

## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 25 NOVEMBER 2013**

**REPORT ON: THE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2012/2013**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 478-2013**

### **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 2012/13, attached to this report as Appendix 1.

### **2.0 RECOMMENDATIONS**

2.1 It is recommended that Social Work and Health Committee:  
  
Notes the attached Chief Social Work Officer's Annual Report for 2012/13.

### **3.0 FINANCIAL IMPLICATIONS**

None.

### **4.0 MAIN TEXT**

#### **4.1 BACKGROUND**

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

4.1.2 The overall objective of the CSWO post is to ensure the provision of effective, professional advice to the local authority elected members and officers, in the authority's provision of social work services. The CSWO's post assists the Council in understanding the complexities of social work service delivery, highlighting particular issues such as corporate parenting, child care and protection, adult support and protection, the management of high risk offenders and the key role social work plays in contributing to the achievement of national, local and personal outcomes.

4.1.3 The CSWO also has a significant contribution to make to overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services.

4.1.4 The attached report complements the detailed performance and budget information on all social work and social care services, which is reported to members and the public in a range of other ways. The report provides information regarding the performance of the range of statutory duties that the CSWO is responsible for, for the year 2012/13 under the following headings:

- Governance arrangements
- Social Work Services and Structure
- Statutory Duties and Protection of Vulnerable Groups
- Regulation, Inspection and Improvement Activity
- Complaints

- Workforce Planning and Development

4.1.5 The report also includes information on complaints for 2012/13, referred to at Section 5.4 of the report.

4.1.6 In addition the report highlights key developments, as well as the challenges facing the Department in the twelve month period April 2012 – March 2013 and the strategies being taken forward to address these challenges in the future. These included the following which are detailed under the separate headings of each of the services to which they relate.

## 4.2 **PROTECTING PEOPLE SERVICES**

4.2.1 The changes that took place in 2011/2012 to create a more integrated public protection policy and framework across child and adult protection services, Violence Against Women and MAPPa have now become embedded in 2012/13. Under this framework there is strengthened leadership and oversight provided by the Chief Officer (Care & Protection) Strategic Group, as well as an increasingly integrated approach to the way in which protecting people services are now managed and developed in Dundee.

4.2.2 Key areas of activity that are being taken forward into 2013/14 within this ‘Protecting People’ framework and approach are:

- Self-evaluation
- Communication and Awareness Raising
- Performance and Management Information
- Learning and Workforce Development

4.2.3 This integrated approach will avoid a replication of effort and use of resources in these identified areas where there is much common ground across the respective separate work streams. More importantly however, these steps that have been taken in 2012/13 towards a more integrated Protecting People framework are a further expression of Dundee’s commitment to joining up services more effectively for individuals of all ages and their families, and promoting better outcomes for all those who are identified as being the most vulnerable in the city.

## 4.3 **CHILDREN’S SERVICES**

4.3.1 In Children’s Services there has been a continued drive to embed GIRFEC as the foundation for services for all children and young people in Dundee. Work has progressed towards creating the required shift in culture, systems and practice across Children’s Services and with other partners. Progress has also been made in changing assessment, care planning, and decision making processes to make them more holistic and streamlined, and more children are receiving the right help, at the right time, to meet their needs.

4.3.2 Additional resources that have been made available by the Scottish Government, or that have been successfully secured from other sources, are being used to strengthen universal services for children and families, with an increasing emphasis on prevention and early intervention. Services are continuing to work to promote the culture, systems and practice changes required to achieve the transformational change in the organisation and delivery of services that the Scottish Government has asked of local authorities.

4.3.3 In particular the following key developments have taken place in the Social Work Department’s Children’s Services during 2012/13:

- Integration of family support teams with social work teams to create integrated Locality Teams
- Strengthening of services to kinship carers and the children for whom they provide care
- Introduction of an Intensive Family Support Team
- Closure of Elms Secure facility and strengthening of approaches to minimise the need for secure care
- Continuation of positive progress being made by the Youth Justice Partnership in reducing young people’s involvement in offending and improving individual outcomes.

#### 4.4 **CRIMINAL JUSTICE SERVICES**

4.4.1 In 2012/13 Criminal Justice Services invested heavily in the work required to implement new legislation and national standards, making the necessary changes in culture, systems and practice to support these new legislative requirements. Although these continue to be areas for development, progress has been made within the service to progress the:

- Implementation of new Community Payback legislation and linkage of unpaid work activities to local community priorities
- Continued development of services to women and young offenders
- Involvement in consultations around the future of community justice structures
- Involvement in public, social partnerships.

#### 4.5 **COMMUNITY CARE SERVICES**

4.5.1 In adult care services progress continued to be made in 2012/13 in moving towards the desired shift in the balance of care away from large scale congregate provision of services towards prevention, rehabilitation, personalisation and self directed support, and greater reliance on home based care and accommodation with care. The changing pattern of need has also required the development of different, and more specialist forms of care. It was recognised that the demand for day supports has changed, and there has been relatively more emphasis on employment, training and education.

4.5.2 During 2012/13 a number of key national policies and strategic statements were introduced which will influence the future remodelling of services across all of Adult Services, as the Department moves into 2013/14. These include the legislation relating to the integration of health and social care; further recommendations through Reshaping Care for Older People; the National Dementia Strategy; a national Sensory Impairment Strategy; and Keys to Life - a National Strategy for People with a Learning Disability. In response to these policy drivers Community Care services in Dundee have committed to review and publish new Strategic and Commissioning Statements for all adult care services and for older people with dementia. Work will also be taken forward with the Alcohol and Drug Partnership to undertake a review of Alcohol and Drug Services and Supports in Dundee.

4.5.3 Programmes of change and service redesign are in place for all the adult groups outlined in this report, and these demonstrate increased efficiencies in service delivery. The following are some of the specific areas in which service development has been achieved in the year 2012/13:

- Establishment of early intervention, anticipatory care and enablement services for adults to prevent the need for admission to/support rehabilitation home from hospital or emergency institutional care
- A focus on developing community capacity through the use of the Change Fund
- Increased spend on homecare services to improve delivery of support for adults in their own home
- Improved quality of provision across the city
- Development of a revised approach to the organisation and delivery of learning disability services which will further shift the balance of care from institutional care to community based models of care, enabling more opportunities for volunteering, employment, college and leisure, recreation and learning opportunities
- Completion of the refurbishment of the Mackinnon Centre
- Publication of the Joint Dundee Strategic Commissioning Statement for Older People
- Improvements in joint working across a number of partnerships and agencies

## **4.6 DEMAND FOR SERVICES**

4.6.1 However as activity levels detailed throughout this report show, the year 2012/13 also proved to be a very challenging period for the Social Work Department and for the delivery of social work services.

4.6.2 Demand continued to remain high or increase across all categories of need, and general demographic pressures, deprivation levels and other social factors all contributed to this level of dependence on, or demand for, Social Work services. At the same time the developing policy framework has continued to require investment of time and resources to make changes in the pattern of service delivery. All of these demands have had to be met by the Department at a time of growing financial constraint and a drive for efficiency and improvement in public services.

## **4.7 CHALLENGES FOR 2013/14**

4.7.1 It is anticipated that the trends in need, risk and demand in Dundee will not diminish and that the year ahead, which will be covered in the next CSWO report (2013/14), will be even more challenging for the delivery of services than the last.

4.7.2 In the year 2013/14 additional demands will also arise from the range of different policy changes that require to be implemented in Dundee. These include crucially the requirement for the integration of health and social care service provision, the potential changes which may emerge as a result of the national consultation on the future shape of Criminal Justice Services, the implementation of the forthcoming legislation on self-directed support, and the growing impact of the newly implemented welfare reforms in Dundee. All of these together will continue to bring unprecedented levels of change and challenges to the Department.

4.7.3 The Social Work Department along with key partners in Health, other Council Departments and other agencies recognise that the integration of structures and services in Dundee will create opportunities for building capacity and resilience in the future organisation and delivery of services. At the same time it will also offer potential efficiency savings through streamlining, rationalising and maximising the use of Departmental and Council resources as well as the combined resources with Health in the future. To that extent the investment of staff time and resources in the planning for the future shape of Social Work Services in Dundee is recognised as being essential for the Department, as well as in the best interests of the people who will use Social Work Services in the future.

4.7.4 The CSWO will ensure that in the coming year the Department continues to work to achieve the optimum balance in the use of the staff time and all the resources available, to both contribute effectively to this growing and complex service planning agenda, and to continue to provide the best quality Social Work services possible for the people of Dundee.

## **5.0 POLICY IMPLICATIONS**

5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

5.2 An Equality Impact Assessment is attached to this report.

## **6.0 CONSULTATIONS**

The Chief Executive, Director of Corporate Services and Head of Democratic and Legal Services have been consulted in preparation of this report.

**7.0 BACKGROUND PAPERS**

None.

**JENNIFER G TOCHER  
DIRECTOR OF SOCIAL WORK**

**13<sup>th</sup> November 2013**



## **Dundee City Council Social Work Department**

### **Chief Social Work Officer Report 2012-2013**

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## 1.0 INTRODUCTION

- 1.1 The Scottish Government's Concordat with Scottish local government signalled a new relationship between national and local government and a fundamental shift to focus the whole of government on an outcomes-focused approach to performance. The Government set the direction and indicated the outcomes that need to be delivered for Scotland's people in its National Performance Framework.
- 1.2 Through a local Single Outcome Agreement, developed by the Dundee Partnership and agreed with Government, the local authority and its partners will deliver against these national outcomes in a way which reflects local need and priorities. Social Work and social care services are essential to the delivery of good outcomes, particularly but not exclusively, to the most vulnerable in our communities.
- 1.3 The 21st Century Social Work Review, *Changing Lives*, described the changing social environment in which social work and social care services operate and the complexities, challenges and expectations this brings. Engaging with people in developing the solutions which best meet their needs in line with local priorities will make a significant contribution to improved outcomes for individuals and communities.
- 1.4 This requires a confident, competent and valued social care workforce, capable of working flexibly in a variety of settings. Particular challenges are raised for staff working in integrated service delivery arrangements whether they are internal, inter-departmental settings or multi agency partnerships with NHS or Police partners. While these matrix arrangements can carry great benefits for effective service delivery, they do re-emphasise the need for clarity of accountability and professional leadership.
- 1.5 In Dundee this leadership is provided by the Director of Social Work who is the Chief Social Work Officer (CSWO). This ensures that the post is at a sufficient level of seniority commensurate with undertaking the complex duties required of the post. The CSWO is required to hold a social work qualification and be registered as a social worker with the Scottish Social Services Council (SSSC), the body that regulates professional social workers.
- 1.6 The overall objective of the CSWO post is to ensure the provision of effective, professional advice and guidance to local authorities, elected members and officers, in the provision of social work services.
- 1.7 The post assists the local authority in understanding the complexities of social work service commissioning and provision, including particular issues such as corporate parenting, child care and protection, adult support and protection and the management of high risk offenders, as well as the key role social work plays in contributing to the achievement of national and local outcomes. The CSWO has a responsibility for overall performance improvement and the identification and management of corporate risk insofar as these relate to social work services.
- 1.8 In order to fulfil the responsibilities of the role, the CSWO must have access to people and information across the local authority, including the Chief Executive, elected members, managers, frontline practitioners, partner services and agencies. The location of the role with the Director of Social Work in Dundee ensures the CSWO has direct access to the Chief Executive, managers and frontline practitioners where necessary.
- 1.9 The CSWO has direct access to elected members in relation to professional social work issues. In addition the CSWO has a responsibility to report directly to elected members and the Chief Executive in respect of any significant, serious or immediate risk or concerns arising from her statutory responsibilities.
- 1.10 The national guidance requires that a CSWO report is provided to elected members on an annual basis. This is the third CSWO report in Dundee and provides details on how the CSWO for Dundee City Council discharges certain specific statutory elements of her role.
- 1.11 The report also contains detailed information on the significant developments that have taken place, and the key challenges that the Department has faced, in the delivery of Social Work services for people across all age groups during this reporting year. This report has been

written to complement, and should be read in conjunction with, the Social Work Department Service Plan 2012 – 2017.

## **2.0 GOVERNANCE**

- 2.1 The CSWO, as Director of Social Work, reports directly to the Chief Executive of Dundee City Council and is a member of the Council's Strategic Management Team which meets monthly. The Director of Social Work reports through the Social Work and Health Committee to the elected members of the Council.
- 2.2 The Director of Social Work manages a team of 4 senior managers – Community Care, Children's and Criminal Justice Services, Strategic Integration, Performance and Support Services, and Finance, Contracts and Welfare Rights. In the absence of the Director the role of CSWO is covered by the Head of Strategic Integration, Performance and Support Services who deputises in her absence, or another senior manager who holds a social work qualification and is registered with the SSSC.

## **3.0 SOCIAL WORK SERVICES IN DUNDEE**

- 3.1 Dundee City Council Social Work Department supports, cares for, and protects people of all ages, by providing or purchasing services designed to promote their safety, wellbeing, dignity and independence. Social Work services also contribute to community safety by reducing offending and managing the risk posed by known offenders.
- 3.2 Services are delivered within a framework of statutory duties which are required to meet national standards and provide best value. Services are delivered in partnership with a range of stakeholders, including service users and carers.
- 3.3 The key activities of Social Work services within Dundee City are:
- assessment of the needs of individuals and families; care planning and identification of resources to meet assessed needs; management of assessed risks; review of care planning to ensure that services continue to meet assessed needs appropriately
  - actions to ensure the protection of children and adults at risk
  - provision of a range of support services for frail or vulnerable people to promote independent living
  - provision of alternative care for children and vulnerable adults of all ages who are not able to live safely in their own homes
  - recommendations to courts, hearings and tribunals regarding actions necessary to ensure the safety and wellbeing of individuals and the provision of related services
  - assessment and supervision of offenders
  - promotion of social inclusion and social justice, including fairness and anti-poverty work.

### **3.4 Social Work Service Structure**

In Dundee, Social Work and social care services are delivered via a structure made up of four service areas, all managed by a head of service.

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

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

### **Community Care Services**

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

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

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

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

- Finance
- Contracts
- Welfare Rights

## **4.0 STATUTORY DUTIES AND PROTECTION OF VULNERABLE GROUPS**

There are a number of duties and decisions that relate primarily to the restriction of individual freedom and the protection of both individuals and the public, which must be made either by the CSWO, or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO, and for which the latter remains accountable.

The context in which Dundee protects and supports its citizens who are at risk of harm has developed significantly in recent years. Within the city the Chief Officer Group (Care and Protection) has initiated a public protection policy aimed at greater integration of adult support and protection with the care and protection of children and young people, the prevention of violence against women and multi-agency public protection arrangements (known as MAPPA).

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships - these include the Child Care and Protection Committee, the Adult Support and Protection Committee, the Violence Against Women Partnership, and the MAPPA Strategic Oversight Group.

As part of the drive to promote the development and delivery of protection services to each of these vulnerable groups in a more holistic way, and to increase efficiency in the use of Dundee's combined protection resources, three of the city's four 'Protecting People' lead officers and their support staff are now co-located in Dundee House, under the day to day management of the Social Work Department. This has allowed for increased joint working and streamlining of approaches, including the adoption of a shared business plan model, and the development of joint approaches to self evaluation, the provision of management information, workforce learning and development, and communication.

## 4.1 **CHILDCARE AND PROTECTION SERVICES**

### 4.1.1 **Child Protection**

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

However child protection, whilst remaining a priority in its own right, is an integral part of the wider spectrum of services for children. Therefore, whilst it has been agreed that the multi-agency Child Care & Protection Committee (CCPC) should continue to retain its distinctive role and purpose as required and defined in national child protection guidance, during the past year it has also been agreed that it should become one of seven strategic planning groups in Dundee, working under the Integrated Children's Services Partnership banner. The aim is that services to protect children and young people should take their place alongside other services for children and families, and direct their activities through the co-ordinated and integrated approach to the implementation of GIRFEC (Getting It Right for Every Child) that continues to be driven forward across Dundee.

During the period covered in this report, the CCPC was chaired by the Social Work Department's Head of Strategic Integration, Performance and Support Services. Following her appointment to the role of Director of Social Work earlier in 2013, responsibility for chairing the CCPC transferred to the Department's Head of Children's & Criminal Justice Services. The CCPC in Dundee continues to benefit from the active participation of all key partners, and contributes to and benefits from, national and regional developments, through involvement by its Chairperson and Lead Officer in both the Central & North East Scotland Child Protection Consortium and the National Child Protection Committee Chairs Forum.

The last CSWO report for 2011/12 noted that the Care Inspectorate, following its last inspection in 2012, had concluded that "Overall, significant improvements have been made" and that immediate responses to concerns regarding children's safety and welfare were good. Building upon this under the direction of the Chief Officer (Care & Protection) Strategic Group, a comprehensive review of the current structure and resource arrangements for the Multi-Agency Screening Hub (MASH) is planned for 2013/14. The purpose of this is to ensure that children and young people about whom there are concerns continue to get the help they need, when they need it, and that this help is provided in the most effective and efficient way.

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

During 2012/2013 the following child protection activity was undertaken in Dundee:

- 189 children were subject to a child protection investigation (compared to 190 in 2011/2012)
- 180 children were subject to an initial child protection case conference (199 in 2011/2012)
- 136 (83%) children were placed on the child protection register (165 (83%) in 2011/2012)
- 249 children were subject to a review case conference (310 in 2011/2012)
- 154 (61%) children were deregistered (175 (56%) in 2011/2012)
- 61 child protection orders were secured, including 11 at birth (49 in 2011/2012)
- 141 children were the subject of place of safety warrants issued by Children's Hearings (136 in 2011/2012)
- 57 children were on the child protection register as at 31 March 2013 (82 on the same day in 2012)

Comparing these figures with those for recent years shows that the number of child protection investigations has remained relatively stable, but that the number of registrations appears to have peaked in 2011/12.

A more detailed analysis of quarterly figures for 2012/13 shows that the number of children investigated remained high throughout the period, but that the number that progressed to case conference and, of these, the number being registered, gradually decreased. It is of note that on 31<sup>st</sup> March 2013 there was the lowest number of children on the Dundee child protection register for ten years.

Further analysis shows that the volume of child protection case conferences continues to be high, but that there has been an increase in the number of children being de-registered after two to three months. In summary, the figures show that there has been a high workload for staff during 2012/13, despite a low number of children on the child protection register at any one time.

From this and all of the information available about child protection activities during 2012/13, it has been concluded that positive action to protect children is now being taken much more quickly than in the past, allowing children to be de-registered because they are deemed safe, either because of improved home circumstances, or because they have been taken into local authority care.

The following statistical information gives an indication of the timescales within which child protection activities have taken place within the Department during 2012/13:

- 95% of child protection referrals were screened and responded to within 24 hours
- 45% of initial child protection case conferences were held within 15 working days of the decision being made to convene a case conference, and 68% within 20 working days; this is a slight decrease in performance compared with 2011/12, despite close monitoring and new systems in place.
- 91% of regular child protection review case conferences were held within 6 months.

#### 4.1.2 Looked After Children

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

The population of looked after children in Dundee doubled during the ten year period from 2001 to 2011, from 350 to over 700. Analysis of the looked after children statistical trends shows that the number of children becoming looked after in Dundee appears to have peaked during 2010/11, and to have since been stable at around 720 children.

This change is related in part to the number of children becoming newly looked after having peaked in 2011/12, and in part to the increase in the number of children who are ceasing to be looked after during that period, either because they are able to return to their parents' care, or because they have been provided with permanent alternative care.

**Table 1: Number of Looked After Children at 31 March 2013 as compared with 31 March 2012**

| <b>Number of Children</b>                            | <b>31.3.2012</b>  | <b>31.3.2013</b>  |
|--|-------------------|-------------------|
| Looked after at home with parents                    | 210 (29%)         | 211 (29%)         |
| Looked after with kinship carers                     | 223 (31%)         | 205 (29%)         |
| Looked after with foster carers                      | 236 (32%)         | 241 (33%)         |
| In adoptive placements                               | 12 (2%)           | 19 (3%)           |
| In residential care                                  | 46 (6%)           | 42 (6%)           |
| <b>Total number looked after</b>                     | <b>727 (100%)</b> | <b>718 (100%)</b> |
| Subject to permanence orders                         | 58 (8%)           | 59 (8%)           |
| Newly looked after between 1.4.12 and 31.3.13        | 199               |                   |
| Ceased to be looked after between 1.4.12 and 31.3.13 | 208               |                   |

These figures show that overall the proportion of children living with foster carers continues to be very high, with about one third of children in foster care being placed with external foster care providers.

The proportion of children living with kinship carers also continues to be very high, with kinship carers continuing to provide almost a third of placements for looked after children in Dundee. The development of kinship carers as a placement resource has been driven both by the care needs of the high numbers of children becoming looked after, and the local implementation of the Scottish Government's policy to support children to remain in the care of their extended families, where it is safe and appropriate to do so. (See Paragraph 7.1.4 below for further information regarding the development of kinship care services in Dundee).

In 2012/13 it was also recognised that a much better understanding is required of both the way in which Dundee's resources are being used to meet the needs of looked after children, and of the outcomes which are being secured for the children involved. To this end discussions took place with the Department's benchmarking partners in East Renfrewshire, the Scottish Government, and with Loughborough University, following which a commitment was made to engage the Department's Children's Services in the Loughborough Project during 2013/14. The overall aim of this Project is to ensure Dundee is making best use of the resources available, and this task is to be achieved through detailed analysis of the balance between the costs and outcomes for children of different placements. It is anticipated that the first report from the Loughborough Project should be available in December 2013.

#### **4.1.3 Looked After Child and Looked After and Accommodated Child (LAAC) Reviews**

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

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

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

During 2012/13 the child's plans for 1219 children were reviewed at LAAC review meetings (an increase from the previous record high of 1089 during 2011/12), showing a continued increase in line with the rise in the number of children becoming looked after and accommodated, and the more pro-active approach the Review Team are now adopting to promoting and tracking care planning for looked after children. With the increase in the number of reviews requiring to be chaired by the Review Team, there have been increasing demands made on the Team's workload, which have affected their capacity to meet the time and practice standards laid down for the planning and review of accommodated children.

In 2012/13 an evaluation of the service being provided by the Review Team was undertaken to identify the range of capacity issues and other factors that are impacting both on the current efficiency and effectiveness of the Team, and on the outcomes for the children and families who are the subject of the review processes for which the Review Team have responsibility. From this work a range of actions are now being taken forward which aim to address the capacity issues being faced by the Team, improve practice standards and care planning activities for children, and maximise the use of all the resources available to the LAAC Review Service.

#### **4.1.4 Secure and Residential Accommodation**

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

Decisions regarding the use of secure care are in the main made at a Children's Hearing or in

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

The use of secure care is highlighted in a dataset regularly reported to the Children's Services Management Team. The dataset for 2012/13 shows that the number of admissions to secure accommodation reduced significantly. A total of 13 young people were admitted to secure accommodation during the year, which is the same number as during 2011/12. However, none of these young people were admitted more than once, representing a positive change from 2011/12, when there were a total of 16 admissions for 13 children.

Of the 13 admissions during 2012/13 9(75%) were due to Director's authorisation. Of the remaining four admissions, 2 arose from decisions made at Children's Hearings and two from the Sheriff Court (remand).

Analysis of the secure care data shows that the length of stay in secure care during 2012/13 varied from two weeks to five months, which is significantly reduced compared with the length of stay during 2011/12 which ranged from between 2 weeks and 1 year. The number of young people in secure care at any one time continues to decrease, with no young person at all in secure accommodation on 1<sup>st</sup> July 2013. This not only indicates better outcomes for the young people involved, as they return to the community sooner, but it also means a considerable financial saving for the Council.

During 2012/13 the number of young people in Dundee's local authority residential units remained stable at around 18-20 at any one time. However, the numbers in residential schools and secure accommodation have decreased significantly by 50% from an average of 20 at any one time, to 12 on 31<sup>st</sup> March 2013 (and further decreasing to 7 on 30<sup>th</sup> June 2013, representing a total decrease of 65%).

In 2012 an options appraisal was undertaken in relation to the use of the secure facilities at The Elms. It was agreed to change the use of this building as a resource to create further residential provision to operate alongside Drummond House which is part of the Elms Complex. The Elms Secure Unit closed in December 2012, and following substantial renovations, re-opened as a residential establishment with a particular focus on adolescents in July 2013. Dundee City Council now commissions secure provision from external providers.

The resettlement of 16-17 year olds who are in custody continues to be prioritised and there is active planning and review of the young people involved, with individualised pre-release plans being put in place to support the young person's return to the community and minimise the risk of re-offending.

#### **4.1.5 Emergency Placements of Children Subject to Statutory Provisions**

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

During 2012/13 there were only 4 placement disruptions of long term/permanent placements which resulted in such emergency moves. This represents a considerable improvement on performance in 2011/12 when there were 13 disruptions leading to emergency moves of placement for the children and young people involved.

#### **4.1.6 Adoption Services**

The Adoption & Children (Scotland) Act 2007 and the Adoption Support Services and Allowances (Scotland) Regulations 2009 came into force in 2009. This is the legislative framework under which local authorities are required to provide an adoption service in their area. The statutory requirements include arrangements for assessing children and prospective adopters, placing children for adoption and adoption support for all those affected by adoption.

In Dundee a strong emphasis has been placed on improving outcomes for children who are permanently unable to return to their birth family. This approach is in line with the Government's Care & Permanence Plan, which lays out an ambitious plan to reduce timescales, improve outcomes and increase the numbers of children adopted in Scotland. The Council's Adoption Service Plan, approved in February 2013, addresses the expectations of the Scottish Government and provides a clear framework for the development and delivery of adoption services in Dundee.

The overall number of looked after children has remained relatively stable over the past year in Dundee, although the number of children permanently with kinship carers, in foster care, or with prospective adopters has continued to rise, as detailed in Table 2 below. The most significant increase is in the numbers of children and young people who are being permanently looked after by relatives and family friends.

Adoption is often considered for children who cannot live within their extended birth family, as it offers stability and continuity of care throughout childhood. However, the number of children being identified as requiring permanence via adoption has remained relatively low during 2012/13. Factors such as the lack of adoptive families for children of primary school age or for sibling groups, together with delays in permanence planning, all continue to be key contributory factors. These are priority areas for service development, as identified within the Adoption Service Plan.

**Table 2: Children Approved for Permanence 2012/13**

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

Developing the skills and knowledge base of staff involved in permanence work is crucial, and consequently work has been undertaken during 2012/13 to re-design the training programme on Child Centred Assessment, which has a particular focus on permanence planning. This training is scheduled to be re-launched in August 2013 and will be rolled out across the Department. A practitioner led Permanence Forum was also established in January 2013 with a remit for sharing good practice and supporting staff skills development.

Table 3 below shows the number of foster and adoptive carers who were approved, and the number de-registered in 2012/13. The number and profile of prospective adopters recruited in-house each year has not been sufficient to meet the demand for placements for Dundee children. However Dundee has continued to engage in proactive and creative recruitment and family finding activities aimed at ensuring that every child is given the best possible opportunity to be placed with a family for life. Such activities have included referrals to Scotland's Adoption Register, involvement in Adoption Exchange Days, webinars and Film Feature Evenings organised by British Association for Adoption and Fostering (BAAF).

Plans are also underway, in association with neighbouring authorities, to launch a TV campaign focused on recruiting permanent carers and adopters in 2014.



**Table 3: Foster and Adoptive Carer Approvals and De-registrations 2012/13**

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

#### 4.1.7 Fostering Services

The Looked After Children (Scotland) Regulations 2009 provide the statutory framework under which Dundee provides fostering services. The Scottish Government is currently undertaking a national review of foster care to ensure that provision across Scotland is of the standard required to provide children with stable, nurturing placements. This review will consider a range of issues including the standard of management, training and support available to foster carers, fees and allowances, the maximum number of children who should be placed in any fostering household, and the foster carers place in the 'team around the child'.

The national review will be making recommendations for reform throughout 2013, and Dundee will be taking these into account in respect of service delivery and improvements within the city. In the meantime action continues to be taken by the Department to achieve continuous improvement in the planning and delivery of fostering services.

In 2012 a comprehensive review of Dundee's Fostering Panel was undertaken, leading to a restructuring of the Panel in January 2013. At the same time the system for reviewing foster carers' approval was revised to take account of developing good practice guidance and to ensure that the level of independent monitoring and scrutiny was improved. One of the key changes to be made was to allocate the responsibility for all foster carer reviews to the Fostering Panel, and for these to take place on a bi-annual basis.

During 2012/13 foster carers have continued to be active participants in service developments via membership of a range of working groups, including the review of the ACE Fostering scheme, the review of the Foster Carer Handbook and the Recruitment Group, as well as through the carer consultative group.

Recruitment and retention of all categories of foster carers has continued to be a high priority. The overall number of fostering households has continued to rise and a greater number of children are being placed with Dundee carers. However, there remains a mismatch in terms of numbers and profiles between the children requiring placements and the carers available. This has resulted in a significant number of placements having to be secured with external fostering providers, amounting to approximately 30% of all fostering placements.

A recruitment strategy is being developed in Dundee to try to ensure the pool of in-house foster carers continues to grow to a level which provides a more affordable balance of in-house and external provision, and which will over time reduce the reliance on external fostering placements. This strategy will include specific targets for those children who the authority finds hard to place. A report detailing this proposed strategy is scheduled to be submitted to the Social Work and Health Committee in September 2013.

#### 4.1.8 Private Fostering

Private fostering is the term used to refer to arrangements made by parents with people who are not close relatives and not approved foster carers, to care for their children for 28 days or longer. Local authorities are required to assess, approve and support such arrangements, when advised that they have been put in place by parents.

Historically Dundee has recorded very few private fostering arrangements, and during 2012/13 the authority has not been advised of any such arrangements taking place in Dundee. Dundee continues to publicise information about private fostering on the Council's adoption and fostering website, as well as displaying leaflets in a number of public venues. Currently the Scottish Government is considering an awareness raising campaign in relation to private fostering in recognition of the lack of public awareness of the responsibilities which parents and private foster carers have to report and have such arrangements assessed and formally approved by the local authority.

### 4.2 ADULT SERVICES

#### 4.2.1 Adult Support and Protection Services

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

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

The Dundee Adult Support and Protection Committee (DASPC) (which is led by an independent chair) together with adult support and protection services across the city, have continued to meet the requirements of the Act, promoting partnership working, improving practice through the development and implementation of a multi-agency training strategy, and advancing the provision of services. During 2012/13, the activities of DASPC, while maintaining its local focus, were increasingly being conducted with reference to the Scottish Government's national framework and the public protection strategy initiated by the Dundee Chief Officer Group (Care & Protection) and DASPC had made significant progress over this period, developing both policy and practice.

In August 2012 the Convenor of the DASPC produced his Biennial report for the Scottish Government. In response Michael Matheson, Minister for Public Health, noted the content of the Biennial Report and stated that "The progress made in training in your area is significant. I was pleased to see that adult support and protection training and awareness raising is becoming embedded within staff inductions, which is an excellent way to spread knowledge of this important work. I was also particularly pleased to note that service users have been involved in the development and delivery of training materials which is clearly of benefit to all concerned. The work on awareness-raising of adult protection issues in the Dundee area is to be highly commended. A diverse and imaginative approach, from television adverts to a play touring community venues, specific groups being targeted to receive awareness raising and a question in the next Dundee citizen survey can all only be of benefit to the community we are all seeking to protect."

All agencies continue to contribute to the work of the four DASPC task groups (focussing on self evaluation; policy, practice and procedures; communication; and learning and workforce development) and to the implementation of the adult support and protection business plan. There has been ongoing positive progress in the work of the task groups in each of these areas of activity.

The new post of Lead Officer for the DASPC was established and filled in July 2013, and the post-holder will assist in progressing the 5 National Priorities (financial harm, adult protection in accident and emergency departments, adult protection in nursing and care homes, service user and carer involvement, and data collection), as well as the 7 recommendations from the Biennial Report.

With respect to individual adult protection cases, initial referral discussions and case conferences are chaired by Service Managers in Dundee, and good cooperation by all agencies has been reported by data showing attendance at these meetings.

The following adult protection activity took place in Dundee in 2012/13:

- 558 adult protection referrals were received (compared to 368 in 2010/11 and 584 in 2011/12).
- 127 of these referrals resulted in adult protection activity (136 in 2010/11, and 149 in 2011/12).
- 40 (30.9%) initial adult protection case conferences were convened (50 (36.7%) in 2010/11 and 64 (42.9%) in 2011/12).
- 22 review case conferences took place (37 in both 2010/11 and 2011/12).
- 9 protection orders were secured to protect 6 individuals during the two year period 2010-12. Figures are not available for the period 2012/13, as statistical information is only published on a 2 yearly basis.

These figures show that there has been a decrease in the number of adult protection referrals in the year 2012/13. This decrease in the referral numbers has been attributed to a combination of factors including:

- a different approach to referrals from care homes; these referrals were no longer being dealt with through adult protection processes, particularly when they related to peer-on-peer incidents
- the new practice of screening out some police referrals when these were assessed as not relating to adult protection, but required instead a different response and were more appropriate for referral for Social Work input
- an increase in staff confidence in identifying cases that are appropriately dealt with under the provision of the Adult Support and Protection legislation, resulting in work being progressed more timeously, and supports being provided at the earliest possible point.

In 2012 the first adult protection case-based self evaluation took place. Through this self-evaluation process there were a range of areas for improvement identified relating to initial response to concerns, appropriate support to and involvement of service users and carers, and assessment and case recording by staff members. The actions arising from this self-evaluation have been taken forward into 2013, when it is planned to repeat this case-based self-evaluation exercise. It is envisaged that the 'trend over time' data that is gathered will provide valuable evidence of strengths, as well as areas of improvement, as part of the drive towards continuous improvement across adult support and protection services in Dundee.

One important strand of the adult protection work in Dundee is that related to suicide prevention which is given a lead by the Joint Angus and Dundee Choose Life Steering Group (JADCLSG). Choose Life is the national strategy and action plan to prevent suicide in Scotland. The ten year strategy was launched in 2002 with an ultimate goal of reducing suicide by 20% by 2013. Currently the fall in suicide rates in Scotland since 2002 is 18%.

Every day 2 people in Scotland die by suicide, with males three times more likely to complete suicide than females. In 2012 there were a total of 17 deaths by suicide in Dundee (a reduction of 2 compared with the number in 2011), 13 of whom were male and 4 were female.

The JADCLSG was established to oversee the development and implementation of the local suicide prevention strategy, and the Group have been taking forward a number of priority areas of work in 2012/13 including the:

- securing of funding for the establishment of the Tayside Suicide Review Group, due to be launched later in 2013

- completion of a Test of Change project aimed at improving the response people receive when presenting as “in distress” to A & E and Tayside Police, following an incident of self harm. The report on this test of change project will be forwarded to the Scottish Government
- roll out of a free ‘App’ for mobile phone and other platforms, giving local information to anyone who is feeling suicidal or worried about someone who is suicidal
- completion of an Independent Evaluation of Choose Life work across Angus and Dundee. The Steering group is currently planning the implementation of the recommendations.

Further information regarding adult support and protection activities can be found in the Dundee Adult Support and Protection Annual Report for 2012/13.

#### 4.2.2 **Violence Against Women (including Domestic Abuse) Services**

The protection of women, children and young people from all forms of violence (domestic abuse, sexual violence, sexual exploitation, human trafficking and harmful practices) is an important component of the Social Work Department’s public protection role. The Department hosts the multi-agency Violence Against Women Partnership and is a key contributor to the delivery of the Violence Against Women Strategic Plan 2011-14.

Scottish Government statistical information demonstrates year on year increases in the reporting of domestic incidents to Police Scotland since 2007-08, with Dundee City in 2011/12 showing the third highest prevalence rate of recorded incidents of any local authority area in Scotland.

- 2,440 domestic incidents were recorded from within the Dundee City Council area in 2011/12 (as compared with 2366 incidents in 2010/11). Figures are not available for the period 2012/13, as statistical information is now published on a 2 yearly basis.

Scottish Government crime statistics demonstrate a decrease in reporting of sexual offences to Police Scotland in the Dundee City area as compared with figures for 2010/11:

- 217 reports were recorded in 2012-13 (down from 232 reports in 2010-11).

Statistical information from local specialist support services, primarily based in the voluntary sector, show a trend of increasing demand for support and protection services over a number of years.

In relation to domestic abuse (including forced marriage and “honour” based violence) a system of Multi-Agency Risk Assessment Conferences (MARAC) was introduced in April 2011. This provides a co-ordinated multi-agency response to very high risk adult victims of domestic abuse and aims to reduce risk and increase safety. The Social Work Department has supported this important development through the provision of practitioner input and administrative and chairing support. In 2012/13 the MARAC considered:

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

Other key developments in relation to the work to address violence against women over the period 2012/13 included the:

- further development of partnership working with Police Scotland, the Procurator Fiscal Service, and NHS Tayside to improve responses to the issue of street prostitution
- development of links with the Women Offenders Team within the Criminal Justice Service to better meet the needs of their service user group
- development of consistent and appropriate responses to individuals and families who have ‘no recourse’ to public funds
- further development, with Police Scotland and NHS Tayside, of the sexual assault referral network to support women affected by sexual violence to report to the police
- development of initiatives to examine and improve local responses to the issue of child sexual exploitation

Further information regarding violence against women activities can be found in Dundee Violence Against Women Partnership Strategic Plan and Performance Monitoring Framework 2011-2014.

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

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

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

Table 4 gives information about the number of offenders managed through MAPPA arrangements in Dundee as reported in the Tayside MAPPA Annual Report 2012-2013.

| <b>Number of Registered Sex Offenders managed by MAPPA</b> | <b>2010/11</b> | <b>2011/12</b> | <b>2012/13</b> |
|--|----------------|----------------|----------------|
| Total number   | 153            | 152            | 136            |

Further information regarding the contribution of Criminal Justice Social Work Services to MAPPA in Dundee is included at Paragraph 4.2.5 below.

#### 4.2.4 Mental Health Officer Services

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

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

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

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances. Table 5 below shows the number and type of orders made in Dundee during the year ending 31 March 2013 and comparison with the same figures for the year up to 31 March 2012 and 31 March 2011.

**Table 5: Number/Type of Detention Orders made 2012/13**

| <b>Type of Order</b>   | <b>Total at 31.3.11</b> | <b>Total at 31.3.2012</b> | <b>Total at 31.3.2013</b> |
|--|-------------------------|---------------------------|---------------------------|
| Emergency detention in hospital (up to 72 hours)   | 84                      | 109                       | 111                       |
| Short term detention in hospital (up to 28 days)   | 134                     | 160                       | 155                       |
| Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) – these orders may be community or hospital based | 44                      | 67                        | 40                        |

These figures demonstrate that the significant increase in the number of emergency and short term detention orders secured in Dundee 2012/13 compared to the reporting period 2010/11 has been maintained for a further year. There has however been a decrease in the number of compulsory treatment order applications completed in the year up to March 2013 in comparison with the previous year.

Compulsory Treatment Orders (CTOs) may be extended annually. Because an MHO must be actively involved with service users where there are compulsory measures in place, the continuing overall high level of orders in place has placed additional demands on the MHO service in Dundee.

#### **Criminal Procedures (Scotland) Act 1995**

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

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

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

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

The figures for Dundee for individuals subject to these measures during 2012/13, and comparison with the same figures for the year up to 31 March 2012 and 31 March 2011, are as follows:

**Table 6: Criminal Procedures (Scotland) Act 1995**

| Type of Order                            | Total 31.3.11 | Total 31.3.2012 | Total 31.3.2013 |
|--|---------------|-----------------|-----------------|
| Compulsion Orders with Restriction Order | 18            | 18              | 16              |
| Assessment Orders                        | 1             | 6               | 1               |
| Treatment Orders                         | N/A           | 0               | 0               |
| Transfer for Treatment Direction         | N/A           | 2               | 0               |

**Adults with Incapacity (Scotland) Act 2000**

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

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

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

A MHO report must accompany any application for welfare guardianship, whether the application is made by a private individual or the local authority. The purpose of the report is to comment on the need for the order and the suitability of the proposed guardian to carry out the role. The Chief Social Work Officer is required to ensure both advice and supervision of all private welfare guardians in the discharge of their functions. Supervision requires an officer of the local authority to meet with both the adult and welfare guardian at least once every six months. Table 7 reflects the number of new guardianship orders made in 2012/13, compared with those made in 2011/12 and 2010/11.

**Table 7: New Orders made 2012/13 under Adults with Incapacity (Scotland) Act 2000**

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

These figures indicate a continued increase in the number of guardianship orders being sought; these add to the workload associated with all those orders still in place from previous years. This trend which is mirrored throughout Scotland has been developing over a number of years, and is likely to continue.

The increase in applications also has a corresponding impact on the number of CSWO welfare guardianships and local authority welfare guardian supervisors that are required to undertake the resulting duties, with the capacity issues arising for the MHO and Care Management

services in Dundee, which result in delays at times in allocating assessment and care management services.

#### 4.2.5 Criminal Justice Services

Services for offenders continue to be provided by the Social Work Department although there is an ongoing national consultation about the future of community justice services which may result in significant future structural changes. Throughout 2012/13 Social Work staff have been heavily involved in the consultation.

During 2012/13 the Criminal Justice Service (CJS) has continued to prioritise the development of services for women and young offenders and has been progressing recommendations made by the Commission on Women Offenders in their report published in 2012. This includes active development of a multi-agency Community Justice Centre providing co-ordinated holistic approaches to working with women offenders and the establishment of a multi-agency team, together with the associated mentoring service which was commented on positively by the Commission in its final report.

Legislative and procedural changes introduced in the CJS in 2011/12 are now well established. With the introduction of Community Payback Orders (CPOs) the CJS has worked closely with local communities across Dundee to ensure that unpaid work activities are of relevance, and this has resulted in a number of high profile initiatives, including the renovation of 4 sports hubs across the City.

In October 2012 the CJS produced its first Annual Report to the Scottish Government on the operation of CPOs. CPOs can include a range of requirements and the court may select one or more requirement in making sentencing decisions. Annual figures for 2012/13 show a 14% increase in Dundee on the previous year in relation to new orders which had a supervision requirement, managed by a social worker. This is due to CPOs having the flexibility to incorporate supervision requirements alongside unpaid work, an option that was not available for Community Service Orders, and one that was used less frequently in Probation Orders in the past. The net result is a significant increase in social worker input required for such cases.

Table 8 shows the number of offenders in Dundee who have been made subject to statutory supervision orders during 2012/13, by type of order, and as compared with the number of orders in the past two years.

**Table 8: Offenders in the Community Subject to Statutory Supervision**

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

Other key Community Payback performance and workload indicators for 2012/13 include:

- 90% of offenders attended their first appointment within 1 working day of sentence (compared with 93% in 2011/12)
- 55% of offenders started unpaid work within 7 days (compared with 50% in 2011/12)



- 71% of offenders successfully completed orders (compared with 66% in 2011/12)

Liaison with members of the Dundee Local Community Planning Partnerships has increased unpaid work referrals markedly, and a total of 40,008 hours of unpaid work were completed in Dundee during 2012/13, representing an increase of 19% on 2011/12.

Of the total number of CSOs issued in 2012/13 62 orders had a requirement included to address substance misuse. New contractual arrangements with NHS Tayside were put in place on 31 March 2013, extending drug treatment from that provided through Drug Treatment and Testing Orders (DTTOs) only, to all cases involving a statutory substance misuse requirement. During 2013/13 there has at the same time been an increase in the number of DTTOs issued from 16 to 25, with a total completion rate of 36%.

During 2012/13 the CJS delivered group work programmes for perpetrators of domestic violence (14 new cases), as well as the Community Sex Offender Group Work Programme for sex offenders. Other offence focused programmes were delivered on a 1:1 basis.

The CJS Public Protection Team (PPT) currently supervises all offenders subject to post custodial supervision requirements and is responsible for the assessment and preparation for release of such offenders while they are in custody, as part of statutory throughcare arrangements. Table 9 gives the number of offenders who are/or will be subject to such statutory supervision on release.

**Table 9: Offenders in Prison who will be subject to Statutory Supervision on Release**

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

Criminal Justice Social Work also provides Voluntary Assistance and Resettlement for short term prisoners. There were 257 cases for 2012/13, an increase on 2011/12 figures of 104. This was mainly due to the pilot with HMP Perth for adult males.

In addition to providing the statutory post custodial supervision noted earlier, the PPT also assess and manage registered sex offenders who are subject to community and post custodial supervision requirements. This is in line with the jointly established Multi Agency Public Protection Arrangements (MAPPA) in Dundee, described above at Paragraph 4.2.3.

## **5.0 REGULATION, INSPECTION AND IMPROVEMENT ACTIVITY**

### **5.1 Inspection of Social Work Services by the Care Inspectorate (previously Social Care and Social Work Improvement Scotland (SCSWIS))**

In 2011 an inspection of Social Work services in Dundee took place, identifying areas for improvement, but also noting that self-evaluation activities were already in evidence locally, which demonstrated both the Department's awareness of the changes to service provision required to improve outcomes for service users, and a commitment to continuous improvement across all areas of activity.

In recognition of the Department's pro-active approach to self-evaluation, the level of inspection of Social Work services in Dundee was scaled back significantly in 2012. Throughout the course of the year activities continued within the Department with the aim of embedding self-evaluation

as an approach across all areas of service planning and review. The Care Inspectorate's Improvement Plan for Social Work in Dundee has recently been updated and takes account of the progress made by the Department during 2012/13 in addressing a number of key areas which had been identified for improvement.

The Department is now moving into a new period of inspection as the drive nationally and locally towards the integration of services gathers momentum. Nationally the Care Inspectorate is developing an integrated, multi-agency framework for inspection which is focussed on outcomes for those people who receive services and on the range of providers and partnerships which work together to achieve these outcomes.

Within Dundee self-evaluation processes are being developed across Integrated Children's Services (ICS) to help all partners assess and improve the effectiveness of services being provided to children and families, as well as to assist the partnership to prepare for the future joint inspection arrangements for children's services which come into force in 2014.

This programme of self-evaluation will involve staff from all agencies, including Social Work, who have a role in Dundee's ICS, coming together to review and develop improvement plans for services for children and families in Dundee. A similar approach will be adopted by Community Care with their partners to ensure that those providing services for adults and older people continue to work towards service improvement and are prepared for the future scrutiny arrangements which will be put in place to comply with the requirements of health and social care integration in Dundee from 2014/15.

A joint approach to the inspection of adult services is being developed by Healthcare Improvement Scotland in partnership with the Care Inspectorate with the aim of developing a framework within which to examine the effectiveness of collaborative working, primarily that taking place between health, social work and social care services for adults. These planned inspections, which will focus on services across the local authority area, are intended to align with the Scottish Government's policies for the integration of health and social care, the national dementia strategy, re-shaping care for older people strategy, and adult protection arrangements. The model and methodology for scrutiny and improvement being developed is being designed with a focus on how well health and social care systems work together to support individuals to live in the community at home or in a homely setting, and the delivery of best outcomes for adults and older people.

The period ahead is one of major change for all partners in Dundee. The Social Work Department recognises the important role that comprehensive and robust self-evaluation processes and activities have to play in ensuring effective service planning, review and where appropriate, re-design of services into the future. The Department is committed in the coming years to an approach which involves all agencies working together to ensure that services deliver the required outcomes for the people of all ages and needs who receive them, as part of the Department and its partners' collective drive towards continuous improvement.

## **5.2 Multi-Agency Child Protection Inspection**

The regime for the inspection of services to protect children and young people emerged from the child protection reform programme initiated by the then Scottish Executive in 2003. The two rounds of inspection of services that have taken place in Scotland since then (in 2006–2009 and 2009–2012) focused exclusively on the issue of child protection.

As part of its second round of inspection of child protection services in Scotland, the Care Inspectorate visited Dundee during February 2012. The report of that inspection, which was published in May 2012, commented positively on the progress made in Dundee to improve the child care and protection services in the city. More detailed information regarding the findings from that inspection was provided in the 2011/12 Chief Social Work Officer report presented to Committee in February 2013.

As described at Paragraph 5.1 above, the national inspection framework has now evolved further, and the Scottish Government's inspection agency, the Care Inspectorate, has been charged with the inspection of all children's services. This requires that every aspect of services for children and young people, universal and specialist, will be inspected in the future.

However, it is evident from both the reports of the pilot inspections carried out in a number of identified local authorities in the first half of 2013, and from the quality indicators that are to be used in inspection, that significant attention will still be paid to those services that are concerned with protecting children and young people from abuse and harm.

The new inspection framework charges the Care Inspectorate with undertaking inspection of children's services over a 5-year cycle in every local authority area in Scotland, meaning that the next inspection will take place in Dundee within that period. The Chief Officers in Dundee will be given 12 weeks notice of this inspection, when a date has been identified for it to take place.

In the meantime, the Dundee Child Care & Protection Committee (CCPC), as part of the wider Integrated Children's Services structure, will focus its attention on applying rigorous self-evaluation, to ensure that those responsible for delivering services can be confident that children and young people in Dundee are receiving the services they need, when they need them, to keep them safe from harm.

### 5.3 **Inspections of Registered Services and Quality Assurance of Purchased Services**

Dundee City Council's Social Work Department has 187 contracts with 102 suppliers of social care services. Of these, 138 are involved in the supply of regulated services, ranging from residential care to care at home. The remaining 49 contracts are for unregulated services, such as lunch clubs, advocacy services, befriending, and family support services.

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

On 24 June 2013 a report on Registered Care Homes for Adults was presented to the Social Work and Health Committee (Report No 270-2013) summarising the gradings awarded by the Care Inspectorate to Dundee care homes in the period 1 April 2012 to 31 March 2013.

In the report it was noted that there were 855 people accommodated in 27 private and voluntary care homes, and 5 local authority care homes in Dundee. The separate service user group numbers using these care homes were: 777 older people; 33 people with learning disabilities; 32 people with physical disabilities; 10 people receiving services from Community Mental Health Team; and 3 receiving services from Drugs and Alcohol Services.

During 2012/13, 81% of regulated contracted services were assessed by the Care Inspectorate as providing good, very good or excellent services (grades 4, 5 and 6), 13% as providing adequate services (grade 3) and 15% as providing weak services (grade 2). No service was assessed as being unsatisfactory (grade 1).

These results for the year 2012/13 have been benchmarked against those awarded to Dundee care homes in the previous year (2011/12) and all registered care home services in Scotland in the year 2011/12. The results show that the gradings for all key themes for 2012/13 compare very favourably, both with the gradings in the previous year, and with the gradings of comparable services across Scotland for 2011/12.

Work continues on an ongoing basis to improve the quality of care services through the Department's Contracts Service in partnership with the designated Departmental lead officers for each service. Contracts with care providers are monitored through various methods including:

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

To further promote quality in the care services being provided or commissioned by the Department, there continues to be a joint commitment to continuous improvement which involves the care home providers, the regulator (Care Inspectorate) and the Social Work Department. A range of processes are in place to support this improvement, including regular meetings between Department officers, health representatives and Dundee care home providers to discuss current issues and developments and improvement measures to support quality improvement in Dundee. Regular learning network events are also held for care home providers covering subjects such as outcome assessment, dependency management, quality indicators, falls management and specialist health care. In addition Council officers attend Care Inspectorate feedback sessions following inspection visits.

At the same time service users' care needs are monitored and reviewed on a planned basis by the Department's review officers, who also undertake extra-ordinary reviews where there are concerns either about individuals or establishments. Where there is evidence of poor quality and performance, the Head of Community Care Service meets with providers to discuss proposed actions to make improvements and to agree how the Department can support these actions.

In 2013/14 this partnership approach to improvement in Dundee's care homes will continue to be progressed through the development of the quality improvement framework, involving the Care Inspectorate, Dundee City Council, NHS Tayside and care home providers.

#### 5.4 **Complaints**

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

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

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

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

The following information regarding complaints received and responded to within 2012/13 is included in this report to meet these statutory reporting requirements.

The total number of statutory social work complaints received during the period 1<sup>st</sup> April 2012 until 31<sup>st</sup> March 2013 was 58, as compared with 60 complaints received in 2011/12.

There were 2 non-statutory complaints received by the Social Work Department during this period. Both of these are classed as non-statutory because the person complaining was not a service user, or acting on behalf of a service user. The first complaint was made about the parking of a meals-on-wheels vehicle over an ambulance bay, and the other was submitted by a service user's mother who wished to complain about the way she was spoken to by a member of staff.

Of the 58 statutory complaints received, 31 (24 in 2011/12) related to Children's Services, 19 (25 in 2011/12) to Community Care, and 6 (9 in 2011/12) to Criminal Justice Services. The 2 remaining complaints involved financial charging for services and therefore related to Social Work's Finance Department.

Of the total of 58 statutory complaints recorded, 3 were received from the same complainer regarding three different elements of the one area of complaint.

Of the total 58 complaints received in 2012/13, 22 (38%) were upheld, leaving 36 (62%) which were not upheld, resulting in a similar balance in complaints that were upheld/not upheld as compared with that achieved in 2011/12.

No complaints progressed to the Complaints Review Committee or the Scottish Public Services Ombudsman during 2012/13.

Completion target timescales for investigation of complaints (set by procedures or agreed with complainants) were achieved in 90% (83% in 2010) of the total number of complaints investigated in 2012/13.

Table 10 shows a breakdown of the reasons for the 58 statutory complaints being raised with the Department in 2012/13:

**Table 10: Statutory Complaints by Reason for Concern**

|   |           |
|---|-----------|
| Attitude, behaviour or treatment by a member of staff               | 23        |
| Failure to follow the Council's agreed policies or procedures       | 2         |
| Delay or failure to respond to a query or request for service       | 2         |
| delay in responding to enquiries and requests                       | 3         |
| Service not to the standard expected                                | 10        |
| Failure to provide a service  | 4         |
| Failure to meet our service standards                               | 3         |
| Dissatisfaction with our policy                                     | 4         |
| Failure to take account of relevant matters in coming to a decision | 1         |
| Request for information regarding policy/procedure                  | 1         |
| Malice, bias or unfair discrimination                               | 2         |
| Other   | 3         |
| <b>TOTAL</b>  | <b>58</b> |

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

Currently there is discussion on-going at a national level with the Scottish Public Services Ombudsman (SPSO) and Association of Directors of Social Work (ADSW) regarding Social Work statutory complaints procedures. The Association of Directors of Social Work will provide advice in the near future about the procedures Social Work services need to put in place locally. The Social Work Department in Dundee has been preparing for this change by developing an electronic complaint recording system to reduce paperwork and improve monitoring.

## 5.5 Departmental Scrutiny and Improvement Activities

There is a wide range of scrutiny and improvement activity that takes place at different levels within the Social Work Department each year. This activity varies from day to day quality assurance at a local level by managers of services to broader self evaluation activity, involving practitioners and service users.

Such key scrutiny and improvement activities include the following which took place in 2012/13:

- Reviews of service user needs and outcomes, taking place as part of everyday case work across the Department
- Case file audit programmes, involving the review of samples of case files
- Management scrutiny of datasets focusing on key performance indicators for each service area
- Complaints Monitoring (See Paragraph 5.4)

One example of the case file auditing activity that takes place within the Department is the audit of 52 case files carried out by Managers within Children's Services between September and December 2012. Results from the 52 completed case file audits were on the whole good and show a marked improvement in comparison with the 2009 audit findings in Children's Services. Analysis showed in particular that the overall quality of risk assessments was deemed to be good or very good, and it was concluded that in these cases the children involved received appropriate and timeous access to key services both during, and after assessment.

However inconsistency in approach and practice in certain areas was identified in the 2012 audit findings, and there were 4 core areas of practice which emerged as the main focus for future improvement activity:

- consistent assessment
- reflective supervision
- evidence based interventions
- reduction in the number of workers involved with individual children and families.

These key areas are now subject to test for change processes as part of a more detailed action plan being taken forward within Children's Services in 2013/14. The monitoring of progress in addressing these practice issues has been incorporated into existing management performance monitoring arrangements within Children's Services.

The separate multi-agency child protection case based self-evaluation exercise which took place in November 2012 also identified four key areas to be addressed for improvement across the wider children's services partnership. It was noted that three of these four areas for improvement were those that had also been drawn from the case file audit which had been undertaken in Social Work's Children's Services during the same timeframe. It was concluded that the strong correlation between the findings of both of these audit exercises meant that Managers could be confident that the key areas for improvement in children's services were being identified accurately; and also that there could be confidence in the audit approaches and tools being used within these separate audit processes.

A further example of the Department's approach to scrutinising the services provided in order to identify areas of improvement is the self-evaluation exercise that was completed within the Criminal Justice Service in 2012 focused on the provision of services for high risk of harm offenders. This process was facilitated by the Care Inspectorate, and an associated action plan has since been fully implemented within Criminal Justice. There is also a plan in place to carry out a further Care Inspectorate facilitated self-evaluation of the implementation of a new risk assessment and risk management tool in October to December 2013.

In Community Care, as well as Children's and Criminal Justice Services a dataset providing key performance indicators is reported to each Service's management team on a regular basis. These datasets focus on key processes involved in the assessment, care planning, delivery and review of services for those people across the full age and needs spectrum who are assessed for, and receive services from, the Social Work Department. Each Management Team, as well as the Department's Directorate, is pro-active in using such data to inform service planning and review across all areas of activity on an on-going basis.

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

## 5.6 **Best Value Review of Children's Services**

The Policy & Resources Committee agreed to the establishment of a Best Value Review of Children's Services (Report No: 495-2011) to follow the inspection and review of child protection services that had taken place in Dundee in February 2012.

The Best Value Review of Children's Services being undertaken by an Officer/Elected Member Group commenced in the latter part of 2012. A number of presentations providing a wide range of information about needs and services in Dundee were considered by the Best Value Review

group in 2012/13, and the Group is now considering the way forward for Children's Services in Dundee.

The overarching aim is to develop a plan for transformational change across Children's Services. This requires a fundamental shift in the provision of services towards more early intervention and preventive services, whilst ensuring at the same time that the needs of the high numbers of looked after young people in the city are also addressed through a more targeted response. The Best Value Review Group will be working in 2013/14 to develop a clear vision for Children's Services and will bring forward proposals and a plan for achieving such transformational change in services for the future for Dundee's children and families.

## **5.7 Significant Case Reviews and Practice Case Reviews**

In child and adult protection there are Significant Case Reviews (SCR) and Practice Reviews which are two parts of the self-evaluation of services that take place on a multi-agency basis in Dundee.

The role of the SCR Panels is to decide whether, in any cases referred to them, the nationally agreed criteria for such a review are met and, if so, to commission that review. During 2012-13 the Child Care and Protection SCR Panel met on one occasion. In the case which was discussed at the Panel on that occasion, it was agreed that a full SCR was not required, and subsequently a report and recommendations were directed to the CCPC for their consideration. The Adult Support and Protection SCR Panel was established in 2011/12 and did not have occasion to meet during 2012/13.

The independently chaired Child Care and Protection PRG examines specific cases referred to it, both where there have been concerns but also, importantly, where there have been examples of good practice. The findings from the reviews undertaken have informed the Child Care and Protection Committee that improvements to practice developed and implemented over the last 3 year period have been embedded and sustained in practice.

Over the course of 2012/13 work has been undertaken to develop and agree a single mechanism for SCR, PRG and the consideration of external reports (such as SCRs from other local authority areas) across child protection, adult support and protection, and violence against women. MAPPA continue to operate their own arrangements, influenced by national statutory guidance, whilst making appropriate links to these new integrated processes. The new integrated external report process has now been implemented in Dundee and the new procedures for SCR and PRG are to be launched in Dundee early in 2013/14.

## **6.0 WORKFORCE PLANNING AND DEVELOPMENT**

The Social Work Department must continue to develop to meet the changing needs and expectations of its service users, staff, managers and other stakeholders. In order to do this effectively the Department has to develop and build on its range of human and other resources.

The Department needs a motivated, well developed and empowered workforce, which is committed to learning, innovation and best practice. Staff within the Department should be professional in their conduct and aim for continuous learning and development. In addition employees must be equipped with the right skills and knowledge necessary to carry out their work safely and to deliver on the complex agendas facing the social work and social care workforce now and into the future.

In order to meet this range of requirements, there are strategies in place in Social Work which are designed to ensure quality outcomes through the development of staff. These include an Organisational Development Strategy, a Workforce Plan, and a Learning and Workforce Development Strategy.

As an employer and deliverer of services, the Social Work Department must ensure that the development of the workforce is linked to the national policy agenda, statutory duties, Council, service and corporate objectives, outcomes and priorities. To do this, staff training, learning and

development activities focus on the following interlinked areas to improve skills, knowledge and understanding:

- Protecting people
- Non-discretionary or mandatory training for all staff
- Essential training and development aligned to specific roles and responsibilities
- Equalities and human rights
- Vocational training and regulatory requirements
- Qualifying and post qualifying training
- Practice and workplace learning
- Leadership and management development

Throughout 2013/13 the Director of Social Work has lead on the corporate working group for Workforce Planning within the Council and also chairs a Social Work Department group for workforce and capacity planning which meets on a regular basis. There is a project plan in place to deliver on a number of priorities arising from the work of each of these groups to ensure consistency, reduce duplication and ensure the best use of resources across the Council. In this way the Department's workforce and capacity planning needs are well represented and promoted within a corporate approach to workforce and capacity planning across the Council.

As part of a workforce planning and social inclusion approach, the Department also supports and sponsors existing staff to progress to become qualified social workers, as well as achieve a range of other professional or vocational qualifications. In partnership with Dundee College, the Health and Social Care Academy provides opportunities for qualification and employment in social care from the wider community.

The regulation and registration of the workforce as required by the Scottish Social Services Council is significantly progressed within the Department, with almost 100% of children and adult residential and day care staff being qualified to meet registration requirements. There is also substantial activity in relation to protecting people, leadership and management and post graduate qualifications to meet the registration and job requirements of qualified social work staff and managers of services.

In 2012 the activities of the Social Work Department's Learning and Workforce Development Service (LWDS) has increasingly been driven by the needs arising from the integration of services and multi-agency practice. The LWDS has therefore been adopting a more organisational development approach to promoting and supporting change for the Department's staff within their changing environments. Outcomes focussed approaches to service delivery have also been further developed across all areas of service delivery and this has required some culture shift in practice. The LWDS has developed a number of programmes to support managers and staff to facilitate this shift.

From 2013, the responsibility for the provision of learning and workforce development programmes for the Council as a whole has been allocated to the LWDS, and the service has been hosted within the Social Work Department since then. Learning and workforce development programmes are delivered on a single agency basis, via shared services, and on a multi agency basis, as well as within the Council as a whole. Programmes for employees are specific to their role, their registration requirements and continuous professional development.

In 2012/13 the Council wide activities in which the LWDS has been involved have included a particular focus on leadership development, e-learning, Information Technology, and the introduction of a new Modern Apprenticeship Scheme.

Since the last CSWO report in February 2013, the Modern Apprenticeship programme is now established with a co-ordinator in post and Human Resource processes agreed across the Council. A Protecting People framework for learning and workforce development is also under review and is being lead by the LWDS for the Council as a whole. The Departmental Learning and Workforce Development Strategy is to be reviewed in 2013, and a Council wide plan will be produced for implementation by December 2013.



There is a raft of legislation and policy drivers related to public service reform which are determining the workforce development agenda in the coming years, and increasingly they all require a training or organisational development programme to be developed alongside them.

Such legislation and policy drivers include Getting it Right for Every Child (GIRFEC) and the proposed changes to legislation relating to children and young people; the implementation of the Self Directed Support (Scotland Act) 2013, and the recently published strategies for dementia care and learning disabilities; the future integration of health and social care service delivery; and the future way forward for Criminal Justice Services when agreed. All these changes will further drive the development needs of the workforce. The Department's staff working in each of these three areas of service will need to be well trained and supported to ensure that they retain the necessary confidence, resilience and professional identity as they respond to the demands of the changing environment being created by such public service reform.

## **7.0 STRATEGIC DEVELOPMENTS AND CHALLENGES**

### **7.1 CHILDREN'S SERVICES AND CRIMINAL JUSTICE SERVICES**

#### **7.1.1 Getting it Right for Every Child (GIRFEC)**

GIRFEC is the foundation for work with all children and young people in Dundee. It builds from universal health and education services and drives the developments that will improve outcomes for children and young people, by changing the way adults think and act, and help all children and young people grow, develop and reach their full potential. It requires a positive shift in culture, systems and practice across services for children, young people and their families.

GIRFEC promotes a shared approach and accountability that: builds solutions with and around children, young people and their families; enables children and young people to get the help they need, when they need it; promotes a positive shift in culture, systems and practice; and involves working together to make things better. At the forefront of this approach is the need to deliver holistic, streamlined assessment, planning, and decision making processes, which will lead to children getting the right help, at the right time, to meet their needs.

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

There are a number of new initiatives and service developments that have been established in Dundee to embed GIRFEC and take forward integration plans across all services in response to identified needs. Such initiatives include the establishment and development of the Looked After Children Champions Board, the Lochee Ward Pathfinder initiative, the Dundee Early Intervention Team, and the Early Years Collaborative, all of which are referred to in more detail at Paragraphs 7.1.9, 7.1.11, 7.1.12 and 7.1.13 below.

In addition to the strategic lead being provided by the Social Work Department, Social Work staff at an operational level are involved in, and are making a significant contribution towards these new service developments, in the interests of improving services and outcomes for the city's most vulnerable children and families.

#### **7.1.2 Key Developments in Children's Services**

In 2012/13 there have been a number of service developments within Children's Services in recognition of the increasing levels of need and demand in the city, and an increasingly challenging financial environment in the city.

Early in 2013 a number of social work teams in Children's Services moved to Dudhope Castle where they are now co-located with the Council's Learning and Workforce Development Service and the Education Department's School Community Support Service. This is part of an overall

programme to rationalise the use of Council buildings across Dundee, with an increasing emphasis on mobile and flexible working and a requirement to 'hot desk' with a given ratio of 5 desks to every 10 staff members. At Dudhope Castle there is no public access to the building, but the need to seek alternative venues for meeting with children, young people and their families is promoting increased use of local community based resources elsewhere in the city.

In addition plans to amalgamate the functions of the Children's Services Family Support teams with Locality Social Work Teams have progressed during 2012/13. A new Intensive Family Support Team has also been established to provide an intensive level of support to children and their families, with the aim of improving the ability of parents to provide safe and appropriate care for their children.

Within Children's Services there has been a considerable focus during 2012/13 on work with partners to strengthen multi-agency approaches with the aim of minimising the need for secure care for young people. More specifically the change of use for The Elms secure facility to an open residential establishment has enabled a number of children who were looked after outwith the city to return to Dundee during the past year.

#### **7.1.3 Assessment and Care Planning**

The Integrated Children's Services Assessment and Care Planning Framework is now well into its implementation phase within Children's Services Social Work Teams. During 2012 consultation took place with staff and the assessment documentation in use has now been updated. The use of this revised documentation has been in place with teams across Children's Services since the 1<sup>st</sup> January 2013. The work now taking place to roll out across all Integrated Children's Services the use of the wider integrated framework supporting the single Child's Plan will continue throughout 2013/14, supported by the Senior Officer for GIRFEC.

#### **7.1.4 Kinship Care**

Dundee City Council has been one of the lead authorities in supporting kinship care placements, recognising the benefits to children of having continuity of care in existing family and support networks.

In 2012/13 the Social Work Department developed a Kinship Care Strategy, which was approved by the Social Work and Health Committee in February 2013 (83-2013). This strategy takes account of 'Getting It Right For Every Child in Kinship and Foster Care', a national strategy focusing on the needs of children and young people who are unable to be looked after by their parents.

Officers in the Department's Children's Services have begun in 2013/14 to take forward the range of short, medium and long term actions contained in the strategy, which has been designed to promote a more consistent and coherent approach, and to strengthen the quality of assessment and support services for kinship carers, and the children for whom they provide care in Dundee.

#### **7.1.5 Children Affected by Parental Substance Misuse**

Between one third and one half of children and young people whose names have been placed on the Dundee Child Protection Register are at risk because of concerns regarding the impact of parental substance misuse. These proportions are also reflected in the caseloads carried by Social Workers in Locality Social Work Teams across the city.

The delivery of services to reduce the risks and improve outcomes for children, including those affected by parental substance misuse, is therefore one of the key priorities for the Department's Children's Services, as well as the Social Work adult Drugs, Alcohol and BBV Team (See Paragraph 7.2.2 below). During 2012/13, links with adult substance misuse services in Dundee have been improved, including strengthening their regular representation on the Multi-Agency Screening Hub (MASH).

Social Work's Children's Services host Dundee's New Beginnings Team who provide an intensive, multi-agency service aimed at identifying and assessing the needs of unborn babies at risk of compromised parenting related to such factors as parental substance misuse, mental

health or learning disability. Although the Team provides services for families where there are other reasons for referral, for the majority of unborn babies referred for a service, substance misuse is the primary focus of concern. An externally commissioned evaluation of the service reported in early 2013 and the findings of the evaluation were positive in terms of the benefits of co-location and partnership working for improved outcomes for babies at risk of compromised parenting.

The evaluation also highlighted the importance for the effectiveness of such services as New Beginnings that appropriate management information systems, as well as meaningful outcomes measures for both babies and their parents are in place, to support both effective care planning and review for families, and self-evaluation for service development purposes.

It is clearly recognised however that not all children affected by parental substance misuse require a Social Work service. In recognition of the wider approach required to address this issue in Dundee, the Dundee Alcohol and Drug Partnership (ADP) is working collaboratively with colleagues across Tayside to undertake a needs assessment and map current service provision. The Social Work Department is represented on relevant local working groups and will work with partners to further develop provision alongside partner agencies in Dundee.

#### **7.1.6 Youth Justice**

In 2012/13, as part of Integrated Children's Services, the multi-agency Youth Justice Partnership has continued to co-ordinate services for all children and young people aged 8 to 17 years who offend, and the Partnership has implemented almost every action of the Whole System Approach Programme Plan.

This has resulted in a greater number of young people in this age group being dealt with earlier through approaches to early intervention and diversion, and a range of improved outcomes for the young people involved, which include:

- A smaller number who are subject to statutory court orders
- A greater number of those subject to statutory court orders who have engaged with and successfully completed orders
- A higher degree of support being provided to those in secure care and custody
- The development of standardised assessments on the risk of re-offending and risk of harm, and
- The introduction of single child's plans for young people who offend.

The increase in the number of young people being dealt with early and diverted from formal processes has been achieved through extending the remit of the existing Early and Effective Intervention (EEI) Group, which previously had responded to only those young people aged 8 to 15 who had committed an alleged offence.

From December 2011 the EEI Group also began to include young people aged 16/17 as an alternative to their cases being considered by the Procurator Fiscal. In 2012-13 44 young people aged 16/17 were dealt with through the EEI process.

#### **7.1.7 Throughcare and Aftercare Service**

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

The TCAC Team provide assessment, care planning and support services tailored to meet each individual young person's needs. The total number of young people who received a service from the TCAC Team in the year 2011/12 was 123. It is anticipated that future legislative changes will extend the age that an aftercare service can be requested, and this is likely to result in an increase in workloads for the TCAC Team.

### 7.1.8 Children's Rights, Advocacy and Engagement Services

In Dundee there are three key professionals who work together to ensure that children and young people's rights are protected and promoted, and to improve their engagement with services. All aspects of the work of these three professionals are underpinned by the UN Convention on the Rights of the Child and The Human Rights Act (1989).

Dedicated children's rights services are delivered in Dundee by the Children's Rights Officer (CRO) employed by the Social Work Department, and the part-time Young Persons Worker (YPW) Employed by Who Cares? Scotland. The new Care and Protection Engagement Officer (EO) came into post in January 2012 and is employed by CHILDREN 1<sup>st</sup> as part of a partnership initiative with Dundee City Council's Social Work Department.

Who Cares? Scotland is a national voluntary organisation providing a range of services across Scotland for children and young people with experience of care up to the age of 25. The organisation's core work is the provision of independent advocacy, advice, support to, and representation of young people who are or have been looked after and accommodated.

In the past the Department's CRO and the YPW have taken a joint approach to providing services to young people in Dundee. However in 2011/12 it was decided that the YPW should provide a dedicated service to young people in residential care in the city, whilst the CRO should focus on work with young people placed in secure care and in foster placements, alongside offering a service to those young people in the city who have been previously looked after and accommodated.

In 2012/13 the CRO received a total of 296 referrals from children and young people in Dundee. It is significant to note that 76 of these referrals were made for young people in secure care, representing a significant increase compared to the number of referrals from young people placed in secure care received in 2011/12 (60 referrals). It has been concluded that this increase may be related in part to the growing profile the CRO has with young people in secure accommodation.

The CRO's increased focus on work with children in foster care, as well as those previously accommodated, has resulted in a marked change in the proportions of referrals received from each age group of children and young people across the year. As noted in the 2011/12 CSWO report there had during that period been a shift towards a higher proportion of younger adolescents receiving a CRO service, but the referral figures for 2012/13 show a further change towards a much more even distribution of service, across a wider age range of children and young people (aged 9 - 19+ years).

Whilst the higher numbers of referrals to the CRO still came from young people aged 14 - 15, there was also during 2012/13 a significant increase in the number of 16 – 19+ year olds seeking a service. The increased proportion of the CRO's time used to meet the advocacy and support needs of young people who have been previously accommodated reflects the significant needs presenting for such young people, as they strive to adapt to family life at home again, or to living independently.

In 2012/13 the CRO provided a service for young people for many other reasons, but often because of concerns relating to their care placements. This is an issue which presented more often as a concern for those young people placed outwith Dundee. The issue of contact with family and friends for this group, as well as for other young people who received a service in 2012/13, has remained a recurring theme, as it has in previous years.

More detailed information regarding the CRO service will be provided in the next CRO annual report to be presented to the Social Work and Health Committee in December 2013.

A total of 45 Dundee young people accessed the Who Cares? Scotland Service in the period 2012/13, with the YPW making over 68 visits to Dundee's young people's residential units, as well as some external residential establishments. The pattern of issues raised with YPW is similar to that experienced by the CRO, with contact with family and friends, placement breakdowns and moves, bullying, and involvement in formal processes such as Children's Hearings and Looked After Children Reviews, all presenting as recurring themes.

The YPW plays a role in supporting young people's contribution to consultation activities and in 2012/13 there were 25 young people from Dundee for whom she provided support to be involved in national consultation activity. As in previous years high satisfaction levels with the services provided by both the YPW and CRO have been reported by the young people involved.

The Care and Protection EO post was created to develop ways of engaging and involving children, young people and families in the child protection process. In 2012- 2013, the EO resource was used to offer a targeted advocacy and support service to children and young people aged eight years and over at the review stage of the child protection process. Over the course of the period the EO provided support to 28 children and young people to be involved to participate in the processes with the Review Child Protection Case Conferences being convened to review their individual circumstances.

The learning from this approach highlighted that, despite being several months into the process, for many children and young people there was a limited awareness and understanding of what that process meant for them and their family. As a result, there was little foundation for the belief that their views could influence outcomes, and little context for them within which to make informed choices about participating in child protection decision making meetings.

Following a report to the Dundee CCPC in April 2013 on the progress made in the first year of this service it was agreed that those children and young people who require formal, independent advocacy support within the child protection process would continue to receive a direct service from the EO. However, it was also agreed that balance of the EO workload would shift from predominantly direct work with children and young people towards more support, guidance and development work with practitioners.

The aim of this new emphasis within the EO role that is to be taken forward in 2013/14 is to build the confidence and capacity of those professionals, who are already working in regular contact with individual children, to support them to engage in the child protection processes in which they are involved. It is envisaged that, over time, this approach will contribute to the strengthening of :

- a culture within and across agencies which actively seeks and supports the engagement and involvement of children and young people, not only in the child protection process, but in other (often overlapping) processes e.g. processes for children who are looked after and accommodated by the local authority
- the message to children and young people that their views matter and that these views will be sought and actively considered when important decisions are being made about their lives

To this end in the coming months the EO will be involved with colleagues from Learning and Workforce Development in developing specific guidance and training to encourage and facilitate this approach within the Children's Services workforce. It is also proposed that the EO will work with the Children's Services Care and Protection Intake Teams in piloting an initiative for identifying and supporting potential advocates for children and young people as early in the child protection process as possible.

All three of these workers are heavily involved in promoting the work of the Champions Board (described at Paragraph 7.1.9 below), helping the young people involved to prepare for and participate in meetings, and supporting their individual development within this process.

#### **7.1.9 Corporate Parenting Services and Dundee's Champions Board**

The term 'corporate parenting' refers to the statutory duty conferred both on all parts of a local authority to co-operate in promoting the welfare of children and young people who are looked after by them, and on other agencies to co-operate with councils in fulfilling that duty. As corporate parents, Dundee City Council and its partners have a duty to accept responsibility for all children in the city's care, making their needs a priority and ensuring support for their care and education, which includes seeking the same outcomes as any good parent would want for their own child as he/she grows up into adulthood.

A key component of Dundee's approach to corporate parenting has been the Champions Board which was established in June 2011 to 'champion the needs of looked after and previously looked after children'. The Champions Board provides a platform for looked after children to engage with their 'corporate parent' and make their needs known. The Board brings together Chief Officers, Elected Members, partner agencies, young people and their supporters to discuss and make decisions on an agenda set by the young people themselves. The young people as participants on the Board are provided with active ongoing support to facilitate their involvement and contribution to the development and activities of the Board.

In 2012/13 the Champions Board have been taking forward an Action Plan with a number of priority areas, which include work to:

- facilitate better input from children and young people to care planning
- make Children's Hearings and LAAC review meetings more 'child friendly'
- provide more support for children and young people in foster care/looked after at home
- provide additional tutoring for looked after children especially out of term time,
- provide access to health reviews for all looked after children and young people
- develop a peer mentoring system for looked after children
- develop employment opportunities for looked after children through the Family Firm approach
- improve 'looked after child' awareness raising across agencies

Officers from the Social Work Department have been active participants in the Champions Board and have been responsible for progressing a number of the actions in the Board's agreed action plan.

Recognition of the effectiveness of the approach being developed by the Champion's Board has resulted in their work being held up as an example of good practice in engaging with looked after children and young people during the last Inspection of Dundee's Child Protection Services. The Board also gained further recognition by gaining a Silver Award in the COSLA Excellence Awards held earlier in 2013.

#### 7.1.10 **Suicide Prevention**

Services within Dundee work with a number of young people who are deemed to present considerable risks to themselves and others through their own behaviour. Typically the behaviour that this can involve includes absconding and/or self harming, both of which can be very challenging for family members and professionals alike to address.

In 2012/13 training has been made available to Social Work staff in Children's Services, including residential staff to improve their knowledge, skills and strategies in managing such behaviours and reducing the risks to the young people involved. This training has involved Choose Life training materials, ASIST (applied suicide intervention skills training) and SAFETalk approaches.

The Tayside wide Choose Life guidance for all staff has also continued to be used in training with a broader range of staff in Dundee during 2012/13. This guidance gives information to workers on factors which can impact negatively on young people's mental health, on types of self harm, reasons why young people might self-harm, signs which may precede suicide, and advice on what action to take in the event of concern or incident.

While it is accepted that it is not possible to completely remove the risk of suicide, locally services have been working together to strengthen arrangements for vulnerable young people. This includes the development of an Absconders Protocol based on risk assessment with Tayside Police, and the use of planning meetings to share information and agree actions. There is also a focus on developing appropriate pathways and referral mechanisms to ensure young people have access to the right service when they need it. This includes promoting access to such services as that from the LAAC (looked after and accommodated child) Nurse, or the Dudhope Centre for Child Health's Self Harm Team, who can advise and assist staff when dealing with self harming behaviour.

In 2012/13 a multi-agency development group was also established to progress the development of the re-focussed Elms residential unit. The aim of this group was to develop plans to ensure that young people within this residential setting have access to a full range of support services. The work of this group has now been concluded, with effective working arrangements now established with Dudhope Child Psychiatry and Dundee Educational Psychology Services, with a view to developing a more integrated approach to early identification, assessment and intervention aimed at reducing risks for this vulnerable group of young people.

In 2012/13 the multi-agency Angus and Dundee Choose Life Steering Group has been in the process of evaluation by an independent source, and the operation of the Dundee Children and Young Person's sub-group remains on hold awaiting the recommendations from the evaluation. It is anticipated that there will continue to be a Children and Young Person's sub-group addressing needs and risks for young people in Dundee, but whether this will be a joint group (possibly Tayside wide) or Dundee only remains as yet unclear.

#### **7.1.11 Lochee Ward Pathfinder**

The Lochee Early Years Pathfinder has established a core collaborative of practitioners and partners from across all services who have developed a blueprint for change which outlines the actions that are taking place to improve the lives of children and families and transform ways of working amongst service providers in the Lochee Ward area.

Examples of the work that has taken place within the Lochee Pathfinder in 2012/13 include the development of the successful Family Splash and Early Start projects, as well as the recently reformed Early Years Network. These projects enable families to access low cost family activity provision and enable workers to come together to plan activity and intervention together.

The next step within this Pathfinder Project is to focus on delivering on the actions of the blueprint, but also on creating meaningful engagement with the local community that will give families the opportunity to be involved in shaping the services that they access, as well as giving communities the opportunity to be involved in the delivery of services themselves. The focus of such work in 2012/13 has been on the potential for a social enterprise nursery, making use of community open spaces and piloting community use of school facilities. Consideration has also be given to the development of the skills of community members, with a view to developing pathways into training or employment and building community capacity.

To promote and support such development work a Senior Officer for the Lochee Pathfinder was recruited in 2013 to head up a new Community Engagement Team, comprising three Community Engagement Workers and an administrative assistant.

The Lochee Pathfinder Project has adopted the "tests of change" approach to service development for the local community, and work has already taken place in 2012/13 to identify measurable interventions that make a difference to outcomes for children, families and communities included in the Pathfinder Project. As such tests of change are evidenced to be working in the Lochee Ward and are scalable and sustainable, it is the intention that at a later stage they can be rolled out across other geographical areas in the city.

#### **7.1.12 Dundee Early Intervention Team (DEIT)**

The DEIT is an innovative partnership project established in 2012 through Big Lottery funding. This initiative involves the four leading children's charities in Dundee: Aberlour, CHILDREN 1<sup>st</sup>, Action for Children and Barnardo's, all working in partnership with Dundee City Council and Dundee Voluntary Action. The DEIT aims to improve outcomes for children and families, by identifying and addressing problems at an early stage and preventing the need for greater interventions.

In 2013 DEIT was part of a successful Public Social Partnership bid to the Scottish Government worth £444,000 that will see the project extended to the end of March 2015. The other element of this bid was to secure funding for the Discoverin' Bairns project which will sit with DEIT from 2015. These monies will allow both projects to continue for a further 18 months and to recruit additional members of staff to support children and families. The aim is to extend early

intervention and preventative support to families with children under the age of five and to build parents' strengths and capacity by enabling and supporting volunteering and peer mentoring, amongst a range of other parenting supports.

#### **7.1.13 Dundee Early Years Collaborative**

Following on from a National Learning Event in January 2013 Dundee has been an active participant in the national Early Years Collaborative (EYC) initiative.

It is the Scottish Government's stated ambition to:

"make Scotland the best place to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed".

In pursuit of this ambition the national EYC initiative has been established, with the objective of the EYC being described as:

"To accelerate the conversion of the high level principles set out in GIRFEC and the Early Years Framework into practical action".

The outcomes established for the EYC are to:

- Deliver tangible improvement in outcomes and reduce inequalities for Scotland's vulnerable children.
- Put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016
- Sustain this change to 2018 and beyond.

The EYC has 3 work streams which cover services for all children and their families from the pre-birth period to the start of school. Each of the 3 work streams has a relevant 'stretch aim', which are to be achieved by undertaking a series of "tests of change" (the approach adopted by the Lochee Pathfinder Project). These are measurable interventions that are identified as making a difference to outcomes for children, families and communities that can be used to inform service planning and development.

In 2013 an EYC Programme Manager has been appointed to co-ordinate and report on the progress of Dundee's EYC. The post-holder is managed by the ICS Manager and is co-located with him and other members of the ICS team with the Social Work Department's Strategic Integration, Performance and Support Services. In the coming year the remainder of the posts in the EYC Team will be filled and the work of the EYC initiative in Dundee will begin to show more tangible evidence of activity and outcomes.

## **7.2 ADULT SERVICES**

### **7.2.1 Health and Social Care Integration**

The Scottish Government first published its proposals on health and social care integration in May 2012 (Integration of Adult Health and Social Care in Scotland, Consultation on Proposals May 2012). In the consultation document the Government set out its argument for change, its vision for the future, and its framework for improvement.

In advancing the argument for change the Government explained that demographic pressures make the current model of service delivery in Scotland unsustainable. In addition, it was argued that there are aspects of the current model of service delivery that are unsatisfactory.



The concern with the current approach to service delivery as defined by the Scottish Government is that:

*"there is too much variability of health and social care in different parts of Scotland, particularly for older people; there is no incentive to get people out of hospital quickly and back to a homely setting; and it is much easier to get people admitted to hospital than to arrange services that would keep them at home."*

The Government's vision for the future is that people should be supported to live well at home or in the community for as much time as they can, and that they should have a positive experience of health and social care when they need it.

The proposals for reform brought forward by the Scottish Government for consultation were for integrated health and social care partnership arrangements to be set up, either through the adoption of a Lead Agency Model (Model 1) or through the delegation of agreed functions to a Health and Social Care Partnership established as a body corporate of the Health Board and Local Authority (Model 2).

The proposals included plans to develop nationally agreed outcomes across health and social care, with integrated budgets and joint accountability via the Chief Executives of the Health Board and Local Authority to Ministers, NHS Chairs, Council Leaders and the public, for the delivery of these outcomes. It was proposed that a Jointly Accountable Officer would be responsible for the management of the committed sources and accountable for the delivery of the Partnership's delegated functions.

In September 2012 the Policy and Resources Committee (Report No: 334-2012) approved the Council's proposed response to the Scottish Government consultation. The report acknowledged that the Government's vision, and analysis of the context and the problem that the proposed changes seek to resolve, clearly resonated for Dundee City and with Dundee City Council policy. In particular it was recognised that there is commonality of understanding between the Government and the Council in terms of vision, partnership working, a shared outcome agenda and the necessity for change and continuous improvement.

The report emphasised in particular that local strategy and policy statements have consistently emphasised the Council's:

- wish to see improved outcomes for its citizens as outlined in successive Single Outcome Agreements
- concern about the relative disadvantage of some of its citizens, as evidenced through the publication of a Fairness Strategy
- commitment to broad partnership working as demonstrated through a successful community planning partnership
- recognition of the preferences of citizens to remain at home or in homely setting for as long as possible, as outlined in commissioning statements and service re-design for adults and older people
- commitment to seamless service delivery, as detailed in the Dundee Change Plan for Older People
- willingness to engage with the complexities of change and performance improvement as reflected in its Changing for the Future Programme

The report also noted however, that there were some areas where the emphasis was not as the Council would wish. These centred on the definition of partnership, democratic accountability and the need for local flexibility.

The areas that were the focus of the consideration in the Council's response to the Scottish Government's proposals included: local flexibility to determine the breadth of the partnership; strengthening of the governance framework in terms of local democratic accountability, with more flexibility as to which and how many councillors are members of the Health and Social Care Partnership Committee (now referred to as integration joint boards); the ordering of the reporting arrangements to maintain the principles of collective responsibility; flexibility to

interpret the role of the Jointly Accountable Officer (now referred to as the Chief Officer) and flexibility to develop the devolution of local decision making.

These comments addressed issues related to the establishment of the body corporate model since it was agreed this approach would represent the best development of Dundee local partnership arrangements. In the Council's response to the Government's consultation in September 2012, of the two models of support being proposed, the delegation of functions to a Health and Social Care partnership was indicated as being the preferred model for Dundee.

In accordance with the recommendations contained in Report No 334-2012 it was also agreed by Committee to put in place partnership arrangements for the governance of transitional planning in anticipation of the proposed joint working arrangements. These included the establishment of an Executive Group (the Executive) and an Officer Reference Group (the Officers Group) to support the work of the Executive.

The Executive and Officer Groups have been established and since early 2013 have been following an agreed workplan. The workplan opens up streams of activity that include consideration of the preparation of an Integration Plan; processes for the agreement of supporting governance arrangements; strategic planning arrangements including consultation arrangements and the development of joint strategies for all care groups; joint performance reporting; organisational development and workforce development; communication arrangements; community engagement; professional engagement; and health improvement and equalities planning.

On the 29th May 2013 the Public Bodies (Joint Working) (Scotland) Bill was published as the Scottish Government's new framework to support the improvement of the quality and consistency of health and social care services in Scotland. The provisions of the Bill are as anticipated in that it enables health boards and local authorities to integrate planning and service arrangements through the establishment of an 'integration authority', allowing each integration authority to be founded on either a 'body corporate' or 'lead agency' model.

It is noted that this legislation sets the minimum level of integration required by law to include all services for adults, and that this is an extension beyond the proposals put out for consultation which concentrated on older people only. The new regulatory framework will also allow for, but will not require, the inclusion of other functions, like for example children's services, if local partnerships so wish. Decisions have yet to be taken in Dundee regarding the extent of Social Work functions to be included for integration with Health.

It is clear that these new arrangements for health and social care integration will have significant implications for the citizens of Dundee and for the governance arrangements of Dundee City Council and NHS Tayside. The Social Work Department remains committed to working with Health partners to develop strong and effective partnership working arrangements, and improved service delivery and outcomes for service users. The progress of health and social care integration, as it gathers momentum in the coming year, will be reported in detail in the 2013/14 CSWO report.

### 7.2.2 Older People

Dundee's overall population is remaining broadly stable, but the overall number and proportion of older people is increasing, and with it the level of associated morbidity, particularly around dementia prevalence.

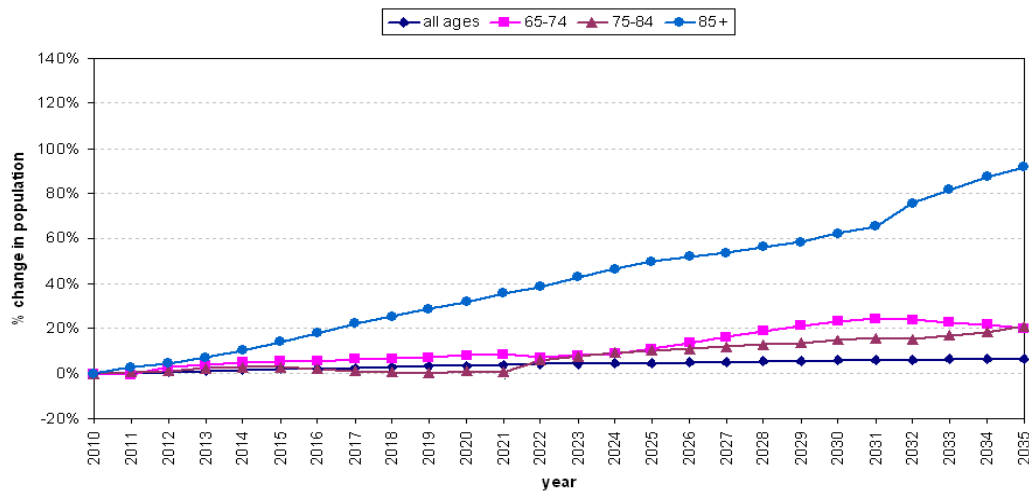
As Table 11 shows, the 85 years+ population in Dundee is expected to rise by 79% by 2035, and this means that more people will become increasingly dependent on community health, care and support services in their later years. In Dundee there are 2,625 people with a diagnosis of dementia, and through demographic modelling we can predict that:

- In 2014 we will have 2,668 people with dementia
- In 2015 we will have 2,710 people with dementia
- In 2016 we will have 2,754 people with dementia

The task of providing services for older people is therefore becoming a progressively

challenging one, and dependency on services in Dundee increases year on year. The majority of those providing unpaid care for older people are partners, family members or friends who are frequently themselves older people. The challenge is further compounded therefore as the average age and dependency needs of carers themselves increases.

**Table 11: Projected Population Change in Dundee City: 2008-2033**



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

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

The Dundee Social Work and Health Partnership were awarded a continuation of the Change Fund monies (£2.55 million) to further redesign and provision older people's services. The Partnership continues to maintain a successful working relationship across Social Work, Health, the Voluntary Sector and the Independent Sector, and enjoys active older person and carer representation, through the involvement of the Celebrate Age Network and the Dundee Carers Centre.

The main aim of this Change Fund investment is to act as bridging finance to support the reduction in care home placements, as well as unnecessary hospital admissions for older people, and to support early discharge from hospital. This is to be achieved by remaining focussed on the key policy goal of optimising the independence and well-being of older people at home. The policy also draws on the concept of building community capacity with the third sector and the independent sector, and the further integration of care pathways for older people and their carers.

In implementing the second year of the Change Plan Community Care Services have continued to focus on the 6 outcomes set by the partnership, detailed below:

1. Maintain more older people at home
2. Improve the quality of life for service users and carers/improve service users health and wellbeing
3. Reduce the number of care home placements
4. Reduce the number of hospital admissions
5. Reduce the number of hospital bed days lost
6. Reduce the number of emergency respite placements.

In addition to the work reported within the 2011/12 Chief Social Work Officer's report, the Change Fund agreed a number of new developments during 2012/13, which include:

- Additional Mental Health Officer time to complete Guardianship applications and enable more timely and safe discharge from hospital for older people
- A local Older People's Helpline and information database manned by older volunteers
- Improved care for older people living in the community with leg ulcers and complex wounds, through the testing of a designated community clinic providing specialist treatment and support
- Further volunteering projects within palliative care, with carers and within community enablement, and further development of the Dundee Time Banking project.
- Moving and handling support and training for carers
- Medication reviews of older people accessing enablement services
- Research into models of respite care
- Additional support for welfare benefit assessments
- Additional monitoring and assessment support for older people who have lower levels of support needs, to ensure care packages are monitored and re-assessed as required
- Dementia Facilitators' training through Stirling University for Care at Home services and Day Care Services, improving the quality of care for people with dementia
- Increased Allied Health Professional support and further developed health services, including Pulmonary Rehabilitation, introduction of Anticipatory Care Planning and piloting of 7 day discharge from hospital through additional staff at weekends during the winter period
- Dementia Choir for older people with dementia and their carers.

The new projects complemented and enhanced the approaches set out within the initial Change Fund Bid which included:

- Early intervention and anticipatory care,
- Enablement services and the re-design of homecare services
- Improved services for people living in care home settings
- Better quality dementia care
- Increased range of community based services to support vulnerable people living in their own homes.

For people living at home, the spend on Care at Home services has been increased, and more people are receiving higher packages of home care. The Department's enablement services have been re-designed, and of those accessing enablement, 56% (720 people) required no homecare or a reduced homecare package following enablement. There are also pilot projects taking place which will increase community capacity.

During the earlier stages of the Change Plan implementation it was noted that there were significant reductions in the number of people currently living within care homes, as more people were able to remain at home for longer. During 2012/13, this trend slowed and during the latter part of the year it reversed, with 989 people living in care homes in March 2013, compared with 969 in March 2012. In addition, in 2012/13 there were 53 emergency admissions into care homes from the community, an increase from 47 in 2011/12.

This change in trends reflects the level of frailty of older people living at home, and it can be linked directly back to carer stress, or an increase in risk taking by the older person as a result of cognitive impairment. It is recognised nationally however that the level of increase in care home residency is less than would have been predicted had the new service models not been introduced.

Despite increasing demands on services due to increased frailty and an ageing population Community Care Services have still been able to exceed the 30% balance of care target in March 2013.

In February 2013, the Social Work and Health Committee approved the Dundee Joint Strategic Commissioning Statement for Older People, which set out a five year vision for Older People living in Dundee. The vision for older adults is that they will be supported to live

a fulfilled life, as part of the community of their choice, with the supports that assist them to achieve this. In developing the strategic and commissioning statement, a needs assessment was completed which mapped needs, trends and prevalence. In addition the Celebrate Age Network was commissioned to undertake research with local older people and their carers, through the use of individual interviews, focus groups and engagement events.

The Statement identifies 6 key outcome statements which it is the aim to achieve for older people in Dundee:

- Having choice and control of my life
- Keeping in touch and maintaining meaningful relationships
- Being part of the world that I live in
- Staying as well as I can
- Maximising my potential
- Being safe and feeling safe

In describing the vision, aims and personal outcomes, the Dundee Joint Strategic and Commissioning Statement for Older People strongly reflects the views of older adults within Dundee. The actions contained within the Statement will be delivered through the Dundee Partnership, which includes the Local Authority, Health, the Voluntary Gateway, the Third Sector, the Celebrate Age Network, the Dundee Carers Centre and older people themselves. It builds on the Change Plan developments and recognises the future demands for services.

There is no doubt that Community Care Services will continue to face significant demands in future years, as a result of an increasingly frail population, however the work carried out to date will provide a strong base on which to continue with the redesign intentions for older people in Dundee.

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

According to a Glasgow University prevalence study, commissioned by the Scottish Government, it is estimated that there are 2,800 problematic drug users living in Dundee (figures estimated in 2009/10). The General Register Office for Scotland estimates a similar prevalence and an incidence of 39 drug related deaths in Dundee City over the course of 2012. This represents a prevalence rate of 0.21 per thousand of the population and the second highest prevalence rate for drug related deaths in Scotland.

Currently, detailed information regarding levels of alcohol use is not available. However figures regarding "Alcohol Brief Interventions" carried out in community settings by General Practitioners and others reflect a total of 4820 such interventions having taken place in Dundee (figures 2011/12). It is not known how many of these interventions were carried out with "repeat attenders" however, it is of note that these interventions are carried out with people who are not engaged with specialist alcohol services. These figures represent a large proportion of people living in Dundee, who are experiencing significant substance misuse issues and not engaging with specialist services.

With regard to the numbers of people with Blood Borne Virus (HIV/Hepatitis C) it is estimated that there are 1455 people living with Hepatitis C, and 161 people living with HIV, in Dundee. Within a Dundee context, demographics point to a growing older population living with HIV, with 84 people over the age of 45 in the city. Nationally, statistics point to a growing population of heterosexual people, and people from Sub-Saharan Africa, living with HIV. The majority of people in Dundee living with HIV are currently however, white, heterosexual males.

The current incidence of Hepatitis C in Dundee reflects the national prevalence rates in Hepatitis C. The majority of people living with Hepatitis C in Dundee have contracted the virus via intra-venous drug use, and there is a 25% incidence of Hepatitis C amongst injecting drug users in Dundee.

As stated in the 2011/12 CSWO report the Social Work Drug, Alcohol & BBV (DABBV) Team is now co-located with substance misuse colleagues in Health, and this has enabled partnership working to be strengthened. In 2012/13 Social Work staff attended fortnightly meetings with Health colleagues in order to discuss particularly complex cases and provide a multi-agency

response. In addition, care and support plan reviews are now conducted with colleagues from Health and the Third Sector, as well as with individual service users themselves.

The DABBV Team is committed to conducting a parenting support assessment with every service user, with the intended outcome being early identification of need and subsequent early intervention for parents and their children. During 2012/13 work was ongoing to strengthen partnership working between the DABBV Team and colleagues in Social Work's Children's Services. In addition to this, partnership working between the DABBV Team and the New Beginnings Service continued to be progressed, with "follow-on" support being provided to mothers who work with New Beginnings, and concurrent support being offered to fathers of the children involved.

With regard to people with blood borne virus, the DABBV Team continues to work in partnership with Health colleagues in the planning and delivery of services. The NHS Hepatitis C Eradication project has resulted in an increase in individuals with chaotic lifestyles being accepted onto treatment for Hepatitis C. This has been an important development in improving access to services for those people who previously were not in contact with any service provider.

All members of the DABBV Team are committed to ensuring that service users have appropriate information in relation to overdose risks and harm reduction approaches. There are now effective information sharing arrangements in place between Police Scotland and local agencies in Dundee to provide regular, up to date information and warnings related to identified potent substances, or substances with additional harmful effects, which are in circulation in the city. This information is disseminated to staff across relevant agencies to alert them to the presence of such substances, and the risks they present to the people who use them.

In addition to this, work to develop a pathway between Social Work's Criminal Justice Services, Tayside Substance Misuse Service and the Social Work DABBV Team commenced in 2013. The aim is to address the needs of those individuals with experience of substance misuse, who are leaving prison and resettling into the community. This is an area of service which has been recognised as being of importance to address, given the link between prison liberation and overdose risk for those involved.

In April 2013 the new residential service opened for individuals who experience daily dependent alcohol use and have a significant history of homelessness. This new service operates with a multi-agency "nominations panel" responsible for screening referrals to the Unit and agreeing placement plans. Identified outcomes for those using this residential service include improved nutrition, independent living skills and stability in terms of mental health and well-being.

Dundee's Alcohol and Drug Partnership provides a strategic lead within the city for the planning and develop of effective responses and services for those who use substances. A review of substance misuse service provision in Dundee, led by the Alcohol & Drug Partnership, is planned to commence in the latter part of 2013. The aims of the review are to ensure Dundee City is best placed to help those in need to recover from alcohol and drugs problems, and to increase the focus on prevention across the city.

#### **7.2.4 Mental Health Services (incorporating MHO services)**

In the Scottish Government's Mental Health Strategy for Scotland 2012-15 it is estimated that mental disorders affect more than a third of the population every year, the most common of these being depression and anxiety. The ageing population is also leading to an increase in the number of people with dementia with 5% of people over 65 and 20% of those over 80 years of age. In the strategy it is noted that in all countries most mental disorders are more prevalent among those who are most deprived, and that the prevalence of mental disorders does not appear to be changing significantly over time. However more people are accessing treatment and support as understanding grows and the stigma of mental illness is reducing.

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

The Association of Directors of Social Work (ADSW) has cited a number of recent reports and

academic reviews which argue a link between the economic down turn, and the increase in the prevalence of mental illness, due to social circumstances such as unemployment, personal debt and home repossession. Because of this the current economic crisis has led to calls for increased investment in mental health services.

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

As detailed at Paragraph 4.2.4 above, MHOs employed by the Social Work Department provide a range of services to people with mental illness in Dundee. In addition there are a number of Care Managers, also employed by the Social Work Department, who work alongside community psychiatric medical and nursing staff as part of integrated, locality based Community Mental Health Teams. They assess and identify the most appropriate supports and services for each person from a range of support models that include care homes, accommodation with support, outreach/ social care support and employment support.

With the rising levels of need in the city, the requirements of the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 continues to place increasing demands on MHO services and Care Management teams in 2012/13. A risk assessment framework is used to prioritise allocation, and all service contracts have been reviewed to ensure the best use of available resources. Work has also been undertaken to ensure effective workload management, balancing generally the care management responsibilities with the demands of the MHO function of the service.

In 2012/13 a Review of MHO services has taken place to ensure the most efficient model of service delivery in the context of increasing demand, and in the recognition that the level of MHO resources available will require to be kept under continuous review. This is important given the statutory nature of the work and the risks presented for many people, including both service users themselves, as well as members of the public within the city.

Dundee City's Adult Mental Health and Mental Wellbeing Strategy, NHS Tayside and Dundee City Council, 2008-2012 aspired to ensure that all people have equal access to all mental health and mental well-being services. The strategy set out an aim to 'shift the balance' of services to more community based and universal support services as opposed to the need for specialist health services. At the heart of this strategy lay a need for a range of supports to be in place, which were flexible enough to meet the varied needs of individual service users.

It has been clearly recognised that the development of the required range of supports and services for people with mental illness in Dundee requires strong partnership working across Health, Social Work, Social Care, Housing, Education and voluntary sector services. In 2012/13 work has continued with the aim of strengthening commissioning and contracting partnership arrangements with providers of services for people with mental illnesses in Dundee. Work has also taken place to promote the required changes in approach to how services are delivered to reflect an outcomes focus in the planning and delivery of services for each of the individuals in need of help and support.

In 2013 a sub-group of the Joint Mental Health Strategic Planning Group in Dundee commenced a benchmarking exercise against the thirty six commitments set out in the Mental Health Strategy for Scotland 2012 – 2015. It is intended that the analysis of the information and insights gained through this benchmarking process will help identify the improvements required and the shape of the next joint Dundee Mental Health Strategy for Dundee.

## 7.2.5 Learning Disability and Autism Services

In 2012 social care and health services in Dundee identified that there were 1,132 people in the city with a learning disability, of whom 147 also had a diagnosis of autism. (eSAY statistics, Scottish Consortium for Learning Disability, 2012). With effective life planning some people in this group can be supported to live their lives and achieve their personal outcomes with minimal support. Others in this group live with complex conditions which result in profound and multiple needs, and they require considerable support in their day-to-day lives. This means the range and cost of current models of care and support in Dundee is broad and varied. The financial resources committed to meet the needs of this group equate to approximately £20 million across social care and community health services in Dundee.

The following are some key statistics relating to service delivery for adults with a learning disability in Dundee. During 2012/13 there were:

- 9.2 adults in Dundee per 1,000 citizens, who are currently known to local authorities as having a learning disability. Although not all of these adults use services, all have had contact with some part of a health or social care service in Dundee in the last 3 years. This figure is the highest rate per 1,000 of all local authorities in Scotland, with Perth and Kinross showing the lowest rate of adults known to local authorities at 3.9 per 1,000 and the city's other neighbours, Fife at 4.3, and Angus at 5.5. It is not known whether Dundee has a bigger population of adults with a learning disability, or if adults in Dundee are simply more likely to be known to support services.
- 39.7% of adults in Dundee known to have a learning disability (representing over one third of the total population) currently live with a family carer. The number of people known to be living with a family carer varies across Scotland, with the proportion of the known learning disability population living with a family carer being recorded as 11% for Edinburgh, as compared with 57% in South Lanarkshire.
- 33% of all adults known to services in Dundee (373 people) were known to have an employment opportunity. An employment opportunity is defined as open employment, non-open employment specifically for people with a disability, in training for employment or self employed.
- 573 (56%) of the 1,132 adults recorded had an alternative day opportunity. This contrasts nationally with the lowest figure of 10% in North Ayrshire and the highest of 77.5% in South Ayrshire. The median value for all areas was 40.4% in 2012.

To meet the needs of people with learning disability in Dundee a revised approach to the organisation and delivery of learning disability services was agreed by Social Work and Health Committee in January 2012 (Report 28-2012). In developing this revised approach, account was taken of demographic shifts in the population of Dundee, patterns of supply and demand, service performance, the balance between external and internal service delivery, partnership working including service integration, and significant policy drivers like personalisation.

The proposals detailed in the report included: the development of a joint commissioning strategy involving Dundee City Council and NHS Tayside; seeking to formalise tendering arrangements for all supports which could come under a contractual framework; re-tendering enabler supports; developing an integrated employment service with the Employment Unit; and a planned decrease in the amount of centre based, traditional day services based on individuals' needs assessments.

Subsequent reports to the Social Work and Health Committee in March 2012 (149 – 2012) and October 2012 (409-2012) laid out more detailed proposals for The Development of Care and Support Arrangements for Adults with a Learning Disability. The overarching aim of these proposed changes in models of service delivery for adults with a learning disability is to shift further the balance of care from institutional to more community based models of care, and to ensure increased personalisation, flexibility, and equity of access to, and delivery of supports. The outcome being sought for the people affected by these changes is to enable access for them to more mainstream opportunities such as volunteering, employment, college and leisure, recreation and learning opportunities in the local community.



As part of these proposals for change it was proposed to close one of the day centres in Dundee, Kemback Street, which has provided services for people with mild to moderate learning disabilities. Plans for closure of this day centre were suspended earlier in 2013 to allow the opportunity for further information to be sought and additional consultation to take place. It was agreed that the proposals regarding the future of this day centre as a resource would be re-considered by Elected Members later in 2013.

There were some other significant developments in 2012/13 in the planning for changes to the resources available in Dundee for adults with a learning disability, and in particular at Elmgrove House. Elmgrove House is a Dundee City Council care home for 10 people with a severe learning disability and challenging behaviour. Through a partnership with Hillcrest Housing Association plans had been developed to provide a new resource on the site of Elmgrove House, and throughout 2012/13 the residents were accommodated elsewhere in the city to allow the necessary building works to be carried out. It is anticipated that these residents will return to their new tenancies where there will be a continuity of staffing from October 2013 onwards. A total of 14 people will receive a service within the new development.

The year 2012/13 was a period of significant and active review and planning within adult learning disability services, and the progress being made on agreeing the changes to take place, as well as in implementing those already agreed, will be provided in the 2013/14 CSWO report.

## 7.2.6 Physical Disability and Sensory Impairment Services

### Physical Disability

The accepted measure of prevalence of physical disability comes from Scotland's Census, General Register of Scotland (2011). Table 13, extracted from these Census figures, shows the number of people in Dundee, in comparison with Scotland as a whole, who have a long term limiting illness, with separate recording of the numbers of people who reported their lives as being impacted 'a lot' as compared with 'a little' by such conditions.

**Table 13: Number of People with Limiting Long Term Health Conditions**

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

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

In February 2013 the Department for Work and Pensions Office (DWP) reported to the Office of National Statistics that there were 11,740 people in receipt of Disability Living Allowance (DLA) in Dundee. DWP describe DLA as a tax-free benefit for children and adults (under the age of 65 when they claim) who need help with personal care, or have walking difficulties, because they are physically or mentally disabled. This means that 9.8% of the Dundee population aged under 65 are dependent on disability allowances, and that by this measure Dundee currently has the 5th highest level of disability out of the 32 local authorities in Scotland.

Nationally and locally there is also a rising trend in the number of children with complex needs surviving into adulthood, as evidenced by the number of children with multiple and complex needs within local schools. Such children in adulthood will have significant care needs, and local authorities, health boards and their partners will require to plan effectively, if the needs of this growing population are to be appropriately met in the future.

In 2012/13 the demand for assessment, care management and co-ordination, and protection services provided by the Social Work Department has continued to increase in Dundee. The Department's services for people with physical disabilities continue to support more individuals with complex care and support needs to live in their own homes and be part of their community. The demand for social work supports in specialist areas like, for example, Multiple Sclerosis and Huntington's Chorea has also continued. Service delivery models continue to be adjusted and

the balance of care shifted, with the result that at March 2013 there were 800 people with a physical disability receiving home care services.

The number of people in accommodation with care was 20 in 2012. However whilst there has been a steady increase in the number of people in accommodation with support, this group of people continue to experience the longest individual periods of hospital stay and have least local choice.

Plans to establish a national Multiple Sclerosis Cross Party Group have recently been proposed by the MS Society and MSP, G Adam. The Dundee MS specialist social worker, whose post remains the only post of its kind in Scotland, has been invited onto the group to contribute to discussions on key topics of shared interest such as neurological standards, welfare and financial security, access to medicines and social care, alongside other priority areas suggested by members of the group.

As reported in the 2012/13 CSWO report, in February 2012 the Social Work and Health Committee agreed to refurbish the Mackinnon Centre which provides day centre services and residential respite care services for adults with long term conditions, physical disabilities and sensory impairment.

The planned refurbishment of the Mackinnon Centre has since been completed to a high standard, and full service delivery at the Centre has resumed. The Centre's residential service can support up to ten people and now has facilities to support up to two people with bariatric care needs. The day service has introduced an outcomes focussed approach to the provision of services and is now open to self referrals from people with physical disabilities who meet the criteria for a service.

The Dundee Health and Social Care Interim Strategy for People with a Physical Disability and/or Sensory Impairment 2012-14 is now under review with the intention that there will be a separate strategy for sensory impairment, as set out below, and another strategy for physical disability. Both strategic plans will reflect the integration plans for each part of the service and its user group, and both will be outcome focussed in their approach to service planning and delivery. Strategic planning groups and providers forums are being established to take this work forward in Dundee.

### **Sensory Impairment Services**

The "See Hear" consultation document sets out a strategic framework for meeting the needs of people with a sensory impairment in Scotland. The strategic framework covers "cradle to grave" sensory impairment and is set against a background of increasing demand, the requirement for greater efficiency and effectiveness in the use of available resources and plans for health and social care integration in Scotland. This strategic framework makes reference to six broad recommendations, and these are currently the focus of consideration at a local level in Dundee as the foundations for the development of Dundee's Sensory Impairment Joint Strategy.

Sensory impairment services are provided by a range of organisations within Dundee. This is because the services required by people with a sensory impairment are often quite specialised, and the Social Work Department in Dundee has met its statutory responsibilities to provide services and supports for people with sensory impairments through commissioning specialist services for those children and adults in Dundee who require them.

Whilst there has been no change in Dundee's specialist service provider for those with a visual impairment, the same can not be said for those who are deaf, deafened, or hard of hearing. For many years the specialised service for those with a hearing impairment was provided by Tayside Association for the Deaf and subsequently, following a merger, by Deaf Action (Tayside). However, in order to ensure fair competition for the provision of services which is commissioned by the Social Work Department, the three local authorities in Tayside chose to work together to buy these services from a specialist service provider whose staff know and understands the needs of deaf people.

To this end the three local authorities worked collaboratively to hold a series of consultation events across Tayside in 2012/13 so that people who are deaf, deafened, or hard of hearing were aware of, and included in, the commissioning process. Following a tender process the

North East Sensory Service was awarded the Tayside wide contract for those affected by hearing impairment. In June 2013 this new provider started to deliver sensory impairment services for people in Dundee, as well as in other parts of Tayside.

#### **7.2.7 Occupational Therapy Assessment, Equipment and Dundee Independent Living Centre Services**

##### **Occupational Therapy**

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

The OT Service is a very high volume service, which received 4,176 referrals in 2012/13 (compared to 3,751 the previous year) of which:

- 37% were responded to on the same day (33% in 2011/12)
- 46% within 2 days (56% in 2011/12)
- 16% in more than 2 days (11% in 2011/12)

The increasing numbers of people affected by disability and being supported in their own homes will present challenges to the OT service in the coming years and will make increasing demands on the resources that the Social Work Department has allocated to provide equipment and adaptations. In recognising the potential to work more effectively across primary Health and Social Work, the Department has begun with Health to explore the potential to integrate the OT Services provided by both statutory agencies, linking this to Dundee's current approaches to enablement and rehabilitation. This will seek to reduce duplication, achieve efficiencies and in so doing, improve outcomes for people accessing these services.

##### **Community Equipment Store**

The Joint Social Work and Health Community Equipment Store is responsible for delivering and installing OT equipment to people in their own homes, as well as maintaining equipment, collecting it once it is no longer needed and seeking to clean and recycle equipment, so that it can be used again. In 2012/13:

- 83% of all equipment was delivered in 1-3 days and a further 5% in 4-5 days (the same as in 2011/12)
- 75% of equipment was collected within 1-3 days and a further 6% in 4-5 days (compared to 73% and 8% in 2011/12)
- 76% of all equipment returned to the store was able to be recycled (compared to 71% in 2011/12)

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

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

#### **7.2.8 Carers Supports and Services**

In 2010 the Scottish Government launched two five year strategies called Caring Together (The National Carers Strategy) and Getting it Right for Every Young Carer. In Dundee, an evaluation has taken place since the last local Carer Strategy, and the progress made locally has been reviewed against the national strategies. A revised local Carers Strategy is being developed for Dundee in partnership with the NHS, with carers and with the local organisations that support them. It is intended that this strategy will be published before the end of 2013.

During 2012/13 the Dundee Carers Voice Project, which is funded through the NHS Carer Information Strategy, has supported the development of services and supports for unpaid carers in Dundee. This Project comprise a group of Dundee carers who come together to support one another and to operate as a consultative body that comments on policy, on public information and on services impacting on unpaid carers. The Project's input to service planning and review has been beneficial to date, and it is anticipated that its contribution to the implementation of the new Carer's Strategy when agreed will be equally valuable.

The Scottish Government requires that at least 20% of the Reshaping Care for Older People Change Fund is targeted towards carer identification, information and support. The Dundee Partnership has exceeded this target through the work undertaken with the Dundee Carers' Centre and the projects that are supported through the Change Fund. These include:

- the provision of flexible short breaks for carers
- access to therapies for carers
- a project to advise and support carers in Moving and Handling
- research into the availability and suitability of respite care services in the city
- early identification of carers, in partnership with community health colleagues

All of these services seek to improve outcomes for unpaid carers, recognising them as 'partners in care' who need support to continue to provide care, whilst enjoying a life of their own outwith the caring role.

#### **7.2.9 Housing Support Services**

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

Housing support services facilitate independence through:

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

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

Approximately 7000 people benefited from a housing support service in 2012/13. Just over 50% (3849) were older people, living in sheltered housing, who benefited from the Sheltered Housing Warden service that is funded through the Supporting People budget. The other 50% involved adults (over the age of 16) who had a learning disability, physical disability, mental health issue or a drug or alcohol dependency. Also included were young adults who lacked experience in maintaining a home and their finances, and those who were the subject of some form of domestic abuse and required additional housing support to help them keep themselves safe and live independently.

#### **7.2.10 Self Directed Support (SDS) and Personalisation**

The Social Care (Self Directed Support) (Scotland) Act 2013 was passed by the Scottish Parliament on 10<sup>th</sup> January 2013 and it is widely anticipated that its implementation date will be April 2014.

SDS provides individuals, assessed as having eligible social care needs, with a range of choice options as to how for how their care and support arrangements can be delivered to meet their agreed outcomes

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

The Social Care (Self Directed Support) (Scotland) Act 2013 will place a statutory duty on Social Work Departments to ensure that the four options, as set out in the Act, are all made equally known to service users and carers in their consideration and choice of the level of control and responsibility they wish to have in the provision of services to meet their support needs. These options are:

- Option 1 - Direct Payment
- Option 2 - The supported person selects the support which is required, which is then arranged by the local authority in conjunction with the individual
- Option 3 - Support is selected and arranged by the local authority
- Option 4 - A combination of the above

During the Bill's passage through the Scottish Parliament, a commitment was given by Scottish Ministers to develop regulations to support the implementation of the Social Care (Self Directed Support) (Scotland) Act 2013, along with related statutory guidance. The draft Regulations to accompany the Social Care (Self Directed Support) (Scotland) Act 2013, dealt specifically with direct payments, which is Option 1 within the 2013 Act.

In April 2013 the Regulations and Statutory Guidance were published in draft form for consideration and comment, and Officers from the Social Work Department submitted Dundee's response, following a series of consultation events with a range of key stakeholders. It is anticipated that the Scottish Parliament will issue the revised Regulations in January 2014, ahead of the expected commencement date of 1st April 2014.

In Dundee the Personalisation Project Board and Team was established to support, lead and oversee:

- the full implementation of the new legislation
- the move towards a transformational model of service delivery and support

The Board and Team have been mindful of the support that staff, partner organisations and individuals will require in order to achieve a positive transition to SDS in Dundee. One example of steps taken to engage relevant stakeholders in considering actions required to take forward implementation was the Provider engagement event, that was hosted by Dundee Social Work Department at the end of May 2013. This event provided an opportunity for a wide range of both local and national providers to reflect on their own progress towards personalisation, with a focus on the following key themes:

- Leadership and Strategy
- Creating a person centred culture
- Community Focus
- Support Planning and Review
- Finance
- Human Resources
- Marketing
- Reviewing and Improving our service

Specific strategies to address a range of stakeholder communication and learning needs have also been developed, as have a number of other key work streams. Work has commenced on developing a five year Personalisation Strategy for the Council to set out the framework for delivering on personalisation in the city.

Self directed support will require Councils to offer different forms of direct payment arrangement in accordance with each person's individual needs, choice, capacity and personal circumstances. At present a system of Direct Payments is already in place in Dundee. The number of people receiving direct payments has remained relatively stable over the past 4/5 years, with 44 people being in receipt of payments at the current time. The total value of Direct

Payments being made however has risen from £533K in 2009 to £820K in 2013, reflecting the increasing complexity of need and level of care required by those in receipt of payments.

Of the 44 people currently in receipt of direct payments, there are 11 people with a diagnosis of learning disabilities, 12 people who have physical disabilities, 12 older adults and 7 children with a disability.

#### **7.2.11 Welfare Rights Services and Welfare Reform**

Currently the UK Government's Welfare Reform programme remains a major cross-cutting issue for local government and for the provision of social work services. It is anticipated that the benefit changes on the scale planned inevitably will lead to greater poverty and more harmful levels of income inequality for some of the most vulnerable members of the community. With the current levels of poverty and deprivation in Dundee, there is growing concern about the level of impact such welfare reform will have on those adults and families across the city, who depend on state benefits to meet their day to day needs.

For instance early indications are that debt levels are increasing for Council tenants in Dundee, due to the charges for under-occupancy introduced in April 2013 and their impact on rent arrears. Whilst this is of direct concern for the individuals directly affected by these changes, and for the Council because of the financial risks involved, there are also increased demands being made as a result on all agencies, who are now involved in providing higher levels of advice and support to those tenants affected.

The Social Work Department's Welfare Rights service and other agencies are working to ensure that they are geared up to mitigate against the impact of these changes as much as possible, and a range of actions are being taken forward in Dundee to raise awareness of professionals across all agencies, and build their capacity to respond to the changes being introduced by welfare reform.

The Welfare Rights Service itself is continuing to work to maximise the take up of welfare, money, debt and fuel poverty advice by all vulnerable service users. In 2012/2013 the benefits gained in Dundee for Welfare Rights service users totalled £4,348,622.

The Welfare Rights Service has also been a partner in the Social Fund successor arrangements that has seen the Scottish Welfare Fund rolled out in April 2013 by Scottish local authorities. It is hoped that in time Community Care Grants can be aligned with Social Work direct assistance payments in an effort to avoid any current duplication in the systems and promote joint working and increased efficiency in Dundee.

However with fewer resources in the future all Social Work staff need to be aware of welfare reform changes, how these will affect their service users and how to help, or who to refer to for additional assistance. To this end the Welfare Rights Service, Criminal Justice and Children Services have started together to explore current issues, including the introduction of Personal Independence Payments and the implications for disabled service users, recent changes that affect kinship carers, and the growing effects of the under-occupancy changes introduced in April 2013.

Additionally as part of the Changing for the Future Board's Review of Welfare Rights Services, work is continuing, through the provision of staff training, to ensure that front line staff in all Council departments are able to equip their service users with up to date information regarding the impact of welfare reform. The Welfare Reform e-learning module has been developed and is currently being updated due to changes in the welfare reform timetable and recent announcements by the UK Government.

## **8.0 SUMMARY**

As described throughout this report there were a number of positive developments and achievements in the twelve month period April 2012 - March 2013. These included the following:

## 8.1 **Protecting People Services**

The changes that took place in 2011/2012 to create a more integrated public protection policy and framework across child and adult protection services, Violence Against Women and MAPPA have now become embedded in 2012/13. Under this framework there is strengthened leadership and oversight provided by the Chief Officer (Care & Protection) Strategic Group, as well as an increasingly integrated approach to the way in which protecting people services are now managed and developed in Dundee.

Key areas of activity that are being taken forward into 2013/14 within this 'Protecting People' framework and approach are:

- Self-evaluation
- Communication and Awareness Raising
- Performance and Management Information
- Learning and Workforce Development

This integrated approach will avoid a replication of effort and use of resources in these identified areas where there is much common ground across the respective separate work streams. More importantly however, these steps that have been taken in 2012/13 towards a more integrated Protecting People framework are a further expression of Dundee's commitment to joining up services more effectively for individuals of all ages and their families, and promoting better outcomes for all those who are identified as being the most vulnerable in the city.

## 8.2 **Children's Services**

In Children's Services there has been a continued drive to embed GIRFEC as the foundation for services for all children and young people in Dundee. Work has progressed towards creating the required shift in culture, systems and practice across Children's Services and with other partners. Progress has also been made in changing assessment, care planning, and decision making processes to make them more holistic and streamlined, and more children are receiving the right help, at the right time, to meet their needs.

Additional resources that have been made available by the Scottish Government, or that have been successfully secured from other sources, are being used to strengthen universal services for children and families, with an increasing emphasis on prevention and early intervention. Services are continuing to work to promote the culture, systems and practice changes required to achieve the transformational change in the organisation and delivery of services that the Scottish Government has asked of local authorities.

In particular the following key developments have taken place in the Social Work Department's Children's Services during 2012/13:

- Integration of family support teams with social work teams to create integrated Locality Teams
- Strengthening of services to kinship carers and the children for whom they provide care
- Introduction of an Intensive Family Support Team
- Closure of Elms Secure facility and strengthening of approaches to minimise the need for secure care
- Continuation of positive progress being made by the Youth Justice Partnership in reducing young people's involvement in offending and improving individual outcomes.

## 8.3 **Criminal Justice Services**

In 2012/13 Criminal Justice Services invested heavily in the work required to implement new legislation and national standards, making the necessary changes in culture, systems and practice to support these new legislative requirements. Although these continue to be areas for development, progress has been made within the service to ensure:

- The implementation of new Community Payback legislation and linkage of unpaid work activities to local community priorities
- Continued development of services to women and young offenders
- Involvement in consultations around the future of community justice structures

- Involvement in public, social partnerships.

#### 8.4 **Community Care Services**

In adult care services progress continued to be made in 2012/13 in moving towards the desired shift in the balance of care away from large scale congregate provision of services towards prevention, rehabilitation, personalisation and self directed support, and greater reliance on home based care and accommodation with care. The changing pattern of need has also required the development of different, and more specialist forms of care. It was recognised that the demand for day supports has changed, and there has been relatively more emphasis on employment, training and education.

During 2012/13 a number of key national policies and strategic statements were introduced which will influence the future remodelling of services across all of Adult Services, as the Department moves into 2013/14. These include the legislation relating to the integration of health and social care; further recommendations through Reshaping Care for Older People; the National Dementia Strategy; a national Sensory Impairment Strategy; and Keys to Life - a National Strategy for People with a Learning Disability. In response to these policy drivers Community Care services in Dundee have committed to review and publish new Strategic and Commissioning Statements for all adult care services and for older people with dementia. Work will also be taken forward with the Alcohol and Drug Partnership to undertake a review of Alcohol and Drug Services and Supports in Dundee.

Programmes of change and service redesign are in place for all the adult groups outlined in this report, and these demonstrate increased efficiencies in service delivery. The following are some of the specific areas in which service development has been achieved in the year 2012/13:

- Establishment of early intervention, anticipatory care and enablement services for adults to prevent the need for admission to/support rehabilitation home from hospital or emergency institutional care
- A focus on developing community capacity through the use of the Change Fund
- Increased spend on homecare services to improve delivery of support for adults in their own home
- Improved quality of provision across the city
- Development of a revised approach to the organisation and delivery of learning disability services which will further shift the balance of care from institutional care to community based models of care, enabling more opportunities for volunteering, employment, college and leisure, recreation and learning opportunities
- Completion of the refurbishment of the Mackinnon Centre
- Publication of the Joint Dundee Strategic Commissioning Statement for Older People
- Improvements in joint working across a number of partnerships and agencies

#### 8.5 **Regulation, Inspection and Improvement Activity**

Across all areas of service in the Department work is continuing towards adopting a more proactive approach to self-evaluation and continuous improvement. During 2012/13 there were a range of examples of service re-design, system and process improvements, and practice developments that have been taken forward, informed by the learning which has emerged from the scrutiny which managers have applied to service provision, the activities of staff and feedback from users of services. It is intended that such scrutiny and self-evaluation work continue and that the framework within which all areas of activity in the Department are planned and reviewed should continue to be strengthened.

#### 8.6 **Demand for Services**

As previously highlighted in the 2011/12 CSWO report however, the demands and activity levels across a number of different service areas have continued to be high, and the year 2012/13 has proved to be just as challenging a period for the Social Work Department and for the delivery of social work services. Demand has continued to remain high or increase across many categories of need, and general demographic pressures, deprivation levels and other social factors have all contributed to this increase in demand for Social Work services.



At the same time the policy framework has continued to require investment of time and resources to make changes in the pattern of service delivery. All of these demands have had to be met by the Department at a time of growing financial constraint and a drive for efficiency and improvement in the provision of public services.

#### **8.7 Challenges for 2013/14**

It is anticipated that the trends in need, risk and demand in Dundee will not diminish and that the year ahead, which will be covered in the next CSWO report (2013/14) will be even more challenging for the Social Work Department as the last.

In the year 2013/14 additional demands on worker time will arise from the range of different policy changes that require to be implemented in Dundee. These include crucially the integration of health and social care services, the potential changes which may emerge as a result of the national consultation on the future shape of Criminal Justice Services, the implementation of the forthcoming legislation on self-directed support, and the growing impact of the newly implemented welfare reforms in Dundee. All of these together will continue to bring unprecedented levels of change and challenges to the Department.

8.8 The Social Work Department along with key partners in Health, other Council Departments and other agencies recognises that the integration of structures and services in Dundee will create opportunities for building capacity and resilience in the future organisation and delivery of services. At the same time it will also offer potential efficiency savings through streamlining, rationalising and maximising the use of Departmental and Council resources, as well as the combined resources with Health in the future. To that extent the investment of staff time and resources in the planning for the future shape of Social Work Services in Dundee is recognised as being both essential for the Department, as well as in the best interests of the people who will use Social Work Services in the future.

8.9 The CSWO will ensure that in the coming year the Department continues to work to achieve the optimum balance in the use of the staff time and all the resources available, to both contribute effectively to this growing and complex service planning agenda, and to continue to provide the best quality Social Work services possible for the people of Dundee.

## EQUALITY IMPACT ASSESSMENT TOOL

### Part 1: Description/Consultation

|   |  |  |
|---|--|--|
| <b>Is this a Rapid Equality Impact Assessment (RIAT)?</b>   | Yes <input checked="" type="checkbox"/>  | No <input type="checkbox"/>              |
| <b>Is this a Full Equality Impact Assessment (EQIA)?</b>  | Yes <input type="checkbox"/>   | No <input checked="" type="checkbox"/>   |
| <b>Date of Assessment:</b>  | October 2013   | <b>Committee Report Number:</b> 478-2013 |
| <b>Title of document being assessed:</b>  | Chief Social Work Officer Annual Report (CSWO) 2012/2013   |  |
| <b>1. This is a new policy, procedure, strategy or practice being assessed</b><br>(If yes please check box) <input type="checkbox"/>  | <b>This is an existing policy, procedure, strategy or practice being assessed?</b><br>(If yes please check box) <input checked="" type="checkbox"/>  |  |
| <b>2. Please give a brief description of the policy, procedure, strategy or practice being assessed.</b>  | The provision of information to the Social Work and Health Committee in an Annual Report highlighting the activities and performance of the Social Work Department in the year 2012/13, together with the strategic direction and challenges facing the Department in the year 2013/14. The report is being presented by the Chief Social Work Officer, who is the Director of Social Work.          |  |
| <b>3. What is the intended outcome of this policy, procedure, strategy or practice?</b>   | To inform elected members of the above.  |  |
| <b>4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.</b>  | Rapid Equality Impact Assessments of the strategies and policies described in the report. These have been previously agreed by Council Committees and Impact Assessments are available on DCC website.<br><a href="https://www.dundee.gov.uk/eqia/current">https://www.dundee.gov.uk/eqia/current</a><br><a href="https://www.dundee.gov.uk/eqia/archive">https://www.dundee.gov.uk/eqia/archive</a> |  |
| <b>5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.</b>   | See EQIAs as referred to at 4 above.   |  |
| <b>6. Please give details of council officer involvement in this assessment.</b><br><br>(e.g. names of officers consulted, dates of meetings etc)   | Heather Gunn (Service Manager, SPISS)  |  |
| <b>7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?</b><br>(Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?) | n/a  |  |

**Part 2: Protected Characteristics**

**Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?**

**NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.**

**If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.**

|   | <b>Positively</b>   | <b>Negatively</b> | <b>No Impact</b> | <b>Not Known</b> |
|---|---|-------------------|------------------|------------------|
| Race Ethnic Minority Communities including Gypsies and Travellers | <p>Impacts upon each of these protected characteristic communities are as described in the EQIAs completed in respect of all the individual policies referred to in the report, and previously presented to Committee.</p> <p>None of the impacts identified in any of these individual assessments indicated that the policies involved should not be implemented.</p> |                   |                  |                  |
| Gender  |   |                   |                  |                  |
| Gender Reassignment   |   |                   |                  |                  |
| Religion or Belief  |   |                   |                  |                  |
| People with a disability  |   |                   |                  |                  |
| Age   |   |                   |                  |                  |
| Lesbian, Gay and Bisexual   |   |                   |                  |                  |
| Socio-economic  |   |                   |                  |                  |
| Pregnancy & Maternity   |   |                   |                  |                  |
| Other (please state)  |   |                   |                  |                  |

### Part 3: Impacts/Monitoring

|  |  |
|--|--|
| <p><b>1. Have any positive impacts been identified?</b></p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>  | <p>See previous reports for those identified</p>   |
| <p><b>2. Have any negative impacts been identified?</b></p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>  | <p>See previous reports for those identified</p>   |
| <p><b>3. What action is proposed to overcome any negative impacts?</b></p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>                               | <p>See previous reports for those identified</p>   |
| <p><b>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</b></p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p> | <p>This report is not bringing forward any new strategies or policies. It is an information-giving report and includes a summary of policies previously agreed by Committee, along with an update of activity and performance by the Department in the implementation of these policies.</p> |
| <p><b>5. Has a 'Full' Equality Impact Assessment been recommended?</b></p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>         | <p>n/a</p>   |
| <p><b>6. How will the policy be monitored?</b></p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>  | <p>n/a</p>   |

**Part 4: Contact Information**

|  |             |
|--|-------------|
| <b>Name of Department or Partnership</b> | Social Work |
|--|-------------|

| <b>Type of Document</b>       |                                     |
|-------------------------------|-------------------------------------|
| Human Resource Policy         | <input type="checkbox"/>            |
| General Policy                | <input type="checkbox"/>            |
| Strategy/Service              | <input type="checkbox"/>            |
| Change Papers/Local Procedure | <input type="checkbox"/>            |
| Guidelines and Protocols      | <input type="checkbox"/>            |
| Other                         | <input checked="" type="checkbox"/> |

| <b>Manager Responsible</b> |   | <b>Author Responsible</b> |                                |
|----------------------------|---|---------------------------|--------------------------------|
| <b>Name:</b>               | Jennifer G Tocher                                     | <b>Name:</b>              | Heather Gunn                   |
| <b>Designation:</b>        | Director of Social Work and Chief Social Work Officer | <b>Designation:</b>       | Service Manager (SIPSS)        |
| <b>Base:</b>               | Dundee House<br>Floor 2                               | <b>Base:</b>              | Dundee House<br>Floor 2        |
| <b>Telephone:</b>          | 01382 433205  | <b>Telephone:</b>         | 01382 433240                   |
| <b>Email:</b>              | jenni.tocher@dundeecity.gov.uk                        | <b>Email:</b>             | heather.gunn@dundeecity.gov.uk |

|   |  |              |          |
|---|--|--------------|----------|
| <b>Signature of author of the policy:</b>     | Heather Gunn   | <b>Date:</b> | 01/11/13 |
| <b>Signature of Director/Head of Service:</b> | Jennifer G Tocher  | <b>Date:</b> | 01/11/13 |
| <b>Name of Director/Head of Service:</b>      | Jennifer G Tocher  |              |          |
| <b>Date of Next Policy Review:</b>            | CSWO Annual Report for 2013/14 to be brought forward in September 2014 |              |          |