

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 25 FEBRUARY 2013

REPORT ON: THE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2012

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 82-2013

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 2011/12, 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 2011/12, including the summary extract on complaints for 2011, taken from the Annual Customer Care Officer Report (163-2012) attached at Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising from this report.

4.0 BACKGROUND

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

4.2 The overall objective of the CSWO post is to ensure the provision of effective, professional advice to the local authority elected members and officers, in the authority's provision of social work services. The CSWO's post assists the Council in understanding the complexities of social work service delivery, highlighting particular issues such as corporate parenting, child 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.

4.3 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.

4.4 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 the year 2011/12 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

4.5 The report also includes information on complaints for 2011 extracted from the Annual Customer Care Officer Report (163-2012), referred to at Section 5.4 and Appendix 2.

4.6 In addition the report highlights key developments, as well as the challenges facing the Department in the twelve month period April 2011 – March 2012 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.

5.0 PROTECTING PEOPLE SERVICES

In 2011/12 steps were taken to create a more integrated public protection policy and framework across child and adult protection services, Violence Against Women and MAPPA. Work also continued towards strengthening the responses by agencies to protect all vulnerable groups, including the following:

- significant improvements made in the delivery of child protection services, as recognised by Care Inspectorate
- further development of adult protection and MAPPA arrangements in place to protect individual adults and the public
- development of a more robust framework, services and responses to protect women from violence.

6.0 CHILDREN'S SERVICES

In Children's Services there has been a continued drive to embed GIRFEC as the foundation for services 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, 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. Services are being re-designed to promote such culture and systems and practice change and 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 Children's Services during 2011/12:

- implementation of integrated assessment and care planning framework in Children's Services
- development of additional targeted services for unborn babies, children and young people at risk of becoming involved in substance and/or affected by parental substance misuse
- positive inspection findings from Care Inspectorate inspection of Throughcare and Aftercare services
- continuation of positive progress being made by Youth Justice Partnership in reducing young people's involvement in offending and improving individual outcomes
- establishment of the Champions Board and Care and Protection Engagement Officer post, strengthening the framework in which children and young people are consulted and engaged in individual care planning processes, as well as service planning activities

- testing out of new models of service organisation and delivery through Lochee Ward Pathfinder and the voluntary sector's Dundee Early Intervention Team.

7.0 CRIMINAL JUSTICE SERVICES

In 2011/12 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, National Outcomes and Standards, new approach to delivery of Court reports, and LSCMI risk assessment and case management tool
- a staffing re-structuring programme
- implementation of a Whole Systems approach for offenders
- active development of a multi-agency Community Justice Centre and team and service for women offenders

8.0 COMMUNITY CARE SERVICES

In adult care services progress continued to be made in 2011/12 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.

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 2011/12:

- 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
- re-design of homecare services to improve delivery of support for adults in their own homes
- further development and expansion of services for older people, including telecare and introduction of a range of new community based services
- achievement in excess of the 30% balance of care target set for older people's services
- development of a revised approach to the organisation and delivery of learning disability services
- development of an interim strategy for physical disability and sensory impairment services, with plans for the refurbishment of the Mackinnon and White Top Centres

9.0 REGULATION, INSPECTION AND IMPROVEMENT ACTIVITY

Across all areas of service in the Department work is continuing towards adopting a more pro-active approach to continuous improvement and self-evaluation. The benefits of embedding such activities in the planning and review of services were in clear evidence during 2011/12 when the level of inspection of the Department's services was significantly scaled back in recognition of the work that had already been completed to identify areas of improvement.

It is positive to report in this respect that there was a high degree of concurrence between the Self-Evaluation exercise undertaken by the Department in 2010/11 and the areas for improvement identified through the external inspection completed by the Care Inspectorate in April 2011.

In more specific areas of the Department's activity there has also been positive development of quality assurance mechanisms, as evidenced by the introduction of new systems for the monitoring and review of registered and purchased services. It is intended that the Department continues to work to strengthen the self-evaluation and quality assurance framework across all areas of activity.

10.0 DEMAND FOR SERVICES

However as activity levels detailed throughout this report show, the year 2011/12 also proved to be a very challenging period for the Social Work Department and for the delivery of social work services.

Demand continued to increase across all categories of need, and general demographic pressures, deprivation levels and other social factors 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 public services.

11.0 CHALLENGES FOR 2012/13

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 (2012/13), will be even more challenging than the last.

In the present and coming years additional demands will also arise from the requirements for integration of health and social care service provision, the potential changes as a result of the national consultation on the future shape of Criminal Justice Services, the forthcoming legislation on self directed support, and the impact of the imminent welfare reforms. All of these together will bring unprecedented changes and challenges to the Department.

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 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.

It is acknowledged that all of these policy agendas are national issues, as well as being a challenge to implement locally. The CSWO will continue, through appropriate channels, to contribute to the discussions taking place at a national level regarding the implementation and impact of all of these policy changes.

The CSWO will also in the coming year ensure that the Department continues to strive to improve outcomes for all of the people who use Social Work services in Dundee, and to provide the best quality services possible, within the resources that are available.

12.0 POLICY IMPLICATIONS

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

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

13.0 CONSULTATIONS

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

14.0 BACKGROUND PAPERS

None.

Alan G Baird
Director of Social Work

DATE: 31 January 2013



Dundee City Council
Social Work Department
Chief Social Work Officer Report
2011-2012

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1 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 his statutory responsibilities.

- 1.10 The national guidance requires that a CSWO report is provided to elected members on an annual basis. This is the second CSWO report in Dundee and provides details on how the CSWO for Dundee City Council discharges certain specific statutory elements of his role. This report has been written to complement, and should be read in conjunction with, the Social Work Department Service Plan 2012 – 2017.

2 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, Strategy 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 Strategy, Performance and Support Services who deputises in his absence, or another senior manager who holds a social work qualification and is registered with the SSSC.

3 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
- 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)

Strategy Performance and Support Services

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

Finance, Contracts and Welfare Rights Service

- Finance
- Contracts
- Welfare Rights

4 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).

This drive towards improved integration, at both a strategic and operational level, promotes the development and delivery of protection services to each of these vulnerable groups in a more holistic way and increases efficiency in the use of Dundee's combined protection resources.

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.

2011 saw the co-location of two 'protecting people' lead officers and their support staff in Dundee House, under the day to day management of the Social Work Department. Co-location of key staff has led to increased joint working and consideration of how strategic development and implementation models and practices might be further streamlined to become more effective and efficient.

Over 2012 this streamlining has been progressed in particular areas 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, in the future, communication.

4.1 CHILD CARE 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.

The Care Inspectorate visited Dundee during February 2012 to inspect partnership child protection services. The performance of all services and agencies was evaluated in terms of how well they work together to support and protect children and young people in need of protection.

The report of that inspection, published in May 2012, noted 'Good' progress to have been made in Dundee against four key quality indicators: children are listened to and respected; children are helped to keep safe; children are provided with an effective response where there are immediate concerns; and children's needs are met and long term harm reduced. The inspection also graded the performance of the Department in terms of Self Evaluation activities as being 'Good', and Improvements in Performance as 'Very Good'.

The Inspectorate, in noting that "Overall, significant improvements have been made", commented on the fact that leadership and direction had been strengthened considerably and that the immediate response to children in need of protection was now much more robust.

In particular there was positive feedback regarding the Multi-Agency Screening Hub (MASH) which is now established in the new purpose-built, multi-agency care and protection facility at Seymour House. The MASH process involves representatives from the key agencies coming together to screen and respond to all new referrals, acting as a single point of entry to multi-agency services for children in need of care and protection.

The Care Inspectorate also observed that the improvements planned following previous inspections had been implemented effectively and were impacting positively upon practice and outcomes for children and young people. Overall there was satisfaction that the improvements in Dundee were appropriate and that, rather than there being any need for radically new policies or practice or a change of direction, the focus should be on consolidating what had already been planned and introduced, especially in terms of ensuring more consistent assessment, care planning and record keeping across Children's Services.

During the period covered by this and previous inspections the Child Care and Protection Committee was chaired by the Chief Social Work Officer, although it is now chaired by the Head of Strategy, Performance and Support Services

Local trends relating to children in need of protection are considered regularly by the Care and Protection Committee and are compared against national trends. The use of management information assists the Committee to identify and prioritise the development of services to protect children.

During 2011/2012 the following child protection activity was undertaken:

- 190 children were subject to a child protection investigation (compared to 195 in 2010/2011)
- 199 children were subject to an initial child protection case conference (compared to 173 in 2010/2011)
- 165 (83%) children were placed on the child protection register (compared to 133 (77%) in 2010/11)
- 310 children were subject to a review case conference (compared to 228 in 2010/2011)
- 175 (56%) children were deregistered (compared to 121 (53%) in 2010/11)
- 49 child protection orders were secured, including 10 at birth (compared to 48 in 2010/2011, including 11 at birth)
- 136 children were the subject of place of safety warrants issued by Children's Hearings (compared to 145 in 2010/2011)
- 82 children were on the child protection register as at 31 March 2011 (compared to 84 in 2010/2011)

These figures show that the number of child protection investigations, initial case conferences and registrations in Dundee remained consistently high over 2011/12. At the same time however, there has been a significant increase in the number of review case conferences and de-registrations.

This means that compared to previous years children have remained on the Child Protection Register for much shorter periods of time (although it should be noted that some of these figures are enhanced by a large number of temporary registrations of children who have moved into Dundee on a temporary basis from other local authorities). From this it can be concluded that action to protect children is now being taken much more quickly than in the past, allowing children to be de-registered as they are deemed safe, either because of improved home circumstances or because they were taken into care.

The following information gives an indication of the quality of child protection work within the Department:

- 97% of child protection referrals continue to be screened and responded to within 24 hours
- 63% of initial child protection case conferences are held within 15 working days of the decision being made to convene a case conference, and 75% within 20 working days, with performance figures in this area of practice continuing to improve
- 100% of regular child protection review case conferences are held within 6 months

4.1.2 Corporate Parenting Services

The Scottish Government publication, 'These Are Our Bairns', (a guide for community planning partnerships) states that corporate parenting operates at strategic, operational and individual levels. It highlights three key elements of the role of a corporate parent:

- The statutory duty 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 a duty on other agencies to co-operate with councils on fulfilling that duty.
- The co-ordination of the activities of the many different professionals and carers who are involved in a child or young person's life, and taking a strategic child centred approach to service delivery.
- The shift in emphasis from 'corporate' to 'parenting' defined by Jackson et al 2003 as '*the performance of all actions necessary to promote and support the physical, emotional, social and cognitive development of a child from infancy to adulthood*'.

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

In 2000 Dundee City Council was the first local authority in Scotland to adopt a corporate parenting policy. This policy was reviewed and the first Corporate Parenting Charter was also adopted in June 2008. The Corporate Parenting Policy and Charter were last updated by Dundee City Council in August 2010 (369-2010).

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 they grow up into adulthood.

The population of looked after children in Dundee doubled during the ten year period from 2001 to 2011, from 350 to over 700. During the period from 2007 to 2010 there was a 60% increase in the number of looked after children, including a 59% increase in the number of looked after children staying with relatives/friends in kinship care arrangements.

The number of looked after children in Dundee as at 31 March 2012 was 727 compared to 715 at the same point in the previous year, of which:

Table 1: Number of Looked After Children at 31 March 2012

Number of Children	31.3.11	31.3.12
Looked after at home with parents	231 (32%)	210 (29%)
Looked after with kinship carers	202 (28%)	223 (31%)
Looked after with foster carers	222 (31%)	236 (32%)
In adoptive placements	12 (2%)	12 (2%)
In residential care	48 (7%)	46 (6%)
Subject to permanence orders	43 (6%)	58 (8%)
Newly looked after	272	243
Ceased to be looked after	180	218

Analysis of the looked after children statistical trends for the past 12 years shows that the number of children becoming looked after in Dundee appears to have peaked during 2010/11, and to have plateaued during 2012 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.

Overall the proportion of children living with foster carers, and also with kinship carers continues to be very high. It is clear that kinship carers continue to provide almost a third of placements for looked after children in Dundee.

Such a rise is driven both by the overall continuing increase in 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.

4.1.3 Looked 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 looked after away from home.

The Department employs a Review Team which is managed through the Strategy, 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.

An initial LAAC meeting will normally be held within 5 working days of the child becoming looked after, with subsequent reviews being held within 6 weeks, at 3 months, at 6 months and thereafter 6 monthly. Additional or special reviews may be arranged at the discretion of the Review Officer where it is appropriate to the care plan for the child.

During 2011/12 1089 LAAC Review meetings were held, showing a significant 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. The number of Review meetings is estimated to remain equally high during 2012/13 (1108 based on figures April – December 2012)

The increase in demand on the Review system has affected the ability of the Team to meet the LAC time standards laid down for the planning and review of accommodated children. This has led to consideration of the capacity considerations to which this gives rise in the Review Team itself, as well as the wider administrative support service (which also supports the child protection case conference system).

In response work has been ongoing to improve the efficiency of meeting chairing, as well as the minute taking practice and administrative processes involved. An action plan is to be brought forward which will identify the changes required to improve the performance of the Review service against required LAAC standards.

4.1.4 Secure Accommodation

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

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

The use of secure care is highlighted in a dataset regularly reported to the Children's Services Management Team. The dataset for 2011/12 shows that a total of 13 children were admitted to secure accommodation during the year, 3 of them twice, resulting in a total of 16 admissions to secure care. Of the 16 admissions during 2011/12 14 (87.5%) were due to Director's authorisation. The remaining 2 admissions arose from decisions made at Children's Hearings.

Analysis of the secure care data also shows that the length of stay in secure care varied from two weeks to almost one year, with average (mean) length of stay at four months.

In 2012, in response to several national drivers, alongside the desire locally to move towards a reduction in the use of secure care, an options appraisal was undertaken in relation to the use of the secure facilities at The Elms. Following this options appraisal it was agreed to change the use of the Dundee secure unit to create further residential provision to operate alongside Drummond House which is part of the Elms Complex.

Final decisions have yet to be made regarding the future development of this resource, but one of the key aims for residential services in Dundee as a whole is to create capacity to return some young people placed in external provision to placements in Dundee. For those young people who require secure care in the future, provision will continue to be commissioned in external placements where this is required to meet their individual needs.

In respect of young people in custody, in partnership with the Scottish Prison Service (SPS) the resettlement of 16-17 year olds has been prioritised and new national guidance, which extends practice for younger children in secure care, has been implemented. The Criminal Justice Social Work Court Report is now forwarded to HMP Polmont when any 16-17 year old receives a custodial sentence, and a Social Worker is immediately allocated the case.

A prison planning meeting is then held within 5 days for the young person involved, followed by case reviews held on a monthly basis; a pre-release plan is also approved at least 14 days before release, with a minimum of weekly contact offered to support a return to the community and minimise the risk of re-offending. In appropriate cases mentoring is offered.

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, the CSWO may authorise the move, and then the case must be referred back to a Children's Hearing.

The reasons for such moves include foster placement breakdown and the need for secure care to be provided. In Dundee we record the number of placement 'disruptions' that take place, using this term to describe breakdowns in long term placements only (as distinct from short term placements).

During 2011/12 there were 13 placement disruptions resulting in emergency moves (compared to 5 in 2010/11). It is unclear whether this increase is due to an actual increase in the number of breakdowns in children's long term placements, or whether it more reflects the increase in the number of placements being designated as long term, through the increasing use of permanence orders which has taken place in the past one to two years.

4.1.6 Adoption Services

The Adoption & Children (Scotland) Act 2007 and the Adoption Support Services and Allowances (Scotland) Regulations 2009 came into force on 28 September 2009. This is the legislative framework under which local authorities are obliged 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.

Dundee's Adoption and Permanence Panel considers permanence plans for all children under the age of 12 years, approval of adopters and arrangements to match specific children with specific adopters and long term/permanent carers. The panel makes recommendations to the Agency Decision Maker appointed by the Chief Social Work Officer, who makes the final decision.

When children are unable to live with their birth parents, it is vital to their healthy physical and emotional development that they are secured in an alternative permanent family as quickly as possible and with the minimum of disruption. Robust, early and effective decision-making and care planning is key. Adoption provides one of the most stable and secure placement options for children.

Although the number of looked after and accommodated children has risen significantly over the past 10 years, the number of children being identified as requiring permanence via adoption has remained relatively stable at between 18–22 per year. Factors such as the lack of adoptive families and delays in permanence planning will have influenced this, and these are key areas for service development.

Research undertaken by the Scottish Children’s Reporter Administration (SCRA) and published in 2011 highlights a national picture of permanence taking too long to be achieved for many children. The Centre for Excellence for Looked After Children in Scotland (CELCIS) has established a permanency team, which is working in partnership with key stakeholders, including local authorities, to deliver improvements to permanence practice across Scotland. The team will provide support to local authorities to help reduce their outstanding permanence caseloads, and to develop and disseminate good practice across Scotland.

The council has well-established operating procedures in place which detail the expectations on all parties in relation to permanence planning. These include the standard set that long-term plans for children who are accommodated will be considered at a LAAC Review no later than 6 months from the date of accommodation and that permanence reports will be presented to the Adoption & Permanence Panel within 12 weeks of a LAAC Review decision to pursue a plan for permanence.

Adherence to the timescales noted above are monitored on an individual case basis by Team Managers, Service Managers and the Senior Officer, Adoption & Fostering and cases flagged up where drift is occurring. Overall recording of permanence timescales is undertaken via a database system for recording permanence statistics. Quarterly reports are provided for the Children’s Services Management Team and also feed into the Permanence Action Plan.

The Permanence Action Plan was established in 2008 and is reviewed annually. It provides quantitative and qualitative information in relation to all aspects of permanence planning, from care planning decision making to family finding activities and legal processes

However as shown in Table 2 below, other forms of securing permanence for children, such as via permanent fostering or kinship care, are available as care planning options and alternatives to adoption. The number of children being placed with kinship carers on a permanent basis has increased year on year from 2 in 2007 to 28 in 2012, reflecting the Department’s commitment to supporting children and young people to remain on a permanent basis within their extended families wherever safe and appropriate to do so.

Table 2: Children approved for Permanence 2011/12

Children by Permanence Category	April 2010 to March 2011	April 2011 to March 2012
Children approved for permanence via kinship care	8	17
Children approved for permanence via permanent fostering	8	22
Children approved for permanence via adoption	17	19
TOTAL	33	58

There is a shortfall in the number of adopters approved in-house in Dundee each year as compared with the number of children requiring adoptive placements. There is also a mismatch between the profiles and needs of children and those of the adopters available. Consequently, the Department has had to be proactive in seeking such placements from external sources. In this way appropriate placements have been identified for the majority of children in need of adoptive placements. Tables 3 and 4 below show the number of adoptive carers approved and de-registered, and the number of children matched with permanent carers in Dundee in the year 2011/12.

Table 3: Adoptive Carer Approvals and De-registrations 2011/12

Number of Adoptive Carer Approvals and De-registrations	April 2010 to March 2011	April 2011 to March 2012
Adopters approved	8	11
Adopters de-registered	1	2

Table 4: Children Matched with Permanent Carers 2011/12

Children Matched with Permanent Carers	April 2010 to March 2011	April 2011 to March 2012
Children matched with permanent kinship carers	11	16
Children matched with permanent foster carers	17	14
Children matched with adopters	17	18
TOTAL	45	48

During 2011/12, the systems for collecting data on permanence planning and recruitment of adopters and foster carers were improved to allow for more effective monitoring, to assist in the reduction of delays in progressing plans for children and to inform service developments.

An annual report on the activity of the Adoption and Permanence Panel is presented to the Social Work and Health Committee.

4.1.7 Adoption Service Plan

Under Section 4 of the Adoption and Children (Scotland) Act 2007, the local authority is required to prepare and publish a plan for the provision of the adoption service in its area. The local authority must consult the relevant Health Board and any voluntary agencies which either represent the interests of people who use, or are likely to use, the adoption service, or which provide adoption services.

Consultation has taken place with key partners in the voluntary sector and Tayside Health Board via the Strategic Planning Group, and outcomes identified in the new Adoption Service Plan (being presented for Committee approval in February 2013) are consistent with the desired outcomes for Dundee's children as detailed in Dundee City Council's Integrated Children's Services Plan 2013 – 16.

4.1.8 Fostering Services

The Looked After Children (Scotland) Regulations 2009 provide the statutory framework under which Dundee provides fostering services. These Regulations require the local authority to establish a Fostering Panel which is responsible for recommending the approval and review of foster carers to the Agency Decision Maker. The Agency Decision Maker appointed by the Chief Social Work Officer takes the final decision.

The increasing numbers of accommodated children means that the demand for suitable family-based care has risen steadily over the past 10 years. Some children and young people require temporary placements until they are able to move home, or on to kinship or adoptive placements, but a significant number need permanent or long-term carers. A small number of children and young people may need more specialist or treatment-type fostering, as an alternative to residential placements.

Recruitment and retention of all categories of foster carers has continued to be a high priority in Dundee. The overall number of foster carers has risen from an average of 80 fostering households in 2004 to an average 105 households in 2012. Table 5 details the number of foster carers approved/de-registered in 2011/12 by registration category.

Table 5: Foster Carers Approvals and De-registrations 2011/12

Foster Carer Approvals and De-registrations	April 2010 to March 2011	April 2011 to March 2012
Foster carers approved (temporary)	7	8
Foster carers approved (permanent)	3	3
Foster carers approved (temporary and permanent)	0	4
TOTAL	10	15
Foster carers de-registered	3	6

Despite the increase in the number of in-house foster care placements, there nonetheless continues to be a mismatch both in terms of numbers and profiles between the children and young people requiring placements and the carers available. As a consequence Dundee has continued to need to purchase a significant number of fostering placements from external providers.

Expanding the pool of in-house fostering placements remains a key focus for service development, and this is the primary remit of the Family Placement Recruitment Group in Dundee. Work is ongoing to develop a strategy to increase the capacity of the Department's internal fostering resource to match with the increased demand for placements.

4.1.9 Private Fostering Services

Private fostering exists where parents make arrangements 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.

A public information leaflet is available in council offices and other public venues, outlining parents and carers' responsibilities in respect of private fostering. The same information is also available via the council's website.

In Dundee there are currently no approved private fostering arrangements in place. It is recognised that there may be other arrangements that are not known to the authority and efforts will continue to be made to raise public awareness of this issue.

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 lead 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.

All agencies continue to contribute to the work of the four protection task groups (self-evaluation, practice and procedures, communication and learning and workforce development) and to the implementation of the adult support and protection business plan. With respect to individual cases, Adult Protection initial referral discussions and case conferences are chaired by Service Managers and good cooperation has been reported by data showing attendance at these meetings.

The following adult protection activity took place in Dundee in 2011/2012:

- 584 adult protection referrals were received (compared to 368 in 2010/11)
- 149 of these referrals resulted in adult protection activity (compared to 136)
- 64 initial adult protection case conferences were convened (compared to 50)
- 37 review case conferences took place (same number as in the previous year)
- 9 protection orders were secured to protect 6 individuals during the two year period 2010-12

These figures show that there has been an increase in the number of adult protection referrals since 2010. This is believed to reflect a growing awareness, across the agencies involved and amongst the public in general, of the responsibility to identify and respond to adult protection concerns.

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

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).

Every day 2 people in Scotland die by suicide, with males three times more likely to complete suicide than females. In 2011 there were a total of 19 deaths by suicide in Dundee, 12 of these were male and 7 were female.

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. 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 2011/12 including the:

- establishment of the Tayside Suicide Review Group
- development of a Tayside Protocol for Suicide Clusters
- plan for a Test of Change project aimed at improving the response people receive when presenting as “distressed” to A & E and Tayside Police, following an incident of self harm
- development of a free Mobile Phone App targeting anyone who is feeling suicidal or worried about someone who is suicidal
- decision to commission an Independent Evaluation of Choose Life work across Angus and Dundee

The JADCLSG are supported in their work by the Children and Young Persons Sub-Group, whose role and focus during 2011/12 are detailed at Paragraph 7.1.11 below.

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 traditional practices) is an important component of the Social Work Department’s public protection role. The Department hosts and provides leadership to the work of 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 Tayside Police 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).

Scottish Government crime statistics also demonstrate an increase in reporting of sexual offences to Tayside Police in the Dundee City area:

- 232 reports were recorded in 2011-12 (up from 195 reports in 2010-11).

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

Unlike the statutory protection systems for child protection and adult support and protection, there is no dedicated centralised protection process for those affected by violence against women. Whilst a significant proportion of individuals and families affected will be subject to the statutory protections available under child protection and adult support and protection arrangements, a significant number will not.

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 have supported this important development through the provision of practitioner input and administrative support.

In 2011/12 the MARAC considered 71 very high risk victims of domestic abuse. During the year an in-depth evaluation of the first 9 MARAC sessions (covering 25 cases, including one of “honour” based violence) was also undertaken.

The evaluation of outcomes achieved through MARAC was overwhelmingly positive, with evidence to support the conclusion that MARAC has made an important contribution to improving safety, health and well-being outcomes for women and their children. In particular re-victimisation rates for MARAC victims were found to be 17% less than that for all high risk victims.

At the end of 2011/12 the Violence Against Women Partnership, supported voluntary sector organisations to secure over £650,000 additional funding from the Scottish Government (over a 3 year period) to support frontline service delivery to women, children and young people. Additional funding of over £750,000 (over 5 years) has also been secured from the Big Lottery to sustain the delivery of services to women in street prostitution and to support women fleeing domestic abuse to secure suitable housing of their choice.

More recently the Protecting People Partnership within the Department has supported the Women's Rape and Sexual Abuse Centre to secure just under £70,000 (over 18 months) to lead a partnership project that will map the scale and nature of sexual exploitation of young people (aged 11 – 25 years) within Dundee City.

Other key developments in relation to the work to address violence against women over the period 2011-12 included:

- The further development of the Vice Versa service for women involved in street prostitution
- The development of a multi-agency response to the care and support needs of victims of human trafficking for sexual exploitation
- The establishment of a funding review project to re-examine models of service provision for specialist violence against women
- The development of an enhanced response to domestic abuse issues within the Multi-Agency Screening Hub (MASH) through the regular contribution of voluntary sector specialist support services
- The development of an enhanced response to transgender people accessing specialist support services.

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 offenders 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 Protection Arrangements (MAPPA) across Scotland in April 2007 introduced a consistent approach to the management of offenders. Within Scotland the implementation of MAPPA has been phased and currently extends to registered sex offenders and Restricted Patients.

Restricted Patients (RP's) are defined within Section 10, 11 (a)-(d) of the Management of Offenders etc. (Scotland) Act 2005 as persons who by virtue of their mental health are confined for treatment under current Mental Health legislation.

MAPPA provide a national framework for assessing and managing the risks presented to the public by registered sex offenders and restricted patients. There are 3 MAPPA case management levels, and cases in Dundee are managed by Tayside Police Offender Management Officers and Social Workers along with NHS colleagues, Scottish Prison Service and other agencies which have a duty to co-operate in the arrangements.

MAPPA meetings in Dundee occur on a weekly basis. A key purpose of the meeting is to share appropriate information to examine each case in terms of the risk and needs presented by the offender.

Each meeting is chaired by a CJS Service Manager, Police Detective Inspector or MAPPA Co-ordinator. There is also core member attendance at MAPPA meetings from the CJS Public Protection Team, Police Offender Management Unit, a local authority Housing Officer and the NHS MAPPA Liaison officer, as well as voluntary agencies who have direct involvement/ responsibility for management of the offender.

At the conclusion of each meeting a risk management plan is compiled which is specific to the risks identified and a review date is set. The plan sets out clearly the roles and responsibilities of all agencies involved and provides a robust framework for the management of the offender.

The need for disclosure of any information to third parties for protection reasons is an issue that is considered at each meeting and is part of the overall plan for managing the risk presented. Disclosure must be necessary and proportionate and be balanced alongside the need for protecting the public.

Table 6 gives information about the number of offenders managed through MAPPA arrangements in Dundee as reported in Tayside MAPPA Annual Report 2011-2012.

Table 6: Dundee MAPPA Figures at 31 March 2012

MAPPA Level	2010/11	2011/12
Level 1 - standard agency management	143	142
Level 2 - more than 1 agency needed to manage offenders at high or very high risk of causing serious harm	10	10
Level 3 – where extraordinary measures required to manage risk	0	0

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 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 7 below shows the number and type of orders made in Dundee during the year ending 31 March 2012 and comparison with the same figures for the year up to 31 March 2011.

Table 7: Number/Type of Detention Orders made 2011/12

Type of Order	Total at 31.3.2011	Total at 31.3.2012
Emergency detention in hospital (up to 72 hours)	84	109
Short term detention in hospital (up to 28 days)	134	160
Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) – these orders may be community or hospital based	44	67

These figures demonstrate a significant increase in the number of emergency and short term detention orders secured in Dundee compared to the reporting period 2010/11, and an accompanying increase in workload for MHOs. There has also been a significant increase in the number of compulsory treatment order applications completed in the year up to March 2012 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, this increase in CTOs in 2011/12 has made 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. The court may use this power at any stage of the criminal justice proceedings, from first arrest to final determination of the case. 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 2011/12 are as follows:

Table 8: Criminal Procedures (Scotland) Act 1995

Type of Order	Total 31.3.2011	Total 31.3.2012
Compulsion Orders with Restriction Order	18	18
Assessment Orders	1	6
Treatment Orders	N/A	0
Transfer for Treatment Direction	N/A	2

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 9 reflects the number of new guardianship orders made in 2011/12.

Table 9: New Orders made 2011/12 under Adults with Incapacity (Scotland) Act 2000

Type of Order	Total at 31.3.2011	Total at 31.3.2012
Local authority welfare guardianship	22	36
Private welfare guardianship	46	63
Total welfare guardianship	68	99

These figures indicate a significant increase in the number of private and local authority 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 for a number of years and this 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 resulting in delays at times in allocating assessment and care management services..

4.2.5 Criminal Justice Services

Services for offenders are provided by the Social Work Department's Criminal Justice Service, which undertakes assessment, supervision and management of offenders in Dundee subject to community based and post custodial sentences.

In 2011/12 the service implemented new legislation which introduced the new Community Payback Orders (CPOs), new National Outcomes and Standards, a new national approach to delivering Criminal Justice Social Work Court Reports and a new risk assessment and case management tool: Level of Service Case Management Inventory (LSCMI).

Recent challenges for the service have been to manage increases in workload within the context of additional expectations for implementing evidence based practice and enhanced performance management requirements. Much of this is driven by phase 2 of the Scottish Government's Reducing Reoffending programme.

In response the service has implemented a staffing re-structuring programme and has been working with other agencies, on a statutory basis and as part of implementing approaches to effective practice, to adopt a whole systems approach for offenders from diversion from prosecution, through to sentencing and resettlement from prison. The aim is to ensure both young and adult offenders receive timely, proportionate, efficient and effective interventions from the right person at the right time.

Community Payback Orders replaced Probation and Community Service Orders for offences committed after 1st February 2011. In October 2012 the service produced its first Annual Report to the Scottish Government on the operation of the CPOs. This report highlighted a 31% increase in new orders which required social worker supervision, by comparison with the previous year. This is due to the new CPOs having the flexibility to incorporate supervision requirements alongside unpaid work; this was not available for Community Service Orders and was used less frequently in Probation Orders. The net result is a significant increase in worker input required for these cases.

Table 10: Offenders in the Community Subject to Statutory Supervision

Type of Order	New Orders in 2010/11	New Orders in 2011/12
Community Payback Orders	18	372
Community Service Orders	235	114
Probation Orders	270	118
Supervised Attendance Orders	250	173
Drug Treatment and Testing Orders	17	16
Bail Supervision	30	28
Throughcare in community e.g. Life licence, Parole, non parole, extended sentences etc.	40	58
Total No. of Open Statutory Cases in the Community at:	31st March 2011	31st March 2012
	1,644	1,556

Other key Community Payback performance and workload indicators include:

- 90% of offenders attended their first appointment within 1 working day of sentence (compared with 73% the year before)
- 10 hours on average worked by each offender each week (compared with 5 hours a week)
- 65% of offenders successfully completed their unpaid work requirement (compared with 59%)
- 128 unpaid projects started and completed (compared with 93)

Liaison with members of the Dundee Local Community Planning Partnerships has increased unpaid work referrals markedly, and a total of 33,233 hours of unpaid work was completed in Dundee during 2011/12.

There has also been a 10% increase in orders involving a statutory condition to address substance misuse. New contractual arrangements with NHS Tayside are to be put in place by 31 March 2013 and the impact will be monitored and evaluated over the subsequent 12 months. Targeted support delivered or coordinated by the service has led to improvements in key performance indicators, such as for 2011 /2012 there was an 85% completion of Drug Treatment and Testing Orders by comparison with a 73% national average.

During 2011/12 the service delivered group work programmes for perpetrators of domestic violence, as well as the Community Sex Offender Group Work Programme (CSOGP) for sex offenders. Other offence focused programmes were delivered on a 1:1 basis.

The service is 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. The establishment of a multi-agency team focussed on working specifically with women, together with the associated mentoring service, was commented on positively by the Commission in its final report.

The service's 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 11 gives the number of offenders who are/will be subject to such statutory supervision on release.

Table 11: Offenders in Prison who will be subject to Statutory Supervision on Release

	2010/11	2011/12
Throughcare in Prison (new admissions)	68	73
	31.03.2011	31.03.2012
Total No of Open Throughcare cases in prison at:	195	215

Criminal Justice Social Work also provides Voluntary Assistance and Resettlement for short term prisoners. These numbers (104 for 2011/ 2012) remained relatively consistent with previous years. There has been a focus on increasing service users' levels of engagement with the support offered for short-term prisoners, with positive initial results for women and young men. There is a current pilot with HMP Perth intended to have a similar impact with adult males.

In addition to providing the statutory post custodial supervision noted earlier, the Public Protection Team 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 REGULATION, INSPECTION AND IMPROVEMENT ACTIVITY

5.1 Inspection by Social Care and Social Work Improvement Scotland (SCSWIS)

On 1st April 2011 the functions of the Social Work Inspection Agency (SWIA), the Care Commission and the section of her Majesty's Inspectorate of Education (HMIE) responsible for inspecting services to protect children were transferred to a new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS). Following an inspection of Social Work Services early in 2011, the second performance report on Dundee City Council Social Work Department was produced by SWIA/SCISWIS.

SWIA/SCSWIS decides how much scrutiny a council's Social Work services will need by carrying out an Initial Scrutiny Level Assessment (ISLA). This involves consideration of potential areas of risk at strategic and service levels. The initial assessment of Dundee City Council's Social Work services was undertaken between December 2010 and April 2011, and on the basis of the available evidence, SCISWIS considered five of the Department's nine risk assessment areas to present no significant concerns.

The remaining areas of uncertainty formed the focus for targeted scrutiny activity by SCISWIS, which was then carried out during April 2011. This process included meetings with people who used services, young carers, staff and managers. Following this targeted scrutiny SCISWIS made three recommendations for improvement, identifying the need for the Department to:

- to develop and implement frameworks for assessment and care planning which identify personalised outcomes
- fully implement formats for risk assessment and risk management plans and make sure that staff are trained and competent in producing these to a good standard
- work with its partners to agree strategic commissioning strategies that reflect longer-term priorities across all care groups. These should incorporate directly provided services and purchased services for all care groups and contain clear financial information

These recommendations have since been incorporated into a Departmental Action Plan and have been the active focus of developmental work across all relevant areas of the service. The Department's link inspector has made a contribution to these development activities through providing a lead on best practice in the identified areas for improvement. This input has focussed on case file audit practice, and the development of a Departmental commissioning strategy.

Reference to inspection findings in relation to different aspects of Social Work service provision in Dundee are made throughout this report under each relevant section.

5.2 Multi-Agency Child Protection Inspection

As part of its second round of national inspection of child protection services in Scotland, the Care Inspectorate visited Dundee during February 2012. The report of that inspection was published by SCSWIS on 17th May 2012. The inspection was carried out on a multi-agency basis and the performance of all services and agencies was evaluated in terms of how well they work together to support and protect children and young people in need of protection. The positive feedback received from Inspectors regarding the progress made in Dundee to improve the child care and protection services provided is described at Paragraph 4.1.1 above.

The work of the Child Care and Protection Committee into 2012/13 continues to focus on improving the quality of practice within and across agencies and services in assessment, planning and record-keeping, to ensure that it is of a consistently high standard.

5.3 Inspections of Registered Services and Quality Assurance of Purchased Services

Dundee City Council's Social Work Department has 182 contracts with 98 suppliers of social care services. Of these, 135 are involved in the supply of regulated services, ranging from residential care to care at home. The remaining 47 contracts are for unregulated services, such as lunch clubs, advocacy services, befriending, and family support services.

The Care Inspectorate/SCSWIS 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 use 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.

On 10 December 2012 a report on Registered Care Homes for Adults was presented to Committee (471-2012) summarising the gradings awarded by the Care Inspectorate to Dundee care homes in the periods 1 April 2010 to 31 March 2011 and 1 April 2011 to 31 March 2012.

In the report it was noted that there were 859 people accommodated in 26 care homes and 5 local authority care homes in Dundee. The service user group numbers were 783 Older People; 35 Learning Disability; 29 Physical Disability, 10 Community Mental Health Team and 2 Drugs and Alcohol.

During the inspection period 2011/12 the frequency of inspection by the Care Inspectorate varied for care homes depending on whether they were low or high regulatory risk. Low risk services were to be inspected once in every 24 months. This meant that the better performing care homes were not inspected during 2011/12.

During 2011/12, 68% of regulated contracted services were assessed by the Care Inspectorate as providing good, very good or excellent services (grades 4, 5 and 6), 15% as providing adequate services (grade 3) and 17% as providing weak or unsatisfactory services (grades 1 and 2).

These results have been benchmarked against those awarded in the previous year (2010/11) and compare less favourably for 2011/12 against the grades for all key themes with the exception of the Quality of Management & Leadership which is more favourable.

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 maintain quality in the care services being provided or commissioned by the Department, and to address the quality assurance issues identified, the following are some of the key developments that have taken place in the past year:

- Establishment of a Care Home Forum, involving representatives from local care home providers and the Council, to scrutinise care home provision.
- Implementation of a new approach to reviewing service users placed within residential care homes for older people through development of a Review Team and involvement from Contracts Team.
- Introduction of a system of quality payments being linked to gradings for care service provision, allowing the facility, when grades reduce, to withdraw payments until they to improve to a satisfactory level.

- Establishment of Learning Disability Providers Forum.

5.4 Complaints

The Council's Social Work services are required by statute to report annually on complaints from service users and their carers. A summary extract of complaints for 2011, taken from the Annual Customer Care Officer Report to the Social Work and Health Committee (Report Number 163-2012) is attached to this report.

The Scottish Public Services Ombudsman (SPSO) has developed a simplified complaints handling procedure for the public sector across Scotland for implementation by April 2013. The number of stages a complaint goes through is likely to be reduced through this process, and over the course of the next year the Council's procedures may have to be substantially re-written to take account of the changes. The new standardised procedure could have a major impact on the Social Work sector, as it may bring informal complaints that are now dealt with separately, into the formal complaints process.

There is currently ongoing discussion nationally about how such changes will affect Social Work services, and 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 Quality Assurance Activities and Developments

Dundee City Council Social Work Department has pro-actively undertaken self evaluation activity since 1999 when the Department completed its first European Foundation of Quality Management (EFQM) assessment. Following this, the Departmental EFQM Self Assessment and Case Study was undertaken again in 2004/5 and then in 2006/7.

In 2010 the Department moved on to adopt the SWIA 'Guide to Supported Self-Evaluation' as its self assessment model. This process included the following activity:

- the development of the basis of the Self Evaluation by drawing information from a range of evidence from supporting documents, staff, service users and carers' surveys.
- leadership staff engagement event for all line managers.
- focus groups with a range of front line staff across all service areas.
- focus groups with service users

The findings of this self-evaluation process were reported to Committee (Report 426-11) with the attached executive summary (Appendix 1) detailing the strengths, areas for improvement and good practice examples against the areas for evaluation. A further report will be presented to Committee to report on progress against the Departmental improvement plan that followed.

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.

In addition there is a wide range of quality assurance activity that takes place at different levels within the Social Work Department. This 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 quality assurance activities include the following which took place in 2011/12:

- Case file audit programmes in Children's Services, Criminal Justice Service, and Community Care Service, involving the review of samples of case files
- Service User Surveys
- Quality Assurance Working Groups
- Reviews of Service User Needs

- Complaints Monitoring (See Paragraph 5.5 and Appendix 1)

The information gained from each of these review processes lead to the development of action plans, and the monitoring of progress through existing management performance monitoring arrangements in each service area.

5.6 Best Value Review of Children's Services

After consideration of Report 495-2011, the Policy & Resources Committee agreed to the establishment of a Best Value Review of Children's Services to follow the review of child protection services. A Best Value Review of Children's Services commenced in 2012 and is ongoing at present.

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 2011-12 the Child Care and Protection SCR Panel met on 4 occasions. Of the cases considered, it was agreed that none required to be the subject of an SCR. One was referred to the Child Care and Protection Committee's Practice Review Group (PRG) and, in the other cases, the review work already undertaken by agencies was sufficient to meet the need to learn from practice.

The Adult Support and Protection SCR Panel was established within the past year and has only considered one case to date (in Oct 2012). The Panel concluded that it would not be recommending this case be the subject of full SCR.

The SCR Panels also consider the implications, for Dundee, of SCR reports published by colleagues in other parts of the UK. Relevant lessons from these are incorporated into Dundee's improvement plans.

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 confirm that there is evidence of improvements in practice, confirming those reported by the Care Inspectorate.

Evidence demonstrated that good information sharing was taking place and that responses to concerns were appropriate and timely. Consistent high quality practice is a cornerstone of improvement plans now in place, and all the partners are committed to achieving this.

The PRG panel process itself was highlighted as an example of Good Practice in the 2012 inspection of child protection services carried out by the Care Inspectorate. The PRG also reviewed its processes during the course of 2012, and this has led to practitioners themselves now being more involved in reviewing the work in each identified case directly with the independent chairperson.

The DASPC and MAPPA Strategic Oversight Group have both also developed multi-agency PRG arrangements, building on the experiences within Children's Services. The plan is for each to review 4 to 6 cases per year, and to report on the learning gained to the DASPC and MAPPA Group.

6 WORKFORCE PLANNING AND DEVELOPMENT

The Social Work Department must continue to develop to meet the changing needs and expectations of its customers. In order to do this effectively it has to develop and build its 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. Furthermore, employees must be equipped with the right skills and knowledge necessary to carry out their work safely and to deliver on the complex agenda facing the social work and social care workforce now and into the future.

In order to meet these requirements, there are strategies in place in Social Work which are designed to ensure quality outcomes through the development of our 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, 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

Getting it Right for Every Child (GIRFEC) and the proposed changes to legislation relating to children, together with personalisation, the dementia care standards, potential changes as a result of national consultation on Criminal Justice Services, and future integrated health and social care service delivery are all policy drivers for future learning and development activity for staff within the Social Work Department and across partnerships.

Learning and Workforce Development is 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.

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 registration and job requirements of qualified social work staff and managers of services.

The Director of Social Work leads on the corporate Changing for the Future work stream for Workforce Planning and chairs a Social Work Department Group for workforce and capacity planning which meets on a 4 weekly basis. There is a project plan in place to deliver on a number of priorities to ensure consistency, reduce duplication and ensure the best use of resources.

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. In partnership with Dundee College, the Health and Social Care Academy provides opportunities for qualification and employment in social care from the wider community.

From 2013, learning and development for the Council as a whole will be hosted within Social Work. There will be a particular focus on leadership development, e-learning, IT and the introduction of a new Modern Apprenticeship Scheme. A strategy and plan will be developed for implementation across the Council during 2013.

7 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 to 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; supports 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 Strategic Planning Group in Dundee and has a lead role for Integrated Children's Services and the implementation of GIRFEC across all agencies. The Integrated Children's Services Manager reports to the Department's Head of Strategy, Performance and Support Services and he and some members of his team are co-located with Social Work staff from the Department's Strategy, Performance and Support Service. The Department therefore has a lead role and significant investment in the development of integrated approaches and services for children and families in Dundee.

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, and the Dundee Early Intervention Team, all of which are referred to in more detail at Paragraphs 7.1.9, 7.1.11 and 7.1.12, as well as those new services that are the subject of external evaluation as described at Paragraph 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 Re-design of Social Work Services for Children and Families

The context in which such new service development and integration at a multi-agency level is taking place also includes the challenges for Social Work Children and Families operational services associated with the rising level of need and risk in Dundee. Such demographic changes have meant that Social Work Teams have had to respond to increasing numbers of children and young people with complex needs, who are adversely affected by severely compromised parenting. Consequently Social Work Services have had to re-prioritise and increasingly target those children in the city with the greatest need and at greatest risk.

During 2011/12 one of the key developments in Children's Services was the establishment of the current Care and Protection Intake Service, created by bringing together the then Access Team and Child Protection Teams into one integrated service. This part of Social Work Children's Services is responsible for providing all initial duty and initial assessment services for children, young people and their families who are not already receiving social work services.

In August 2011 both Teams moved into the new multi-agency child care and protection facility situated on the Kings Cross Hospital site in Clepington Road, Dundee, where they are co-

located with Police and Health child protection services. These Intake Teams provide the Social Work input to the Multi-Agency Screening Hub (MASH) and a duty response to all other referrals coming into the service. As noted at Paragraph 4.1.1 above, the Care Inspectorate commented positively on the improvements in the Department's and the multi-agency response to which all these changes have contributed.

A recently proposed re-modelling also affords an opportunity to make better use of resources in Children's Services (see The Review of Family Support Services in Dundee, 163-2011). This report outlines proposals to amalgamate the functions of Family Support Services with those in locality social work teams to create integrated, locally based teams providing a wide range of social work services throughout the city.

Part of the remodelling is also the planned development of a new Intensive Family Support Team to address an area of current unmet need for children at greatest risk of accommodation, or who are already accommodated and require additional services to support their rehabilitation. This new service will aim to improve outcomes for children and families by providing an intensive level of support, in families' own homes, and delivered at key times of the day, evening, and at weekends, with the aim of improving the ability of parents to provide safe and appropriate care for their children.

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 is to take place across teams in Children's Services from 1st January 2013. It is planned that work to roll out the use of the wider integrated framework across all Integrated Children's Services will take place throughout 2013 and will be assisted by the appointment of a 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.

The Social Work Department is currently developing a Kinship Care Strategy which 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.

This Strategy, which has been the subject of consultation with kinship carers, is being presented to the Social Work and Health Committee in February 2013. It contains a range of short, medium and long term actions which, when taken forward, will promote a more consistent and coherent approach, and strengthen the quality of assessment and support services for kinship carers, and the children for whom they provide care.

7.1.5 School Exclusions involving Looked After Children

The exclusion from school of looked after children remains a key priority for the Social Work and Education Departments in Dundee, and during 2011/12 a working group was set up under leadership from the Education Department to reduce exclusions throughout Dundee. A new Policy "Promoting Inclusion – Reducing Exclusion" is currently being drafted following large scale consultation with pupils and staff from both departments, the results of which will be used to identify positive strategies to manage behaviour in school and develop alternative solutions to exclusion.

7.1.6 Children Affected by Parental Substance Misuse

Between one third and one half of children and young people whose names have been placed on the 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 teams across the city. The delivery of services to reduce the

risks and improve outcomes for children affected by parental substance misuse and their families is therefore one of the key priorities for the Department's Children's Services.

Along with partners in Education, Police and Health, including Adult Substance Misuse Services in Health, the Social Workers and Family Support staff in Children's Services all work together to provide integrated assessment, supports and services for this, one of the most vulnerable groups of children in the city. The Social Work Drugs, Alcohol and BBV Team (See Paragraph 7.2.2 below) contribute their expertise and services to this partnership working with colleagues in Social Work and key partner agencies.

Work has been continuing in Dundee to improve the identification of children who may be at risk of compromised parenting as a result of their parents' substance misuse. This has included awareness raising and training for staff in adult services to ensure that they take account of children's needs, and assess the impact on them of parental risk factors, such as substance misuse.

The introduction of the Parenting Assessment Tool (as a core element within the Children's Services Integrated Assessment Framework) has helped focus adult workers' attention on children's needs and provided them with an appropriate means to address and record such needs and risk assessment.

The services for children identified as being affected by parental substance misuse are delivered by the Department's Children's Services as part of mainstream services for children and young people. However there are additional more targeted services provided for this group of children, young people and families in Dundee.

With additional funding made available from the Dundee Alcohol and Drugs Partnership and other sources (Fairer Scotland Fund monies for New Beginnings) three new services have been developed with a focus on preventing young people becoming involved in substance misuse, or reducing the impact of parental substance misuse on the children and young people involved.

- 1 The New Beginnings service, expanded in 2010, is provided by a multi-agency team, involving children and adult services workers from Social Work and Health, whose task is to identify and assess the needs of unborn babies at risk of compromised parenting related to such factors as parental substance misuse, mental health or learning disability.

The overall aim of the service is to reduce risk and put in place supports and services to improve outcomes pre- and post-birth for babies at risk of such compromised parenting. Although the Team provides services for families where there are other reasons for referral, for the majority of unborn babies referred for a service from the Team, substance misuse is the primary focus of concern.

- 2 The Improving Parenting Capacity (IPC) Partnership is a partnership project between Tayside Substance Misuse Service and CHILDREN 1st whose aim is to identify and assess the needs of children affected by parental substance misuse and provide supports and services to individual families to reduce risks and improve outcomes.
- 3 The Strengthening Families Programme (SFP) is a groupwork programme for parents and children aimed at preventing young people from misusing alcohol or drugs, by strengthening protective factors and reducing risk factors. Some Social Work undertook the necessary training and were involved with partners in the targeted delivery of this groupwork programme for children and their parents.

An external evaluation of all three of these services was commissioned and commenced in 2011. The findings of this evaluation when published early in 2013 will be used to inform the future planning of services in Dundee for children and young people at risk of using, and/or affected by parental use of, substances.

7.1.7 Youth Justice

In the last 12 months, 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 the age group being dealt with earlier through approaches to early intervention and diversion
- 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. Whilst numbers at this early stage remain relatively small, multi-agency systems and processes have been developed and all partners are committed to building on early success.

7.1.8 Throughcare and Aftercare Service

The Throughcare and Aftercare (TCAC) Team works with young people to provide assessment, care planning and support 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 106.

In September 2012 a report was submitted to the Social Work and Health Committee (Report 345/2012) relating to the SCSWIS Inspection report on the housing support services provided by TCAC service. SCSWIS is responsible for the inspection and regulation of all registered care services in Scotland. The Commission ensures that care service providers meet the Scottish Government's National Care Standards and that in doing so they provide quality care services.

SCSWIS inspected the quality of care and support, the quality of staffing and the quality of management and leadership of the TCAC service and reported that the Team's performance in all of these areas was either excellent or very good. There were no enforcements or requirements placed on the service following inspection.

7.1.9 Children's Rights 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 came into post in January 2012 and is employed by CHILDREN 1ST 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.

The Department's CRO and the YPW take a joint approach to providing services to young people placed in residential care in Dundee and children and young people in foster care, including children. This work is being extended to include disabled children.

In 2011/12 the CRO provided a service to 97 children and young people, involving a total of 424 referrals from them. The largest proportion of the issues raised were by young people in the age group 13/14 years. Compared with previous years these figures show a marked shift towards younger adolescents. Young people contacted the service for many different reasons, but often because of issues relating to their placements. They were concerned most about issues relating to contact with family and friends (82 referrals), followed by bullying (24 referrals). The CRO provides an annual report to the Social Work and Health Committee on the activities of the service.

A total of 38 Dundee young people accessed the Who Cares? Scotland Service in the period 2011/12, with the YPW making over 100 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. The YPW has supported 28 Dundee young people to be involved in national consultation activity. 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 Engagement Officer post was created to:

- determine ways in which children, young people and their families might be supported to be more effectively engaged in child protection processes
- find ways to promote the engagement of children, young people and families in the development of care and protection procedures

Consequently, the role demands both a strategic and a practice focus. A three year Action Plan has been developed for the post covering the period February 2012 – February 2015. A report on the progress made in the first year of this new service is to be presented to Dundee's Child Care and Protection Committee in March 2013.

All three of these workers are heavily involved in promoting the work of the Champions Board (described at Paragraph 7.1.10 below), helping the young people involved to prepare for and participate in meetings, and supporting their individual development within this process.

7.1.10 Champions Board

A key part of Dundee City Council's Corporate Parenting policy was the establishment of a 'Board' to "Champion the needs of looked after and previously looked after children". The remit of the 'Champions Board' which was established in June 2011, is to provide a platform for looked after children to engage with their 'corporate parent' and make their needs known.

The CSWO along with key staff from the Social Work Department have been highly committed to the development of the Champions Board and have invested heavily in the work the Board has been undertaking to improve outcomes for all looked after children and young people.

The Champions Board brings together Chief Officers, Elected Members, young people and their supporters to discuss and make decisions on an agenda set by the young people. The process is fairly intense and dynamic, and has led to a better shared understanding by all involved of some of the issues as they affect children and young people who are, or who have been looked after.

There has also been an unanticipated significant improvement in self-esteem and confidence for many of those individual young people involved in the Board. All of the young people have succeeded in one way or another since becoming involved e.g. learning how to plan and deliver public presentations, starting a college course, joining an activity agreement cooking project, undertaking a course at a literacies project, or gaining work experience linked to Dundee's Family Firm.

There is clear evidence of the value of the Board exceeding expectations in so far as it was highlighted as an example of good practice in the May 2012 Inspection into Child Protection Services in Dundee undertaken by the Care Inspectorate. The Inspectors found that the Board was particularly good at *"gathering the views of looked after children to improve the services provided for them"*.

The Champions Board has attracted a lot of attention from other local authorities and the Scottish Government, and has also been put forward for a COSLA Excellence Award, the outcome of which will be reported in the next CSWO report in August 2013.

The true outcome of the work being undertaken by the Champions Board will be a demonstrable and sustainable change in culture, systems and practice across the looked after children spectrum. There is already a shift taking place in practice to a more young person led approach to engaging with looked after young people, and it is anticipated that this change will in future start to influence policy across the public sector in Dundee.

7.1.11 Suicide Prevention

Services within Dundee work with a number of young people who are deemed to present considerable risks to themselves and others. Typically this will include absconding and/or self harming which can be very challenging for both family members and professionals.

The multi-agency Choose Life Steering Group in Dundee (referred to in more detail at Paragraph 4.2.1 above) has a well established Children and Young Person's sub-group (now a joint group with Angus Council) and they developed multi-agency guidance in 2006. The guidance, which included information on national and local support agencies, was reviewed and updated in 2011, and is now Tayside-wide. This guidance gives information to workers on factors which can impact negatively on mental health, types of self harm, why young people might self harm, signs which may precede suicide, and advice on what to do in terms of seeking advice, and taking action.

While it is impossible to eradicate 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, the use of planning meetings to share information and agree significant issues that require further action, and ensuring young people have access to the right service, such as the LAAC (looked after and accommodated) nurse who can advise and assist staff when dealing with self harming behaviour.

It is positive to report that there has been a decrease in the number of referrals due to self harm concerns to Child and Adolescent Mental Health Services (CAMHS) in the Dundee area. Between 2010 and 2011 a reduction of 19 (21%) in referrals was reported. In 2011/12 there has been a similar decrease in referral numbers for self-harm to both Dundee CAMHS and the Corner Health and Information Service.

A multi agency development group has recently been established to progress the development of the Elms Residential Unit, and this is seeking to ensure that young people within residential care have access to a full range of support services. In addition a programme of ASIST (applied suicide intervention skills training) and SAFEtalk training has been made widely available to staff and community members.

7.1.12 Lochee Ward Pathfinder

In 2011/12 there were three key new service development/evaluation initiatives developed through Integrated Children's Services. The Lochee Ward 0-5 Pathfinder is one. The other two initiatives are reported at Paragraphs 7.1.12 and 7.1.13 to follow.

This new multi-agency development project was established in the west of the city in order to design and implement a 'Getting it Right' approach for children pre-birth to 5 years and their families through the development of opportunities for joint working, planning and integration of services at a locality level.

At the heart of the Pathfinder is the adoption of a fully integrated service model based on a neighbourhood approach which puts children, their families and their communities at the centre of service development and delivery, and in so doing brings practitioners and the community together both physically and virtually. The vision is for a community model, which will restore problem solving, resilience and community spirit into Dundee's communities. The communities will be the catalysts and deliverers of change, but will need support to do this from local agencies.

7.1.13 Dundee Early Intervention Team (DEIT)

The Dundee Early Intervention Team 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 1ST Action for Children and Barnardo's, all working in partnership with Dundee City Council and Dundee Voluntary Action.

The Team supports families where the eldest (or only) child is between the ages 5-12 and still in primary education. They provide support, advice and guidance on parenting, and social, health or relationship difficulties, over a fixed period of time. Social pedagogy philosophy and approaches underpin the team practice, which focusses on working with the 'whole' child, and bringing the 'head, hands and heart' to the work. The service provided to families includes support outwith office hours, and this includes the provision of a 24 hour telephone helpline.

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. There is an ongoing evaluation of this new service taking place, and the progress being made and outcomes achieved will be reported in future CSWO annual reports.

7.1.14 Supporting Vulnerable Families Programme

As reported at Paragraph 7.1.6 above, in November 2011 the research team at the University of Dundee was awarded the grant to undertake the evaluation of the following services which were established in Dundee in 2010, through the use of funding provided by Dundee's Alcohol and Drugs Partnership:

- 1) New Beginnings Service
- 2) Improving Parenting Capacity (IPC) Partnership initiative
- 3) Strengthening Families Programme (SFP)

These three disparate programmes were grouped together and named the Supporting Vulnerable Families Programme within the tender documents.

A final report on the evaluation of all three service strands is due to be published in January 2013. However it is relevant to report that the interim draft report describes all three different programmes as doing important work, providing timely and targeted provision of services aimed at preventing escalation of problems and/or working towards harm reduction. Early indications are that positive outcomes for service users are being achieved.

Though these three programmes are very distinct, key messages are emerging from the evaluation regarding the value of partnership working, co-location, effective management information systems, and the need to develop meaningful outcome measures for services. The evaluation findings which will be used to inform the future planning, development and delivery of services for children, young people and families in Dundee, will be reported in greater detail in the 2012/13 CSWO report.

7.1.15 Criminal Justice Service

In Criminal Justice, following a recommendation of the Commission on Women Offenders to create a single national service, the Government has stated the status quo in the management, commissioning and delivery of services to adult offenders in the community is no longer an option, but that it will consult with stakeholders on the way ahead.

A consultation paper on Re-designing the Community Justice System: A Consultation on Proposals, outlines 3 options and regardless of which model is progressed, it will have significant and could have major implications for the service, the Department and the Council as a whole.

The service will also need to respond effectively to the considerable increases in community sentences in the context of increased performance reporting and reduced funding. In partnership with other agencies, it will continue to develop a whole system approach towards reducing re-offending, establish a Community Justice Centre for women offenders and focus increasingly on a smaller cohort of persistent offenders responsible for a disproportionate amount of crime.

7.2 ADULT SERVICES

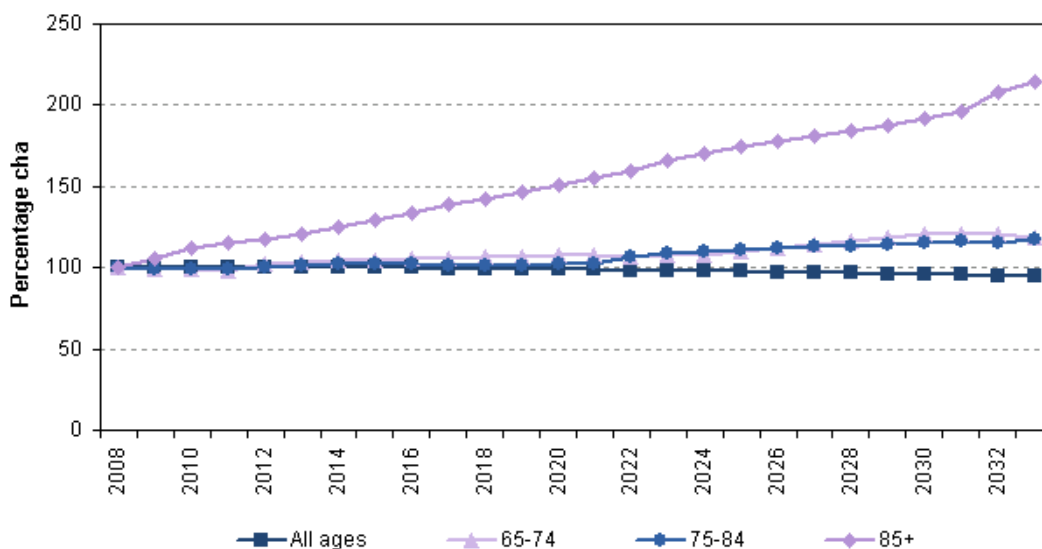
7.2.1 Older People

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 12 shows, the 85 years+ population in Dundee is expected to rise by 93% by 2033, 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 3,417 people with a diagnosis of dementia. This equates to 0.7 per 100 people registered with a G.P. in Dundee.

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 as the average age and dependency needs of carers themselves increases.

Table 12: 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.
- Occupied hospital bed days for older people aged 75 and over have increased, due to the needs of those who have been admitted who have had multiple co-morbidities contributing to their length of stay in hospital.

- The number of very dependant older people who have a need for intensive packages of care has increased.
- In 2011/12 there were 47 emergency admissions into care homes from the community, with an increase in those with dementia being admitted as a result of carers' stress.

For 2012 the Scottish Government earmarked £70m Change Fund to be made available to local authorities across Scotland to pay for the necessary service redesign and re-provisioning required to reshape care for older people. The Dundee Health and Social Care Partnership's bid for these monies resulted in the allocation of £2.55 million for Dundee for 2011/12.

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.

Taking into account also the priorities outlined in the national Dementia Strategy published in 2010, the following 6 outcomes for the Reshaping Care Agenda have been set by the Dundee Partnership.

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

To deliver against the above outcomes a number of approaches, services and resources have been developed by the range of partner organisations involved, with an increased focus on, and investment in:

- early intervention and anticipatory care, promoted through the introduction of community geriatricians, the appointment of additional Community Nursing staff and a Falls Co-ordinator, and the promotion of locality and multi-agency working models
- enablement services, with the establishment of an additional Enablement Team, enablement training, and improved access to community rehabilitation services
- the re-design of homecare services
- the further development and expansion of smart technology and telecare packages to more older people in the community
- services to people living in care home settings, including the establishment of a peripatetic nurse led Liaison Team (recognised by the Care Inspectorate) and specialist supports such as a Tissue Viability Nurse and Dieticians
- the delivery of Dementia Facilitator Training for all 27 care homes in Dundee
- a range of new community based services to support vulnerable people living in their own homes; this includes the establishment of an older people's helpline (DIAL OP), the development of a Dementia Community Cafe within a housing association, the introduction of an activities co-ordinator across a range of housing complexes and the piloting of a community transport project in one area of Dundee.

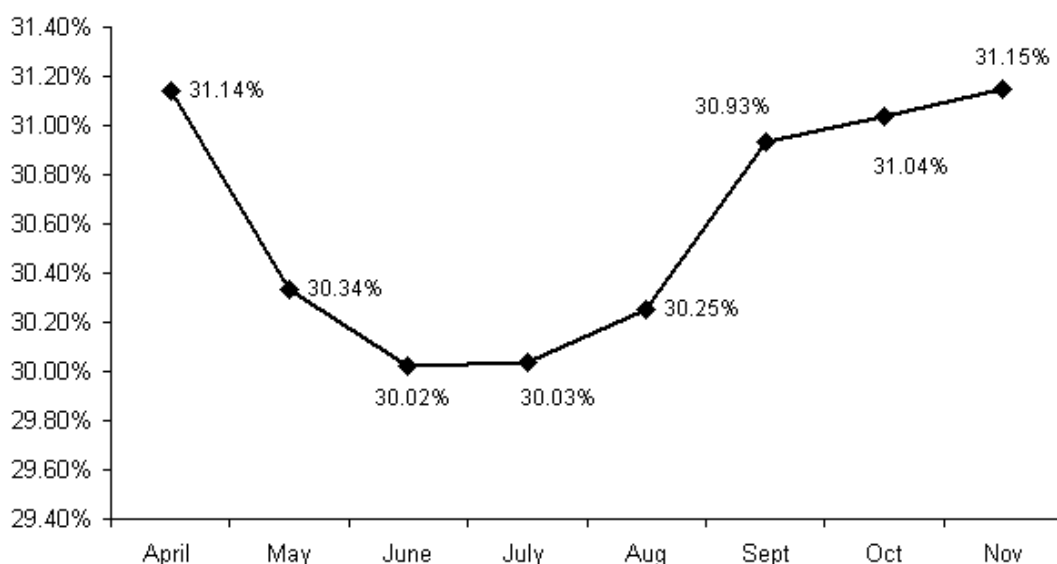
These combined approaches and investments have been effective in reducing and in some cases eliminating, the need for homecare services and have allowed us to concentrate resources on the frailest people who are most in need. At the same time the improvement in processes and range of new services and supports now in place has made it possible to reduce:

- the need for episodes of emergency respite care
- the number of older people admitted as emergencies to care homes
- the length of time required to put in place permanent 24 hour support
- the length of time a person waits to be moved from an emergency placement into permanent residential care

The overall number of older people living within care home settings has now been reduced from 998 people in April 2011 to 946 people in September 2012. The residential placement budget has been reduced as a result, and this has allowed the transfer and re-investment of £390,000 from this budget into Dundee's Change Plan to support the continued development of early intervention and community based services.

Therefore despite increasing demands on services due to increased frailty and an ageing population we have still been able to exceed the 30% balance of care target since April 2011, as demonstrated in Table 13 below. This change is related to the reduction in geriatric long stay bed occupation, the reduction in the number of people in care homes and an increase in the number of people receiving intensive homecare.

Table 13: Number of people receiving intensive homecare as a % of all long stay care



Whilst this progress is positive to report, there are nevertheless significant challenges ahead in meeting the increased demand that will arise as a result of the projected demographic shift at a time of growing financial constraints. There also continues to be a need to drive for greater personalisation of services to improve the quality of life for service users, particularly when the forthcoming Self Directed Support Bill is implemented. (See Paragraph 7.2.9 below)

To address these challenges the Dundee Change Plan includes:

- a revision of the current model of older people service delivery, which is no longer sustainable
- a plan to change our approach to service delivery in line with the Dundee Integrated Care Model for Older People
- a revised commissioning strategy which will show how services will be improved and re-designed over the next 10 years
- a need to monitor our change plans against national and local outcome measures
- an increase in the range of care models available to people with higher needs e.g. Housing with Care with the development of 16 - 20 units over the next year, and Integrated Community Services

- the remodelling of our early diagnostic services starting with the redesign of the community mental health teams, and expansion of the Alzheimer's early support service

As with other partnerships, the engagement of the acute sector is crucial to the overall sustainability of the proposed changes within the Change Plan. Releasing hospital resources will require a whole system review across the Tayside Partnerships at both a macro level (capacity - number of buildings/bed base) and micro level (management of patient flow/ward practice).

Recently the three partnership areas within Tayside collectively examined approaches relating to capacity and flow and have agreed to consider how improvements in one area can be replicated in others. While this will always prove to be more of a challenge for Dundee, given the scale of the activity and the size of the acute hospital within the city boundary, this approach should contribute to the achievement of the larger, sustainable changes required in the coming years.

7.2.2 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 2009/10) with an undefined hidden population.

The 2003 Scottish Health Survey also showed that 34% of men and 23% of women were drinking more than the recommended units of alcohol per week, with the prevalence of problem alcohol use increasing, and the incidence of alcohol-related brain damage also on the increase.

In relation to blood borne viruses (HIV/Hepatitis C) it is estimated that 1455 people are living with Hepatitis C, and 161 people living with HIV across Dundee. These numbers include a rising proportion of older people living with HIV.

The Dundee Alcohol and Drug Partnership (ADP) priorities for 2012-15 are:

- children affected by parental substance misuse
- drug related deaths; and
- the needs of homeless people affected by substance misuse

The services for children affected by parental substance misuse are delivered as part of mainstream services for children and young people whose parents have other characteristics which affect their ability to offer safe and appropriate parenting. However it is important to note that staff from across the range of services in Adult and Children's Services in both Social Work and Health, work together to identify the needs and risks being experienced by the children involved, and provide supports, services and treatment programmes for all members of the families involved in line with their individually assessed needs.

Adult agencies are working together to develop a recovery based care pathway, with the aim of improving service delivery and reducing duplication of work. It is anticipated that there will be a clear pathway of services that meet the needs of people affected by substance misuse and BBV, from early intervention to palliative care to respond to the increase in both substance misuse and BBV in Dundee.

This work takes a strong lead from the Scottish Government's drug strategy "Road to Recovery", which advocates an asset based approach to identify areas of strength within communities that can be further developed. In addition the Local Authority and ADP have been undertaking a review of contracted services, which is near completion and progress will be updated in the 2012/13 CSWO report.

The Social Work Drug, Alcohol and BBV team is employed by the Department to assess and provide supports and services to meet the needs of those whose lives are most affected by their alcohol and/or drug misuse/BBV. The Team's Social Workers, Care Managers and Social Care Officers are all co-located on health premises with Dundee's Substance Misuse Service staff.

Those in receipt of services from the team have varying levels of need and degrees of physical and/or cognitive impairment, which for some leads to the need for supported or specialist accommodation. A residential service for people with extensive histories of alcohol use and homelessness has recently been commissioned with a planned opening of January 2013. However given the rising level of need, it is clear that additional specialist resources, including palliative care services may be required in Dundee in future years.

The increase in the number of people with substance misuse/BBV has been placing increasing pressure on both adult and children's services, raising capacity issues for the future as the Department strives to keep abreast of the challenges associated with delivering services for this highly vulnerable group of service users and their families.

7.2.3 Mental Health Services (incorporating MHO services)

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 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.

Those with mental illnesses have a range of support needs, sometimes at times of crisis, and otherwise to help them live as independently as possible in their own communities. Such services require to be responsive, flexible and adaptable, and may need to include help to people to maintain their own tenancy, or be supported within different accommodation, depending on their individually assessed needs.

There is also a need to support some people to access universal services such as further education, employment and health services in order to minimise poor life chances and poverty. Mental illness can also often be inter-related with problems like drug or alcohol dependencies and social circumstances such as homelessness. These bring their own additional stresses and can have a significant negative impact on the individual's mental health.

As detailed at Paragraph 4.2.4 above, MHOs provide a range of services to people with mental illness in Dundee. In addition there are a number of Care Managers 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.

Dundee City's Adult Mental Health and Mental Wellbeing Strategy, NHS Tayside and Dundee City Council, 2008-2012 aspires to ensure that all people have equal access to all mental health and mental well-being services. The strategy sets 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 lies a need for a range of supports to be in place and strong partnership working across Health, Social Work, Social Care, Housing, Education and voluntary sector services.

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 are placing increasing demands on MHO services and Care Management teams. 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. A registered social care support service is in operation across Care Management teams in Mental Health, Drug and Alcohol and Learning Disability services.

In addition a Review of MHO services is currently taking 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, given the statutory nature of the work and the risks presented for many individuals.

7.2.4 Learning Disability and Autism Services

There are approximately 1000 known adults with a learning disability who are Dundee citizens (eSAY statistics, Scottish Consortium for Learning Disability, 2011). While this is a relatively small proportion of the total population the financial commitment equates to approximately £19 million across social care and community health services. This reflects the complexity of individuals' needs and the cost of the range of current models of care and support.

The following are some key statistics relating to service delivery for adults with a learning disability in Dundee during 2011/12. There were:

- 122 (11%) people with a learning disability living in a care home. This is a reduction of 0.26% compared with the previous year.
- 578 (52%) people with a learning disability who had access to day opportunities other than day centre. This was an increase of 83 people compared with the previous year
- 315 people with a learning disability who were receiving further education. This is an increase of 90 people compared with the previous year.

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 services 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.

To this end it is intended that a new support service will be developed in Dundee along the lines of a “drop in” facility. This revised model of service will provide a hub giving access to a range of supports and services to people with a learning disability and their families.

The Department’s Learning Disability Service will continue to provide day centre support for those who require it, through commissioning services from the voluntary and private sectors. The Social Work Department will also continue to offer centre based provision for those who need it, while supporting others to achieve their agreed personal outcomes through provisions which meets their individualised needs and aims.

There were some other significant developments in 2011/12 in the resources available in Dundee for adults with a learning disability. Proposals were brought forward for the refurbishment of the White Top Centre which provides both residential respite care and day provision for people with profound and multiple learning disabilities in Dundee. The proposed refurbishment is required to ensure that the service can better meet the needs of this most vulnerable group of people and support their carers on an ongoing basis.

A private nursing care home in Dundee also closed in 2012, and because there are no longer any nursing care homes in the city providing specialist care for adults with a learning disability, a significant number of people needed to be accommodated elsewhere. Additional houses were identified to meet some of these needs and a new staff team was formed by the department to provide some of the support. Around 20 people were able to move into their own tenancy in Dundee.

In addition to this through a partnership with Hillcrest Housing plans were developed to provide a new resource on the site of Elmgrove House. Elmgrove House is a care home for 10 people with a severe learning disability and challenging behaviour. The residents are currently being accommodated elsewhere in the city and it is anticipated that they will return to new tenancies in 2013 to receive continuity of staffing in housing providing care and support.

This past year has been a time of significant change and development in adult learning disability services, and the progress being made in implementing the above and other changes will be provided in the 2012/13 CSWO report.

7.2.5 Physical Disability and Sensory Impairment Services

The accepted measure of prevalence of physical disability comes from Scotland’s Census, General Register of Scotland (2001) in which one in five adults were reported as having a long term limiting illness. The Office for National Statistics (NOMIS) reported that locally there were 11,230 people in receipt of disability benefits in 2006. In addition, a rising trend in the number of children with complex needs surviving into adulthood is evidenced by the number of children with multiple and complex needs within local schools.

The demand for support in this area of service arises because more people require support to: return home after a period of hospitalisation; remain in their own home with a disability or progressive or acquired illness; be rehabilitated towards self care; gain access to training or employment; or, to transition from children’s to adult services.

Demand for assessment, care management and co-ordination, and protection services has increased in the last two years, with increasing demand for social work support in specialist areas like, for example, Multiple Sclerosis and Huntington’s Chorea. Service delivery models have been adjusted and the balance of care shifted, with the result that at March 2012 there were 800 people with a physical disability receiving home care services.

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

The Dundee Health and Social Care Interim Strategy for People with a Physical Disability and/or Sensory Impairment 2012-14 sets out a number of strategic promises to outline the Department's commitment to:

- working with people to develop services which assist them to lead an independent and inclusive life and be part of their local community
- ensuring that people are involved in helping to determine and shape the provision of accommodation appropriate for people with a physical disability and/or sensory impairment
- working in partnership with individuals to balance risk with personal choice and to support them to be safe and protected
- work with individuals to agree and provide the care and support they require to maintain their independence in the setting most appropriate to their needs
- ensuring that relevant professionals have the knowledge and skills to support people to set and work towards achieving their personal outcomes
- providing easy access to accurate and up to date information on services and support and how to access them
- promoting, maintaining and improving the health and wellbeing of people their families /friends/carers

Over the past few years there has been an increasing focus on the management of long term conditions within the local community, and on shifting the balance of care towards home based services and support. There is now a growing emphasis on personalised services and the promotion of self directed support, with an increasing number of service users and carers expected to seek control of their own care and support provision over the next ten years.

This has required a more integrated approach between service providers, and the further development of joint and partnership working, alongside a greater recognition of unpaid carers. A review of services in Dundee has led to some new developments as part of the interim strategy.

For instance the Social Work Department have led the way by employing Scotland's first Multiple Sclerosis Specialist Social Worker and opening a Multiple Sclerosis Therapy Centre. The wider use of technology has also been successful in supporting some people to achieve greater independence through telecare. A demonstration flat has been established to allow people to test out new technologies and to support meaningful assessments in order to promote better outcomes for the people with complex and high dependency needs.

In February 2012 Social Work and Health Committee also 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.

Work is currently under way at the centre, which is expected to provide day services to up to 40 adults at any one time, and residential respite provision for up to 12 adults. It is anticipated that the re-modelled service will better meet the current needs of Dundee's population, including those who require bariatric care and support.

7.2.6 Occupational Therapy and Dundee Independent Living Centre Services

The Social Work Department's Occupational Therapy (OT) Service provides a functional assessment of people affected by disability, in their own home environment, in order to maintain and promote their 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 3751 referrals in 2011/12, of which 33% were responded to on the same day, 56% within 2 days and 11% in more than 2 days.

A sample survey of OT service users in March 2012 identified that:

- 84% were very satisfied with the length of time it took for an OT to assess
- 88% were very satisfied with the length of time it took to provide equipment
- 90% received the equipment they had requested
- 96% felt safer and 55% felt more independent as a result of the equipment or adaptation
- 100% felt the staff were helpful and courteous

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, as well as make increasing demands on the resources that we currently have allocated to provide equipment and adaptations. In recognising the potential to work more effectively across Primary Health and Social Work, the Department has begun to explore the potential to integrate the OT Services provided by both statutory agencies. This will seek to reduce duplication, achieve efficiencies and in so doing, improve outcomes for people accessing these services.

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 that can be used again.

In 2011/12:

- 92% of all equipment was delivered in 1-3 days and a further 5% in 4-5 days
- 87% of equipment was collected within 1-3 days and a further 95 in 4-5 days
- 71% of all equipment returned to the store was able to be recycled

Dundee's 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.

7.2.7 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 (The Strategy for Children and Young People). Work has progressed in Dundee towards a new Multi-Agency Carers Strategy which is planned for 2013.

The recently formed Dundee Carers Voice Project has been supported by staff at the Dundee Carers Centre and funded through NHS Tayside Carers Information Strategy monies. Carers Voice will enhance the implementation of the new strategy and the opportunities it affords to take forward local carers' aspirations and objectives.

There is an increasing emphasis on working alongside carers as partners in care. Several new initiatives for carers have had the opportunity to be tested through the Change Fund for Older People, with Dundee exceeding the national target of 20% of this funding being used to support carers. As part of the Carers Programme, an impact assessment has been developed to assist the integration of improvements for carers into all other programmes.

Dundee Carers Centre is leading the Change Fund Carers Programme and they are developing 3 carer services in partnership with Dundee City Council and Dundee CHP. The over-arching aim is to ensure carers are recognised as partners and are offered the support they require to fulfil their caring roles.

7.2.8 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 2011/12. Just over 50% (3739) 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 drug or alcohol dependency. It also included young adults who lacked experience in maintaining a home and their finances, or 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.

National research has indicated that not only do housing support services improve quality of life, but their provision can also produce savings in the overall cost of service provision. For every £1 that is spent on housing support, it is estimated that £1.10 is saved across the entire Care & Support System (Tribal, 2006). The Supporting People budget for Dundee for 2011/12 amounted to £12.3 million.

7.2.9 Self Directed Support (SDS) and Personalisation

Self directed support puts the person at the centre as a participant in shaping the supports and/or services they receive; and allows them to work with professionals, advocates (if appropriate) and their carers to achieve this. Self directed support is a way for individuals to access the support they need to be part of their community and to stay fit and healthy.

In 2011 the Social Work Department on behalf of the Council responded to a Scottish Government consultation on the Social Care (Self-Directed Support) (Scotland) draft Bill following facilitated discussion with a range of focus groups involving professional staff from across the Department, and service user and carers groups.

The Scottish Government subsequently introduced the Social Care (Self-Directed Support) (Scotland) Bill in to Parliament on the 1 March 2012. The Bill has very recently received royal assent on 10 January 2013.

The Bill will:

- Make legislative provisions relating to the arranging of care and support (community care services and children's services) in order to provide a range of choices to individuals as to how they are to be provided with their support.
- Provide general principles to guide and inform decisions made under the Bill's framework of duties and powers.
- Introduce the language and terminology of self directed support into statute.

The general principles referred to in the Bill apply to the local authorities' social welfare responsibilities (the provision of care and support) to both adults and children as set out in part 2 of the Social Work (Scotland) Act 1968 and section 22 to 24 of the Children (Scotland) Act 1995.

The general principles also apply to the local authorities' responsibility to make sure that the four levels of self-directed support arrangements laid out within the Bill are made clearly known to individuals both at the time of their initial assessment, and at their subsequent review. The local authority will also have to make sure that:

- the person has as much involvement in shaping their care arrangements as they want.
- the person has been provided with the assistance they reasonably need to contribute to the decision making around which type of self directed support they wish.
- there is collaboration between the person and the local authority around their assessment of need and the provision of support or services following the assessment.

In Dundee the Personalisation Project Board and Team has been established to monitor developments in relation to the Bill, move towards a transformational model of service delivery and support the implementation of the bill when fully enacted in 2014. It is intended to develop a five year Personalisation Strategy for the Council to set out the framework for delivering on the Bill.

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 47-55 people being in receipt at any point in time. The total value of Direct Payments being made however has risen from £533K in 2009 to £691K in 2012, reflecting the increasing complexity of need and level of care required by those in receipt of payments.

There are a small number of people (7) with a diagnosis of learning disabilities for whom Direct Payments are in place. However the majority of people receiving payments have physical disabilities (31 i.e. 65% in 2012) and 8 of these are older people who have a physical disability together with additional problems arising from infirmity in old age.

7.2.10 Welfare Rights Services and Welfare Reform

Welfare Reform is a major cross-cutting issue for local government and for the provision of social work services. 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.

The Social Work Department's Welfare Rights services and other agencies are working to ensure that they are geared up to mitigate against the impact of these changes as much as possible. The Welfare Rights Service already maximises income for those clients seeking assistance. However with fewer resources in the future all Social Work staff need to be aware of future welfare reform changes, how these will affect their service users and how to help or who to refer to for additional assistance.

As part of the Changing for the Future Board's Review of Welfare Rights Services, work is taking place to ensure that front line staff in all departments are able to equip their service users with up to date information regarding the impact of welfare reform, through the provision of staff training. An e-learning module for all staff in the Department has been developed and a target date for completion by all staff is has been set for October 2013. In parallel with this tools are being developed to help staff to deal with service users' immediate concerns.

In the meantime the Welfare Rights Service is continuing to work to maximise the take up of welfare, money, debt and fuel poverty advice by all vulnerable service users.

8.0 SUMMARY

As described throughout this report, there were a number of positive developments and achievements in the twelve month period April 2011 – March 2012. These included the following:

8.1 Protecting People Services

In 2011/12 steps were taken to create a more integrated public protection policy and framework across child and adult protection services, Violence Against Women and MAPPA. Work also continued towards strengthening the responses by agencies to protect all vulnerable groups, including the following:

- significant improvements made in the delivery of child protection services, as recognised by the Care Inspectorate
- further development of adult protection and MAPPA arrangements in place to protect individual adults and the public
- development of a more robust framework, services and responses to protect women from violence.

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, 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. Services are being re-designed to promote such culture, systems and practice change and 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 Children's Services during 2011/12:

- implementation of integrated assessment and care planning framework in the Department's Children's Services
- development of additional targeted services for unborn babies, children and young people at risk of becoming involved in substance misuse and/or affected by parental substance misuse
- positive inspection findings from SCSWIS inspection of Throughcare and Aftercare services
- continuation of positive progress being made by Youth Justice Partnership in reducing young people's involvement in offending and improving individual outcomes
- establishment of the Champions Board and Care and Protection Engagement Officer post, strengthening the framework in which children and young people are consulted and engaged in individual care planning processes, as well as service planning activities
- testing out of new models of service organisation and delivery through Lochee Ward Pathfinder and the voluntary sector's Dundee Early Intervention Team.

8.3 Criminal Justice Services

In 2011/12 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, National Outcomes and Standards, new approach to delivery of Court reports, and LSCMI risk assessment and case management tool
- a staffing re-structuring programme
- implementation of a whole systems approach for offenders

- active development of a multi-agency Community Justice Centre and team and service for women offenders

8.4 Community Care Services

In adult care services progress continued to be made in 2011/12 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.

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 2011/12:

- 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
- re-design of homecare services to improve delivery of support for adults in their own homes
- further development and expansion of services for older people, including telecare and introduction of a range of new community based services
- achievement in excess of the 30% balance of care target set for older people's services
- development of a revised approach to the organisation and delivery of learning disability services, with proposals to re-provision Kemback Street services, develop a wider range of alternative support services and promote access to more mainstream activities in the community
- development of an interim strategy for physical disability and sensory impairment services, with plans for the refurbishment of the Mackinnon and White Top Centres

8.5 Across all areas of service in the Department work is continuing towards adopting a more proactive approach to continuous improvement and self-evaluation. The benefits of embedding such activities in the planning and review of services were in clear evidence during 2011/12 when the level of inspection of the Department's services was significantly scaled back in recognition of the work that had already been completed to identify areas for improvement.

It is positive report in this respect that there was such a high degree of concurrence between the Self-Evaluation exercise undertaken by the Department in 2010/11 and the areas for improvement identified through the external inspection completed by SCSWIS in April 2011.

8.6 In more specific areas of the Department's activity there has also been positive development of quality assurance mechanisms, as evidenced by the introduction of new systems for the monitoring and review of registered and purchased services. It is intended that the Department continues to work to strengthen the self-evaluation and quality assurance framework across all areas of activity.

8.7 However as activity levels detailed throughout this report show, the year 2011/12 also proved to be a very challenging period for the Social Work Department and for the delivery of social work services.

Demand continued to increase across all categories of need, and general demographic pressures, deprivation levels and other social factors 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 fiscal constraint and a drive for efficiency and improvement in public services.

- 8.8** 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 (2012/13) will be even more challenging than the last.

In the present and coming years additional demands will also arise from the requirements for integration of health and social care service provision, the potential changes as a result of the national consultation on the future shape of Criminal Justice Services, the forthcoming legislation on self directed support, and the impact of the imminent welfare reforms. All of these together will bring unprecedented changes and challenges to the Department.

- 8.9** These agendas are national issues and the CSWO will continue, through appropriate channels, to contribute to the discussions taking place at a national level regarding the implementation and impact locally of all of these policy changes.

- 8.10** The CSWO will also in the coming year ensure that the Department continues to strive to improve outcomes for all of the people who use Social Work services in Dundee, and to provide the best quality services possible, within the resources that are available.

EXECUTIVE SUMMARY**SELF-EVALUATION- BUILDING EXCELLENT SOCIAL WORK SERVICES**

Social work services need to be able to show that they are doing the right things to deliver excellent outcomes and do so efficiently. Self-evaluation is therefore a critical and necessary task for every social work service in Scotland. The Social Work Inspection Agency anticipated that the use of the *Guide to Supported Self Evaluation* would make a contribution to shifting the emphasis away from cyclical inspection toward regular self-evaluation and improvement, with external verification through proportionate inspection. Internal self evaluation will form an important link between self-evaluation and scrutiny to ensure proportionate inspections.

SWIA proposed that there are ten key steps in preparing and carrying out self-evaluation activity and successfully conducting the evaluation. It is important that any action plan arising from the evaluation feeds into the strategic, service and operational plans for the services evaluated. A number of areas for improvement identified from the self-evaluation have been included in annual service plan review (Committee Report 351-2011).

The main steps the department followed in completing this self-evaluation were:

- setting the scope for the evaluation;
- agreeing the membership of the evaluation team and appointing a lead evaluator;
- agreeing the timescale for the self-evaluation;
- agreeing the evaluation methods;
- deciding what evidence is needed, and how to get it;
- arranging the evaluation team meetings;
- allocating responsibilities and evaluation activities, and agree the arrangements for
- recording and reporting findings;
- undertaking the self-evaluation activities;
- writing up the evaluation and preparing to report the findings; and
- reporting the outcomes of the self-evaluation, and improvement planning

Similarly to previous self-assessments, the Department involved as many staff as was practicable to ensure the areas for improvement address both common themes and issue raised from teams and services. The methods used included:

- considering performance results, policies and the finding from audits and inspections;
- analysing the findings from service user, cares and staff surveys;
- arranging leadership events (first held with over 100 leaders from the department in September 2010 to help identify strengths and areas for improvement as part of the self-evaluation process). This was repeated in February 2011 to agree improvement actions;
- arranging focus groups (focus groups held with staff from across the department both in segmented, service specific groupings and cross departmental groupings to help identify strengths and areas for improvement as part of the self-evaluation process); and
- populating the self assessment framework by answering key questions on Departmental performance including strengths and areas for improvement. These will form part of our improvement plan

The self assessment considered the following key areas for evaluation and a brief summary of key strengths and areas for improvement are outlined below.

Area For Evaluation: 1 - Key Outcomes For People Who Use Services And Their Carers

Strengths: Key Points

- a generally improving picture from survey results;
- a clear shift towards personalised outcomes and improving quality; and
- positive reports from the Care Commission now Social Care and Social Work Improvement Scotland (SCSWIS)

Areas for Improvement: Key Points

- move from the use of performance measures which measure processes and/or service delivery to outcomes which reflect the impact on and for service users;
- further develop the use of outcomes;
- use data and research more effectively to improve services; and
- improve targeting and target setting

Area for Evaluation 2- Impact on people who use our services

Strengths: Key Points

Most people surveyed felt that:

- the assessment and care plan reflect their needs;
- waiting times are acceptable;
- their views have been listened to; and
- they were included and informed
- the department performs well against the national average for survey results (SCSWIS)

Areas for Improvement: Key Points

- improve the range of information that is available to and passed to service users and carers;
- improve our consultation processes; and
- improve care planning

Area for Evaluation 3 - Impact on employees

Strengths: Key Points

- there are positive trends in a range of staff surveys;
- the department has a staff support service and has gained a Scottish Healthy Working Lives Award at Gold standard; and
- the department has a strong approach to workforce learning and development

Areas for Improvement: Key Points

- ensure that staff skills are fully utilised;
- set targets for improving staff perception measures;
- improve and enhance our supervision and mentoring practice

Area for Evaluation 4: Impact on the Community and other Stakeholders

Strengths: Key Points

- national and local statistics are taken into account in SW strategic planning;
- members of extended management teams are on each of the 8 local community planning partnerships; and
- strategic Planning is undertaken on a multi agency basis

Areas for Improvement: Key Points

- explore further opportunities for co-location and more integrated services;
- develop more shared outcomes across partnerships; and
- seek opportunities to improve partnership working

Area for Evaluation 5: Delivery of Key Processes

Strengths: Key Points

- our survey results are improving and we have better trend over time information;
- we have good examples of improved inter-agency delivery arrangements to protect vulnerable people; and
- we have effective risk management systems in place.

Areas for Improvement: Key Points

- process improvements;
- recording of unmet need and the needs of carers;
- strengthen risk assessment and management process alongside partner agencies;
- rollout the personalised outcomes approach; and
- increase the flexibility of delivery of services

Area for Evaluation 6: Policy and Service Development, Planning and Performance Management

Strengths: Key Points

- policies and procedures are developed in line with legislative requirements, national standards, policies and guidelines;
- a 'golden thread' exists which links outcomes in the SOA to priorities in the Council Plan, to departmental outcomes, to outcomes and objectives in personal or team action plans;
- outcomes for individuals evidenced in care plans demonstrates that the right partners are in place and what outcomes have been delivered; and
- regular customer surveys are used e.g. home care service users survey, welfare rights service and rapid response service

Areas for Improvement: Key Points

- clarify how short term and long term pressures and requirements are balanced to help ensure that policy and strategy are driving the organisation on the correct course;
- better evidence of risk management;
- continue to ensure that our work force plans take account of long term population needs, personalised outcomes, capacity and finance; and
- provide evidence of communication of policy and strategy to stakeholders and any evaluation of awareness

Area for Evaluation 7 Management & Support of Employees

Strengths: Key Points

- good workforce and HR strategies;
- the majority of staff (77%) have regular supervision that helps them to be clear about their roles and responsibilities;
- there are a number of communication channels within the department; and
- we have a Learning and Workforce Development Service Areas for Improvement: Key Points
- continue to develop and improve communication with all staff; and
- be clearer about how the resource plan aligns with the policy and strategy, the organisational structure and the framework of key processes

Area for Evaluation 8 Resources and Capacity Building

Strengths: Key Points

- there is robust financial planning within the department and increasingly with planning and service delivery partners;
- the Welfare Rights Service delivers significant results in relation to income maximisation for service users;
- there is a bespoke client information system 'K2' which supports the generation of regular management data sets to statutory performance indicators; and

- there is an approach to working with partners in line with policy and strategy

Areas for Improvement: Key Points

- further standardise financial delegation and reconsider authorisation levels for first line staff;
- consider methods of keeping high risk areas as live issues on management team agendas;
- generate creative thinking and improve knowledge management; and
- improve partnership working and build on the opportunities partnership working brings

Area for Evaluation 9 Leadership and Direction

Strengths: Key Points.

- for all 4 indicators on strategic leadership in the 2010 staff survey departmental results are above the Scottish average;
- there are a range of engagement events held at all levels in the department;
- learning and workforce development opportunities exist for staff to develop leadership skills and competencies; and
- most leaders are seen to be realistic, honest, and approachable and to have a good value base

Areas for Improvement: Key Points

Provide more evidence of our approach to how the leadership manage change in the following areas:

- ensuring the effective delivery of change;
- communicating changes and their reasons to external stakeholders;
- supporting and enabling people to manage change; and
- measuring and reviewing the effectiveness of change

Conclusion

This self-evaluation is the most wide ranging and inclusive assessment undertaken by the department. Our information sources are generally stronger than in the past and we have access to improved trend over time information and we have been able to benchmark a number of our results using baselines set by SCSWIA. The areas for improvement will be identified in a future improvement plan and will be taken forward over the next 2-3 years. It is worth noting that a number of the areas for improvement identified are already being worked on or nearing completion.

**Summary Extract from Annual Customer Care Officer Report
Complaints for Year 2011/12**

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.

A total of 60 complaints were received in 2011/12, as compared with 46 complaints in 2010 as follows:

57 Level 1 and 3 Level 2 complaints. These include 25 Community Care, 24 Children's Services, 9 Criminal Justice Services and 2 general social work complaints.

Of these 60 complaints, 18 (34.6%) were upheld, whereas 34 (65.4%) were not upheld. Investigations of 8 complaints were still ongoing at year end.

The comparative figures for 2010 were 46 complaints, 27 at Level 1 and 9 at Level 2.

Completion targets (set by procedures or agreed with complainant) in 90% (83% 2010) of cases.

No complaint went to the Complaints Review Committee or the Scottish Public Services Ombudsman during 2011.

An analysis of complaints data shows that there has been an increase in Level 1 complaints, and this was anticipated given the development of electronic recording immediately a complaint is received. The reduction in Level 2 complaints is welcome, as is the improvement in acknowledgement and completion times.

The Social Work Department continues to show a relatively small number of formal complaints, when it is considered that we have contact with over 9000 service users, often delivering services under very 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 dissatisfaction.