

ITEM No ...3.....

REPORT TO: POLICY AND RESOURCES COMMITTEE – 19 NOVEMBER 2018

REPORT ON: THE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017-18

REPORT BY: CHIEF SOCIAL WORK OFFICER

REPORT NO: 365-2018

1.0 PURPOSE OF REPORT

1.1 This report brings forward for Members' information and approval the Chief Social Work Officer's Annual Report for 2017/18, attached as Appendix 1.

2.0 RECOMMENDATIONS

It is recommended that Committee:

- i approves the attached Chief Social Work Officer's Annual Report for 2017/18;
- ii approves the submission of the report to the Scottish Government.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The qualifications are set down in regulations which state that he/she should be a qualified social worker and registered with the Scottish Social Services Council.

4.2 The CSWO provides strategic and professional leadership role in the delivery of social work services, in addition to certain functions conferred by legislation directly on the officer. The overall objective of the role is to ensure the provision of effective, professional advice and guidance to elected members and officers in the provision of social work and social care services. The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain social work functions to an integration authority but the CSWO's responsibilities in relation to local authority social work functions continue to apply to services which are being delivered by other bodies under integration arrangements. Responsibility for appointing a CSWO cannot be delegated and must be exercised by the local authority itself. The CSWO also has a role in providing professional advice and guidance to the Integrated Joint Board (IJB).

4.3 National guidance requires that the CSWO produces and publishes an annual summary report for local authorities and IJBs on the functions of the CSWO and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work Services.

4.4 The attached report is the eighth CSWO report for Dundee and provides information on how the CSWO discharged her responsibilities in 2017-18. It provides an overview of the social services delivery landscape and the partnership structures. It provides information on the key trends, risks, achievements and challenges and outlines how resources have been deployed. It provides details of the statutory functions carried out by the CSWO during the 12 month period. Information regarding complaints is also included in the report. All the information provided complements other more detailed and service specific reports on social work and social care services which have been reported in a range of other ways. The report demonstrates that services have continued to deliver quality support which improve lives whilst responding to many challenges. Some specific achievements include:

- Contributions towards the implementation of the Tayside Plan for Children, Young People and Families 2017-2020, particularly in relation to Corporate Parenting for Looked After Children and Care Leavers, Young Carers and Child Protection.
- Collaboration with the Third Sector to develop individualised support for children and young people returning to the city from external residential placements strengthening their links with their local communities and reducing costs.
- Implementation of a Community Justice Outcome Improvement Plan involving partnership work with the Crown Office and Procurator Fiscal Service, Police Scotland, NHS Tayside and Third Sector to improve the efficiency and effectiveness of the community justice system.
- Development of Veterans First Point Tayside which focuses on ensuring that veterans are able to access priority care and treatment from mainstream and specialist services, particularly those that have the most enduring health and welfare difficulties.
- Work with the MacMillan Improving Cancer Journey Project resulting in changes to the ways in which staff are recruited to ensure there is a focus on empathy and emotional intelligence, rich experience of working with vulnerable people and the ability to deal with people in distress.
- Responding to the work of the Scottish Child Abuse Inquiry.
- Significant performance improvements across a range of services, including levels of delayed discharges; reductions in the number of Looked After Children; reductions in the length of time children are on the Child Protection Register; and Community Payback Order completion rates.

4.5 The report is also forward looking and identifies the key challenges and opportunities for the coming year, which include:

- Strengthening our approaches towards protecting the public through the implementation of a Transforming Public Protection Programme supported by the Care Inspectorate to mutually share and improve practice and processes across partnerships and services.
- In Children's Services, work with partners to continue to implement the Tayside Plan, the local GIRFEC Improvement Programme, local placement capacity for Looked After Children and the requirements of Continuing Care. We anticipate much of this work will be informed by the work and findings of the Independent Care Review.
- In Community Justice, work with the Scottish Prison Service to develop new approaches to women, employability, prison release, electronic monitoring, males aged 21-26 years and young people.
- In Health and Social Care, aligning statutory service delivery to localities and taking forward major service re-designs in mental health services and substance misuse.
- In all areas, addressing major financial challenges which will continue to require new ways of working, the active involvement of communities in service redesign including people, with lived experience, joint work with neighbouring authorities and prioritisation of scarce resources.
- It is also anticipated that both the Dundee Drug Commission and the NHS Tayside mental health inquiry will make recommendations which may impact on social work.

4.6 The CSWO is of the view that good progress continues to be made and integrated arrangements are becoming increasingly embedded. The CSWO continues to have a role in ensuring the local authority fulfils their statutory responsibilities across the range of partnerships.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. A copy of the Integrated Impact Assessment is available on the Council's website at www.dundee.gov.uk/iia.

6.0 CONSULTATIONS

6.1 The Council Management Team were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

- 7.1 The Role of the Chief Social Work Officer – Scottish Government Publication July 2016. Guidance for local authorities and partnerships to which local authorities have delegated social work functions.

JANE MARTIN
Chief Social Work Officer



Dundee City Council

Chief Social Work Officer Annual Report

2017-18



Preface

I am pleased to present the Chief Social Work Officer's (CSWO) Annual Report for Dundee City Council for the period 2017-18. As in previous years, my report has been written for Social Work staff, Elected Members, colleagues and partners to provide a summary of activity over the last 12 months. It includes information about leadership; partnerships; statutory decisions made on behalf of the Council; finances; the involvement of service users; and on performance across all service areas. The report is not intended to be exhaustive but gives an indication of key trends, achievements, challenges, opportunities and priorities. As always, it was an exceptionally busy year for Social Work staff and a privilege to lead the profession in order to contribute towards improving the lives of vulnerable groups in the city.

The last 12 months saw some key changes in a context of ongoing challenges relating to growing demands on services and increasing financial constraints. In Children and Families, we were closely involved in implementing the first year of the new Tayside Plan for Children, Young People and Families. As part of a new GIRFEC Improvement Programme we progressed community, school, family and whole child based approaches to our work to help identify problems earlier and prevent them from escalating. Each of these are showing some early signs of success however although referrals to the Multi Agency Screening Hub reduced, they increased in complexity and there were more Child Protection Case Conferences. The service also took a lead role in implementing the first year of a new Corporate Parenting Plan for Looked After Children and Care Leavers and responded to new legislative requirements relating to Continuing Care.

In Community Justice, the service similarly worked with a range of partners to implement the first year of the new Community Justice Outcome Improvement Plan (CJOIP). This also involved a range of positive developments, including the increased use of Diversion from Prosecution with the Crown Office Procurator Fiscal Service (COPFS); the introduction of a new approach to Electronic Monitoring as an alternative to imprisonment; reductions in short-term prison sentences following Court Reports; the highest ever levels of both Unpaid Work hours and Community Payback Order successful completion rates; and lower overall re-offending rates. We now have the lowest sustained local number of referrals to the Children's Reporter on offence grounds and the lowest number of young people in prison.

In Health and Social Care we continued to make good progress in reducing the impact of delayed discharge on service users however it is recognised that there are significant challenges in improving performance in areas such as falls and readmissions to hospital within 28 days. We have also continued to make progress in increasing the value of Self-Directed Support Options 1 and 2 as well as investing additional resource in strengthening the local infrastructure for the delivery of Self-Directed Support. The Health and Social Care Partnership has continued to undertake a range of work to redesign services and pathways to better meet the needs of individuals and communities, including significant service redesign in both substance misuse and mental health services. Alongside other community planning partners we also had the opportunity to reflect on areas for improvement following the thematic inspection of adult support and protection. The outcomes of the inspection reflected positively on the relationships between social work staff and service users and the impact of service delivery on positive outcomes for adults at risk, however significant work will be required over 2018-19 and beyond to improve key adult protection processes.

None of these achievements could have been reached without a professional and committed staff group and the close involvement and support of partner agencies. As a profession, we continue to have a strong value base based on social justice, anti-discrimination, empowerment, human dignity, worth and ensuring that risks are dealt with on the basis of defensible decision making. We work in partnership with both service users and partner agencies because we know that this is most likely to achieve the best outcomes. I am proud to be part of the profession and recognise the significant contributions all our staff, whether managing and delivering services or providing technical support, make. and I hope this report helps to explain our services and the positive impact they have on the people of Dundee.

Jane Martin
Chief Social Work Officer

1.0 INTRODUCTION

1.1 This report details the arrangements within Dundee which enable the Chief Social Work Officer (CSWO) to fulfil their responsibilities as outlined in Section 5 (1) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The post is a senior one designed to promote leadership, standards and accountability for Social Work services, including commissioned services. Statutory guidance outlines requirements of the CSWO to:

- Report to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities.
- Provide appropriate professional advice in the discharge of the Local Authorities functions as outlined in legislation, including where Social Work services are commissioned.
- Assist Local Authorities and their partners to understand the complexities and cross-cutting nature of Social Work, including corporate parenting and public protection.
- Promote the values and standards of professional Social Work, including all relevant National Standards and Guidance and adherence to Scottish Social Services Council Codes of Practice.
- Establish a Practice Governance Group or link with relevant Clinical and Care Governance Arrangements designed to support and advise managers in maintaining high standards.
- Promote continuous improvement and identify and address areas of weak and poor practice in Social Work services, including learning from critical incidents and significant case reviews.
- Workforce planning, including the provision of practice learning experiences for students, safe recruitment practice, continuous learning and managing poor performance.
- Make decisions relating to the placement of children in secure accommodation and other services relating to the curtailment of individual freedom.
- In co-operation with other agencies, ensure on behalf of the Local Authority that joint arrangements are in place for the assessment and risk management of certain offenders who present a risk of harm to others.

1.2 The statutory guidance also states that the CSWO must produce and publish a summary Annual Report for Local Authorities and Integration Joint Boards. This report therefore provides details on how the CSWO functions are being discharged within Dundee, including the systems and processes in place to ensure the safety of children and vulnerable adults and the management of those who present a risk to others, in the period 2017-18. The report ends with an outline of key priorities over the next 12 months.

2.0 Summary

In the last Annual Report covering 2016-17, the CSWO set out the focus for developments in the forthcoming year. The priorities were informed by a variety of factors, including opportunities and challenges afforded by new and anticipated legislative requirements, national or local structural changes, ongoing financial pressures, internal self-evaluation, external inspections and SSSC Codes of Conduct. We committed to:

- Increase collaborative working across a range of partnerships.
- Strengthen responses to issues such as substance misuse, domestic abuse and transitions from childhood to adulthood across social work functions.
- Continuing to contribute to the 'fairness' agenda and tackle the causes and consequences of welfare, poverty and stigma.
- Further embed locality based working across all Social Work services.
- Continuing to develop clinical, care and professional governance arrangements to support scrutiny and quality assurance of statutory functions.
- Involving communities in service prioritisation and decisions about the prioritisation of resources.
- Supporting further development of collaborative working across Tayside in a way which supports good quality, fair and equitable care.
- Implementing our Community Justice Outcome Improvement Plan and Tayside Plan for Children, Young People and Families.
- Addressing levels of hospital readmission within 28 days and further enhancing community based support services.

- Improving supports for Carers in line with the requirements of the Carers Act and enhancing responses to people who face mental health challenges.

This year's Annual Report describes how the CSWO supported the progression of each of these areas of work. It shows how there were a number of key achievements in each of our service areas and how, in particular, all service areas strengthened their approaches to locality working and engaging with local communities. Strategic plans are either setting the foundations for change or they are already driving improvements across a range of performance indicators.

3.0 PARTNERSHIP STRUCTURES/GOVERNANCE ARRANGEMENTS

In Dundee, the role of CSWO lies with the Head of Service for Integrated Children's Services and Community Justice, with the Head of Service for Health and Community Care deputising as required. During the last year a CSWO Governance Framework has been developed to support enhanced understanding of the role of the CSWO and to set out the ways in which they will discharge the requirements of the role and provide assurances to Elected Members throughout the year.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integrated Joint Board, Directors, Heads of Service, managers and front line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional Social Work issues. They attend a broad range of Council leadership and strategic partnership meetings with varying terms of reference as follows:

- Reporting to the Executive Director of Children and Families and regular meetings with the Chief Executive and Chief Officer of the Integration Joint Board.
- Member of the Integration Joint Board and IJB Performance and Audit Committee.
- Member of the Tayside Clinical Care Professional Governance Forum, alongside CSWOs from Angus and Perth and Kinross.
- Member of three Executive Boards which oversee the implementation of local community planning priorities.
- Member of the Adult Support and Protection (ASP) Committee, providing advice on Social Work matters relating to vulnerable adults.
- Member of the Alcohol and Drug Partnership (ADP), providing advice on Social Work matters relating to substance misuse.
- Member of the Child Protection Committee (CPC), providing advice on Social Work matters relating to children and young people at risk of harm.
- Member of the Chief Officer Group for Protecting People, contributing leadership and oversight on all public protection matters.
- Member of the Tayside Strategic Children and Young People Collaborative Group as the representative of the CSWOs in all 3 local authority areas.

The CSWO is also supported by a Joint Social Work Management Team which brings together the Senior Officers (or their representatives) with responsibilities for Social Work functions, alongside supporting officers. The group maintains oversight of:

- Key national and regional developments with implications for social work practice, including considering local actions required in response and monitoring implementation of these actions.
- Local developments, both strategic and operational, with specific implications for the social work workforce and services.
- Datasets relating to statutory social work functions.
- The effectiveness of arrangements to support the CSWO in discharging their statutory role.
- Production and publication of the CSWO annual report.

4.0 PARTNERSHIP WITH SERVICE USERS, CARERS AND THE THIRD SECTOR

As well as having a strong history of engaging with service users, carers and communities, each of which are outlined in Section 11, Social Work remains committed to working closely with Third Sector partners to develop and improve services. The City has a vibrant and diverse Third Sector and a shared focus on improving outcomes has enabled existing partnerships to be maintained or adapted to fit priorities and new partnerships to begin. Examples include:

Children's Services

In respect of the Third Sector, the CSWO continued to oversee a Strategic Commissioning Group which collaboratively carried out a scoring exercise using a Community Planning Partnership tool on the range of services currently commissioned by Social Work. The purpose of this was to establish the extent to which services reflect a range of agreed principles and priorities, which include such things as focusing on the 5 priorities of the Tayside Plan, demonstrating best value and promoting improved outcomes. Individual improvement plans are being progressed with providers and the process will be extended to include services commissioned by the wider partnership.

Collaboration with the Third Sector also extended to creative work to provide support for children and young people coming back from external residential care. As a result of our adherence to the requirements of Continuing Care, more young people have been staying for longer periods in our Children's Houses. This is a positive development because it supports them through transitions into early adulthood and enables them to move into independent living with more support and confidence. However, as a result a number of children have been placed in external residential placements which distance children from their local community and are more costly. In response, the CSWO oversaw a strategy which included close work with the Third Sector to create highly supportive local placements for some young people. This enabled a number of young people to return to the city and made better use of existing resources. In addition we are working closely with the Independent Care Review in their work to identify and deliver lasting change in the care system in order to transform the life chances and wellbeing of children and young people in care.

During the past year the service has been involved in scoping issues around women who have had multiple children removed, with the aim of addressing their needs and the associated risk factors. "Pause" is an organisation that already operates across a number of areas in England and has recently been in discussion with Council officers from Dundee about the possibility of piloting a service in Scotland, with financial support from the Robertson Trust.

The Pause approach is based around supporting these women to delay further pregnancies alongside an intensive, flexible programme of support tailored to their individual needs and a scoping exercise has identified that there would be a demand for this type of service. Our research tells us that a small number of women, often with multiple problems relating to adverse childhood experiences, mental health, substance misuse and domestic abuse, experience numerous pregnancies and have had a number of children removed from their care. The approach aims to provide additional support addressing all these issues in order to end this negative cycle and enable the women to move forward in their lives. Financial arrangements are currently being clarified, with the aspiration for a service to commence during the 2019/20 financial year.

Over the year, a Food and Fun Programme was coordinated to provide lunches to children in deprived areas during the school holidays. The purpose was to promote their health and wellbeing and contribute towards narrowing the attainment gap, with children experiencing 'holiday hunger' less likely to progress academically during the new school term. The programme covers all holiday periods and delivers thousands of lunches and vouchers. In 2017-18, the programme became a fully constituted charity known as Dundee Bairns, widened its scope from lunches to breakfasts and extended to offer low cost holidays. It is being extremely well received and many recipients are also Social Work service users.

Community Justice Service

The Community Justice Outcome Improvement Plan was developed in partnership with the Third Sector. In terms of commissioning, partners are committed to ensuring that all funding is targeted at those areas which have demonstrated a positive impact on reducing re-offending and related outcomes and/or are required on a statutory basis. In this context, the service ended a long-term arrangement with Apex to provide employability support to people subject to Community Payback Orders and other interventions but those people continued to receive the same services from mainstream providers.

The service maintained arrangements with Tayside Council on Alcohol to continue to deliver mentoring services. This service appears to be valued by the Sheriffs and is helping people to more effectively engage with services and improve their personal outcomes. It involves a focus on young people, women and adult males aged 18-26 years. The latter group has continued to

experience higher than average levels of imprisonment and support is being further enhanced through a targeted approach towards Electronic Monitoring delivered by SERCO.

Health and Social Care

In Health and Social Care as part of our commitment to the Armed Forces Covenant, we have supported the development of Veterans First Point Tayside (V1P) which focuses on ensuring that veterans – and particularly those with the most enduring health and welfare difficulties - are able to access priority care and treatment from mainstream and specialist services. Although a small service, V1P has delivered care and treatment to over 230 veterans and their family members living across Dundee, Perth and Angus. The service has been independently evaluated and the credibility, accessibility and coordination of care has resulted in high levels of service user satisfaction through a cost effective service structure.

The Making Recovery Real (MRR) partnership continues to work together listening to people with lived experience (PWLE) of mental health challenges. The partnership now has a dedicated worker based at Dundee Voluntary Action whose main role is to support the development of recovery. Twelve story sharing facilitators have been trained and 35 stories have been gathered to date in various formats. MRR has just released its second film, MRR in Dundee 'One City, Many Recoveries'. This short film is now to be used in a training pack being developed for front line staff and for other PWLE. The film shares the unique experience of participants and their journey to recovery. The aim is to promote recovery and support the recovery of others. In addition, a further 6 week Peer2Peer training was aimed at anyone with their own lived experience of mental health difficulties who wish to use their experience to help and support others.

We have also supported the Developing Recovery project which views recovery through the lens of those living it. 40 cameras were given to 40 people to take black and white film images regarding their own or someone else's recovery from substance misuse. The project engaged with families, relatives and carers recovering from the effects of a loved ones' substance misuse. Once the film was developed and printed, the participants were then asked to write a short narrative saying what the image meant to them. Dundee Photographic Society provided professional and technical support to the participants.

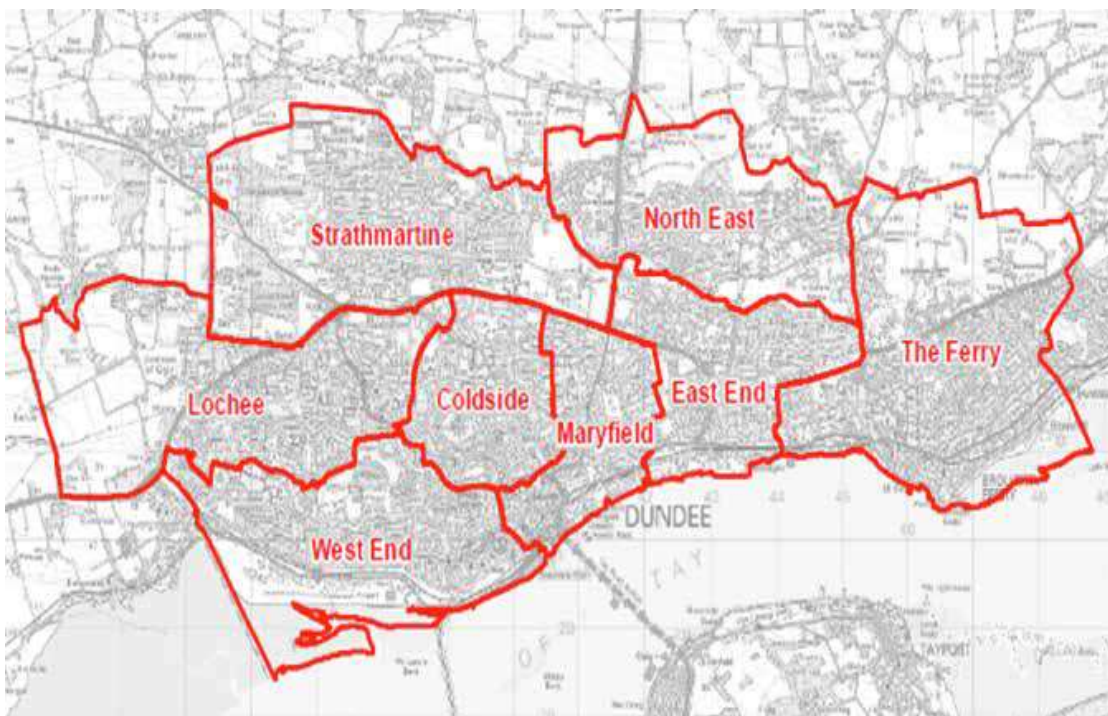


CASTLES

"I made this clay tower in a pottery class while I was in prison. I designed the whole thing myself. I got the inspiration from the Scottish history class I went to. Working on this was very therapeutic. I felt proud of my achievement when I finally completed it. Working on this was probably the first step on my road to recovery."

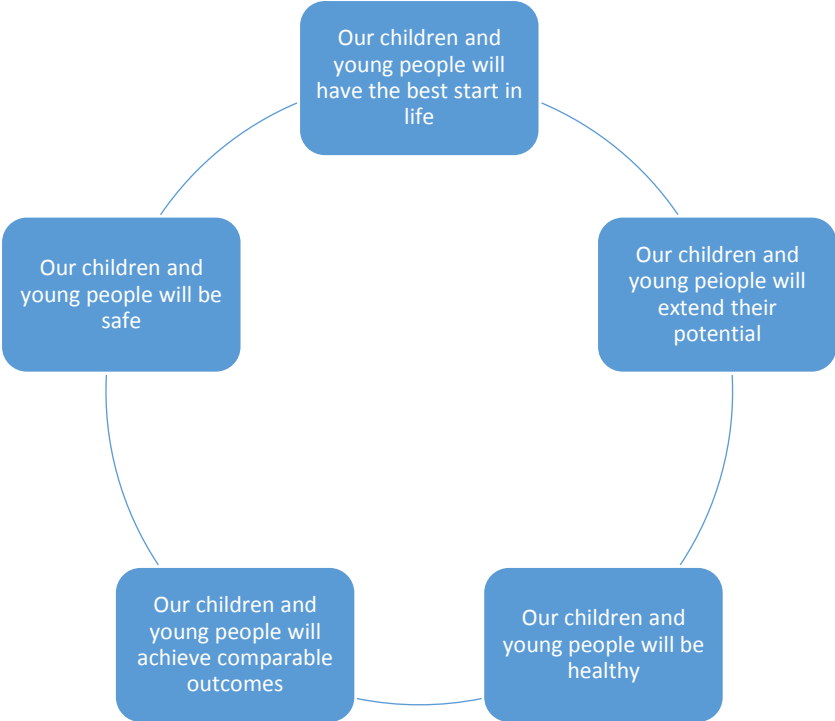
Finally, through the MacMillan Improving Cancer Journey Project we have continued to work closely with our Cancer Voices Panel, made up of people who have experience of living with or caring for people with cancer, to develop and improve the service. As a result of their input and feedback, we have made changes to the way in which staff are recruited to ensure there is a focus on empathy and emotional intelligence, rich experience of working with vulnerable people and the ability to deal with people in distress. Changes have also been made to the tone, language and content of project materials, so that they are reassuring, friendly and focussed on the benefits for the individual and give strong messages around wellbeing and our person-centred approach.

5.0 SOCIAL SERVICE LANDSCAPE/MARKET



- 5.1 Dundee is a dynamic, modern city which is undergoing a period of significant change associated with the development of the Waterfront and opening of the V&A Museum. The city has a thriving port, is a hub for creative industries, media and life sciences, is a UNESCO City of Design and has a strong commitment to fairness and social justice. However the population of 148,000 also faces challenges associated with high levels of poverty, deprivation and inequality. This is accompanied by the range of related social, community and personal problems, including high levels of unemployment, substance misuse, drug deaths, mental health, physical health, domestic abuse, re-offending and morbidity. There are also more people with physical or learning disabilities than the Scottish average. Typically, there are over 9,000 users of social care services in the city at any time.
- 5.2 Over the next 25 years, the number of people aged over 75 years is also expected to rise by 45%. There will be similar increases in the number of people aged over 90 years. This is likely to lead to a greater prevalence of problems associated with older age which require health and social care, such as dementia, injuries resulting from falls, osteoarthritis, osteoporosis, immobility and other features of deteriorating mental and physical health.
- 5.3 As a result, in the context of growing financial pressures, there are unusually high and ever increasing demands on health, social care and other relevant local services. It means services must work together in a joint focus on prevention and engage with communities to prioritise and address problems within existing, shared resources. As such, the Dundee Partnership has outlined an aspirational vision for the City which will be realised over the next 10 years. Our shared vision is that:
- We will have a strong and sustainable economy that will provide jobs for the people of Dundee, retain more graduates and make the city a magnet for new talent.
 - We will offer real choice and opportunity in a city that has tackled the root causes of social and economic exclusion.
 - We will be a vibrant and attractive city with an excellent quality of life where people choose to live, learn, work and visit.
- 5.4 To achieve this, the Dundee Partnership is focusing on 5 priorities of Work and Enterprise; Children and Families; Health, Social Care and Wellbeing; Community Safety and Justice; and Building Stronger Communities. This is supported by themes on Cultural Development, Sustainability, Public Protection and Substance Misuse. We will engage with localities, jointly resource, prevent problems occurring or escalating and reduce inequalities. Given its work with vulnerable groups, Social Work will play a major role.

5.5 [The Tayside Plan for Children, Young People and Families 2017-2020](#) sets out the joint vision and priorities across the three local authorities, NHS Tayside and other local and national partners. It has been informed by the views and responses from children and families gathered through the Dartington Social Research Unit in 2014 along with evidence on what works to improve outcomes for children, young people and families. It has a clear focus on reducing inequalities and improving outcomes for all of Tayside’s children, with partners committed to working collaboratively in five priority areas:



5.6 The Plan identifies a range of ways in which Children and Families will work with the Health and Social Care Partnership to improve outcomes for children, young people and adults. These include developing shared strategies on joint priorities such as parenting, substance misuse and mental health, with a focus on prevention, early intervention and tiered responses to need. It mirrors both the City Plan and the Council Plan, each of which include the same shared 5 priorities within and between partner services.

5.7 In Community Justice, a Community Justice Outcome Improvement Plan (CJOIP) focuses on the improvement of key processes across the criminal justice system overall and on the delivery of services to people who have offended. In accordance with whole systems models, this includes a range of priorities and actions relating to Early and Effective Intervention, Diversion from Prosecution, Community Payback Orders and Resettlement. There is a particular focus on pathways into and out of prison involving close partnership work with NHS Tayside, Housing and Employability Services.

5.8 In 2017-18 the work of the Health and Social Care Partnership continued to be guided by the eight strategic priorities set out in [The Strategic and Commissioning Plan](#). Under each of these priorities there are a range of strategic shifts that have been identified. A locality approach will provide the overarching framework for the development and implementation of the plan, including the allocation of resources to achieve the strategic shifts against the priorities identified. The 8 priorities are:

- 1 Health inequalities
- 2 Early intervention/prevention
- 3 Person centred care and support
- 4 Carers
- 5 Localities and engaging communities
- 6 Building capacity
- 7 Models of support/pathways of care
- 8 Managing our resources effectively

6.0 FINANCE

6.1 In 2017-18, the total Social Work budget of £124,277,000 was allocated across services as follows:

Service Area	2017-18 Budget £000
Children's Services	£34,762
Community Justice Services	£,4,634
Adult Social Care Services*	£84,881
Total	£124,277

* Delegated to Dundee Integration Joint Board

Children's Services experienced significant financial pressures around Looked After Children due to national requirements for parity of payments between kinship carers and foster carers and the demands of new Continuing Care legislation. The Continuing Care entitlements have led to more young people staying for longer in Children's Houses and reduced local capacity to accommodate others. As a result, more children and young people have been accommodated outwith the city.

In response, an action plan has been developed to reduce the overall numbers of Looked After Children and re-model the type and range of local placement options. This includes work with the Third Sector on preventative services; work to increase the number of foster carers; the new build of another Children's House; the development of satellite flats attached to Children's Houses; and additional, targeted support to more vulnerable placements at risk of breaking down.

The Community Justice budget continued to be provided by the Scottish Government on a ring-fenced basis, for spending on matters relating to community justice only. This was the first CJS budget allocation since the dis-establishment of the Tayside Community Justice Authority and was in line with the previous year's budget. With the ending of the CJA, it was necessary for Dundee, Angus and Perth and Kinross to reach an agreement about the joint funding of certain shared services.

The delegated budget to the Integration Joint Board to support the delivery of adult social work and social care services continued to be impacted on by demographic and other cost pressures throughout the year. Within this, additional resources of £1.1m were directed towards the provision of additional home care services to meet significant growth in the need for community based social care. This was despite significant levels of savings required to be delivered as part of the budget setting process. The adult social care element of the integrated budget resulted in an overspend of £403k at the end of the financial year 2017/18 compared with an underspend in operational services of £1,032k at the end of 2016/17, indicating the challenges faced in delivering on the IJB's strategic priorities.

7.0 Service Quality and Performance

7.1 Self-Evaluation - in 2017-18 Social Work services led and participated in a number of single and multi-agency self-evaluation activities focused on continuous improvement and improving outcomes for service users, carers and communities. These activities sit within the framework of the Care Inspectorate Performance Improvement Model and include case file audits, case reviews and audits of specific processes/documents. This activity is supported by the Learning and Organisational Development Service to ensure that learning is effectively shared and informs improvements plans at team and service level, as well as contributing to the development of strategic and commissioning plans for Health and Social Care and Children and Families.

Significant progress has been made in reviewing Balanced Scorecards for each of the Committees/Partnerships that are part of the Protecting People grouping to ensure that they are fit for purpose and provide a robust mechanism for scrutiny. The scorecards are to be finalised and transferred onto the Council's electronic performance monitoring system during 2018/19.

Specific service evaluations have been completed for MARAC (multi-agency risk assessment conference for high risk victims of domestic abuse) and the Community Justice Service Domestic Abuse Perpetrator Worker. Findings from these evaluations have been considered by the Violence Against Women Partnership and Chief Officers Group with action plans developed to address areas for improvement.

The Child Protection Committee and Adult Support and Protection Committee have progressed 3 Initial Case Reviews, with one adult protection case progressing to a Significant Case Review which is due to be completed during 2018/19. The remaining 2 ICRS resulted in 'steps to change' plans being developed and considered by the Child Protection Committee. The Dundee Chief Officers Group, on the recommendation of the Tayside MAPPA Strategic Oversight Group, has commissioned a MAPPA Significant Case Review that will also report in 2018/19.

Teams across Children and Families and Health and Social Care have continued to undertake a range of planned self-evaluation activities, including peer auditing, service user satisfaction surveys and stakeholder engagement events. Many of these activities have directly informed changes in service design and practice. For example feedback gathered from residents at Craigie House led to a focus group of residents and carers being established to review food menus which resulted in a wider range of options being made available to residents.

- 7.2 External Scrutiny - in 2017/18, the Dundee Partnership participate in the first Joint Thematic Inspection of Adult Support and Protection. The inspection process assessed Dundee Community Planning partners against three quality indicators for adult support and protection: outcomes for adults at risk of harm, key processes for adult support and protection, and leadership for adult support and protection.

Although the Report was published outwith the timescale of this report its findings confirms that adults at risk in Dundee are safer, have enhanced well-being and an improved quality of life as a result of adult support and protection processes. However, the inspection team found a number of areas of the Dundee Partnership's key processes that require significant improvement. The report highlighted that, following recent self-evaluation activity, partnership leaders had already identified that further improvements were required. Many of the areas for improvement for the Dundee Partnership are also in the overview section of the inspection report as shared challenges across Scotland.

The inspection report also noted that full implementation of the Mosaic ICT system had not yet been achieved to meet the user needs of council officers and other users to record adult protection information clearly and effectively. It highlighted that implementation of the system had significant teething problems and it is acknowledged that Children and Families have also experienced challenges. In order to support full implementation an additional 2 members of staff are being recruited with costs met from existing resources. This will provide additional capacity to ensure full optimisation of the system and its integration with practice during 2018/19.

The areas for improvement highlighted within the inspection report have some similarities to those from the Joint Inspection of Services for Children and Young People (published in 2016) and findings within Significant Case Reviews. Following consultation with community planning partners through the Chief Officers Group a two year Transforming Public Protection Programme has been established. The focus will be on embedding safe systems of practice that are resilient to changing resource pressures and promote consistency of practice and quality across all protection responses. Progress achieved through the transformation programme will be reported in the next CSWO Annual Report.

The Care Inspectorate also continued a programme of inspections of our Children's Houses and an inspection of Fostering and Adoption. In all areas, services were graded as Very Good or Good. The leadership of services and the quality of care provided to children and young people was consistently noted by inspectors.

Appendix 1 sets out the outcomes of external scrutiny of care services provided by the Council and the Health and Social Care Partnership. These grades have remained consistently high in the main and there is a process in place that any issues raised are quickly discussed with the appropriate service and improvement plans put in place. Comments from service users and their relatives/carers during inspections included:

- ✓ 'The care my relative gets is brilliant and I am very happy with it.'
- ✓ 'My relative is happy and well cared for and that is what we wish for them.'
- ✓ 'My family and I are more than happy with the care and support my relative receives.'
- ✓ 'I'm kept up to date with what's going on'
- ✓ 'They support me to do what I can do and assist me with what I cannot do for myself.'
- ✓ 'The staff are friendly and professional: sometimes we have a laugh together.'
- ✓ 'They ask us about what we would like to do during our stay.'

8.0 Commissioned Services

8.1 In 2017-18, services continued to be delivered through a mixed economy of local authority, private, independent and third sector provision. In total, there were 166 contractual arrangements put in place with 114 external providers. Of these, 133 were involved the supply of regulated social care services, ranging from residential care, home care, fostering, homelessness, violence against women, substance misuse, mental health, housing support to care at home. The remaining 36 contractual arrangements were for unregulated services, including meals provision, lunch clubs, shopping deliveries, outreach support, befriending, humanitarian protection, mentoring, advocacy services and family support services.

8.2 The continued operation of a Social Care Contracts Team supporting commissioning and procurement activity across both Children and Families and the Health and Social Care Partnership has sustained robust contract management and monitoring arrangements.

8.3 Partnership work with external providers has continued over the last year with a range of innovative and creative approaches in place to ensure the best use of local resources. Examples of this over 2017/18 include:

- A Family Support Framework has been established via an open tender exercise. Under this arrangement, 8 local providers can be commissioned individually or under a partnership arrangement to provide a holistic family support service tailored to suit individual families. A collaborative forum is in place which provides an opportunity for discussion and learning to take place to ensure the model continues to be fit for purpose.
- A Dundee Learning Disability Provider's Forum aims to increase the capacity and skills of provider organisations in order to improve the quality of life for people with learning disabilities. It was the first public body in Scotland to sign up to a national charter ensuring that people with additional support needs have a say in the issues that affect them. The charter informs all commissioning relating to people with learning disabilities.
- A test of change has been implemented and evaluated which involves British Red Cross being commissioned to deliver a multi-agency pilot project to develop and test an Assessment at Home model for people who are in a hospital setting and there is uncertainty as to whether the person can return home. The project allows people to go home with a flexible care service delivered by British Red Cross that is appropriate to their needs including the provision of overnight care where this is required. Over a maximum 21 day period an assessment is undertaken to identify if the individual can safely remain at home as opposed to being admitted to long term care, which had been the identified pathway for the person when they were in hospital. An initial evaluation was undertaken six months into the project and identified that of the 32 patients who were referred into the service, only nine people were then admitted into a care home. Service users and their families have described how the Assessment at Home Service gives them the feeling of control and involvement around important decisions that have to be made.
- A Mental Health / Learning Disability Provider Collaborative forum has been established to ensure a more joined up approach to providing local resources and to look more closely at better connecting individual services.

The purpose of this group is to:

- Enable a cross sector commissioning approach.
- Look at ways providers and the Health and Social Care Partnership can work together to consider more efficient ways of delivering support, sharing resources and improving the lives of people they support.
- Explore a different way of commissioning new developments and services, taking account of capacity, strengths, local knowledge and added value.
- Work together to ensure social care support is in-line with anticipated completion dates of planned housing developments identified through the Strategic Housing Improvement Plan (SHIP).

9.0 Complaints

9.1 From the 1 April 2017 both Dundee City Council Social Work Complaints and Dundee Health and Social Care Partnership Complaints Handling Procedure follow the Scottish Public Service Ombudsman (SPSO) Model Complaint Handling Procedure. Both Complaint Handling Procedures have been assessed by the SPSO as complying with the model complaint handling procedure.

Complaints are categorised by 2 stages:

- Stage 1: Frontline Resolution
- Stage 2: Investigation

If a complainant remains dissatisfied with the outcome of a Stage 1 it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the SPSO who will investigate the complaint, including professional decisions made.

9.2 In 2017-18, the total number of complaints received was 71, compared with 77 the year before. There were 21 complaints relating to Children's Services, 46 in Dundee Health and Social Care Partnership and 4 in Community Justice.

The outcomes were:

- Upheld – 18%
- Partially upheld – 10%
- Not upheld – 72%

9.3 Most of the complaints related to a failure to meet service standards or treatment by or attitude of a member of staff. One complaint progressed to the final stage of the appeal process which is the SPSO. The agreed timescales for finalising investigations was met in 68% of cases, with delays usually caused by the complexity of the complaint and the investigation taking longer than expected.

9.4 Given the total number of Social Work service users of 9,000, the number of complaints is small however services do endeavour to use complaints to improve practice and service improvements which are made as a result of complaints are monitored. In 2017-18, a total of 16 planned service improvements were implemented.

9.5 In addition to complaints, a range of compliments have also been received from service users and some examples are provided below:

Care Management Team for Older People

"I wanted to let you know that the work and empathy of my mum's Care Manager was second to none. Although he was only involved for a short time prior to her passing, he showed the care and commitment that made those last weeks for her as comfortable and the best they could be by way of ensuring that her care was met by those she knew and trusted. So often we only hear negatives but I wanted you to know that on behalf of her family and friends that her care was superb".

Care Home (internal provision)

“My mother-in-law was a resident for eight months until she died. Staff at the care home welcomed her into the home and respected her and valued her uniqueness. The staff provided excellent care and support for her from day 1, they encouraged us as a family to make it as homely as possible so that she would feel more comfortable. They had shown her and the family compassion – dignity and were always respectfully present without being intrusive during her last days, they made a very difficult situation so much easier not only for my mother-in-law but for all her family.”

Community Justice Unpaid Work Team

- ✓ ‘The person on placement transformed our outside grounds’.
- ✓ ‘The children loved the mud kitchen, it’s a good space for families’.
- ✓ ‘I can see the garden work helped other folk’.
- ✓ ‘I got motivation and into a routine’.
- ✓ ‘I learned and stayed out of trouble’.

10.0 Performance

10.1 In Dundee, the CSWO reports statutory and local performance indicators through the Council Annual Performance Report and the Integration Joint Board Annual Report. This is supplemented by a range of separate reports to Elected Members, the Integration Joint Board and the various governance bodies relating to Children’s Services, Community Justice and Health and Social Care. Further oversight is provided by the Chief Officer Group for Protecting People, including scrutiny of balanced scorecards. In 2017-18, trends included:

10.2 Children’s Services

- The length of time children stayed on the child protection register continued to reduce, with 95% de-registered after less than 12 months. This indicates that measures put in place reduced the level of risk and protected children from harm.
- A total of 31 Child Protection Orders were made, which is a significant improvement (from 45 in 2016-17) but continues to be higher than the Scottish average. In partnership with the Children’s Reporter, the Service continues to scrutinise applications for CPOs and trends are considered at the Child Protection Committee.
- The number of Looked After Children continues to reduce, with 536 children on 31 March 2017. Around 90% of Looked After Children are cared for in the community, similar to the national average.
- There were a total of 16 Emergency Placements, which involve authorising an emergency move of a child or young person subject to supervision requirements in cases of urgent necessity. This was a minor increase on the previous year (13 moves).
- While attendance and exclusions did not improve over 2017-18, there is an overall trend over a five year period of the attainment gap between looked after and non-looked after pupils narrowing and significant reduction in exclusions for looked after pupils; attendance of looked after pupils has been stable at 90% over the past three years.
- The proportion of looked after children and young people living in Dundee or the outskirts of Dundee and attending Dundee schools is stable at around 70%.
- The proportion of care leavers aged up to 26 years old in education, training or employment continues to be between 40 and 45%. Longer sustained employment, training and education continues to be a key priority, with a range of actions outlined in a Corporate Parenting Plan.
- The Through Care and Aftercare Team ensured all care leavers aged 21-26 years were contacted to make them aware of available supports in their transition into adulthood.
- 130 children with disabilities or complex needs received targeted community based support. Of these: 67 received regular, planned home based community enabling and care at home; 40 received regular planned overnight short breaks; and, 22 received complex packages of care in the community. These targeted services for children with disabilities do not stand alone and in partnership with education and health resources often prevent family breakdown and provide an alternative to external residential placements.

- The service has also significantly enhanced collaborative working with Kingspark School, which provides a range of education and health services to pupils aged 5 to 18 years who have complex additional support needs. A Social Work lead officer now forms part of the school management team and her role includes support to Named Persons in navigating the assessment and resource pathway for children with disabilities.
- The number of children and young people in secure accommodation decreased further to three over the course of the year.
- In respect of permanent alternative care and adoption, 22 new Permanence Orders were made and of these, 8 were with authority to adopt. This is a reduction by 33% from 2016-17 but possibly reflects the fact that most looked after children and young people with long term care plans were already in permanent care plans by the beginning of 2017. In total 149 children and young people were on Permanence Orders on 31st March 2018, 27% of the LAC population, compared to 134 out of 597 (22%) on 31st March 2016.
- There continues to be a shortage of carers and adopters for some groups of children and young people, including adolescents, large sibling groups and children with complex additional support needs.
- Almost half a million pounds was generated in unclaimed benefits entitlements by the Council Advice Service for kinship carers as part of the approach to income maximisation in relation to achieving parity with foster carers.

10.3 Adult Support and Protection

- In 2017-18 937 adult protection referrals were received which is similar to 2016-17. 51 of these referrals resulted in adult protection activity, with 36 Adult Support and Protection Case Conferences taking place over the year. Most referrals (70- 75%) continue to be made by Police Scotland.
- Of the 51 which resulted in adult protection investigations, financial and physical harm featured as the highest single areas of adult harm identified. In the other referral reason categories included neglect by carer and risk associated with vulnerabilities due to age, disabilities or health concerns, domestic abuse, fire safety risk, harassment and welfare harm.
- During 2017-18, 495 referrals have been considered by the Early Screening Group providing opportunities for early intervention and prevention and contributing to the overall decrease in the number of adult support and protection referrals received.

10.4 Mental Health

- There were a total of 87 emergency detentions in hospital. There has been an average of 76 detentions a year in the last 5 years.
- There were a total of 146 short-term detentions in hospital, compared with 152 the year before. There has been an average of 141 short-term detentions a year in the last 5 years
- There were 42 Compulsory Treatment Orders. With an average of 34 Compulsory Treatment Orders in the past five years.
- In 2017-18 43 Social Circumstance Reports were completed. 23 resulted in short term detention and 15 in Compulsory Treatment Order.
- In 2017-18 there were in total 74 guardianship applications of which 51 were Private Guardianship applications and 23 were Local Authority Guardianship applications. Of them 63 were granted.
- The service continued to promote the Power of Attorney Campaign during 2017-18 as a means through which to reduce the number of Guardianships and subsequent impacts on Social Work services. As the service is in the process of transferring data from one system to another, figures are not yet available for 2017-18.
- The 12 people were subject to Compulsion Orders with Restriction and 3 people to Treatment Orders. This has remained stable in comparison with the year before. There were no Transfer for Treatment Directions (1 in 2016-17), 9 Compulsion Orders (10 orders in 2016-17) and 6 Assessment Orders (5 in 2016-17).

10.5 Criminal Justice

- A total of 584 Community Payback Orders (CPOs) were imposed, compared with 656 the previous year. This is the second year this number has reduced and is correlated with a corresponding reduction in the number of Court Reports.
- There were 90 CPOs imposed on women compared with 126 the year before. A total of 76% of these Orders were completed successfully, compared with 67% the year before. This reduction in the number of Orders is similarly explained by corresponding increases in those Diverted from Prosecution.
- Diversion from Prosecution remained stable with 55 diversions in total during 2017-18 however the number of women diverted from prosecution has doubled over the last 3 years from 14 in 2015-16 to 29 during 2017-18.
- The total number of Unpaid Work hours imposed by Court was 50,027 compared to 40,016 the previous year. This reflects that Unpaid work continues to be a disposal that the Court has confidence.
- Over 81% of all CPOs were completed successfully, compared with 79% the year before. This means the person successfully reached the end of the Order without re-sentence for non-compliance or further offences.
- In respect of Drug Treatment and Testing Orders, the Sheriff Court imposed 5 Orders compared with 12 the year before. These Orders are designed for people with the most chronic substance misuse problems related to offending and require their compliance with stringent conditions.
- There were 148 Registered Sex Offenders subject to statutory supervision under MAPPA. In Tayside, 36% of those managed by MAPPA were jointly managed by Community Justice Social Work and Police Scotland because the RSO was subject to both a CPO or License and Notification Requirements.
- A continuing area of concern is the increase in the number of people convicted after being found in possession of indecent internet images of children. Dundee hosts the Tayside-wide Tay Project which specialises in delivering the court mandated Moving Forward Making Changes Programme.
- There were 153 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 144 the year before. The service provides through care whilst they are in prison and on their release to the community.
- There were 8 new Supervised Release Orders (SROs) compared with 20 the year before. In total, 18 were completed successfully, the same number as the year before. These Orders are imposed for prison sentences of less than 4 years where the person is deemed to require supervision on release.
- The number of young people receiving a custodial sentence continued to be very low, with only 1 compared with 3 in the previous year. This success is attributed to the effectiveness of our whole systems approach in relation to Early and Effective Interventions, Diversion and CPOs.

In Community Justice, the service continued to implement Unpaid Work and received consistent positive feedback from both the individuals carrying out the work and the recipients. In response to requests from members of the community, 106 unpaid work projects were carried out at various locations across the city. There was a particular focus on providing practical assistance to vulnerable groups and work included ramps for disabled access, renovating a communal garden for a sheltered housing complex and preparing food parcels. People subject to unpaid work reported that it got them into a better routine and helped them stay out of trouble whilst other members of the community appreciated their professionalism and the quality of the work.

The Unpaid Work Teams have continued to work with community groups to transform neglected areas of land into more productive Community Gardens. There is a therapeutic value to gardening and to making a lasting contribution to a community and some of our work was featured in the BBC Beechgrove garden. As the sequence of pictures below illustrate, the benefit goes beyond therapeutic activity and improved environment, the gardens developed by Unpaid Work teams also bear fruit (or more commonly vegetables) and this good crop of fresh Dundee potatoes was donated to a Charitable Café that specialises in only charging customers what they feel able to pay. Healthy activity, enhanced environment, healthy eating and paying back to the community all in one.



10.6 Health and Social Care

- The National Health and Care Experience Survey for 2017-18 provides feedback to Health and Social Care Partnerships regarding citizen's perceptions of health and social care services and their impact on health and wellbeing. Across eight of the nine key indicators measured by the survey Dundee performed better than the Scottish average, for the remaining indicator Dundee was at the Scottish average. There have been increases in the proportion of adults supported at home who agree that their health and care services seem well co-ordinated (from 75% in 2015-16 to 81% in 2017-18) and in the proportion of adults supported at home who agree they feel safer (from 84% in 2015-16 to 87% in 2017-18).
- There has been further development of community based services that have contributed to a reduction in the length of time people spend in hospital when they have been admitted in an emergency. During 2017-18 the number of hospital bed nights reduced by 10,342 from the previous year.
- Progress has been made in tackling health inequalities experienced across Dundee's communities; there has been a reduction in the variation in performance between the most and least deprived localities across key national performance indicators for emergency bed days, delayed discharges and 28 day hospital readmission. Health inequalities services have been redesigned during 2017-18 to increase the accessibility of a range of health promotion services to the most vulnerable citizens.
- Of the people who died during 2017-18, 89% of time in the last 6 months of life was spent at home. This is a positive result (similar to the Scottish average) and could not be achieved without a strong partnership between acute and community teams, the third and independent sectors and patients and their loved ones. The Tay Palliative and End of Life Care Managed Care Network is further exploring information related to those who spent greater than 10% of their last six months in hospital, to understand the role of hospital care at this time and how best to ensure acute admissions are purposeful, positive and person-centred.
- Over the last 12 months we have reduced by more than one half the number of bed days occupied where the person's discharge from hospital was delayed. In 2017-18, for every 100 people aged 75 and over, 34.7 bed days were lost due to a delayed discharge. This is an improvement since 2016-17, when there were 75.5 bed days lost for every 100 people aged 75 and over. In 2017-18 Dundee was the 8th best performing Partnership in Scotland. The creation a multi-disciplinary discharge hub and assessment at home service, introduction of 7 day working within the Acute Frailty Team and further development of the Enhanced Community Support Team have all contributed to these reductions in delayed discharge.
- The National Health and Care Experience Survey 2017-18 reported that 38% of Dundee respondents who provided unpaid carer felt supported to continue in their caring role; this is similar to the Scottish average of 37%. There has been a wide variety of activity during 2017-18 to support the implementation of the Carers (Scotland) Act, much of which has been undertaken in partnership with carers. A local carers strategy ('Caring Dundee') and a Charter for Carers have been developed and launched, learning and development activity delivered to the workforce and a practitioner network established, factsheets for carers made available, planning for a 'Carers of Dundee' website undertaken and procedures developed to support the implementation of key areas of the Carers Act, such as Carers' Support Plans.

CARERS

"I didn't consider myself as a carer until I was referred to Sources of Support by my G.P. The woman there was really helpful and when I explained my situation and spoke about my wife's mental health difficulties she helped me realise I was a carer and referred me to Penumbra's Carers Support Service.

I find that dealing with my wife's mood swings can be very challenging. My wife can put me down a lot which affects my confidence. This makes me feel angry towards her then I feel guilty for having these thoughts. The support gives me a chance to talk about these feelings in a confidential setting as talking to family can cause more arguments. Due to both of us having mental health difficulties it can be difficult and put a strain on the relationship.

It is nice when my wife appreciates what I do for her and she has been helpful lately as I have been suffering with my physical health. I like the times when we are away from our everyday routine and family dramas. Being supported to access short breaks has been a great help to me as it gives me and my wife something to look forward to and helps both our mental health by relaxing and spending quality time together.

The support has also helped me keep informed of other sources of help such as CONNECT and the welfare rights service to help me with my benefits. I have information about pain management courses I can access and was supported to contact the council and arrange an assessment from occupational therapy. This resulted in several adaptations to my home which has helped my physical health.

I was given crisis numbers and supported to complete a safe plan due to having suicidal thoughts. I have looked back at my safe plan when things are getting tough. My mental health has improved as I feel safer knowing I have support and a plan in place when I am struggling".

- Dundee has a high rate of readmissions to hospital, where the patient had been discharged within the last 28 days. In 2017-18 12.3% of people discharged from hospital following an emergency admission, were readmitted within 28 days. This is an increase compared with 2016-17. Dundee has the highest 28 day readmission rate in Scotland. An in-depth analysis of readmissions has been undertaken and the Unscheduled Care Board are currently considering targeted improvement actions based on the findings of this analysis.
- Dundee had a high rate of hospital admissions as a result of falls, with a rate of 28 admissions for every 1,000 of the 65 and over population. In 2017-18 Dundee was the second poorest performing Partnership in Scotland which had a falls rate of 22 admissions for every 1,000 population aged 65 and over. An in-depth analysis of falls related admissions was undertaken during 2017/18 and will inform the revision of a falls prevention strategy. Community based falls prevention classes and roadshows have continued during 2017-18 and changes have been made to the pathway for older people to ensure they are seen within the right clinic more quickly.
- There has been an increased spend on Self-Directed Support options one and two; with an increase from £1.3 million in 2016-17 to £1.7 million in 2017-18. Since the implementation of the Social Care - Self-directed support (Scotland) Act 2013 the spend on packages of care for people opting for Options 1 and 2 has increased year on year although Dundee remains low in terms of proportions of people receiving Options 1 and 2, compared to other Partnerships. There is more information about our approach to embedding outcome-focussed approaches, including SDS in section 14.
- During 2017-18 a new strategic and commissioning plan for substance misuse was developed. As part of the implementation of this plan, we will develop a four-tier approach to the provision of services and support in Dundee. Services at each tier will be delivered from locality settings and using a multi-disciplinary approach so that citizens experience a coordinated, effective and streamlined service provision. An Independent Commission on Drug Misuse was also appointed to investigate the current situation in Dundee and hear evidence from communities and individuals with lived experience. The commission will take 12 months to investigate and provide a report on its findings.

- We have enhanced our focus on targeting resources, planning and delivering services in service delivery areas. Examples are; the development of a locality approach to carers in Coldsides and Strathmartine, the roll out of the 'MacMillan Improving the Cancer Journey' in Coldsides and Lochee, the roll out of the leg ulcer clinic to a second locality, a whole system approach to supporting children and families in Lochee and an East End health and wellbeing drop in initiative.
- The council advice services GP Co-location Initiative continues to tackle health inequalities and mitigates the impact of Welfare Reform. Welfare rights officers are co-located in GP practices and have consensual access to individual medical records. As a result of having contact with welfare rights officers and access to advice, clients of the service have experienced improved health and wellbeing, felt less stigmatised due to the familiarity of seeing advisers within the GP environment and report increased feelings of self-worth, self-motivation and confidence, resulting in increased ability to use other services. In 2017-18 the service made 921 appointments and saw 734 patients across 7 GP practices and 2 satellite practices. This has resulted in £1,564,432.65 extra household income for patients through benefits and tax credit claims.

11.0 Statutory Functions

11.1 As outlined in the legislation and guidance, there are a number of duties and decisions that can only be made either by a CSWO, or by a professionally qualified Social Worker to whom responsibility has been delegated by the CSWO and for which the CSWO remains accountable. These relate primarily to the restriction of individual freedom and the protection of service users from themselves and others and the protection of the public from service users. It includes the following:

- Children and young people on the Child Protection Register
- Looked After children and young people
- Fostering and adoption
- Placement in secure accommodation
- Offenders assessed as very high or high risk of harm to others
- Mental health statutory provisions
- Adults with incapacity and welfare guardianship
- Adult support and protection

11.2 The Public Bodies (Joint Working) (Scotland) Act 2014 required NHS Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. The main purpose of integration is to use the available resources to improve the wellbeing of people who use health and social care services, including adult social work services, in particular those whose needs are complex and who require both health and social care support at the same time.

Following the establishment of the Dundee IJB, they became responsible for the planning and delivery of a wide range of adult social work and social care services. The CSWO's role in relation to these delegated functions continues and the CSWO has continued to play an important role in the leadership and governance of health and social care integration over the last year, ensuring that adherence to social work values, principles and standards is central to developing the partnership.

11.3 Details on each of the statutory functions are provided in section 10 and the trends are generally positive but with some ongoing priorities including maintaining Looked After Children in local placements where appropriate and possible; increasing fostering and adoption places, especially for teenagers, sibling groups and children with disabilities; assessing and managing risks presented by Registered Sex Offenders with internet convictions; better understanding and continuing to monitor recent increases in Emergency Detentions and Compulsory Treatment Orders; reducing readmissions within 28 days and falls related hospital admissions; continuing to increase use of Self-Directed Support Options 1 and 2; and, increasing the proportion of carers who feel supported to continue in their caring role.

11.4 In addition to this the CSWO has had a key role in responding to statutory requests for information from the Scottish Child Abuse Inquiry and supporting subject access requests.

12.0 User and Carer Involvement and Empowerment

12.1 Social Work has a strong tradition of engaging with communities and families to mutually explore and identify key risks, needs and strengths; agree plans which protect people and help them to realise their potential; and jointly implement, review and adapt those plans. Given the range and complexity of communities and individuals, the challenge is to find creative methods which best suit their needs and promote the best possible outcomes for them and others.

12.2 In Children's Services, it is essential that the views of children, young people and their families are represented at all stages of involvement including Team Around the Child Meetings, Child Protection Case Conferences and Looked After Children Reviews. Children can also be linked to independent advocacy services and the service is piloting a Child Protection Buddy Scheme in the West of the city. In 2017-18, specific examples included:

- In Children's Services, the CSWO oversaw the development of new approaches towards Young Carers which involved extensive consultation and led to a new Carers Strategy. The strategy promotes continued engagement with Young Carers and is already starting to increase the numbers identified in order to provide them with relevant support so they can continue in their caring roles whilst having access to the same opportunities of other children and young people.
- The CSWO also started a review of the Champions Board for Looked After Children and Care Leavers in partnership with both them and independent advocates. There is an intention to widen engagement and participation to a broader range of methods and higher numbers of children and young people so they can jointly inform developments. The CSWO is also creatively using a new Health and Social Care Standard to inform consultation with and feedback from Looked After Children and Care Leavers.
- Parents attended 79% of all Child Protection Case Conferences compared with 73% last year. Chairs of Conferences always hold a pre-meeting with parents.
- Following the success of CP buddy arrangements, this approach is now available for all children aged 5 years and over to ensure their views are heard
- The Family Placement Team supported over 100 carers and over 150 Looked After Children on a day-to-day basis whilst recruiting new carers to meet growing demands for local placements. Carers manned a stall at the Food and Flower Festival and we hosted a Civic Reception to recognise long service and outstanding achievements. We also hosted a Foster Care Fortnight which included a Fun Day involving over 100 carers, their families and children. Over the year, 8 new Foster Carers and 8 new Adopters were approved. The photo below shows the Civic Reception.



Through our work with children we often receive comments and/or feedback about their lives or the support they have received. This can, for instance, take the form of life story work or work relating to their hopes and aspirations. The poem below illustrates the views of one child who, with the support of his family and staff, was excited to be moving into new accommodation.

My Traffic Light Life

My life has been a ton of fun
With loads of chewing gum
My mum and dad think they have a brilliant son
When I am driving with my mum
Waiting for the green light
It has yet to come
It has yet to come

But stop there has been a red one
A red one, a red one that is all it has ever been
The green one now at Laurel House is flashing
Brightly to be seen
It is such a sight
It is such a sight
I have been waiting for all my life
FINALLY, THE GREEN LIGHT!

In Community Justice, in partnership with Third Sector organisations, the service responded to feedback from women involved in a previous independent living skills programme to adapt and refine 2 subsequent 6 week programmes. Based on their feedback, these programmes focused on the preparation and sharing of a healthy meal. At the end of the programmes, all participants successfully gained a REHISS qualification and went on to receive further, individualised support. The service also worked with Positive Prisons to obtain feedback from prisoners with 'lived experience' of the criminal justice system to inform the future design and delivery of services.

In Health and Social Care, a wide range of activities have been undertaken that demonstrate that the Partnership is actively embedding a culture of listening to service users and their families and improving services based on what they say and suggest. Some examples include:

- The responses to a patients and relatives questionnaire at Kingsway Care Centre highlighted concerns about information given to patients. Patient information for those being admitted to the in-patient areas has now been revised, including changing the format and language which we hope to ensure it is more user friendly and less clinical in nature.
- Oakland Day Centre sought feedback from people who use the centre and their carers regarding quality of support given and asked them to suggest improvements. Examples of improvements made include:
 - The outside area was improved by the addition of raised beds in the garden areas to enable all service users to participate in gardening activities. A sensory garden is also in development which includes a variety of colours and smells.
 - The range of activities has been widened to include; yoga stretch, bread making, stamp collecting and outings to the Secret Bunker and Miniature Kelpies.
 - A new white board system was put in place to notify service users of what activities are happening and where – this includes pictures for people with cognitive impairment.
- Dundee Community Living (Learning Disabilities) invited all stakeholders, including supported individuals, their families, professionals and agencies involved with the service to feedback via a questionnaire. Examples of improvements made include:
 - Improvements in the transition process were made to support people making their final move into supported accommodation. This involved multi-disciplinary planning and a person centred and flexible approach to the process of change.
 - One of the gardens was re-developed, with new plants and seating in memory of a supported person who passed away early in 2017. This was requested and led by the other tenants in the accommodation.

- Extended senior cover system was introduced to provide staff with support for emergency and non-routine issues, while ensuring that off duty senior staff obtain an uninterrupted break on their days off. This was achieved by co-ordinating rotas of different parts of the service.
- Flexible working arrangements were implemented as part of a proactive approach to staff support and retention. This has proven successful and is due to be reviewed later this year.

13.0 Workforce

13.1 Social Work and Social Care Workforce Development

The Council's commitment to our employees is reflected within Our People Strategy and includes our approach to Workforce and Succession Planning, Talent Management and Developing the Young Workforce. Within Social Work, shared aims for learning and development remain a focus of the Organisational Development Plan and associated strategies for Health and Social Care Partnership and the Tayside Plan. These plans highlight that there will be a collaborative approach to Learning and Workforce Development across all partners.

We have a regional employability programme developed in Dundee and rolled out across Angus and Perth. In addition we have provided 42 Modern Apprenticeships, all aged 16-19 years, across a range of services-Early Years Education; Procurement; Business & Administration; Social Care & Health; Creative Digital Media; Digital Applications Support; and Crafts and Horticulture. We have also developed Graduate Apprenticeship programmes. Co-location of the Discover Work Service with the Throughcare and Aftercare Team has improved access to employability support for care leavers and individuals who have experienced the Community Justice system.

CASE STUDY – CARE EXPERIENCED YOUNG PERSON

Gary is a 17 year old looked after young man who was really keen to secure work in the sports industry.

Due to the co-location of the Through Care and Aftercare Team Gary's Through Care worker was able to quickly introduce him to the Team at the Discover Work Service.

Gary was supported to apply for two positions modern apprenticeship positions within Leisure and Culture Dundee but unfortunately Gary was unsuccessful on both occasions in securing the post. Gary was beginning to get down heartened with the job searching and his confidence was knocked.

After some discussion with Gary he agreed to attend the champion's board meeting and ask the champions for some support to find employment. The champions agreed to support Gary and agreed to do 'whatever it took' to find Gary a job.

Funding was secured to finance a post for Gary and Leisure and Culture Dundee agreed to employ Gary. The champions ensured HR processes and procedures were followed and any barriers were removed.

Leisure and Culture have been supported to develop Gary's role by Discover Works Vocational training co-ordinator and Leisure and Culture have also allocated Gary a Work place mentor.

Gary is in week three of his 18 month apprenticeship.

The services have been able to engage with and contribute to a wide variety of collaborative leadership development programmes with partners from across the services and geographic areas. A series of workshops aimed at the Health & Social Care workforce brought together a range of paid and unpaid participants to discuss the Guiding Principles for an Integrated Workforce and what this means for improving outcomes for people who use mainstream and commissioned services across the city. Thematic Peer Learning Networks have also been established to allow anyone from the Health & Social Care Workforce to come together to explore common challenges across the city.

A new model for induction of new employees in the Health and Social Care Partnership has been introduced aligned with the Clinical and Professional Care governance arrangements that incorporate professional standards from the wide range of professions, including the Social Services Workforce, and that move towards a shared understanding of common professional values and practice in all health and social care settings.

We have invested significantly in our registerable workforce to ensure they are fully equipped with the occupational competences to meet management and leadership standards and our statutory requirements. We have continued to directly deliver a high proportion of the required qualifications across the SSSC registerable workforce groups. We are exploring models for future delivery of what remains a resource challenge for the organisation with the expansion of Early Years provision, associated recruitment and demands across other register parts. We have a proactive role working with national partners through the Social Work Scotland, Learning and Development Practice Network to look at creative ways to collaborate on these challenges.

In 2017-18, specific learning programmes on protection of children and adults has remained a priority as in previous years. We have developed and delivered core programmes of multi-agency training on Child and Adult Protection and provided a range of face to face and high quality e-learning programmes across the protection spectrum. These include Child Sexual Exploitation, Challenging Stigma, Children with Disabilities, Roles and Responsibilities in Adult Support and Protection. Our award winning Protecting People Learning and Development Framework and online portal provides a comprehensive overview of the range of learning opportunities available across all workforce groups. A specific new programme of learning and development for multi-agency partners focussing on risk assessment and chronologies was developed and delivered linking an innovative online learning resource with practice development workshops. Another new initiative under development is our NQSW Child Protection learning and development programme in partnership with Angus Council.

Special programmes of support for courses including the Postgraduate Certificate in Child Welfare and Protection, Adult Support and Protection, the Mental Health Officer Award, Professional Supervision, and Practice Learning Qualification remain in place and are currently prioritised for funding support in relation to our statutory duties and SSSC work streams. We continue to review effective ways to recruit to the MHO award. A council-wide personal and professional development support process also encourages individualised opportunities for study supported by the organisation. This is widely used by frontline employees as part of both career development and continued learning.

The Council and Health and Social Care Partnership retain a strong commitment to Practice Learning which includes opportunities for Social Work and Social Care students throughout the services. Significant contribution is made to the future workforce through the provision of practice learning opportunities. We are currently working in partnership with Dundee University to further enhance provision of placements which offer the opportunity to undertake statutory tasks. We have continued to increase the opportunities for professional placements and work experience opportunities for a number of workforce groups.

We continue to lead the delivery of the PDA Practice Learning (Social Services) Qualification on behalf of 6 local authorities. The leadership and quality of the programme along with the excellence in the partnership arrangements was commended in both our SSSC annual monitoring and SQA External Verification reports. We remain at the fore of the practice learning agenda across Scotland and will continue to contribute to the development of the National Partnership in Social Work Education.

13.2 Promoting Social Work Values and Standards

The CSWO has a duty to ensure Social Work values and standards as outlined in the SSSC Codes of Practice are promoted. For employers, the Codes include such requirements as making sure people understand their roles and responsibilities, having procedures in place relating to practice and conduct and addressing inappropriate behaviour. For employees, protecting the rights and interests of service users, maintaining trust and promoting independence. This includes the following:

- Recruitment and selection, including checking criminal records, relevant registers and references.
- Induction, training, supervision, performance management and a range of procedures on such things as risk assessment, records and confidentiality.

- Responding to internal or external grievances or complaints about the conduct or competence of staff.
- Ensuring line managers appropriately support staff and progress self-evaluation activities to identify strengths and areas for improvement.
- Ensuring health and safety policies are in place, including risk assessments and controls for identified hazards such as lone working and moving service users.
- Ensuring that staff required to register with the SSSC do so and are supported to meet the learning and development requirements associated with this.

Within the Health and Social Care Partnership Workforce and Organisational Development Strategy (published in June 2016) a number of guiding principles to support the workforce to deliver on the ambitions of integrated health and social care were adopted. These locally created principles sit alongside existing legislative and clinical, care and professional governance requirements, as well as the SSSC Codes of Practice. The principles include: inclusivity and equality, visible leadership, collaborative co-production and reflective practice.

Workshops have been delivered to assist with imbedding these principles and Learning Networks for Employees who work in Care at Home, Care Home and Employability Services have been established to provide a forum for Health and Social Care to learn together in an integrated way and to deliver to a joint vision and share good practice. We have created an area on the Health and Social Care Partnership website that is specifically for the workforce and that will host a range of materials and advertise events designed to support the integrated workforce in their roles. Integrated induction has been developed for the Health and Social Care Partnership. 3 sessions have been developed. The CSWO contributes to the induction including a discussion about governance, standards and codes of practice.

At the end of last year the Chief Social Work Officer established a dedicated Twitter account to enhance communication with the workforce and public. This is now being used proactively to share details of local events, campaigns and achievements across Social Work Services.



14.0 Improvement Approaches and Examples/Case Studies

14.1 Planning for Change

Following the publication of the Joint Inspection Report in March 2016, the Children and Families Service embarked with partner agencies to address the 4 areas for improvement relating to collaborative leadership, self-evaluation, parenting and child's plans. A new Children and Families Executive Board was established to oversee developments. The Board is supported by a new Strategy and Performance Team which includes representatives from different Council services, NHS Tayside and the Third Sector. The team provides targeted capacity and expertise for the development of integrated services within and between partner agencies and local communities. There have been a number of related developments:

- A partnership programme with the Centre for Excellence for Looked After Children (CELCIS), the Hunter Foundation, BBC Children in Need and local partners, we are implementing a new GIRFEC Improvement Programme. This involves 4 inter-connected and inter-dependent strands of work with the first relating to building the capacity, confidence and competence of Health Visitors and Teachers when acting as Named Persons; the second on the development of 360 schools and family support hubs; targeted approaches towards children at the edges of care; and the third on joint approaches with Health and Social Care to 3 shared priorities of mental health, substance misuse and healthy weight. The programme is being tested in 6 Primary Schools in Lochee with a view to scaling lessons across the city
- The approach towards self-evaluation has also been strengthened, with a new Protecting People Learning and Continuous Improvement Framework focusing on both quantitative and qualitative processes, measures and outcomes. In respect of Children's Services, an SCR led to the development and implementation of an Improvement Plan which included a key focus on learning and workforce development; a Child Protection Balanced Scorecard is continually helping to identify and address key areas for improvement; and a case file audit on a randomised sample of Social Work cases identified significant improvements in the quality of assessments, chronologies and plans for children and young people whilst confirming further improvements are required. Multi-agency case file audits of Child Protection and Looked After Children will be conducted in 2018-19

Following a Supreme Court Judgement issued on 1 March 2017, which clarified how the Adoption and Children (Scotland) Act 2007 should be interpreted and applied, the service established a working group to explore local practice implications. The judgement affects all applications in Permanence Proceedings and Children's Hearings and an extensive training programme has been delivered to all Social Work teams.

In Health and Social Care there have also been a number of developments that have focussed on planning for change and testing new, more integrated ways of working. These developments have been driven by changes in legislation as well as the implementation of the Health and Social Care Partnership Strategic and Commissioning Plan. They include:

- A test of change that has been implemented and evaluated on the introduction of the lead professional approach by Dundee's Homelessness Partnership. Staff reported that taking a lead professional approach feels very different to what they previously thought represented joint working through multi-disciplinary team meetings. Where there is a lead professional, one person takes responsibility for overseeing; the actions, the supports delivered and reporting the outcomes achieved at review. This approach has meant that staff are much clearer about when actions have been completed and whether or not these have resulted in outcomes being met.
- In preparation for the enactment of the Carers (Scotland) Act in 2018, the Scottish Government allocated funding to Dundee Carers Partnership for a pilot project between May and October 2017. The aim of the project was to explore how the Act could best be implemented to support carers in Dundee. The project was undertaken in a co-productive way through a project group including carers, colleagues from local carers' organisations, Dundee City Council, NHS Tayside and the Health and Social Care Partnership. The group designed the project using a mixed method approach. This used different channels and tools for different purposes, as part of a coherent overall plan. A survey was sent to over 2,500 people and elicited 261 responses. Six community focus groups were arranged for 29 carers and supported people on short break service statements (SBSS) and the duty to

provide support to carers. Two focus groups (totalling 15 carers) were held with specific black and minority ethnic carers where the survey questions were discussed and replies and discussions recorded. 11 Partnership assessment and care management practitioners were interviewed and thirty 1:1 questionnaires were completed. 47 people also volunteered to help review anticipatory care and support plan documentation. The project gave an opportunity to further develop a co-productive approach, which gave a different experience by using a “you said-we listened” or “we suggest this-you tell us what you think” approach.

- During 2017-18 Dundee received over £600,000 of additional investment from the Scottish Government for a three year pilot of the Health and Work Support Service. From 2018-19 the service will provide integration and alignment of core health and work services and will provide a single point of contact for people accessing the service. These services include working health services, healthy working lives and new services for those on longer term sickness absence or the short-term unemployed. This will follow a case management led approach with access to interventions for physical and mental health conditions, signposting to appropriate services and guidance regarding return to work. During the last 12 months referral pathways into the service have been agreed with partners such as Jobcentre Plus and Remploy who are the Fair Start Scotland contract providers as well as other affiliated services. A marketing campaign will take place with employers and GP’s in the city to advise them of the support available to their employee’s and patients. The aims and outcomes of Health and Work Support are:
 - to make it easier for those who need support to get help when they need it.
 - Support people to move into and remain in sustainable employment.
 - Reduce health related absenteeism, job loss and improve levels of productivity.
 - Support people to manage their health condition.

14.2 Personalisation and Outcome Focused Practice

There have been continued efforts within the Health and Social Care Partnership to promote an outcomes focused approach which is asset based, focusing on all assets that people can draw upon in their own lives to be healthier and independent for longer in their own community. This may consist of help they can receive from family and friends, peers with similar issues, technology and professional information and advice. The Partnership will provide support in relation to any needs that cannot be met by community based assets. An asset based approach also involves working in partnership to co-design services with the statutory, third and independent sectors and with individuals, families and communities.

Over the past year, a review has been undertaken by the Personalisation Delivery Group. They wanted to know how far personalised approaches have been embedded into our services. Taking into account the intentions of the Scottish Government in their plan for personalisation and by comparing our performance with other Partnerships, the following recommendations were agreed by the Personalisation Board and will be taken forward during 2018-19:

- Review current eligibility criteria for people accessing services.
- Focus more on what supports exist in localities.
- Change the way we contract services to focus on personal outcomes and review how the Partnership allocates resources so that they are more personalised.
- Develop a quality charter for direct payment employers. This should say what people who self-direct their support, using a direct payment, should expect from their employees as a minimum standard of quality of care and support.
- Develop and deliver further outcome focused learning opportunities.

PERSON CENTRED CARE AND SUPPORT

Mr G is a young man with high functioning autism who felt he needed support to form friendships and improve his confidence in social situations. Accessing a Self-Directed Support budget enabled him to employ personal assistants to support him to participate in opportunities in his local community by helping research what was going on locally and plan his travel and finances to get there and take part.

14.3 Self-Directed Support

Since the introduction of the Social Care Self-directed support (Scotland) Act (2013), there has been some progress in respect of the uptake of Options 1 and 2 but this has been slow, compared to the other 32 local authorities.

In the Health and Social Care Partnership two specialist social workers have been employed with a specific focus on supporting the implementation of the Social Care - Self Directed Support (Scotland) Act 2013 across our services. These social workers will support staff through the application process for options 1 and 2 to ensure that these options are understood and accessible to people using services. We have also commissioned the Dundee Carer's Centre to provide support to people accessing self-directed support direct payments in Dundee.

14.4 Challenges for the year ahead

- During 2018-19 the CSWO will have a significant role in leading the Transforming Public Protection Programme. This will include working closely with the Care Inspectorate to develop social work practice in relation to assessment and planning, as well as a focus on strengthen oversight and scrutiny of strategic planning for public protection. All of this will be informed by feedback from national and local reviews.
- In community justice, we will work with partners to implement the Community Justice Outcome Improvement Plan and work with Scottish Prison Service on developing new approaches to women, employability, prison release, electronic monitoring, males aged 21-26 years and young people.
- In Children's Services, we will work with partners to implement the Tayside Plan for Children, Young People and Families. We will have a particular focus on the GIRFEC Improvement Programme, remodelling of local accommodation options for Looked After Children and strengthening overall approaches to care experienced young people ,responding to the requirements of Continuing Care and carrying out and addressing the findings of internal audits
- Across Health and Social Care the priority is continue work to align statutory service delivery to localities and take forward major service redesigns in both mental health and substance misuse. The Partnership will also continue its co-productive work with carers with the aim of increasing the proportion of unpaid carers who feel supported to continue in a caring role. There will also be a focus on further reducing delayed discharge,specifically for those people delayed due to complex reasons regarding accommodation, specialist individualised support and legal reasons.
- We will continue to develop our approaches to those with lived experience and improve our approaches to promoting understanding of social work.

Summary of Care Inspectorate Gradings – All Registered Services

APPENDIX 1

Organisation	Name of Service	Service Type	Category LA/Priv/Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Dundee City Council	White Top Centre	Adult Respite	LA	22/11/17	6	6	5	6
Dundee City Council	Mackinnon Centre	Adult Respite	LA	12/01/18	6	6	6	6
Dundee City Council	Oakland Centre	Support Service	LA	28/09/16	6	5	6	5
Dundee City Council	Weavers Burn	CAH/HS	LA	11/07/17	4	5	3	4
Dundee City Council	Craigie House	Care Home	LA	22/11/17	5	4	5	4
Dundee City Council	Menziesshill House	Care Home	LA	13/10/17	5	5	5	5
Dundee City Council	Turrif House	Care Home	LA	07/03/18	5	5	5	5
Dundee City Council	Janet Brougham House	Care Home	LA	05/10/17	5	6	5	4
Dundee City Council	Gillburn Road	Respite	LA	21/07/17	4	n/a	n/a	4
Dundee City Council	The Junction	Care Home	LA	01/09/17	4	n/a	n/a	4
Dundee City Council	Millview Cottage	Care Home	LA	26/10/17	4	5	4	4
Dundee City Council	Drummond and Forester House	Care Home	LA	27/09/17	4	n/a	5	n/a
Dundee City Council	Fairbairn St YPU	Care Home	LA	27/11/17	4		5	n/a
Dundee City Council	Fostering Services	Fostering	LA	20/11/17	5	n/a	n/a	4
Dundee City Council	Adoption Services	Adoption	LA	20/11/17	5	n/a	n/a	4
Dundee City Council	Through-care & Aftercare Service	Housing Support Service	LA	17/03/16	4	n/a	5	3
Dundee City Council	Homecare Social Care Response Service	Care at Home and Housing Support combined	LA	08/09/17	5	n/a	5	5

Organisation	Name of Service	Service Type	Category LA/Priv/Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Dundee City Council	Care at Home City Wide	Care at Home and Housing Support combined	LA	21/03/18	5	n/a	5	5
Dundee City Council	Home Care Enablement and Support and Community MH Older People Team	Care at Home and Housing Support combined	LA	03/11/17	5	n/a	5	5
Dundee City Council	Supported Living Team	Support Service	LA	12/12/17	6	n/a	6	6
Dundee City Council	Dundee Community Living	Support Service	LA	13/10/17	6	n/a	6	6

- not assessed

n/a – no requirement to be assessed

