

ITEM No ...4.....

REPORT TO: POLICY AND RESOURCES COMMITTEE – 11 DECEMBER 2017

REPORT ON: THE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT
2016/2017

REPORT BY: CHIEF SOCIAL WORK OFFICER AND EXECUTIVE DIRECTOR,
CHILDREN AND FAMILIES

REPORT NO: 430-2017

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 2016/17, attached as Appendix 1.

2.0 RECOMMENDATIONS

It is recommended that Committee:

- i approves the attached Chief Social Work Officer's Annual Report for 2016/17;
- ii approves the submission of the report to the Scottish Government.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

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

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

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

4.4 The attached report is the seventh CSWO report for Dundee. The report demonstrates that the service has continued to deliver quality support and services which improve lives and provide innovative responses to the challenges being experienced. The report provides information on how the CSWO discharged her responsibilities in 2016/17. It provides an overview of the social services delivery landscape across Dundee and the partnership structures. It provides information on the key trends, risks, achievements and challenges and outlines how resources have been deployed. The information provided complements other more detailed and service specific reports on social work and social care services which have been reported to members and the public in a range of other ways. It also provides details of the statutory functions carried out by the CSWO during the 12 month period. Information regarding complaints is also included in the report, referred to at Section 9. Specific achievements include:

- The development of a Tayside Plan for Children, Young People and Families, a significant partnership approach to addressing the complex issues of neglect within the City and enhanced collaborative working with Kingspark School. Parity has now been achieved between kinship and foster carers with almost half a million pounds being generated in unclaimed benefits.
- A focus on responding to the needs of Looked After Children including work with the Third Sector to increase the range of available local placements in order to either prevent external placements or enable the return of children and young people from such placements. Progress was also made in reducing the attendance gap between looked after and non-looked after pupils and promoting awareness of Through Care and Aftercare services.
- In relation to child protection, there continued to be a reduction in the amount of time children stay on the child protection register. Partnership working also progressed to better understand and address levels of Child Protection Orders, including work with the Children's Reporter to scrutinise applications for Child Protection Order's and regular monitoring of relevant data by the Child Protection Committee.
- Good progress has been made in reducing the level of delayed discharge and there has been an increase in the uptake of direct payments. There has been a significant focus on user and carer involvement as evidenced by the Making Recovery Real partnership approach and the establishment of a Cancer Voices Panel. Significant work has been undertaken with carers in preparation for the implementation of the Carers (Scotland) Act.
- In Justice there was an increase in the number of people who successfully completed their community payback orders and a reduction in the number of young people receiving a custodial sentence.
- A new service user record keeping and information service, MOSAIC, was introduced across Social Work which required a significant focus on training and support to staff in order to assist them transition to the new system. Learning in relation to the protection of children and adults has remained a priority and a range of core programmes have been delivered.

- 4.5 The report is also forward looking and identifies the key challenges and opportunities for the coming year which include:
- The environment social work operates in is increasingly complex and there needs to be a continued focus on strengthening the interfaces across partnerships on issues such as domestic abuse, substance misuse and transitions from childhood to adulthood.
 - There has been a shift towards more locality based services alongside a shift from reactive to preventative approaches in order to support people remain at home as long as possible and, wherever possible, avoid hospital admission. This has required the development of flexible services which are in line with the needs of service users and with the principles of self-directed support.
 - There has been a particular focus on looked after children and it is felt that developments such as Continuing Care and the introduction of parity between kinship and foster carer payments will improve outcomes with young people remaining in placement longer.. It is however recognised that this has led to issues around capacity and an increase in external placements. An action plan has been developed to reduce the overall number of Looked After Children and re-model the type and range of local placement options (Article VI of the minute of the meeting of the Children and Families Service Committee of 26 June 2017, report 230-2017 refers) and (Article VI of the minute of the meeting of the Children and Families Service Committee of 30 October 2017, report 374-2017 refers).
 - In common with other services there will be major financial challenges which will continue to require new ways of working and active involvement of communities in service redesign and prioritisation of scarce resources. Increasingly there will be a focus on joint working with neighbouring authorities.
 - The coming year will see further legislative changes including the introduction of the Carers (Scotland) Act, further developments in relation to the Children and Young People (Information Sharing) (Scotland) Bill and in relation to Continuing Care and within Justice potential reform in relation to Parole.
- 4.6 The CSWO is of the view that good progress continues to be made and integrated arrangements are becoming increasingly embedded. The CSWO continues to have a role in ensuring the local authority fulfils their statutory responsibilities across the range of partnerships.
- 4.7 National guidance in relation to the role of the Chief Social Work Officer was revised in July 2016 in recognition of the diversity of organisational structures and the range of partnerships and organisations with an interest and role in the delivery of social work services. In addition to supporting local authorities to discharge their responsibilities, the guidance is also intended to assist IJBs understand the role of the CSWO in the context of integration of health and social care. It particularly emphasises the role of the CSWO in relation to clinical and care governance. Producing a robust CSWO governance framework will be a priority for 2017/2018.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

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

Jane Martin
Chief Social Work Officer

Paul Clancy
Executive Director

Dundee City Council

Chief Social Work Officer Annual Report

2016-17





I am pleased to present the Chief Social Work Officer's (CSWO) Annual Report for Dundee City Council for the period 2016/17. My report has been written for all our stakeholders and provides a summary of key Social Work activities over the last 12 months. It includes information about the leadership of Social Work; work with partner agencies; statutory decisions made on behalf of the Council; financial information; the involvement of service users; and on performance across all service areas of Children's Services, Community Justice, Health and Social Care and Advice Services. The report is not intended to be exhaustive but gives an indication of key trends, challenges, opportunities and priorities over the past year and going forward.

Last year was a time of major change in all Social Work Services, as Children's and Community Justice Services combined with Education to form a single Children and Families Service. In partnership with NHS Tayside, Angus and Perth and Kinross Councils and other partners, there were also major developments in the planning of children's services across the region. For adults, the Dundee Integration Joint Board (IJB), established to oversee the planning and delivery of Health and Social Care, became embedded. In Justice, it was a transitional but equally significant year as we moved towards the disestablishment of Community Justice Authorities and the creation of a combined national and local model to reduce re-offending. The Service changed its title to Community Justice Services in recognition of the fact that the term criminal was stigmatising and did not reflect the breadth of work being undertaken.

As such, it was the first full year when the city did not have a single Social Work Service and the CSWO operated across multiple organisational and regional boundaries. Whilst this involved some complexities in carrying out the role, it also provided opportunities to contribute towards a more integrated approach towards the delivery of services whereby different partners, partnerships and local communities focus on jointly identified priorities. Similarly, although the financial climate continued to be demanding it provided incentives for re-design in order to ensure services focus on what matters most to children, young people and adults. In response, there were a wide range of developments relating to prevention, early intervention, locality working and engagement with service users.

Social Work has continued to play a key role in influencing the shape and delivery of services whilst ensuring a focus on providing high quality person-centred care and support; and by managing risks both to and from some of our most vulnerable citizens. I am confident that, as a Social Work Service within a wider partnership of statutory, third sector, private sector and community stakeholders, we have helped to build on increasingly shared foundations and continued to have a positive impact on people's lives.

The Social Work profession in Dundee continues to have a strong value base, involving the promotion of social justice, providing services to vulnerable groups, promoting human dignity and worth and acting with integrity at all times. Social Work staff carry out their roles in often difficult and demanding circumstances and need to be supported in their work. I am proud to be part of the Social Work profession and to recognise the significant contributions staff make towards protecting people and helping them to lead safe and fulfilling lives. I hope this report goes some way towards explaining all our services and the positive impact they have on the people of Dundee.

Jane Martin
Chief Social Work Officer

Contents

SECTION	PAGE
1 Introduction	3
2 Summary	4
3 Partnership Structures/Governance Arrangements	5
4 Partnerships with Service Users, Carers and the Third Sector	6
5 Social Service Landscape/Market	8
6 Finance	10
7 Service Quality and Performance	11
8 Commissioned Services	13
9 Complaints	15
10 Performance	16
11 Statutory Functions	23
12 User and Carer Involvement and Empowerment	24
13 Workforce	26
14 Improvement Approaches and Examples/Case Studies	28
Appendix 1 - Summary of Care Inspectorate Gradings	33

- 1.1** This report details the arrangements within Dundee which enable the Chief Social Work Officer (CSWO) to fulfil their responsibilities as outlined in Section 5 (1) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The post is a senior one designed to promote leadership, standards and accountability for Social Work services, including commissioned services. Statutory guidance outlines requirements of the CSWO to:
- Report to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities.
 - Provide appropriate professional advice in the discharge of the Local Authorities functions as outlined in legislation, including where Social Work services are commissioned.
 - Assist Local Authorities and their partners to understand the complexities and cross-cutting nature of Social Work, including corporate parenting and public protection.
 - Promote the values and standards of professional Social Work, including all relevant National Standards and Guidance and adherence to Scottish Social Services Council Codes of Practice.
 - Establish a Practice Governance Group or link with relevant Clinical and Care Governance Arrangements designed to support and advise managers in maintaining high standards.
 - Promote continuous improvement and identify and address areas of weak and poor practice in Social Work services, including learning from critical incidents and significant case reviews.
 - Workforce planning, including the provision of practice learning experiences for students, safe recruitment practice, continuous learning and managing poor performance.
 - Make decisions relating to the placement of children in secure accommodation and other services relating to the curtailment of individual freedom.
 - In cooperation with other agencies, ensure on behalf of the Local Authority that joint arrangements are in place for the assessment and risk management of certain offenders who present a risk of harm to others.
- 1.2** The statutory guidance also states that the CSWO must produce and publish a summary Annual Report for Local Authorities and Integration Joint Boards. This report therefore provides details on how the CSWO functions are being discharged within Dundee, including the systems and processes in place to ensure the safety of children and vulnerable adults and the management of those who present a risk to others, in the period 2016-17. The report ends with an outline of key priorities over the next 12 months.

2 Summary

In 2015-16, the Annual Report of the CSWO set out the focus for developments in the forthcoming year. The priorities were informed by a variety of factors, including opportunities and challenges afforded by new and anticipated legislative requirements, national or local structural changes, ongoing financial pressures, internal self-evaluation, external inspections and SSSC Codes of Conduct. We committed to:

- Further developing locality working.
- Build on the opportunities created through health and social care integration.
- Implement Community Justice reforms.
- Develop the first statutory Children's Services Plan.
- Continuing to develop and strengthen Corporate Parenting.
- Further shifting the balance of care from hospital to community provision.
- Implement the principles and practices of personalisation.
- Further promoting the fairness agenda.
- Improve self-evaluation and performance management.

This year's Annual Report describes how the CSWO supported the progression of each of these areas of work. It shows how there were a number of key achievements in each of our service areas, including developments in Children's Services on the joint completion of a Tayside Plan for Children, Young People and Families 2017-20; in Community Justice, the coordination of a Community Justice Outcome Improvement Plan; and in Health and Social Care a focus on rehabilitative pathways for vulnerable adults, reductions in delayed discharge from hospital and increases in the proportion of people who feel safe being supported at home. All service areas strengthened their approaches to locality working.

Partnerships Structures/ Governance Arrangements

3

3.1 In Dundee the role of CSWO lies with the Head of Service for Integrated Children's Services and Community Justice, with the Head of Service, Health and Community Care deputising as required. The CSWO continues to have direct access to Elected Members, the Chief Executive, managers and front line practitioners in relation to professional Social Work issues. The following formal arrangements are also in place:

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

4 Partnership with Service Users, Carers and the Third Sector

As well as having a strong history of engaging with service users, carers and communities, each of which are outlined in Section 12, Social Work remains committed to working closely with Third Sector partners to develop and improve services. The City has a vibrant and diverse Third Sector and a shared focus on improving outcomes has enabled existing partnerships to be maintained or adapted to fit priorities and new partnerships to begin. Examples include:

Children's Services

In Children's Services, the last 12 months have seen a particular focus on partnership work with the Third Sector on the related priorities of early identification and intervention and work with Looked After Children. Firstly, this has involved agreement with Third Sector colleagues to develop and coordinate localised family support hubs. These hubs will provide triage services to children, young people and families identified as being in need of additional support.

Secondly, we have revised Looked After Children governance arrangements by extending membership of key decision-making groups to the Third Sector. This has facilitated creative discussions on how to maximise the use of local resources in order to support placements and retain children and young people locally.

Thirdly, working with Third Sector colleagues to increase the range of available local placements in order to either prevent external placements or enable the return of children and young people from such placements. Collectively, these developments are intended to prevent problems escalating towards statutory interventions; to enable Looked After Children and young people to remain in their local communities; to improve outcomes; and to reduce costs.

In the summer of 2016, a Food and Fun Programme was launched to provide lunches to children in deprived areas during school holidays. The purpose was to promote their health and wellbeing and contribute towards narrowing the attainment gap, with children experiencing 'holiday hunger' less likely to progress academically during the new school term. The programme has since been expanded to cover other holiday periods and delivered 23,100 lunches up to October 2016. It also provided 42 families with Farmfoods vouchers. The programme has continued to expand in 2017-18, when it has become a fully constituted charity known as Dundee Bairns, widened its scope from lunches to breakfasts and extended to offer low cost holidays. It is being extremely well received and many recipients are also Social Work service users.

Community Justice Service

In Community Justice, the service has worked with Third Sector partners on the ongoing delivery of services within the whole systems approach towards youth justice. This has included work with Third Sector partners in respect of Early and Effective Intervention arrangements and in respect of resettlement support following release from secure care or prison. The service has maintained regional services and developed locally specific services:

- ✓ Continued to work with Action for Children on the Tayside Arrest Referral Service (TARS) delivered across all 3 local authorities.
- ✓ Worked with Apex on employability support delivered across all 3 local authorities.
- ✓ Worked with Tayside Council on Alcohol (TCA) on mentoring services delivered across all 3 local authorities.
- ✓ Worked with SACRO to develop a new service involving restorative approaches with girls and young adult women at risk of secure care or custody.

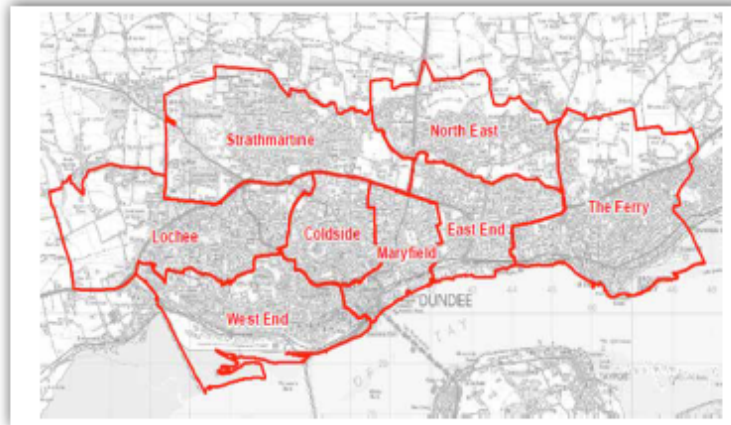
Health and Social Care

The HSCP has continued to support the Safe Zone Bus which aims to provide a place of safety that meets the needs of any person whose wellbeing is threatened by their inability to get home safely due to alcohol misuse, emotional distress or any other risk of vulnerability. It is staffed by support workers and volunteers from Tayside Council on Alcohol and the British Red Cross. Over the last 12 months, it has provided people with advice and information, emotional support, first aid, warmth and facilitated safe contact with friends and family and/or a safe route home.

During the last year the Carers (Scotland) Act 2016 was passed by the Scottish Government. The Act will come into force in 2018 and we have embraced the legislation as an opportunity to build on, strengthen and further develop local systems of support for carers. A range of work has been carried out over the last year to prepare for the implementation of the Act, working to meet requirements whilst co-producing our approaches with carers wherever possible. Key activities included:

- ✓ The provision of manual handling training for carers to reduce their risk of injury as a result of caring.
- ✓ The provision of learning and development activities for our workforce to enhance their understanding of carers' needs and the Act.
- ✓ Testing new models for supporting carers within the service delivery area in which they live with the Carers Centre.
- ✓ A "What does a Carer look like?" campaign which ran for two months and celebrated Dundee Carers Week with a Carers Tea Party.

5 Social Service Landscape/Market

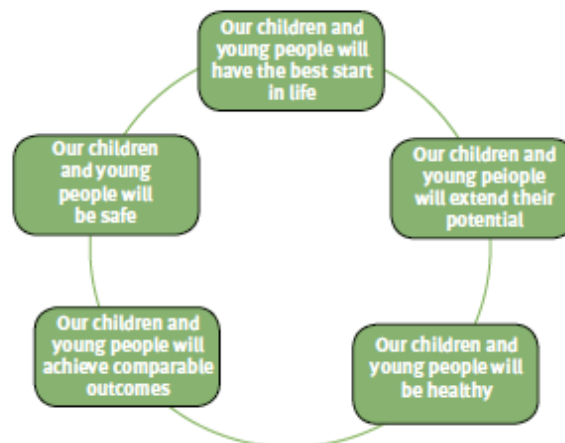


Map of 8 LCPP areas in Dundee

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

5.5 During the last year Dundee's Fairness Commission published 56 recommendations for action in their report 'A Fair Way to Go' aiming to tackle issues of stigma and social inclusion, work and wages, reducing the education gap, benefits, advice and support, housing and communities (including food and fuel poverty) and improving health. These recommendations have informed a range of plans, including the Tayside Plan for Children, Young People and Families 2017-2020.

5.6 The Tayside Plan sets out the joint vision and priorities across the three local authorities, NHS Tayside and other local and national partners. It has been informed by the views and responses from children and families gathered through the Dartington Social Research Unit in 2014. It has a clear focus on reducing inequalities and improving outcomes for all of Tayside's children, with partners committed to working collaboratively in five priority areas:



5.7 The Plan also identifies a range of ways in which Children and Families will work with Health and Social Care Partnership to improve outcomes for children, young people and adults. These include developing shared strategies on joint priorities such as parenting, substance misuse and mental health, with a focus on prevention, early intervention, transitions and tiered responses to need. There is a shared commitment to self-evaluation across the workforce and community so we can understand strengths and address areas for improvement.

5.8 In 2016-17 the work of the Health and Social Care Partnership continued to be guided by the eight strategic priorities set out in The Strategic and Commissioning Plan. Under each of these priorities there are a range of strategic shifts that have been identified. A locality approach will provide the overarching framework for the development and implementation of the plan, including the allocation of resources to achieve the strategic shifts against the priorities identified. The 8 priorities are:

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

6 Finance

6.1 In 2016/17, the total Social Work budget of £119,120,000 was allocated across services as follows:

Service Area	2016/17 Budget £000
Children's Services	£34,794
Community Justice Services	£260
Adult Services*	£37,655
Older People*	£46,411
Total	£119,120

* Delegated to Dundee Integration Joint Board

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

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

The Community Justice budget continued to be supported by grant funding of £4,667,000 from the Scottish Government on a ring-fenced basis, for spending on matters relating to community justice only. The Council provided a further £260,000 in respect of human resources, finance, legal and related supports.

The budget to support the delivery of adult social work and social care services was formally delegated by the Council to the IJB for the first time in 2016/17. Substantial efficiency savings were required which meant that services and strategic priorities had to be delivered within a restricted budget. However, the IJB reported a £1.032m underspend against core social work and social care budgets, with a further £3.931m underspend within Integration Change Funding. This has been carried forward into 2017/18 to support the further development of new models of care.

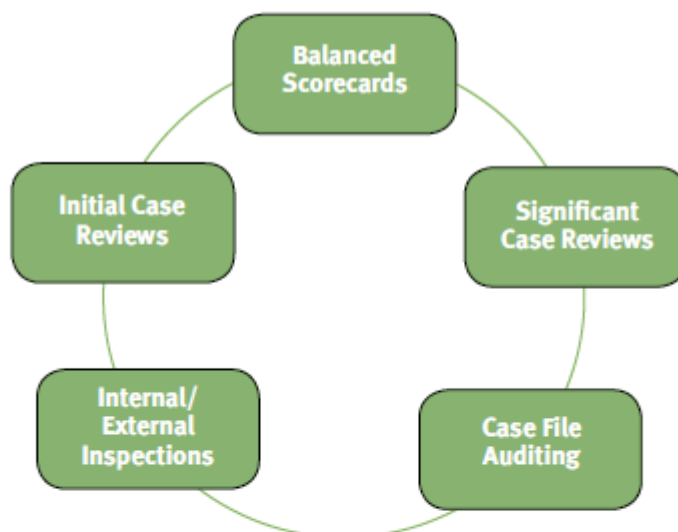
Service Quality and Outcomes

7

7.1 Self-Evaluation

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

In 2016-17, the Protecting People grouping finalised a Learning and Continuous Improvement Framework which outlines a series of linked activities focusing on both quantitative and qualitative indicators of performance and improved outcomes. In recognition of the commitment to continuous improvement from the Chief Officers Group and the significant resource required to implement the framework during 2017/18 a specific post will be established to support the framework implementation across all agencies, including Social Work services. The elements are:



In 2016/17, Social Work also introduced a new service user record keeping and information system, known as MOSAIC. As well as supporting operational service delivery, the design of MOSAIC will promote easier data collation and analysis and help to further improve performance. Whilst the focus this year has been on transition to the new system and associated training and support for staff, the new system will have an important role within service self-evaluation and quality assurance activity in 2017-18.

The Child Protection Committee also commissioned its first Learning Together Significant Case Review in 2016/17 which identified a number of areas for improvement which have been developed alongside learning from a CELCIS Neglect Improvement Programme, into an overarching GIRFEC implementation action plan. Immediately following the conclusion of the SCR a range of single and multi-agency case file auditing, including a Children's Services Social Work audit, were undertaken to better understand the quality of provision to vulnerable children and young people and required improvement actions. Specific developments that have been progressed based on the findings of the review include:

- the development of a performance and quality assurance framework for the Multi-Agency Screening Hub;
- a review of the referral pathways for children and young people with disabilities; and,
- the development of a comprehensive learning and development programme to support implementation of GIRFEC, covering risk assessment, children and young peoples' plans, chronologies, and outcome measurement.

As part of the Chief Officers Group (COG) the CSWO has played an important role in overseeing the quality and impact of responses to children, young people and adults in need of protection, as well as interventions with perpetrators of abuse. Through their collective leadership the COG has supported the Independent Chairs / Convenors of the public protection committees to enable multi-agency co-operation and collaboration across all public protection issues. The CSWO has been an active participant in the regular Chief Officer Engagement Events over the last year have focused on responding to neglect and challenging stigma.

7.2 External Scrutiny

In 2016/17, there were no joint inspections of Social Work services undertaken in the Dundee area. Appendix 1 sets out the outcomes of external scrutiny of care services provided by the Council and the Health and Social Care Partnership. These grades have remained consistently high in the main and there is a process in place that any issues raised are quickly discussed with the appropriate service and improvement plans put in place. Comments from service users during inspections included:

Quotes from Service users:

"Yes I know I have a support plan, I remember discussing it with staff. They asked me the things I needed help with and we also talked about my interests."


"Staff help me cook my own meals - we go shopping too."

"I feel safe and can make choices about a range of things"

Commissioned Services

8

- 8.1** In 2016/17, Social Work services continued to be delivered through a mixed economy of local authority, private, independent and third sector provision. In total, there were 192 contracts with 101 suppliers of social care services. Of these, 133 were involved in the supply of regulated services, ranging from residential care to care at home. The remaining 59 contracts were for unregulated services, including lunch clubs, advocacy services and family support services.
- 8.2** The continued operation of a Social Care Contracts Team operating across Children and Families and the Health and Social Care Partnership has supported robust contract monitoring. In 2016/17, former Education and Social Work contracts were brought into a single Children and Families contractual process. Work also took place under Health and Social Care integration to bring a small number of contracts previously administered by NHS Tayside into the Social Care Contracts Team.
- 8.3** Partnership work with external providers has continued over the last year with a range of innovative and creative approaches in place to ensure the best use of local resources. Examples of this over 2016/17 include:
- A Family Support Framework has been established via an open tender exercise. Under this arrangement, 8 local providers can be commissioned individually or under a partnership arrangement to provide a holistic family support service tailored to suit individual families. A collaborative forum is in place where discussion and learning can take place to ensure the model continues to be fit for purpose.
 - The Health and Social Care Partnership published Shaping the Adult Health and Social Care Market in Dundee 2017-2021; it's first market facilitation strategy. As well as facilitating a discussion between the Partnership, service providers, service users, carers and other stakeholders about the future shape of the local social care market the strategy sets-out our approach to good governance and management of services in order to support high quality and good outcomes for service users.
 - A Dundee Learning Disability Provider's Forum aims to increase the capacity and skills of provider organisations in order to improve the quality of life for people with learning disabilities. It was the first public body in Scotland to sign up to a national charter ensuring that people with additional support needs have a say in the issues that affect them. The charter informs all commissioning relating to people with learning disabilities.
 - In Children and Families work has continued to progress towards a Strategy and Commissioning policy that creates an outcome focussed framework with equity of access and strategic commissioning decisions that will inform commissioning work in the future. During 2016/17 a working group from the Strategy & Performance Team, Contracts and Third Sector partners have achieved an agreed shared set of commissioning principles. These principles include the following and will be used to inform commissioning decisions from 2018/19:

- 
- 1 A commitment to multi-year funding for the Third Sector.
 - 2 Outcome focussed decisions.
 - 3 Focus on early intervention and prevention.
 - 4 Focus on innovation.
 - 5 Equality of access for big national and small local Third Sector organisations.
- In Justice, the Community Justice Outcome Improvement Plan was developed in collaboration with the Third Sector and includes a commitment to Third Sector provision in line with the priorities outlined in the plan. As the TCA Mentoring Service is funded by a temporary Change Fund budget until 2018, this includes an ongoing commitment to monitoring the impact of both this and other Third Sector services. Partners are committed to ensuring that all funding is targeted at those areas which have demonstrated a positive impact on reducing re-offending and related outcomes and/or are required on a statutory basis.

Complaints

9

9.1 In Dundee, the Social Work Complaints Procedure had up to 4 stages with different points of possible appeal against decisions. In 2016-17, the total number of statutory complaints received from service users was 77, compared with 56 the year before. There were 22 complaints relating to Children's Services, 40 in Community Care and 5 in Criminal Justice. The 5 remaining complaints related to financial charging. The outcomes were:

- **Upheld** – 28.5%
- **Partially upheld** – 17%
- **Not upheld** – 55.5%

9.2 Most of the complaints related to a failure to meet service standards or treatment by or attitude of a member of staff. Two of them progressed to the final stage of the appeal process or the Scottish Public Services Ombudsman. The agreed timescales for finalising investigations was met in 50% of cases, with delays usually caused by the complexity of the complaint and the investigation taking longer than expected.

9.3 Given the total number of Social Work service users of 9,000, the number of complaints is small however services do endeavour to use complaints to improve practice and improvement services. In 16/17, a total of 34 planned service improvements were implemented.

9.4 From the 1 April 2017 social work complaints will follow the Scottish Public Service Ombudsman (SPSO) Model Complaint Handling Procedures. Both the Dundee Health and Social Care Partnership and Social Work Complaint Handling Procedures have been developed during 2016/17. They have each been assessed as complying with the model complaint handling procedure by the SPSO. The CSWO will continue to monitor complaints across both of these procedures.

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

Adult Care Physical Disabilities

'My brother passed away a little over 2 weeks ago and I wanted to send a note to let you know how well I and my family feel we were supported over the last 7 to 8 years by your team in Dundee'.

Community Response Team

'NHS 24 contacted the Community Response Team late last night after my wife had fallen to the floor and I was unable to assist her back up. We were both very grateful to the team that arrived to assist. They were very professional, friendly and supportive and we can't thank them enough for their help and good humour'.

Community Justice Unpaid Work Team

'Please can you pass our thanks to the team who painted our sensory garden. It is looking much better and is lovely and bright. Once the bedding plants are in it will look great. Just in time for the better weather and the summer holidays when the children get the most out of the garden'.

10 Performance

10.1 In Dundee, the CSWO reports statutory and local performance indicators through the Council Annual Performance Report and the Integration Joint Board Annual Report. This is supplemented by a range of separate reports to Elected Members, the Integration Joint Board and the various governance bodies relating to Children's Services, Criminal Justice and Health and Social Care. Further oversight is provided by the Chief Officer Group for Protecting People, including scrutiny of Balanced Scorecards. In 2016/17, trends included:

10.2 Children's Services

- The length of time children stayed on the register continued to reduce, with 87% de-registered after less than 12 months. This indicates that measures put in place reduced the level of risk and protected children from harm.
- A total of 45 Child Protection Orders were made, which continue to be higher than the Scottish average and represents a slight increase from the previous year. In partnership with the Children's Reporter, the service continues to scrutinise applications for CPOs and trends are considered at the Child Protection Committee.
- The number of Looked After Children is slowly reducing and is now consistently under 600 at any one time, with 570 on 31st March 2017. Over 90% of Looked After Children are cared for in the community, similar to the national average.
- There were a total of 13 Emergency Placements, which involve authorising an emergency move of children and young people subject to supervision requirements in cases of urgent necessity. This was slightly higher than the previous year.
- The attendance gap between looked after and non-looked after pupils is gradually narrowing and there has been significant reduction in exclusions for looked after pupils by almost 20%.
- The proportion of looked after children and young people living in Dundee or the outskirts of Dundee and attending Dundee schools is gradually increasing from 71.3% in 2015/16 to 71.9% in 2016/17.
- The proportion of care leavers aged up to 26 years old in education, training or employment was 41.2%. This continues to be a key priority, with a range of actions outlined in a Corporate Parenting Plan.
- The Through Care and Aftercare Team ensured all Care leavers aged 21-26 years were contacted to ensure they were aware of available supports in their transition into adulthood.
- There were 143 children and young people with complex needs supported by Social Work, with 25 receiving respite services at Gilburn Road.
- The service has also significantly enhanced collaborative working with Kingspark School, which provides a range of education and health services to pupils aged 5 to 18 years who have complex additional support needs. A Social Work lead officer now forms part of the school management team.
- The overall number of children and young people in secure accommodation continued to be low at 8 over the course of the year with the majority being girls.

- In respect of permanent alternative care and adoption, 33 Permanence Orders were made and of these, 18 were with authority to adopt.
- There continues to be a shortage of carers and adopters for some groups of children and young people, including adolescents, large sibling groups and children with complex additional support needs.
- Almost half a million pounds was generated in unclaimed benefits entitlements by the Council Advice Service for kinship carers as part of the approach to income maximisation in relation to achieving parity with foster carers.

10.3 Adult Support and Protection

- In 2016/17 918 adult protection referrals were received which is a decrease from 2015/16 when 1,246 referrals were received. 142 of these referrals resulted in adult protection activity, with 49 Adult Support and Protection Case Conferences taking place over the year. Most referrals (741 - 81%) continue to be made by Police Scotland.
- Of the 142 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 neglect by carer and risk associated with vulnerabilities due to age, disabilities or health concerns, domestic abuse, fire safety risk, harassment and welfare harm.
- During 2016/17, 500 referrals have been considered by the Early Screening Group providing opportunities for early intervention and prevention and contributing to the overall decrease in the number of adult support and protection referrals received.

10.4 Mental Health

- There were a total of 80 emergency detentions in hospital, compared with 90 the year before. There has been an average of 82 detentions a year in the last 5 years.
- There were a total of 152 short-term detentions in hospital, compared with 148 the year before. There has been an average of 146 short-term detentions a year in the last 5 years.
- There were 22 Compulsory Treatment Orders, compared with 39 the previous year. Following a four year period in which numbers have remained generally consistent, this represents a significant reduction in orders.
- The Mental Health Officer Service has established a positive trend over the last 3 years towards increasing the proportion of social circumstances reports (SCRs) provided to the Mental Welfare Commission following periods of short detention. In 2014/15 (the last year for which data is available) 50% of detentions were followed by submission of an SCR. As the service is in the process of transferring data from one system to another, figures are not yet available for 2016-17.
- There were 94 Local Authority and 131 Private Guardianship Orders granted in 2014/15 (the last year for which data is available), compared with 99 and 131 the year before. Within this there has been an increase in the proportion of orders granted on an indefinite basis. As the service is in the process of transferring data from one system to another, figures are not yet available for 2016-17.
- The service continued to promote the Power of Attorney Campaign during 2015/16 as a means through which to reduce the number of Guardianships and subsequent impacts on Social Work services. As the service is in the process of transferring data from one system to another, figures are not yet available for 2016-17.

- The number of people subject to Compulsion Orders with Restriction (12), and Treatment Orders (2) has remained stable in comparison with the year before. There has been a slight reduction in Transfer for Treatment Directions (1 in 2016/17) and a slight increase in Compulsion Orders (10 orders in 2016/17) and Assessment Orders (5 in 2016/17).

10.5 Criminal Justice

- A total of 656 Community Payback Orders were imposed, compared with 795 the previous year. This is the first time there has been a reduction in the number of CPOs since they were introduced in 2011.
- The total number of Unpaid Work hours carried out was 40,016, compared with 38,864 the previous year. This increase reflects requirements for people to start unpaid work earlier, work more often and complete sooner.

People said:

"I felt I was doing something worthwhile"

"I learned about staying out of trouble"

"I got motivation and into a routine"

- Over 79% of all Community Payback Orders were completed successfully, compared with 70% the year before. This means the person reached the end of the Order without re-sentence for non-compliance or further offences.
- In respect of Drug Treatment and Testing Orders, the Sheriff Court imposed 12 Orders compared with 6 the year before. These Orders are designed for people with the most chronic substance misuse problems related to offending.
- There were 154 Registered Sex Offenders subject to statutory supervision under MAPPA, with 3 assessed as high risk, 35 as medium risk and 116 as low risk. There was an increase in internet related offending.

One person said:

"Whilst I am not sure what the future holds I feel as though I am better suited to serve a more purposeful life. I hope that with the ongoing support I receive I learn to address my thoughts and feelings and this will allow me to progress throughout my life."

- There were 126 Community Payback Orders imposed on women compared with 147 the year before. A total of 67% of these Orders were completed successfully, compared with 70% the year before.
- There were 144 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 144 the year before. The service provides through care whilst they are in prison.
- There were 20 new Supervised Release Orders (SROs) compared with 18 the year before. In total, 18 were completed successfully compared with 12 the year before.

- The number of young people receiving a custodial sentence continued to be very low, with only 3 compared with 6 in the previous year. This success is attributed to the effectiveness of our whole systems approach.

Case Study: A Partnership between Dundee City Council, Advance Construction, Kilmac Construction and Robertson's Construction

This programme was aimed at supporting young people who have been through the Youth Justice System or from disadvantaged backgrounds. They were supported by employees and supervisors from the construction companies and Dundee City Council to participate. There were 6 young people involved in this programme and with the right support and intensive training they are all now in permanent employment, working in construction and earning salaries above the living wage. One of the most exciting elements of this programme is that it has become a preferred recruitment model for both Kilmac and Advance Construction. Both Kilmac and Advance have enough confidence in the programme that they approached Dundee City Council to run another programme for 6 young people.



As an example of an Unpaid Work project carried out in 2016-17, the Project Team were informed of a Sheltered Housing Complex which had an external space that was no longer accessible for people with mobility difficulties and no longer useable for congregating. Following a period of planning with residents and staff, a team of 5 people subject to Unpaid Work and their Supervisor worked on the project each day for 3 weeks. The team liaised with DCC Neighbourhood Services to access specialist equipment to build a concrete ramp to allow safe access from the flats in the Complex. A facing fence was built to improve the look of the existing boundaries and borders and planting pots were installed. Another team of individuals based in the Unpaid Work Project Indoor Workshop, constructed benches for the new patio. The residents now have an accessible, safe, low maintenance outdoor communal area in which they can gather or relax and they can also tend the plants in the pots.

The individuals on Unpaid Work undertaking the development had the opportunity to experience basic landscaping and construction work. They expressed a sense of satisfaction at being able to contribute to a worthwhile community based project. Before and after pictures are shown below:



10.6 Health and Social Care

- 93.9% of adults supported at home who participated in the Health and Care Experience survey agreed that they have been supported to live as independently as possible. Performance has therefore been maintained and is slightly above the Scottish average. A rehabilitative pathway has been developed in order to support people moving from the Centre for Brain Injury Rehabilitation into community settings. In partnership with Angus Health and Social Care Partnership a shared community equipment loan service has been launched for people with disabilities which delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages to live independently.
- The same survey found that an increasing proportion of adults (94%) receiving any care or support rate this as excellent or good. The same proportion of adults supported at home as in previous years (88%) agreed that their services and support had an impact in improving or maintaining their quality of life.
- The emergency admission rate (per 100,000 people aged 18+) declined in comparison with previous years (12,411 in 2016/17), however the emergency bed day rate (per 100,000 people aged 18+) improved (136,059 in 2016/17), although this remains above the Scottish average.
- There proportion of time in the last 6 months of life spent at home or in a community setting has been maintained at 87%, which is in line with the Scottish average.
- Over the last year the MacMillan Improving Cancer Journey project has established a Cancer Voices Panel made up of members who have had a cancer diagnosis or who have cared for someone with cancer that has helped to shape services. A new locality based model of support for people affected by cancer will be piloted in 2017/18.
- Good progress has been made in continuing to reduce the level of delayed discharge; the number of days people spend in hospital when they are ready to be discharged has reduced to 755 per 1,000 population and is now below the Scottish average. An integrated discharge hub at Ninewells Hospital has supported the implementation of the Home and Hospital Transition Plan. The Home from Hospital service is providing up to six weeks support to older people following discharge and step-down services are helping to support early, safe discharge.

- The proportion of carers who felt supported to continue in their caring role (44%) remained the same as in previous years. A wide variety of work has taken place over the last year in preparation for the implementation of the Carers (Scotland) Act 2016. As well as continuing public awareness raising and engagement with carers, a pilot scheme to support people who use mental health services and their unpaid carers to access new types of short breaks suited to their needs has been developed. In addition work has been undertaken to promote and embed carers' health checks through the Keep Well Team and Dundee Carers Centre.
- 85% of adults supported at home reported feeling safe. Work is continuing across adult protection (see above) and violence against women to support vulnerable adults to feel and be safer in their homes and communities. The Safe and Together approach to domestic abuse has been implemented in one Children and Families locality, with 41 staff having been trained to support changes in practice that keep children and their mothers together, support women experiencing domestic abuse and address the behaviour of perpetrators.
- The rate (per 1,000 population) of readmission to acute hospital within 28 days increased slightly from 121 to 125. Over the last year we have taken a collaborative approach to the use of technology enabled care to support service users to live independently in their own community. We have also significantly increased investment in home based care services, including funding the implementation of the living wage for care workers in this sector. Understanding the reasons for high rates of readmission and improving performance in this area is a priority for 2017/18.
- The falls rate for over 65s increased slightly to 26 falls per 1,000 population. We have expanded our falls service to ensure patients aged 65 and over are routinely screened by Allied Health staff if presenting with a fall and follow up interventions are put in place. This expanded service includes a single point of referral, triage by nurses, self referral option to Community Rehabilitation Team and improved information sharing practices. We have also introduced falls prevention care-home education and this has resulted in a reduction in falls in care homes. Otago falls classes are now well established in community venues contributing to improvements in clinical outcomes for those who have experienced a fall.
- Our Medicine for the Elderly (MfE) Consultant, Social Work teams, Community Rehabilitation Team, Community Nursing teams and Psychiatry of Old Age services have been realigned to enable them to work more closely with our GP clusters on community based service delivery. These teams have regular multi-disciplinary meetings with individual GP practices and with GP cluster areas to look at quality improvement.
- The number of people receiving a direct payment has been steadily increasing over the last three years, with 60 receiving this last year. The amount spent on delivering services and supports under options 1 and 2 has increased considerably from over £96k to over £308k. This relates to the increasing complexity of packages of care required by service users.

Maximising Potential and Making Every Moment Count

Mr B lives in sheltered housing. He has recently begun to struggle to take care of himself at home and to maintain his social contact with friends. He has a diagnosis of dementia. His family have become increasingly concerned that his symptoms of dementia are worsening and he is forgetting to eat properly and is becoming isolated and depressed.

Mr B was referred to the Community Mental Health Team for Older People for further support. He was visited at home where he discussed his current difficulties. Mr B identified he was struggling with activities of daily living and had lost his confidence to make his own meals, to deal with finances and to go out to visit his friends at the bowling club. Mr B stated looking after himself was not a priority, as he felt there was 'no need' anymore.

The team spent time getting to know Mr B, allowing time and space for him to share his wishes and hopes for the future. Mr B told them that the bowling club had been a big part of his life, especially after his wife died and he missed the support he received. The team worked with Mr B to support him to return to the bowling club. A volunteer driver was arranged to take him and to return him home. The visits also coincided with a regular meal provided at the bowling club. Once Mr B's confidence increased, his friends at the bowling club arranged transport themselves to allow him to attend twice a week.

In addition, Mr B attended a lunch group and bingo in the sheltered housing complex which provided further social support. A support worker from the team worked weekly with Mr B to attend appointments and to assist him to set up systems to manage his finances.

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

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

11.2 Children's Services Plan – the service contributed towards the development of the Tayside Plan for Children, Young People and Families 2017-20, which includes priorities and a range of actions relevant to Children's Services. These priorities and actions have since been reflected in the Local Outcome Improvement Plan and Corporate Plan. From a Social Work perspective, they include a key focus on providing effective support to parents and carers with 0-5 year olds who are at risk of significant harm; on corporate parenting for looked after children and young people; and on child protection arrangements.

11.3 CJS Transition Plan – in partnership with statutory partners and as outlined in legislation, the service coordinated the development of a Community Justice Transitions Plan. This involved the establishment of a new Community Justice Partnership, which carried out a strategic assessment to identify local needs and priorities. The partnership is linked with colleagues in Health and Social Care and they have jointly identified priorities on mental health, substance misuse and domestic abuse. This work has provided the platform on which the first Community Justice Outcome Improvement Plan (CJOIP) has been developed in 2016-17.

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

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

12 User and Carer Involvement and Empowerment

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

12.2 In Children's Services, it is essential that the views of children, young people and their families are represented at all stages of involvement including Team Around the Child Meetings, Child Protection Case Conferences and Looked After Children Reviews. Children can also be linked to independent advocacy services and the service is piloting a Child Protection Buddy Scheme in the West of the city. In 2016-17, specific examples included:

- Parents attended 79% of all Child Protection Case Conferences compared with 73% last year. Chairs of Conferences always hold a pre-meeting with parents.
- Following the success of CP buddy arrangements, this approach is now available for all children aged 5 years and over to ensure their views are heard.
- The Champions Board for Looked After Children and Care Leavers is well established and a new approach has been piloted in one school, with an intention to roll this out to other schools in the coming year.

In Community Justice, in partnership with Third Sector organisations, the service responded to feedback from women involved in a previous independent living skills programme to adapt and refine 2 subsequent 6 week programmes. Based on their feedback, these programmes focused on the preparation and sharing of a healthy meal. At the end of the programmes, all participants successfully gained a formal qualification and went on to receive further, individualised support.

In Health and Social Care, through service user consultation and working with other services the White Top centre has contributed to improving the quality of life for service users. This has been achieved in a number of different ways over the last year:

- A widely accessible activity programme for people with a profound and multiple learning disability has been created. This provides a platform for service users to engage in their chosen activities and experience new opportunities. Joint working has been undertaken with Promoting a More Inclusive Society (PAMIS) to promote the inclusion of people with a profound and multiple learning disability in their local and wider communities.
- An opportunity was created by PAMIS for service users to be involved in making an award winning film about having a profound learning disability. After this success some of the service users and staff were asked to feature in the up and coming PAMIS film called Profound.

- Joint working with PAMIS and Tayberry Enterprise has led to the introduction of Sensory Storytelling within the service. This has been well received by service users and has provided them with a regular opportunity to be involved and explore new tactile and audio experiences. Tayberry Enterprise has also opened up the opportunity to have their lead percussionist visit the White Top Centre to provide an inclusive drumming experience.

For the past two years the Making Recovery Real (MRR) partnership has been listening to people with mental health challenges and practitioners with the intention of transforming mental health supports and services. They have told us they want to see more roles for people with lived experience through peer support, peer education and learning. The response from people with lived experience has been such that we now have seven different groups locally (involving about 40 volunteers) and have employed a Peer Support Co-ordinator to co-ordinate this work. The plan is that these groups will generate 'stories' which will help improve services. MRR has provided an opportunity to open up wide ranging discussions about recovery and what it means for people and services. It has provided a platform for discussions, a safe space to bring together professionals and members of the community on equal terms, and a mandate for change. It has provided an opportunity to have a meaningful impact on the local agenda based on that discussion and given partners hope that recovery focused practice could finally be implemented.

We have also continued to undertake specific consultation around the development of the vision and priorities contained within the Strategic and Commissioning Plan for health and social care integration. In particular, we took our consultation out into local communities, through our network of community centres and libraries, to create opportunities for the voices of local people to be heard. We spoke to in excess of 50 people. We held focus groups with employees and other stakeholders, listening to their views and contributions and used this information to develop to content of our integration plan. We had 14 focus groups with over 65 people in total (including employees) choosing to attend one of the meetings.

13 Workforce

13.1 Social Work and Social Care Workforce Development

The Council's commitment to our employees is reflected within Our People Strategy and includes our approach to Workforce and Succession Planning, Talent Management and Developing the Young Workforce. Within Social Work, shared aims for learning and development are outlined in the Organisational Development Plan and associated strategies for Health and Social Care Partnership and the Tayside Plan. These plans highlight that there will be a collaborative approach to Learning and Workforce Development across all partners. The services have been able to engage with and contribute to a wide variety of collaborative leadership development programmes with partners from across the services and geographic areas. The Council is developing a strategic approach to succession planning.

We have invested significantly in our registerable workforce to ensure they are fully equipped with the occupational competencies to meet management and leadership standards and our statutory requirements. We have continued to deliver high quality qualifications across the SSSC registerable workforce groups. A feature of work in this area is recent merger of 3 different SQA centres within the Council to maximise opportunities for delivery of suites of qualifications. We have a key role working with national partners through the Social Work Scotland, Learning and Development Sub-Group to look at creative ways to collaborate on these challenges.

In 2016-17, specific learning programmes on protection of children and adults has remained a priority. We have developed and delivered core programmes of multi-agency training on Child and Adult Protection and provided a range of face to face and high quality e-learning programmes across the protection spectrum. These include Child Sexual Exploitation, Challenging Stigma, Children with Disabilities, Roles and Responsibilities in Adult Support and Protection. Our award winning Protecting People Learning and Development Framework and online portal provides a comprehensive overview of the range of learning opportunities available across all workforce groups.

Special programmes of support for courses including the Postgraduate Certificate in Child Welfare and Protection, the Mental Health Officer Award, Practice Learning Qualification are all in place and currently prioritised for funding support in relation to our statutory duties and SSSC work streams. In 2016-17, we have enhanced the proactive approach to recruitment to the MHO award to support regular and supported intake to the programme.

The Council has a strong commitment to Practice Learning which includes opportunities for students throughout the services. We continue to provide significant professional placements and work experience opportunities for a number of workforce groups. Our aspiration is for all SW services and many other teams to provide opportunities for SW students as there remains a gap nationally in the provision of statutory placements. In 2016-17 we have achieved excellent recommendations from the significant monitoring of the PDA Practice Learning (Social Services) Qualification which we lead on behalf of 6 local authorities. The leadership and quality of the programme along with the excellence in the partnership arrangements was commended.

It is recognised that Social Work staff can operate in difficult circumstances and can be subject to aggression and violence. In 2016-17, there were a total of 40 recorded violent incidents against Social Work staff compared with 41 recorded incidents the year before. While the number appears consistent there has been an increase in the number of incidents which were reported to Police Scotland. In response, services have lone working arrangements with very clear escalation procedures for staff to follow should they encounter difficulties or not return to their place of work within a stated time. Staff are also provided with conflict management training and staff in residential units are provided with CALM training to manage difficult incidents whilst ensuring residents continue to be safe. Where incidents occur, then where relevant and required staff are provided with support. Staff in the service have also received training in critical incident de-briefing.

13.2 Promoting Social Work Values and Standards

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

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

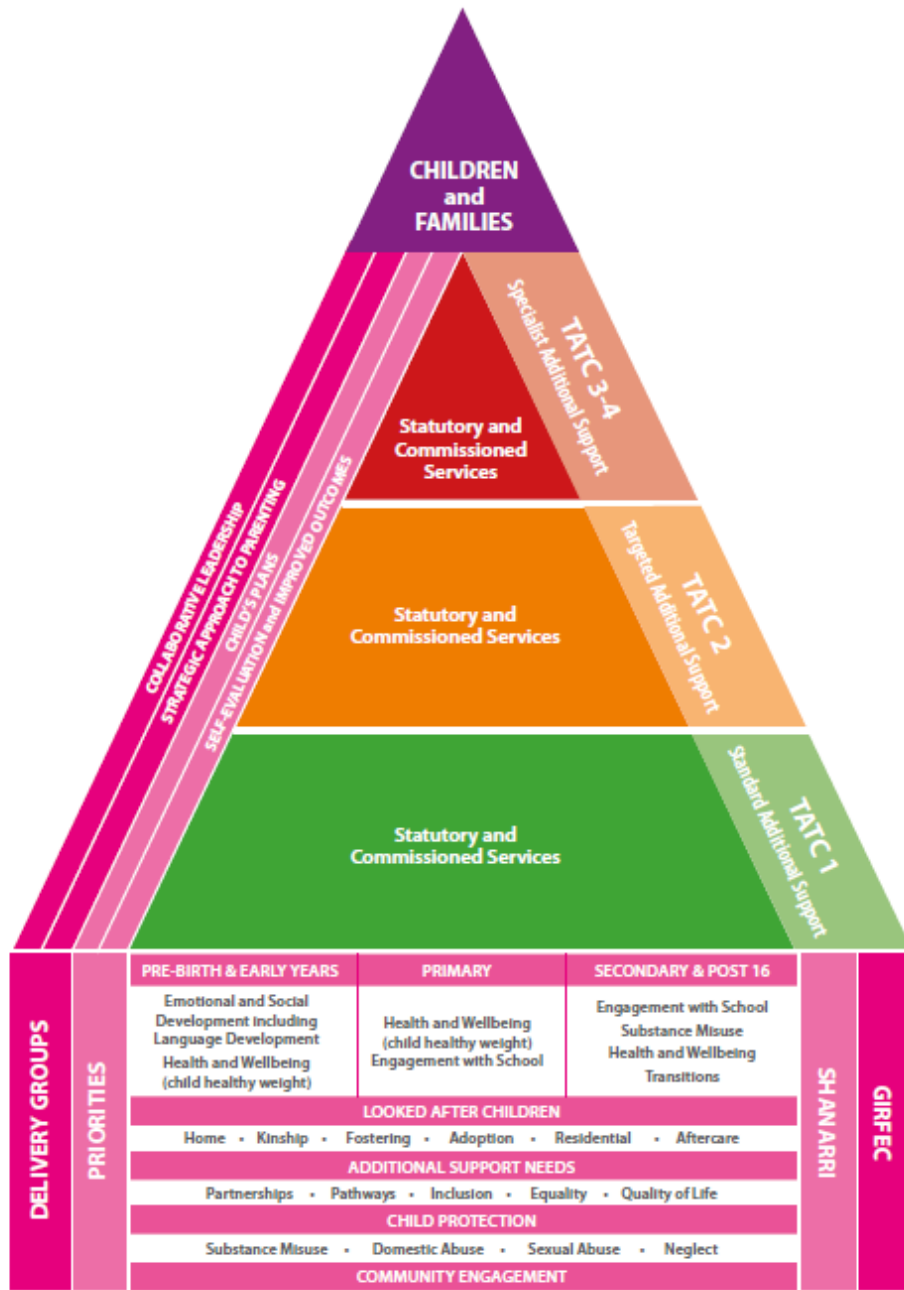
Within the Health and Social Care Partnership Workforce and Organisational Development Strategy (published in June 2016) a number of guiding principles to support the workforce to deliver on the ambitions of integrated health and social care were adopted. These locally created principles sit alongside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

14 Improvement Approaches and Examples/Case Studies

14.1 Planning for Change

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

- A partnership programme with the Centre for Excellence for Looked After Children (CELCIS) on approaches towards neglect. This has involved adopting new improvement methodologies with both senior leaders and front-line staff and has led to the remit for the initiative being expanded to encompass the effective implementation of GIRFEC as a whole. As such, the programme has identified 3 inter-related priorities on support to increase the capacity, confidence and competence of Named Person's to carry out their roles; new approaches towards the effective engagement of whole families, including parents/carers and siblings; and developing a shared culture and ethos
- This methodology is helping to address the areas for improvement on collaboration, parenting and child's plans. It also serves as a platform on which other improvement actions have been and will continue to be progressed, such as the 5 priorities outlined in the Tayside Plan and the 10 issues for consideration identified by the Significant Case Review which focused on a case involving neglect. A further, related development involves the creation of locality based family support hubs coordinated and delivered by the Third Sector. These hubs will act as triage centres for Named Person's or children, young people and families in need of additional resources and/or support.
- The approach towards self-evaluation has also been strengthened, with a new Protecting People Learning and Continuous Improvement Framework focusing on both quantitative and qualitative processes, measures and outcomes. In respect of Children's Services, the Significant Case Review led to an Improvement Plan which is being implemented by partners; a Child Protection Balanced Scorecard is continually helping to identify and address key areas for improvement; and a case file audit on a randomised sample of Social Work files identified significant improvements in the quality of assessments, chronologies and plans for children and young people whilst confirming further improvements are required. This approach is being expanded to include audits of universal services in 2017-18.
- To ensure that Dundee City Council and Dundee Health and Social Care Partnership can effectively meet its statutory obligations a review of the Mental Health Officer (MHO) Service has been completed. This identified 18 priorities around the themes of pursuing interventions with the minimal restriction on people's rights and freedoms, service responsiveness, workforce development and capacity and quality assurance. A three year MHO Service Action Plan has been developed and implemented over the last 12 months to maintain a focus on achieving the 18 priorities, National Standards for Mental Health Officers and Clinical, Care and Professional Governance requirements. Key achievements through 2016 – 2017 have included:



- Last year the MHO Team members approached Making Recovery Real with a view to exploring how they could link in with the initiative to help them share their discussions on possible improvements with people who have experience of using the service, about areas for improvement and how best improvements can be achieved. An event was held where people with lived experience of mental health challenges and of using the MHO services and MHO team members identified key areas for improvement and how they would work together to develop and test new ways of working. It was agreed this should not be a one-off discussion but a dialogue where people with lived experience can be engaged in on-going discussions about areas for improvement and how best improvements can be achieved.
- Development of procedures relating to Adults with Incapacity and Mental Health Acts to support consistency of practice across the Partnership. It is planned to implement these procedures during 2017-2018.

14.2 Personalisation and Outcome Focused Practice

To date, much has been done to transform the way we commission and deliver services to focus more on personal outcomes or more simply put “what matters” to a person in their daily, weekly, annual lives.

The introduction of Outcome Focused Assessment and Reviewing is still an iterative process where ongoing review of the new tools, supporting IT systems and associated paperwork is ongoing. This will continue until the partnership is satisfied that it is fit for practice and is in line with the messages given out at National Training sessions ‘Good Conversations’ facilitated by the Personal Outcomes Network.

A programme of training has been rolled out to all staff who have a role to play in assessment. This training has also been offered to our private and voluntary providers. To date, 468 staff have attended and feedback has been hugely positive. A further 3 workshops were delivered in March 2017 specific to Lead Professional Model for Homelessness (62 people across the partnership).

In 2017/18 we will be focusing on embedding outcomes at all levels of the partnership, focusing on integrated assessments, in the context of locality working and on reporting against high level outcome indicators to evidence the personal outcomes being achieved.

14.3 Self-Directed Support

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

Work has been on-going with staff through focus groups and a survey. Findings revealed that 88% of staff are either confident or very confident using an outcomes approach. They highlighted some issues around process and paperwork being time consuming, which is currently being reviewed. There seemed to be a direct relationship between the people who said they had been trained and a higher level of confidence in offering self-directed options.

A local work-plan has been developed to take forward areas of work to allow more flexible and responsive systems to deliver SDS taking a community focused, asset based approach.

The Children with Disabilities Team have a designated worker whose role is to increase awareness of SDS across the service and develop consistent approaches. There have been 18 young people and their families where involvement has resulted in outcome focused plans with SDS options. The worker has also been involved with the Carer's Centre regarding the range of literature available to children and their families.

"Z is a 10 year old boy on the autistic spectrum who was socially isolated due to his disability and lack of awareness of danger. In discussion with the family, Z and his mother were keen for him to have opportunities with his peers with similar needs and abilities. His mum noted that community resources had been previously tried but never sustained. The worker spoke with a local after school club for children on the autistic spectrum and it was agreed that funding would be provided for him to attend the group 2 evening a week. In response, Z and his mother now say he is enjoying the opportunity for safe social interaction with his peers. His mother and his school have also noted improvements in his behaviour."

14.4 Challenges for the year ahead

- The environment social work operates within is increasingly complex with multiple reporting arrangements. Although this can be challenging it also affords opportunities for increased collaborative working across a range of partnerships. The next year will see a number of significant legislative changes which will have a direct impact on the work of the service. The outcome of the on-going review of Education Governance also has the potential to impact significantly on the work of the Children and Families Service across the City and from a social work perspective I believe it is important that any such reforms are based around a commitment to developing the whole child through the Getting it Right for Every Child approach.
- Given the complexities of the environment within which social work operates we continue to work to strengthen the range of joint working and interfaces across partnerships on issues such as substance misuse, domestic abuse and transitions from childhood to adulthood. Work from the Scottish Government's Fairer Scotland and local Fairness Commission Action Plan continue to inform our approaches especially around areas such as welfare, poverty and stigma.
- Building on developments over the last 12 months, the coming year will see locality based working and integration becoming increasingly embedded across the city. As part of this, the CSWO will continue to play an important role in ensuring the local authority fulfils its statutory responsibilities, particularly within delegated arrangements. Approaches to clinical care and professional governance will continue to be developed providing operational scrutiny and quality assurance.
- All services will continue to face major challenges in respect of the financial environment which will continue to require new ways of working, including the involvement of communities in service redesign and the prioritisation of scarce resources. This also includes building on the joint working agenda with neighbouring councils, NHS Tayside and other agencies. The CSWO will have an important role in ensuring that any changes do not detract from the quality of care and are fair and equitable.

- In community justice we will work with partners to implement the Community Justice Outcome Improvement Plan and work with Scottish Prison Service on developing new approaches to women in custody.
- In Children's Services we will work with partners to implement the Tayside Plan for Children, Young People and Families. We will have a particular focus on our approaches to neglect, enhancing community capacity through locality based family support hubs and remodelling of local accommodation options for Looked After Children.
- Across Health and Social Care the priority is to develop a better understanding of reasons for hospital readmissions within 28 days and identify appropriate supports to enable people to remain at home safely; implement the requirements of the Carers Act and further develop the range of supports for carers to enable them to feel supported; improve access to mental health and wellbeing support and pathways between community, primary and acute services for people who face mental health challenges.

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/Prvt/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	06/01/17	6	6	6	6
Dundee City Council	Mackinnon Centre	Adult Respite	LA	15/02/17	6	6	6	6
Dundee City Council	Oakland Centre	Support Service	LA	28/09/16	6	5	6	5
Dundee City Council	Weavers Bum	CAH/HS	LA	03/11/16	2	-	3	2
Dundee City Council	Craigie House	Care Home	LA	25/01/17	5	4	5	4
Dundee City Council	Menzieshill House	Care Home	LA	07/11/16	5	5	5	5
Dundee City Council	Turriff House	Care Home	LA	01/03/17	5	5	5	5
Dundee City Council	Janet Brougham House	Care Home	LA	27/10/16	5	6	5	5
Dundee City Council	Gillburn Road	Respite	LA	18/01/16	4	5	5	4
Dundee City Council				18/03/15	5	5	5	5
Dundee City Council	The Junction	Care Home	LA	25/02/15	4	5	4	4
Dundee City Council	Millview Cottage	Care Home	LA	08/02/16	4	5	4	4
Dundee City Council				16/03/15	4	5	4	4
Dundee City Council	Drummond House	Care Home	LA	21/01/16	4	5	5	4
Dundee City Council	Fairbairn St YPU	Care Home	LA	24/02/16	4	5	5	4
Dundee City Council	Fostering Services	Fostering	LA	04/09/15	4	n/a	5	4
Dundee City Council				03/04/15	4	n/a	4	4
Dundee City Council	Adoption Services	Adoption	LA	04/09/15	4	n/a	4	4
Dundee City Council	Through-care & Aftercare Service	Housing Support Service	LA	17/03/16	4	n/a	5	3
Dundee City Council	Homecare Social Care Response Service	Care at Home and Housing Support combined	LA	01/09/16	5	n/a	5	5

Appendix 1 (continued..)

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	Home Care Locality Teams and Housing with Care – East	Care at Home and Housing Support combined	LA	24/03/17	5 5	n/a n/a	5 5	5 5
Dundee City Council	Home Care Locality Team and Housing with Care – West	Care at Home and Housing Support combined	LA	22/02/17	5 5	n/a n/a	5 5	5 5
Dundee City Council	Home Care Enablement and Support and Community MH Older People Team	Care at Home and Housing Support combined	LA	08/12/16	5 5	n/a 5	5 5	5 5
Dundee City Council	Supported Living Team	Support Service	LA	22/12/16	6 6	n/a n/a	6 6	6 6
Dundee City Council	Dundee Community Living	Support Service	LA	04/11/16	6	n/a	6	6

- not assessed

n/a - no requirement to be assessed



2016-17
16-17
2016-17
2016-17
2016-17
2016-17
2016-17

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