



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
6 DECEMBER 2016

REPORT ON: THE CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2015/16

REPORT BY: CHIEF SOCIAL WORK OFFICER

REPORT NO: DIJB53-2016

1.0 PURPOSE OF REPORT

This report brings forward for information the Chief Social Work Officer's Annual Report for 2015/16.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of the Chief Social Work Officer's Annual Report for 2015/16 – attached as Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 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 sixth 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 2015/16. 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.

4.5 The report is also forward looking and identifies the key challenges and opportunities for the coming year which include:

- 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. This will require the development of new ways of working, service redesign and increased prioritisation of resources.
- There will continue to be a move 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 will require flexible services which are in line with the needs of service users and with the principles of self-directed support.
- The coming year will see further legislative changes across all service areas, including community justice reforms. Planning for the preparation of the single Child's Plan is ongoing alongside implementation of the Children's Service Improvement Plan arising from the recent inspection.
- These factors and pressures will collectively make increased demands on staff, their time and all of the other resources currently available 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.

4.6 The CSWO is of the view that good progress has been made in continuing to develop and deliver good quality services across the city. Integrated arrangements are becoming increasingly embedded and the CSWO will continue to play an important role in ensuring the local authority fulfils their statutory responsibilities across the range of partnerships. This will require an increased focus on governance arrangements in order to ensure appropriate operational scrutiny and quality assurance 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 professional and clinical and care leadership and clinical and care governance systems. The Guidance also requires that the CSWO's annual report be considered by the IJB, alongside the local authority.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. An EQIA is attached.

6.0 CONSULTATIONS

The Chief Social Work Officer, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

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

DATE: 8 November 2016

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 2016	Committee Report Number: DIJB53-2016	
Title of document being assessed:	Chief Social Work Officer (CSWO) Annual Report 2015-2016	
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 IJB in an Annual Report highlighting the activities and performance of Social Work in the year 2015/16, together with the strategic direction and challenges for the year 2016/17.	
3. What is the intended outcome of this policy, procedure, strategy or practice?	To inform members of the IJB of the above.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	N/A.	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	No.	
6. Please give details of council officer involvement in this assessment. (E.g. names of officers consulted, dates of meetings etc.)	Glyn Lloyd (Service Manager) Children and Families Kathryn Sharp (Senior Manager) Health and Social Care Partnership	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?	N/A.	

Part 2: Protected Characteristics

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

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

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

	Positively	Negatively	No Impact	Not Known
Race (including Ethnic Minority Communities)	A positive impact is identified for all protected characteristic communities.			
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>	Yes it is intended that social work service users and their carers will benefit.
<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>	No.
<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>	N/A.
<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>	N/A.

<p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</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.</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	Health & Social Care Partnership
--	----------------------------------

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"/>

Manager Responsible	Author Responsible
Name: David Lynch	Name: Jane Martin
Designation: Chief Officer	Designation: Head of Service
Base: Dundee House Floor 2	Base: Dundee House Floor 2
Telephone: 01382 436310	Telephone: 01382 436001
Email: david.lynch@nhs.net	Email: jane.martin@dundeecity.gsx.gov.uk

Signature of author of the policy:	Jane Martin	Date: 8 November 2016
Signature of Director/Head of Service:	David Lynch	Date: 8 November 2016
Name of Director/Head of Service:	Jane Martin	
Date of Next Policy Review:	September 2017	

Dundee City Council

Chief Social Work Officer Annual Report

2015-16





I am pleased to present the Chief Social Work Officer's Annual report for Dundee City for 2015/16. The report provides a summary of Social Work activity, including key developments and information on statutory decisions made by the Chief Social Work Officer on behalf of the Council. The report is not intended to be exhaustive but gives an indication of trends, priorities, challenges and opportunities over the past year and as we move towards the years ahead.

The report shows how last year was particularly challenging, with an external inspection of Integrated Children's Services, which included a focus on Social Work; significant structural changes; and a range of legislative and policy developments. Alongside this, services are implementing new ways of delivering services, such as self-directed support and approaches towards Getting it Right for Every Child (GIRFEC).

Whilst these developments are intended to improve outcomes for those who use our services, they have required changes to the way staff work. There has been a focus on improving individual outcomes, managing and responding appropriately to service user/ carer expectations, promoting independent living and improving attainment for Looked After Children. Within this, services worked hard to encourage feedback from service users and communities and adjusted to meet their needs.

It has been a time of uncertainty and challenge but staff appreciate the opportunities and have responded extremely well. They have continued to provide care and deliver services to some of the most vulnerable people in Dundee and have contributed to discussions around how services are delivered and in setting future priorities. I would like to thank them, our service users for their open feedback and also the contribution of partners, particularly from the third sector, which has been immense.

The coming year will increasingly see the benefits of integrated working and a move towards working in localities. This is happening at a time when Social Work services are facing significant financial challenges due to a range of growing pressures, including a reduction in overall Council spending, demographic changes and new legislative requirements, all of which will require new and innovative ways of delivering services.

Jane Martin
Chief Social Work Officer

Contents

SECTION	PAGE
1 Introduction	3
2 Summary	4
3 Partnership Structures/Governance Arrangements	7
4 Partnerships with Service Users, Carers and the Third Sector	8
5 Social Service Landscape/Market	10
6 Finance	12
7 Service Quality and Performance	14
8 Commissioned Services	17
9 Complaints	18
10 Performance	19
11 Statutory Functions	25
12 User and Carer Involvement and Empowerment	26
13 Workforce	28
14 Improvement Approaches and Examples/Case Studies	30
15 Challenges for the year ahead	33
Appendix 1	34

- 1.1** This report details the arrangements within Dundee City Council to 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. It is a senior post designed to promote leadership, standards and accountability for Social Work services, including commissioned services.
- 1.2** The Public Bodies (Joint Working) (Scotland) Act 2014 also provides for the delegation of certain Social Work functions by a Local Authority to an Integration Authority. However, responsibility for appointing a CSWO remains with the Local Authority itself. Recent guidance issued by Scottish Ministers on the role elaborates on how all Local Authorities are required to support the office holder to carry out the following roles:
- Report directly 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.
 - Support and contribute towards evidence informed decision making and accountability, including where Social Work contributes towards achieving national and local outcomes.
 - 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.
- 1.3** The CSWO must produce and publish a summary Annual Report for Local Authorities and Integrated Joint Boards. This report therefore provides details on how the 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 2015-16.

2 Summary

In 2014-15, the Annual Report of the CSWO set out that the focus of developments in the forthcoming year would be on the disaggregation of the single Social Work service through Health and Social Care integration and the establishment of a new Children and Families Service. In addition to implementation of the Children and Young People (Scotland) Act 2014, there was a move to more locality based approaches, a focus on prevention and early intervention and supporting people to live in their own homes and communities. It was recognised that this programme of work could not be progressed by Social Work alone and would require enhanced partnerships at operational, strategic and leadership levels. This year's Annual Report describes how the CSWO supported the progression of each of these areas of work over 2015-16.

The report also highlights how, in 2015-16, driven by national and local factors relating to reduced funding, demographic change, increased need, higher expectations, policy change, new legislation, structural reform, regulatory provisions and external inspection, there have been a number of strategic and operational developments across the range of Social Work services which have placed particular demands on the CSWO role and Social Work services as follows:

- **Financial pressures** – in 2015-16, Social Work was required to make a significant contribution towards a required Council saving. The Council underwent a re-structuring and Children's and Criminal Justice Social Work Services integrated with the previous Education Department to create a single Children and Families Service. The driving principles behind the re-structure were reducing management costs, whilst maintaining front-line services, focusing on shared priorities and developing a localised approach to service delivery which promotes the best possible outcomes for service users.
- **Demographic change** – nationally and locally, people are living longer and requiring health and social care as they move into older age. In Dundee, the overall population is projected to rise steadily over the next 25 years, but with particular increases in people aged over 75 years and similar increases for those aged over 90 years. Last year social care services, including Social Work services for adults and older people, integrated with adult primary and community health services as well as specific acute hospital care services to form a Health and Social Care Partnership which similarly focuses on the shared use of resources to meet agreed priorities. The first Strategic and Commissioning Plan was published in April 2016.
- **Legislation** – in Children's Services, the Children and Young People (Scotland) Act 2014 reinforced requirements relating to Getting It Right For Every Child (GIRFEC) and extended responsibilities for previously Looked After children. In Criminal Justice, the Community Justice (Scotland) Act 2016 confirmed that Community Justice Authorities (CJAs) would be disestablished and a defined set of local partners were required to have a Transition Plan in place as we move towards local arrangements in April 2017. The Dundee Carers Partnership has focused on working with carers to develop a Dundee Carers Strategy and prepare for commencement of the Carers (Scotland) Act 2016 in April 2018. The Health and Social Care Partnership has also progressed work relating to the implementation of the Mental Health (Scotland) Act 2015 and responded to consultations on proposed legislation relating to Adults with Incapacity.
- **Policy** – in accordance with the Christie Report on Public Sector Reform, there was a continued emphasis on prevention, transparency, accountability, integration and improved outcomes across the public sector as a whole. The acknowledged inter-dependence of different services meant that, like other services, Social Work was formally required to work in partnership with other agencies towards a whole systems approach which involves the early identification and targeting of risks and needs to avoid them escalating into more serious, costly issues

- **Inspection** – in addition to a multi-agency Joint Inspection of Services to Children and Young People carried out by the Care Inspectorate of the Dundee Partnership, in which Social Work played a key part, there were a range of inspections of residential services for both children and adults. These inspections identified a number of strengths in all services, as well as some areas for improvement, leading to the development of improvement plans.

Quotes from Care Home Inspection Reports:

“The staff treat me with dignity and respect and yes, they do listen to what I say.”

“The staff do have the experience to care for me. When there is a new member of staff, they are always paired up with a more experienced member of staff.”

“Our relative is given all the care and attention they require and we are kept well informed about care provided.”

- **Regulation** – the Scottish Social Care Council (SSSC) continued to act as the professional regulatory body for all Social Work services and employer and employees were required to adhere to the SSSC Codes of Conduct. As such, the CSWO was involved in a range of activities to promote the values, standards, practice and performance of Social Work.

2.2 It was therefore an exceptionally demanding year, involving major structural change whereby all aspects of Social Work were formally required to work in an integrated manner with different and sometimes new partnerships. In addition to the internal leadership of the profession, there was a growing emphasis on working with others and making best use of the total resource to focus on shared priorities. Whilst managing this change, there were a number of key achievements:

1. Children’s Services – performance was maintained or improved across a range of areas, including the Care Inspectorate concluding that the response to risks and needs and the involvement of Looked After Children was Good. Building on this, Child Protection systems were more efficient and the attendance rates of Looked After Children in school improved. Planning and improving services was however rated weak. The recommendations of an independent review into the Multi Agency Screening Hub were implemented and a pilot post at Kingspark School was introduced to enhance arrangements for children with complex needs. This forms part of an improvement plan which is overseen by the Child Protection Committee. An independent Chair of the Child Protection Committee was appointed, introducing greater scrutiny and enabling the CSWO, as previous Chair of the Committee, to focus on specific functions within the context of multi-agency child protection activity. The service also carried out work in preparation for the introduction of new legislation in 2016-17.

2. Criminal Justice – performance was similarly maintained or improved across most indicators and there was a particular increase in the number of Unpaid Work hours carried out across the city. The service prepared for the extension of MAPPA to include certain violent offenders which involved an extensive programme of staff training in new risk assessment tools. Crucially, although the city still has one of the highest re-offending rates across Scotland, re-offending

is reducing at a faster pace than in other local authority areas. In order to build on this, the service was also closely involved in the local transition to a new model for community justice by chairing a new Reducing Re-offending Partnership consisting of the defined set of partners and coordinating the local Transition Plan.

3. Health and Social Care – performance was maintained or improved across a range of areas but challenges remain in reducing delayed discharges and this will be an area for improvement over the coming year. The main reasons for delays are for people who have a complexity of circumstances such as:

- Adults with Incapacity (Scotland) Act processes;
- Complex care arrangements to enable patients to live in their own home;
- Availability within specialist facilities to enable patients to return to a community setting; and
- A specially commissioned resource tailored to meet the patients individual circumstances.

An improvement plan was submitted to the Integrated Joint Board (IJB) in August 2016 to set out how we will address these issues and achieve our ambition that people are supported at home and that when they do have to go to hospital, they are only there as long as they need to be.

4. A range of developments have been taken forward focused on increasing the personalisation of services and enhancing the focus on outcomes such as a pilot of lead professional model to co-ordinate services for homeless people and review of day care services for Older Adults. A review of the Mental Health Officer Service has been completed which will further enable the service to support people to improve the quality of their life.

5. Council Advice Services (including Welfare Rights) - performance was maintained or improved across most indicators. Welfare Reform continues to disproportionately affect those in poverty across a range of working age households and families and the challenge looking forward is to ensure that they do not fall into further socio-economic crises as a result. Kinship Care financial reassessments for families in Dundee are ongoing in conjunction with Children's Services in order to ensure local parity of allowances between kinship and foster carers. A comprehensive review of procedures and guidance relating to Corporate Appointeeship in conjunction with Community Care Adult Care Learning Disabilities is also currently underway following transfer of the function to Corporate Services. This, in turn, will lead to the production of revised operational guidance for staff involved in all aspects of service delivery.

3.1 In Dundee, at the start of the year, the role of CSWO lay with the Director of Social Work. Following her retirement and structural change the role now lies with the Head of Service for Integrated Children's Services and Criminal Justice, with the Head of Service, Health and Community Care deputising as required. They continue to have direct access to Elected Members, the Chief Executive, including Chief Officer of the Health and Social Care Partnership, managers and front line practitioners in relation to professional Social Work issues. The CSWO is co-located with the Chief Officer of the Health and Social Care Partnership. The following formal arrangements are also in place:

- Regular meetings with the Chief Executive.
- Reporting to the Executive Director of Children and Families.
- Member of the Integrated Joint Board.
- Member of the Tayside Clinical and Care Governance Forum.
- Member of the Integrated Children's Services Joint Management Group which oversees the implementation of GIRFEC.
- Member of Tayside Community Justice Authority overseeing matters relating to Criminal Justice Services and partner agencies.
- 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 Chief Officer Group, involving Child Protection, Adult Support and Protection, Violence Against Women and MAPPAs.
- Chair of the Child Protection Committee, although this was transferred to an independent Chair towards the end of the year.
- Representing Social Work at the Health and Social Care Committee and Scrutiny Committee with Elected Members, including providing reports on all 3 service areas.
- Contributing towards Community Planning Partnership arrangements and partnership services to vulnerable children and adults in the SOA.

3.2 As the manager of Criminal Justice the CSWO also had oversight of Social Work contributions towards the Community Safety Partnership, which extended its remit towards the end of the year to formally include Reducing Reoffending as we move towards the new model for community justice in 2017.

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 (outlined in section 11), Social Work remains committed to working closely with third sector partners to continuously develop and improve services for vulnerable people. Dundee has a vibrant third sector which offers a wider range of knowledge, skills and expertise that complement those of core Social Work services. New partnerships have begun over the last year, whilst existing partnerships have grown in scale and impact. This section highlights some examples of partnership working from across Social Work services.

4.2 The Community Justice Centre for Women (Women's Team) has been established to provide a specialist service for women involved in Criminal Justice. Partnerships have been developed with Women's Aid, Women's Rape and Sexual Abuse Centre, Tayside Council on Alcohol, SACRO, Venture Trust, Welfare Rights and Health (with a co-located nurse within the Team) to ensure that every woman's contact with Criminal Justice is seen as an opportunity to explore a holistic response to their needs. For example Health screenings are offered and links are made to dentistry and healthy eating. The Team has been trained in trauma informed practice to ensure this aspect of the women's experience is considered within interventions.

4.3 Significant work is being undertaken through Making Recovery Real (MRR) to use co-production as a means of listening to and involving people with lived experience of mental health to make recovery real in Dundee. MRR is a partnership involving 11 organisations from health and social care and a range of voluntary sector providers. The project has identified 3 key priorities:

- **Listen to and act on lived experiences** – including recruiting a pool of peer supporters who will collect and analyse stories of lived experience and recovery
 - **Work with local organisations**, services and supports – including creating more roles for people with lived experience of mental health issues through peer support, peer education and learning.
 - **Celebrating wellbeing and recovery** – showcasing the contribution people with lived experience have made to MRR in Dundee.
- a. Within Dundee a collaborative approach has been taken towards supporting Syrian families to build a new life in Dundee. This has taken the form of a partnership between Health & Social Care Partnership, Children and Families Services, Neighbourhood Services, 3rd Sector, Primary Care Services, Police Scotland, Scottish Fire & Rescue, Department of Work and Pensions and Registered Social Landlords. Feedback from families has been positive with families stating that they have very welcomed into Dundee, its communities and pleased with the support offered. Children are integrating into schools and a number of the adults are undertaking volunteering with 3rd sector agencies. All families are registered with GP's, have received medical assessments and are being afforded opportunities to look after and improve their own health and wellbeing through this. Through our partnership with 3rd sector, families have been introduced to local mosques and with that opportunities to gain social networks and be included within Dundee.



- b.** The Skills for Learning & Work Team has led the Christmas Toy Appeal for the past 3 years, which is vital in providing Christmas gifts to some of the most vulnerable children in the city. The team fundraise all the money for the gifts, encourage and organise the applications for families through Social Work teams, recruit volunteers to wrap and sort out the gift sacks and then arrange for the distribution to workers. This has grown from providing gifts for 70 children in 2013 to providing 10 – 12 gifts to 640 children and young people last Christmas; worth an estimated total of approximately £75,000. The Team work in partnership with Wave 102 and the Toy Appeal has been very generously supported over the years from local businesses, voluntary and independent sector organisations. This team effort has been recognised by the Evening Telegraph with the team winning the STAR award for Public Service Team Award.

5 Social Service Landscape/Market

- 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 locally 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, incontinence, immobility and other features of deteriorating mental and physical health.
- 5.3** The £1 billion transformation of the Dundee City Waterfront is a 30 year project aiming to transform the city into a leading destination for visitors and businesses and stimulate economic growth. It is part of a wider growth strategy for the city being driven forward by the Dundee Partnership that has a clear focus on enhancing skills and employability amongst the local population, particularly those living in the most deprived areas. In addition, the Fairness Commission was established to consider the nature, extent, impact, cause and consequences of poverty, and to make recommendations on additional priorities for tackling and reducing poverty from 2016-17 onwards.
- 5.4** 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 identified key 4 priorities, 4 cross-cutting themes and 4 development priorities to achieve its shared vision 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.
- 5.5** The 4 themes are Work and Enterprise, Children and Families, Health, Social Care and Wellbeing and Community Safety and Justice. The cross-cutting themes are Cultural Development, Sustainability, Protecting the Public and Substance Misuse. The development priorities are inequalities, localities, joint resourcing and prevention. Given its work with the most vulnerable groups, it is clear that Social Work plays a major role.

5.6 In order to promote a clear focus on key priorities relating to children and young people, a wide-scale Dartington Survey of representative households and over 90% of the school population aged between 9 and 16 years was carried out in 2014. This has helped Integrated Children's Services partners to identify the key risk factors relating to the development of children and young people and the achievement of their potential as the following:

- Emotional and social development
- Health and wellbeing
- Engagement with school
- Substance misuse

5.7 In 2015-16, these risk factors were agreed as the key priorities to progress in the context of a new Children and Young People's Plan. In Health and Social Care, the Strategic and Commissioning Plan was shaped by an analysis of information on health and social care needs across the population, as well as the participation and engagement of stakeholders, including third and independent sector, members of the public and service user representatives from different care groups (such as learning disabilities, carers and mental health). Participation and engagement with services users, carers, staff and communities will continue to be central to the work of the Partnership over the coming year.

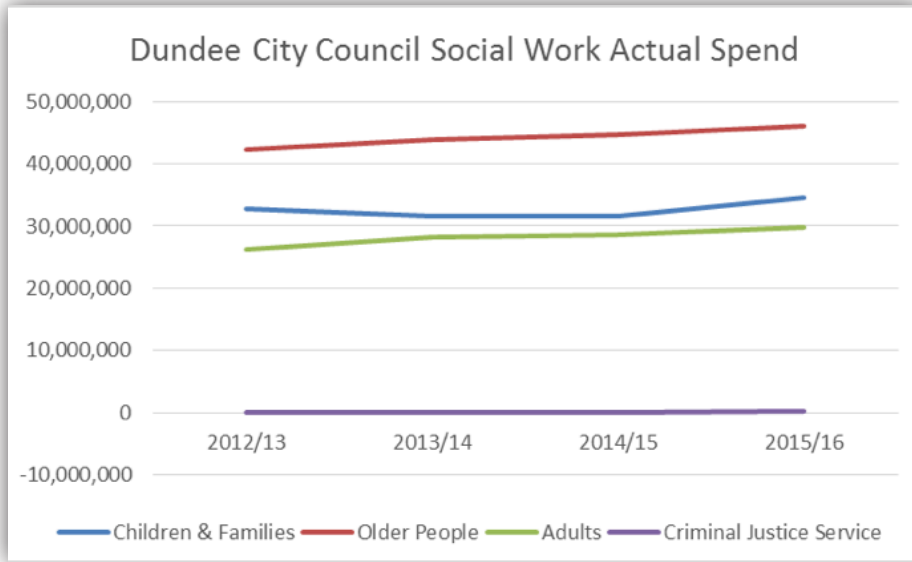
5.8 The **Strategic and Commissioning Plan** sets out 8 strategic priorities for the Partnership:

- Health inequalities
- Early intervention / prevention
- Person centred care and support
- Carers
- Localities and engaging communities
- Building capacity
- Models of support / pathways of care
- Managing our resources effectively

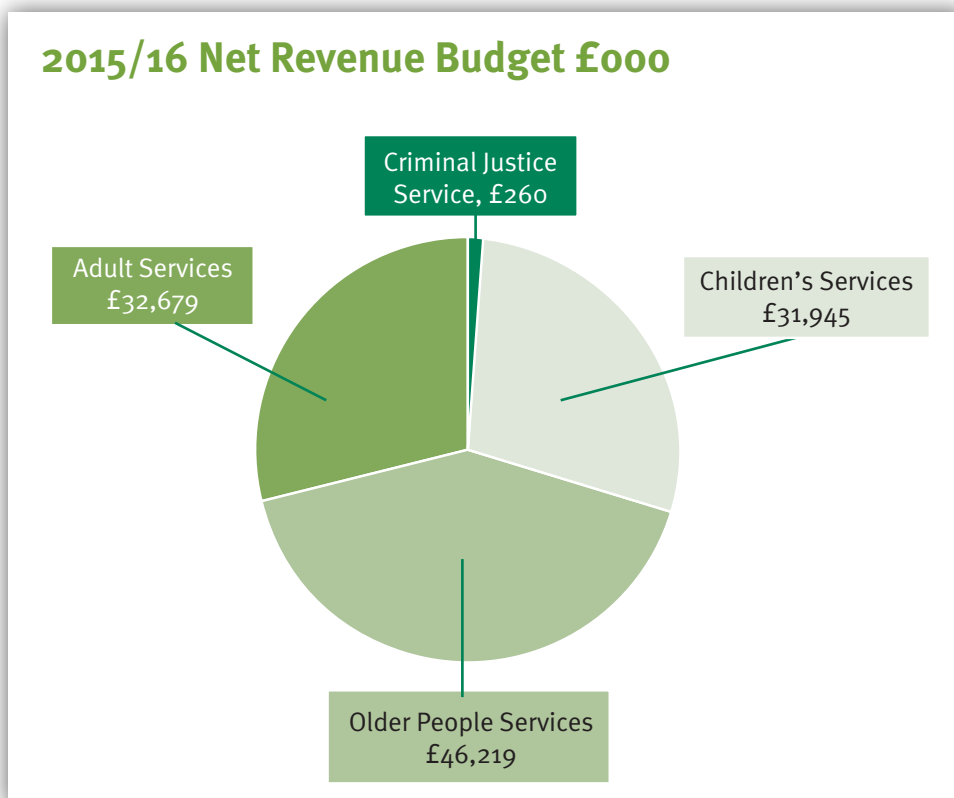
Under each of these priorities there are a range of strategic shifts that have been identified. A locality approach will provide the overarching framework for the development and implementation of the plan, including the allocation of resources to achieve that strategic shifts against the priorities identified.

6 Finance

6.1 Social Work services continue to be delivered within an increasingly challenging financial environment. However, Dundee City Council has continued to invest in Social Work service provision in order to meet current and anticipated demand levels. Between 2012/13 and 2015/16 there have been significant increases in spend for Older People (8%), Adult Care (13%) and Children and Families.



6.2 The total Social Work budget for 2015/16 was just over £111 million, which was allocated across services as follows:



- 6.3** The main budgeted pressure within Children’s Services relates to increasing placement activity in residential and external family placements to meet the needs of children and young people. This follows a short term downward trend in previous years. The implications of this have continued into 2016/17. It is recognised that a longer term strategy needs to be developed to divert placements away from high cost placements and into alternative forms of care which better meet the needs of children and young people at a more affordable cost. Work in relation to the recruitment of foster carers is ongoing alongside our neighbouring authorities.
- 6.4** Within Adult services, underspends have arisen due to a mismatch between the investment being made in budgeted resources for demographic pressures and the development and availability of appropriate resources and models of support to meet the needs of the adult population. It is anticipated that available financial resources and service capacity will be aligned by the end of 2016/17.

7 Service Quality and Performance

7.1 Self-Evaluation

The Social Work service leads and participates in a wide range 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 improvements 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.

To aid practice, further improve performance and promote easier data collation and analysis, work was also carried out on the introduction of a new service user record keeping and information sharing system in the form of MOSAIC. This will be introduced towards the end of 2016. The 4 Protecting People agendas of Child Protection, Adult Support and Protection, Violence Against Women and MAPPA also developed Balanced Scorecards to promote more efficient and effective performance management and service improvement. These are regularly considered by the appropriate Committees and the Chief Officer Group.

Over the last year the Protecting People grouping has developed a multi-agency self-evaluation framework which sets out a series of linked activities driven both internally and externally and with a focus on quantitative and qualitative indicators. All of the activity within the framework is outcome focused, seeks to establish evidence about what works to support improved outcomes for vulnerable children, young people, adults and their families. The framework is underpinned by a coproduction approach to self-evaluation, collaborating with the workforce and with children, young people, adults and their families.

The Child Protection Committee supported their Lead Officer to undertake initial training in the Social Care Institute for Excellence Learning Together model. Learning Together reviews take a systems approach to understanding the current practice realities for agencies as they work together to protect vulnerable people and to identifying learning about what is working well and where there are difficulties. At the end of the year the Committee commissioned an SCR using the Learning Together approach and this enabled their Lead Officer to begin the process of achieving accreditation with SCIE.

7.2 External Scrutiny

In the Joint Inspection of Services to Children and Young People, the Care Inspectorate carried out a wide-ranging inspection covering all relevant partnership services. The inspection was carried out between August and October 2015 and a report was published in March 2016. In the course of the inspection, the inspectors identified a number of strengths in the direct provision of Social Work services and the provision of services delivered by partner agencies, including:

- Health related services provided by The Corner, including those from hard to reach or seldom heard groups.
- Early support to pregnant women, including specialist support to those whose circumstances made them more vulnerable.
- The multi-agency response to address Child Sexual Exploitation.
- Support to meaningfully engage children and young people, particularly those who were Looked After away from home.

7.3 Given the focus of Social Work in supporting the most vulnerable towards positive outcomes, it was particularly noteworthy that assessing and responding to risks and needs; the participation of children, young people and families; and the impact of services were all rated as Good. The Dundee Champions Board for Looked After Children and Care Leavers was highlighted as an example of best practice and is being used as a national exemplar. The inspectors made 4 recommendations:

1. Strengthen collaborative leadership for ICS Planning to identify and agree priorities and make the most effective use of partnership resources.
2. Develop a strategic approach to parenting and family support to ensure families get appropriate help and support at the right time.
3. Improve the quality and consistency of individual child's plans to be a more effective tool in directing work to improve wellbeing.
4. Strengthen systematic quality assurance and self-evaluation arrangements to show what is working well and what needs to improve.

Within the Inspection of Integrated Children's Services, planning and improving service was rated 'weak'. This area will require improvement over the next year. It covers the rigour of integrated children's services strategic planning and how it can be demonstrated to support improvement in the wellbeing of children and young people. It includes a focus on how well partners identify and manage risks to vulnerable groups of children and young people.

7.4 The CSWO will have a key role in taking forward these recommendations, alongside other partners. Indeed, the inspectors acknowledged that the inspection was carried out shortly before the implementation of structural change involving Children's Services Social Work and Education and that new planning arrangements were still bedding in. They were confident that leaders would be able to build on this and make the required improvements.

7.5 Appendix 1 sets out the outcomes of external scrutiny of care services provided by Dundee City Council. 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.

Quotes from Service users:

“The staff do have the experience to care for me. When there is a new member of staff, they are always paired up with a more experienced member of staff.”

“Very good home.”

“They care, and staff are cheerful.”

“Actually get spoiled here.”

Relatives:

“I’m very happy, absolutely no complaints.”

“My relative enjoys the company and even just watching what is going on is stimulating.”

“Our relative is given all the care and attention they require and we are kept well informed about care provided.”

Concerns:

One young person felt he wasn’t given enough support to carry out independent activities and another felt that managers and staff didn’t actively involve him in decisions.

- 8.1** In 2015-16, Social Work services continued to be delivered through a mixed economy of local authority, private, independent and third sector provision. In total, there were 232 contracts with 123 suppliers of social care services. Of these, 168 were involved in the supply of regulated services, ranging from residential care to care at home. The remaining 64 contracts were for unregulated services, including lunch clubs, advocacy services and family support services.
- 8.2** Partnership work with external providers to develop outcome focused commissioning and contract monitoring has continued over the last year. Streamlining the contracting process and reducing unnecessary duplication and scrutiny has been a priority since 2014-15. As a result, the Council now works in partnership with the third sector on a self-assessment/accreditation framework aimed at building capacity of individual organisations and the wider local social care market.
- 8.3** The development of the Health and Social Care Partnership Strategic and Commissioning plan was undertaken through the participation and involvement of all stakeholders, including the private, independent and third sectors. Underlying strategic needs analysis and locally agreed priorities and outcomes have ensured that commissioning intentions and strategic shifts are evidence and understood by all stakeholders.
- 8.4** As with the Health and Social Care Partnership, the ICS Joint Management Group also started to review the approach towards strategic commissioning. Information from the Dartington Survey will inform the future procurement, design and delivery of services. This will also link with the Joint Inspection recommendation to develop a strategic approach towards parenting, whereby services will be commissioned and/or reconfigured based on the type and level of parenting needs.

9 Complaints

- 9.1** In Dundee, the Social Work Complaints Procedure has up to 4 stages with different points of possible appeal against decisions. In 2015-16, the total number of statutory complaints received directly from service users was 56, compared with 110 the year before. There were 20 complaints relating to Children's Services, 26 in Community Care and 6 in Criminal Justice. The 4 remaining complaints related to financial charging. The outcomes were:
- **Upheld** – 18%
 - **Partially upheld** – 25%
 - **Not upheld** – 57%
- 9.2** Most of the complaints related to either the perceived attitude, treatment or behaviour by a member of staff or an alleged failure to meet service standards. None 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 62.5% of cases, with delays usually caused by the complexity of the complaint and the number of enquiries to be made.
- 9.3** Given the total number of Social Work service users of 9,000, the number is small. However, all services endeavour to continue to try and improve their approach towards customer satisfaction and monitor planned service improvements made as a result of complaints. In 2015-16, a total of 22 planned service improvements were implemented. Longer-term, the Council is also exploring a new complaint process mirroring that used by many public sector bodies from April 2017.

10.1 In Dundee, the CSWO reports statutory and local performance indicators through the Council Annual Performance Report. This is supplemented by a range of separate reports on specific topics and issues to Elected Members 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, involving newly developed Balanced Scorecards. In 2015-16, trends included:

10.2 Children’s Services

- A total of 611 children and young people were referred to Social Work Care and Protection Services. Most do not result in subsequent Social Work involvement. An audit of referrals from the Multi Agency Screening Hub to the Care and Protection Service has been completed and opportunities to enhance earlier, proportionate interventions are currently being considered.
- Timescales from referrals to holding an Initial Case Conference for those considered at risk improved significantly, with over 90% held within 15 working days compared with 67% the year before.
- A total of 75 children and young people were on the Child Protection Register on 31 March 2016, which is a rate of 3.2 per 10,000 and reflects the Scottish average. This represents a slight increase from the previous year (64).
- The length of time children and young people stayed on the Register reduced, indicating that measures put in place reduced the level of risk and protected children from harm.
- A total of 39 Child Protection Orders were made, which is higher than the Scottish average. In partnership with the Children’s Reporter, the service carried out work to ensure applications are proportionate.
- The number of Looked After Children remained stable at around 600 at any one time. Over 90% of Looked After Children are in the community, which is similar to the national average.
- There were a total of 11 emergency moves of children on a named place.
- Differences in school attendance for Looked After Children and others reduced but there remains a gap at 90% and 93% respectively and there continue to be similar gaps in levels of attainment.
- The Children and Young People (Scotland) Act 2014 increased the eligible age for Aftercare support for care leavers from 21 to 26 years. The Through care and Aftercare team established a Duty system and assessment format to respond to older (21 to 26) care leavers requesting assistance. All eligible closed Care leavers were contacted to ensure they were aware of the legislative change.
- There were 100 children and young people receiving Aftercare Services and the proportion in education, training or employment is gradually improving, with 56% on 31 March 2016.

Feedback from care leavers quoted in Care Inspectorate Report on Throughcare and Aftercare Team.

“My life would be so different if I didn’t have the support from here. It may be a dull building but on the inside it’s shining because of the staff.”

“My support worker always respected my decisions. Even if she had a different opinion, she never made me feel stupid or embarrassed and would always talk things through.”

- There were 143 children and young people with physical and learning disabilities 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.
- The overall number of children and young people in secure accommodation continued to be low at 8 over the course of the year but there was an increase in the number of girls in secure accommodation.
- In respect of permanent alternative care and adoption, 49 permanence plans were agreed, of which 17 were for kinship care, 9 for fostering and 23 for adoption. Over 65% were accommodated at birth or shortly afterwards.
- In total, 17 foster carers and adopters were approved, compared with 12 the year before and 12 the year before that. These mostly related to pre-school children, with the rest for primary school aged children only. However, 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.
- The Children and Young People (Scotland) Act 2014 introduced the new concept of “Continuing Care” permitting young people Looked After away from home to remain in their care placements up to the age of 21. This will have the biggest impact on future CSWO reports but planning with partners, including housing, is underway to develop innovative responses such as training for independence “satellite flats” attached to Dundee Children’s residential houses.

10.3 Adult Support and Protection

- A total of 1,246 adult protection referrals were received. Although this was a small drop from the year before when 1,313 referrals were received, combined referral for the 2 year period (2014-16) increased 76% on the previous 2 year period (2012-14).
- A total of 115 of these referrals resulted in adult protection investigations, with financial and physical harm featuring as the highest areas of concern. Where a referral did not progress to investigation preventative work and early intervention was offered by services with a view to reducing any future need for statutory intervention. In addition 29% of referrals related to current users of Community Care Services where their support was reviewed and amended as required.
- An Early Screening Group was implemented as a means of responding to Adult Support and Protection referrals on a multi-agency basis.
- Adult Support and Protection Procedures were implemented alongside provision of training to Team Managers on chairing Initial Referral Discussions (IRDs).
- The Independent Convenor of the Adult Support and Protection (ASP) Committee published their Biennial Adult Support and Protection report for 2014-16. The Biennial ASP report describes the progress made, and the areas for improvement, highlighting in particular the good work undertaken to: consolidate the financial harm strategy; evaluate current training opportunities; and formalise the work of the Early Screening Group.

10.4 Mental Health

- There were a total of 90 emergency detentions in hospital, compared with 67 the year before. There has been an average of 88 detentions a year in the last 5 years
- There were a total of 148 short-term detentions in hospital, compared with 146 the year before. There has been an average of 147 short-term detentions a year in the last 5 years
- There were 39 Compulsory Treatment Orders, compared with 33 the previous year. As there has been an average of 42 in the last 5 years, the numbers are remaining generally consistent
- 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.
- 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. 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.
- The number of people subject to Compulsion Orders with Restriction (12), Assessment Orders (3) and Treatment Orders (2) has remained stable in comparison with the year before. There has been a slight reduction in Compulsion Orders (7 orders in 2015/16) and a slight increase in Transfer for Treatment Directions (2 in 2015/16).

10.5 Criminal Justice

- A total of 795 Community Payback Orders were imposed, compared with 715 the previous year. In general, the total number of community sentences is consistent with when CPOs were introduced in 2011
- The total number of Unpaid Work hours carried out was 38,864, compared with 36,436 the previous year. This increase reflects requirements for people to start unpaid work earlier, work more often and complete sooner

Quotes from people subject to unpaid work:

“I felt I was able to give something back”

“I learned lessons and stayed out of trouble”

“I got motivation and into a routine”

“I was using my time constructively”

“I enjoyed outside work and working on gardens”

- Over 70% of all Community Payback Orders were completed successfully, meaning the person reached the end of the Order without re-sentence for non-compliance or further offences
- 6 Drug Treatment and Testing Orders were imposed and 18 Supervised Release Orders.
- There were 168 Registered Sex Offenders subject to statutory supervision under MAPPA, with 1 assessed as very high risk, 13 as high risk, 39 as medium risk and 115 as low risk. There was an increase in internet related offending

Quote from a person subject to supervision:

“Without all the support, I wouldn’t be in this position today. They have all helped me to realise that I am a valuable individual, and that I do not have to be defined by my offence forever”.

- There were 147 Community Payback Orders imposed on women in 2015/16, an increase from 97 orders in 2013/14. A total of 70% of the Orders made in 2015/16 were completed successfully.
- There were 154 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 165 the year before. The service provides throughcare whilst they are in prison

Quotes from recipients of unpaid work:

“Thanks to the team who painted our sensory garden. It is looking much better and is lovely and bright.”

“I thought you would tell me that it was too big a job to be carried out (it was an awful mess) Instead, you said “no problem, we can do this!” I was stunned by the reaction. Work was commenced and completed within days of me initially emailing you. I really cannot put into words how grateful I am for all the work carried out. “

Community responses to Unpaid work undertaken



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. Work in the area of independent living has included piloting a number of telecare initiatives through the social care response service to enable people live independently at home and a review and refresh of Smart Flat which uses technology to enable people to learn how to live independently in their own home.
- 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. Funding was secured for the MacMillan Local Authority Partnership which aims to further improve cancer journeys by developing and delivering clear, seamless and accessible pathways of practical, emotional and social support for people affected by cancer. The partnership will be taken forward over the next 3 years.
- For both the emergency admission rate (per 100,000 people aged 18+) and emergency bed day rate (per 100,000 people aged 18+) performance was maintained in comparison with previous years.
- The proportion of adults with intensive care needs receiving care at home remained at the same level as last year and only slightly below the Scottish average.
- There has been a gradual increase in the amount of time people spent at home or in a community setting during the last 6 months of life since 2009/10. Most recent figures (2013/14) are 92.6%, which is slightly above the Scottish average.
- A total of 15,050 days were spent in hospital by people ready to be discharged. This has significantly increased from last year (12,239). Delayed discharge has been a significant focus for improvement over the last year. A Hospital and Home Transition Plan has been implemented to ensure that people are supported at home, and that when they do have to go to hospital they are only there as long as they need to be. A health and social work integrated discharge hub for Ninewells and Royal Victoria Hospital was implemented from December 2015 to ensure a more efficient and streamlined approach to individual discharges from hospital. Further work is being undertaken to develop a fully integrated discharge service over the next year. A report to Dundee IJB in August 2016 highlighted that Dundee is making good progress in reducing delays for all patients where the standard maximum delay, which is 72 hours, applies. This is reflective of a number of initiatives which have endeavoured to streamline processes and increase capacity of services, in particular enablement and social care services.
- The proportion of carers who felt supported to continue in their caring role (44%) remained the same as in previous years. A Carers Campaign was run to celebrate and highlight the role of Carers, and to increase identification and awareness of their role. Adult carers have also been involved in co-designing a new support plan that enables carers to identify their own outcomes and the supports that will help them to achieve these.
- The Carers (Scotland) Act 2016 has been introduced for carers of all ages. Work has been initiated to develop a Young Carers Statement to accompany the Child's Plan. Young Carers from Dundee have attended a number of events including the Scottish Young Carers Festival and an officer from Children and Families has been identified to progress developments.
- 85% of adults supported at home reported feeling safe, a decrease of 5% from the previous year. 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 rate (per 1,000 discharges) of readmission to hospital within 28 days increased slightly from 11,535 to 11,631. The Community Rehabilitation and Enablement Project was implemented across all localities to enable people to live as independently as possible in their own homes or homely settings, reduce readmissions to hospital or minimise the length of stay where readmissions do occur and enable carers to be identified and supported.
- The falls rate for over 65s remained the same as last year at 42 falls per 1,000 population. The falls service has now been expanded to include routine screening by Allied Health Professional Staff for people aged over 65 years which ensures appropriate follow-up interventions.
- The number of people receiving a direct payment has been steadily increasing over the last three years, with 57 receiving this last year. The number of people with complex needs receiving direct payments has also been increasing. Increasing the take-up of self directed support is a recognised area for improvement next year.

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 Work has taken place across the Council and wider Community Planning partners to ensure that all agencies are aware of their corporate parenting responsibilities. This has been important in beginning the process of developing a Corporate Parenting Strategy, which will continue to be progressed during 2016-17 as part of the single Children's Services Plan and will complement the work of the Dundee Champions Board.

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 2015-16, specific examples included:

- Parents attended 73% of all Child Protection Case Conferences compared with 75% last year. Chairs of Conferences always hold a pre-meeting with parents.
- Creative approaches to seeking children's views were encouraged. For example a young boy was helped to produce a power point presentation on his views for a Child Protection Case Conference. This included using words and/or pictures around house of good things, house of worries and house of wishes themes.
- The Champions Board for Looked After Children and Care Leavers, has been recognised as a national exemplar and is now also being piloted for LAC pupils at a school.

12.3 A test of change was established within the Children with Disabilities Team to explore new ways of working and meeting the outcomes of children through self-directed support. This has included recruiting an additional Social Worker to the team to enhance their capacity to focus on this area of work. The Team has also been involved with colleagues from Adult Services, Throughcare and Aftercare and Employability Services in developing approaches that will enhance transitions between Children's and Adult Services. Both of these developments will continue to be progressed during 2016-17.

A is an 11 year old girl with significant and complex needs. Her assessment identified support needs within the family. K has accessed horse riding and enjoyed the social experience. Her family were keen to access swimming lessons both for fun for K but also to promote her health (particularly lung capacity) and also social experiences that would allow time with peers in an environment that would promote least levels of anxiety. Support package agreed that will provide support to access horse riding, hire of a hydrotherapy pool to allow swimming lessons in a safe, protected space and support to attend an autism specific support group.

12.4 The Council commissioned Service User Research for Dundee Adult Services. This involved a total of 325 interviews with older people, people with a learning disability, mental health, physical health and addiction problems. The purpose was to establish the extent to which service users felt they get a say when it comes to planning their care, whether they could access services and whether they were happy with those who delivered their care. Findings included:

- 77% said they had a Care Plan, compared with 16% who said they didn't and 7% who said they didn't know.
- 91% said that the care met their needs, with similar proportions saying they had a choice about their care and a say in care planning.
- 98% said they were treated with respect, with similar proportions also saying they were talked to and listened to.

This illustrates very high levels of service user involvement and satisfaction. Equally, service users were also asked what they thought could be done better and their responses were largely associated with quicker access to some services, communication in different languages and keeping the number of professionals involved in their lives to a minimum. These issues are continuing to inform Social Work and partnership action plans.

Quotes from service users:

“They listen to me. I have a choice.”

“It's nice to know that there is always someone you can talk to if things are worrying you as you get older.”

“I am perfectly happy with my care. Having opted to go for the direct payment route, which means I manage my care. It helps that I have known my carer for 40 years, we get on well and have the same interests.”

12.5 In Criminal Justice, Social Workers continued to use an accredited risk assessment tool to inform reports to the Court and Parole Board. As such, the service prepared 1,647 Court Reports. The service welcomes feedback from Sheriffs' regarding the quality of reports and has used this to directly inform practice. The service also obtained feedback from both service users subject to Unpaid Work and the recipients of Unpaid Work and comments were almost invariably positive.

13 Workforce

13.1 Social Work and Social Care Workforce Development

An understanding of our population continues to drive how we workforce plan. The projected increase in older people and considerable deprivation in some areas of the city requires us to constantly shape our future social care workforce to respond to increasingly complex needs and expectations. Similarly to the wider population, our social care workforce is ageing with just over 50% of the workforce now 50 years old or over. There is therefore a continued effort to recruit a younger workforce and upskill our existing workforce to meet Dundee's current and future challenges.

The Council is developing a Talent and Succession Planning approach to all services, including Social Work services which will ensure that, despite huge organisational change, the service continues to be forward thinking, develops opportunities and makes use of individual expertise most effectively. There continues to be no issues with recruiting to professional Social Work posts.

Integration of Social Work services and the new working arrangements that have resulted from this has meant that learning and development opportunities for Social Work staff are increasingly shared with other professional groups, such as health and education employees. Organisational development and resilience has become increasingly important in supporting the workforce the address the opportunities and challenges of integration, including establishing clarity regarding the unique contribution of Social Work professionals within new service structures.

Throughout the year there has been a range of communication and engagement events for staff across Social Work services, many of which have been focused on integration and restructuring.

Dundee City Council's Learning and Organisational Development team, working with the Protecting People Lead Officers leading on Learning & Workforce Development, have developed Scotland's first Learning and Development Framework and Web-based Tool.



This framework provides staff across the Dundee Partnership (including all Council services, NHS and voluntary sector agencies) improved access to a wide range of training resources covering all Protecting People areas. This framework has been designed to ensure staff have the skills and knowledge to keep people who are (or at risk of being) harmed safe. This initiative shares learning and development resources related to child protection, adult support and protection, violence against women and management of offenders, in a streamlined way which ensures a more connected and strategic approach to equipping the multi-agency workforce with the competencies required to protect people.

Since the launch of this framework in December 2015, this ground-breaking tool is already having an impact on the take-up of learning opportunities of many staff working in Dundee. Indeed, other local authorities are looking to adopt a similar approach to protecting children and adults at risk of harm.

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:

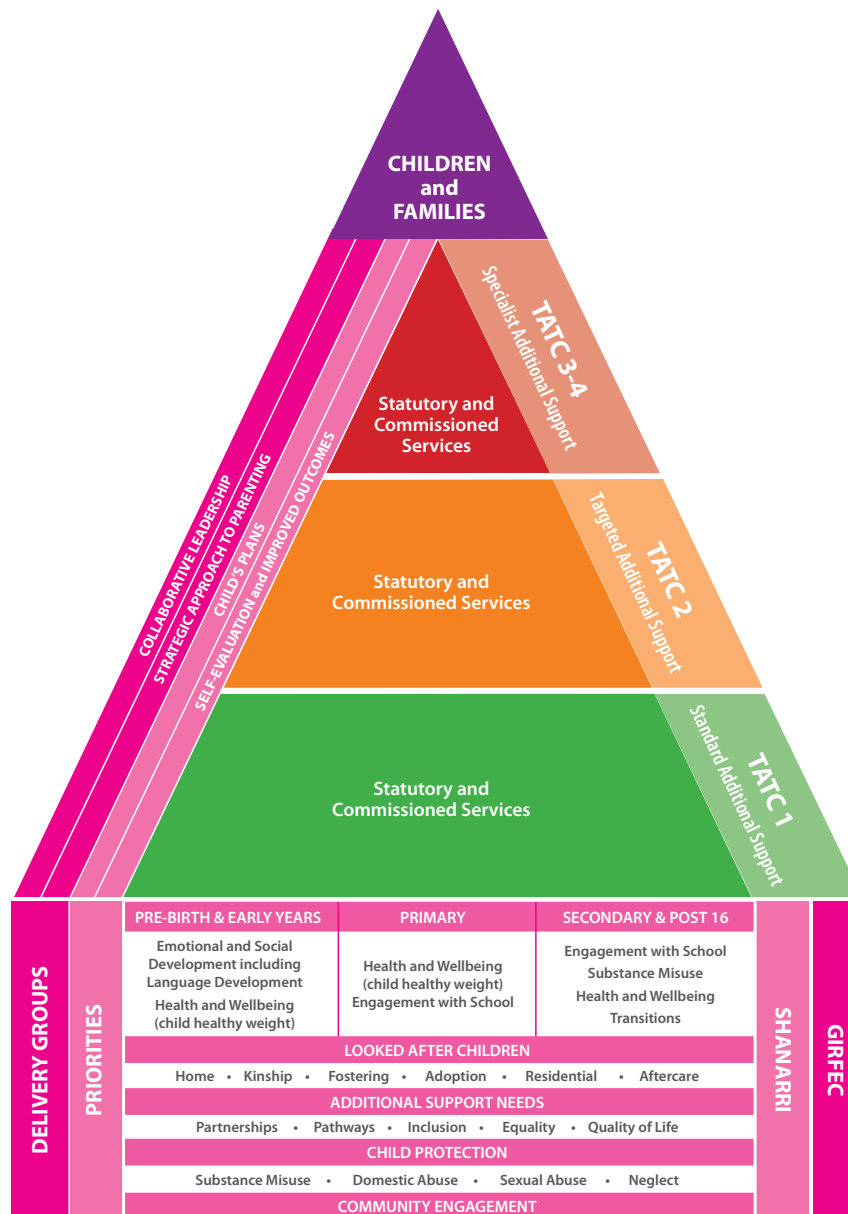
- Recruitment and selection, including checking criminal records, relevant registers and references.
- Induction, training, supervision, performance management and a range of procedures on such things as risk assessment, records and confidentiality.
- Responding to internal or external grievances or 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.

14 Improvement Approaches and Examples/Case Studies

14.1 Planning for Change

The new Children and Families Service is providing opportunities for both services to jointly develop a localised approach towards the implementation of GIRFEC and related policies such as the National Improvement Framework. Within this, the Joint Inspection confirmed that 4 key priorities should be a collaborative approach towards leadership, a strategic approach towards parenting, the quality and consistency of child's plans and self-evaluation.

In partnership with other services, these priorities are being progressed alongside the other priorities identified by the Dartington Survey on early emotional and social development, healthy childhood weight, engagement with school and substance misuse. Further priorities have also been identified as corporate parenting, additional support needs and child protection. Within the latter, the key risk factors of substance misuse, sexual abuse, domestic abuse and neglect. This is illustrated in **figure 1**:



This framework will be reflected in the pending Children's Plan, which will include a range of actions relevant to each of the priority areas. It will also be accompanied by a new approach towards strategic commissioning, involving work with the Third Sector to ensure services are appropriately targeted at different types and levels of priority needs. It is intended to promote a better focus on the issues identified as more likely to contribute towards escalating risks and make the best use of available resources.

The new Community Justice arrangements for Scotland will be implemented in April 2017. In Dundee, the Community Justice partners as defined in the Community Justice (Scotland) Act 2016, along with the current Tayside Community Justice Authority, have established a Reducing Reoffending partnership. This partnership has developed and is progressing a shared Transition Plan ahead of the new arrangements. Current priority activities for the group have been the development of a Strategic Assessment of Needs, engagement with 3rd sector partners and the broader engagement of communities and with those who have experience of the justice system.

The Reducing Reoffending Partnership strategic planning will be coherently aligned with broader Dundee Planning Partnership / SOA Outcomes during the course of 2016/17 and the Partnership is progressing a pilot self-evaluation with the Care Inspectorate against the new Community Justice Outcomes, Performance and Improvement Framework.

14.2 Personalisation and Outcome Focused Practice

To support implementation of personalisation across the Health and Social Care Partnership and embed outcome focused practice, an outcome focused assessment has been developed and implemented. This has been supported through outcome focused practice learning sessions. A multi-disciplinary Outcomes Steering Group was set up to agree how asset based and outcomes focused practice can be established across the health and social care workforce. This is supported by learning and workforce development.

In addition a Positive Risk Management Guidance and Procedure, 'Supporting Individuals to have Choice and Control', was developed for Community Care Services. Over the next year, further work will be undertaken to expand this guidance for use across the multi-disciplinary workforce. This will be accompanied by a learning and development framework to support implementation. It is anticipated that these developments will support integration arrangements at a service delivery level and enable consistency in approach towards consideration of risk and personal outcomes.

Further developments planned for 2016-17 include the development of a performance and outcomes report to evidence progress made and drive forward further improvement. A staff newsletter highlighting best practice across the service will also be developed to further raise the profile of personalisation in practice.

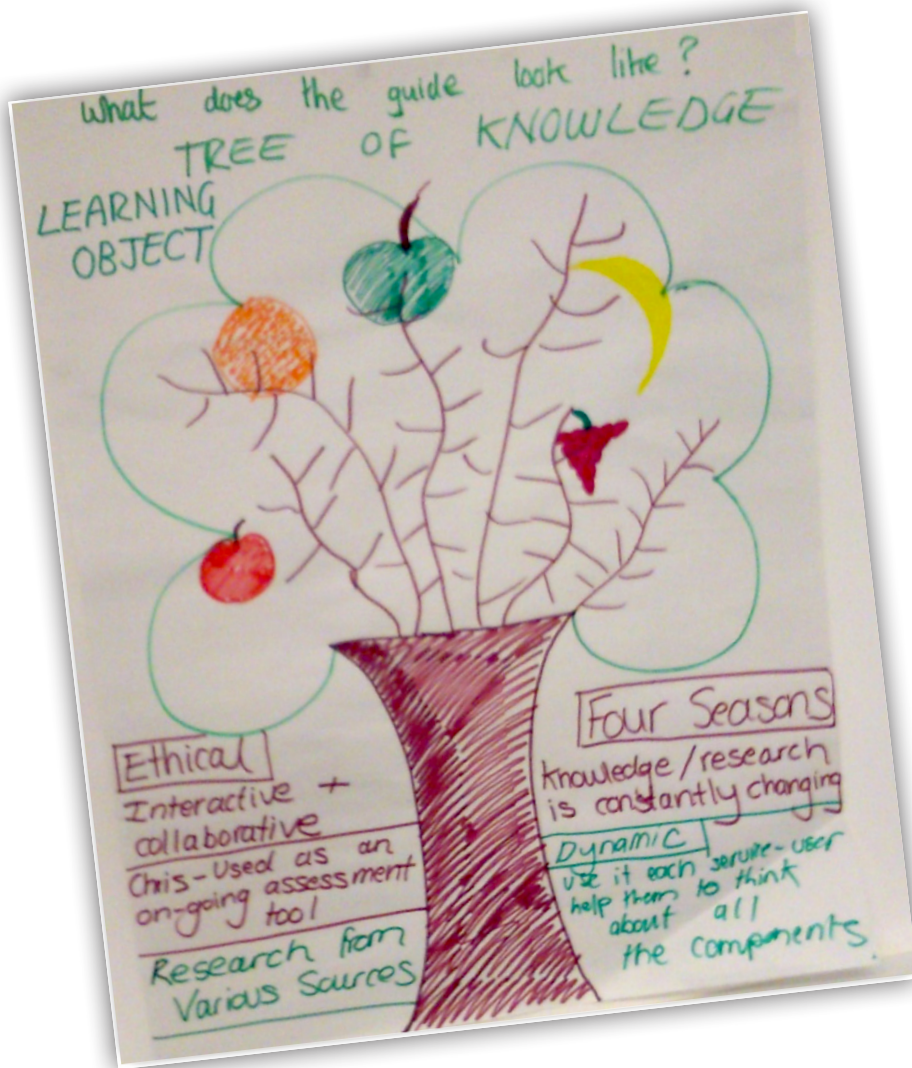
14.3 Practice Learning Opportunities and Leadership

Quality practice learning programmes are essential for the initial and ongoing learning of social work practitioners. Over the last 5 years we have provided increasing numbers of different types of placement and total numbers of placement days in each year from several hundred to over 2500 on average. These are offered to 4 Scottish Universities and the increase of our offers of statutory learning experiences is contrary to the national trend which has seen concern over a lack of placements. In addition to the university programmes Dundee City Council also supports programmes from Dundee and Angus College providing learning opportunities for students undertaking their HNC in Social Care and the Health & Social Care Academy.

Dundee City Council leads initiatives in Practice Learning in Scotland. In partnership with Perth and Kinross, Angus, Falkirk, Fife and Stirling Councils we use expertise and skills of the people involved in delivery, planning, assessment and verification to bring their knowledge and experience across all areas of practice learning. As well as leading the formal qualification in practice learning we identify additional positive benefits in our shared delivery of the PDA Practice Learning award, in terms of our connections with shared information and peer support around social work education, broader practice learning and service changes. We have had a total of 43 candidates register across 4 cohorts since September 2014. Ensuring that we support a learning culture in our organisations is central to this award and our provision of effective and rich learning opportunities within our services.

“I don’t think I have experienced a more enjoyable, developmental and informative set of training days. Not only have I had to push myself to the absolute limit in terms of opening my mind and exploring my abilities, the opportunity to work alongside a fantastic bunch of people and trainers has been a near revelation.... I would also add I am far more ready to embrace my upcoming role as a practice educator!”

Candidate



The coming year will see integrated arrangements becoming increasingly embedded and the CSWO will continue to play an important role in ensuring the local authority fulfils their statutory responsibilities particularly within delegated arrangements. Approaches to clinical and care governance will continue to be developed providing operational scrutiny and quality assurance:

- Preparations for Community Justice Reforms will continue and the CSWO will have a particular role in ensuring the service is shaped by social work values;
- A priority area will be the implementation of the Children's Services Improvement Plan and preparation for single Child's Plan. In addition to legislative changes such as the introduction of the Children and Young Person's Act there will be a strong focus on developing our approach to Corporate Parenting;
- We will continue to develop approaches to early intervention and will support people to remain at home and as far as possible avoid unnecessary hospital admission;
- We will strive to deliver flexible services which are in line with the wishes of our service users and are underpinned by the principles of self-directed support;
- We will incorporate work from the Scottish Government's Fairer Scotland and local Fairness Commission Action Plan into our work especially around areas such as welfare, poverty and stigma.
- There will continue to be significant financial challenges which will require the development of new ways of working, service redesign and increasing prioritisation of scarce resources. This includes building on the joint working agenda with neighbouring councils. 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.

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	10/12/15	6	6	6	6
Dundee City Council	White Top Centre	Support Service	LA	10/12/15	6	6	6	6
Dundee City Council	Mackinnon Centre	Adult Respite	LA	4/3/16	6	6	6	6
Dundee City Council	Mackinnon Skills Centre	Support Service	LA	07/03/16	5	6	6	6
Dundee City Council	Wellgate Day Support Centre	Support Services – not care at home	LA	25/2/16	6	6	6	6
Dundee City Council	Weavers Burn	CAH/HS	LA	24/08/15	4	-	3	3
Dundee City Council	Craigie House	Care Home	LA	16/12/15	4	4	5	4
Dundee City Council	Menzieshill House	Care Home	LA	19/12/15	5	5	5	5
Dundee City Council	Turriff House	Care Home	LA	17/02/16	5	5	5	4
Dundee City Council	Janet Brougham House	Care Home	LA	26/11/15	5	6	6	5
Dundee City Council	East Port House	Offender Accommodation	LA	Sept. '15	5	5	5	5
Dundee City Council	Gillburn Road	Respite	LA	18/01/16 18/03/15	5 4	5 5	5 5	4 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 16/03/15	4 4	5 5	4 4	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 03/04/15	4 4	n/a n/a	5 4	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

Appendix 1 (continued..)

Dundee City Council – Social Care Teams	Social Care Teams –LD/ MH/ D&A/ BBV	Housing Support Service/ Care at Home	LA	12/01/16 18/02/15	4 4	n/a n/a	4 4	4 4
Dundee City Council	Homecare Social Care Response Service	Care at Home and Housing Support combined	LA	16/11/15	5	n/a	5	5
Dundee City Council	Home Care Locality Teams and Housing with Care – East	Care at Home and Housing Support combined	LA	05/01/16 16/03/15	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	08/02/16 20/03/15	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	16/09/15	4	n/a	5	5
Dundee City Council	Supported Living Team	Support Service	LA	29/01/16 09/01/15	6 5	n/a n/a	6 5	6 5
Dundee City Council	Dundee Community Living	Support Service	LA	22/10/15	6	n/a	6	6

- not assessed

n/a - no requirement to be assessed

