

**REPORT TO: POLICY AND RESOURCES COMMITTEE – 22 NOVEMBER 2021**

**REPORT ON: THE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2020-21**

**REPORT BY: CHIEF SOCIAL WORK OFFICER**

**REPORT NO: 325-2021**

**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 2020/21 attached as Appendix 1.

**2.0 RECOMMENDATIONS**

It is recommended that the Policy and Resources Committee:

- 2.1 Approves the Chief Social Work Officer's Annual Report for 2020/21, attached as Appendix 1.
- 2.2 Approves the submission of the Chief Social Work Officer's Annual Report for 2020/21 to the Scottish Government.

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 BACKGROUND**

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

4.2 The CSWO provides a strategic and professional leadership role in the delivery of Social Work services, in addition to certain functions conferred by legislation directly on the officer. The overall objective of the role is to ensure the provision of effective, professional advice and guidance to Elected Members and officers in the provision of Social Work and Social Care services.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions to an integration authority but the CSWO's responsibilities in relation to local authority Social Work functions continue to apply to services which are being delivered by other bodies under integration arrangements. Responsibility for appointing a CSWO cannot be delegated and must be exercised by the local authority itself. The CSWO also has a role in providing professional advice and guidance to the Integration Joint Board (IJB).

4.3 National guidance requires that the CSWO produces and publishes an annual summary report for local authorities and IJBs on the functions of the CSWO and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work services. The information in this report complements other more detailed service specific reports on Social Work and Social Care services which have been reported in other ways.

4.4 As can be seen in this year's report (attached as Appendix 1), Social Work and Social Care services have continued to deliver quality support which improves lives and protects vulnerable people. Alongside responding to many challenges across the wider public sector and Social Work specific landscape we have also adapted our services in line with the challenges of the COVID-19 pandemic.

There are a number of highlights in the report alongside a description of ongoing challenges and priorities ahead. Some specific achievements include:

- The Social Work and Social Care response to the COVID-19 pandemic, including the adaption of existing services, establishment or new services and supports to vulnerable people, to carers and to the workforce.
- An ongoing range of self-evaluation activities the findings of which have informed improvement activities such the continued development of social work practice in relation to cheonlogies, risk assessments and plans and expansion of services for groups such as kinship carers and people who use drugs and alcohol.
- A diverse range of positive collaborations between Social Work and Social Care services delivered by the Council and Health and Social Care Partnership and commissioned services in the third and independent sectors. This includes the development of an allianace approach to commissioning and procurement activity aimed at enhancing the range of supports available to individuals and families and a range of partnerships supporting the adaptation of services during the pandemic period.
- The continued development and implementation of a range of learning and development activities to support the Social Work and Social Care workforce to deliver high quality services and acquire the knowledge and skills to lead and manage increasingly integrated responses to health and social care needs.
- Positive performance across a range of statutory Social Work functions includes:
  - In Children’s Services, children and young people in care away from home experiencing increasingly far more settled home environments with an increase in the average length of placement duration across all placement types. Alongside which school sttendance for care experienced pupils has improved significantly and whilst recruiting Foster Carers for adolescents, large sibling groups and children with complex additional support needs continues to be a challenge we have embarked on a digital and social media recruitment campaign, advertising through Twitter, Facebook and through One Dundee Website.
  - In Community Justice A total of 204 Community Payback Orders (CPOs) were imposed, compared with 532 the previous year. Overall, 77% of all Community Payback Orders were successfully completed in 2020.21. This is a 9% increase on the previous year figure of 68%.
  - In the Health and Social Care Partnership there has been improved performance in the length of time people spend in hospital when they have been admitted in an emergency. In 2020/21 Dundee was the 8th best performing Partnership in Scotland in relation to the number of hospital bed days taken up by people who had a delayed discharge who were aged 75 and over. There has also been a continued increase in the use of Self-Directed Support Options 1 and 2; with the total value of packages of support having increased from just over £2.1 million 5 years ago to £6.45 million in 2020/21.

4.4 It should be noted that as this annual report covers the period from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 it reflects the Social Work and Social Care response to the COVID-19 pandemic in some detail. This includes an overview of the wide range of adaptations that have been made to support continued delivery of essential Social Work and Social Care services, the rapid redesign of service delivery models to protect the health and wellbeing of both service users and the workforce in-line with public health guidance, and the commitment and flexibility of the workforce throughout the pandemic response.

4.5 The 2020/21 annual report is also forward looking and identifies the key challenges and opportunities for the coming year across Children’s Services, Community Justice and Health and Social Care. Recovery Plans for the Health and Social Care Partnership and Council Children and Families Service set the context within which wider improvement activities will be progressed during 2021/22 and will have a significant impact on capacity and resources available. Across all services, it is recognised that the cumulative impact of the pandemic on workforce wellbeing remains an important priority, as does addressing the compounding impact that the pandemic has had on existing health and social inequalities across our population. Therefore, a small number of improvement priorities have been identified for the

CSWO to support across the Social Work and Social Care workforce and with partners over the next 12 months alongside COVID-19 recovery work:

- Participate in the consultation/engagement regarding the National Care Service, reflecting local knowledge and experience, and in subsequent activity to reform Scotland's health and social care system.
- Learn from national and local research about the short- and long-term impact of COVID-19 and use this to plan supports and services which address the needs of the population.
- Listen to people who use social work and social care services and their carers and ensure that the voice of lived experience more consistently informs strategic planning and commissioning activity.
- Support our social work and social care workforce to recover from the impact of the pandemic on their health and wellbeing and listen to the information they share about frontline experiences.
- Maintain our COVID recovery, working with partners across the community planning partnership to consolidate our learning and embed and develop new ways of working.
- Continue to develop our approach to locality working, learn from people in communities and enhance the collation, analysis and reporting of performance information at a locality and neighbourhood level.
- Respond to the findings from the review processes currently being undertaken by the Tayside Mental Health Inquiry and Dundee Drugs Commission by working closely with partners, including people with lived experience and carers to fully implement existing action plans and consider any emerging challenges.
- Develop enhanced ways to co-produce services and supports to ensure that we remain person-centred and responsive to local communities.
- Ensure our services and supports make a positive to people who are at the greatest risk of negative impacts as a result of deprivation, health inequality or equality Protected Characteristics.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

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

**DIANE MCCULLOCH**  
**CHIEF SOCIAL WORK OFFICER**

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Dundee City Council

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# Chief Social Work Officer Annual Report

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# 2020-21



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In my last Annual Report, I was able to outline in only some detail how Social Work and Social Care services were initially responding to the unexpected challenges of Covid-19. As the pandemic started in March 2020, its impact on services and how they have adapted to continue to provide support to vulnerable children, young people and adults over the last 12 months now forms the focus of this year's report. You will see from the content that not only have our teams shown remarkable commitment, resilience and flexibility to maintain services, they have also contributed to some key improvements in many respects. The approaches adopted and learning with partners is now informing key priorities as we go through the recovery process.

This report shows how, throughout the pandemic, Social Work and Social Care services have worked collaboratively with partners and local communities to comply with all public health requirements whilst continuing to deliver a range of crucially important supports in order to mitigate the risk of infection and other forms of harm. Support has been provided across a range of family, residential and hospital settings to a diverse range of groups, including older people, adults and children with disabilities, people with mental health and substance use problems and children, young people and adults at risk of harm. Our teams have provided this support whilst also navigating the professional and personal impact of the pandemic on themselves.

In Health and Social Care teams worked quickly to implement infection prevention and control requirements and other public health guidance all services, allowing the provision of lifeline home care services to be maintained, supporting the continued operation of care homes and ensuring adults at risk continued to be supported and protected. Adaptions were also put in place to sustain support to people who had previously received building-based services that could not operate safely in the early phases of the pandemic; this included models of outreach work and the use of digital technologies. There was a sustained focus on discharge management to support the wider acute healthcare system and to ensure safe and supported hospital discharge into a range of community settings. Services for people who use drugs and alcohol and who require supports in relation to mental health and wellbeing were adapted to provide a blend of face-to-face and virtual supports. The impact of the pandemic on unpaid carers was recognised at an early stage and through the Carers Partnership a wide variety of work was undertaken to provide additional supports to carers, support access to testing, vaccination and PPE and to listen to their experiences and emerging needs. Significant attention has also been given to the health and wellbeing of staff, including access to vaccination and testing programmes and the provision of a range of wellbeing services and supports.

In Children's and Community Justice Services, teams worked at pace to implement digital multi-agency Child Protection Case Conference (CPCC) and Multi Agency Public Protection (MAPPA) meetings to maintain information sharing; introduced Minimum Practice Requirements to promote a consistent approach towards the frequency of face-to-face and digital support; developed a framework for decisions on parent/carer contact with non-resident children; worked with schools on the establishment of Community Support Centres; worked with the Third Sector on the accelerated roll-out of the Fast Online Referral Tracking (FORT) system; and adopted a clear focus on identifying and supporting families at risk of hidden harm.

As a result of this work, the overall number of children and young people on the Child Protection Register (CPR) was consistent with previous years. Those on the CPR received much higher levels of face-to-face support than the national average and this support was maintained for longer periods with fewer de-registered than previously. There was an increase in the emergency placement of children into care as, even with additional support, some families struggled with the many challenges of the pandemic alongside other needs but overall numbers in care were similarly consistent and all placements were far more settled and less likely to break-down. Building on this, the service also developed Our Promise to Care Experienced Children, Young People and Care Leavers 2021-23.

In Community Justice, although the pandemic had a severe impact on the operation of Court business, referrals by the Crown Office for Diversion from Prosecution almost doubled; the successful completion rate of Community Payback Orders returned to a level above the national average; Unpaid Work, which was suspended on 2 occasions, continued to be carried out where possible; and partners worked to support the early release of some short-term prisoners from HMP Perth. In partnership with other Responsible Authorities, the service also maintained the supervision and support of Registered Sex Offenders. To help navigate through the recovery process with partners, the service also coordinated the new Community Justice Outcome Improvement Plan (CJOIP) 2021-23.

2020/21 has been a unique and challenge year for social care and social work services and professionals. I am proud of what services have achieved over the last year, working both within the social work profession and in partnership with colleagues across our community planning partnership. There is no doubt that impact of the pandemic on Dundee citizens has been significant and has compounded existing inequalities and adversities within the city; this year's annual report emphasises the positive contribution social work and social care services have made to mitigating this impact and plans to continue to work with individuals and communities to support recovery in the coming years.

**Diane McCulloch**  
Chief Social Work Officer

This report details the arrangements within Dundee which enable the Chief Social Work Officer (CSWO) to fulfill their responsibilities as outlined in Section 5 (1) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The role is undertaken by a Senior Manager who is a registered Social Worker whose responsibility is to promote leadership, standards and accountability for Social Work services, including commissioned services. Statutory guidance outlines requirements of the CSWO to:

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

The statutory guidance also states that the CSWO must produce and publish a summary Annual Report for Local Authorities and Integration Joint Boards. Therefore, this report provides details on how the CSWO functions are being discharged within Dundee. This includes the systems and processes in place to ensure the safety of children and vulnerable adults and the management of those who present a risk to others, in the period 2019/20. The report ends with an outline of key priorities over the next 12 months.

# 3 Summary

At the time of the publication of the CSWO Annual Report 2019/20 social work and social care services, alongside community planning partners, were responding to the unprecedented challenge of the COVID-19 pandemic. Social work and social care services had been rapidly re-designed to meet the needs of individuals and families (including carers) who had been impacted by the pandemic, as well as a range of approaches being developed to maintain essential supports and services whose delivery was disrupted. In that context and in anticipation of a continued need to respond to the pandemic conditions and impact over 2020/21 the CSWO identified a limited number of additional improvement priorities for 2020/21. These were:

- Across all services, continued implementation of the Transforming Public Protection Programme with the Care Inspectorate with a focus on the roll out of new approaches to chronologies and risk assessment and further development of options appraisal for the future delivery of multi-agency screening functions.
- In Children's Services, continue to progress the work of CELCIS ANEW, WM2Y and Fort which alongside the PACE programme and our improvement plan are aligned to our commitment to implement the findings of the Independent care review in Dundee whilst at the same time ensuring defensible practice which supports children and addresses risks.
- In Community Justice, work with partners to continue to develop new approaches to women, employability, prison release, electronic monitoring, males aged 21-26 years at risk of custody and young people. This will be particularly challenging given the impact of the pandemic on delaying Court processes and rising levels of imprisonment.
- In Health and Social Care, continue to strengthen our arrangements for responding to adults at risk and improvement activities in response to complex delayed discharge and unscheduled care. We will also focus on continuing our work with partners to implementation action plans in responses to the Dundee Drugs Commission and Independent Inquiry into Mental Health Services in Tayside.
- In Health and Social Care, participate in the national review of adult social care, sharing our experiences and learning from the integration of health and social care services.
- In all areas, continue to address major financial challenges which will continue to require new ways of working, the active involvement of communities in service redesign, joint work with neighbouring authorities and prioritisation of resources towards key needs.

The current year's Annual Report describes how the CSWO supported the progression of each of these areas of work despite the additional challenges and pressures presented by the pandemic. It shows how there were a number of key achievements in each of our service areas and how, in particular, all service areas continued to work together collaboratively to support and protect Dundee's most vulnerable citizens during the ongoing pandemic.

In Dundee, the role of CSWO currently lies with the Head of Service for Health and Community Care (within the Dundee Health and Social Care Partnership). The Head of Service for Integrated Children's Services and Community Justice undertakes a deputising role as required. The CSWO Governance Framework sets out the ways in which they will discharge the requirements of the role and provide assurances to Elected Members throughout the year.

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

- Reporting to the Chief Officer of the Integration Joint Board and regular meetings with the Chief Executive.
- Member of the Integration Joint Board and IJB Performance and Audit Committee.
- Member of the Tayside Clinical Care Professional Governance Forum, alongside CSWOs from Angus and Perth and Kinross.
- Member of Executive Boards which oversee the implementation of local community planning priorities (shared between the CSWO and their depute).
- Member of the Adult Support and Protection (ASP) Committee, providing advice on Social Work matters relating to vulnerable adults.
- Member of the Alcohol and Drug Partnership (ADP), providing advice on Social Work matters relating to substance misuse.
- Member of the Child Protection Committee (CPC), providing advice on Social Work matters relating to children and young people at risk of harm.
- Member of the Dundee Violence Against women Partnership (DVAWP), providing advice on Social work matters.
- Member of the Chief Officer Group for Protecting People, contributing leadership and oversight on all public protection matters.
- Links to the Tayside Strategic Children and Young People Collaborative through Children and Families Acting Head of Service.

In addition, the CSWO has provided professional advice to a range of enhanced governance and planning arrangements during the pandemic including Dundee City Council Incident Management Team, the Clinical Care Home Oversight Group and Local Resilience Partnership (particularly in relation to Care for People matters).

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

- Partnerships and commissioning
- Performance management and quality assurance
- Learning and workforce development
- Policy and practice improvements

# 5 Service Quality and Performance

## 5.1 Overview of Key Performance Information

### Children's Services

- In 2020/21 the length of time children were supported on the Child Protection Register increased slightly as during the pandemic registrations were prioritised over de-registrations to ensure children were safe; 84% (compared to 2019/20: 95%) were de-registered after less than 12 months.
- A total of 44 (compared to 36 last year) Child Protection Orders (CPOs) were made in respect of children for whom it was assessed that their circumstances posed an immediate and significant risk of harm. At this current time, we are experiencing the highest level of CPO activity which we have seen in the past 6 years. Whilst this may not seem surprising given the difficulties faced by families during the pandemic it is important that we fully understand and monitor this situation. Locally SCRA have reviewed all CPOs and in addition, a working group of staff across social work teams and SCRA has been developed to undertake an ongoing process of CPO activity. Regular updates are provided to the child protection committee and it is noted these have all been a proportionate response to the nature and level of immediate risk.
- The number of children experiencing care at home or away from home is stable with 489 in March 2021 compared to 490 children on 31st March 2020. As with the previous year around 88% of children lived in the local community, with 72 (15%) receiving additional statutory support in their own homes.
- Children and young people in care away from home have experienced increasingly far more settled home environments with an increase in the average length of placement duration across all placement types. For children experiencing care away from home the balance of placements is 54% foster care, 30% kinship care, 12% residential settings and 3% with prospective adopters.
- There were 26 emergency placements, an increase from 10 last year, reflecting short term moves as a consequence of COVID during 2020. Emergency Placements involve authorising an emergency move of a child or young person subject to supervision requirements in cases of urgent necessity.
- School Attendance for care experienced pupils has improved significantly from 85% to 90.4%, but there remains a gap when compared to the average of all pupils which improved from 90.2 to 92.4% during the same period.
- There are currently 148 young people receiving aftercare support from the Throughcare and Aftercare service team and of these 69 are in college, 8 at university, 13 in employment and the remainder are supported in a range of settings including school, training courses, and those who are currently unemployed either seeking work or due to ill-health.
- The number of children and young people with disabilities or complex needs who are receiving targeted community-based support have increased slightly from 120 to 137 on 31st March 2021. Work is ongoing across Tayside to review arrangements for the provision of respite care the provision of which has been impacted by the pandemic.
- Six young people required support in secure care during the reporting period (compared to seven 2019-20) – of these, a small number (less than 5) are counted in both periods as they were in secure on 31st March 2020 and on 31st March 2021.

- In respect of permanent alternative care and adoption, there was a reduction with 14 new Permanence Orders were made (compared to 19 the previous year); of these, 4 were with authority to adopt (compared to 10 the previous year). In total 122 children and young people were on Permanence Orders on 31st March 2021, 27% of all care experienced children and young people (compared to 28% the previous year). Although children may have been in their permanent placements the legal side hadn't been completed due to slower legal processes due to the pandemic.
- On 31st March 2021, 154 (32%) of the looked after children were in internal (local authority) foster placements; which is very similar to last year (145); ten of these were emergency placements (compared to seven in 2020).
- Recruiting Foster Carers for adolescents, large sibling groups and children with complex additional support needs continues to be a challenge and regular Foster Carer recruitment activity and events has been disrupted by the pandemic. However, we have adopted a new approach and embarked on a digital and social media recruitment campaign, advertising through Twitter, Facebook and through One Dundee Website. Over the past 12 months we have received 16 notes of interest and from this we are currently progressing 11 new assessments of potential carers, and 1 new foster carer household and 5 adoptive households have been recruited. Over the past 12 months our Fostering Resource Team have continued to support 54 approved Temporary Foster Care Families caring for 89 Young People.

## Community Justice

- Partners continue to develop a range of interventions across the Criminal Justice System (CJS) in order to ensure that timely, proportionate and cost-effective responses can be delivered, increase community safety and improve outcomes for adults who offend. The number of people who are referred for Diversion from prosecution continues to rise, moving from 140 in 2019/20 to 187 in 2020/21. The number of Diversion cases successfully completed has also risen, moving from 67 in 2019/20 to 80 in 2020/21. Diversion cases were managed according to the same risk and need criteria as Orders made in Court, with an agreed level of face to face contact.
- A total of 204 Community Payback Orders (CPOs) were imposed, compared with 532 the previous year. Overall, 77% of all Community Payback Orders were successfully completed in 2020.21. This is a 9% increase on the previous year figure of 68%.
- Unpaid work was impacted by COVID with two periods of national suspension (April to September 2020 and January to April 2021). Efforts have continued to deliver unpaid work within the parameters of public health guidance. A total of 14,461 unpaid work hours were imposed by Court in 2020/21. Over the course of the year, a total of 5,569 hours of unpaid work were carried out (1,546 of which were other activity hours).
- In respect of Drug Treatment and Testing Orders, the Sheriff Court imposed no Orders compared to only 1 the year before. In addition, there were 4 Drug Treatment Requirements within CPOs during 2020/21 (29 in 2019/20) and 5 Alcohol Treatment Requirements (4 in 2019/20). The reductions in Drug Treatment Requirements imposed has been influenced by the reduction in court business during COVID. In 2021 the court gave priority to individuals held in custody and deferred court appearance for acquisitive crime and drug possession. Joint work between CJS and Dundee ADP is taking place to ensure we make best targeted use of Drug Treatment requirements.
- As of 31 March 2021, there were 104 Registered Sex Offenders subject to statutory Supervision under Multi Agency Public Protection Arrangements (MAPPA). In Tayside, 29% were jointly managed by Community Justice Social Work and Police Scotland which means they will be subject to Community Payback Order or post-release Licence.
- There were 12 new Supervised Release Orders (SROs), the same number as the previous year. These orders are imposed for prison sentences of less than 4 years where the person is deemed to require supervision on release.

- There were 151 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 163 people the year before. The Community Justice service provides throughcare whilst individuals are in prison and on their return to the community. This represents a volume of cases not impacted by the reduction in court business. A high level of monitoring and prioritised service delivery was required to manage and support people released on licence and probation.
- Dundee continues to implement the Whole System Approach, with Adolescent Team workers undertaking 16/17 year old Diversion and compiling the court reports for young people who are care experienced. Four custodial sentences were issued to people aged between 16 and 20 years during 2020/21 as a main outcome of a Community Justice Social Work Report compared to 16 in the previous year. There were no instances of Custody as a main outcome for those aged 16-17, compared with 3 in the previous year.

The CJS continued to implement Unpaid Work Orders and received consistent positive feedback from both the individuals carrying out their work and from the recipients. Due to the pandemic, there were fewer requests from individual members of the community, however the team still managed to get through a selection of projects and placements and 5,569 hours of unpaid work were carried out at various locations across the city. They continued to provide practical assistance to agencies supporting vulnerable people. Work included restoring multiple benches from the NHS Tayside estate (30+); making a mud kitchen and raised beds for a local school; assisting a person in need to tidy garden and erect a fence; repairs to sheds and furniture; painting railings; cleaning up leaves; assisting a charity shop to remove items that could not be sold; litter picking and contributing to ongoing work at the piggery, a three quarter acre site at the bottom of the Law, to create a community growing space.

#### Dundee Law Community Growing Space (see images below)





## Adult Health and Social Care Services

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. Information about the direct impact of the pandemic is shaping and influencing how services and supports are provided. In order to prevent the spread of the virus and to maximise hospital capacity to treat COVID-19 patients safely and effectively, the Health and Social Care Partnerships adapted processes, procedures and pathways and the priority given to reducing demand on unscheduled hospital care was temporarily shifted.

We monitor and scrutinise performance on a quarterly basis. When analysing performance, we recognise that there will be a number of performance indicators where processes and pathways were affected by the pandemic and that we must draw conclusions about these with caution and view them alongside whole system pathways and processes.

- The National Health and Care Experience Survey for 2020/21 provides feedback to Scottish Health and Social Care Partnerships regarding a sample of citizen's perceptions of health and social care services and their impact on health and wellbeing. Across six of the nine key indicators measured by the survey Dundee performed the same, or within 2% poorer than the Scottish average; there were 2 indicators where Dundee performed more poorly than this Scottish average; and, one indicator where Dundee performed better than the Scottish average. Due to a methodology change, it is not possible to compare longitudinally.
- Locally there has been improved performance in the length of time people spend in hospital when they have been admitted in an emergency. Prior to this year this reduction has been consistent since 2015/16 (143,519 per 100,000 population), however the pace of reduction increased during the pandemic and at Q3 2020/21 the rate was 97,449 per 100,000 population.
- Dundee had the 3rd highest premature mortality rate in Scotland during calendar year 2020, with 604 unexpected deaths per 100,000 population aged 75 and under. This is an increase of 11.4% from 2019. In Dundee life expectancy is 74.0 years for males and 79.2 for females, whereas in Scotland as a whole it is 77 years for males and 81.1 for females. Dundee has the second lowest life expectancy in Scotland for males and third lowest for females. Life expectancy varies substantially by the level of deprivation in the geographical area of the population and the occurrence of health conditions and disability.
- Of the people who died during 2020 calendar year, 91% of time in the last 6 months of life was spent at home (that is a 2% increase from 2019/20 financial year). This is considered to be a positive result (similar to the Scottish average) and could not be achieved without a strong partnership between acute hospital and community workforce, the third and independent sectors and patients and their families and carers.
- In 20/21 Dundee was the 8th best performing Partnership in Scotland in relation to the number of hospital bed days taken up by people who had a delayed discharge who were aged 75 and over. Lost bed days are counted from the day the patient was assessed as medically fit to return home to the date they were discharged. In 20/21, for every 100 people aged 75 and over, 32.4 bed days were lost due to a person experiencing delayed discharge. This is an improvement on the 2019/20 figure, when there were 44.3 days lost for every 100 people aged 75 and over
- The National Health and Care Experience Survey 2020/21 reported that 34.6% of Dundee respondents who provided unpaid care felt supported to continue in their caring role; this is similar to the Scottish average of 34.3%.

- Dundee has a high rate of readmissions to hospital, where the patient had been discharged within the last 28 days. In 2020/21 12.8% of people discharged from hospital following an emergency admission, were readmitted within 28 days. Dundee has the third highest 28-day readmission rate in Scotland. We have undertaken significant analysis of re-admissions data as they apply to the model of service within Tayside in order to gain better understanding of the underlying causes of high levels of readmission. Although we will continue to aim to reduce readmissions, we have identified that, the main reason for the difference in the performance indicator is due to how readmissions are coded. The statistical code used locally is not consistent with other acute hospitals across Scotland.
- People in Dundee have a high rate of hospital admissions as a result of falls, with a rate of 30.7 admissions for every 1,000 of the 65 and over population. In 2020 Dundee was the poorest performing Partnership in Scotland. An analysis of falls rates by neighbourhoods within localities has been completed to aid planning of improvement actions.
- Encouraging people to have choice and control over the services and supports they receive has continued to be a priority. Self-Directed Support is available to adults and children/families with assessed social care needs. The numbers people and families choosing Option One and Option Two is an indicator that people have taken the opportunity for choice and control of their own services. The table below shows the number of people who received Self-Directed Support Options 1 and 2 in the past five years. The amount spent on delivering services and supports under options 1 and 2 has increased considerably from just over £2.1 million five years ago to £6.45 million in 2020/21. Since the implementation of the Social Care - Self-Directed Support (Scotland) Act 2013 the number of packages of care for people choosing Option 1 has increased year on year. Option 2 has also been increasing but there has been a drop between 2019-20 and 2020-21.

Within Children and Families Services, where there is an assessed need for services for children with a disability, a full discussion with parents and unpaid carers about all 4 Self Directed Support options takes place. Dundee Carers Centre are contracted to provide support to people choosing Option 1. In children's services, 'Option 1' supports continue to increase in number and as a proportion of the total number of services. There has been year on year increase for children with disability opting for Option 1 services.

### Dundee Self-Directed Support – Options 1 and 2

Option	2016-17		2017-18		2018-19		2019-20		2020-21	
	No. of people	Cost	No. of people	Cost	No. of people	Cost	No. of people	Cost	No. of people	Cost
<b>Option 1 Total</b>	60	£1,087,024	74	£1,522,411.91	103	£1,875,293.80	122	£3,432,428.45	143	£3,782,570.43
<b>Option 1 Adults only</b>	52	£1,016,659	65	£1,413,325.70	79	£1,640,764.55	81	£2,701,004.72	88	£2,682,716.27
<b>Option 2</b>	30	£308,726	39	£287,817.47	70	£613,366.38	161	£2,062,732.02	123	£1,663,544.86

## Mental Health

- There was a total of 100 emergency detentions of people in hospital in 2020/21 and an average of 93 detentions a year in the last 5 years.
- There was a total of 155 short-term detentions of people in hospital in 2020/21 and an average of 155 a year in the last 5 years.
- There were 45 Compulsory Treatment Orders in 2020/21. With an average of 39 Compulsory Treatment Orders in the past five years.
- In 2020/21, 83 Social Circumstance Reports were completed. Of the total, 54 Social Circumstance Reports resulted in someone being subject to a short-term detention and 28 led to Compulsory Treatment Order.
- There were 13 people who were subject to Compulsion Orders with Restriction and 4 people to Treatment Orders during 2020/21. This has remained stable in comparison with previous years. There were 12 Compulsion Orders (13 orders in 2019/20) and 6 Assessment Orders (no change since 2019/20).
- In 2020/21, there were in total 130 guardianship applications of which 86 were for a Private Guardianship and 44 were Local Authority Guardianship applications. Of the 130 applications, 42 were granted.

## Adult Support and Protection

- In 2020/21, 2,372 adult protection referrals were received which represents a 10% increase on the previous year. Fifty-four of these resulted in an Adult Protection Investigation and 47 Case Conferences were undertaken. Most referrals (1,959 - 83%) continue to be made by Police Scotland, although it is noted that referrals from NHS increased by 75% (103 to 180) since last year (which were in turn double those of the year previous) which is thought to reflect the awareness raising activity that has taken place during this time. Dundee has a single pathway referral approach for vulnerable adults and this has resulted in an increase in Police involvement for non-crime related referrals e.g. mental health and substance use.
- Of the 54 investigations undertaken, welfare for adults, including older people, was the highest single area of harm identified. There was a marked increase of harm reported that usually is included in the 'other' category, notably exploitation (5) and suicide ideation (3). Correspondingly there was decrease in most other categories especially in self-harm.
- During 2020, the Early Screening Group did not meet until August 2020 due to pandemic restrictions and pressures. During the year, 23 referrals (30% of all referrals) have been considered by the Early Screening Group (ESG). This is a significant decrease on the previous year and is thought to be entirely due to the restrictions introduced to cope with the COVID pandemic. As an alternative, a trial project started in March 2021 where referrals are screened for ASP-concerns by the team managers of the First Contact and Learning Disabilities teams and if successful this approach will be rolled out to all relevant ASP teams.

## 5.2 Ability to Deliver Statutory Functions

### Children and Young People on the Child Protection Register

During the first lockdown, services in Dundee contacted more families than most other council areas; 99% of children on the child protection register were seen face-to-face (nationally 95%). In addition, 85% of children with multi-agency plans were contacted (nationally 71%); around 1400 out of 1600 children with plans were contacted, more than 10% of the whole pupil population of Dundee. It has been noted that this has resulted in improved relationships and supported immediate provision of further services needed by families (food, money, housing referrals, etc).

At the start of the first lockdown the Children and Families service introduced minimum practice requirements and an associated RAG rating of risk to determine the necessary frequency of visits to children and families. During the first lockdown over 1,000 files were RAG rated and visits took place according to rating and were monitored weekly. Between May and August 2020, 823 cases were audited and for 97% of these, their RAG ratings were found to be appropriate and 94% were found to have the right level of service according to risk. This auditing process was reduced in line with the easing of the lockdown and as children returned to schools/communities opened up however remains in place on a monthly basis with the most recent figures indicating that RAG Rating appropriateness stands at 95%, with 91% of cases receiving the appropriate level of intervention. All cases identified as needing further intervention /reassessment of RAG rating are dealt with in real time.

### Looked After Children and Young People

Similarly to children on the child protection register, high-levels of contact were maintained with young people in aftercare; 94% of young people in aftercare were contacted (nationally 64%). Reduced placement breakdown was experienced by young people in Dundee's residential houses from 35% to 75% of young people staying for longer than 6 months, thereby reducing risk of harm. This is believed to be a result of listening more to young people through psychological assessments and person-centred planning.

### Fostering and Adoption

For our Internal foster carers, placement stability has increased from 15 months to 33 months. Work here has included a targeted training plan and extra support to foster carers.

Also, our Adoption and Permanence Team have continued to support 28 approved Permanent Foster Carer Households and 12 approved Adoptive Households caring for 44 young people. In the past 12 months we have also supported 10 carer households offering internal Continuing Care Placements.

Over the past 12 months a full-time dedicated panel advisor has continued to coordinate both adoption and permanence panels and foster carer panels. There are currently 6 panels per month - 2 Foster panels and 4 Adoption and permanence. These have been held virtually throughout the pandemic and has been quite successful throughout. In the past 12 months 19 children have had permanence plans approved at panel.

For all children aged 12 and under, where a permanence plan is in place, with the route being via permanent fostering or adoption, the Family Finding Group has also continued over the past 12 months, and has had an overview of all children with a permanence plan and continue to coordinate family finding for those children. In the past 12 months we have matched 37 children into their forever homes.

Internal Residential Children's houses placement stability has increased from 19 to 21 months. Some additional work here has included an Educational Psychologist working with teams in each house on trauma informed practice, and the implementation of the PACE Over 12s permanence protocol. Due to the Pandemic our houses have not been inspected since 2020 but we continue to implement positive

practice developments and actions through Improvement Plans from previous Care Inspectorate inspection recommendations. We are also in the process of increasing our staffing ratios in our houses to recruit extra permanent night shift workers, increasing from 1 to 2 permanent night staff on duty in order to increase resilience and support for our young people at key times of the day.

### **Placement in Secure Accommodation**

Over the last few years, there has been a local trend towards lower numbers entering secure care, from 304 nights in 2017-18 to 86 in 2020-21. We have undertaken an internal audit of all secure care cases in order to inform best practice and in addition Tayside Regional Improvement Collaborative (TRIC) partners are presently finalising a self-evaluation against the new national Secure Care Standards. These have been developed with the close involvement of young people with experience of secure care and place emphasis on the importance of pro-active engagement with at risk young people, including proper notification and explanation of these highly intrusive decisions.

### **Offenders Assessed as Very High or High Risk of Harm to Others**

All MAPPA meetings continued as scheduled and were not curtailed in during 2020/21. These meetings changed to teleconference and then to video conference.

MAPPA strategic meetings (MAPPA SOG) were held by teleconference then video conference and increased in frequency in 2020/21 to manage the multi-agency co-ordination of high-risk offenders. An enhanced MAPPA data set was developed, providing information on issues such as breaches and warnings, alongside re-offending. Two audits of Visor (risk register) usage by local authority staff also highlighted the very high level of face to face contact being achieved by Dundee staff in the management of Registered Sex Offenders.

In 2020/21 CJS successfully led the case management team for an individual released on an Order of Lifelong Restriction. Over and above the MAPPA management, risk management plans and any updates had to be shared with the Risk Management Authority.

All individuals on Court Orders had their requirements for supervision delivered through the operation of the Minimum Practice Requirement based on a risk assessed mixture of face to face and telephone contact. Similarly programme requirements, such as MFMC work with those convicted of sexual offences or the Caledonian programme for domestic abuse convictions, continued to be delivered with group work when public health allowed and individual sessions when it did not. Such was the level of input from programme workers that it is assessed that no individual will require extra time to complete their programme, due to reduction in delivery.

### **Mental Health Statutory Provisions**

Mental Health Act work has continued to be a priority for the Mental Health Officer (MHO) Service during the pandemic. The service has continued to undertake all assessments and provide applications in line with legislative requirements. There has been the occasional assessment that has been provided without direct contact with the person concerned. On these occasions, this has been determined by COVID-positive situations and governed by safe practice. The situations have been clarified from other professionals directly involved in the person's care and we have also sought advice and liaised with the Mental Welfare Commission. The service has coped well with the demands generally during the pandemic, however capacity was an issue during the Festive Period 20/21 and a sessional worker was employed by the service. Although the service has coped with the Mental Health Act demands, there is an overall reduction in the numbers of MHO's undertaking the role within Dundee. This has been for a number of reasons and is under review to consider the options we have for addressing this and ensuring the MHO service is sustainable.

## Adults with Incapacity and Welfare Guardianship

The requests for assessment of guardianship applications has not diminished due to the pandemic. The MHO service has continued to allocate Court reports into MHO workloads, however the demand was restricted until the Courts re-opened following the first lockdown. Unfortunately, it is in this area that demand is not able to be met by the current capacity. Following the initial lockdown and the increase in the waiting list for Court reports, we provided the opportunity for MHO colleagues to undertake this work out with their contracted hours for additional payment to increase the number of reports being completed, however there was only a limited uptake of this. The waiting list continues to be high and we are actively seeking an increase in MHO capacity, both temporarily and permanently in order to address this statutory requirement.

## Adult Support and Protection

The COVID-19 crisis has intensified the need to safeguard adults with care and support needs who may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages. It was recognised that protection remained a key priority during the pandemic and along with our key partners, we continued to offer a similar or enhanced level of oversight regarding these duties.

This included;

- Additional monitoring and oversight on a multi-agency basis with weekly meetings and data collection and analysis.
- Updating of operational guidance to accommodate the pandemic situation and restrictions.
- A focus on a multi-agency corporate “Risk Register” in respect of Protecting People.
- Executive Groups/Chief Officer Groups for Public Protection increased the frequency of meetings to support their responsibility as guardians of collective public protection governance, assurance and culture to proactively provide additional support.
- Information shared electronically and via e-newsletters to raise awareness and ensure staff remained vigilant.
- Scottish Government supplementary Adult Protection Guidelines shared widely with practitioners.
- The Mental Welfare Commission guidance in response to COVID-19 to support practitioners was shared across a variety of platforms

The number of adult concerns reported to the Partnership was higher than 2019/20 figures although ultimately the vast majority of these (81%) did not meet the definition of an adult at risk. A further 16% were supported by actions other than adult protection and the remaining 3% were progressed by actions in accordance with the Adult Support and Protection (Scotland) Act.

There has been a focus on developing key areas of Adult Support and Protection, primarily;

- Support and training for the role of Council Officer.
- The piloting of new models of screening and risk assessment.
- The appointment of Nurse Advisors within the NHS Adult Protection Team

## 5.3 Self-Evaluation, Quality Assurance and Improvement

### Children's Services

#### TPP Quality assurance audits

In January 2020 Children's and Community Justice Services extended management team agreed an Improvement Planning Action Plan. Within this, a programme of case file evaluation using the abbreviated Transforming Public Protection (TPP) audit tool was established. Timescales were in place for completion during the Spring of 2020 and the intention was to use the findings to inform targeted support. This work was understandably placed on hold at the start of lockdown however as we moved through the different stages of the pandemic we were able to re-invigorate this and have now completed 3 separate audits since May 2020 alongside refining the tool following feedback from managers. The plan is in place for these quarterly audits to become embedded into practice and indicators are that this process has allowed the service to identify areas for improvement with all audited areas showing steady improvement in accuracy, assessment, chronologies, plans and supervision.

Managers have given feedback. The following comments have helped refine the auditing tool:

*"The tool helped to aid focus and was relatively easy to use/understand"*

*"good learning for auditor for their own or team's practice."*

*"The tool covered all the important areas and was easy to follow and use".*

*"It was a helpful process for the auditing worker to go through as part of individual learning about the types of work taking place across the service."*

#### CPOs

Dundee continues to have a very high number of Child Protection Orders (CPOs). This is thought to be exacerbated by the difficulties faced by families during the pandemic however, it is important that we fully understand and monitor this situation. A CPO is highly intrusive in its powers and in order to ensure that the rights of the child and family are not infringed, it is necessary to fully understand and in turn monitor closely this intervention in a family's life. Our ongoing analysis includes audits of CPOs undertaken over the past year with a plan to continue with this oversight for the coming year.

In addition, a liaison meeting between social work Practice Managers and SCRA Senior Practitioners has been established. This forum will facilitate two-way conversations about individual cases and will take place on a monthly basis.

## **Functional Family Therapy**

In response to data which showed a pattern where teenagers seemed to be rapidly entering and/or escalating through the care system, we have developed a Functional Family Therapy model (FFT) of intervention in Dundee for 11–18-year-olds where there is a risk of family breakdown.

FFT is a recognised family-based treatment programme delivered by specialist staff where there are substantial unresolved tensions between teenagers and their parents/carers. It consists of 3 phases of engagement and motivation; behaviour change; and generalisation carried out over 12-14 intensive home-based sessions. There is an emphasis on identifying and building assets within and between family members; avoiding blame and negativity; setting positive goals associated with communication and conflict resolution; and developing and practicing new skills. Independent evaluations have shown the approach to be effective in preventing family breakdown whilst addressing other concerns, such as anti-social behaviour, parenting and general health and wellbeing.

Whilst overall trends have been very positive, it still remains very difficult to recruit internal foster carers able to care for teenagers; living arrangements for teenagers are more prone to breakdown; and when arrangements do breakdown, young people can escalate to external settings. Securing and stabilising family-based placements for teenagers and avoiding them either entering or escalating upwards through care settings is therefore also a key priority. It will maintain nurturing attachments, retain them in local schools and allow local support to be seamlessly sustained as they move into adulthood, including in Continuing Care. In this context, models of targeted intervention such as FFT have been shown to be effective.

## **Bilingual Support Pilot**

In Children and Families services a pilot extended the use of the bilingual support assistants employed in education to within social work processes. Therefore, currently a combination of private agencies and internal staff are carrying out translation and interpretation work. The use of bi-lingual assistants has the advantages of having staff who have good skills in working with children and families, a knowledge of cultural issues and also in some cases, working relationships already existing with some families due to working with them in schools. This has meant that the support is more personalised to families and children. One parent who is involved with the bilingual support assistants stated *“I am so thankful; I have no words to describe how much the service helped me.”*

## **Mental Health**

Work is ongoing to consider how reduce the impact of poor mental wellbeing of parents and young people. Evidence suggests the mental health of parents and of young people is deteriorating in Dundee. Over 50% of children on the Child Protection Register are affected by parental mental health compared to 33% nationwide; SOLACE and ANEW links with schools have shown parental anxiety to be a key concern; early concerns mapping (ANEW) for a secondary school showed young people also having high levels of anxiety; 12% of the school population has additional support needs due to social emotional and behavioural concerns, this results in lower attendance (14% opening missed compared to 7% missed by general population) and generally poorer outcomes.

## **PACE Update**

The PACE project continues into the third year with the focus of 2021/2022 being the improvement of timescales for obtaining court orders to secure children in their permanent homes the focus of current work. The timescales for undertaking rehabilitation assessments has been maintained at over 80% meeting timescales despite the pandemic. The project has also been extended to teenagers with improvement work being undertaken in engagement with young people about their long term/permanent planning.



## **Kinship review**

The Children and Families Service are exploring options to further develop services to support kinship carers and the children they care for. Currently in Dundee there are 387 kinship carers, caring for around 400 children (please note that numbers vary from one quarter to another). The opportunity to enhance the capacity of the statutory service involved in assessing and supporting kinship families would maximise opportunities to undertake focused activity with whole families aimed at breaking the repetitive cycle of familial substance use.

It is further proposed to boost the current partnership between Children & Families service and TCA by providing care and support to kinship families (including support for the Kinship Hub). With funding support from the ADP, it is planned to develop a dedicated Kinship Care team with a clear focus on all aspects of care-planning related to carers and children's journeys, including:

- Assessment;
- Preparation;
- Training and ongoing support.

This team would work in partnership with TCA through a co-location model and with a focus on enhancing and developing the role of the kinship Hub. This approach will create opportunities for dedicated whole family generational support for those families impacted by trauma including substance/alcohol use.

## **MASH**

Our Multi Agency Screening Hub (MASH) is Dundee's single point of contact for child protection referrals in Dundee. The team surveyed the main users of the service i.e. staff from the various agencies in Dundee that work directly with children and young people. Of the respondents, 95% felt that the advice and support they had received from MASH was clear, with a wide range of positive feedback given, which helped provided assurance about the high quality of the service provided;

*“My experience of MASH has been always very positive. Over the years I have built strong and positive working relationships with those in the Team.”*

## **Pause**

In 2019, in partnership with TCA, the Robertson Trust and Pause UK, we commissioned a “Pause Dundee” service to work with women who had had 2 or more children removed from their care for reasons relating to the presence of significant risks to the child. The Pause model of intervention involves an 18-month intensive support programme with each woman to build relationships and support the women to tackle the various issues that had impacted on their lives. An “Impact Report” was completed in 2021 at the end of the programme for the first cohort of women. It noted that 21 women had successfully completed the programme, and that for these women, participation in Pause has led to improvements in the women's lives. These included access to health services, relationships with their children, access to employment, education and training, positive engagement with substance use services and safety from domestic abuse.

*“Everyone needs a [Pause Practitioner] in their life. I wouldn't change anything about Pause. I've learnt so much and now feel like I can do more by myself because of the help I've been given”.*

## **FORT/Alliance approach**

During 2020 we began a new “Alliance” approach to engaging with and working alongside the variety of “Third Sector” organisations that work with children and families in Dundee. The approach aims to maximise collaborative working around 6 priorities - engagement with families, use and ownership of FORT (our new online referral tool), promoting early intervention, providing additional and targeted support where needed, the use of volunteers and the development of clear support pathways. This is ongoing work which we hope will deliver multi-faceted collaboration across all statutory and Third Sector services, to promote the principles of “The Promise” by giving families the support they need at the right time.

## **Review of OOHS**

A review of the Dundee and Angus Out of Hours Social Work service (OOHS) was undertaken during 2019/20. The review examined the nature and pattern of referrals, considered the levels of risk and the proportionality of response, and used this information to consider the optimum staffing levels for the service. The review also considered feedback from stakeholders and feedback received from service users. The revised model of service began in September 2020 and since then, the service has had more staff available at peak times i.e. through the day on Saturday and Sunday, to help meet the changing pattern of referrals and demand.

## **Community Justice**

### **Community Custody Unit**

A Dundee Project Board, which includes elected representatives and members of the community, oversees partnership agencies in Dundee, including Dundee CJS, who continue to prepare for the opening of the new female Community Custody Unit due to open in spring 2022. The Board is supported by a subgroup that is planning how to provide healthcare and social care support to the women. National meetings have taken place with Scottish Prison Service and Scottish Government and both the health care model and social work model have been submitted for consideration. All agencies remain committed to making this 16-bed custody unit into an opportunity to improve the chances of successful rehabilitation and reintegration from custody to community.

### **Community Payback Orders**

The service reviewed a dip in the successful completion rate of Community Payback Orders, which had been consistently higher than the national average in the first 8 years since CPOs were introduced. This review established that the decline was due to a cohort of people subject to CPOs being breached for non-compliance after every effort had been made to promote their engagement with the Order. It also noted that, although they therefore did not complete that Order, the majority were re-sentenced to either another CPO or a community-based alternative. Going forwards, as part of a pro-active approach towards addressing potential dips, the service is now completing twice yearly reviews of completion rates. The service has also noted that although there has been a high congruence rate between Court Report proposals and sentencing outcomes, involving relatively few leading to custody, there continues to be a high number of people remanded and/or sentenced to short-term prison sentences by the Court. These trends have increased further during the COVID-19 pandemic and the service is implementing alternatives such as Structured Deferred Sentences and Bail Supervision. It is also liaising with Community Justice Scotland to inform other developments.

## Adult Health and Social Care

### Drug and Alcohol – Independent Advocacy

Dundee Independent Advocacy (DIAS) service was successful in a bid to the Alcohol and Drug Partnership to create a new substance user independent advocacy post as a test of change over a 2-year period.

There are 2 main parts to the role of the advocacy service:

- Directly support individuals with substance use to have their voice heard and be the conduit between the person and services (both statutory and third sector) that they are involved with
- Raising awareness of the benefits of encouraging individuals seeking independent advocacy support at an early stage in a person's recovery process, to all staff within statutory and third sector organisations that support people with substance use. There will be an element encouraging staff to see the wider benefits of advocacy to all involved, for example validating their own professional service and how it helps the recovery process be person centered at all times.

Although DIAS has supported people who have substance use prior to this designated post it has been limited both in terms of sustainability of resource when there is non- engagement, and to the reach of services such as non-fatal overdose teams. It has also allowed DIAS to be directly involved at a strategic level, helping shape and influence support services with people with substance use and their families.

### Non-Fatal Overdose

Prior to November 2019, individuals who experienced a non-fatal overdose (NFOD) in Dundee were formally discussed once per week by the Early Screening Group. Often those individuals were followed up with some level of delay, were difficult to contact or did not fit the criteria for follow up by Adult Protection. Partners worked together to develop a more robust response. The Dundee Non-Fatal Overdose Rapid Response Team was developed, implemented and evaluated. This is a multi-agency virtual team that meets every week-day to discuss all individuals where NFODs has been newly identified and develop a safety plan that will be offered to each individual that has experienced a NFOD. A team of assertive outreach workers are linked to this response and aim to contact the individuals within 72 hours of the NFOD. The work of the NFOD Rapid Response team has been evaluated and a working group set up to progress the recommendations.

Stakeholders were asked about a) their views on the current NFOD Response provision and delivery, b) perceived impact on partnership working and outcomes for individuals who have experienced an overdose, c) perceived barriers and gaps to delivering the NFOD Response, and d) potential NFOD Response developments. 25 professionals responded to the online survey (out of 36 who were invited).

- 88% of respondents either somewhat agreed or strongly agreed that *'the NFOD Response adopts a person-centred approach to care that is tailored to people's needs and circumstances'*
- 96% somewhat agreed/strongly agreed that the NFOD Response has *'Allowed individuals who have experienced a non-fatal overdose to have quick support and access to services'*
- 88% either somewhat agreed or strongly agreed that the NFOD Response has *'Increased professionals' confidence to work in partnership to address non-fatal overdoses and support individuals at risk of subsequent fatal overdoses'*
- 84% either somewhat agreed or strongly agreed that the NFOD Response has *'Increased professionals' understanding and skills to work in partnership to address non-fatal overdoses and support individuals at risk of subsequent fatal overdoses'*.
- 88% agree/strongly agree that the NFOD Response has *'Improved joint working across the Partnerships - NHS, Police, Local Authority and other agencies'* and 76% thought it has *'Made decision-making easier and faster'* (76%).
- 80% of respondents agreed or strongly agreed with the statement: *'the NFOD Response has 'Improved monitoring and understanding of the impact of services to prevent and address non-fatal overdoses'*

*Miss M had a NFOD and was supported by the “Non-Fatal Overdose Response” called the Cairn Centre ...She has passed on her thanks for staff supporting her with the taxi, the mental health appointment went really well, she is going to engage with them, she said it feels like she’s been in a trance but has now woken up and is going to start engaging with them. She wanted to pass on that the visit really benefited her and she wouldn’t have made this step without the staff support.”*

### **Gendered Services Project**

The Gendered Services Project is a two-year project that began in September 2020. The project aims to encourage a gender mainstreaming approach to service delivery across all agencies in Dundee City, specifically focusing on substance use services and homelessness services. The outcomes of the project are:

- Improved quality of service is provided to women.
- Increased accessibility of services for women.
- Increased capacity and ability of services to respond to women.

The project is working with women with lived experience to shape the project and we now have around eight women with complex needs who regularly engage. The group has met to discuss the barriers they have experienced when trying to engage with services, and to talk about what makes a service more accessible. The input from the group members will be incorporated into a self-assessment tool which will be used with services to identify gaps in service delivery and any gaps in understanding of a gendered approach for staff. The project has experienced delays due to the pandemic, especially when trying to recruit women with lived experience. We have done our best to be flexible in the ways in which women can participate. This has involved the use of online meetings, one to phone or video calls, email discussions and the use of online whiteboard tools to encourage collaboration. The ability to be so flexible in approach has increased the engagement with women, and has provided us with a richer understanding of the barriers that women face in Dundee.

Over the remaining project delivery period, gaps will be identified in knowledge or support needs with services, the project will source training if needed, provide gendered approach training if required, advise on policies and procedures, and support services when they apply a gendered approach to service delivery. The project also aims to recruit champions within services who will continue to promote the need for a gendered approach with their colleagues and leaders. It is hoped that this approach will make the project sustainable.

### **Care at Home**

The Care at Home Team has been working in partnership with the Independent Living Review Team. The sharing of the skills and knowledge by physiotherapists and occupational therapists with frontline staff has been beneficial whilst supporting individuals in their home. This Independent Living Review Team works in conjunction with Care at Home and focuses on a functional assessment along with reviewing and supporting individuals. This is an excellent example of partnership working and enables individuals to reach their maximum potential.

## Hospital Discharge Management

Ensuring individuals are safely discharged from hospital as soon as they are well is a priority for the Health and Social Care Partnership. We know that unnecessary hospital stays can have a negative impact on some people and we want to avoid this, whilst ensuring that there is support and services in the community to support and care for the individual and their carers. Although Dundee continues to perform well in relation to the 2015/16 delayed discharge benchmark, and has been amongst the top performing Partnerships in Scotland, there was a deteriorating picture regarding standard delays. During 2017/18, the introduction of the 'Discharge to Assess' model enabled the majority of patients to be discharged when they were fit for discharge as the further assessment of their care and support needs could be undertaken in a community setting. The greater accuracy of this assessment has enabled more people to remain in their own homes on a long-term basis and demonstrated a reduction in the need for care home placements. However, this has also resulted in an increased requirement for social care. In order to address this, there is a need for a further improvement in discharge pathways which maximise the resources available and promote better outcomes for people and their carers.

A number of improvements have already been made including:

- A locality modelling programme to ensure best use of existing workforce resource across the Partnership. This will create multi-professional teams based within geographical localities, thereby reducing duplication and maximising efficiencies. This will support workforce remodelling and create staff resource to undertake social care review function more robustly. A barrier to this is the increasing vacancy levels within both care management and community nursing teams.
- The Home First strategic programme developed in 2020. This aims to reduce barriers between urgent care services in the community and create a whole systems pathway for frail older people which ensures they can receive care and treatment in community settings wherever possible. This is expected to support a reduction in hospital admissions, and will expand the Dundee Enhanced Community Support Acute model into a Hospital at Home service. This pathway will be focused on community rehabilitation in order to promote independence and has replaced the previous 28 bedded Intermediate Care Unit which was closed in March 2020.
- The implementation of the Eligibility Criteria for social care is now complete and staff across the Health and Social Care Partnership have been briefed. This will provide a clearer framework for allocation of social care resource with the aim being to only provide this service to people with a critical or substantial need. In tandem with the developing community rehabilitation focus through the development of the Independent Living Review Team, as well as stronger links with the Third Sector, this is designed to reduce reliance on traditional social care services over time.
- Winter Pressures monies were used to expand the existing 'Discharge to Assess' model over the winter of 20/21. The success of this model has provided evidence that earlier discharge from hospital and minimal moves whilst an inpatient, creates better outcomes particularly for frail, older adults. Now that this approach is fully embedded, the next stage of development is to target inpatient rehabilitation alongside this resource within the acute hospital to ensure people can return home safely on their Planned Date of Discharge. Whilst this may slightly increase the length of stay within acute hospitals, the aim is to reduce length of stay in the whole inpatient system while improving outcomes for individuals. The Acute Medicine for the Elderly Unit continues to support people to have a good quality frailty assessment and early discharge for frail older adults, and the Home First project is now focused on developing a similar model in the community.
- Following a delay due to COVID-19, the 8-placement unit within Turriff House has now been opened as a 'step down' alternative to inpatient psychiatric rehabilitation for older people.
- Advanced practice models are now being developed to support the community, hospital and urgent care services in the community. This will complement the Primary Care Improvement Plan, specifically in relation to the proposal to develop urgent care around the existing GP cluster model.

- The Care Home Team continues to undertake development work with local care homes as a means to supporting wellbeing and preventing admission to hospital when possible and appropriate and a further Nurse Consultant post is in the process of recruitment to support this.
- Frailty assessment is now fully embedded within the Surgical and Orthopaedic inpatient pathways which is contributing to reduced length of stay, however will initially impact on demand for services to support discharge.

### **Mental Health Discharge Hub**

The Dundee Community Mental Health Services Discharge Hub was created during the initial stages of COVID-19. This centralises all Carseview, Murray Royal Hospital and Crisis Team discharges for residents of Dundee. The Hub provides a consistent and streamlined process of discharge and an improved quality of care and patient experience post discharge. This is a “wrap around service” for people who have been referred to the CMHT and is also a follow up service for people who are discharged back to the care of their GP or other services including Integrated Substance Misuse Services. This service is operational 6 days per week including public holidays.

### **Social Care Response**

The Social Care Response Service (SCRS) is an emergency support service that operates 24 hours per day and one of our high priority calls is attending to people who have fallen at home. This supports other emergency services and can prevent the need for admission into hospital. SCRS have referred a significant amount of service users to the falls test of change project (224 people were referred during December 2020 and January 2021). The COVID-19 pandemic has had a significant negative effect on individual’s health and wellbeing. During lockdown, most people spent more time at home and were less mobile. They had fewer visitors and fears and anxieties around catching COVID-19 may also have had a negative impact on that person’s mental health and stimulation, resulting in further physical inactivity. All of these factors greatly increased the risk of some people falling at home. Within the Partnership there were some changes to the delivery of care which could also impact people falling at home, such as (i) an overall increase in demand for community-based services; (ii) the profound and complex needs of service users and increase in the demand for multiple visits throughout the day (iii) the focus and drive of less reliance on care services due in part to eligibility criteria changes and resource issues elsewhere in the system. The falls test of change is currently a few months into the project, we are starting to see signs that this service could have a profound impact on service users. SCRS have around 7000 service users they support in Dundee, with varying levels of need, a high proportion of these individuals are not known to wider Partnership teams, so this test of change has highlighted how important it is to have a needs-led assessment in relation to the fall and factors contributing, with the intention of trying to prevent further falls. Those referred to the test of change were also referred to occupational therapy for a wider assessment in relation to aids and adaptations, nutritional advice, podiatry needs explored or falls leaflets left with them for support in the future.

#### **Social Care Response Example**

Mrs H is over 90 years old and lives at home with her husband and has been using her alarm system with Social Care Response Service since 2015. Mrs H has seen a deterioration of her health over the last year, with declining mobility and a significant number of falls. Emergency responders were called 26 times over a four month period. With the support of the emergency responders and control room advisers a referral was made to the falls project support worker who was able to assess Mrs H and support her in a full assessment of need, with the outcome being Rehab/Physio support. The outcome was a big reduction in the number of times Mrs H would fall.

Feedback regarding the Falls Test of Change: the second 2 are about SRS and Alarm installation not related to test of change- these would always have been done!

*“Although this project has only been running for a matter of months, the feedback and outcomes given by the support worker enables us to be better informed and able to support individuals better and it links key areas within the partnership, such as OT and Physio.”*

*“The care given to my mother was a lifeline. Community alarm supported her with respect and dignity at every visit. Not only did they reassure and support her they also helped support me when I was finding things difficult when mum was poorly or had fallen. Mum has sadly passed away but you made her final few days dignified” (Daughter of Service User)*

*“I have just had the pleasure of seeing your service first hand when my father-in-law had a community alarm installed. The installer was a credit to your service and her people skills with my father-in-law who has advanced dementia were excellent” (Family Member of service user)*

### **Care Homes (service mentioned earlier may best placed at same bit (Discharge Management))**

During the pandemic the existing good links and support systems from the Partnership to people in care homes was enhanced. The recognition that this period was extremely challenging and worrying for care home staff, residents and families was apparent. In Dundee we were able to draw on our existing care home team which comprises of social workers, mental health nurses and general nurses to ensure the workforce in each care home had a link member of staff to speak with. This service was also expanded to weekends to ensure daily support if required. A central, regularly updated email information system was set up to ensure relevant information and guidance was shared. Prior to the pandemic there was a Dundee Care Home Provider’s Forum Meeting which was held monthly. These were increased to weekly (on line) throughout the pandemic to ensure care homes were able to hear up to date information and discuss concern. We established a daily, then twice weekly safety huddle meeting to ensure that a local oversight was kept to ensure that any concerns or supports requirements were responded to.

## Cross-Service Activity

### Prevent multi agency plan (PMAP)

The Prevent process is part of the Government's counter terrorism Strategy which consists of four 'P's, Prevent, Pursue, Protect and Prepare. The main purpose is to identify those who are vulnerable to being drawn into extremism or terrorism or supporting either of these and for there to be a safeguarding process in order to put in place a safety plan in order to mitigate any risk they might pose and to draw them away from extremism or terrorism and the likelihood of them becoming involved in or supporting it and draw them back into the mainstream. The aims of the process are largely positive and in Scotland, there are very few numbers. In Dundee a decision has been made to use existing CP processes to manage these meetings and Dundee has now facilitated the first meeting of this kind in the Tayside region.

### DDARS Locality Nurse Pilot

Children and Families (C&F) service have continued to work in collaboration with colleagues in DDARS (Dundee Drug and Alcohol Recovery Service) to deliver the above service to children and families who are impacted by substance use which results in child protection concerns or where children are at risk of being accommodated. This involves 3 DDARS nurses co-locating and working directly with children's social work teams. The nurses are all at varying stages of completing their Non-Medical Prescribing training, which would support the provision of same day prescribing and support implementation of Medication Assisted Treatment standards within a C&F environment.

The nurses provide a range of support alongside social work colleagues, this includes intensive therapeutic input to parents, initial assessment and sign posting. Indicators are that this co-located model allows for a swift response to support parents who are experiencing challenges, improved levels of communication across both services and the opportunity to work jointly to provide an intensive level of support to families. As part of the ongoing evaluation we have undertaken an electronic survey across the social work and DDARS teams to support our understanding of the impact of the pilot across the staff teams which has elicited very positive feedback including:

*"One of the most positive changes that has happened to locality teams in a long time."*

*"Nurses pilot has been an excellent addition to the CFS and has promoted joint working between services in a significant way. The DDARS locality nurses should become an integral part of the CFS given the high drug dependency in Dundee. Benefits clients in their support and recovery and benefits the CFS in the assessment of families and their complex needs in a more productive way".*



## DDARS Locality Nurse Pilot

The Case studies below telling us the story of Sandra and Linda highlight that with timely and effective intervention there can be positive outcomes for children living in an environment where parental substance use is a concern.

### CASE STUDY 1

Sandra was known to DDARS however did not have a current allocated worker. She had been able to come off her Methadone prescription for two years and reported she had stability. She was feeling isolated due to being the sole carer for her 2-year-old son and reported a lapse into heroin use.

The duty DDARS staff member discussed child protection concerns with the DDARS locality nurse. The health visitor was identified and contacted and a family arrangement was put in place for the care of Sandra's son.

The Locality nurse agreed to support Sandra and began to engage with her. After further assessment it was felt that she may require a low dose of opiate substitute therapy (OST) in order to stabilise. Locality Nurse completed a full assessment and liaised with prescribing staff for Sandra to be started on this. Locality nurse supported her to manage her anxiety around starting treatment.

Sandra's son was returned to her care where he remains and she has now evidenced over 3 months stability in treatment.

#### Interventions

- Rapid response and intensive support in order to fully assess situation
- Sandra commenced on OST
- Relapse prevention work

#### Outcomes

- Sandra (Parent) now stable in treatment.
- Sandra's son now returned home to stable environment.
- Sandra (Parent) now more supported by Nursery placement.

## CASE STUDY 2

### 2018

Linda was known to DDARS with an active methadone prescription and was on the caseload of one of the locality nurses (Amy) who at that time was a core DDARS member of staff. Amy worked with Linda closely as her son Miles was an open case to locality social work team. Linda was seen 4-6 weekly for testing and relapse prevention work. Linda's choices of drugs were illicit street Valium and illicit pregabalin or gabapentin. Regular team around the child (TATC) meetings were organised by the social work team and Miles's case was closed due to Linda evidencing stability and therefore reduced risks and concerns towards her son.

Linda was then placed onto the unallocated list within DDARS and Amy started her new role as a locality nurse within the children and families service as part of this pilot.

### 2020

Information was shared with Miles's previous social worker and Amy via Police Scotland regarding concerns that Linda had been subjected to a traumatic incident and it was deemed that it was unsafe for her son to remain at home. Miles placed with a kinship carer until the social work team assessed the situation further.

In her role as locality nurse Amy was able to attend to Linda's house with the social worker. This was highly beneficial as both workers had existing previous relationships with Linda. The Social Worker and locality nurse worked jointly to assess the situation and provide intensive support. Linda has become more stable; the level of risk has been reduced and Miles is back living in her care. Linda is now illicit free from gabapentin and pregabalin and is working towards being illicit free from diazepam. The locality nurse and the Social Worker continue to work jointly with Linda to maintain stability.

### Interventions

- High level of support to Linda to enable her to be illicit free from gabapentin and pregabalin
- Relapse Prevention work
- High level of therapeutic support from locality nurse to Linda
- Immediate crisis response and continuity of workers

### Outcomes

- Linda now stable mentally and physically
- Son has returned home full time
- Linda more supported by DDARS while dealing with trauma and able to seek additional support from other services promptly.

## **Housing First**

Housing First is an internationally recognised programme to provide intensive support to participants to encourage and support independent, community living. It is aimed to break the ‘revolving door’ of homelessness and introduces a network of partners to empower participants to take control of their lives. At 31 March 2021 there were 100 participants on the programme. The local programme’s sustainment rate for people in independent and community living is 89%, which is higher than the national rate. The Housing First Dundee Pathfinder will come to an end on 30 September 2021, and the participants will be offered support from alternative support providers including Housing Support Team, who operate under the internationally recognised principals of Housing First. Within the above time period the programme has developed an exit strategy to ensure that the mainstreaming of the service is as seamless as possible for the participants, as well as providing the wrap-around support that had been provided over the previous two years.

## **Trauma Informed Practice and Leadership**

In Dundee, our Trauma Steering Group was initially set up to undertake a mapping of the Dundee City Council and Dundee Health and Social Care Partnership workforce against the National Trauma Training Framework but has evolved to take a broader remit to develop and support the implementation of an action plan around organisational change relating to trauma informed leadership and trauma informed practice. Prior to COVID-19 a successful bid had been made to the Scottish Government to pilot a focus on trauma training for our strategic and senior management teams and develop the concept of professionals with lived experience. A draft action plan has been developed detailing priority actions under each area of work. There are three key areas of work identified by the steering group which are as follows:

- Ensure that the National Trauma Training Framework is delivered and implemented in Dundee. The National Trauma Training Framework will entail specific trauma training at informed, skilled, enhanced and expert levels.
- Build an action plan around ongoing organisational change relating to trauma informed leadership with a focus on developing the concept of professionals with lived experience. Focus on strategic and senior management within multi-agency public protection and community planning leadership groups and the local authority.
- As both a cause and consequence of culture change, professionals within the workforce with lived experience of trauma are able to contribute and co-produce services and strategy.

A number of tests of change (trauma informed and responsive culture and practice) are in progress and the Trauma Steering Group will provide support for these tests of change and intends to organise future learning and review events as the tests progress to ensure we evaluate and learn as we go to inform further expansion to a whole system change.

The initial resource offered by the Scottish Government as part of our bid consisted of training input and support from NHS Education Scotland to deliver Scottish Trauma Informed Leadership Training (STILT) to our Chief Officers group and other strategic and senior personnel between January to March 2020. This was cancelled due to the emergence of Covid-19 but was delivered at the end of 2020 / start of 2021 through a virtual approach.

## **Transitions**

Transitions between children and adult services is a large and complex area across a breadth of partners including and not exclusive to the HSCP and Children and Families Service. Transitions for young people affects almost all council and partnership services including employability; community justice; housing; health; as well as education and social care. It is everyone's job to support improvement in this area.

In order to take this, forward it was agreed that meetings involving a wide participation of partners should take place to set the scene for the development of dedicated workstreams to fully develop pathway protocols in Dundee but also mindful of the Tayside wide agenda. Alongside this an opportunity to work with the Association for Real change (ARC) Scotland in addressing the challenges and self-evaluation around transitions for young people arose and in December 2020 Dundee was successful in a bid to participate in the Principles into Practice Enhanced Trial programme which aims to improve the lived experiences of young people (14 to 25 years) who require additional support to make the transition to young adult life, and to address long running and well-documented challenges associated with coordinating support at this important time.

The opportunity to work with ARC on the principles into practice trial program creates an enhanced opportunity for partners across the city to collaborate with experts in the field to streamline and shape our approach to transitions for the years ahead.

This is an opportunity to set the scene for the development of a clear and consistent framework with accountability from all partners and fundamentally shape the ongoing role/ remit of the various operational fora and strategic oversight across the city.

The newly established transitions oversight group will report to the Children and Families Executive Board and to the COG on transition outcomes for young people in need.

## **Protecting People**

### **Datasets**

In Dundee we adopted and expanded the National Child Protection Minimum Dataset and have, for over two years, built on this to proactively scrutinise data, change practice and inform decision making by the Child Protection Committee. The range of measures in the CPC dataset goes beyond the national minimum requirement, in particular by adding in early stages of identification of concerns, MASH, IRD and investigation. A CPC dataset scrutiny group works across agencies to manage the dataset on behalf of the CPC and ensure that a range of frontline staff contribute to analysis and scrutiny; this has also helped to build a strong connection between issues arising from dataset scrutiny and subsequent service improvements.

The approach taken by the CPC is now being replicated within the Violence Against Women Partnership and there are plans to develop the approach within the Adult Protection Committee in the future.

### **Self-evaluation**

Over the last year the CPC has established a Self-Evaluation Sub-group to collectively manage the development of approaches to self-evaluation activity for child protection, including against the quality indicators for children at risk of harm. This includes oversight of single agency activities and planning and implementation of multi-agency activities. As one of their first actions the group planned and implemented a workforce survey on behalf of the CPC.

## **Initial and Significant Case Reviews**

During 2020/2021 Dundee CPC undertook 1 Initial Case Review which did not progress to a Significant Case Review but did identify common areas of learning that have informed a significant multi-agency development plan around the key themes identified. An Initial Case Review from the previous year was progressed to a Significant Case Review and independent external reviewers commissioned to undertake a Social Care Institute for Excellence Learning Together review. Although delayed by the COVID-19 pandemic this is now complete and is scheduled for publication in Autumn 2021.

During 2020/21 Dundee Adult Support and Protection Committee undertook 5 Initial Case Reviews. Although these did not progress to Significant Case Reviews they did identify specific and common areas for learning which have informed single and multi-agency development plans around the key themes. Three of these concerned fire deaths in the city and a comprehensive thematic review was undertaken in partnership with NHS Tayside, Scottish Fire and Rescue Service, Dundee HSCP and Stirling University.

In addition, 1 review was undertaken jointly between Dundee CPC and ASPC as it concerned a young person in receipt of support from both child and adult services. This did not proceed to a Significant Case Review but both single and multi-agency learning was identified for a variety of partners who have subsequently undertaken improvement activity.

During 20/21 the CPC also established a Case Review Sub-group to collectively manage the development of findings and recommendations from learning reviews to agree improvement actions and oversees implementation and evidence of impact. This includes matters relating to the distribution of learning to the workforce and other stakeholders. An integrated learning tracker format has been developed to support this work and the Sub-group are currently assessing evidence of impact of previously agreed improvement actions to determine outstanding areas of work to populate the template. This approach is also planned for use within the Adult Protection Committee.

We have continued joint work with partners across Tayside throughout 2020/21 to review our approach to case reviews (including single and multi-agency approaches); this has focused on local processes as well as opportunities for joint working. In response to the publication of revised national guidance for child protection learning reviews Angus and Dundee have partnered to procure additional resource to revise local protocols, procedures and supporting documentation and to develop a business case in relation to potential future areas of collaboration in the implementation of reviews.

The Tayside MAPPA Strategic Oversight Group continued to review the action plans for two SCRs, which were published in May and October 2019, and ensured that actions and relevant changes are embedded into practice.

## External Scrutiny

### Children's Services

The Coronavirus (Scotland) Act 2020 included provisions which affected the work of the Care Inspectorate in terms of the scale and scope of inspection activity carried out in 2020/21. These changes meant that no inspections were carried out of children's services in Dundee during 2020/21.

At the time of writing the Care Inspectorate and their scrutiny partners were carrying out a joint inspection of services for children at risk of harm in Dundee. The inspection is due to conclude and report in January 2022.

### Adult Health and Social Care

Inspections of adult services were also impacted by the provisions of the Coronavirus (Scotland) Act 2020. In order to robustly assess arrangements to respond to the COVID-19 pandemic, inspections required to place particular focus on infection prevention and control, wellbeing and staffing in care settings. An additional key inspection question to augment existing frameworks was developed - 'How good is our care and support during the COVID-19 pandemic?' – which formed the excluded focus of inspection activity during 2020/21. To reduce pressure on providers fewer inspections were carried out during the year.

A total of 17 inspections were carried out in 13 services during 2020/21

- 15 inspections in 11 care homes
- 2 inspections in other adult services

The table below summarises gradings awarded during these inspections.

Grade 2020-21	Overall	People's health & wellbeing are supported and safeguarded during the COVID-19 pandemic		Infection control practices support a safe environment for people experiencing care and staff		Staffing arrangements are responsive to the changing needs of people experiencing care	
<b>6 Excellent</b>	-	-	-	-	-	-	-
<b>5 Very good</b>	5%	1	(7.5%)	-	-	1	(7.5%)
<b>4 Good</b>	49%	8	(62%)	4	(31%)	7	(54%)
<b>3 Adequate</b>	20%	8	(7.5%)	5	(38.5%)	2	(15.5%)
<b>2 Weak</b>	23%	8	(23%)	3	(23%)	3	(23%)
<b>1 Unsatisfactory</b>	3%	-	-	1	(7.5%)	-	-

Of the services that were inspected, 9 of the 13 received no requirements for improvement. No enforcement notices were issued however two care homes received Letters of Serious Concern from The Care Inspectorate.

Where there were performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit was arranged. A follow up visit can result in further action being taken or grades being amended. This is relevant to 4 care home services during 2020-21.

Dundee was placed 28th poorest out of 31 Partnerships for the proportion of care services rated as good or better in Scotland (80%). This figure is below the Scottish average (82%).

## Dundee Drug Commission and Tayside Mental Health Inquiry

We have listened to and shared the findings of Dundee Drugs Commission and the Tayside Mental Health Inquiry. Following the sharing of these reports, plans have been initiated to make changes to increase positive outcomes for people in Dundee and those who care for and support them. Progress in implementation of these plans has been regularly scrutinised by the Integration Joint Board, Council (which) Committee, the Chief Officers Group and other key local governance groups, including the Dundee Partnership. Significant additional investment has been allocated to work to address drug related deaths and to strengthen mental health services and supports.

During 2021/22 both the Drug Commission and the Mental Health Inquiry will reconvene to assess progress made since their original reports.

## Complaints and Compliments

In 2020/21, the total number of social work complaints received was 67, compared with 96 the year before. There were 25 complaints relating to Children's Services, 39 in Dundee Health and Social Care Partnership and 3 in Community Justice. The outcomes were:

- Upheld – 10%
- Partially upheld – 19%
- Not upheld – 70%

Most of the complaints related to 'failure to meet our service standards' and 'treatment by or attitude of a member of staff'. One HSCP complaint progressed to the final stage of the Scottish Public Services Ombudsman appeal process. The SPSO partially upheld some of the issues in the complaints and made recommendations.

The agreed timescales for finalising investigations was met in 70% of cases, with delays usually caused by the complexity of the complaint and the investigation taking longer than expected.

Given the total number of Social Work service users of over 9,000, the number of complaints is a small proportion however services do endeavour to use complaints to improve practice and service improvements which are made as a result of complaints are monitored.

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

### From Children's Services and Community Justice

*"I couldn't fault the placement I was given. Completing my hours while there gave a feeling of reward, you get a real sense of helping the community. Not only that, but you're given the opportunity to learn new skills, meet new people, and see the other side to retail you may have never known. It was a good experience, it taught me a lot and added a personal journey." Unpaid Work Service User*

*"Texting how thankful I am that I got the opportunity to meet you thank you for the time you gave me to ask everything I needed. Best thing other than my health check is the street soccer opportunity you suggested to me, best thing I've done in my recovery and staff are really welcoming there and really encouraging me. They have told me there's loads of an opportunity going forward, so looking forward to that. Also got myself a dentist after talking to you. You had loads of knowledge of things I needed including the recovery road map. I would really recommend anyone take the time to meet you I'm glad I did, oh and really recommend street soccer thank you." Community Justice Service User*

## **From Dundee Health and Social Care Partnership**

*“The Get on Track course is excellent, I have enjoyed all of the sessions especially the one that was about mental health. I suffer from stress and anxiety, it was reassuring to hear others talking about their issues. It made me realise that I wasn’t the only person that was struggling.” (Hilltown Group Participant)*

This compliment was received about Dundee Enhanced Community Support Acute Service:

*“After being discharged from hospital, after a severe bout of pneumonia, my 80 year old mother still had a few health issues that needed to be dealt with from her GP after she got home. Her GP decided that it would be more beneficial that she were referred to the Dundee Enhanced Community Support Acute Team (DECS-A) who have the experience to deal with elderly adult conditions..... I have to say that this team went over and above their duty of care more than I could have expected. All necessary tests were carried out at home and they were just a phone call away if needed. In my opinion there should be more of these teams set up throughout the NHS Scottish regions. It saves the stress of hospital admission which can sometimes affect a patients recovery especially when there are conditions that can be treated safely and effectively within the home environment but need that little bit more input than a GP can provide.” (Family Member)*

This compliment was received about our Community Support team:

*“My 85 year mother received great service from the Dundee Enhanced Community Support Acute Team. The nurses /doctor were all very friendly and helpful could not fault them they made a big difference to my mother just a pity it had to stop. 10 out of 10 thank you very much.” (Family Member)*



In 2020/21, the total net Social Work budget of £116,379,000 was allocated across services as follows:

Service Area	2020/21 Budget £000
Children's Services	£36,119
Community Justice Services	£182 (plus additional Scottish Government Grant Funding of (£4,704K))
Adult Social Care Services*	£80,078
<b>Total</b>	<b>£116,379</b>

\* Delegated to Dundee Integration Joint Board – net of funding transfer from NHS Tayside

## Children and Families Service – Dundee City Council

As an important priority Dundee continues to implement the action plan to reduce the overall numbers of Looked After Children and re-model the type and range of local placement options. This includes working with the third sector on preventative services; work to support kinship carers; work to increase the number of foster carers; implementing functional family therapy; and returning some young people from external residential placements to suitable local alternatives which will help positive transitions into Continuing Care. All of these changes are helping to address the financial pressures Dundee City Council faces as well as leading to a clear re-balance of the proportion of family based versus residential placements, alongside improvements to the stability of all placements.

Following a restructure of Children Services in Dundee, the budget is also being reviewed and realigned to meet projected requirements. Various budgets are being delegated to Team Managers to provide greater autonomy and decision making at team level

The Community Justice budget continued to be provided by the Scottish Government on a ring-fenced basis, for spending on matters relating to community justice only. It is calculated based on a combination of local demographic factors and workload and continued to be managed in accordance with key priorities.

## Adult Social Care Services - Integration Joint Board

The delegated budget to the Integration Joint Board (IJB) to support the delivery of adult social work and social care services continued to be impacted on by increasing levels of demand to support vulnerable people in Dundee. This includes the demographic impact of an increasingly frail population, prevalence levels of people with a disability, mental health and substance use issues and levels of demand for GP prescribing.

The ongoing planning for these factors resulted in a projected budget shortfall of £2.341m in resources in the Health and Social Care Partnership's 2020/21 overall delegated budget at the budget setting stage. The IJB considered and agreed to a range of savings and interventions which would be applied throughout the year in order to balance the budget.

Throughout 2020/21, the impact of the COVID-19 pandemic on the health and social care needs of the population, how supports and services are delivered, on health inequalities and on the health and wellbeing of the health and social care workforce and of unpaid carers has been substantial and wide ranging. Services delegated to the Integration Joint Board formed a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Additional funding was made available from Scottish Government to fully cover the additional pandemic response costs, this however does not mitigate costs which arise or will arise from the impact of the pandemic on the wellbeing of our citizens

With the backdrop of a significantly challenging overall financial settlement, coupled with the impact of COVID-19 pandemic, the overall financial performance for 2020/21 consisted of an underlying overspend of £1.388m in Social Care budgets (overspend of £6.037m in 2019/20). With an underspend of £3.482m in health budgets, the IJB reported a net underspend of £2.094m in 2020/21. This is after receipt of £10.3m from Scottish Government to support the additional pandemic expenditure.

A restructure of senior management commenced in late 2020/21 and will be developed during 2021/22. The budgetary responsibility will be reviewed and aligned to support the new structure.

# Workforce Planning and Development 7

Dundee's directly employed social work and social care workforce, alongside other public, third and private sector services have continued to respond to the unprecedented impact of the COVID-19 pandemic. The social work and social care workforce have undertaken an invaluable role to deliver critical services to individuals, families, and communities across the city.

While responding to the COVID-19 pandemic, we have continued our commitment to ensure social work values and standards are promoted while maintaining safe practice within a challenging and changing context.

## CSWO role in Promoting Social Work Values and Standards

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

- Recruitment and selection, including checking criminal records, relevant registers and references.
- Induction, training/learning, supervision, performance management and a range of procedures on such things as risk assessment, records and confidentiality.
- Responding to internal or external grievances or complaints about the conduct or competence of employees.
- Ensuring line managers appropriately support employees and progress self-evaluation activities to identify strengths and areas for improvement.
- Ensuring health and safety policies are in place, including risk assessments and controls for identified hazards such as lone working and moving service users.
- Ensuring that employees required to register with the SSSC do so and are supported to meet the learning and development requirements associated with this.

Within the Health and Social Care Partnership Workforce and Organisational Development Strategy a number of guiding principles to support the workforce to deliver on the ambitions of integrated health and social care were adopted. These locally created principles sit alongside existing legislative and clinical, care and professional governance requirements, as well as the SSSC Codes of Practice. The principles include: inclusivity and equality, visible leadership, collaborative co-production and reflective practice. These continue to be relevant and support the broad social work and social care workforce to reflect on shared values, and how these values support professional and compassionate delivery of services across the city as we move towards and plan for recovery of the COVID-19 pandemic.

## Social Work and Social Care Workforce Development

The Council's commitment to our employees is reflected within Our People and Workforce Strategy 2019 – 2022 which was relaunched shortly before the COVID-19 pandemic. This includes our approach to Workforce and Succession Planning, Talent Management and Developing the Young Workforce. Within Social Work, there is a culture of shared learning across professional groups and our partnerships. Increasingly we are working across Tayside with our partners in local authorities, NHS Tayside and the private and voluntary sectors. We continue to contribute to and build on collaborative approaches to Learning and Workforce Development with key local and national partners. We have an excellent track record of working alongside practitioners and services to identify and develop the learning they need to practice safely and professionally. This collaborative approach has continued throughout 2020/21 utilising a range of innovative methods and digital tools where appropriate.

### Deployment Response

The Deployment Service was established to ensure essential and critical services such as social care continued to be delivered throughout the pandemic. Workforce Skills Data Base was developed and now holds 7500 records from across different services, professions, permanent and casual employees. This workforce data compliments and enhances the ambitions within Our People and Workforce Strategy 2019-2022, supporting future workforce, succession planning and talent management.

To enhance safe practice, promote social work values and standards core accessible induction and learning resources were developed for all employees deployed to social work and social care services, strengthened by site specific training and guidance where appropriate. The *COVID-19 Information to Support Those Temporarily Working in Health and Social Care Settings* digital resource incorporates core information such as SSSC codes of practice, Health and Social Care Standards, Protecting People information and other core learning such as manual handling, emergency first aid and dignity in care.

**Kara usually works for Leisure & Culture Dundee at Camperdown and Caird Park gold courses. Since the COVID-19 outbreak she has been working with the Health & Social Care Partnership working as a Social Care Officer in Turriff House.**

"I've just finished school and have a casual contract with Golf Dundee. I only work around 3 or 4 days per month and now I'm working a full 37 hour week, day shifts, back shifts and weekends.

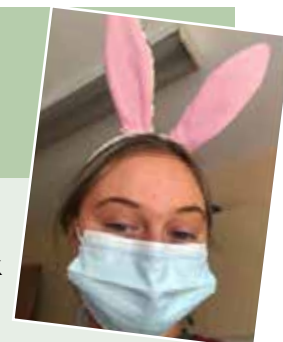
It is obviously a very different career, but I'm going to do primary teaching at university in September and I feel it is very valuable experience.

I felt welcomed into Turriff House, all the staff are extremely kind and helpful. I was made to feel like part of the team from the minute I walked in the door.

I hate not being busy. I am a workaholic. So far, I have done medication training and am waiting to do my manual handling training. I am really enjoying it.

Residents here can't see their family or friends and you have to be there for them and support them through this difficult time.

Working in this new role has put everything into perspective, and it's so important to stay home and save lives of others. If you don't do it for yourself, do it for the people who are vulnerable."



**Anna Turfus usually works as a swimming teacher, mainly teaching children from the ages of 3-16, but is now delivering shopping and meals to those in need across Dundee.**



“Over the past few weeks I have been supporting the meal and shopping service by delivering essentials to vulnerable and elderly individuals across the city.

It has been great working with a totally different age group within the community which I would never have experienced if I hadn't volunteered to be deployed.

It was hard at first going into a different working environment, but knowing how valued my help within the community is during these unprecedented times is what has kept me going.

The staff members which I have worked alongside couldn't be any nicer and have really helped me learn the routes and allowed me the time to find my feet.

I have enjoyed every minute of it so far!”

In addition to the development of the Deployment Service, other critical functions and partnerships were established to support individuals, families and communities affected by the COVID-19 pandemic. This included co-ordinating food support, shopping for individuals with specific dietary requirements who were shielding and welfare fund helpline.

## Hot Meal Service

A meal delivery service was established at the start of the COVID-19 pandemic which delivered around 320 hot meals daily until July 2020 to the most vulnerable children and young people across the city who were unable to access or attend Community Support Hubs to collect food Supplies.

### Hot Meal Service Case Study 1

One parent family, parent experienced severe COVID-19 symptoms and was unable to prepare meals their young children. “I don't know what I would have done without support while I was ill with COVID, the meals provided me and my children with a lifeline when I had no other support in place. I am so appreciative, thank you”.

### Hot Meal Case Study 2

Parent (and Carer) of a young person with additional and complex support needs with specific dietary requirements – “the meals have taken away some of the stress of having to now care for my son 24/7 while we've been shielding. The meals have helped my son with routine which makes a big different to his additional needs. He always looks forward to his meal which I remind him is prepared in his school, he loves school dinners”.

## Employee Wellbeing Support Service

The Employee Wellbeing Support Service was established as the local and organisational response to the COVID-19 pandemic and offers support, guidance, and resources to meet individual needs beyond the pandemic. This service aims to promote positive mental health and wellbeing as a priority for Dundee City Council with compassion and self-care at the heart of the service.

Throughout 2020/21 the Employee Wellbeing Support Service continued to support social work- and social care workforce and wider partners to access additional health, wellbeing and psychological support as and when needed. Digital workshops were made available for managers, weekly wellbeing talks alongside the offer of additional products, tools and specialist resources promoting wellbeing and assisting with recovery from psychological trauma where appropriate.

## Digital Skills Support

As part of our ongoing commitment to upskilling the workforce in respect to digital skills, a number of bite-sized digital skills sessions were available throughout 2020/21. These sessions were and continue to be led by Digital Champions (champions include social work and social care employees), supported by the Digital Skills Team within Learning and Organisational Development.

As well as upskilling the workforce, the Digital Skills Team continue to provide enhanced support and advice to the workforce, developing and delivering a range of information and bespoke learning sessions for employees across Children and Family Service and Dundee Health and Social Care Partnership.

The Digital Skills Team provided critical support and to social workers and social care workforce enabling them to access critical statutory learning on new digital platforms and tools such as MS Teams.

## Newly Qualified Social Worker Child Protection Programme

Dundee and Angus Council continue to work in partnership to deliver an induction process for supporting newly qualified social workers to feel competent, confident and knowledgeable when working with children and families where there are child protection concerns.

This programme was the first adapted learning delivered within a digital workshop format in 2020, following on from a cohort previously established before the Covid-19 pandemic.

This innovative programme model is underpinned by three key components

1. Access to a digital NQSW learning resource, includes individual competency learning audit tool
2. Practice development workshops, co-facilitated by experienced operational social work managers from Children and Family Service (now delivered remotely)
3. The use of an evidence-based augmented reality stimulation (\*Rosie-2) immersing NQSWs into a complex home visit navigating through the home exploring practice issues with accompanying research around disguised compliance, professional curiosity, neglect, and other complex harm among other themes

*“I feel this training programme would be beneficial and applicable to experienced social workers within my team and across the service, every time I support with facilitation and experience the Rosie resource I learn something new and leave feeling inspired and energised” (Social Work Team Manager, Cohort 3, July 2020).*

## Talking Social Work Forum

Talking Social Work is a Tayside and Fife Forum Partnership for anyone with an interest in social work. The Forum Partnership enhances and promotes social work practice, sharing local and national social work research, sharing local good practice and exploring different perspectives and learning inputs.

The forum partnership includes Angus, Dundee, Fife, Perth and Kinross councils and the University of Dundee bringing together social work students, NQSWs, social workers and managers, practice educators and academics to co-create a shared learning experience. As we adjusted to working and accessing large scale networks and interactive events remotely, Talking Social Work forum re-launched on World Social Work Day, 16 March 2021 focusing on connectedness and the impact of Covid-19 pandemic on social work practice.

## SSSC E-Learning and Supporting Resources

A range of digital resources have been designed to support the social work and social care workforce achieve and maintain the requirements of their professional registration. We continue to invest significantly in our registered workforce to ensure they are fully equipped with the occupational competences to meet management and leadership standards and our statutory requirements. We have continued to directly deliver a high proportion of the required qualifications across the SSSC registered workforce groups.

## Continuous Professional Development and Social Work Pathways

We continue to invest in our social work and social care workforce to embed a shared learning culture where best practice is promoted, nurtured and shared across the city. We support and promote a range of specialist modules delivered by the Open University, which can be undertaken as a stand-alone learning module, enhancing existing practice with the potential to progress onto a sponsored social work qualification. In 2020/21 we supported four internal candidates, on their fourth and final ‘assessed practice’ year. All who have successfully qualified and began their NQSW year within a social work post.

We promote a range of specialist and enhanced learning opportunities for employees, which has continued throughout 2020/21. Postgraduate Certificate in Child Welfare and Protection, Adult Support and Protection, Mental Health Officer Award and Practice Learning Qualification remain in place and are currently prioritised in relation to our statutory duties and best practice.

My learning from the PG cert has helped me to think more critically about developmental theories that underpin our legislation, guidance, and practice and how important it is to review them regularly in light of new research and changing social structures. For example, caution about the overuse of attachment theory and consideration of different cultural expectations of child development and parenting. It also gave me the opportunity to critically analyse the concept of resilience and different studies about resilience, including the importance of the ability to find and use resources. In my role, I routinely refer children and their families to resources to boost a child and/or their family's resilience. My learning has encouraged me to explore more fully why a child or family member may not engage with the support offered. In my role, I frequently support named persons and other members of my team to consider support for families and one way I share my learning is by helping them to explore barriers to engagement more effectively, which hopefully leads to support that is more meaningful for the family, therefore improving outcomes for the children.

**(Social Worker 1, completed CWP 2020)**

The learning I gained from the course I have to say it was very beneficial. I was worried about going back to University alongside having a family with young children compounded by the pandemic. But it is one of the best things I have done. The first module on child development, brain development and attachment really consolidated some of the research, learning and training I done over the years in my posts within children's services. Passing the module gave me confidence in my ability. It helped enhance my understanding of the impact of early childhood trauma on the developing brain. In addition, it helped me explain why this is relevant to the children we work with. It helped me articulate the importance of being specific when detailing a child's plan"

**(Social Worker 2 undertaken CWP Postgraduate Certificate 2020)**

## **Mental Health Officer (MHO) Award**

We provide a significant investment in developing the MHO workforce across the city. MHO's are social workers with a minimum of two years post qualifying experience who have undertaken an intensive period of study and successfully completed the Mental Health Officer Award (MHOA), thereafter appointed (yearly) to undertake statutory functions within the role MHO by the CWSO.

We continue our membership with the East of Scotland MHO Programme Partnership, financially contributing to a MHO Award Co-ordinator. The Covid-19 pandemic had a significant impact on the delivery of the MHO award for academic year 2020/21. To mitigate risk, Dundee enhanced a proactive award recruitment campaign which commenced in February 2021. Support, mentoring and talent management from the MHO Service has ensured arrangement for both academic years 2021/22 and 2022/23 will be fully utilised to meet workforce demands, with successful candidates already identified and recruitment to undertake the award for both years.



## Leadership Development

Dispersed leadership remains a key priority for our social work and social care workforce. This year we have continued to offer access to leadership development opportunities, supported employees to gain recognised leadership qualifications and delivered business coaching to those supporting change.

Our Tayside Leaders Learning Platform in partnership with the Open University, Angus and Perth and Kinross Councils, along with 3 Health and Social Care Partnerships have continued to offer a range of digital and accessible leadership learning from any digital device throughout the COVID-19 pandemic. Delivery of the national Scottish Trauma Informed Leadership Training (STILT) in Dundee has been accessed by senior managers, our Chief Officers Group (COG) and members of our local multi-agency Trauma Steering Group throughout 2020/21. Our Chief Social Work Officer commenced the leadership role Trauma Champion to supporting local implementation, leadership and embed a culture which is trauma informed, skilled and responsive across the city.

## Protection

Delivering on programmes relating to the protection of children and adults has remained a priority as in previous years. The delivery of learning and training opportunities was significantly impacted by the COVID-19 pandemic. We have adapted, innovated and where appropriate developed interim digital resources to mitigate workforce risks, upskill and enhance protection learning and development activity throughout cross cutting protection themes.

A wide range of Dundee and Tayside Partnership wide child protection learning resources and digital workshop were developed and continue to be available for the multi-agency workforce, enhancing knowledge, skills and competence of the wider workforce and for those with specific responsibilities in relation to child protection. Some of the learning resources developed throughout 2020/21 which continue to be available and include Child Protection Tayside Professional Curiosity and Challenge, Tayside Chronologies and Significant Events learning resource, Equal Protection from Assault CP resource, Designated Child Protection Worker among others.

Our enhanced and intensive multi-agency programme in Adult Support and Protection (Defensible Decision-making) was adapted to meet the complex challenges of remote delivery within the context of the COVID-19 Pandemic.

This programme was tested, thoroughly evaluated, and improved over three programme cohorts throughout 2020/21. This programme is now delivered on a Tayside wide multi-agency basis. Delivering the programme and best use of technology, has enabled us to increase capacity and accessibility of the programme to a much wider audience. The 2020/21 cohorts included social work and social care practitioners and managers from Perth and Kinross, Dundee and Angus as well as NHS Tayside employees. Participants have ranged from GP, nurses in various community and clinical settings, OT, Clinical Psychiatrist. Our enhanced multi-agency programme is innovative, engaging, interactive and underpinned by

- A reflective and practical phased programme approach to embed and enhance learning
- Using best evidence and research, underpinned by learning from national and local case reviews
- Promoting ethically literate, critical practice in multi-agency adult support and protection while working with adults and young people
- Risk assessment and management (including chronologies) – challenging assumptions, thresholds, and best evidence
- A space to explore and share existing practice dilemmas and group case discussion
- Self-directed learning

*“This programme raised essential considerations for my practice, I liked and got of learning participants. It has helped to improve my confidence in SW role”*

**(Care Manager, ASP DD Cohort, 16 March 2021)**

*“My practice has been enlightened! I have shared the learning in my team and commit to using the 6 hat approach for complex case discussions and supervision.*

**(Senior Manager, ASP DD, 16 March 2021)**

*“The training was valuable in giving me an opportunity to refocus on issues/challenges inherent in ASP work. Brilliant course, I would like to explore things further”*

**(ASP DD, March 2021)**

Development work has continued with practitioners who have specific Council Officer functions under the Adult Support and Protection (S) Act 2007. The ASP forum was relaunched using digital tools and access via MS Teams August 2020 and continues to be a forum for practitioners and managers, now also including newly appointed NHS Tayside ASP Advisors for shared learning and development opportunities.

The Adult Support and Protection Council Officer training programme was redesigned and adapted. This statutory programme was co-created and tested with 16 practitioners from Dundee and Angus. Learning from this programme pilot, tools and resources were shared Nationally, with a dedicated development session delivered by Dundee to the ASP National Leads Meeting, L&D Network and ASP convenors. Our model to ASP Council Officer Training has been commended nationally as a best practice approach. Our programme has been endorsed and agreed delivery for a shared Tayside approach. Key elements of the programme include

- The development of an ASP learning tool, enabling practitioners to evaluate and track their knowledge, skills and competence against key adult support protection quality indicators
- Individual learning plans and supervision tool, line manager input and feedback
- Accessible learning resource which follows the programme
- Self-directed learning tasks
- 8 Practice workshops, running over a 6–8-month period

The ASP learning tool competencies were designed by Dundee and Angus and critically appraised by colleagues in Perth and Kinross who at the time, were out with the programme pilot, the tool has also been shared nationally for feedback and reviewed by the National Adult Protection Coordinator.

## **TURASLearn**

TURASLearn is NHS Education for Scotland’s (NES) learning platform. It provides a wide range of educational resources for the health and social care workforce. Dundee City Council, in partnership with Angus and Perth and Kinross Council’s, have worked with NES to develop a Tayside learning platform hosted on TURAS.

The Tayside portal enables partners from a range of services across the city from including NHS Tayside employees, third and independent sector employees and volunteers’ access to a range of protection learning resources previously unavailable to them. TURASLearn has also been heavily promoted across all social work and social care services, both with the organisation and with those who deliver services on behalf of or as part of Dundee Health and Social Care Partnership. It has proved to be an invaluable resource to allow the social care workforce to access additional learning and other resources designed to support their own and others health, psychological wellbeing and safety throughout the ongoing COVID-19 pandemic.

## 8.1 Children's Services

FORT (Fast Online Referral Tracking) went live March 2020 allowing staff who had identified needs to help families access support. Since March 2020, 110 agencies have made 1485 referrals; 912 of these through a triage system often allowing access to multiple supports. £570,00 was given out in grants directly to families, plus 101 families receiving food parcels and 172 activities packs.

Meanwhile qualitative work embedding culture change in processes and procedures progressed, with family engagement and the voice of the family at the centre through What Matters to You and ANEW (Addressing Neglect and Enhancing Wellbeing); ANEW approaches fed into Dundee's multi-agency GIRFEC Delivery Group, resulting in new guidance, training of 300 staff September 2021.

Evidence of the combination of regular contacts and practical support was collated; staff from all agencies reported grateful families, especially single parents struggling with social isolation – these weekly contacts kept children safe as evidenced by no serious harm occurring in any family because staff were unaware of home circumstances.

The pandemic has affected many areas of social work practice with children and families including planning meetings for care experienced children and those at risk of significant harm. The restrictions have meant that face to face meetings have not been possible at times however in Dundee technology has been used to ensure these meetings go ahead with parents and young people included. One of the main aims has been the return to face-to-face participation of parents and young people which was achieved safely in early 2021. Recently Dundee Senior Officers have been amongst the first to return to face-to-face meetings with children who live out with the city in residential provision thus ensuring their safety and inclusion.

At the outset of the pandemic social work staff made use of team rotas to coordinate visits to the most vulnerable families and to address any significant Child Protection concerns. All staff in the C&F service were allocated a smartphone to assist in the day to day management of case work including access to teams calls, management of emails uploading and sending documents etc. In addition, staff have been able to access the benefits of the whole council rollout of office 365 as well as some being provided with a laptop and others sharing a team laptop in this blended arrangement of case management.

### **How Dundee City Council increased contact with their young care leavers whilst keeping them safe**

#### **What was the challenge faced by the Throughcare and Aftercare Team at Dundee City Council?**

Normally the team is based in Dundee City Centre, so much of the work involves face-to-face meetings with young care leavers and those transitioning from care to independence. Soon after lockdown in Scotland was announced it became apparent that the team could not provide the level of service that the young people needed and deserved entirely through phone calls or online. Some young people said they were really missing human interaction. The team worried about the potential for deteriorating mental health, increasing substance misuse, domestic abuse, financial difficulties and increased risk-taking behaviours. The team wanted to find the best way to increase contact while keeping young people and staff safe.

### **What change in practice took place?**

The lockdown changed and restricted the structure and routine which many care experienced people value in their daily lives; whether through further education, work or access to services. It was noted that for some this led to sleep disruption, changes in peer groups, lack of routine and other unsettling changes. The Throughcare and Aftercare team began receiving calls and social media messages more often in the late afternoon and evening. In order to support the young people when they were accessing the team, the working hours of the Duty Line were extended to 9am–9pm Monday to Friday and weekend afternoons. This was promoted on social media. The team delivered food parcels, supermarket vouchers, sanitary and contraceptive products, and money for gas and electricity directly to young people rather than other services doing so. Staff went with young people on socially distanced walks to encourage the government-advised one hour a day of physical exercise and offer direct interaction while discussing plans and support.

### **Who was involved in making the change?**

The Throughcare and Aftercare Team has listened to the young people throughout lockdown and responded to their needs. The team worked within the Council to lead on this support for care leavers and develop stronger working relationships with other teams and services. In crisis situations, resources and information have been shared more efficiently to respond quicker. Also, a multi-agency group was formed in response to an escalation in adolescent substance misuse under lockdown. Representatives from the Children & Families Service, substance misuse services, antisocial behaviour team and supported accommodation in the group aim to build a current and accurate picture of substance misuse trends and keep relevant teams educated and informed so practice can change in line with need.

### **What difference did this change make?**

By finding new ways to support care leavers in Dundee, the team has provided stability during a period of great uncertainty. Maintaining safe but necessary face-to-face contact has been so important to the young people. As well as providing a listening ear, the team has been able to identify crisis and help young people stop risk behaviours escalating. The young people have responded particularly well to the socially distanced walks and said they enjoy getting out for exercise. Many said it was easier to talk about things that are affecting them rather than in the usual office setting which can be more intense. The team is keen to build on this learning.

## **8.2 Community Justice**

As with all other agencies and services, 2020/21 was a year unlike any other for Community Justice. COVID and the national public health response, required Community Justice in Dundee to prioritise its work according to risk and need, seek innovative adjustments to continue core service delivery and strengthened the need for partnership working to more effectively support vulnerable people during lockdown. The key elements of the Dundee CJS response to COVID were:

- Friarfield House retained as base throughout the pandemic for MAPPA agencies (Sex Offender Policing unit/Public protection team/MAPPA co-ordination including access to Visor terminal)
- Friarfield House retained as a venue (with public health adaptations) for city centre appointments, to ensure that offender management continued with a risk and need assessed balance of telephone and face to face contact.
- Minimum Practice Requirements to set the risk and need assessed frequency of face to face contact. This provided structure for both service and users and staff. This determined the balance of home working a direct client contact and helped ensure that all Orders with supervision continued to be managed.

- Innovative deployment of Tay Project and Caledonian staff. When unable to provide groupwork these staff supported service users with individual programme work. These staff also played a greater role in case management, for example undertaking face to face contacts for colleagues who were shielding.
- Innovative co-working to address risk and need at the peak of lockdown. CJS nurses delivered prescriptions to non-CJS clients who were self-isolating. Distribution at Friarfield of Social Security Scotland vouchers, as one of the few city centre buildings still open. CJS staff provided vulnerable service users with mobile phones, to keep in touch with agencies.
- Dundee retained a court social work service in Dundee Sheriff Court (DSC) which was a hub court for the region. Dundee CJS staff played a lead role in supporting individuals to return to their home authorities after appearance in court.
- Multiagency co-working through the Early Prison Release (EPR) “virtual team” created to co-ordinate responses to increased prison releases in May 2020. The model worked so well that the co-ordination has continued beyond EPR.
- A 270% increase in Other Activity hours developed to fill the loss of capacity created by suspension of Unpaid Work. This included completion of online courses and participation in “Streetcones” virtual groupwork programme.
- Roll out of technology to promote the balance between home and office working. Operational meetings such as MAPPA meetings, Non-Fatal overdose multiagency meetings, Prison ICM and Parole Board Hearings all joined by teleconference or video conference. With a reduction of travel time noted as a benefit.
- Redeployment of Unpaid work supervisors during UPW suspension to work in PPE delivery and vaccine centres.
- Overall sickness rates were not high during the pandemic. Due to the health and safety adjustments made, there was no known transmission of infection between service users and staff, despite the high level of face to face contact. Higher rates of absence due to self-isolation due to symptoms or track and trace did become a feature after this reporting period (end of second lockdown).
- Impact on service delivery was that all Orders with supervision or programme requirements continued on schedule. Orders with Unpaid work have been more problematic to progress, with coronavirus legislation granting an extra 12 months. Voluntary throughcare actually increased in take up, as did Diversion. Programme groupwork resumed as soon as public health allowed (at reduced ratio for public health reasons)

Key priorities for recovery within Community Justice include:

- For CJS moving forward into 2021/22 and beyond the key priorities for recovery concern “justice recovery”. From May 2021 all courts increased sittings to work through new business and cases deferred during COVID-19. Court report requests are increasing as are resultant orders. Community Justice Scotland estimates that for several years there will be a 30% increase in reports and CPOs above pre-COVID levels. Temporary staff have been recruited to add capacity using Scottish Government funding.
- Suspension of Unpaid work coupled with reduced client to staff ratios during periods of resumption have led to a greatly reduced number of unpaid work hours completed. It is hoped that changes to public health guidance allow a safe and gradual increase in capacity. There is an emerging problem with compliance with service users being more reluctant to attend unpaid work, following the disruption to routine and expectations brought by COVID. Proportionate enforcement action will be necessary.
- Remand levels reached unprecedented highs during COVID-19. Extra bail support staff have been recruited to offer the court an alternative.

- To add to the range of community disposals, Dundee CJS now offers Structured Deferred Sentence. In conjunction with the Dundee Community Justice Partnership, preventative measures such as resumption of an Arrest Referral service and an increase in Diversion for young people is being promoted. Work with the ADP is underway to evaluate DTO and DTR and the best deployment of the substance misuse nurses in CJS.

## 8.3 Adult Health and Social Care

2020 was an extraordinary year for the Health and Social Care Partnership, for our workforce and for people who use health and social care supports and services, their families and carers and communities. The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. At a time when there was increased need to self-isolate within staff groups and increased pressure on staff resources and our ability to maintain supports and services to individuals, Partnership services have responded dynamically and innovatively. They not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes.

Despite these challenges, we have maintained lifeline social care services to 3,186 people during the pandemic, including the scheduling of 1,146k hours of homecare. Essential services have been maintained, including face to face contact with service users and patients, and intensive work was undertaken to upskill and train to support redeployment of colleagues from other sectors. A range of services and supports have been rapidly redesigned to enable continued operation in the context of social distancing regulations and public health advice. The Partnership's contribution to staff and public COVID-19 vaccination programmes, as well as additional activity required to respond to annual winter pressures (including Flu Vaccination and disruption due to poor weather), represent significant additional elements of the second wave response. In addition, the Partnership has made a significant contribution to wider partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses. As part of local partnership arrangements, we have to date, supported the administration of COVID-19 vaccinations to 87,043 people (71% of the 18+ population) and 188,211 PCR tests through the establishment of COVID-19 Vaccination Centres and Community Testing facilities.

A timeline of the pandemic response delivered by the Partnership in collaboration with other community planning partners during waves 1 and 2 was presented to the Dundee Integration Joint Board on 25 August 2020 and 21 April 2021. The timelines describe the Partnership response regarding governance, leadership, service provision and service user and staff safety. This can be viewed here <https://www.dundeehscp.com/publications/ijb> and provide a comprehensive overview of the range of activity the Partnership undertook to maintain lifeline services, establish new COVID services and supports, support other partners across wider health and social care and community planning systems and to protect the health and wellbeing of the health and social care workforce.

Responding to the COVID-19 pandemic also meant that the Partnership faced a number of challenges

- The need to rethink and plan how we deliver services and communicate in order to maximise safety during the pandemic, including the use of outdoor space and digital methods of communication. The closure, suspension and moving on-line of many services meant that they were less accessible to some people who under usual circumstances would have been able to benefit in a number of ways, such as improving social connections and tackling loneliness.

- The increased frailty and reduced mobility of many citizens caused by isolation and reduced opportunities to socialise and take part in activities away from the home has increased the demand for support and services.
- The increased need to self-isolate within staff groups, particularly within social care teams has increased pressure on staff resources and our ability to maintain supports and services to individuals.
- The increased requirement to support staff at a time when stress levels and workload was heightened and office bases were closed and home working was expected.
- COVID-19 restrictions and lockdown have had a significant impact on service users, who have been at increased risk of ‘hidden harm’ and there has been increased difficulty in reaching already ‘hard to reach’ groups due to pandemic restrictions. For example, restrictions on face to face peer support/ self-help and lived experience work had to be mostly postponed or conducted virtually.
- Continuing to focus on long-term strategic priorities and improvement activities at the same time as delivering a reactive response to the pandemic.

### Pandemic Impact – Engagement Activities

The Engage Dundee survey took place online during August 2020 and was a partnership between Dundee City Council Community Learning and Development section, the Partnership and NHS Tayside Public Health Directorate. It was circulated widely across a number of digital platforms and limited paper copies were made available through some local teams and voluntary sector partners. The survey aimed to explore the impact of the COVID-19 pandemic on Dundee’s citizens, particularly in determining whether individuals had accessed specific services during lockdown, their experiences both positive and negative, whether there had been impacts on mental health and wellbeing and in what ways, any positive developments over the lockdown period, and to help assess the priorities of individuals, families and communities going forward. Findings show that:

- The most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/support (32%); physical health advice/support (30%); food parcels/delivery (29.2%); and money/benefits advice and support (23.5%).
- There were varying degrees of satisfaction expressed for using services; highest was for websites/ self-help resources (78.9%), food parcels/delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use/alcohol support (16.3%).
- The survey explored whether respondents were experiencing specific difficulties and the most common responses were for mental health (37%), healthy lifestyle (31%), family/household relationships (18%), physical health (18%), and income/money (20%).
- Many respondents felt there had been positive developments due to lockdown/COVID-19 restrictions. 57.7% reported less traffic, 41.5% reported spending more time with their family, 30.2% made more use of green space, and 28% exercised more.

Further analyses explored the variation in responses and experiences within the different categories of respondents; that is, age group, employment status, in receipt of welfare benefits or not, and living alone or with others. Significant inequalities across a range of indicators became apparent in these analyses, most notably for specific age groups, carers, long-term sick or disabled, the unemployed, people on benefits and those who live alone.

Results from this and other surveys show emerging themes regarding the impact of the pandemic during and moving out of lockdown. The most common themes across the surveys related to reduced access to services, the day to day challenges of lockdown measures, uncertainty and concerns about the ongoing nature of the pandemic, social isolation, mental health impacts more broadly, and financial and job insecurity. For many, the issues were interconnected and for some the pandemic had exacerbated what were already difficult life circumstances.

In late September 2020 to mid-November 2020, we launched local engagement work with carers and workforce who support carers, in order to better understand the impacts of the COVID-19 pandemic. The consultation involved engagement with carers, young carers and the wider workforce. Data collection included two online surveys, a carer's survey and a workforce survey, and 5 focus group discussions with adult carers and one focus group held with a group of young carers, all focus groups were facilitated by support organisations in the City. Findings revealed the following:

- The majority (84%) reported an increase in the amount of care provided since the start of the Pandemic
- A high proportion (63%) of carers were struggling to balance commitments alongside the caring role
- 38% had to reduce or give up hours in employment due to their caring commitments
- Negative impacts on physical, mental, and social wellbeing (84%) and feeling socially isolated (60%)
- The majority were feeling more worried and anxious about the future (82%)
- The financial impact on carers as a result of higher household expenses (67%)
- 33% were able make a positive contribution to others, via voluntary work, helping neighbours, gardening, shopping etc.
- Half of carers (51%) were unable to get support through accessing resources to improve their own wellbeing, whilst just over one third (35%) had been able to access this.

More positively, the engagement also identified areas that were working well for carers to build upon for future, including:

- Community groups and voluntary sector organisations continued to provide essential support to carers during the pandemic, which carers found invaluable in helping them cope during this period.
- Carers also benefited from local networks in the community and neighbour support during this period.
- Many services used technology effectively to communicate with people during this period.
- It was recognised that these initiatives should continue to be promoted, whilst also finding other solutions for people who cannot access online information/digital engagement opportunities to ensure information and support is available in a wide range of accessible formats.

746 people who received Care at Home services during the Pandemic participated in the CARE AT HOME COVID- 19 Survey

- 99% of service users felt the service was good, very good and excellent during the Pandemic
- 98% of service users felt the support offered/given by emergency responders was good, very good and excellent
- 79% of service users felt safe and confident in the Social Care Response Service team in relation to wearing PPE
- 99% of service users felt the way in which SCRS staff respected their wishes and preferences was good, very good or excellent
- 99% of service users felt the way in which SCRS respected their dignity was good, very good or excellent



## 8.4 Cross-Service Working

### Hidden Harm

During the pandemic response, particularly over the lockdown period, there was an enhanced focus on 'hidden harm' at the COG and across all committees/partnerships. There was consideration and analysis of the potential for 'hidden harm' during the lockdown period and oversight of a wide range of adjustments made across operational services to minimise the risk of this. The COG recognised at an early stage of the pandemic that there were increased risks of 'hidden harm' with reduced levels of face-to-face contact with individuals as a result of the closure of some services, including schools and early years settings. Additionally, the potential for some forms of harm to escalate during lockdown (such as domestic abuse and substance use) could contribute to higher risk of harm amongst the most vulnerable adults, children and young people in the City.

In response a swift and robust approach to hidden harm has taken place with partnership, communication and collaboration at its heart. Regular strategic and operational discussions allowed this to be an evolving and dynamic process and for any gaps and concerns to be highlighted and flexibly resolved. This approach involved coordinating and providing direct support to both children/young people and adults for whom additional risk was recognised. It didn't require structural change but rather a collaborative bringing together of key partners in response to shared concerns.

A range of operational responses were developed to minimize the likelihood and impact of 'hidden harm', including:

- prioritising the nature and frequency of contact between services and service users to focus on those assessed as most vulnerable and at risk;
- moving a range of multi-agency risk assessment and management meetings to virtual platforms (including initial referral discussions, case conferences, MAPPA meetings, MARAC conferences for high risk victims of domestic abuse and the non-fatal overdose meeting);
- developing safe alternative arrangements for the dispensing of oral substitution therapy (OST);
- providing childcare and wider supports to the most vulnerable families through the Community Support Centres;
- maintaining the operation of screening arrangements (including the Multi-Agency Screening Hub for child concerns and Early Screening Group for adult concerns) and Intake Services in children and adult services (including enhancing the role and resourcing of the First Contact Team to respond to an anticipated surge in demand);
- updating and implementing local operating procedures to reflect temporary legislative and national guidance amendments;
- additional support, such as food deliveries, were provided to meet the basic needs of the most vulnerable people within our communities;
- developing models to support virtual provision of services where face-to-face contact has not been possible due to public health guidance, including peer and community support groups;
- expanding the distribution of take-home Naloxone and postal distribution of injecting equipment;
- expanding the operating hours and areas of the Safezone Bus;
- developing third sector support for community pharmacies to enable the continued provision of services to people who use drugs;
- and, collaborative working to provide targeted support to women involved in commercial sexual exploitation.

The “Hidden Harm” group was formed initially across education, social work, health and women’s aid involving a combination of senior and frontline managers. This meeting forum has evolved to include additional 3rd sector colleagues, HSCP representatives and Police Scotland. Meetings are monthly and as well as the development of an action plan to support the proactive identification and tackling of areas where hidden harm may occur, terms of reference are now in place with this group now serving as the governance and oversight group to monitor improvements and areas of concern and reporting to the Children and Families Executive Board.

### Other Operational Responses

Driven by the COVID risk register the public protection committees have overseen a number of developments to further strengthen the multi-agency pandemic response to adults and children who are at risk. This includes:

- Additional investment in IT equipment to support frontline operational teams to implement blended approaches to service delivery (face-to-face and remote contact) and to assess and manage risk more effectively within the context of ongoing public health restrictions. This has also facilitated the movement of some multi-agency risk assessment and management activities, such as MARAC (multi-agency risk assessment care conferences for very high-risk victims of domestic abuse) and MAPPA from tele-conferencing to video-conferencing platforms. Further work is planned to enable adults at risk to participate in adult support and protection case conferences via video-conferencing utilising secure systems available through NHS Tayside.
- Enhanced operational arrangements have been developed in response to evidence of increasing risk associated with domestic abuse, including a sustained increase in the number of children on the child protection register where domestic abuse is a contributing factor. This has included the establishment of a virtual domestic abuse response team to address any excess demand for support services. Enhanced joint working between the Children and Families Service and third sector specialist domestic abuse services to support identification and management of risk and to facilitate access to specialist support services within school settings has been developed and a small increase in capacity within Dundee Women’s Aid Children and Young Person’s Service has been implemented.
- Statutory and third sector substance use services have continued to strengthen joint working arrangements, including providing support to community pharmacies when required. A new independent advocacy service has been established, delivered by Dundee Independent Advocacy Services (DIAS) and supported by the Alcohol and Drug Partnership. Additional funding has also been secured to support people to access residential rehabilitation services out with the city and work is currently being undertaken to develop pathways to support smooth transition to and from community residential treatment. There have also been significant enhancements to the Take Home Naloxone Programme during the second wave including: an increased number of statutory and third sector organisations supplying kits and holding kits for emergency use; amendments to organisational policies to encourage health and social care staff to carry and use kits; and, the establishment of a postal supply service by Hilcrest Futures and We Are With You.
- A range of further resources have been developed to support practitioners who are responding to enhanced levels and complexity of risk and need. The VAWP website hosts a range of resources to support practitioners to respond to women, children and young people who are at risk of harm and a number of virtual staff development sessions have been piloted by the Partnership. Written guidance on responding to women impacted by commercial sexual exploitation has also been developed and distributed to the workforce. In addition, the public protection committees have maintained an oversight of changes to national legislation and guidance and the local implications of this.

## 8.5 Protecting People

### Strategic Risk Register

The primary mechanism through which the COG and CPC collectively identify, manage and mitigate risk is the Protecting People Strategic Risk Register. Developed in the early stage of the pandemic the strategic risk register is becoming increasingly embedded; informing agenda setting and providing the basis for assurance reports to the CPC and onwards to the COG. Feedback from CPC and COG members indicates that the strategic risk register has been key to supporting better prioritisation of resource and improvement capacity as well as an enhanced pace of change through the 18-month pandemic response period. Moving forward our priority is to continue to embed and evolve the risk register to reflect business as usual risks alongside pandemic risks and to develop a strengthened interface between the strategic risk register and operational risk registers within single agencies.

### Communications

During the Pandemic, The Protecting People Team has taken a lead, with Dundee City Council communications team (alongside NHS and Police Scotland communications teams) to ensure key messages are reaching the public. Leaflets with key protection messages for women who are involved in commercial sexual exploitation were developed. An accessible, symbolised version of public communication around domestic abuse has been produced with support from the NHS Speech and Language Therapy Department, Adult Learning Disability and Mental Health Service and Dundee Health and Social Care Partnership. Updates have also been made to the Protecting People website, including the violence against women section being significantly enhanced in January 2021. The updated information can be found at [www.dvawp.co.uk](http://www.dvawp.co.uk)

### SOLACE Dataset

During the COVID-19 pandemic SOLACE has provided a national leadership role in relation to public protection matters, with Dundee actively participating in activities, including the implementation of a national public protection dataset reported on a weekly basis. An overview of key data and trends demonstrates that:

- There was an increase in numbers of children on the Child Protection Register during the early stages of the pandemic, which was mainly a direct consequence of decrease in the level of de-registrations. Since then numbers of children on the Register have declined and are currently below the historical average. There has been a sustained increase in the proportion of children on the Child Protection Register where domestic abuse is a contributing factor;
- Children and Families Services worked collaboratively throughout lockdown to maintain very high levels of contact with children who have protection plans and young people who have accepted throughcare services;
- The number of recorded domestic abuse and sexual crimes during lockdown was higher than the comparative period last year with a subsequently higher level of Police Scotland Vulnerable Person Concerns due to domestic abuse. However, referrals to voluntary sector services remained at similar levels to last year, with the exception of significantly increased demand for refuge accommodation
- Neighbourhood Services responded to a significant rise in homeless applications during lockdown, resulting in a subsequent rise in the number of households being provided with temporary accommodation.

- Vulnerable person reports received from Police Scotland continued their upward trajectory during the COVID period. For the first time the Scottish Government published its annual Adult Support and Protection statistics which identified Dundee City as a clear outlier more than double the national average for adult support and protection referrals. Further analysis has led to the testing of a new screening process across the partnership and contributed to improvements in triaging adults at risk. These changes are focused on ensuring that adults at risk (in terms of the statutory test which forms part of the Adult Support and Protection (Scotland) Act 2007) are timeously identified and supported through adult support and protection processes and that other adults who have a range of vulnerabilities are supported through a multi-agency risk management approach.
- Decrease in known non-fatal overdoses reported by the Scottish Ambulance Service and Police Scotland, reflecting the implementation of a multi-agency pathway to respond to individuals who have experienced a non-fatal overdose in a rapid and coordinated manner.

### Governance Arrangements

As well as supporting the continued deliver of essential protection services and responding to the potential for hidden harm, the COG also led wider adaptations to our governance, leadership and strategic planning functions during the pandemic response period. Adjusting the frequency and focus of COG and committee/partnership meetings has ensured more regular opportunities for the escalation of risk from operational services and identification of mitigating actions and supports required from senior leaders. Enhanced joint working, supported through the identification of cross-cutting risks within the risk register, particularly between the Child Protection Committee, Alcohol and Drugs Partnership and Violence Against Women Partnership has also been developed. This has included joint work between the Independent Chairs, at committee level and between supporting officers to take forward risk mitigation actions.

During the second wave where COVID Infections rose, there was also an ongoing focus on the wellbeing of the multi-agency protecting people workforce. The impact of working through the pandemic on the workforce has been significant; as well as rapidly adapting to new ways of working and dealing with changes in the nature and complexity of risk, the workforce has also managed the ongoing context of increased potential for hidden harm. Throughout the pandemic response attention has been given to ensuring that staff have access to appropriate PPE and COVID testing, and in recent months have been prioritized for vaccination in line with national guidance and JCVI guidance. This has included the vaccination of all social workers and a range of staff in other roles that provide direct health and social care services to the population. Working with Dundee City Council the staff Wellbeing Support Service has been promoted to the workforce and individual agencies have reviewed their approach to support and supervision, including access to clinical supervision where appropriate. The COG and public protection committees are currently working with Dundee City Council Communications Service to take forward specific actions to acknowledge the invaluable contribution the workforce has made over the pandemic period and to thank them for their continued flexibility and dedication. Further work in this area will also be informed by wider activity to implement a trauma informed approach to leadership.

As the COG and protecting people committees/partnerships move forward with recovery planning there is much to learn and build on from the initial response period. Rapid change and innovation provide a foundation for consolidation and for further development and improvement. An initial review of learning has also highlighted some key themes regarding the potential legacy of the COVID-19 response:

- A genuine and effective focus on underlying trauma and vulnerability rather than on ‘behaviour symptoms’ such as substance use and offending.
- Collaboration and co-operation that focuses on a whole system, integrated approach to addressing protecting people and providing integrated responses to families where both children and adults are at risk.
- Maintaining a strong focus on a small number of strategically important priorities and tackling them at pace.

A key priority for the COG in the coming year is leadership support to continue the pandemic response whilst also moving forward with learning and recovery. This activity will continue to be focused on the core functions of the COG and public protection committees and be informed by the contents of the strategic risk register. Other priorities for 2020/21 and beyond have included continued implementation of the Transforming Public Protection Programme, with a particular emphasis on leadership aspects of the programme (including the further development of the strategic risk register, structural changes and trauma informed leadership referred to above) and service redesign workstreams. In addition, work will be undertaken to support the investment of additional funding available both at a local level and from national sources to develop responses to substance use, mental health and to support pandemic recovery. The COG also plans to further consider the implications of the Independent Review of Adult Social Care in Scotland for strategic and operational public protection arrangements and their contribution to local plans for the implementation of The Promise.

# 9 Challenges for the Year Ahead

At the time of publication of this annual report social work and social care services, alongside other public, third and private sector services, are continuing to balance ongoing pandemic response, recovery planning and the maintenance of essential services. The first half of 2021/22 has seen significant surges in the pandemic and associated demand for response; learning from early stages has been invaluable in supporting social work and social care services to manage this response alongside wider work to consolidate significant changes to services and supports that have occurred over the last 18-months. The cumulative impact of the pandemic on workforce wellbeing remains an important priority, as does addressing the compounding impact that the pandemic has had on existing health and social inequalities across our population. At this time, I have identified a small number of improvement priorities that I will seek to support the social work and social care workforce and our partners to implemented over the next 12 months alongside our COVID-19 recovery work.

## **PARTICIPATE**

In the consultation/engagement regarding the National Care Service, reflecting local knowledge and experience, and in subsequent activity to reform Scotland's health and social care system.

## **LEARN**

From national and local research about the short- and long-term impact of COVID-19 and use this to plan supports and services which address the needs of the population.

## **LISTEN**

To people who use social work and social care services and their carers and ensure that the voice of lived experience more consistently informs strategic planning and commissioning activity.

## **SUPPORT**

Our social work and social care workforce to recover from the impact of the pandemic on their health and wellbeing and listen to the information they share about frontline experiences.

## **MAINTAIN**

Our COVID recovery, working with partners across the community planning partnership to consolidate our learning and embed and develop new ways of working.

## **CONTINUE**

To develop our approach to locality working, learn from people in communities and enhance the collation, analysis and reporting of performance information at a locality and neighbourhood level.

## **RESPOND**

To the findings from the review processes currently being undertaken by the Tayside Mental Health Inquiry and Dundee Drugs Commission by working closely with partners, including people with lived experience and carers to fully implement existing action plans and consider any emerging challenges.

## **DEVELOP**

Enhanced ways to co-produce services and supports to ensure that we remain person-centred and responsive to local communities.

## **ENSURE**

Our services and supports make a positive to people who are at the greatest risk of negative impacts as a result of deprivation, health inequality or equality Protected Characteristics.



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