material is now being mapped against the PSIF framework. The Directorate agreed to a 3 yearly self-evaluation cycle commencing in 2010. We are currently in the process of completing our self evaluation activity .To date this has included:

- leadership events (first held with over 100 leaders from the department in September 2010 to help identify strengths and areas for improvement as part of the self-evaluation process);
- focus groups (focus groups held with staff from across the department both in segmented, service specific groupings and cross departmental groupings to help identify strengths and areas for improvement as part of the self-evaluation process);
- Staff Surveys and;
- Service user and carer surveys. (Committee Report 415-2010) resulted in number of areas for improvement being identified including:
 - access to public information about the range of services available
 - contact arrangements in the evenings and at weekends
 - service users to have a review meeting at least once per year
 - service outcomes to help people to feel a part of their community
 - complaints handling
 - respite/short breaks to assist carers in their caring role

- carers' assessments.

These will now be included in a self-evaluation improvement plan.

PERSONALISED OUTCOMES

Personalisation means enabling people and professionals to work together to manage risk and resources. It isn't about withdrawing professional support or indeed ignoring risk or the limits on resources, but about actively engaging in a dialogue about how to manage risk and the use of money and support that are available in the best way.

Personalisation should lead to services which are person centred (both around individuals and communities), which can change when required, are planned, commissioned and sometimes delivered in a joined up way between organisations.

The Personalisation agenda is being taken forward by the establishment of a personalisation Project Board and Team. There are task groups established to take forward the various elements of personalisation that includes self directed support. Committee Report 252- 2011 provides further information

Getting it Right for Every Child (GIRFEC) puts the child at the centre of all assessment, care planning and review and is the main driver for developing services to children and their families. Within Dundee we have been developed the GIRFEC model taking account of Culture Change, System Change and Practice Change.

The GIRFEC programme aims to remove obstacles which are rooted in the differences in cultures, systems and practice that have emerged through single agency thinking and delivery.

There will be considerable emphasis on developing and delivering on the GIRFEC agenda. Ensuring that children are safe, healthy, achieving, nurtured, active, responsible, respected and included will be a priority for all partners.

PRACTICE LEARNING

MEETING THE REQUIREMENTS OF THE SCOTTISH SOCIAL SERVICES COUNCIL (SSSC)

Registration of the social services workforce began in April 2003. Ensuring public confidence and public protection, and also the competency of our staff, our workforce requires investment in and access to Scottish Vocational Qualifications (SVQ's). Post registration training and learning (PRTL) underpins the priority for continuous professional development (CPD) and places a responsibility on employers to provide opportunities to support the workforce to meet registration requirements. These requirements are very stringent and the department along with the employee is responsible for arranging and evidencing continuous professional development to make the necessary requirements. In addition where there are investigations being undertaken as part of Disciplinary Procedures, we notify the SSSC.

Our workforce planning activities help us to make the necessary links between our service planning, our plans for recruitment and retention, and for learning and employee development. It provides us with an opportunity to undertake longer term thinking about future service pressures and needs. It also makes us think about what

we need to do to develop workable strategies - not just for people development, but also for financial planning and the management of change.

The progress of the registration of the social care workforce, the new education routes for social work qualifications, growing expectations and increasing joint working with our partners in health, the independent sector and higher education and research establishments, are all impacting on how learning and workforce development opportunities are delivered. Statutory duties, particularly relating to protecting people, increased scrutiny and demographic and societal changes will require more targeted priorities for learning in the future.

In the Social Work Department we have set out our Organisational Development Strategy which details our priorities and progress as a learning organisation. This includes learning and workforce development as a crucial strand of the learning organisation, alongside our improved human resource approaches and improved performance culture.

LOCAL PRACTICE FORUM

The Changing Lives Report highlighted the need for social work practitioner forums to be established where people can learn from each other and have a voice in making policy at local or national levels. To take this forward we have established a local practice forum. This forum provides frontline workers in social work and social care who carry caseloads an opportunity to meet monthly to discuss common issues, exchange information and support the development of good practice and influence policy and be a powerful resource to the chief social work officer. Membership is open to staff from the statutory and voluntary sectors. The Practice Forum meets every month and gives members a strong voice for improving practice, both locally and nationally. The Chief Social Work officer meets with the Local Practice Forum on a regular basis.

THE PROMOTION OF GOOD PRACTICE AND IDENTIFICATION AND RESOLUTION TO WEAK AND POOR PRACTICE

We encourage staff to submit good practice example for national awards such as The COSLA awards or the SSSC Care Accolades. We have enjoyed a number of successes over the last few years. A copy of all submissions are kept centrally and we can present these as good practice examples when requested by scrutiny bodies.

Individual weak practice is very often an issue for the supervision process described above. At this point further training or other measures can be considered to improve performance. If weak or poor practice becomes an issue that ends with an employee being disciplined a report of the circumstances can be sent to the SSSC as registration now or in the future may be affected. 20 such individuals were reported in 2010.

SIGNIFICANT/ CRITICAL CASE REVIEWS

The Children & Young Persons Protection Committee's Significant Case Review (SCR) Panel has commissioned 2 external Significant Case Reviews between April 2009 and March 2011. In addition, the panel, being satisfied that the criteria for a SCR had not been met, has asked the Committee's Practice Review Group to study practice in specific cases and to make recommendations based on both good practice and practice that required improvement that it might find. Furthermore, the

SCR Panel has studied Significant Case Reviews published elsewhere in the UK to examine lessons to be learned for practice in Dundee.

For adult care as well as identifying cases for a Special Case Review, we look at reports from the Mental Health Welfare Commission these together inform action planning. Within Adult Support and Protection various protocols/policies have been put in place so that good practice is acknowledged and poor practice is improved upon. The various task groups (self-evaluation, policy, practice and procedures and learning and workforce development) work closely together to ensure any organisational learning is incorporated into the Adult Support and Protection Committee (ASPC) Business Plan. The ASPC have recently approved a multi-agency Practice Review Protocol (adapted from the CYPPC model locally) which invites submissions from employees from any agency where examples of good practice or when things have not gone so well can be examined in detail and learning fed back. This has been adopted by the Tayside wide ASP steering group, the same format to be used in Perth and Kinross and Angus. Although we do not have a statutory duty to do so, the ASPC have developed a Significant Case Review Protocol - again this has been shared and adopted throughout Tayside.

The ASPC has adopted a method of feeding back from Mental Welfare Commission (and other e.g. Fatal Accident Inquiries) investigations and Reports. This is a regular feature of the ASPC agenda and again, any recommendations are fed into the Business plan and progress reported on at each meeting. Any Significant care review undertaken is reported to separately to the SW and Health Committee.

STATUTORY DECISION MAKING

ADOPTION

The Adoption & Children (Scotland) Act 2007 and the Adoption Support Services and Allowances (Scotland) Regulations 2009 came into force on 28 September 2009.

To fulfil this legislation all local authorities are obliged to provide an adoption service in their area. These statutory requirements include arrangements for assessing children and prospective adopters, placing children for adoption and post-placement support.

The adoption panel considers permanence of a child, approval of adopters and makes recommendations to The Agency Decision Maker (appointed by the Chief Social Work Officer) who will make the decision on approval of permanence for a child and for the approval of adopters. This panel also considers the arrangements to match specific children with specific adopters and long term/ permanent carers.

FOSTERING

This panel is responsible for the approval and review of foster carers and makes recommendations to The Agency Decision Maker (appointed by the Chief Social Work Officer) who will make the decision on approval.

Separate reports on the activity of adoption and fostering are prepared and presented to the Social Work and Health Committees.

SECURE ACCOMMODATION OF CHILDREN AND YOUNG PEOPLE

In discharging their duties to look after children, local authorities have to provide or arrange the provision of secure accommodation, where, in certain circumstances children are considered to present a serious risk of harm to themselves or to others. The CSWO may authorise their detention in secure accommodation with the agreement of the person in charge of the establishment. These decisions are confirmed by a Children's Hearing and are kept under close review with monthly Looked After reviews taking place.

Information concerning secure care admissions is reported in a data set to the Children's Services Management Team.

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

It is the Responsibility of Chief Social Work Officer to implement the code of practice for Local Authorities Exercising Functions under the 2000 Act. The 2000 Act confers a wide range of functions on local authorities. These functions within Dundee City Council are generally delegated to the CSWO. These are summarised as follows:

- to supervise guardians and attorneys;
- to investigate circumstances where personal welfare of adult seems to be at risk;
- to provide information and advice to proxies with welfare powers;
- to investigate complaints in relation to those exercising welfare powers;
- to consult Public Guardian and Mental Welfare Commission;
- to apply for an intervention order where necessary and no-one else is doing so;
- to provide reports to the sheriff relevant to applications for intervention orders or guardianship orders relating to personal welfare;
- to act as welfare guardian where no-one else is applying to do so; and
- to recall the personal welfare powers of a guardian.

FINANCIAL GUARDIANSHIP ORDERS

The Chief Social Work Officer's involvement in Guardianships is mainly confined to Welfare Orders although they still have responsibilities regarding applications relating to financial powers. The CSWO may have to apply for Financial Guardianship where no one else is applying. However, the CSWO can not act as Financial Guardian, only as Financial Intervener. If no one else is willing or able to apply the Local Authority can nominate a suitable person, such as a Solicitor or Accountant as Financial Guardians.

MENTAL HEALTH

The CSWO must ensure that the Department has sufficient Mental Health Officers (MHO) to undertake the statutory duties under the Mental Health Care and Treatment (Scotland) Act 2003.

The main duties of a Mental Health Officer under the Act are:

- to provide consent with regard to an Emergency or Short-Term Detention Certificate;
- to apply for a Compulsory Treatment Order;

- interview patients who may be detained under the Act and prepare appropriate reports and care plans;
- to advise patients of their rights, including the right to have access to an independent advocate and to have a named person to look after their interests;
- to notify the Mental Welfare Commission and the patient's named person when someone is detained or an application is made for a Compulsory Treatment Order;
- to be the allocated Designated Mental Health Officer in accordance with the Act.

The MHO service must be provided 24 hours a day for every day of the year. In Dundee the CSWO personally reviews the development log of each MHO for compulsory annual accreditation.

CONTRIBUTE TO REPORTS TO THE CHIEF EXECUTIVE AND ELECTED MEMBERS

The CSWO reports regularly to the Chief Executive and elected members on the range of social work services. This includes the performance and inspection reports. Reports that have far reaching implication for the Council, partner agencies and service users. These have included;

- Reshaping Care for Older People - Change Fund (237-2011);
- Personalisation (252-2011 and 359-2010);
- Integrated Children's Services Annual Report (314-2011).

Key performance indicators are included in a number of management data sets for consideration by the CSWO and other senior managers within the department. In addition the Scottish Government and Audit Scotland statistics are reported on annually.

REPORT ON ANY OTHER SOCIAL WORK RELATED ISSUES; PREPARE AN ANNUAL REPORT TO THE LOCAL AUTHORITY ON ALL OF THE STATUTORY, GOVERNANCE AND LEADERSHIP FUNCTIONS OF THE ROLE.

In the past it was felt to be unnecessary to prepare an annual report as the CSWO is directly responsible to the Chief Executive. This is not the situation in all local authorities. It was however a recommendation arising from the Changing Lives Report and more recently commented on by SCSWIS that a CSWO report should be considered good practice.

LEADERSHIP RESPONSIBILITIES

The Chief Social Work Officer:

- reports directly to the Chief Executive and meets with him on a monthly basis;
- is a member of the Council's Strategic Management Team;
- chairs the Children and Young Persons Protection Committee and is a member of the Chief Officers Group (COG) for the protection of people;
- is accountable to the Social Work and Health Committee and Scrutiny Committee;
- chairs the Departmental Team (fortnightly) and Extended Management Team (3 monthly);
- chairs the Department's HR Group;

- communicates widely with staff through Town Hall Style Meetings, visits to teams and units;
- leads organisational development within the department which since 2002 has resulted in several national awards, high standards of care as outlined in Care Commission Reports and a strong focus on continuous improvement and self evaluation;
- chairs Multi Agency Significant Case Review Panels;
- exercises Statutory responsibilities and has nominated a deputy in his absence;
- reports directly to the Chief Executive and provides advice to elected members on social work matters;
- along with his management team, holds monthly meetings with the convenor and vice convenor of the Social Work and Health Committee;
- directly supervises the 4 heads of service who make up the Directorate;
- meets with all new staff as part of their induction programme;
- chairs a quarterly meeting with the social work department extended management team, holds 'town hall' meetings and provides a regular 'Director's Digest' - which is published on the intranet site; and
- is a member of the Community Health Partnership

REGULATION, INSPECTION AND CONTINUOUS IMPROVEMENT

As of April 2011, the Social Work Inspection Agency, (SWIA), Her Majesties Inspectorate of Education (Child Protection) and the Care Commission have amalgamated to form Social Care and Social Work Improvement Scotland. This will continue to regulate care services and carry out social work and child protection inspections. Gradually these three main streams of work will be integrated into one unified system. All SCSWIS scrutiny will be informed by a systematic analysis of risk and targeted where it matters. If this new and more risk-based and proportionate regime is to provide public assurance, protection of vulnerable individuals and a catalyst for improvement, then it will be necessary to build new relationships with providers of social care and social work in which the expectations of SCSWIS are explicit.

The risk-based and proportionate regime from SCSWIS is key to us having a strong self evaluation approach. If through self evaluation we can identify areas for improvement and take forward improvement plans then we will experience "lighter touch" inspections.

The reports, from what was formally the Care Commission, into the quality of care for children, young people and adults in residential care has demonstrated a high standards of care in our own establishments. This is reported separately to the Scrutiny Committee and for external establishments Committee Report No 109 - 2011

NEXT STEPS

The next steps will be to:

- identify Strengths and Areas for Improvement based on our self-evaluation activities and develop the necessary improvement plan;

- undertake a mapping exercise to map the self-evaluation results onto the PSIF framework to comply with the Council requirement that a PSIF self assessment should be undertaken every 3 years;
- identify areas for closer examination;
- identify strengths and good practice examples and formulate strategy for sharing good practice across services;
- continue working to further develop qualitative measures rather than quantitative measures. This work relates both to the impact of service delivery and outcomes for people as well as staff accountability.

COMPLAINTS

The Social Work Complaints Procedure is prescribed by regulation (Circular SWSG5/1996, Local Authority Complaints Procedure). The responsibilities placed on the CSWO by this regulation are:

- ensuring that officers are appointed to receive complaints and co-ordinate responses;
- ensuring staff training in the procedure;
- publicising the procedure within the Authority and to the public;
- maintaining a central register of complaints;
- collating statistics on complaints; publicising the outcomes of complaints; and surveying complainants, thus providing useful management information on all aspects of complaints which will inform the department's "performance management";
- providing advice on the operation of the procedure; and
- monitoring and commenting on, if necessary, the departmental practice at all stages of the proceedings including implementation of any proposed action following complaint resolution.

Each year the workings of the complaints procedure are reported to the Social Work and Health Committee. Over recent years this report has also had as part of its focus information about other customer care issues such as surveys and complements.

A key future challenge is likely to be the implementation of the Scottish Public Ombudsman's Model Complaints Procedure. We are preparing for this by having established an electronic system for monitoring our complaints system.

MAJOR CHALLENGES AND FUTURE DIRECTION

The key challenges facing the Department are:

- further developing more integrated approaches with partners to meet increasing demands on services;
- high levels of alcohol and drug use across all sections of the population and its effect on people, including children and young people;
- increasing numbers of very old people and morbidity in the population;
- the effects of poverty and inequality;
- high public expectations within the people protection agenda;
- increasing legislation, regulation and registration;

- achieving the cultural change which will better support the delivery of a personalised outcomes approach;
- developing personalisation and need led services within a context of severe financial constraint;
- continue to shift the balance of care with less reliance on congregate care; and
- prevention /early intervention

Our desired outcomes, along with our vision and values, set a sustainable course, building the capacity of services and the workforce and providing a firm foundation for meeting current and future needs of vulnerable people in the City.

We plan to become an integral part of a whole public sector approach to supporting vulnerable people and promoting social well-being. We will work to shift the balance of care by placing more emphasis on self-help. We recognise that we will need to build new capacity in individuals, families and communities to meet their own needs, drawing on strengths, hopes and aspirations. We will provide a range of responses to promote self-reliance and resilience through prevention and earlier intervention which will include the increased use of Telecare, early and rapid intervention and rehabilitation. We will enable people to move from care in congregate settings to care at home or in the community. This will result in fewer people being cared for in prison or 'formal' care and in more personalised care packages.

We will provide services on a continuum from self-help to intensive care, based on desired outcomes and a hierarchy of need. This will include the provision of information and self assessment in accessible formats, including web based versions. We will provide information, advice and some assessment services from customer centres, including the Customer Services Centre One Stop Shop in the new Dundee House. We will also provide locality information, reception and service access through the location of mixed teams (permanent or peripatetic) in community centres, life services buildings, schools, health centres and other community resource locations.

Multi-disciplinary and specialist assessment and care planning services will be provided in co-located teams with a mixed skills base. Some of these services, such as the revised New Beginnings Service, will involve the co-location of workers from community care and children's services. Others, including the learning disabilities service, mental health and drugs and alcohol services involve multi-disciplinary working arrangements with health. Arrangements for, and the provision of care and support, will be made through the external and internal provision of core care and support services.

The current climate means major challenges in relation to increasing demands for service delivery set against a difficult financial context, new legislation and the Public Sector Reform. As a service that delivers to the most vulnerable people in the city we need to continue to provide services by developing further co-location models and integrated working.

In particular the following are worth highlighting:

Protecting People - There will be a strong emphasis on responding to the requirements from the HMIe inspection of child protection services. This will involve improved scrutiny arrangements, with the regular use of structured audits as a

method of improving standards across all protecting people services, including MAPPA and adult support and protection.

Delivering Integrated Services - Further work will be undertaken with key partners to achieve more integrated service delivery which will improve efficiency. The Department already delivers most services within a context of partnership working, including with health services, police and independent providers. There are also significant areas of joint work with other council services. Work to develop more integrated service will deliver better outcomes for people by strengthening public protection arrangements, improving the balance of care, promoting and supporting early intervention and by addressing social inclusion and health inequalities.

An Ageing Population The ageing, and in particular, the very old population in the city continues to grow and will produce increasing demand on services. Over the next 2 years we will face a number of challenges including the replacement of experienced staff as the workforce ages and people retire.

In recognition of this the Scottish Government introduced the Change Fund to support the Reshaping Care for Older People. The programme was announced through the Government's 2011/12 budget. The purpose of the change fund is to provide bridging finance to shift the balance of care from institutional to primary and community settings. This is consistent with the principle policy goal of Reshaping Care for Older People Programme which is to optimise independence and wellbeing of older people at home or in a homely setting. The change plan submission was prepared using local community partnership planning mechanisms, and were also undertaken in co-operation with the independent sector.

The programme of change within the submitted bid highlighted 11 proposed programme models:

- housing with care - alternative to care admission;
- moving assessment for care home admission from congruent settings (hospital/respite);
- support older people with changing health needs to continue to be cared for in a care home setting;
- telecare/telehealth;
- at risk assessment and support;
- integration;
- improve resources and support for people with dementia;
- further develop an integrated OT and equipment service;
- carer support;
- capacity building and co-production; and
- improved models of public information

This approach builds upon the underpinning philosophy of care of the Reshaping Care Programme, which is predicated upon the principles of co-production (Committee Report 237- 2011).

LEARNING DISABILITY SERVICES

Local and national research has evidenced that there is a trend of increasing numbers of people with learning disabilities as more children with complex needs survive and people have longer life expectancies. There are also a number of factors which affect increasing demand for resources, although not as a direct result of an

increase in population numbers. These factors include an increasing demand for community based service provision; families opting to maintain those with profound and multiple learning disabilities at home with a direct effect on the amount of community based service provision required; people with moderate to complex learning disabilities no longer moving into long term hospital provision and the expectation that youngsters with disabilities should achieve independent living, albeit with support. Maintaining and improving services to people with these needs will over the coming years have significant resource implications.

Within Dundee we have continually involved service users and carers in developing services. The Partnership in Practice agreement sets out plans for care and health services, and includes plans for improving the support available to people with learning disabilities and their families and carers. This includes partnership working with housing, education, further education, employment leisure and transport. A review of Learning Disability Services has been undertaken and a report outlining the recommended future direction will be submitted to committee later in the year.

Some of the key challenges include;

- transition from childhood to adulthood;
- the increasing number of people with a diagnosed autism spectrum disorder;
- the potential integration of employment support services to ensure better outcomes for more people who experience disadvantage and poverty;
- developing opportunities for people to have meaningful friendships and relationships;
- enable people to live where they with the right kind of support;
- supporting parents with a learning disability to care for a child. New Beginnings Service work with pregnant women who may have a learning disability; and
- support to carers

COMMISSIONING

SCSWIS will have reported that the Department has not finalised a comprehensive commissioning strategy, and that strategic commissioning is limited to purchased services and focused largely on community care. The Department's commissioning strategy remains in draft and although commissioning frameworks are included in a number of joint strategies, these lack detail, including on financial information. They also largely focus on external purchasing rather than strategic commissioning of services across direct provision and purchased services. More needs to be done in Children's and Criminal Justice Services. Effective commissioning strategies will include other council departments and key agencies. This is a key area of future work that has been agreed for future consultation with SCSWIS over the next four months.

CONCLUSION

The greatest challenge for all social work services is to continue to enable better outcomes for people. This is to be achieved against a background of changing expectations and increasing demand. It will also have to take account of the needs of a population which is ageing and experiencing poor health. All of this will have to be delivered against a reducing resource base, at a time of severe fiscal constraint,

and with an ageing workforce. Further challenges include increased regulation and registration requirements and a growing professionalism of the workforce.

Changes in models of delivery will result in more self directed care with more people being supported to do things for themselves. This will bring its own challenge, as support systems are not currently designed to facilitate self-directed care.

Increasing diversity of provision, which involves multiple providers engaging with users and carers, will result in the need for more complex governance. This includes the need for enhanced contracting arrangements and increasing performance management and quality assurance demands in a mixed economy of care. As a result the Department will have to provide more support to external providers, including support in the area of workforce development.

In most areas of our work high quality services cannot be provided in isolation and good partnership working with service users, carers and other agencies, including the private and voluntary sector, will be essential. It is against this backdrop and these challenges that the Social Work Department sets its direction for the delivery of social work services in Dundee.