

ITEM No ...2.....

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 23 NOVEMBER 2015

REPORT ON: THE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2014/2015

REPORT BY: HEAD OF SERVICE STRATEGY, INTEGRATION, PERFORMANCE AND SUPPORT SERVICES

REPORT NO: 419-2015

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 2014/15, attached as Appendix 1.

2.0 RECOMMENDATIONS

It is recommended that Social Work and Health Committee approves:

- 2.1 The attached Chief Social Work Officer's Annual Report for 2014/15.
- 2.2 The submission of the attached report to the Scottish Government.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

- 4.1 The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government, (Scotland) Act 1994. The qualifications of the CSWO are set down in regulations which state that he/she should be a qualified social worker and be registered with the Scottish Social Services Council. This is one of a number of statutory requirements in relation to the post holder's role and duties with which local authorities must comply.
- 4.2 The overall objective of the CSWO role is to ensure the provision of effective, professional advice and guidance to Dundee City Council's elected members and officers, in the provision of social work and social care services, for children, young people and families, adults and older people with needs, their carers, and those who are involved in the criminal justice system.

- 4.3 National guidance requires that the CSWO reports to elected members on an annual basis, and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work Services.
- 4.4 The attached report is the fifth CSWO report for Dundee. The report provides information on how the CSWO discharged her responsibilities in 2014/15. It provides a broad range of information on the key trends, risks, achievements and challenges and outlines how resources have been deployed. The information provided complements the detailed performance and budget information on social work and social care services, which is reported to members and the public in a range of other ways.
- 4.5 The information provided is presented under the following headings:
- Governance Arrangements
 - Partnership Structures
 - Description of Local Authority
 - Social Services Delivery Landscape/Market
 - Service Quality and Performance
 - Statutory Functions
 - Finance
 - Improvement Approaches
 - User and Carer Empowerment
 - Workforce Planning and Development
 - Summary
- 4.6 Included in the report is information on complaints for 2014/15, referred to at Section 9.3.
- 4.7 The report highlights key developments, as well as the challenges facing the Department in the twelve month period April 2014 – March 2015 and the strategies being taken forward to address these challenges in the future. These included the following which are detailed under the separate headings of each of the services to which they relate.
- 4.7 CHILDREN'S SERVICES**
- 4.7.1 In Children's Services GIRFEC (Getting It Right for Every Child) continues to be the primary policy driver for all agencies and organisations involved in services for children and families across Scotland.
- 4.7.2 In the course of this reporting year the Children and Young People (Scotland) Act 2014 was passed and sets out a range of responsibilities that have a specific impact on social work services. These include the requirements both to raise the upper age of eligibility for aftercare support for care leavers from 21 to 25 years, and secure some care leavers in their looked after placement, or suitable alternative accommodation, up to their 22nd birthday.
- 4.7.3 The work of Children's Services has evidenced clearly the investment made in multi-agency working to achieve improved outcomes for children and young people, recognising the importance of multi-agency processes, intensive assessment and support for children in their earliest years, and the provision of local services. One of the key principles which have underpinned the approach

and activities is the promotion of service user involvement, both in terms of child, young person and parent contribution to Child's Plans, and also to the planning and development of services.

- 4.7.4 Whilst there has been a continued increase in the targeting of services, there have also been continued pressures on resources to ensure that children and young people receive the services they need, when they need them. There have been particular pressures on the Family Placement Service to meet the need for placements in Dundee for those children and young people who are accommodated.

4.8 CRIMINAL JUSTICE SERVICES (CJS)

- 4.8.1 For those adults and young people involved, or at risk of becoming involved, in the criminal justice system CJS has continued to provide a range of services. The report highlights the key strengths in CJS, which include well established Court services, and strong co-located, integrated working arrangements with partners. The service has also demonstrated a capacity for innovation and service improvement, as evidenced by the development of services for women. Recent trends indicate a reduction in reconviction rates in Dundee.

- 4.8.2 In the past year the Court in Cupar was closed, and the business was transferred to Dundee Sheriff Court. Consequently there has been an increased demand on court duty worker services.

- 4.8.3 CJS managers have contributed to the planning for the dis-establishment in 2017 of the Tayside Community Justice Authority, and the transition of responsibilities to more localised partnership arrangements. CJS has a strong partnership with community safety and public protection colleagues which provide a good foundation on which to build for change.

4.9 COMMUNITY CARE SERVICES

- 4.9.1 There have been a number of significant legislative and policy drivers, which include:

- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014

These continue to drive forward a shift towards greater personalisation, closer working across all partners and a focus on the building of individual and community capacity, for adults of all ages, disabilities and needs, who receive Community Care Services.

- 4.9.2 Through the implementation of models of change, more emphasis has been placed on introducing preventative services and early interventions to avoid increasing levels of dependency. The work to date has demonstrated improved outcomes for service users and the development of a range of new initiatives and revised models of working with partners.

- 4.9.3 Community Care staff contributed to the identification of local priorities and actions for the use of the additional resources provided through the Integrated Care Fund, informed by the feedback received at two large scale consultation events towards the end of 2014.

- 4.9.4 Throughout the reporting year Community Care staff have continued to be involved with partners in a range of planning and reviewing activities in preparation for the creation of the new health and social care integration body. The Draft Integration Scheme was submitted to the Scottish Government in March 2015, and the Integration Joint Board became a legal entity on 3 October 2015. Substantial work has also taken place to develop the first draft of the Health and Social Care Partnership's Integrated Strategic and Commissioning Plan.
- 4.9.5 In Dundee the overall number and proportion of older people has continued to increase, and with it the number of people with dementia, as well as other complex age-related illnesses and disabilities. Within the adult population we also have a higher incidence of enduring health conditions and disabilities, compared with other authorities.
- 4.9.6 This level of complex need makes demands on health and social care services to maximise the provision of community supports and minimise the level of delayed discharge from hospitals. This, together with the need to meet public expectations regarding increased choice and flexibility, has led to increased pressure on resources across Community Care services in the past year.

4.10 KEY CHALLENGES AND PRESSURES FOR 2015/16

- 4.10.1 The report demonstrates that the service has continued to deliver quality supports and services which improve lives and provide innovative responses to the challenges being experienced. It is anticipated that the coming year will see a continued range of challenges and pressures, which include the following.
- 4.10.2 Demand for social work services continues to increase, due to a combination of demographic changes, financial pressures, increased public expectations and a move to more personalised approaches.
- 4.10.3 In the coming year there will also be organisational changes with the introduction of Health and Social Care Integration and the development of a new service for children and families. This will result in significant structural changes, and mean there will no longer be a Social Work Department.
- 4.10.4 The move towards more locality based approaches, the shift from reactive to preventative approaches and on-going work to shift the balance of care to support more people to live at home and in their own communities will also require new ways of working.
- 4.10.5 The coming year will see further legislative changes, including the implementation of the Children and Young People (Scotland) Act and preparations for a new model of community justice.
- 4.10.6 In the coming year all of these factors and pressures will collectively make increased demands on staff, their time and all of the other resources currently available.
- 4.10.7 These changes and demands on services cannot be met by social work alone and it is recognised that partnership working provides the greatest opportunity to improve outcomes for people and encourages more integrated responses and the opportunity to combine resources.
- 4.10.8 The integration of structures and services will create opportunities for innovation as well as building capacity and improving resilience. The CSWO will have a crucial

role in ensuring staff continue to work with partners to deliver high quality services as we manage the transition to new arrangements in the coming year.

5.0 POLICY IMPLICATIONS

- 5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.
- 5.2 An Equality Impact Assessment is attached to this report.

6.0 CONSULTATIONS

- 6.1 The Chief Executive, Executive Director of Corporate Service and Head of Democratic and Legal Services were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

- 7.1 None.

Laura Bannerman
Head of Service
Strategy, Integration, Performance and Support Services

Date: 11th November 2015

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	October 2015	Committee Report Number:	419-2015
Title of document being assessed:		Chief Social Work Officer (CSWO) Annual Report 2014-2015	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		The provision of information to the Social Work and Health Committee in an Annual Report highlighting the activities and performance of the Social Work Department in the year 2014/15, together with the strategic direction and challenges facing the Department in the year 2015/16. The report is presented by the CSWO.	
3. What is the intended outcome of this policy, procedure, strategy or practice?		To inform elected members of the above.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		Rapid Equality Impact Assessments of the strategies and policies described in the report. These have been previously agreed by Council Committees, and Impact Assessments are available as part of the reports in the Committee Report section of Dundee City Council's website.	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		Yes. See EQIAs as referred to at 4 above.	

<p>6. Please give details of council officer involvement in this assessment.</p> <p>(E.g. names of officers consulted, dates of meetings etc.)</p>	<p>Heather Gunn (Service Manager) SIPSS Joyce Barclay (Senior Officer) SIPSS Rose Sinclair (Senior Officer) SIPSS</p>
<p>7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?</p>	<p>n/a</p>

Part 2: Protected Characteristics

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

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

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

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

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>See previous EQIA reports for those identified</p>
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>See previous EQIA reports for those identified</p>
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>See previous EQIA reports for any identified action</p>
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>n/a</p>
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No. n/a</p>
<p>6. How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>n/a</p>

Part 4: Contact Information

Name of Department or Partnership	Social Work
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

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Signature of author of the policy:	Jane Martin	Date: 22 nd October 2015
Signature of Director/Head of Service:	Laura Bannerman	Date: 22 nd October 2015
Name of Director/Head of Service:	Jane Martin	
Date of Next Policy Review:	September 2016	



Dundee City Council Social Work Department

Chief Social Work Officer Report 2014-2015

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PURPOSE OF REPORT

- 1.0** Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government, (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO).

The specific qualifications are set down in regulations and require that the post holder is a qualified social worker registered with the Scottish Social Services Council (SSSC), the body that regulates professional social workers and the social care workforce in Scotland. This is one of a number of statutory requirements in relation to the post holder's roles and duties with which local authorities must comply.

National guidance requires that the CSWO reports to elected members on an annual basis. This is the fifth CSWO report for Dundee and provides details as to how the CSWO for Dundee City Council discharged a range of key elements of her role, including, in particular, the statutory elements of the role, during the year 2014/15.

GOVERNANCE ARRANGEMENTS

2.0 In 2014/15 social work and social care services were delivered in Dundee through a stand alone Social Work Department, with the role of CSWO carried out by the Director of Social Work.

With the creation of Dundee's new Health and Social Care Integration Authority, and the review of the Council's service and management structure (Report No: 216-2015 is linked below) new governance and organisational arrangements for the delivery of social work and social care services are being introduced in 2015/16. This includes the integration of Children's and Criminal Justice Social Work Services with the Education Department to create a new Children and Families Service, as detailed in the report to Dundee City Council's Policy and Resources Committee in June 2015 (Report No: 216-2015).

Further information will be outlined in the 2015/16 report, and relevant information regarding the preparation for these changes is outlined throughout this report.

2.1 Role of CSWO

In 2014/15 the CSWO reported to the Chief Executive and was a member of the Council's Strategic Management Team, reporting through the Social Work and Health Committee to the elected members of the Council.

The CSWO was responsible for 4 senior managers as Heads of Service for: Community Care; Children's and Criminal Justice; Strategic Integration, Performance and Support; and Finance, Contracts and Welfare Rights Services. Each Head of Service was responsible for overseeing the delivery of social work and social care services within a functional grouping.

The overall objective of the CSWO 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 CSWO also has a key role in ensuring social work services contribute effectively to the achievement of national and local outcomes and carries responsibility within the Council for overall performance improvement, as well as the identification and management of corporate risk, insofar as these relate to social work services.

The CSWO's role was therefore one of both organisational management and professional leadership in ensuring the delivery of safe, effective and innovative practice.

2.2 Governance Arrangements within Social Work Department

The following is a more detailed description of the governance arrangements.

2.2.1 Children's and Criminal Justice Services

Children's and Criminal Justice Services were led and managed by a Team of 6 Service Managers who reported to the Head of Children's and Criminal Justice Service and were responsible for:

- Intake Services
- East Locality
- Central Locality
- West Locality
- Residential and Family Placement Services
- Criminal Justice Services

2.2.2 **Community Care Services**

Community Care Services were managed by a Head of Service responsible for Service Managers. Services were broadly managed within the following portfolios:

- Older People East
- Older People West
- Intake Services
- Learning Disability Services
- Other Adult Services

2.2.3 **Community Adult Services Management Team (CASMT)**

There is also a Community Adult Services Management Team (CASMT) which is made up of senior operational and support service staff from both Social Work and the then Dundee Community Health Partnership (CHP). The Community Care Management Team was represented on the CASMT, which reported to Dundee City Council's Social Work and Health Committee and the Dundee CHP Board. In addition there was a direct line from the CASMT to the Dundee Community Planning Partnership (CPP) for identified aspects of the Dundee Single Outcome Agreement (SOA).

2.2.4 **Joint Management Arrangements**

There is an integrated management structure for services for adults with a learning disability and/or autism. The Social Work Service Manager for Learning Disabilities holds strategic, operational and financial management responsibility for the joint Health and Social Work Learning Disability Service. In addition there are also a number of other joint and co-located services.

2.2.5 In addition there are 2 Social Work Heads of Service responsible for Strategy, Integration, Performance and Support Services, and Finance, Contracts and Welfare Rights. These services also include areas such as emergency planning, the Protecting People Team and Equalities and Human Rights.

PARTNERSHIP STRUCTURES

3.0 There are a number of partnerships as follows:

3.1 Dundee Community Planning Partnership (CPP)

Partnership mechanisms are in place which involve the Council, NHS Tayside, Police Scotland, and a range of other key partners, in the planning, co-ordination and delivery of services. Central to these strategic partnership arrangements is the Community Planning Partnership (known locally as the Dundee Partnership or CPP) which provides strategic oversight and a vehicle for co-ordinated inter-agency working.

The Dundee Partnership holds the lead responsibility for the development and delivery of the Single Outcome Agreement (SOA) 2013-2017. Through the SOA, the local authority and partners are delivering against the range of agreed national outcomes in a way which reflects local needs and priorities. Dundee's SOA is available on the Dundee Partnership website.

Central to the structure are 7 **Partnership Theme Groups**, which are made up of senior representatives from the Council, partner agencies and organisations. There are also 5 cross cutting theme groups, one of which is Dundee's Alcohol and Drugs Partnership (ADP). These Theme Groups include the chairs of the **Strategic Planning Groups (SPGs)** which are then responsible for taking forward the agreed work streams that link to the strategic priorities of each of the identified Theme Groups. Each of the SPGs had a lead responsibility for one of the priority themes expressed in the SOA.

There are 8 **Local Community Planning Partnership Groups (LCPPs)** which are well established in each of the 8 multi-member wards, bringing together elected members, Council officers, partners in Health, Police and Fire and Rescue Services, and community representatives.

The LCPPs build on Dundee's de-centralisation strategy and promote local co-ordination of service planning and delivery within the strategic priorities for the city. There was officer representation from Social Work on each of the city's 8 LCPPs, and staff were heavily involved in the work of the SPG's.

3.2 Public Protection

The Chief Officers of the Council, NHS Tayside and Police Scotland individually and collectively led, and were accountable for, the development of work relating to: 1) adult support and protection 2) child care and protection 3) violence against women 4) Multi-Agency Public Protection Arrangements (MAPPA) for high risk offenders who present a risk of harm to the public and 5) the prevention of/promotion of a recovery focused response to, drug and alcohol misuse.

The responsibilities of the Chief Officers Group (COG) included ensuring the effectiveness of each of the 'Protecting People' (PP) component Committees/partnerships.

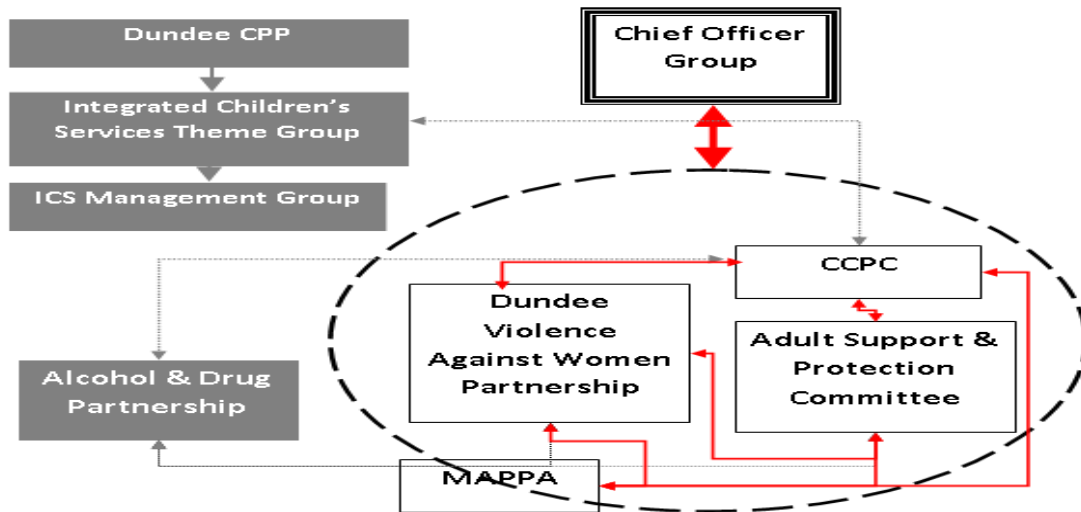
The COG has pursued a public protection policy aimed at greater integration of these work streams and officer activity. This has improved the efficiency of protection planning and interventions and places the work within a holistic framework.

In 2014/15 the Lead Officer for the Dundee Alcohol and Drug Partnership joined the other PP Lead officers as a group, and all the PP Lead Officers are now co-located.

3.3 Strategic Planning and Integrated Management Framework

The network of partnerships in Dundee is complex due to the range and complexity of the strategic planning agendas which require to be addressed for the city. Work has taken place to show diagrammatically the relationships between the different parts of the planning system. For instance the following diagram shows the relationship between the Dundee CPP and

Integrated Children's Services (ICS) Theme Group, the COG and these 5 key PP partnerships within the city, which were in operation in 2014/15.



Social Work Managers made an active contribution to strategic planning, thereby ensuring that the needs of some of the most vulnerable people were appropriately recognised, prioritised and reflected in the Council's SOA and Community Plans.

3.4 Health and Social Care Integration

On 1 April 2014 the Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent, providing the legislative basis for the establishment of integrated health and social care authorities. In 2014/15 the momentum towards these changes increased and the Community Care Management Team, with Health partners in the CASMT, became involved in a range of planning and reviewing activities in preparation for the creation of the new health and social care integration body.

The integration model agreed is the body corporate. This allows for the inclusion of all the areas of service which are agreed by the relevant partners as being appropriate. Over the course of 2014/15 a local pathway analysis was undertaken on the basis of which recommendations were made regarding proposed services for inclusion within the new Authority.

It was agreed that all Social Work's Adult and Older People Services will be included, and agreement was also subsequently reached regarding the range of health services which will be included. The Draft **Integration Scheme** was submitted to the Scottish Government in March 2015.

The Scheme has now been approved and an Order anticipated on 3 October 2015. At that point the Board becomes a legal entity and assumes its formal duties and responsibilities, which include the responsibility for the formal establishment of a strategic planning group for the purposes of preparing a strategic plan.

Dundee's Integrated Strategic Planning Group has now been established, and the first draft of the **Integrated Strategic and Commissioning Plan** is about to be issued for public consultation. The date for the transfer of functions to the Integration Joint Board will be the 1 April 2016.

The draft Plan details proposals to develop a locality model, which will be based on 54 neighbourhood areas, 8 localities and 4 service provision areas.

As part of the Council's proposals for revised service delivery and senior management arrangements, approval has also been given that Social Work's Children's and Criminal Justice Services should be brought together with the Education Department to create a new integrated Children and Families Service. (See the link above at Paragraph 2.0 to Report No: 216-2015). Work is ongoing to determine the new service structures.

3.5 Community Justice

Criminal Justice Services across Tayside operate as a partnership, with the aim of developing standardised approaches and, in appropriate circumstances, delivering shared services, all within the context of the Community Justice Authority (CJA). Legislative changes mean CJAs will be dis-established in 2017 and more localised arrangements will be developed. Staff are actively involved in preparing for the transition of responsibilities.

DESCRIPTION OF LOCAL AUTHORITY

4.1 Dundee is Scotland's fourth largest city and is situated on the north coast of the mouth of the Tay Estuary. Edinburgh lies 60 miles to the south and Aberdeen 67 miles to the north.

The Dundee City Council area covers 24 square miles and is, geographically, the smallest local authority area in Scotland.

4.2 Population

The most recent estimate of Dundee's population is 148,170. Dundee is home to the University of Dundee, the University of Abertay and Dundee & Angus College, and has a sizeable student population. However the majority of students who come to Dundee leave the city at the end of their period of study.

By 2037 the population of Dundee is projected to be 170,811. This is an increase of 15% when compared to the estimated population in 2012. Whilst these figures show that Dundee will not experience the very large increases in the older population that will affect some other parts of Scotland, we still expect to see an increase of 45% in the population aged over 65. The 75+ and 90+ age groups, who rely more on health and social care services, see the largest increase.

The majority of Dundee's population (90.3%) are White British/Irish, with 3.7% who are White Polish and Other White. There are a range of other small minority ethnic groups; those who are Indian or Pakistani form the largest minority ethnic groups, making up 1% and 1.4% respectively of the overall population.

4.3 Deprivation Levels

Historically Dundee City has experienced high levels of deprivation.

The Scottish Index of Multiple Deprivation (SIMD) for 2012 estimated that there were 42,125 people living in the data zones ranked within the 15% most deprived in Scotland. This represents 30% of the total Dundee City population, a figure which has been slowly increasing over the last decade.

Dundee is ranked third behind Glasgow City and Inverclyde for the highest percentages of population living in the 15% most deprived data zones in Scotland.

There are a range of other key findings which emerged from the 2012 SIMD, as follows:

- Employment deprivation is greater than in Scotland as a whole. 17.0% of the population of Dundee City aged 16-60/64 were shown as employment deprived compared to 12.8% across Scotland.
- Income deprivation is also greater than in Scotland as a whole. 17.8% of the population were shown as income deprived, compared to 13.4% across Scotland.
- Across the other domains of education, crime and health, 20% or more of Dundee City's 179 data zones were found in the 15% most deprived data zones in Scotland.

In Dundee there is a very clear recognition of the need to build the local economy, and one of the key initiatives being taken forward is the development of the waterfront through a £1billion investment programme. It is anticipated that this will boost tourism and the desire for students, businesses and commuters to locate to Dundee.

The main population and demographic determinants of need and demand in Dundee are the levels of deprivation, an ageing population, and the level of associated morbidity. The health and social inequalities which result from the combination of these factors impact on a total of

40,000 of Dundee's citizens, and this places a high, and increasing, demand on health, social care and other services within the city now, and into the future.

4.4 Children and Young People

Figures show that between one third and one half of the children and young people in Dundee are living in deprived circumstances, with many living in lone parent households.

4.5 Substance Misuse

The prevalence rate for problem drug use is estimated to be significantly higher than the overall Scotland rate. Also figures show that people from the most deprived areas of Dundee account for more than five times the number of presentations to Accident and Emergency Services for alcohol misuse, compared with those from the most affluent areas in the city.

4.6 Older People

With the rising numbers of older people, an increase in the level of associated morbidity, particularly around dementia prevalence, is anticipated. Currently there are 2,694 people with a diagnosis of dementia, and through demographic modelling it can be predicted:

- in 2019 there will be 2,925 people with a diagnosis of dementia
- in 2024 there will be 3,193 people with a diagnosis of dementia

There are also higher numbers of people than the national average who have long term conditions, such as physical or learning disabilities. Those with such conditions have more complex support needs as they grow older.

At the same time the population of unpaid carers is also ageing. The majority of those providing unpaid care for older people are partners, family members or friends who are frequently themselves older people.

4.7 Learning Disabilities and Autism

In 2014 Dundee City Council was the local authority with the most people with a learning disability/autism per 1,000 of the population (9.5 people) with the Scottish average being 6.0 per 1,000. (SCLD, 2014)

The number of people with a learning disability and/or autism has risen considerably over the last 5 years. Although the actual number of people with autism is smaller, there is a similar pattern of increasing numbers in recent years (from 48 in 2008 to 170 in 2014).

4.8 Physical Disabilities and Sensory Impairments

The accepted measure of prevalence of physical disability comes from Scotland's Census, General Register of Scotland (2011).

4,943 people in the 16 to 64 age group identify themselves as having a physical disability, which equates to a rate of 49.9 people per 1,000 population (16 to 64 age group) having a physical disability, compared to 47.2 rate per 1,000 for Scotland overall.

4.9 Mental Health

Data from the Annual Citizens Survey (2014) showed that Dundee's mean score (56.8) on the Warwick-Edinburgh Mental Well-being scale (WEMWBS) was marginally less than last year's score (57.14), with lowest scores reported in Dundee's areas of deprivation.

Dundee also has a higher prevalence of people medically diagnosed with a mental health issue. The Quality Outcomes Framework prevalence rate in Dundee is 1.12, which is higher than both NHS Tayside (1.00) and Scotland (0.88).

4.10 Unpaid Carers

Unpaid carers provide support to people of different ages, and with a range of disabilities and conditions. The proportion of people providing unpaid care to family members or friends has remained at 9% of the total population since 2001 (General Registers Office (GRO) Census 2011 data). This has been consistent with the Scottish average.

At the Census in 2011, 12,811 people (aged over 16) in Dundee stated that they were unpaid carers. 261 children (aged 16 and under) were also identified as unpaid carers. The census highlighted that nearly half of all adult and young carers in Dundee are caring more than 20 hours per week.

4.11 SUMMARY

The information provided shows the demographic changes taking place, the level of deprivation in Dundee, and the complex set of social circumstances and needs to which these give rise. The Department continued to respond to the associated increase in demand for Social Work services that presented throughout 2014/15.

SOCIAL SERVICES DELIVERY LANDSCAPE AND MARKET

5.0 This section provides an overview of how social care services are provided, together with some of the challenges and pressures on the social care market.

5.1 Nature and Makeup of Local Provision

Social care services are delivered through a mixed economy of local authority, private, independent and third sector provision. In 2014/15 the Council had 211 contracts with 120 suppliers of social care services. Of these, 155 were involved in the supply of regulated services, ranging from residential care to Care at Home. The remaining 56 contracts were for unregulated services, including lunch clubs, advocacy services and family support services.

This shows an increase, both in terms of the number of contracts and the number of providers, and reflects the pro-active approach being taken to the review and development of increased flexibility and diversity in the social care service market.

5.2 Strategic Commissioning

The market has been shaped by local demand, strategic commissioning intentions and availability of funding. Strong partnerships exist which have been enhanced through changes in national policy, for example the Self-directed Support (Scotland) Act 2013 and specific Scottish Government investment to bring about change (e.g. Reshaping Care for Older People). Our local response to these policy drivers has been to encourage creativity, flexibility and increased choice in local provision, including the introduction of social enterprise into the market.

Better research and needs analysis are influencing local future commissioning priorities. This approach will continue to develop the local market through the strategic planning processes for Dundee's Health and Social Care Partnership and the Children & Families Service.

An example of such an approach is the outcome of the Dartington research (described in more detail at Paragraph 6.1.5, Page 16) which has identified four main priorities for targeting resources to children and families:

- Early social and emotional development (age 0-5)
- Poor engagement with school (age 9-16)
- Early initiation of substance use
- Obesity

A continued shift towards more personalised supports has resulted in more flexible, individualised service provision, with the local authority and external providers moving away from traditional, resource-based services to enable social inclusion focussed support.

5.3 Co-production

Regular provider learning network events are held, and providers have been well represented at the large scale consultation and engagement events that have taken place over the past year to prepare for the Health and Social Care Integrated Strategic and Commissioning Plan.

In the past year work has taken place to strengthen further the partnerships with both independent and voluntary sector partners. The aim is to agree a mutually acceptable process for future commissioning arrangements. Representatives from the Third Sector Interface (voluntary sector partnership) jointly lead these planning processes. It is anticipated that the Council and its third sector partners will benefit from clearer outcomes focussed commissioning arrangements in the future, when a proposed model is agreed.

5.4 Service Improvement

There are a range of processes in place to promote continuous improvement. These include work with providers and other local stakeholders through established provider forums to encourage partnership working, shared responsibility for learning and development, and co-production of joint strategic and commissioning plans. Such forums include the Care Home Providers Forum, and Care at Home Providers Forum.

One of the key activities involved in maintaining quality of service provision is contracts monitoring. This process is co-ordinated by the Council's Contracts Service, in partnership with the lead Social Work officers for each service. A comprehensive contractual framework is in place, and there is active oversight of purchased services, which allows Officers to identify and respond timeously to any issues regarding service quality.

5.5 Financial Pressures

Continued financial pressures have resulted in restricted funding conditions for external providers. Given these conditions will continue to exist the Council has worked closely with external providers to mitigate the effect of reducing resources. A partnership approach to strategic funding decisions, streamlining processes to scrutinise the performance of service providers, and exploring opportunities to offer in-kind support to assist with 'backroom' and support costs, have resulted in shared ownership to tackle these challenges. A streamlined accreditation process to assess the capacity and capability of organisations to deliver services has been developed and formally launched in partnership with the Third Sector Interface.

Elements of the care sector continue to be affected by low pay, and national initiatives to tackle this issue will impact on the cost of care. It is recognised that issues around recruitment and retention of staff and continuity of care for vulnerable people can impact on quality of service provision. The Council continues to contribute nationally to this agenda.

5.6 Welfare Reform and Welfare Rights Service

One of the key challenges is the high level of poverty, with associated social and health inequalities and a high level of demand on health and statutory services. There are in addition the financial risks for individuals and families presented by welfare reforms.

The Welfare Rights Service continues to monitor the impact of the Welfare Reform agenda. Increased activity has been experienced as a direct result of these changes. This includes the impact of benefit sanctions and the migration of Disability Living Allowance (DLA) to Personal Independence Payments (PIP), as well as the implications of greater restrictions on access to welfare benefits.

At the same time a large number of people continued to experience money and debt problems and required support and assistance from the Welfare Rights Service. The Service has improved its already good performance, with just under £4.9m of additional benefits successfully claimed as a direct result of interventions by the Service.

Recognising the strong links between health inequalities and deprivation, the Welfare Rights Team has developed working arrangements with a small number of GP surgeries to provide a welfare rights service, based within primary care settings. This ensures GPs can focus on clinical issues, whilst at the same time ensuring welfare rights services are more readily accessible. It is intended to roll this model out gradually across other GP surgeries.

With high levels of deprivation, and the significant projected demographic changes, there is growing concern regarding the cumulative impact welfare reforms will have upon individuals of all ages, as well as the health, social work, social care and other services in the city whose resources will continue to be under increasing demand into the future.

SERVICE QUALITY AND PERFORMANCE

- 6.0** The key priorities and targets for the Department are outlined in Dundee's SOA for 2013-17, and the Departmental Service Plan for 2012-17. An Annual Report to the Social Work and Health Committee (Report No: 427-2014) was presented in November 2014, and provided information on the progress of the performance measures and actions/projects included in the Social Work Service Plan 2012 – 2017.

SERVICE QUALITY AND PERFORMANCE - CHILDREN'S SERVICES

- 6.1** The following section describes the performance of Children's Services, with more detailed performance data regarding the services for children in need of protection, and those who are looked after, provided in the Statutory Functions and Statistical Appendix sections of this report.

6.1.1 Legislative Change and Key Policy Drivers

GIRFEC (Getting It Right for Every Child) continues to be the primary policy driver for all agencies and organisations involved in services for children and families across Scotland.

In the course of this reporting year however the **Children and Young People (Scotland) Act 2014** was also passed which sets out the responsibilities of the local authority and other public bodies to promote:

- Rights of children and young people
- Children's Services Planning
- Wellbeing and GIRFEC
- Early Learning and Childcare
- Getting it Right for Looked After Children (Corporate Parenting)
- Support for Kinship Care
- Scotland's Adoption Register
- Secure accommodation

There are certain responsibilities that have a specific impact on social work services. These include the requirement to:

- raise the upper age of eligibility for aftercare support for care leavers from 21 to 25 years
- secure some care leavers in their looked after placement, or suitable alternative accommodation, up to their 22nd birthday
- provide appropriate support to kinship carers, including financial support
- ensure children are placed at the centre of services and are listened to.

Children's Services, together with partners across Integrated Children's Services (ICS), have been involved in preparing for the implementation of the Act.

Throughout 2014/15 a wide range of continuing service development has been taken forward, and continued progress has been made towards more integrated service planning and delivery across ICS. More detailed information regarding these developments is available on the Council's Dundee Partnership and ICS Website.

6.1.2 Outcomes for Children's Services

The aspirations and priorities for Dundee's children are expressed within the Partnership's Single Outcome Agreement (SOA) and Integrated Children's Services Plan 2013-17. Outcome 3 states that:

Outcome 3: Our children will be safe, healthy, achieving, nurtured, active, respected responsible and included.

There are a range of priority actions which are of relevance to Social Work, as follows:

Safe

1. Maximise the integration of multi-agency processes: screening, referral and assessment
2. Improve intensive assessment and support for children in their earliest years

Healthy and Achieving

3. Improve the health outcomes and other outcomes for looked after children

Nurtured

4. Increase the number and range of local foster care placements for children
5. Improve assessment and supports for kinship carers

Respected, Responsible and Included

6. Develop robust community approaches for young people involved in offending or risk taking behaviour
7. Improve the engagement of children and families

6.1.3 Integration of Multi-Agency Processes

There are now a number of well established multi-agency screening processes, which play a central role in decision making and the need for a social work service, including:

- **Team Around The Child (TATC)** in which a Named Person or Lead Professional brings together relevant agencies to co-ordinate the Child's Plan, where there is a wellbeing concern.
- **Multi-Agency Screening Hub (MASH)** which considers initial child care and protection concerns.
- **Early and Effective Intervention (EEI) Group** which considers information on children and young people aged 8–17 years, where they have been involved in offending or there are concerns regarding their vulnerability.

These processes operate alongside child protection procedures, which involve:

- **Initial Referral Discussions (IRDs)** at which decisions are taken as to whether a child or young person requires a social work assessment, and whether his/her circumstances should be considered at a Child Protection Case Conference (CPCC).
- **CPCCs** at which decisions are taken as to whether a child is at risk of significant harm, and should have his/her name placed on the Child Protection Register.

A child will only be referred to the Children's Reporter, if considered first through one of these multi-agency processes.

There are very few circumstances in which a referral to the Social Work Department does not now come through a multi-agency screening process. These processes have helped to strengthen the role of universal services in supporting children and families, and ensure that social work resources are appropriately targeted.

However the level of demand on Social Work Teams, and particularly on the Care and Protection Intake Service (who respond to most new referrals) has continued to be high consequently it was decided to commission an independent review to focus on capacity

issues. In particular, an Independent Consultant was asked to make recommendations as to how best to deliver services, given the drive towards integration and more locality based resources.

The Consultant referred to the MASH as an excellent example of partnership working to protect vulnerable children, providing good cross-agency information sharing and effective decision-making in relation to the safety and well being of children who may be at risk. He also recommended that the Care and Protection Service should be retained centrally, with social work staff more closely aligned to locality social work teams for allocation purposes.

Finally, the Consultant also recommended that both the MASH and New Beginnings Service (Dundee's multi-agency service for unborn babies affected by compromised parenting) should be consolidated, and appropriately funded on a shared basis by the partners in Social Work, Health and Police. These recommendations were accepted by Dundee's CYPPC, and have subsequently been approved by Dundee's Chief Officers' Group (COG). Work is in progress towards the implementation of the agreed action plan into 2015/16.

6.1.4 Intensive Assessment and Support for Children in their Earliest Years

A range of assessment and support services for children and families are delivered by, or on behalf of, the Social Work Department in a way that ensures timely, intensive and effective intervention. This includes intensive family support for children where accommodation is being considered, as well as the multi-agency New Beginnings Service. The Independent Consultant who undertook the review of the Care and Protection Intake Service described the New Beginnings Service as an excellent example of multi-agency preventative work in practice.

Recognising that some families require a longer term service, community based services have been commissioned to provide outcome focussed practical and organisational support. It is planned that in the coming year, these 'spot purchased' services will be commissioned through a **Generic Family Support model of service**.

6.1.5 Improving Outcomes for Looked After Children

There are some key changes and developments to report in terms of performance, specifically in relation to: the numbers of looked after children and changes in the balance of care; improvements in placement stability and permanence planning; health outcomes and positive destinations for care experienced young people, as follows:

Number of Looked After Children

At a rate of 22.7 per 1,000, Dundee continues to have the second highest rate per population of looked after children after Glasgow. However, the number peaked in 2012 (about one year before other local authorities) and has reduced steadily since then.

Further analysis shows that the:

- Number of children in foster care has been increasing by proportion from about one third to almost half of the population of looked after children
- Proportion of children staying with friends or relatives has continued to be above the national average, although is now decreasing
- Proportion of children looked after at home is now below the national average
- Proportion of looked after children living in the community, rather than in residential accommodation is 95%, one of the highest proportions in Scotland

These changes are likely to have resulted from a complex range of related factors, including more effective use of voluntary measures, together with the provision of earlier support.

In addition, for those who are the subject of statutory interventions, the average age of the children involved is now younger, and care planning decisions are being taken more quickly.

This is also reflected in the decreasing length of time a child in Dundee will be named on the Child Protection Register.

Placement stability

The benefits of being in a stable placement are well evidenced. Work has continued to try to minimise the number of placement moves experienced by children, and supporting them appropriately through the adverse impacts of any placement changes that were not preventable. It is positive to report the improvements made as follows:

- The proportion of children who have had three or more placements at a snapshot date decreased from 49.5% in 2008 to 9% in 2014.
- The average length of placement for a looked after child has increased from 6.9 months in 2012/13 to 11 months in 2013/14.
- The number of looked after children reporting that they like where they live has increased from 70% in 2011 to 81% in 2014.

This data suggests a better matching process and improved support being provided for children and carers once in placement.

Permanence Planning

Data shows that there were more children being moved on to permanence than in previous years (See Paragraph 7.1.4 for more detailed information) as follows:

- The number of children matched with adopters and permanent foster carers in 2014/15 rose to 50, compared with 27 in 2013/14.
- In 2014 25 children were matched with adoptive families (although there have been delays in moving some of these children to placement due to legal issues).
- In 2014/15 the number of children secured in adoptive placements increased to 15, compared with 13 in 2013/14.

The aspiration is for all children to be secured in a long term or permanent care arrangement, be it at home, with kinship carers, in foster or residential care, or adopted, as soon as possible. To this end Dundee's Permanence Review Group and Dundee City Council's Legal Services engaged with the Permanence in Care Team (PACT) from the Centre for Excellence for Looked After Children in Scotland (CELSIS) to consider how processes could be improved for those children who are identified as requiring permanent substitute care, and whose care plans may be subject to elements of 'drift'. The actions from this will be incorporated into an updated Permanence Action Plan for 2015/16.

Dundee has worked jointly with Perth & Kinross and Angus Councils on a recruitment campaign for adopters and permanent foster carers. This campaign raised the profile of adoption and provided a launch pad for a number of other creative recruitment activities, including regular drop-in events, the development of a Facebook page: 'Dundee City Adoption and Fostering'; and high profile advertising on local buses and the radio.

Staff are involved in a range of national and local activities aimed at finding adopters willing to consider children with additional needs, older children and larger sibling groups, and have made extensive use of the Scottish Adoption Register and Adoption Exchange days.

Health Outcomes

Local evidence from the Improving Children's Outcomes Survey shows that looked after children are two to three times more likely to be affected by poor social and emotional wellbeing as compared with non-looked after children.

To ensure that children's well-being is assessed at the earliest possible stage, it is a target for all looked after children to be offered a health assessment within four weeks of becoming

looked after. Whilst some children decline the offer, it is currently estimated that 2 in 3 children receive their health assessments within four weeks of 'looked after child' notification.

Throughout 2014/15 staff continued to be involved in a rolling programme of professional development in attachment-based practice to promote good assessment and care planning skills, ensuring that full account is taken of the child or young person's all round health, developmental and social needs.

Positive destinations

As corporate parents, it is the shared responsibility of elected members and officers across Dundee City Council and partner agencies, to provide young people with a positive care experience and to help them achieve positive destinations.

Educational outcomes for looked after children are significantly poorer than in our comparator Councils, both for children looked after at home and those who are accommodated.

The importance of children gaining the best educational outcomes possible is key to improving life chances. Good school engagement can improve the development of aspirations that can act as a protective factor during adolescence and can reduce a series of other risks, such as poor emotional well-being or risky sexual behaviour.

The Council has continued its involvement with the **Social Research Unit at Dartington (SRU)** and the Scottish Government. This project aims to support Social Work and its partners to work together and strengthen the strategic commissioning of children's services. During 2014/15 the field work and research for the Improving Outcomes project was carried out and analysed, identifying engagement with school and learning (for children age 9-16 years) as one of four key areas for development. Within this, it was recognised that a specific focus on looked after children is required, and an action plan is now in development to promote improvement in the engagement in school and learning by looked after children and young people in Dundee.

Alongside this new development, staff in Children's Services are also currently working with the **Loughborough Project** to analyse the findings regarding outcomes for looked after children and young people, when set against the cost of interventions. The overall aim is to ensure Dundee is making the most appropriate use of the resources available to support children and young people to achieve best outcomes. Further information in terms of findings will be available shortly.

It is positive to report that positive destinations for school leavers who ceased to be looked after during the academic year improved from 38% in 2009/10 to 45.5% in 2013/14 and 49.5% in 2014/15.

The Throughcare and Aftercare (TCAC) Team provide assessment, care planning and support to young people who are reaching an age when they will no longer be looked after, to support them into independence. The Team also provides a service to those who have already left care. The following data is available about outcomes for young people who received a TCAC service in 2014/15:

- The total number of young people who received a service from the Throughcare and Aftercare (TCAC) Team in the year 2014/15 was 129, compared to 108 in 2013/14.
- 4 care leavers moved to a supported accommodation resource (compared to 5 in 2013/14).
- 25 young people are living successfully in their own tenancies, supported by a partnership between TCAC Team, Housing Services and Carolina Trust.

It is anticipated that demands will continue to grow, not only because of the higher expectations of the Team, but also because of the implications of the Children and Young People (Scotland) Act 2014.

6.1.6 Provision of Local Foster Care Placements

Where possible, children are provided with foster placements in or near Dundee. This allows them to continue to attend their own school, maintain family contact and remain involved with existing workers. However the Department, like many other authorities in Scotland, has had to purchase an increasing number of placements from external providers, because of an insufficient number of local placements available to meet the rising level of need, and a mismatch between the specific requirements of children and available carers.

The Family Placement Service continues to work to increase the number of internal foster carers, who live in Dundee, or as close to the city as possible. A recruitment group, involving current carers, is in place which explores innovative ways to recruit new carers. This has included the recruitment activities described at Paragraph 6.1.5 above.

6.1.7 Support for Kinship Carers

Almost a third of all looked after children in Dundee are in kinship placements which enables children to stay in their existing family and support networks. Services for kinship carers in Dundee continue to be developed in line with Dundee's Kinship Care Strategy for 2013-18.

A Social Worker now has a specific role and remit for kinship care, which includes the provision of both of an assessment and support service for kinship carers, providing placements for looked after children, and also a development role to strengthen the range and quality of supports and services available for kinship carers across the city. The capacity of this service is to be enhanced further with the recent creation of a support worker post. The Social Worker has established a Kinship Carer forum which brings a range of partners together and provides an opportunity for consultation with carers.

6.1.8 Community Approaches

The risks faced by vulnerable young people, including those who run away, or who are at risk of, or involved in, child sexual exploitation (CSE) are recognised. The Youth Justice Partnership has been reviewed and extended to form the **Vulnerable Adolescent Partnership (VAP)**, reporting directly to the Child Care and Protection Committee (CCPC).

A new CSE protocol has been developed which reinforces the need for pro-active information sharing and sets out processes. Dundee also has local protocols and supporting guidance to ensure services respond appropriately to children and young people affected by female genital mutilation (FGM), forced marriage and 'honour-based' violence.

A **multi-agency operational group (MAOG) for CSE**, which is a forum for information sharing regarding patterns of concern, has been established and has already proved to be effective in identifying risk. This has, for example, already led directly to the disruption of 'party flats' where young people have been the subject of concern.

For young people assessed as presenting a risk to others, their risk is managed through Multi-Agency **Care and Risk Management Conferences (CARMs)**. This is a framework which is similar in format to that in place for child protection. Positive consideration is being given to the option to extend the remit of CARMs to include vulnerable young people whose behaviour presents a risk to themselves, such as those involved in drug or alcohol use, self-harm or CSE.

Alternatives to secure accommodation and residential school continue to be developed through improved targeting and partnership approaches

The additional 5 bedded residential house, with a remit to support challenging young people, had its first full year of operation in June 2014. This resource has worked with a group of young people who would have previously been placed outside Dundee, allowing them to remain in contact with their own family and other social networks.

Key performance indicators showing the number of young people in receipt of some of these early intervention and diversionary processes and services are as follows:

- 751 alleged offences were committed in 2014/15, as compared with 834 in 2013/14
- 178 alleged youth offences (committed by 8-15 year olds) were dealt with through Early and Effective Intervention (EEI) compared with 274 in 2013/14 and 176 in 2012/13
- From October 2014 – September 2015 there were 8 new CARMS, compared with 2 for January – December 2013.

The number of young people placed in secure accommodation between 1 April 2014 and 31 March 2015 reduced to 5, compared with 6 in the previous year. This represents a significant improvement on the high levels of secure accommodation in use up to 2013, mainly brought about by the targeted use of intensive community based and residential services.

6.1.9 Improve Engagement with Children and Families

The importance of engaging with children and families, and promoting their contribution towards both their own Plans and the wider strategic development of services, is recognised, and some examples are included below:

- Easy-read leaflets have been produced.
- Wellbeing Wheels were introduced as a tool to consider the wellbeing of a child, by scoring the child's wellbeing against different indicators, and helping to identify if there are areas in a child's life where there is need for attention or intervention. Wheels are completed by the child, parent/carer and professional. Over 500 child well-being forms were filled in.
- Dundee's Child Protection Engagement Officer provides an independent advocacy and support service to children and young people to ensure their voices are heard in decision making processes. 22 children/young people were supported to have their views heard at CPCs in the first 6 months of 2015.
- The Child Protection Engagement Officer is working with a range of professionals to develop their knowledge and skills in a Child Protection 'Buddy' role to support children.
- Children are encouraged to attend their Looked After Child Review meetings and to provide a report for each meeting (depending on their age and stage of development). 52% of children (over the age of 12) attended their own LAAC review.
- Who Cares? Scotland provides a Children's Rights Service for all looked after and care experienced children and young people for whom Dundee is a corporate parent. They also provide Young Person's Worker support for the Champion's Board (see details below).
- The advocacy service that is part of the MARAC (Multi-Agency Risk Assessment Conference) (focus on domestic abuse) system has recently been expanded to include a full-time children and young people's worker to ensure that children's voices are heard in all aspects of the MARAC process.
- Partners in Advocacy provide a citizen advocacy, short term crisis and independent advocacy for children and young people (up to 21 years) including those affected by the Mental Health (Care & Treatment)(Scotland) Act 2003.

A key area of activity has continued to be the running of **Dundee's Champion's Board**. Through the Champions Board care experienced young people engage with and set a challenging agenda for Elected Members and senior officers. The young people involved share their experiences and opinions and work with agencies to develop solutions to improve services. This has resulted in practice developments, such as peer mentoring and On the Whole (a dedicated space for looked and previously looked after children and young people).

Earlier in 2015 a large scale multi-agency **Corporate Parenting Event** was held which involved staff from all key corporate parents to inform local actions and improve the support for looked after and care experienced children and young people.

Through the Strategic Planning Group (SPG) for **Children with Complex and Additional Support Needs**, and dialogue with parents and carers of children with complex needs, progress has been made in identifying what support and services they require. This process identified the need for more social interaction and groups such as youth groups, sports and after school activities. Parents also wanted more respite and therapeutic services, as well as specialised childcare to allow them to access employment. Following this, the SPG led an engagement event with service users and providers to help begin to shape and design local services. There is on-going work in relation to the introduction of the Child Protection and Disability toolkit.

Both the Children and Young People (Scotland) Act 2014 and Social Care (Self-Directed Support) (Scotland) Act 2013 emphasise the right of access to advocacy. Whilst there are a range of children's rights and advocacy services provided in Dundee, it is the aim to develop these services further and to incorporate them into an integrated strategy for engagement with children, young people and families in Dundee. This work will be taken forward in 2015/16.

6.1.10 Challenges and Pressures

The work of Children's Services has evidenced clearly the investment made in multi-agency working to achieve improved outcomes for children and young people, recognising the importance of multi-agency processes, intensive assessment and support for children in their earliest years, and the provision of local services.

One of the key principles which have underpinned the approach and activities is the promotion of service user involvement, both in terms of child, young person and parent contribution to Child's Plans, and also to the planning and development of services.

It is anticipated that ongoing structural changes will result in more positive outcomes for children and families. However there is a need to ensure that issues relevant to children and families form part of the considerations of the IJB and that organisational change does not detract from service development.

Legislative changes will require changes in the way services are delivered to looked after and accommodated children and will necessitate different resources and approaches for young adults. There are insufficient foster placements to meet current levels of demand and a lack of placements for teenagers which will require more focused recruitment. Demand for external placements is likely to continue, resulting in significant budget pressures.

6.1.11 Statutory Functions

More detailed analysis of the performance by the Department's Children's Services of their statutory duties is provided at Paragraph 7.1.

SERVICE QUALITY AND PERFORMANCE - CRIMINAL JUSTICE SERVICE

6.2 The following section describes the performance of Dundee's CJS.

6.2.1 Outcomes for CJS

CJS is clearly linked to **Outcome 6** of the SOA: **Our communities will be safe and feel safe**, with the aim of reducing crime and levels of re-offending.

The priorities for CJS in Dundee can therefore be summarised as follows:

“tackle re-offending through the timely provision of appropriate services to Offenders at different stages of the criminal justice system, from early and effective intervention through to diversion from prosecution, community sentences, resettlement from short-term prison sentences and statutory through care for prisoners serving over 4 years”

Dundee SOA 2013-17

CJS continue to work in partnership with Angus and Perth & Kinross Councils, with Dundee carrying the responsibility for hosting two shared services which are delivered across all three authorities i.e. the Tay Project and East Port House.

The Tay Project delivers specialist group work programmes to sexual offenders, and the priority has been to implement the new national Moving Forward Making Chances (MFMC) programme, which has required significant training for staff. Progress with the implementation of the MFMC programme was reported to the Tayside CJA (Report No: TCJA 238-2015).

In terms of East Port House which provides supported accommodation, an options appraisal is ongoing to consider the sustainability of the service, and this will report in December 2015. As detailed in Appendix 1, Care Inspectorate inspections continue to be positive at East Port House.

In the past year the Court in Cupar was closed, and the business was transferred to Dundee Sheriff Court. Consequently there has been an increased demand on court duty worker services

For those adults and young people involved, or at risk of becoming involved, in the criminal justice system, CJS has continued to provide a range of services (including the following services detailed below) and recent trends indicate a reduction in reconviction rates.

6.2.2 Development of Multi-agency Integrated Resource and Service

CJS operates from Friarfield House and staff are co-located with a wide range of statutory and third sector partners. This includes an Action for Children Arrest Referral Programme; Police Scotland Offender Management Officers involved in the joint risk assessment and risk management of Registered Sex Offenders; Tayside NHS Nurses and Support Workers delivering holistic health services; Tayside Council on Alcohol Mentoring Services; Apex Employability Services; and Venture Trust Wilderness Programmes. Increasingly, a range of agencies also operate on a timetable basis, including dentistry, welfare rights and literacy and numeracy services. These co-located arrangements improve information sharing, partnership working and more holistic interventions.

6.2.3 Promotion of Early and Effective Intervention Approaches

In partnership with Police Scotland and the Crown Office, Early and Effective Interventions (EEI) have been extended to 16-17 year old offenders. This has diverted more young people from the formal criminal justice system, and resulted in fewer of them being prosecuted.

The service has continued to liaise with the Crown Office Prosecutor Fiscal Office to promote and develop approaches to **Diversion from Prosecution** and the **Fiscal Work Order Scheme** for those over the age of 16 years.

6.2.4 Community Payback Orders (CPOs)

In March 2015 Dundee's CJS submitted its third Annual Report to Dundee City Council's Social Work and Health Committee on Community Payback Orders, covering the year 2013-14 (Report No: 118-2015).

This report highlighted continued improvements in performance, including an increase in the proportion of offenders successfully completing community sentences. It also detailed a strong

connectivity to the unpaid work projects and the 8 Local Community Planning Partnerships (LCPPs), with feedback showing high levels of satisfaction.

The service was involved in the delivery of a number of projects to meet the particular needs of distinct groups who were the subject of CPOs. This included programmes for the treatment of perpetrators of domestic violence.

6.2.5 Community Justice Centre (CJC) for Women

In 2014/15 the CJC for Women was fully implemented with a key focus being to build local capacity to help women to more easily access local services.

The Team continues their intensive multi-disciplinary approach which includes a range of health services, involving mental health and substance misuse services, as well as dentistry and cardio-respiratory health services. There are also strong links with the Tayside Council on Alcohol Public Social Partnership (PSP) Women's Mentoring Service.

6.2.6 Other Services

CJS also deliver a range of other services, including the following:

- Tayside Intensive Support Service, which focuses on persistent offenders
- Community reintegration project for short term prisoners
- Employability support
- Provision of court based social work services, which now includes dealing with individuals from North East Fife with the closure of Cupar Court
- Significant strengthening of approaches to health, including provision of keep well health checks

6.2.7 Challenges and Pressures

There are a number of key strengths in CJS, which include well established Court services, and strong co-located, integrated working arrangements with partners. The service has also demonstrated a capacity for innovation and service improvement, as evidenced by the development of services for women.

There is a period of significant change ahead for CJS, which includes the implementation of new Community Justice legislation. The role and responsibilities currently allocated to the Tayside Community Justice Authority (CJA) are to be transferred to a defined set of partners in 2017. CJS has a strong partnership with community safety and public protection colleagues which provide a strong foundation on which to build for change. The planning and development work that has taken place will ensure CJS is well placed, both to manage the transition, and support the transfer of these responsibilities from the CJA within the target timescales.

It is also anticipated that Multi-Agency Protection Arrangements (MAPPA) (See Paragraph 7.2.3 for more detailed information) will be extended to cover certain violent offenders, and work is on-going within the service to prepare for this. These changes will also require time to be protected for staff training.

6.2.8 Statutory Functions

Details regarding the delivery of statutory functions by the Department's CJS are included at Paragraph 7.2 below.

SERVICE QUALITY AND PERFORMANCE - COMMUNITY CARE SERVICES

6.3 The following section describes the performance of Community Care and details the key challenges as we move towards the integration of community health, social work and social care services.

6.3.1 Legislative Changes and Key Policy Drivers

There are a number of significant legislative and policy drivers, which include:

- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014

These key legislative changes continue to drive forward a shift towards greater personalisation, closer working across all partners and a focus on the building of individual and community capacity. Through the implementation of models of change, more emphasis has been placed on introducing preventative services and early interventions to avoid increasing levels of dependency. The work to date has demonstrated improved outcomes for service users and the development of a range of new initiatives and revised models of working.

The formal arrangements for the introduction of the new integrated body are being progressed, as summarised at Para 3.4 above.

Within the Dundee Partnership staff also contributed to the identification of local priorities and actions for the use of the Integrated Care Fund, informed by the feedback received at two events. To build on the momentum gained through these events, two further planning events were held in 2015, which set the basis for the development of Dundee's Integrated Strategic and Commissioning Plan.

6.3.2 Outcomes for Community Care Services

A clear link can be identified between Community Care services and key outcomes identified for adults and older people in the SOA. Of the specific priorities set out in the SOA, the one with greatest relevance to Community Care Services is:

Outcome 5: People in Dundee are able to live independently and access support when they need it

The indicators related to Outcome 5 can be linked directly to the key outcomes described within the National Health and Wellbeing Outcomes. The performance information for the Community Care Service is presented against each of these 9 National Outcomes as follows:

6.3.3 Outcome 1: People are able to look after their health and wellbeing and live in good health for longer

Staff continue to work to develop more integrated services and improve health outcomes as follows:

- **Enhanced Community Support** is a primary care led, enhanced community response service for frail older people in their own homes. This initiative includes input from Home Care Teams, as well as Social Work and Community Mental Health Teams. The initial

analysis of the service shows a reduction in the number of people admitted to hospital, as well as a reduction in repeat admissions and bed days lost.

- **Partnership approach to reducing delayed discharge** which, together with the remodelling of Home Care services and Enhanced Community Support, has significantly reduced the number of people who required access to inpatient and outpatient resources, or have been delayed in hospital while awaiting care at home. This has reduced the number of repeat admissions and bed days lost, but there are still challenges in reaching the targets for 72 hour discharge.
- **Pharmacy Technicians** are employed to work as part of Dundee's Enablement Teams to carry out medication assessments with service users who are not independent with medication management, and provide support, advice and training on medication related matters to front line staff.

6.3.4 Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Significant investment has been made in the move from institutional forms of support to community supports, through the development of additional supported accommodation, the promotion of employment and college opportunities, and the development of enablement and enabler supports.

Implementation of Self-directed Support (SDS)

To progress the implementation of SDS, a communication strategy and a training strategy were developed, along with guidance for staff, service users, providers and carers. An equivalence model has been adopted to enable individual service user funds to be determined, and the information portal (My Life, My Choices) was also launched in March 2015. This has not resulted in a significant increase in the uptake of Option 1 (Direct Payment) or Option 2 (Self-directed Support), but we are confident that service users are being informed of the options available to them and that through time this will improve.

We have also funded the Dundee Social Enterprise Network to engage with providers to further develop services which will increase the range of options for service users.

Support for Independent Living

Work has also been taking place to develop more integrated services to support people to live independently at home, as follows:

- The delivery of **Community Rehabilitation Services** is being integrated to strengthen the interface between hospital and community rehabilitation nursing services, Social Work Occupational Therapy and Home Care enablement services, the Community Equipment Store and the voluntary sector. The aim is to develop an integrated model of community rehabilitation and enablement, and single integrated policy statements, to include a shared moving and handling policy and agreed criteria for equipment, aids and adaptations.
- **Dundee's Independent Living Centre** is being re-launched, along with the development of a **Technology Enabled Care Strategy**, to promote improved awareness of, and access to, services and equipment for people with a disability,
- **Community accommodation opportunities for adults with learning disability**, with a new resource due to open later in 2015. Similar developments are taking place for other adult groups. These resources will support adults currently placed outwith Dundee to return to the city, and those in hospital to be discharged to the community.

- **New local resources** have been developed by the third sector through the use of the Change Fund/Integrated Care Fund and with the involvement of communities in geographical localities and communities of interest. These include the introduction of local housing community hubs, men's sheds, 'roll and a bowl' and other supports. To further develop this approach, investment has been made in co-production training to encourage a range of managers and front line staff to improve their skills and knowledge of co-production approaches.

Housing with Care for Older People

There is a recognised need to develop Housing with Care for older people to prevent admission to care homes, but due to resource constraints we have been unable to increase the number of available places in the past year. It is the intention is to review the current model of support to maximise the use of available resources.

Residential Care for Older People

Although the actual number of people entering care remains unchanged, there is evidence that residents are now living longer. With Dundee's ageing population, the demand for residential services has already led to significant pressures in the Older People's budget.

For those people living in care homes a **Peripatetic Nursing Team** and **Psychiatric Liaison service** both support practice. There has been an associated reduction in hospital admissions from care homes, and the overall standard of care continues to improve. (See Paragraph 9.2 for more detailed information about care home inspection grades) A recent survey showed a need for further support for behaviours relating to dementia, and work is underway to develop a dedicated **Psychiatric Care Home Team**.

6.3.5 Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

There is range of ways in which services have improved. Information regarding the quality of services provided is included in the Service Improvement Approaches section of this report at Paragraph 9.0.

Improvements have been made in the way in which service users and their carers are being supported to contribute to service planning and improvements. These have been achieved through investment, for example, in the appointment of **Engagement Officers** for Sensory Impairment and Technology Enabled Care, as well as the allocation of additional resources to the third sector, to support user consultation and involvement.

Reviews have also taken place of service delivery arrangements to improve processes, and the experience of services by service users. These reviews include the following:

- **Community Equipment Loan Service**
99% of people stated that they had a positive experience of the service. New arrangements were introduced to ensure that discharge from hospital is not delayed by waiting for Occupational Therapy assessment or allocation of equipment.
- **Blue Badge Services**
A partnership was developed with Dundee Libraries and the Corporate Fraud Team in response to customer feedback, and an increased number of venues were made available to collect Blue Badges. This improved the flexibility of the service and led to an increase in satisfaction levels for badge applicants and holders.
- **Care Home Activities and Supports**
The third sector Reshaping Care for Older People team undertook a consultation exercise with the staff, residents and families of Craigie House (a Council resource) to ascertain what activities they would like to undertake. As a result of this consultation, a

number of changes were made to the way in which activities are delivered including more frequent trips out with the care home.

6.3.6 **Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services**

As described at Paragraph 6.3.4 above, a number of steps have been taken to progress the implementation of SDS.

In addition we are also reviewing our **Outcomes Focused Assessment Framework** and intend to refresh the training programme for staff. A number of commissioned service providers also use an outcomes approach.

The following new developments have also taken place:

- The **Occupational Therapy Service** is a high volume service, which received 4307 referrals in 2014/15, compared with 3,881 in 2013/14. This increase, along with the speed of response required, presents significant challenges. It is positive that 93% of people who responded to a survey advised that they were fairly, or very satisfied with this service. 72% also advised that they felt they could live more independently.
- The number of service users using **tele-care equipment** has continued to increase and has exceeded its target of 5000 service users (5670 service users in 2014/15).
- The **Transition process** and experience for **pupils with a learning disability** who are leaving school has been improved through a partnership approach between Children's and Adult Services, and the introduction of a transition worker role. An increase in 'enabling' hours, college support, and accommodation with support, has also been commissioned to help young people in transition to adult services.
- A '**Recreational**' post was funded to enable **people with autism** to have recreational opportunities, with a focus on physical exercise, communication and social inclusion.
- A **Virtual Network** has also been launched to support communication and engagement with the autism community. An e-learning course for all staff is also being developed.
- The reach of **assets based approaches in mental health** is being extended to give greater emphasis to personal outcomes, alongside clinical outcomes. This work is a partnership initiative with the Scottish Recovery Network.
- **Post Diagnostic Support** is in place for people who are diagnosed with **dementia**. This provides individual support to help people achieve a range of individual outcomes.

6.3.7 **Outcome 5: Health and social care services contribute to reducing health inequalities**

It is recognised that we must support the development of individual and community resilience through targeted health interventions and the development of a range of opportunities for support.

Focussed use is made of health and community based data and information, profiled by Dundee's 8 Local Community Planning Partnership (LCPP) areas. Although there is further work to be done to embed this approach into all service re-design programmes, the aim is to target service developments to meet needs at a locality level. A review of current health improvement projects is also ongoing.

For people with a learning disability and/or autism already known to health services, we have carried out a detailed **health needs analysis**. The aim of this is to identify the current and future needs of service users, and provide the basis for integrated service planning and delivery. This work is now taking place for carers and other adult care groups, as part of the

strategic planning process. To improve the health care for people who are homeless, **Parish Nurses** have also been employed through the Integrated Care Fund (ICF).

In addition a number of projects aimed at reducing social isolation for older people have been established.

6.3.8 Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, to reduce any negative impact of their caring role on their own health and wellbeing

There is a high level of informal/unpaid care provided to older people and those with disabilities, by family members and friends. Informal care forms a vital part of the social care support system, and it is not uncommon for close family members to provide a very high number of unpaid care hours a week.

In preparation for the **Carers Bill**, we are reviewing our current policies and practice, in assessing carers' needs and providing them with services and supports. A multi-agency working group has been established with a plan to develop multi-agency guidance about working with, and supporting carers.

Significant consultation has taken place with carers who have shared their views on caring and identified areas for further development. A **Carers Strategic Partnership** was established, and a range of engagement activities have been held, including a Carers Conference. The feedback from all of these consultation processes will form the basis of both a local Carers Strategic Commissioning Statement, and a section within Dundee's Integrated Strategic and Commissioning Plan.

There are strong working relationships between the Carers Organisations and statutory agencies, and it is the aim, through the formation of a **Network for Carer Organisations**, to further strengthen these links.

Dundee was selected to host and develop a **Public Social Partnership** through Shared Care Scotland. The partnership involves the statutory and third sector, including the **Dundee Carers Centre**, and allows us to pilot and support the development of new models of **short breaks** for adults. Work has taken place with service users and carers to identify their preferred options, and a testing phase began earlier in 2015. The Carers Centre is taking forward the work to research models of respite care and develop a Short Breaks Team.

6.3.9 Outcome 7 People using health and social care services are safe from harm

In August 2014 the Independent Convenor of the Adult Support and Protection (ASP) Committee published the Biennial Adult Support and Protection report, and followed this up with a mid-term report in August 2015. Both reports were presented to the Social Work and Health Committee in September 2015.

The Biennial ASP report describes the progress made, and the areas for improvement, highlighting in particular the good work undertaken to: develop a financial harm strategy; consolidate the Indicators of Concern model (used to address concerns in managed care settings); and establish the multi-agency adult protection Early Screening Group. Concern was expressed regarding the high levels of referrals from Police Scotland and a number of actions are now being taken forward.

Further information is contained in the report to the Social Work and Health Committee in September 2015 presenting the DASPC Annual Report (Report No: 333-2015). Additional information regarding adult protection activity in Dundee in 2014/15 is also presented at Paragraphs 7.2.1 and 9.4.5.

One further new area of service development which took place relates to the **Safe Place Initiative**. This is a multi-agency partnership initiative which seeks to provide a safe place within Dundee's city centre, for people with a learning disability/autism or mental health issues, or for people who are distressed, anxious or concerned, and in need of such a safe place.

6.3.10 Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

There has been continued investment in staff support, training, and organisational development, and in the provision of up to date data and information. During this period of significant change, staff have been regularly updated on progress in relation to integration.

There are a range of integrated management arrangements which have improved responses to the risks experienced by people who are supported by services, and to the re-modelling of pathways to integrate responses and services. There is evidence that the increase in knowledge of professionals who are sharing expertise across disciplines has also improved practitioner confidence and helped to ensure a more holistic response to need and risk.

Staff have access to a range of data and information which is used to support the partnership approach to needs assessment, service performance and review. One key area where this has been of significant value is in the work undertaken to reduce delayed discharge (referred to at Paragraphs 6.3.3, 6.3.11 and 7.2.2).

6.3.11 Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

We have improved our efficiency in some key areas through the development of in-house systems and processes.

For example, as part of the **Home Care review**, models of service delivery were reviewed to improve efficiency. The **Electronic Monitoring and Scheduling system** is now fully implemented, with both internal and external service providers. This has given greater control over the allocation of home care services and enables us to respond without delay to new requests for support, with a reduction in the number of people delayed in hospital while awaiting a package of care. Collaborative work with external providers continues to improve the efficiency and effectiveness of social care.

Work has continued on strategic needs assessment, to map out and analyse both current and future needs. As described at Paragraphs 3.4 and 10.4, Strategic Commissioning Statements and Plans are being developed across all of adult services.

These plans will lay out the strategic ambitions, as well as the remodelling/commissioning required to achieve these ambitions. Each will be set against a financial framework, which describes the required investments/disinvestments and resource shifts and will be informed by the views of service users.

6.3.12 Challenges and Pressures

In Dundee the overall number and proportion of older people is increasing, and with it the number of people with dementia, as well as other complex age-related illnesses and disabilities. Within the adult population we also have a higher incidence of enduring health conditions and disabilities, compared with other authorities.

This level of complex need makes demands on health and social care services to maximise the provision of community supports and minimise the level of delayed discharge from hospitals. This brings significant pressures for Home Care and residential services, as well as specialist services, such as those provided by MHOs (referred to at Paragraph 7.2.2 and 9.5.3). These demands are increased by the need to review current models of service and meet public expectations regarding increased choice and flexibility.

The challenges which this presents are clearly reflected in the Home Care service, which is receiving requests for services at earlier and later times in the day, and is faced with the difficulties this presents for the recruitment and retention of staff. Significant work is taking

place within Home Care to ensure that all of the resources available are used in the most efficient and effective way. However the increasing number of older people with complex needs means that more are becoming dependent on intensive home care packages to allow them to stay in their own homes for longer. At the same time, whilst the waiving of carers' charges has provided additional support to carers, it has also brought additional financial pressures. Such combined pressures on resources make it difficult to increase the level of Home Care delivered without significant additional resources, or major shifts in resource usage elsewhere.

Reaching the proposed 72 hour hospital discharge target will be difficult to achieve across all hospital settings. For the acute sector, there are few delays, with all non-complex patients discharged within, or around, the proposed target timescale. For hospital settings which support people with more complex or specialist needs, this will prove more of a challenge. While improvements have been realised through re-design and re-modelling of pathways and approaches, the achievement of this target for those with complex needs will require the recommissioning of community services and a fundamental change in the current approaches to hospital care.

The investment of Scottish Government monies has facilitated innovation, greater partnership working and improved outcomes for people, but these funding streams will cease over the next three years, and the partnership will have to absorb the additional costs within mainstream budgets. To support this process of investment and disinvestment will require the partnership to work together, with a common understanding of the key priorities. It is hoped that it will be possible to affect financial shifts, in line with agreed priorities, within the context of the total resource available to the new health and social care partnership.

Maintaining full partnership, staff involvement and ownership of the changes as they progress, will be a key priority for the next year, and we will continue to invest within our programmes of organisational development to equip the workforce and partners for meeting the challenges ahead in 2015/16 and beyond.

STATUTORY FUNCTIONS

7.0 There are a number of duties and decisions that relate primarily to the restriction of individual freedom and the protection of both individuals and the public, which must be made either by the CSWO, or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO, and for which the latter remains accountable. This section of the report provides information regarding the Department’s performance of these specific duties, as well as other related public protection duties.

Information provided regarding performance of these duties is recorded below under each of the following separate headings:

7.1 Statutory Functions: Children’s Services

7.2 Statutory Functions: Adult Services

STATUTORY FUNCTIONS - CHILDREN'S SERVICES

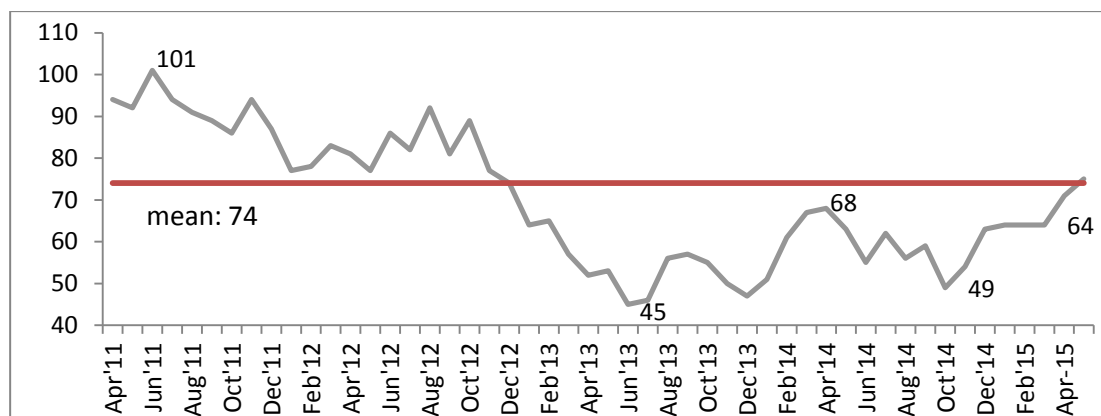
7.1 This section summarises the key statutory functions in relation to children and families, and specifically child protection and looked after children.

7.1.1 Child Protection

Child protection is a key priority for all agencies in Dundee, and specifically for Social Work as the lead agency

As shown in Figure 1, the number of children whose names were on the Child Protection Register at any given point in the year was comparatively low, but it has been increasing slowly again towards the Dundee average of 74, after the lowest number recorded in 2013. Dundee’s rate of registration is now close to the national average.

Figure 1: Number of Children on Child Protection Register each month since 2011



Source: Dundee Children’s Services Management Data Set 2011-15

Age of Children Registered

The most significant trend was in the age of registration, which shows an increasing trend towards younger children being registered (80% of children going to conference aged birth to 4 being registered in 2014/15, compared to 65% in 2013/14 and 54% in 2012/13.) In total 48 children aged birth to 4 were registered, which equates to 40% of all registrations. This is in line with the national average.

Reasons for Child Protection Registration

The figures indicate that although there was a drop to 52% in parental substance misuse recorded as a significant factor for child protection registration in the year 2013/14 (compared with 78% in 2012/13) this figure was still higher than the Scottish average. At the same time whilst other authorities show alcohol misuse as featuring equally alongside drug misuse, in Dundee drug misuse continues to be reported twice as often as alcohol as an area of concern.

Although domestic abuse is not a new issue influencing decisions regarding registration, it is a new category within recorded child protection registration reasons. The Dundee figure rose from 31% in 2012/13 to 41% in 2013/14, above the Scottish average for both years. This may in part be due to improved recording of this area of concern, but it may also be related to the impact of higher levels of parental substance misuse in the city. It is significant to note that the Dundee figure for 'non-engaging family' as a reason for registration is also proportionately much higher than the Scottish average for this category.













Length of Time on Child Protection Register

There is a continuing trend towards shorter periods of registration for children and young people in Dundee, as there is nationally, with 91% of children de-registered after less than 1 year. This compares closely with the Scottish average of 89%.

Summary

Dundee's child protection figures were in general not significantly different from the Scottish average, and they show the city as being in line with other authorities against most indicators. Figure 2 to follow provides a snapshot summary of Dundee's performance against some of the key indicators already identified, as compared with the Scottish average.

Figure 2: Child Protection Register Snapshot for Dundee against Scotland Average at 31 July 2014

Dundee		Scotland	
	31 per cent increase from the previous year in total number on the child protection register (due to low figures in 2013)	9 per cent increase from the previous year in total number on the child protection register	
	Continuing decrease in length of time children tend to spend on the child protection register (91% deregistered after less than one year)	Continuing decrease in length of time children tend to spend on the child protection register (89% deregistered after less than one year)	
	Children continue to be placed on the child protection register at younger ages	Children continue to be placed on the child protection register at younger ages	
	6% of children registered were unborn	4% of children registered were unborn	
	87% of children at initial child protection case conferences registered	78% of children at initial child protection case conferences registered	
	21% of children registered at initial child protection case conferences had been registered previously	17% of children registered at initial child protection case conferences had been registered previously	

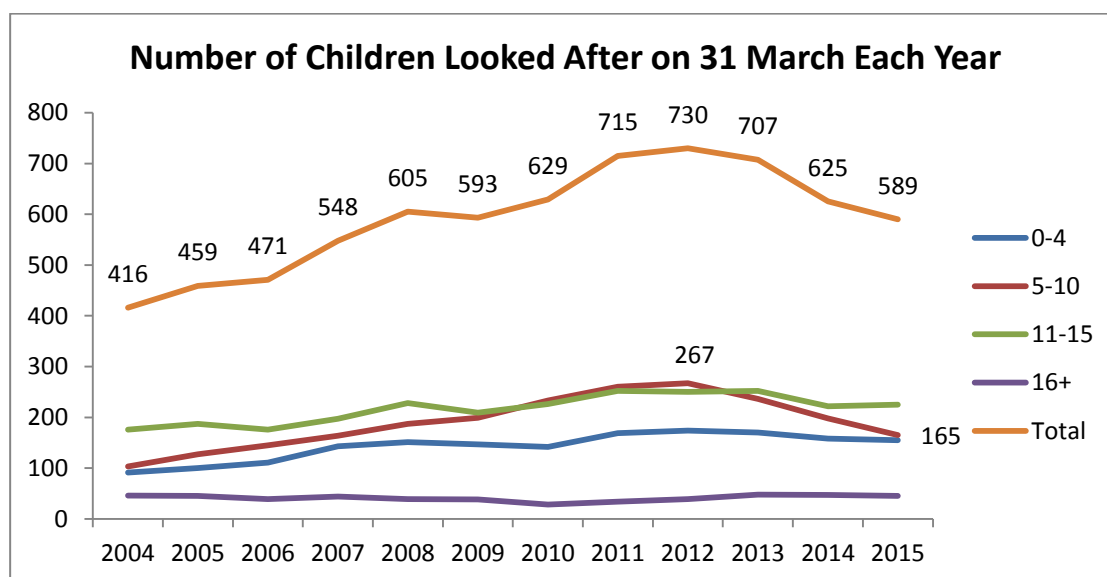
7.1.2 Looked After Children

The Social Work Department co-ordinates the multi-agency assessment and care planning activities required for looked after children, including those in kinship care.

Number of Looked After Children

The population of looked after children in Dundee doubled during the ten year period between 2001 to 2011, from 350 to over 700 in 2010-12. However the number then declined again to under 600 in 2014/15, as can be seen below from the chart in Figure 3.

Figure 3: Looked After Children by Age Groups at 31st March Each Year



Source: Dundee Children's Services Management Data Set

Age of Looked After Children

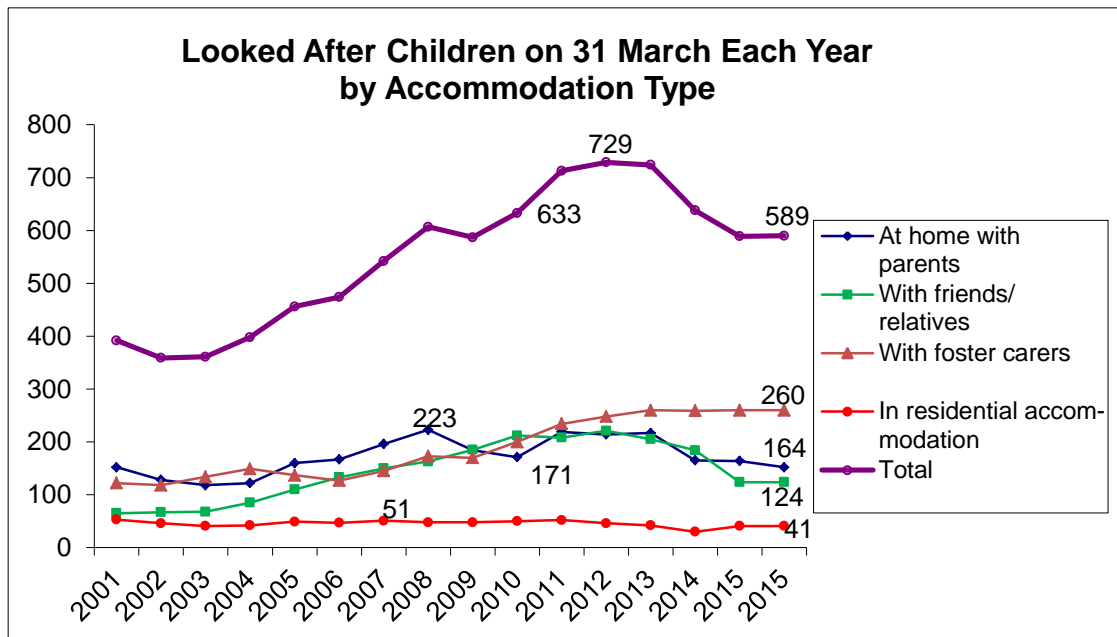
The graph shows the strong influence of the number of children looked after aged 5-10 years, who as a single group first contributed to the increase in overall looked after numbers. The decrease in their number has also more recently led to a significant reduction in the total looked after children population in Dundee.

The data available also shows that the birth – age 4 group accounted for 28% of accommodated children, compared with 26% in 2013/14, 23% in 2011 and 16% in 2001, reflecting the increased priority given to intervention in early years.

Placement Type

Despite the decrease in the number of looked after children, the proportion of those in foster care has continued to grow. The most noticeable change was a further decline in children looked after at home and with kinship carers, together with a slight increase in children in foster care.

Figure 4: Number of Looked After Children by Accommodation Type at 31st March Each Year



Source: Children’s Services Looked After Children Data Set

Figure 4 shows a continuing trend towards more foster and kinship care arrangements, with a continuing low level of residential placements for looked after children from Dundee.

Balance of Care for Looked After Children











The figures show that 95% children were placed in family based community settings compared to the Scotland average of 91%, and this represents a positive commitment to ensuring alternative family experiences.

Figure 5 below also indicates that the trend in Dundee is for significantly more children to be living with relatives or friends, and fewer to be returning to live with their parents, when they cease to be looked after, compared with the national average for Scotland.

Secure Care

As detailed at Paragraph 6.1.8, the number of young people placed in secure accommodation in the year (between 1 April 2014 and 31 March 2015) appeared to reach a stable low of 5, compared with 6 in the previous year. This represents a significant improvement on the high levels of secure accommodation in use up to 2013.

Figure 5 Looked After Children: Performance for Dundee against Scotland Average (1 August 2013 - 31 July 2014)

Dundee		Scotland	
	The total number of looked after children has fallen for the second year in a row (12% decrease)	The total number of looked after children has fallen for the second year in a row (3% decrease)	
	More children continue to be looked after in foster care than any other individual placement type	More children continue to be looked after in foster care than any other individual placement type	
	<p>Balance of care: Dundee slightly more children in the community(95%) though fewer at home with parents</p> <ul style="list-style-type: none"> • 22% home • 30% relatives/friends • 40% foster carers • 3% Prospective adopters • <1%Other community • 5% residential 	<p>Balance of care: Scotland 91% in the community</p> <ul style="list-style-type: none"> • 27% home • 27% relatives/ friends • 36% foster carers • 1% Prospective adopters • <1% Other community • 9% residential 	
	Children continue to start and cease to be looked after at younger ages (27% aged 0-4)	Children continue to start and cease to be looked after at younger ages (21% aged 0-4)	
 258 children all ages	<p>Dundee has significantly more children living with friends and relatives after ceasing to be LAC:</p> <ul style="list-style-type: none"> • 50% home • 34% friends/relatives • 7% adoption • 5% former foster carers • 3% supported accommodation • 1% other 	<p>Scotland has significantly more children returning home after ceasing to be LAC:</p> <ul style="list-style-type: none"> • 66% home • 14% friends/relatives • 7% adoption • 2% former foster carers • 6% supported accommodation • 1% other 	 4676 children all ages

7.1.3 Emergency Placements

Children's Hearings may impose conditions of residence on children subject to supervision requirements. However, if a child who is required to reside at a specified place has to be moved in an emergency, the CSWO may authorise the move. In these circumstances the case must then be referred back to a Children's Hearing.

During 2014/15 there were 7 disruptions of named placements which resulted in such emergency moves. This compares with 9 placement disruptions in 2013/14.

7.1.4 Adoption Services

The CSWO is responsible for ensuring that appropriate agency decision making arrangements are in place for children in need of fostering and permanence. The number of children requiring permanent care has remained high, with the numbers of children being identified as requiring adoption now making up approximately 50% of the total. This is indicative of a growing awareness of the need to expedite permanence plans for children as speedily as possible, particularly for babies and very young children.

Figure 6: Children Approved for Permanence 2014/15

Children Approved for Permanence /Matched	April 2010 - March 2011	April 2011 - March 2012	April 2012 - March 2013	April 2013 - March 2014	April 2014 - March 2015
Children approved for permanence via kinship care	8	17	37	27	9
Children approved for permanence via permanent fostering	8	22	14	15	19
Children approved for permanence via adoption	17	19	12	26	29
TOTAL	33	58	63	68	57
Children matched with permanent kinship carers	11	16	36	27	10
Children matched with permanent foster carers	17	14	17	15	26
Children matched with adopters	17	18	13	12	24
TOTAL	45	48	66	54	60

Children's Services Management Team Data Set 2014/15

There was a significant rise in the number of children matched with adopters and permanent foster carers from 27 children in 2013/14 to 50 in 2014/15. The appointment of a dedicated Family Finding Worker was a key factor in supporting the Service to achieve this improved level of performance.

However, there is a continuing shortfall in the number of suitable local adoptive families.

STATUTORY FUNCTIONS – ADULT SERVICES

7.2 This section summarises the statutory functions in respect of adults and older people, and those involved in the criminal justice system as follows.

7.2.1 Adult Support and Protection

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

The Dundee Adult Support and Protection Committee (DASPC), together with adult support and protection services across the city, have continued to meet the requirements of the Act, promoting partnership working, improving practice through the development and implementation of a multi-agency training strategy, and advancing the provision of services. Further information is contained in the report to the Social Work and Health Committee in September 2015 presenting the DASPC Annual Report (Report No: 333-2015).

Adult Support and Protection Statistical Reporting Requirements

A range of information is required in relation to adult support and protection activities, and a reporting framework has been produced, which includes the following statistical information.

Number of Referrals

In 2014/2015 1319 adult protection referrals were received, showing a significant increase in referral rate compared with previous years (895 referrals in 2013/14). 162 of these referrals resulted in adult protection activity, with 60 Adult Support and Protection Case Conferences then taking place over the year. Most referrals (1227 - 93%) were made by Police Scotland.

Of the 162 referrals which resulted in adult protection investigations, financial and physical harm featured as the highest single areas of adult harm identified. In the other referral reason categories domestic abuse, substance misuse and risk associated with vulnerabilities due to age, disabilities or health concerns, were cited as areas of concern.

7.2.2 Mental Health Officer Services

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

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

A review of the MHO Service was undertaken during the period 2014/15, and is described in detail at Paragraph 9.5.3. The performance of the MHO Service in relation to the implementation of these 3 separate areas of legislation is as follows.

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

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances. Figure 7 below shows the number and type of orders made.

Figure 7: Number/Type of Detention Orders made in 2015 and Previous Years

Type of Order	Total at 31/3/11	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.2014	Total at 31.3.2015
Emergency detention in hospital (up to 72 hours)	84	109	111	62	67
Short term detention in hospital (up to 28 days)	134	160	155	126	146
Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) These orders may be community or hospital based	44	67	40	33	33

These figures demonstrate an overall increase in 2014/15 in the number of orders made.

Criminal Procedures (Scotland) Act 1995

There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The court has the power to ensure that any person who meets these criteria receives care and treatment under the Mental Health Act.

Also, if an individual is convicted of an offence, for which the punishment is imprisonment, instead of imposing a prison sentence, the court may detain the person in hospital using a Compulsion Order

The figures for individuals subject to these measures at 31 March 2015, alongside the same figures for the past 4 years, are shown in Figure 8 as follows:

Figure 8: Criminal Procedures (Scotland) Act 1995

Type of Order	Total at 31.3.2011	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.2014	Total at 31.3.2015
Compulsion Orders with Restriction Order	18	18	16	15	11
Compulsion Orders	N/A	N/A	N/A	N/A	12
Assessment Orders	1	6	1	7	4
Treatment Orders	N/A	0	0	3	2
Transfer for Treatment Direction	N/A	2	0	0	0

In previous years the figures for Compulsion Orders and Compulsion Orders with Restriction Orders (COROs) have been combined. Starting from 2014/15 these figures are now being separated, given the nature of these orders and the fact that the work that follows on from them, is quite different. The combined figure for Compulsion Orders and COROs is higher than in all the previous years recorded. This may be due to our improved recording.

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare, and managing the finances and property of adults (age 16 and over) who do not have capacity to act or to make decisions for themselves, because of mental disorder or inability to communicate due to a physical condition. It allows other people to make decisions on behalf of such adults, subject to safeguards. These Orders are mainly used for older people or those with learning disabilities, and are generally private, in that an adult who has a relevant interest is appointed as guardian. However if there is no such relevant adult, the CSWO is named as guardian.

Figure 9 reflects the number of new guardianship orders made in 2013/14, compared with previous years.

Figure 9: New Orders made 2014/15 under Adults with Incapacity (Scotland) Act 2000

Type of Order	Total at 31.3.11	Total at 31.3.12	Total at 31.3.13	Total at 31.3.14	Total at 31.3.15
Local authority welfare guardianship	22	36	35	38	41
Private welfare guardianship	46	63	68	65	69
Total welfare guardianship	68	99	103	103	110

These figures indicate that the demand for guardianships continued to be at an extremely high level. However, the majority of applications for Guardianship are granted within 2 months.

Mental Welfare Commission data highlights that Dundee sustains the highest volume of applications in comparison with other Tayside and comparator authorities, and one of the highest rates of applications granted in 2 months.

This continuing high volume of applications has a corresponding impact, both on the number of supervisors required to undertake statutory supervision of private Welfare Guardians, and the day to day guardianship duties where the CSWO is formally designated as Guardian. The MHO team and all Community Care teams are responsible for enacting these arrangements, and it is recognised that this continuing high workload volume has workforce capacity implications. This issue was considered as part of the MHO Review.

A review of the information contained within the Mental Welfare Commission's Adults with Incapacity Annual Report, together with the ISD Delayed Discharge Information, other statistical reports for 2010/13 and local performance information, demonstrates that Dundee has:

- The highest percentage of Local Authority Guardianships granted on an indefinite basis, and the highest number of all guardianships granted (both private and local authority) compared with other local authorities in Tayside and other comparable local authorities in Scotland
- Demonstrated a significant increase in the number of guardianships granted in the past 4 years
- Not to date achieved provision of the MHO report within the 21 day timescale required by statute (current waiting time for allocation of a report is approximately 2 months)
- Shown an increase in the total number of bed delays of 25% from the period 2010 to 2014 (latest figures available) due to people awaiting guardianship reports

From all of the information available there is clear evidence that in Dundee there is insufficient capacity to meet demand and the required statutory timescales. A number of key actions have been identified to address these challenges.

7.2.3 Offenders Subject to Statutory Supervision

The statutory functions of CJS include the provision of court reports, and the supervision of offenders on community sentences and on release from prison.

There was a 10% increase in supervision orders in 2014/15, following a decrease of 9% in 2013/14. Overall, since Community Payback Orders (CPOs) were introduced, the number of cases involving a supervision requirement has increased.

Figure 10 shows the number of offenders in Dundee who have been made subject to statutory supervision orders during 2014/15, by type of order, as compared with the number of orders in the previous four years.

Figure 10: Offenders in the Community Subject to Statutory Supervision

Type of Order	New Orders 2010/11	New Orders 2011/12	New Orders 2012/13	New Orders 2013/14	New Orders 2014/15
Community Payback Orders	18	372	658	670	724
Community Service Orders	235	114	22	2	0
Probation Orders	270	118	20	2	2
Supervised Attendance Orders	250	173	65	28	7
Drug Treatment and Testing	17	16	25	9	4
Bail Supervision	30	28	40	62	59
Throughcare in community e.g. life licence, parole, non parole, extended sentences etc.	40	58	34	35	48
Total No. of Open Statutory Cases in the Community at:	31st March 2011	31st March 2012	31st March 2013	31st March 2014	31st March 2015
	963	946	1059	999	1060

The total number of open statutory cases in the community has remained broadly the same since the CPO was first introduced. However, the CPO has now virtually replaced all other community sentences as a single, composite sentence. The fall in the number of DTTOs is believed to be associated with a combination of easier access into mainstream substance misuse treatment, targeted CJS social work assessments, and the use of CPOs with Drug Treatment Requirements.

Other key Community Payback performance and workload indicators for 2014/15 show that CJS is sustaining good performance against immediacy and speed indicators for those individuals attending and engaging with their supervision or other requirements. The data also shows that we are sustaining high successful completion rates for CPOs. This is being achieved at the same time as managing the challenges presented by the incremental increase in the number of people being made subject to statutory supervision requirements.

In 2014/15 there were particular demands on the Unpaid Work Project. 506 orders with unpaid work were imposed in 2014/15 and 36,436 hours were completed, this being an increase from 2013/14 figures (491 orders and 36,291 hours completed). As an increasing number of people

subject to these requirements are in employment and require evening and weekend placements, this will be a key challenge for CJSW in 2015/16.

The Public Protection Team (PPT) currently supervises all statutory throughcare of long-term prisoners serving more than 4 years, as well as all sexual and violent offenders subject to post custodial supervision requirements. The team is responsible for the assessment and preparation for release of such offenders while they are in custody, as part of statutory throughcare arrangements. Figure 11 gives the number of offenders who are/or will be subject to such statutory supervision on release.

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

Throughcare in Prison	2010/11	2011/12	2012/13	2013/14	2014/15
Number of New Admissions	68	73	39	78	71
	31.03.2011	31.03.2012	31.03.13	31.03.14	31.03.15
Total Number of Open Cases	114	136	141	157	165

These figures indicate that the number of new throughcare in prison cases has remained broadly the same, although the total number of open throughcare cases increased in 2014/15.

CJS also provides Voluntary Assistance and Resettlement for short term prisoners. There were 343 cases in 2014/15, an increase on 2013/14 figures, which totalled 304.

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

7.2.4 Multi-Agency Public Protection Arrangements (MAPPA)/Multi-Agency Risk Assessment Conferences

The Management of Offenders etc. (Scotland) Act 2005 introduced a statutory duty on Responsible Authorities (i.e. Local Authorities, Scottish Prison Service (SPS), Police and Health) to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders and restricted patients) who present a risk of harm to the public. The responsible authorities are required to keep the arrangements under review and publish an annual report. In Dundee 160 offenders are managed through MAPPA.

Multi-agency Risk Assessment Conferences (MARAC) are also well established in Dundee, playing a key role in sharing information and improving the safety of victims of domestic abuse.

The report to the Social Work and Health Committee in December 2014 (Report No:449-2014 linked below) summarises the sixth Tayside MAPPA Annual Report on arrangements for managing high risk offenders across Tayside for the period 1 April 2013 - 31 March 2014.

FINANCE

8.0 The fiscal environment within which the Social Work Department in Dundee operates continues to be extremely challenging, with restricted availability of public funds and resultant financial pressures experienced by the local authority and other partners such as the NHS. The evidence shows the demand for Social Work services in particular is also increasing at this time of sustained financial constraint.

Despite this financial context, Dundee City Council has recognised the growing demand-led financial pressures affecting Social Work services over recent years and has directed resources to meet those needs accordingly, as part of its revenue budget setting considerations. The Social Work Department's 2014/15 revenue budget was enhanced by around £3.1m to reflect these pressures, with that investment being directed primarily to Adult Services (£2.3m) with the balance to Older People's Services (£800k).

Given the overall financial challenges faced by the Council, the Social Work Department has at the same time been required to contribute to Dundee City Council's savings targets. Budgeted reductions to the value of around £1.6m were identified and implemented within 2014/15 through:

- service re-design proposals and efficiencies within Community Care services
- the review of foster care services and re-balancing of budgeted resources against actual spend and commitments within the residential schools and secure care sector
- the allocation of a share of the Council's corporate savings initiative against payments to external providers

The actual budgetary performance for Social Work, for the financial year 2014/15, resulted in an overall underspend of around £3.6m. A breakdown of the budget is shown in Table 12 below:

Table 12: Social Work Budget for 2014/15 by Service Area

Service Area	2014/15 Net Revenue Budget £000	2014/15 Actual Spend £000	Overspend/ (Underspend) £000
Children's Services	£32,195	£31,515	(£680)
Older People Services	£45,681	£44,698	(£983)
Adult Services	£30,362	£28,625	(£1,737)
Criminal Justice Service	£256	£22	(£234)
Total	£108,494	£104,860	(£3,634)

Within Children's Services, there was a significant reduction in placement activity within residential and secure care, which continued a downward trend experienced in the previous year; this led to an underspend of around £840k in 2014/15. However this trend has not continued into 2015/16, and indeed, projected expenditure is anticipated to rise steeply as a result of the placement of an increased number of children within the first quarter of the 2015/16 financial year.

Although contained within budgeted resources in 2014/15, a further area of anticipated pressure for 2015/16 is within foster care where, despite increasing the number of in-house foster carers as a result of increased recruitment activity, demand for placements continues to

outstrip supply. As a result Dundee City Council has a heavy reliance on accessing the services of more expensive foster care agencies to meet the needs of looked after children from the city.

With regard to budgetary performance within Community Care Services, the combined pressure to meet delayed discharge targets, as well as continued high demand for free personal and nursing care payments, resulted in an overspend in Older People's care home placements of around £400k (despite the further investment being directed to this budget in 2014/15). This pressure was offset overall by resource shifts within community based services as an implication of external funding sources. Further investment has been made within Older People's services in 2015/16 to meet the needs of an increasingly frail, older people population.

Dundee City Council has continued to direct significant resources to Adult Services to meet the anticipated demands and necessary shifts in service provision, that have arisen from demographic and societal shifts, as well as changes to national and local policy. This investment has been achieved by taking a longer term financial planning approach, which has considered the current and future needs of known individuals (such as children and young adults with a disability, or those cared for or delayed in hospital settings) and applying local prevalence rates for identified conditions and disabilities to the Dundee population, together with the identification of desired new models of service delivery, consistent with national policy. However the development of a number of these services for adults was dependent on the delivery of other strategic planning frameworks, such as the Strategic Housing Investment Plan for accommodation based services. Slippage in the development and implementation of a number of these services contributed greatly to an underspend of around £1.3m in the Adult Accommodation with Support budget in 2014/15.

This longer term financial planning approach has led to a further commitment to increasing resources within the Adult and Older People's Services budgets in 2015/16, although at reduced levels from previous years, given the Council's overall current and anticipated medium term financial outlook. These resources will be deployed, as planned, to meet increasing levels of need, and deliver new models of care, for those adults and older people in Dundee who require such supports and services.

Dundee City Council and its partners continue to develop community based services, infrastructure and community resilience to enhance the provision of preventative services, as supported by the Reshaping Care for Older People programme, and with further opportunities expressed as part of the utilisation of the Integrated Care Fund from 2015/16 onwards.

IMPROVEMENT APPROACHES

9.0 Social Work services are subject to a range of external scrutiny and inspection processes, in addition to the quality assurance and self-evaluation activities that take place within individual areas of service, and on a Departmental, Council and multi-agency basis. This section provides information about the broad range of improvement activities.

9.1 External Scrutiny, Regulation and Inspection

The range of social work and social care services provided is subject to external regulation and inspection by the Care Inspectorate. These services include:

- Residential adult services
- Residential children's services
- Care at Home
- Housing support
- Fostering and adoption services
- Adult placement services
- Day services for adults
- Day services for older people
- Throughcare and aftercare services
- Care at home, enabling, short breaks and play schemes for children with a disability

Such services are provided either directly by the Social Work Department or are purchased from a range of providers in the private and third sectors (as described in Section 5 of this report).

9.2 Inspections of Regulated Care Services

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

Details of most of the Care Inspectorate Gradings awarded to the Council's registered services are attached at Appendix 1. This excludes those that relate to the Adult Care Homes run by the Council, which are included in the following paragraph.

Adult Care Homes

There is an established process within the Council for analysing and reporting on the quality of provision within the adult Care Home market. This information is presented to the Council's Elected Members on an annual basis. It is intended that this process will be extended to cover all service user groups for 2015/16.

The Care Home analysis for 2014/15 demonstrated a generally good quality of provision across the sector, with some minor areas for improvement. This is described in the report presented to the Social Work and Health Committee (Report No: 282-2015) covering the period 1 April 2014 – 31 March 2015.

9.3 Complaints

The Council's Social Work services are required to report annually on complaints from service users and their carers, and there is a statutory requirement to have a Complaint Review Committee.

The total number of statutory Social Work complaints received during the period 1st April 2014 until 31st March 2015 was 110, as compared with 79 complaints received in 2013/14.

The largest increase was in Children's Services, where there was a rise from 28 complaints in 2013/14, to 45 in 2014/15. In previous years Children's Services' self-evaluation recommended that the complaints procedure should be publicised to service users. This may have contributed to the increase in complaints received. Around half of the complaints received by Children's Services were from parents whose children are looked after and accommodated. These complaints were often about the legal processes regarding their children's accommodation and the frequency of contact with their children.

3 complaints progressed to the Complaints Review Committee or the Scottish Public Services Ombudsman during 2014/15.

Social Work services continue to show a relatively small number of formal complaints, when it is considered that there is contact with over 9000 service users, often delivering services under complex circumstances.

Currently there are national discussions ongoing in preparation for health and social care integration to ensure that the complaints process for integrated services is as simple, consistent and accessible for service users as possible.

9.4 Scrutiny and Self-Evaluation Activities

There is a wide range of scrutiny and improvement activity that takes place at different levels within the Council and Social Work each year.

9.4.1 SOA

On an annual basis the Department provides statutory performance measures for publication. Performance is reported quarterly to the Council's Scrutiny Committee through a combination of information provided through the Council's performance management system, and statutory performance indicators measured by a 'traffic light' reporting system. The Council has introduced a new browser based, Performance Management software system, Covalent. This system is used by the majority of Scottish councils and facilitates benchmarking.

9.4.2 Departmental Service Plan

The Social Work Department's Service Plan 2012-2017 has over 125 actions, that allow staff to monitor performance and ensure that targets are being met, or that action is being taken to meet those targets. At the end of March 2015, 49 of these had been completed.

The Department reports annually to the Social Work and Health Committee on progress. Committee Report No. 427-2014 (also referred to at Paragraph 6.0 above) provides an annual up-date on the progress of performance measures and actions/projects included in the Service Plan.

9.4.3 Multi-Agency Self-Evaluation Activities with Partners

Self-evaluation activity at a case work level takes place on a planned basis, involving social work managers and relevant partners in other agencies.

A multi-agency **Protecting People Self-Evaluation Group** is now responsible for the planning, development and oversight of single and multi-agency self-evaluation activity across children's and adult Protecting People services. These arrangements locally reflect the developments that have taken place nationally to bring together the models and methodology for scrutiny carried out by external bodies, such as the various inspectorate and regulatory bodies in Scotland.

Amongst the responsibilities for which this Protecting People group are responsible are the tasks of:

- Ensuring that all single and multi agency self-evaluation activity is aligned to the self-evaluation framework and the priorities agreed through strategic planning
- Proposing programmes for self-evaluation, including recommendations on the areas of activity/quality indicators to be focused upon at any given time
- Completing a quarterly report for the Chief Officers Group (COG) on the Balanced Scorecard data

9.4.4 Multi-Agency Self-Evaluation Activities with Partners - Children's Services

The most significant piece of self-evaluation work that took place in Children's Services was the multi-agency self-evaluation process begun by the **Community Planning Partnership** through **Integrated Children's Services** in December 2014.

The framework used for this self-evaluation was based on the Care Inspectorate's Quality Indicators that are set out for Joint Children's Services Inspections. This approach allowed work to begin on gathering evidence and benchmarking services across the Partnership, in preparation for the forthcoming multi-agency inspection of Children's Services due to take place in September 2015.

The process itself involved large scale surveys of Children's Services staff, focus groups, analysis of performance data and the formulation of improvement actions. An action plan for Children's Services will be finalised for 2015/16 onwards and will include any actions which arise from the results of the inspection process once completed.

In Children's Services the annual **CCPC case-based self-evaluation** was also undertaken in November 2014. This exercise demonstrated continued improvement in key areas of child protection responses.

Those involved in this case-based audit concluded in particular that the quality of assessing and responding to risks and needs was good; the quality of planning for individual children and young people was very good; and practice in terms of involving children, young people and families, good.

Further improvement included action to:

- improve the process for addressing concerns regarding unborn babies
- achieve a consistent approach to multi-agency chronologies
- improve information sharing with children and families about complaints procedures

Work has continued throughout 2014/15 to extend the use of the self-evaluation approaches, which are routinely applied to child protection processes, across the wider network of Integrated Children's Services.

9.4.5 Multi-Agency Self-Evaluation Activities with Partners - Adults and Older People Services

There were a range of service review and self-evaluation activities undertaken with partners. Many of these relate to the strategic planning work being progressed by each of the Adult Strategic Planning Groups (SPGs) and these are detailed at other points in this report. The following are specific examples of the multi-agency case-based self-evaluation work.

Adult Support and Protection (ASP) Case-based Self-evaluation

The annual **ASP case-based self-evaluation** was undertaken in September 2014 and identified many strengths, which included the quality of multi-agency collaborative working, with workers showing a good understanding of each others' roles and sharing information effectively and efficiently. The majority of staff in the focus groups reported feeling supported and that they had received the necessary level of training for their respective roles.

The three areas highlighted as requiring improvement were:

- A clear risk assessment and protection plan should be evident in all cases.
- The standard of recording should be improved.
- There should be ASP information found in health files.

An improvement plan has been put in place to address these issues.

Alcohol & Drugs Review

The Alcohol & Drugs Review was undertaken by the Alcohol and Drugs Partnership (ADP) over a two year period from 2013-15, and led to a number of projects being developed, which continue to be tested by partners in Dundee.

The plan for change has a clear focus on prevention and recovery, which is to be achieved through multi-agency, holistic assessment and review, a Lead Professional approach, and the delivery of the required range of specialist and generic services, from a number of multi-agency hubs across the city.

The Social Work Drugs, Alcohol and Blood Borne Virus (DABBV) Team has made a significant contribution to this review process and has been directly involved in implementing some of the projects initiated.

An assessment of the needs of **older people living with HIV** has recently been completed, and the future planning regarding how to best meet these needs is underway, via a Managed Clinical Network with partners in Health.

9.5 Departmental Self-Evaluation Activities

There is a range of improvement activity that takes place on a regular basis and includes the following:

- Reviews of service user needs and outcomes, taking place as part of everyday case work across the Department.
- Case file audit programmes, involving the review of samples of case files
- Management scrutiny of datasets focusing on key performance indicators
- Reviews of service models and delivery arrangements

The following are some examples of service improvement activity from each area of the service.

9.5.1 Children's Services

The practice and decision-making in Children's Services is examined on a day to day basis through such internal processes as the Fostering Panel, the Adoption and Permanence Panel and Looked After Child Reviews. There are also robust external processes in place through Children's Hearings and Court processes. This includes the scrutiny applied by Safeguarders and Curators appointed on a case by case basis by Children's Hearings and the Courts, where appropriate.

Case File Audit in Children's Services

Children's Services have developed an online audit tool using the Care Inspectorate framework, with additions to include, for instance, the use of the Wellbeing Wheels. Between April and September 2014 86 case file audits were completed using this tool.

Results from the 86 completed case file audits were on the whole good and show a marked improvement in comparison with the 2012 audit findings. The quality of assessment and care planning processes had improved, and significant progress had been made in reducing inequalities/barriers for children and young people. The use of outcome tools was also

beginning to be evidenced and, on the whole, key actions for children were being implemented and individual children were progressing well.

Review of Child Planning and Decision Making Processes

In 2014/15 a review was undertaken, by a Multi-Agency Planning Group, of the current processes and meetings arrangements for children.

The full report of the Review Group has been prepared for the ICS Joint Management Team. The purpose of the report is to bring forward proposals for the creation of one integrated child's planning and meetings process to replace the formal meetings processes that are currently operating separately as Child Protection Case Conferences, reviews for children who are looked after and accommodated, and reviews for children who are looked after at home.

The proposed arrangements, if agreed, will streamline the existing processes for children in greatest need and create one single care planning framework for all children who are the subject of well-being concerns.

9.5.2 Criminal Justice Services

CJS has a routine programme of case auditing. There is scrutiny of cases by line managers, but in addition there is a programme of focused case file audits, including peer audit of cases across the Tayside CJSW Partnership.

A sample of 33 cases was scrutinised in detail, using Care Inspectorate case file reading tools. The results of the overall quality of the management of the cases showed that 21 were either Very Good or Excellent, 10 were Good or Adequate, and 2 were Weak. There were no Unsatisfactory cases.

Areas for improvement included the requirement for more clear statements of timescales attached to goals in case management plans. The key strengths identified were comprehensive assessment and identification of risks and protection issues.

9.5.3 Community Care Services

Mental Health Officer (MHO) Service Review

Between February 2014 and December 2014 a review of the MHO Service was undertaken to ensure the Council can continue to effectively meet its statutory obligations and contribute to the achievement of the SOA and National Health and Wellbeing Outcomes.

The review highlighted a number of strengths in relation to practice, partnership working and service delivery, alongside a number of improvement themes. Benchmarking showed that the MHO service in Dundee is performing at a significantly higher level than other similar authorities.

The review highlighted a corporate risk in relation to the provision of guardianship reports within statutory timescales, and the impact of this on delays in discharges from hospital. It was recognised that this was in particular due to the current shortfall in capacity within the MHO Service. In response additional interim funding was provided through the Change Fund for the year 2014/15 to support the completion of guardianship reports and reduce delays in discharge from hospital for the service users involved.

9.6 Significant Case Reviews

The CSWO has a responsibility to ensure that significant case reviews are undertaken into critical incidents either resulting in, or which may have resulted in death or serious harm. During 2014/15 one significant case review was initiated through the Child Care and Protection Committee.

USER AND CARER EMPOWERMENT

10.0 There is a strong ethos of user engagement and involvement in the planning and evaluation of services. The following are some examples.

10.1 Protecting People Team

Within the ASP Biennial Report 2012–14 (referred to at Paragraphs 6.3.9, 7.2.1 and 9.4.5) one of the recommendations was to set up a Stakeholder's Group to achieve improved and meaningful participation by service users and carers in adult support and protection.

The Stakeholder Group meets four times per year and is made up of representatives from a variety of services who work with a wide range of service users. The group chose three main areas of focus for their first year of operation: financial harm, hate crime and self-directed support, and staff members and service users have been involved in consultations on how to progress these and other priorities.

The group has also overseen a survey on progress since the report 'Hidden in plain sight', which addressed the harassment of people with disabilities.

10.2 Children's Services

As described at Paragraph 6.1.9 there are a range of initiatives and activities being taken forward in Children's Services to improve engagement and involvement. Reference is also made to the plan to develop an integrated strategy for the engagement and involvement of children, young people and families.

Paragraph 9.5.1 describes the proposals for the creation in Children's Services of one integrated child's planning and meetings framework. Whilst these proposals have still to be fully considered by senior managers, it is relevant to emphasise that they have been driven by a desire to give expression to the GIRFEC principles through the way in which systems and processes are integrated around the individual child and family, and empower them to assume a more central role within the planning and decision-making processes that affect them.

10.3 Criminal Justice Services

In CJS all service users are assessed using accredited risk assessment tools, and where an intervention is provided, they are involved in the development and review of individualised supervision plans. The tools promote consideration of service user responsivity to inform meaningful methods of communication and engagement and promote behavioural change. More broadly, the service also liaises with the community on the nature of unpaid work projects to be carried out to ensure projects reflect local priorities.

10.4 Community Care Services

Consultation and engagement processes with service users are well embedded within Community Care and have contributed to a number of service improvements. Some of these improvements are detailed at Paragraph 6.3.5.

As referred to at Paragraph 6.3.4, a number of steps have been taken to progress the implementation of SDS. These include the development of an information portal (My Life, My Choices) and the work with the Dundee Carers Centre to provide a brokerage service. It is also planned to review our Outcomes Focussed Assessment Framework.

The Council has invested in the development of a number of adult service user representative groups to ensure service user views are embedded in service re-design, planning and delivery. For example Advocating Together has been funded to employ people with a learning disability to consult with others with a learning disability and/or autism to find out what is most important to them, and what supports might help them most. Short term funding has been

used more recently to employ Engagement Officers in areas where the views of individuals are more difficult to obtain, or where the model of engagement is less well established. (Referred to at Paragraph 6.3.5)

In Community Care Services there is a range of well established care group based Strategic Planning Groups (10 SPGs) working to develop Strategic Commissioning Statements. Each care group plan is being co-produced with the people who use services and local communities, as well as representatives from the private and third sectors and key agencies.

As part of the strategic planning engagement process a range of development events were held during the last year, which brought together SPG group members with a wide cross section of other key stakeholders, including service users and carers. These events provided an opportunity for learning, sharing best practice, and agreeing priority areas for development and inclusion within the Integrated Strategic Commissioning Plan. To develop more robust plans for engaging with localities, we have also developed a Consultation and Engagement Strategy.

WORKFORCE PLANNING AND DEVELOPMENT

11.1 Workforce Planning

Understanding the demographics of local communities, including their educational attainment, levels of wage, employment and age profile, is crucial to determining the potential sources of workforce supply available. In addition it is crucial to understand the demand for services and the challenges faced.

The population in the Dundee City Council area is projected to increase gradually by 6.5% by 2035 to approximately 153,697. By 2035 it is projected that the number of people living within the area aged over 65 years will increase by 40%. This will impact significantly on both demands for Council services, in particular on the social care workforce, and the potential labour supply from within the local community.

Unemployment levels within the Council area between in June 2014 have decreased, with those seeking Job Seekers Allowance dropping from 5.7% to 4.4%. However, this is higher than the overall Scottish figure, which for the same period fell from 3.8% to 2.8%.

Just under 50% of our workforce is over 50 years old and therefore maintaining a targeted approach to recruitment has been a priority. There have been social care recruitment events held in the last year with good success in attracting new employees into social care. These events were planned and held in partnership with other public employers in the city, and also in partnership with the third sector. Qualified social work posts are not difficult to fill in Dundee, as we continue to run an in-house 'grow your own' programme and have a large pool to draw on from our local universities and college.

11.2 Investing in Young People

As a major employer the Council has an opportunity to make a positive impact and provide employment and training opportunities for disadvantaged groups as part of its workforce planning priorities. The employment of Modern Apprenticeships targeted at 16-19 year olds is a priority, together with developing opportunities for work experience, internships and graduate programmes.. Both programmes have been implemented and enhanced in the last year. This reflects a long term commitment to supporting young people into employment and developing our future workforce. An employability strategy will be developed together with the Dundee Partnership.

11.3 Workforce Development

In the last year there have been particular workforce development challenges to meet the volume of the demands arising from legislative change, which has included the implementation of Health and Social Care integration, the re-design of Children and Families Services and the re-structuring of the Council as a whole.

To meet these competing demands there has been extensive reviews of both Human Resources teams and Learning and Workforce Development (L&WD) teams across the Council, to ensure that they are aligned with the business of the new and emerging services and our partners in NHS Tayside, the third sector and Higher Education establishments.

We have used the results from staff surveys to gauge where employees need more support and development to carry out their roles well. There is a consistently high result in the area of staff development in Social Work. The recent self-evaluation relating to Integrated Children's Services (referred to at Paragraph 9.4.4) highlighted the areas of training and development our staff receive.

11.4 Practice

Support is available to newly qualified social workers and other staff to maintain Post Registration Training and Learning (PRTL) Records and other CPD and professional requirements. One example of is the current drop-in surgeries provided for learning and development for PRTL. Post-graduate qualifications are offered to existing staff. We are recognised by the SSSC to be a major contributor to the practice learning agenda for social work and social care students. We recruit new staff successfully and consistently to undertake the Practice Learning qualification. Personalisation and SDS is promoted at all levels within Social Work and on a multi-agency basis.

11.5 Leadership

Our comprehensive and collaborative approach to leadership is an area of strength and good practice. We have made concerted efforts to integrate programmes in partnership with local Councils, across Adults and Children's Services and the third sector. Leadership events and service development has featured strongly. Specific programmes have been designed to focus on adaptive leadership and co-production/SDS approaches, which all integrate at different points in the programmes to avoid duplication. All of our programmes are multi-agency and are offered at all levels of staff to embed the distributed leadership approach.

There are many opportunities to develop leadership and management knowledge and skills through formal and informal courses. Accredited qualifications in supervision and management are provided for staff, including those where this is a mandatory registration requirement. In addition to the options for registration, Children's Services managers can undertake Supervising, Managing and Mentoring in Child Protection with Stirling University.

The University of Dundee, in Partnership with Glasgow Caledonian University, have developed the Post Graduate Diploma CSWO course and qualification. Our CSWO in Dundee will participate in this programme at a future date. The Chief Officer Group (COG) issue-based engagement events (6 monthly) provide the opportunity to support meaningful interaction and joined-up learning between Chief Officers and frontline practitioners.

11.6 Protecting People

In the last 18 months the multi-agency group for L&WD has developed a web-based learning matrix and framework which will be accessible to professionals across a range of agencies and to service users, carers and the general public. This will go live in the autumn 2015.

11.7 Challenges and Pressures

The following are the range of key strengths identified for workforce planning and development in Dundee:

- Priority given to staff learning and development at strategic and operational levels
- Significant multi-agency training opportunities (accessible electronically)
- Diverse range of knowledge and skills-based learning and development options
Strengths of partnership and leadership around SSSC practice learning agenda highlighted
- Staff believe that they are provided with opportunities to develop the knowledge and skills which have a significant impact on their work

There is a need to join up more workforce development opportunities in the future on a single and multi-agency basis. Some of this will happen progressively as the momentum towards integration increases, and other opportunities will be developed, both to meet the broad skills and knowledge requirements of staff working in a complex organisational environment, and to deliver on personalised outcomes and co-production with communities and individuals.

SUMMARY

- 12.0** This report provides information on how the CSWO discharged her responsibilities in 2014/15. It provides a broad range of information on the key trends, risks, achievements and challenges and outlines how resources have been deployed.

Demand for social work services continues to increase at a time of significant financial challenges, demographic changes, increased public expectations and a move to more personalised approaches. The report demonstrates that the service has continued to deliver quality services which improve lives and has developed innovative responses to these challenges.

In the coming year there will be organisational changes with the introduction of Health and Social Care Integration and the development of a new service for children and families. This will result in significant structural changes and mean there will no longer be a Social Work Department. Work is on-going to establish clear governance arrangements to ensure performance and professional standards for social work/social care services are maintained and that cross cutting issues continue to be dealt with appropriately. The move towards more locality based approaches, the shift from reactive to preventative approaches and on-going work to shift the balance of care to support more people to live at home and in their own communities will require new ways of working.

The coming year will also see further legislative changes including the implementation of the Children and Young People (Scotland) Act 2014 and preparations for a new model of community justice.

These changes and demands on services cannot be met by social work alone and it is recognised that partnership working provides the greatest opportunity to improve outcomes for people and encourages more integrated responses and the opportunity to combine resources. The integration of structures and services will create opportunities for innovation as well as building capacity and improving resilience. The CSWO will have a crucial role in ensuring staff continue to work with partners to deliver high quality services as we manage the transition to new arrangements.

Appendix 1

Summary of Care Inspectorate Gradings – All Registered Services with the exception of Care Homes in Dundee

Organisation	Name of Service	Service Type	Category LA/Priv/Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Dundee City Council	White Top Centre	Adult Respite	LA	22/09/14 21/10/13	6 6	6 5	6 5	6 6
Dundee City Council	White Top Centre	Support Service	LA	12/12/12 17/12/10	6 5	5 -	5 -	6 -
Dundee City Council	Mackinnon Centre	Adult Respite	LA	27/11/14 13/12/13	5 5	6 5	5 5	5 5
Dundee City Council	Mackinnon Skills Centre	Support Service	LA	01/02/13 10/09/10	6 5	5 -	5 5	5 -
Dundee City Council	Oakland Centre	Support Service	LA	29/10/13 20/10/10	5 6	5 -	5 -	5 -
Dundee City Council	Wellgate Day Support Centre	Support Services – not care at home	LA	14/03/13 29/06/12	5 4	5 -	5 -	5 -
Dundee City Council	Weavers Burn	CAH/HS	LA	24/08/15 12/09/14	4 4	- -	3 4	3 4
Dundee City Council	East Port House	Offender Accommodation	LA	19/09/14 13/03/14	5 5	5 5	5 5	5 5
Dundee City Council	Gillburn Road	Respite	LA	18/03/15 19/03/13	4 5	5 5	5 5	5 5
Dundee City Council	The Junction	Care Home	LA	25/02/15 27/01/14	4 5	5 5	4 5	4 5
Dundee City Council	Millview Cottage	Care Home	LA	16/03/15 21/01/14	4 5	5 5	4 4	4 5
Dundee City Council	Drummond House	Care Home	LA	11/11/14 29/11/13	4 5	5 5	4 4	4 5
Dundee City Council	Fairbairn St YPU	Care Home	LA	29/12/14 11/12/13	4 2	5 5	4 4	4 4
Dundee City Council	Fostering Services	Fostering	LA	03/04/15 14/08/14	4 3	n/a n/a	4 3	4 3
Dundee City Council	Adoption Services	Adoption	LA	14/08/14 05/09/13	4 5	n/a n/a	4 4	4 4

Dundee City Council	Through-care & Aftercare Service	Housing Support Service	LA	26/09/13 01/05/12	5 5	n/a n/a	4 5	4 5	No No	No No	No No
Dundee City Council – Social Care Teams	Social Care Teams –LD/ MH/ D&A/ BBV	Housing Support Service/ Care at Home	LA	18/02/15 14/02/14	4 4	n/a n/a	4 4	4 4	Yes Yes	No No	No No
Dundee City Council	Homecare Social Care Response Service	Care at Home and Housing Support combined	LA	14/11/14 15/11/13	5 4	n/a n/a	5 4	5 4	No No	No Yes	No No
Dundee City Council	Home Care Locality Teams and Housing with Care – East	Care at Home and Housing Support combined	LA	16/03/15 18/03/14	5 4	n/a n/a	5 4	5 4	No reports available		
Dundee City Council	Home Care Locality Team and Housing with Care – West	Care at Home and Housing Support combined	LA	23/03/15 20/03/14	5 4	n/a n/a	5 4	5 4	No reports available		
Dundee City Council	Home Care Enable- ment and Support and Community MH Older People Team	Care at Home and Housing Support combined	LA	24/10/14 10/10/13	5 5	n/a n/a	5 5	5 5	No reports available		
Dundee City Council	Supported Living Team	Support Service	LA	09/01/15 17/01/14	5 5	n/a n/a	5 5	5 5	No reports available		
Dundee City Council	Dundee Community Living	Support Service	LA	24/11/14 06/12/13	6 5	n/a n/a	5 5	5 5	No reports available		

- not assessed
n/a – no requirement to be assessed