

APPENDIX 2

Chief Social Work Officer's Report 2015/16

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Moray Profile

Geographically Moray is the 8th largest Council area in Scotland, covering an area of 2,238 square kilometres, from the Cairngorm Mountains in the south to the coast of the Moray Firth in the north. However, in terms of its population, it ranks 22nd out of 32 with a population of just 95,510¹. The average population density is low at just 43 people per square kilometre, compared with 69 people per square kilometre nationally. Approximately 57% of the population live in the 5 main towns of Elgin, Forres, Buckie, Lossiemouth and Keith, where the population density is approximately 2,500 people per square kilometre.

According to the Scottish Government 6 fold Urban/Rural classification (2013/14), 25% of Moray's population lives in "Other Urban Areas" (between 10,000 and 125,000 people) and a further 33% live in "Accessible Small Towns" or "Remote Small Towns" (settlements of between 3,000 and 10,000). The remaining 42% live in "Accessible Rural" or "Remote Rural" (settlements of less than 3,000 people).

In terms of distance from a settlement of 10,000 or more, 48% of Moray's population (those in Accessible Small Towns or Accessible Rural) lives within thirty minutes of such a settlement and 28% (Remote Small Towns or Remote Rural) lives more than 30 minutes from such a settlement.

The mid-2015 population estimates for Scotland¹ put Moray's population at 95,510 – 48,293 females (Increase of 190 from 2014) and 47,217 males (Increase of 550 from 2014).

Population Breakdown			
<i>Ages</i>	<i>Male</i>	<i>Female</i>	<i>%</i>
0-4	2,515	2,362	5.1%
5-11	3,791	3,644	7.8%
12-17	3,439	3,134	6.9%
18-24	4,106	3,493	8.0%
25-44	11,265	11,359	23.7%
45-64	13,375	13,638	28.3%
65+	8,726	10,663	20.3%

Between June 2014 and June 2015 there were 896 births in Moray and 1,006 deaths which is the first time in three years where deaths have exceeded births, this change has been replicated nationally also. With Scotland's population continuing to increase year on year, and Moray increasing at a higher rate, these increases are heavily influenced by net civilian migration from within Scotland, the rest of the UK and overseas.

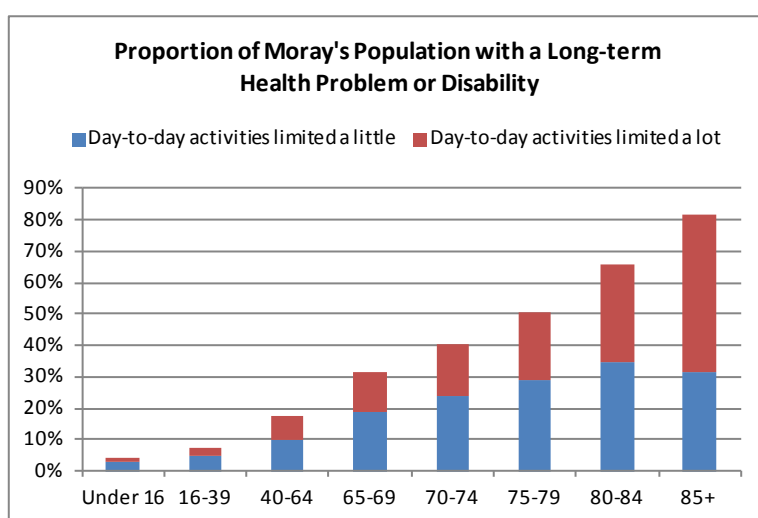
The latest census 2011 data shows that Moray has a very small proportion of residents (4.4%) from out with the British Isles. "White Scottish" account for 77.7% of Moray's overall population which is significantly less than the national figure (84.0%). The "White – Other British" residents contribute 18.0% of Moray's population which is proportionately double the national figure (7.9%). This is likely due to the large transient populations at the two large military bases in Moray and others who have retired to the area after finishing their service.

The largest non-white ethnicity in Moray is Asian, accounting for 0.6% of the population, the majority of who are Pakistani or Chinese. People of mixed or multiple ethnicity account for 0.25% of

¹ National Records of Scotland, Mid-2015 Population estimates Scotland

Moray's population, while those of African or Caribbean ethnicity each account for about 0.1%. Other ethnic groups account for the remaining 0.1%.

At the time of the 2011 census a total of 16,520 people in Moray are limited to some extent in their day-to-day activities by a long-term health problem or disability. About 7,050 are limited "a lot" and about 9,470 are limited "a little". This equates to 7.5% and 10.2% of the population respectively. An age breakdown illustrates the increasing incidence of limiting conditions with age. In all age groups the proportion limited a little is larger than the proportion limited a lot, except for those aged 85yrs and over. So not only do a much greater proportion of older people have their day-to-day activities limited by a long-term health problem or disability but the extent of that limitation is also greater. With Scotland's and Moray's population aging this trend is likely to continue which in turn will place increasingly more pressure on health care services.



Moray's Children

As of September 2015², in Moray there were 1,671 children registered for ante pre-school/pre-school. This includes 31 under 3yr olds and 111 deferred entry pupils. At the same time there were 6,903 children on the primary school roll and 5,048 on the secondary school roll.

At the end of March 2016 there were 170 looked after and accommodated children in Moray, 135 (80%) of whom were accommodated in a family placement, 18 (10%) in a residential placement and 16 (9.4%) in an out of area placement.

In March 2016 there are over 700 children in Moray who use English as an additional language; around 40 different languages are spoken. These numbers are increasing year on year which is reflective of the increasing migrant population of Moray. If this trend continues it is likely to have an impact on resources.

As at December 2015 there were 3,197 children with recorded additional support needs (ASN) – 1,715 in Primary school and 1,482 in Secondary, this equates to 26.8% of the total school population. When Addition Support Needs have been identified a Staged intervention³ process is initiated. During the process the child's needs are assessed and a range of multi-agency supports are put in

² Pupil Census 2015

³ Education Scotland - Staged intervention is used as a means of identification, assessment, planning, recording and review to meet the learning needs of children and young people.

place in order to meet these needs. The table below shows the percentage and numbers of Moray's young people with ASN along with the level of support provided. Scotland figures are provided as a comparison.

	<i>School roll</i>	<i>% with Additional Support Needs</i>	<i>% with CSP</i>	<i>% with IEP</i>	<i>% with Other Support Needs</i>	<i>% Child Plans</i>	<i>% Assessed or Declared Disabled</i>
Moray	11,951	26.8% (3,203)	1.6% (51)	25.5% (818)	84.0% (2690)	4.9% (157)	6.2% (199)
Scotland	672,042	21.7%	1.1%	21.5%	77.7%	12.9%	7.7%

Level of Support

CSP (Coordinated Support Plan) –	Children with complex and multiple additional support needs.
IEP (Individualised Education Plan) –	Children whose needs cannot be solely met by their teacher or early years practitioner after standard adaptations have been considered.
Child Plans -	Where more than one agency is involved in meeting the child's needs.

According to the 2011 Census 1,004 young people had a long-term health problem or disability that limited their day-to-day activities to some extent; nearly a third of these children were limited a lot. The table below shows the number of young people limited to some extent increases with age bands. The 0-4 age group represents 11% (110/1,004) of all those with some limitation, whereas the 15-19 age group represents 37% (371/1,004).

Age	Number of people	Day-to-day activities limited a lot	Day-to-day activities limited a little	% Day-to-day activities limited a lot	% Day-to-day activities limited a little	Total % with No limitation
0 - 4	5,246	50	60	0.95%	1.14%	97.91%
5 - 9	4,887	60	137	1.23%	2.80%	95.97%
10 - 14	5,638	100	226	1.77%	4.01%	94.22%
15 - 19	5,917	112	259	1.89%	4.38%	93.73%

Key challenges and developments during 2015/16

2015/16 was an exciting year for Integrated Children's Services in Moray but not without its challenges.

We progressed a number of developments aimed at reducing the number of young people being looked after out of Moray:

- We appointed a head teacher to our newly developed SEBN provision that brings education and social work staff together to support those children and young people who face challenges in mainstream education.
- We are further developing and rolling out Self Directed Support, and applying many of the principles of SDS to all areas of our work.

In order to address the prevention and early intervention agenda we carried out a mini restructure following a review of our Children's Wellbeing Service and further developed this service:

- We brought together the Youth Justice Team and the Child Protection Team to create a 'Protecting Children Team', the aim of this was to make best use of the skills and knowledge in both teams to support children and young people.
- We created a 'Triage' team to support professionals, children, young people and their families to access the right support at the right time.
- We have supported the development of Locality Management Groups across Moray and established four key posts of 'Locality Wellbeing Officers'.

In addition to the work described above we continued to review and develop policy and procedure in line with national guidance and legislation, this included:

- Further development of the Partnership Hub to bring together all services involved in working with children and young people and improve communication and consultation across the services.
- Working with partners to prepare for the implementation of the Children and Young People (Scotland) Act 2014.
- Introducing a new file audit process.
- Further developing the Practice Governance Group.

As we move forward into 2016/17 the challenges facing us include:

- Joint inspection of children's services.
- Implementing the Children & Young People (Scotland) Act 2014.
- Continuing to work through the impact of Health and Social Care integration in relation to children's services.
- Identifying how we can deliver a more effective and efficient service that will meet the needs of Moray's children in the current financial climate for public services.
- Continuing to reduce the number of children and young people looked after out of Moray
- Improving our self-evaluation processes.

During 2015/16, the key challenges for Community Care were: taking forward integration with Health, providing complex care for people with Learning Disabilities, Mental Health and Autism, providing care at home for increasing numbers of older and frail people and continuing to roll out changes associated with Self Directed Support. In terms of Integration, this was managed smoothly in Moray, with several job changes within the management structure that were taken forward during the year. Whilst this will continue to be an important change agenda next year, the inclusion of social care staff in workforce development sessions across the Health and Social Care Partnership has proven successful at promoting integration.

Providing support and care for people with the most complex needs was a significant challenge. Dedicated teams were commissioned for three people to support their independence. This model proved successful in supporting transition from Integrated Children's service to adult care and for a hospital discharge from long term institutionalisation. Continuing to build capacity and skill in managing and delivering care for complex situations however remains a significant challenge. This challenge is due to workforce constraints (difficulties in recruitment) financial pressure and workforce development.

Ensuring that Older People have access to good quality care at home was difficult during 2015/16. Recruitment and retention of care at home staff proved to be a major challenge for both internal and external providers. At times this led to delays in Hospital for some Older People. Rolling out change subsequent to the implementation of Self Directed Support (SDS) continued during 2015/16, with the most significant development being the implementation of a contribution policy.

The implementation of SDS on 1 January 2015 supporting the move away from the Council charging adults for specific services/unit costs and moving towards a personalisation agenda where adults are subject to financial assessment to conclude how much an adult may be required to fund a proportion of their overall budget.

In turn, this has involved not only our service users but Council officials to use unfamiliar terminology, for example, discussing *personal budgets* and how services would meet their *personal outcomes*.

Such a major policy change has proven to be challenging however the implementation of the contributions policy allowed us to review, consider and amend policy and procedure to ensure our adults accessing our services were supported and provided with the most appropriate level of care and support and saw us consider our tiered access to services as appropriate

Partnership Structures/Governance Arrangements

The Chief Social Work Officer in Moray is the Head of Integrated Children's Services.

The CSWO is responsible for monitoring Social Work service activity across the Council to ensure agreed standards are met and that professional standards are maintained. The post assists Moray Council in understanding the complexities of Social Work Service commissioning and provision; including particular issues such as child protection, adult protection and the management of high risk offenders, as well as the key role Social Work plays in contributing to the achievement of local and national outcomes. The CSWO also has a responsibility for overall performance improvement and the identification and management of corporate risk insofar as these relate to Social Work Services.

The CSWO is responsible for providing effective professional advice and guidance to the Council, its elected members and officers in the provision of social work services.

The Head of Integrated Children's Services is line managed by the Corporate Director (Education and Social Care), she provides advice on the complex interface between the local authority and the Scottish Government on Social Work issues. She remains accountable to the Chief Executive and Elected Members regarding Moray Council's compliance with national government expectations. The Head of Integrated Children's Services fulfils her responsibility as CSWO by:

- Reporting directly to the Corporate Director (Education and Social Care) to ensure that he is appropriately advised on Social Work issues;
- Reporting to Moray Council's Corporate Management Team on areas that directly relate to social work services, including highlighting areas of potential risk;
- Meeting regularly with elected members (including chairs/vice chairs, group leaders and leading briefings on critical developments) to ensure that they are appropriately advised on Social Work matters;
- Providing regular reports on Social Work practice and performance to appropriate committees;
- Contributing to the Integration Joint Board, the Community Planning Partnership, and the Public Protection Partnership;
- Chairing Moray's Child Protection Committee; and
- Meeting regularly with the Head of Community Care and the Chief Officer for Moray Health and Social Care Partnership.

Moray Council Governance

Health and Social Care

Until February 2016 when it ceased to exist the role of the Health and Social Care committee to exercise the functions of the Council under the:-

- Social Work (Scotland) Act 1968
- Mental Health (Care and Treatment)(Scotland) Act 2003
- National Health Service (Scotland) Act 1947
- National Health Service and Community Care Act 1990
- Adults with Incapacity (Scotland) Act 2000

Also to exercise the functions of the Council relating to contributing to the expense of housing the elderly, infirm or disabled people, the control of expenditure of available funds in Social Work Trusts,

and to implement the Council's responsibilities with regard to adult protection, criminal justice and social work services.

This committee met for the last time on 17 February 2016 when the Chief Officer for Moray Integration Joint Board presented a paper outlining the arrangements to support the Council in drawing to conclusion the business of this Committee with various responsibilities relating to adult social care being delegated to the Moray Integration Joint Board and other remaining responsibilities being delegated to other Council committees.

The new arrangements for health and social care were in place from 1 April 2016, and will be reported on in this report for 2016/17. The existing arrangements operated by the Health and Social Care Services Committee in relation to adult community care ceased to operate with responsibility for strategic planning, operational management, governance and performance for delegated functions moving across to the Moray Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Scheme for Moray, other remaining functions being delegated to other Council committees.

Children and Young People's Committee

It is the role of the Children and Young People's Committee to exercise the functions of the Council:

- As an Education Authority within the terms of relevant legislation with regard to school education, nurseries and child care, Gaelic and children's services.
- With regard to leisure, libraries and museums, sport and the arts, CLD and lifelong learning.
- With regard to the Children (Scotland) Act 1995, and to determine the Council's policies in regard thereto, including youth justice.
- In respect of looked after children and young people leaving care.
- To deal with Child Protection issues.
- In respect of the Adoption and Fostering of children in terms of the Adoption (Scotland) Act 1978. The Adoption and Children (Scotland) Act 2007 and the Foster Children (Scotland) Act 1984.

As a Local Authority, Moray Council has a statutory duty to provide services to young people and their families who are in need across the Council area. The responsibility for overall delivery of this service in Moray lies with the Department of Education and Social Care which comprises the following sections;

- Integrated Children's Services
- Schools and Curriculum Development
- Lifelong Learning, Culture and Sport

The department is led by the Corporate Director (Education and Social Care), assisted by three Heads of Service, each leading one of the sections above.

Community Care

Community Care have a longstanding Governance arrangement, by way of a Practice Governance Board, that has been in place since 2008. It is a well-established structure for ensuring Governance around social care in an adult setting. The Board meets monthly and its remit includes the following key areas:

- To maintain an overview of referrals to the SSSC in terms of registration or conduct matters

- Receive copies of all Inspection reports and audit reports
- Identify trends or patterns arising in respect of professional practice
- Receive Action Plans developed by Heads of Service in response to outcomes of inspection and audit processes
- Monitor progress against targets and timeframes set in all Action Plans, including those required by external agencies
- Maintain an overview of Inspection Reports on other Local Authorities performance and ensure dissemination of issues and learning across the service
- Consider annual Audit Report
- Set an annual audit work programme and determine need for any other audit activity, e.g. responsive audits
- Set timeframe for re-audit activity
- Review and maintain the risk register

In terms of integration; work was undertaken to ensure an appropriate Governance framework has been put in place.

Work continues to ensure that people who use services, their carers and the wider community are actively involved in service planning, commissioning and development. The Learning Disability Partnership board and Autism Partnership Board are examples of this as well as our involvement with the Scottish Recovery Network and Making Recovery Real Initiative which has underpinned our development of Mental Health and Wellbeing Strategy.

Integrated Children's Services

In addition to the Head of Integrated Children's Services the department has the following managers each with specific responsibility for their section:

- Corporate Parenting and Commissioning Manager – responsible for Commissioning and Placement Services.
- Children's Wellbeing Service Manager – responsible for early engagement, intake and assessment and outreach teams.
- Inclusion Manager – responsible for English as an Additional Language, Pinefield parc, Autism and Communication Disorders, Beechbrae and the Sensory Teams.
- Justice Services Manager – responsible for the Criminal Justice, Youth Justice and Out of Hours Social Work Teams.
- Principal Educational Psychologist – responsibility for Educational Psychology Team.
- Strategy Manager – responsible for policy and strategy development.
- Continuing Support Service Manager – responsible for the Reviewing team and longer term intervention through the Continuing Support Teams.

Community Planning

The Community Planning Partnership is made up of public, private and Third Sector partners working together to increase the quality of life and well-being of everyone in Moray and has set out strategic priorities in line with Moray 2026 - A Plan for the Future. It is increasingly important that partnerships come together for and with communities to improve outcomes by focusing on a prevention approach, partnership integration and performance improvement. The focus of this plan is early intervention, anticipating and intervening wherever possible. The partnership is clear in where it is trying to intervene and for whom; has a bias for prevention and how it works for people and communities at all stages in life – not just the early years.

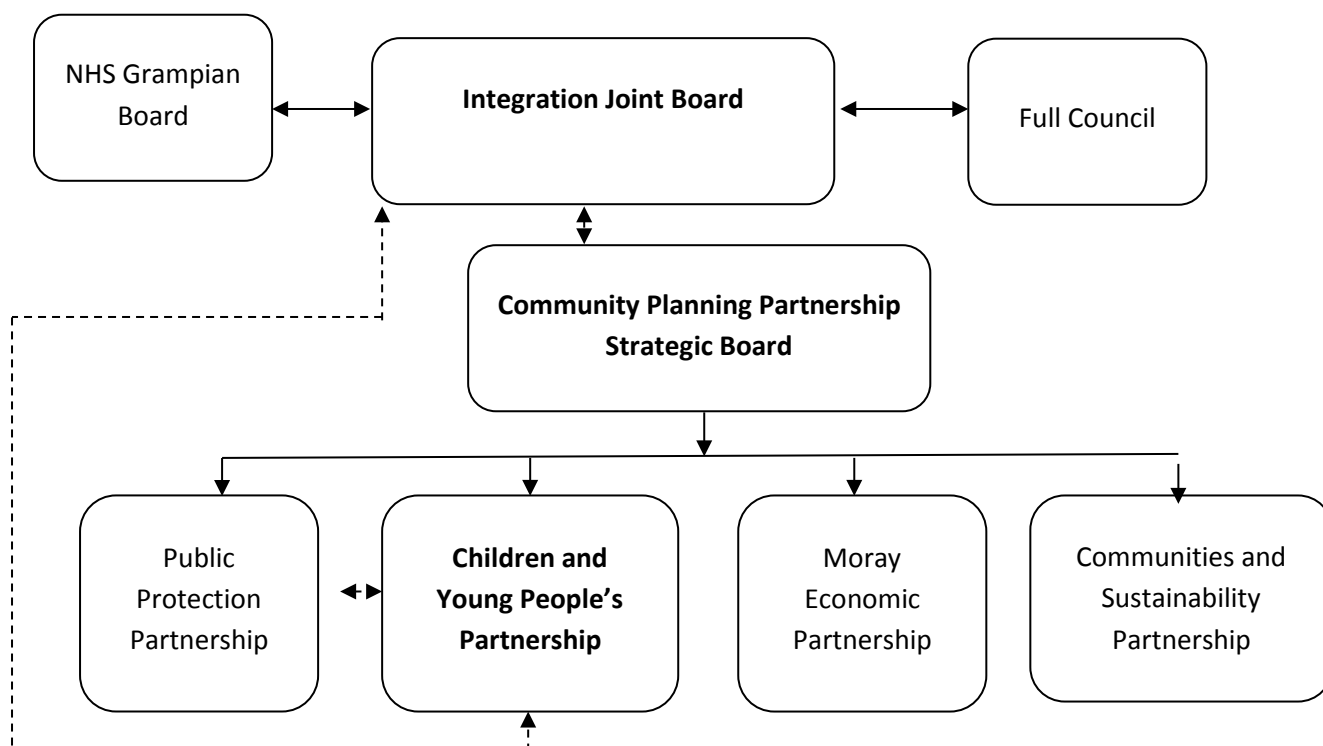
Moray 2026 – A Plan for the Future is based on five local outcomes. These reflect strongly the Scottish Governments national outcomes. There are a number of these in the national outcomes which the Moray Community Planning Partnership recognises as overlapping themes which are integral to the delivery of all local outcomes.

The overarching aim of Moray 2026 is to provide the best possible outcomes by providing leadership for Moray through collaborative and partnership working to design and deliver better services. In order to create and sustain a better quality of life and opportunity for all Moray citizens the partnership has established the following outcomes:-

1. A growing and diverse economy.
2. Healthier citizens.
3. More ambitious and confident children and young people able to fulfil their potential.
4. Adults living healthier, sustainable, independent lives safeguarded from harm.
5. Safer Communities.

The Partnership currently has 11 members – HIE Moray, HITRANS, Moray College UHI, Moray Integration Joint Board, NHS Grampian, Police Scotland, Scottish fire and Rescue Service, Scottish Government, Skills Development Scotland, The Moray Council, tsiMoray.

Community Planning Structure



Children & Young People's Partnership

The aim of the Partnership is to set and oversee the strategic direction for children's services in Moray and lead the ongoing implementation and review of *getting it right for every child* in Moray.

Responsibilities:-

- (i) Take responsibility for the coordinated development, implementation and monitoring of Moray's Integrated Children's Services Plan;
- (ii) Agree the joint actions and resources necessary to support the effective delivery of the Plan;
- (iii) Take lead responsibilities to implement specific Moray 2026 outcomes on behalf of the Community Planning Partnership Board;
- (iv) Take responsibility for the development and review of policy and strategy for those areas within the Moray Council, NHS Grampian and partner agencies that involve collaborative and integrated working across children's services;
- (v) Provide effective governance and performance management arrangements locally and report on progress to the Community Planning Partnership Board as requested;
- (vi) Consult with children and young people, other agencies and organisations, including the third sector as appropriate, to achieve a co-ordinated approach to the provision of local services;
- (vii) Promote and seek opportunities to further embed collaborative and integrated working in children's services in Moray;
- (viii) Promote the streamlining and co-ordination of development activity within and between committees/partnerships to allow the opportunity for wider policy development and service interventions to take place on an evidence and intelligence-led basis;
- (ix) Encourage and promote training and development opportunities across agencies and sectors on areas of children's services where there are shared interests/concerns; and

- (x) Respond to consultations from Government and statutory bodies and make representations to Ministers and those national bodies regarding the services within the Partnership's remit.

Social Services Delivery Landscape

The societal context shows that Moray is experiencing pressure from demographic change, both in terms of ageing population and a net loss of young people. These factors combined can create a sometimes challenging labour market for social care. The social care sector in Moray is delivered by the public sector and independent sector in both voluntary and commercial organisations. The sector is coordinated through commissioning activity in Community Care and Integrated Children's Services.

Provision of residential care for Looked After Children (LAC) in Moray is provided by Moray Council, Action for Children and by Scottish Autism. Prior to the contracts coming to an end procurement activity, consistent with The Moray Council financial regulations, will commence in line with the method detailed within the ICS Commissioning Framework.

Community Care

Challenges, Priorities, Activities

- a) There is limited capacity within the commissioning team to fulfil contract/procurement activities highlighted within the Departmental Procurement Action Plan (DPAP). A number of services are due to be re-tendered but this will not be possible in the near future. Timelines are in place.
- b) There are a number of wider service reviews (some lead to a full procurement tender process) currently underway. The Senior Commissioning Officer and the Commissioning Officer are presently working on eight with two pending;
 - Mental Health, Advocacy, Sensory, Older People, Hanover new build, Respite, Care & Support Framework, MyLife Portal and pending are Geriatric Care and Drug & Alcohol
- c) We are continuing contract monitoring at current level (Grade 9 ends Nov) which meets the basic requirements of our contract monitoring framework. Risk scores are being completed this month which will highlight the low, medium and high risk service which then determines the monitoring process required. When the grade 9 ends this year it will be challenging to meet the monitoring requirements.
- d) There is pressure on the Public Involvement Officer role due to increases in work load to meet above requirements and integration agenda.
- e) Quality audits increasing with the Commissioning and Quality Officer working across a broad range of audits. This includes AWI, advocacy, sensory services, respite, and internal services. This post holder also oversees Equality Impact Assessments.
- f) The review of the National Care Home Contract is underway, which members of the team are part of via a User Involvement Group led by Scotland Excel.
- g) The living wage implementation has resulted in additional work for the team regarding liaison with service providers and accountancy to ensure any additional funding is accurate
- h) Determining the relationship and split between block and spot purchase is underway so that there is a clear view of the full spend within each service. This piece of work also links with the learning disability accommodation review. A Commissioning Officer is leading on this and supporting the accommodation review Commissioning and Performance Assistant.
- i) Link Worker/Hub co-ordination is taking place. This is a development to support transparency and open dialogue within care homes. Key stakeholders meet in the care home with the social work link worker to discuss areas of concern and good practice. This is co-ordinated by a Commissioning Officer.

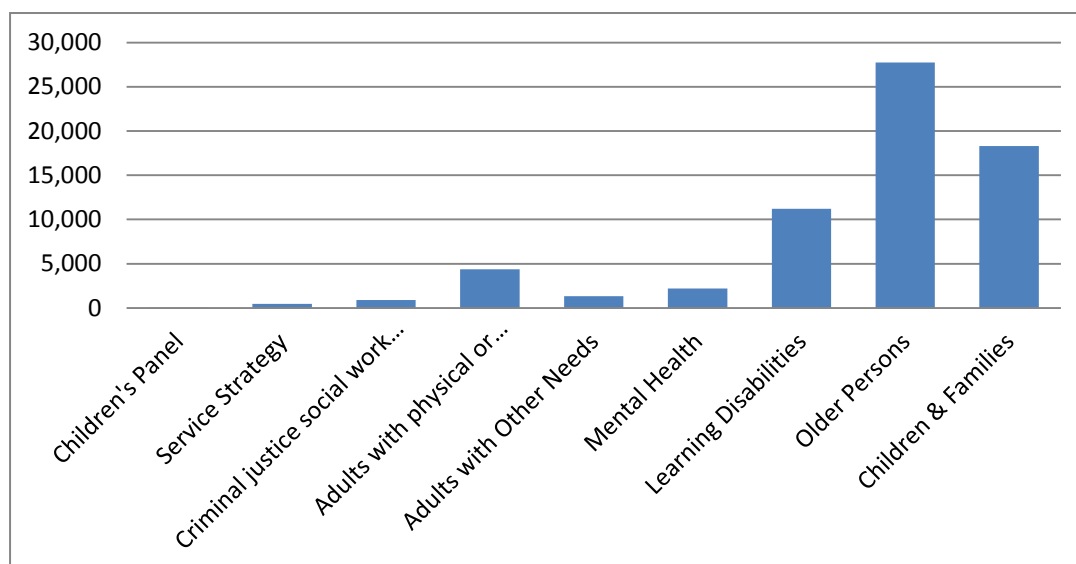
- j) Locality workshops – each area of Moray has a member of the Commissioning Team in attendance at the locality meetings. The Senior Commissioning Officer also facilitates the Keith meeting.

Finance

Moray Council continues to experience severe financial pressure, albeit savings were not called for in 2015/16. Work was progressed to identify potential areas for savings from 2016 onwards. The CSWO has been very involved in the discussions in respect of Integrated Children's Services; however this does pose a dilemma for those who hold the CSWO post as Head of Service. There are occasions when obliged to offer up savings as Head of Service which may mean a reduced service provision which, as CSWO, you would advise against in terms of risk.

2015/16 Gross Social Work Expenditure

	£000's
Children's Panel	11
Service Strategy	455
Criminal justice social work services	882
Adults with physical or sensory disabilities	4,364
Other Needs	1,316
Mental Health	2,201
Learning Disabilities	11,194
Older Persons	27,734
Children & Families	18,308
Totals	66,465



Integrated Children's Services Financial Position

The most significant overspend for Integrated Children's Services is in the Out of Area budget, which was £1,181,000 in 2015/16. The pressures the department faces include:

- 75% of our local fostering provision is taken up with children who are in permanent placements – which is a positive thing for the children involved but means there is very little availability or movement within our local provision. A recent audit identified that out of a possible 47 places only 4 were actually available at that point in time.
- For a few of the young people the lack of an education package is the reason for a young person having to go out of area or preventing the return to area. We are attempting to address this through the ongoing development of the SEBN provision.
- There are the same numbers of children out of area in November as were in May 2015, however they are different children and therefore the funding is also different; the fees charged vary considerably too, depending on the placement, ranging from £52,000 to £290,000 per annum.
- The number of children in independent foster care increased by about 6 which equates to approximately £700-£1300 per week per placement.

Community Care Financial Position

The actual position as at 31 March 2016 is set out on a departmental basis in the table below:

2015/16	Final budget £000s	Out-turn £000s	Variance £000s	Variance against budget %
Health & Social Care	40,029	40,628	(599)	(1.5%)

At 31 December 2015, Health and Social Care services were forecast to overspend by £600,000. The actual out-turn for the year is an overspend of £599,000. The major variances are summarised below:

	Overspend £000s	Underspend £000s	Net overspend £000s
Staff	(30)	172	
Income	(288)	422	
Purchase / Provision of care	(1,291)	902	
Savings target not achieved	(256)		
Aids and adaptations	(93)	4	
Other	(291)	150	
TOTAL	(2,249)	1,650	(599)

Purchase of care for people with learning disabilities was forecast to be £922,000 above budget for the year. The actual out-turn was £831,000 above budget, following a decrease in one package of care. Purchase of care for older people and people with physical disabilities was £363,000 over budget, and permanent care out-turned at £66,000 over budget. Slight variances in other purchasing budgets bring the total overspend to £1,291,000. Expenditure on provision of care by the Council's Care at Home service was £741,000 below budget. This is partly due to overtime anticipated to be required over the Christmas holiday period not being required. Contracted spend on one learning disability service provider was £42,000 under the budgeted amount. Slight variances in other purchasing budget bring the total variance to £902,000. The service also had a savings target of £256,000 for care contracts. This savings target was not reached, with no savings from care contracts recorded in 2015/16.

Aids and adaptations purchased by the Occupational Therapy service are £83,000 over budget. In addition to this, there was unbudgeted spend of £13,000 in the Care at Home service for profiling beds, absorbed by the underspend on staff (this purchase should result in staff savings, as it avoids additional staff visiting services users to assist in lifting).

Service Quality and Performance

Social work services contribute to the development of Moray as identified in Moray 2026, which provides a strategic context for the delivery of social work services in Moray.

Community Care

In terms of the development of Self-Directed Support in Moray, there was a 50% increase in the number of people taking a Direct Payment to have full choice and control over their care and support and this was facilitated by the support of the SDS team.

The SDS Option 2/Individual Service Fund (ISF) Pilot Project began delivery, working in partnership with six provider organisations to allow the testing of support planning and budget management by an external organisation rather than internally. It is supporting the external organisations in their development of what it takes in terms of time and resources to undertake this role for a variety of individuals, while also actively developing greater choice for the individuals who wish to choose this option. The project is due to finish early 2017 and will inform the way that Moray continues to promote and deliver SDS Option 2.

This year saw the beginning of the SDS Residential Care Test Project that is being undertaken on behalf of the SDS Policy Unit in Scottish Government. Designed to test the use of all SDS options within a residential care setting and explore whether doing so increases people's choice and control over their care in these settings. The Project Team has identified partner organisations in Older People's residential care and Learning Disability residential care to look at increased ways to deliver personalised outcomes by breaking down the residential care costs to identify what could be done differently. The project is also increasing the knowledge of SDS and of the general principles of choice and control across the residential care settings. The Project is due to finish early-mid 2017 and will be fully evaluated and reported back to Scottish Government for the learning to be shared at a national level.

Community Care Performance

Community Care performance is monitored and reviewed monthly on a formal basis. The following statistics demonstrate activity over period 2015/16:

- The rate of those in Permanent Care, which went from 27.05 older people per 1,000 population in April 2015 to 25.30 people per 1,000 at the end of March 2016. A raw figure reduction from 513 to 475.
- For the personal outcome "Having Things to Do", where in 2015/16 the question was relevant in 1,402 assessments, the outcome was met 952 (67.9%) times, partially met, 399 (28.5%) times and not met only 51 times (3.6%) – This gives a met or partially met rate of 96.4%.
- For the personal outcome "Feeling Safe", where in 2015/16 the question was relevant in 1,505 assessments, the outcome was met 1135 times (75.4%), partially met, 399 (28.5%) times and not met only 38 times (2.5%) – This gives a met or partially met rate of 97.5%.

Balance of Care (Number of Service Users Receiving Permanent Care and Homecare)				
	Permanent Care	Homecare	Receiving less than 10 hours of Homecare	Receiving 10+ hours of Homecare
Jun-15	513	1011	657	354
Sep-15	496	987	623	364
Dec-15	474	952	609	343
Mar-16	475	940	604	336

The number of Older People in Permanent Care has been decreasing despite a growing demographic. There has, in fact, been a decrease in all receiving care, with those receiving 10+ hours showing the smallest decrease. This evidences that the balance of care in Moray is shifting towards providing more care and support in service user's homes as opposed to care homes.

Integrated Children's Services

The priorities for service development in 2015/16 were:

- Develop the use of the 'Measuring Outcomes in Moray' tool across the service to help evidence improving outcomes for children and young people.
- Make better use of Viewpoint to enable the service to gather the views of service users to inform future planning and provision of services.
- Contribute fully to the CPP Prevention Plan through the Early Years Strategy.
- Review the current provision in relation to early intervention and engagement.
- Make better use of performance information and locality intelligence to target intervention fairly and consistently across Moray.
- Continue to develop the workforce to ensure that they have the skills and knowledge to deliver improved outcomes for Moray's children and young people.
- Improve communication across the service and with all partners and stake holders.

At the end of March 2016 there were 170 Moray children being looked after and accommodated (LAAC), of these 79% were in a family placement which is below the council target of 80%. The percentage of looked after children accommodated in a residential placement had risen by 1.4% (2 children) to 10%, and, for the second consecutive quarter was above the threshold level (8.5%). Quarter 4 2015/16 progress towards ICS Service Plan priorities concluded with 15 of the 25 actions 100% complete, a further 9 80% or more complete and the remaining priority being 60% complete. Overall performance indicates that 60% of priorities were achieved within the timescales.

The "Measuring Outcomes in Moray" tool has been introduced to all social work teams and has made significant steps to being fully embedded into practice. The next step is to audit the use of the

tool and how we make the best sense of the information to improve overall outcomes for children and young people. Currently the Community Capacity Building training calendar offers training on the use of the outcomes tool. It is recognised that action plans need to be more outcomes focused and subsequent briefings and training will follow this path. The use of the “Measuring Outcomes in Moray” tool will help the new Moray Child’s Plan improve outcomes for children and young people.

Social work teams are now more familiar with using the “Viewpoint” interactive web based tool and the importance in seeking views from service users. The tool is aimed at allowing young people to purposely contribute to their LAAC reviews, which in turn will influence future planning and service provision. Up take of its use continues to improve, some work however still needs to be carried out to ensure the tool becomes integrated into everyday practice. To help support the progress of the tool’s use a “viewpoint” champion has been appointed. Moving forward further avenues will be explored, of other areas within children’s services, where “Viewpoint” can be used to enhance practice and the inclusion of young people views, the key priority currently however is to ensure that the tool is embedded into daily practice for the young people currently accessing services.

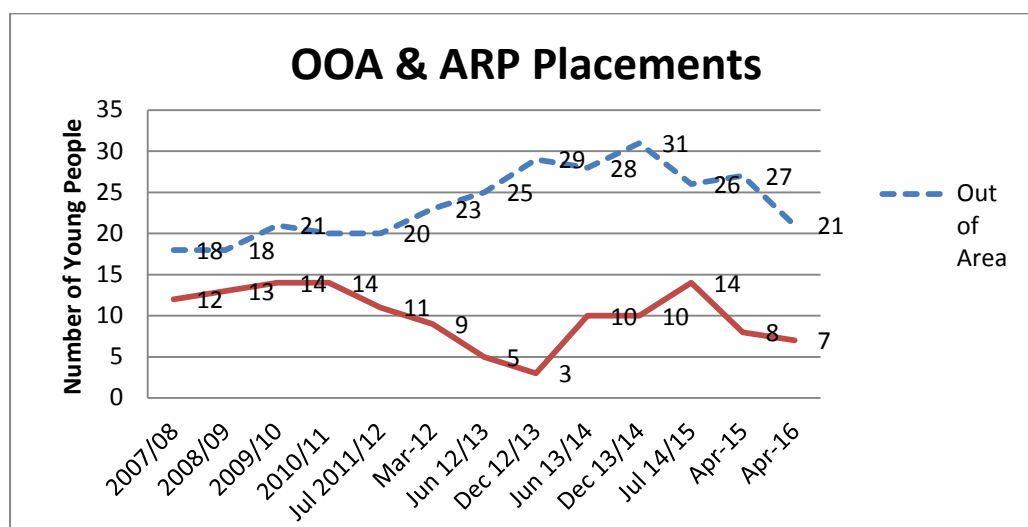
The interim review of Integrated Children’s Service has been completed and the revised structure has now been fully operational since January 2016. The new structure provides a more efficient approach to effectively meet the needs of children and young people. Specific improvement plans for each team will ensure that performance is measured, evaluated and further changes made as appropriate. The Locality Management Group (LMG) Development Day took place on the 10 February 2016. The event was well attended and participant feedback was very positive. Moray currently has 8 LMGs: Forres, Lossiemouth, Elgin North, Elgin South, Milnes, Speyside, Keith and Buckie. Fundamental to the development of LMGs is the belief that ‘relationships’ and ‘effective partnerships’ lead to better outcomes and long lasting change for children and families. A locality model allows these relationships and partnerships to be developed. The model facilitates decision making to be made within these localities by devolving resources and budgets to the group in order to meet the needs of the children and young people within the areas. The devolution of Self Directed Supports budgets is being considered to better meet the early and preventative needs of children and young people. 2016/17 will see the further development of LMGs, ensuring continuity of provision across the local authority and further moves towards prevention and early intervention.

Progress on agreeing Early Years targets in Moray 2026 has been slowed due to these targets being discussed nationally, at present no timescales can be given for implementation. Once agreed they will be measured and inform both the Community Planning Partnership and Integrated Children’s Services. The use of Early Years Collaborative Methodology has progressed well and decisions have been made to deliver a further Quality Improvement Methodology training course. A second cohort of staff will be selected to undertake the locally facilitated course.

The implementation of a workload management process is now fully completed with the majority of managers having completed the “Ease the Load” programme. A training needs analysis has been carried out and at present there is no great demand to carry out a further “Ease the Load” course. This situation will continue to be monitored and when need arises for further programmes arrangements will be made to ensure managers have the benefit of attending.

Criminal Justice performance indicators are now included within the Integrated Children’s Services suite of indicators. Year on year there has been an increase (65% since 2013/14) of social enquiry reports submitted to courts. Throughout the course of 2015/16 a total of 439 (128 in quarter 4) of these reports were submitted to courts, of these only one was not submitted by the due date. The number of new probation orders issued has risen for the second consecutive year with a total of 139 orders issued in 2015/16 in comparison with 119 in 2013/14. In 2015/16 less than half of offenders

were offered a work placement within 7 working day, national figures are not yet available for this indicator, however if 2014/15 figures are compared Moray is performing significantly less than Scotland (Moray 57.0%, Scotland 72.7%).



Number of Out of Area Residential Placements & Additional Resource Packages – April 2016

Corporate Parenting

The issues that impact on Looked After Children have become more in focus given the Children and Young People (Scotland) Act 2014. As a consequence of the Act and the increase in people and organisations that are now “Corporate Parents”, Moray Council was instrumental in creating the Corporate Parenting Board which is directly mandated by the Community Planning Board and Children and Young Peoples Partnership. The first Corporate Parenting Board meeting was held in May 2015 at which the Corporate Parenting Action plan was tabled. This action plan was written jointly by those who are Corporate Parents within the new legislation. From that initial Corporate Parenting Board it was agreed that the plan would be refined and revision of the plan would fall into line with the integrated children’s services plan for Moray. The gap within had been input from the young people. The Corporate Parenting Board has met at 6 monthly intervals since that initial meeting: the 4th meeting of the Corporate Parenting Board is scheduled for November 2016.

Over this year there has been more engagement with Corporate Parenting, especially in terms of how colleagues from other services understand their role and responsibilities. The Corporate Parenting Conference held in February at Moray College supported Corporate Parents to understand the duties placed on them. The action plans was reworked and there was input from Care Experienced Young People, CEYP. These CEYP raised a number of issues which are beginning to be worked through in small issue specific working groups: there is movement away from the Corporate Parenting Working Group which can be too wild and for CEYP to attend can feel tokenistic. At 30th September representatives of the Corporate Parenting Board and Working Group submitted Moray’s application for Life Change’s Trust funding to support and energise the development of a Champions Board in Moray.

Complaints 2015/16

	Number of Complaints	Number and % responded to in target timescale	Number and % Upheld / Part Upheld / Not Upheld or Lack of Evidence	Number progressing to Complaints Review Process
Integrated Children's Services	43	27 (63%)	9 / 10 / 24	1
Community Care	34	29 (85%)	4 / 13 / 17	1
Total	77	56 (73%)	13 / 23 / 41	2

Integrated Children's Services have adopted a more proactive response to complaints which has resulted in the target response time reducing, this is due to managers spending more time actively investigating the complaints and engaging with the complainers. The service recognises the opportunities afforded through the investigation of complaints to learn and improve service delivery. In 2015/16 two complaints are of specific note:

- One dated back to actions taken over nine years previously and required records and files to be accessed from archives, a number of staff had retired or left the area and the legislation and national policy has moved on considerably since the incident had occurred.
- One was extremely complex, involved a number of teams, and was also historic in nature. Due to the nature of the complaint it was agreed to request an independent investigation from a neighbouring local authority. As a result we received a report which contained learning for the service and also offered the complainer a degree of reassurance in terms of the independence of the investigation.

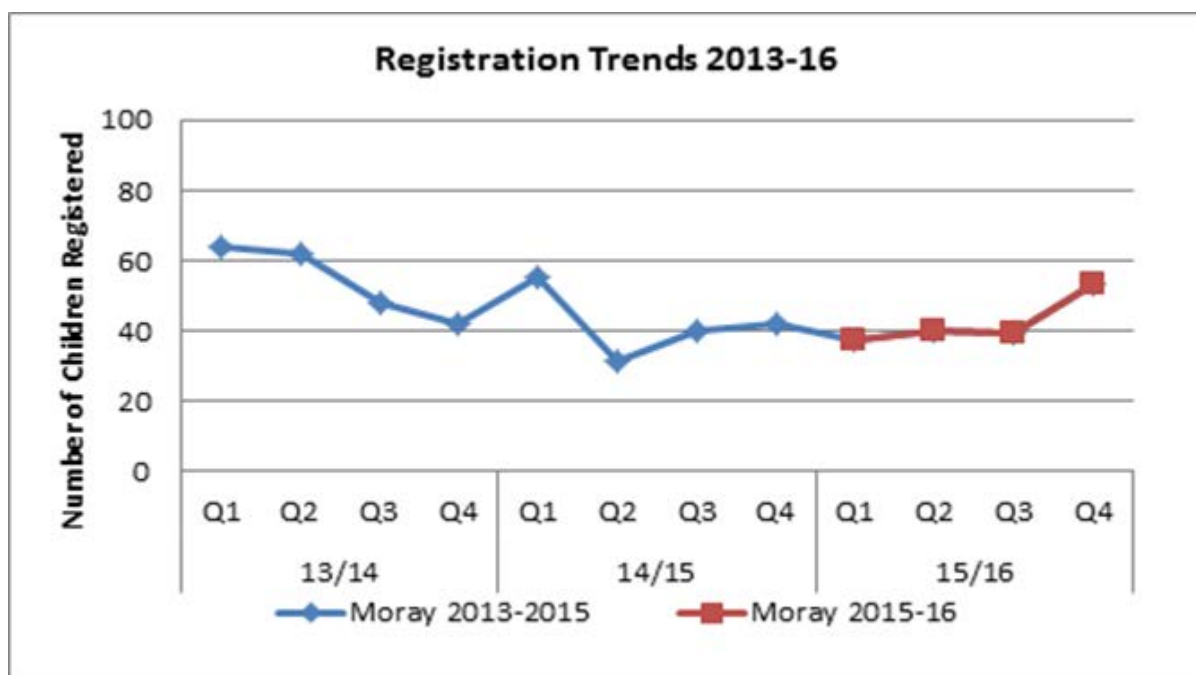
Neither complaint was upheld; however the service acknowledged where things could have been done better and have implemented improvements as a result.

Statutory Functions

Child Protection

The Moray Child Protection Committee (CPC) updated several key documents over the past year including the Child Protection and Wellbeing Policy and Procedure. The updated resources can be found here: http://www.moray.gov.uk/moray_standard/page_90286.html

The Moray CPC regularly receives performance management information which is derived locally and from the North East of Scotland Child Protection Register (CPR) which covers Grampian and is managed by the Child Protection Partnership (CPP). This information provides data trends across Moray in relation to risk indicators and comparisons to previous quarters throughout the year. The number of children recorded on the CPR in Moray remains below the national average. Moray CPC is currently reviewing all performance management information in order to gather and present meaningful information that can help identify both good practice and areas for improvement. Most importantly Moray CPC is looking to provide rich analysis behind the performance management information so that this can be used to improve outcomes for children and direct targeted resources accordingly.



Over the past year the Moray CPC has:

- Published a Child Protection basic awareness and Child Sexual Exploitation(CSE) briefing document to all children's services
- Made significant progress with the current Child Protection Improvement Plan, including key areas on CSE
- Completed a successful learning review for a case in Moray (finished action to be submitted to CPC later in the year)

- Successfully held a development day with all staff connected to Moray CPC and actioned the key feedback
- Developed and implemented the Child Protection and Wellbeing Policy and Procedure
- Produced guidance for all staff on the process for Police Concern Reports under the Children and Young People (Scotland) Act 2014
- Reviewed and updated the Inter-Agency Referral Procedure for all staff

The Moray CPC is considering how it can take forward wider governance and auditing of operational practice, decision making and partnership practice in child protection and complex cases. The audit and review of randomly selected child protection minutes along with oversight of informal multi agency case reviews are two potential areas to link strategy closer to practice and to drive forward quality standards through relational practice and an open learning culture.

The Moray CPC has played a key role in the progress of the Moray Learning and Development Group (MLDG). The MLDG has been re-named from the previous Child Protection and GIRFEC Inter-Agency Training Group and consists of experienced professionals from Health, Education, Social Work, Police, and Third Sector. It is the responsibility of the MLDG to develop and deliver a multi-agency Child Protection, GIRFEC and Early Years training calendar for all staff working with children and young people across Moray. There are various training courses available which can be found here: <http://www.moray.gov.uk/downloads/file104571.pdf>

Adult Support & Protection

The previous report identified areas we would need to work on to promote awareness of Adult Support & Protection. These were:

1. Raise awareness of adult protection with community NHS staff
2. Ensure policies, procedures and protocols are current relevant and appropriate
3. Raise the profile of financial harm.

Increase awareness of adult protection across Moray Area

Work continues on developing a link worker scheme where each care home in Moray will be assigned a social worker who will be responsible for enhancing good and affective communication. The design will include a 'hub' of professionals from health and community care and care home staff. They will address issues raised by clients/families/district nurse teams and GP's. A further 'training for trainers' course was run in March which was well attended and the Adult Support & Protection (ASP) trainer will be updating the course material along with the Grampian Learning and Development Group. This will include any amendments within the legislation and provide care teams with up to date Scottish Legislation. The awareness training continues 2016 – 2017 reaching as many professional bodies across Moray along with the independent and voluntary sector. An event was held in Elgin Town Hall on 9 March 2016 to address colleagues in health – many GPs, community and hospital nurses, CPNs, Police Scotland, SFRS, SAS attended – the event proved to be very popular and well attended. A further training session was rolled out at Dr Gray's hospital – attended by Consultant Psychiatrists, senior nurse practitioners and trainee doctors. A further session has been requested by Child & Adolescent Psychiatry team and will be rolled out in August 2016. Two

information evenings were also held at Dr Gray's hospital where over 60 leaflets were distributed and the consultant practitioner and trainer were able to offer information to the general public.

Ensure policies, procedures and protocols are current relevant and appropriate

The Grampian Working Group have updated the Serious Case Review (SCR) protocol and this will be widely circulated across services in the Moray area. It clarifies the referral process, define how reviews will be managed, decide how completed reviews are communicated and decide how recommendations are actioned. The purpose of the SCR will be to establish whether or not there are lessons to be learned and about how to support and protect adults who may be at risk of harm. It should improve public protection. Investigation and interviewing techniques are currently being reviewed and will be discussed with the training team to develop a more robust process when council officers are undertaking ASP interviews and investigations. The newly appointed training officer will review the council officer handbook and make any necessary changes following an ASP audit to be carried out in June 2016. A review of the forms used in ASP will be also be carried out to ensure they continue to meet requirements of ASP legislation.

Raise the profile of financial harm

An event was held in the Moray area to raise the profile of financial harm. It was well attended and included input from Royal Bank of Scotland, Trading Standards, Social Work, Police Scotland and the office of the Public Guardian. The event covered a range of topics from rogue traders to internet banking and gave details on how to protect and safeguard individuals. The consultant practitioner attends the weekly safety hub which was introduced in early 2015. Professionals share relevant information about those most vulnerable in the community which is both anticipatory and meaningful. It enables services to operate a more joined up approach and raises issues of those individuals who may be at risk in the community. Agencies involved are Police Scotland/SFRS/NHS Grampian/Housing/Child Protection/Adult Protection/Scottish Ambulance Service/A&E /Trading Standards/Drugs & Alcohol.

Our focus for the year 2016 to 2017 will be;

- Continue to raise public awareness
- Ensure policies, procedures and protocols are current, relevant and robust
- Raise awareness of adult protection with community NHS staff
- Carry out Audit of ASP files using the adapted James Hogg tool developed last year to ensure quality information is collected and recorded accurately.
- Undertake refresher training for all council officers and review the Council Officer handbook.

Criminal Justice

Over the past year Criminal Justice staff have been involved in contributing to the Improvement Plan associated with the National Multi Agency Public Protection Arrangements (MAPPA) Inspection and have participated in Focus Groups arranged by the Care Inspectorate.

Moray Criminal Justice Service acted as a pilot area in relation to the introduction of the new MAPPA templates. We have provided feedback to the Risk Management Authority which should help shape the roll-out of the planned national training of the templates by the RMA.

All staff have been trained in the Moving Forward Making Changes case management pack which is now delivered to High Risk Sex Offenders.

We have evaluated services to women offenders and redesigned our group work programme in order that it is both financially sustainable and effective.

Joint work with Police, Youth Justice and other Council Services continues in order to improve outcomes for young people at risk of offending.

Officers have been involved in preparing for and addressing the changes to Community Justice which will result from the Scottish Government's Community Justice Re-design.

Mental Health Services

The integration of the Mental Health Officers Service into Community Care Adult Services as described in the previous Annual Report is consolidated and is working well and provides a more structured approach. The Mental Health Social Work Team Manager has an overview of all casework undertaken by the Mental Health Officer (MHO) service and accountability and workload management is in place of all MHOs by the appropriate Team Manager in Adult Services. MHO rota commitments continue to be met successfully and there is planning in place to replace future shortfalls as 3 candidates are currently in the final stages of completing the MHO Training Programme and 3 further candidates have been identified for the next taught programme starting in August 2016.

The priority for the Mental Health Social Work Team for the coming year is in relation to practice development with a focus on social workers using a wellbeing recovery approach to the support that is provided to individuals who live with mental ill health. This will involve social workers receiving training in the use of Penumbra's IROK Tool. Further training and development will be identified to support social workers in enhancing their confidence in supporting individuals in the social model of mental health so that service users can be encouraged to develop their own exit strategies from the medical model of mental health. In addition the social work team will be working alongside the newly commissioned Peer Mentoring Service to promote recovery work using the IROK tool.

Adults with Incapacity

Adults with Incapacity work continues to increase slightly. There were 47 requests for guardianship between Jan-Dec 2015. This is due to an increase in applications being made by families for Welfare Guardianship in relation to older adults and young adults with learning disability. Currently the Moray Council MHO service has been able to respond quickly to requests and there is no delay in the preparation of the reports caused by the service being unable to assign an MHO. An audit of AWI case files in March 2016 noted the following:

- Social Workers are more confident with the AWI process and provide good quality information to legal service. The management of the AWI process by the Consultant Practitioners in the Adult Protection Unit is effective and efficient.
- There was good evidence of case work particularly in one file where the quality of the care at home had sustained the individual at home until a crisis has occurred and residential care was then considered. There was evidence of good, appropriate social work interventions and one excellent example of anticipatory actions being undertaken which included discussion with the family pursuing a guardianship order while the person was still in the community.
- The MHO reports were all of a high standard and time lines were met.
- In two of the Learning Disability Files there was a high standard of Delegated Powers Form completed and Guardianship Review.

- There were 5 examples of Adult Support & Protection Stage 1 reporting forms completed indicating some kind of crisis which usually preceded the decision to pursue action under AWI
- A health crisis was the usual route either into hospital or into residential care for older people. i.e. a collapse at home or an ability to keep themselves safe in the community e.g. found wandering in slippers.
- The actions taken by social workers secured the welfare and finances of the adult.
- Time scales for undertaking guardianship process by the Local Authority were on average 12-16 weeks after the submission of the legal referral form. Whereas the time scales for private guardianship are much longer and on average take 9-12 months.
- Where the case conference had agreed to relatives applying for guardianship, there was evidence of social workers contacting relatives to find out where the guardianship process was at. Relatives making application is within the spirit of the act and nationally there has been an increase in guardianship applications being made by relatives.

Future Challenges in Relation to Incapacity

The supervision of guardians within the time scales is difficult to achieve. A prompt from the Unit administrator notifying social workers of review is already in place and it has been recommended to social workers that they schedule reviews to coincide with annual social work reviews of the support plan.

The trigger for action under Adults with incapacity (AWI) for older people tends to be a crisis either a health crisis where the person is admitted to hospital or an adult support and protection concern. Often a vulnerable adult being admitted to hospital receives an incapacity status and therefore remains in hospital until action can be taken under AWI. The length of time that private guardianship takes to complete is contributing to the delays in hospital discharge. The use of 13ZA continues to be problematic as there is often complexity such as difficult family relationships, financial and property matters. Discussions continue to find an integrated solution to reduce dependency on long stay hospital admission where there is incapacity.

Complex Needs – Learning Disability

Moray Council have invested in Behaviour Support Strategies (BSS), a positive behaviour programme that includes training for staff in the physical management of individuals with learning disabilities who have complex needs and may present with challenging behaviours. All relevant staff receive training and attend regular annual refresher training. This has contributed to Community Care Adult Service's capacity to continue to support a number of complex individuals in Moray thus reducing reliance on external specialist placements. Moray Council has commissioned a new build to relocate the current residential service for 4 individuals with complex needs. The new service is anticipated to open in Spring 2017 and plans are in place to expand the service to 7 individuals and to provide a respite facility. The new service will facilitate the return of a highly complex individual currently detained in a specialist unit in England. The current focus is to maintain good practice in relation to promoting positive behaviour and to support the individuals, families and staff to transition effectively into the new service.

During 2015/16, Learning Disability Services continued to promote the independence of people who use services. There was a particular focus on promoting alternatives to day service provision through self-directed support or employment related activity. This achieved a reduction in numbers attending traditional day services.

Supporting people with multiple disabilities, particularly autism and Learning Disability has been challenging for the service, but the skills and confidence of team members has continued to grow in this regard.

Managing the growth in demand for support in this area against the backdrop of limited budgets was a major difficulty during this financial year. This growth in demand has arisen from a combination of the numbers of young people transferring into Adult Services, the numbers of Older People with an LD increasing, and the growth in demand for complex care arising from behaviour which challenges services.

During this financial year, 14 young people moved from support by Integrated Children's Services to Adult Services. These young people were requiring support due to Autism, a Learning Disability, a Mental Health problem or a physical Disability.

The post of Transition Social Worker proved an invaluable means of supporting young people with varied needs through their early years of adulthood, without the need for prescriptive definition or "label" to enable young people to have time to develop and grow.

Work is underway to review commissioned support provided to enable people to live as independently as possible to ensure that best use is made of resource available, drawing on work undertaken by Alder Advice, LGA England and our colleagues through the Welsh Social Services Improvement Agency. This will support the transformational change required to move our services to embed the progression model at the core of their work and truly support outcomes and independence. It is anticipated that this will be a 2-5 year plan, pulling together professional practice wisdom underpinned by strong social work values with robust and clear commissioning and monitoring practice.

Practice Governance

Role of Chief Social Work Officer

The role of the CSWO is increasingly challenging in the current context of integration and partnership working, especially for those CSWO's who are at Head of Service level and have accountability for services they are not involved in the direct day to day management of. The Head of Adult Services chairs a Practice Governance Group for adult services that meets regularly to consider:

- Performance management data
- Complaints – outcomes/learning
- Outcomes from audits
- Inspection reports/updates
- Team improvement plans

Membership of this group includes service and team managers.

The Head of Integrated Children's Services recognises that within children & families and criminal justice social work we have no formal, explicit practice governance. In order to address this a Practice Governance Group has been established that meets bi-monthly to discuss:

- Performance management data (including reports generated through Viewpoint and the outcome measures tool)

- Complaints – outcomes/learning
- Learning from local/national case reviews
- Learning from Thematic Reviews
- Outcomes from audits
- Inspection reports/updates
- Team improvement plans
- Training Needs

The group also considers the SSSC codes of practice for employers and provide reassurance that, as employers, we are meeting our responsibilities in relation to regulating the social service workforce. The membership of this group includes all service and team managers, the Strategy Manager, Continuous Improvement Officer and Training Team Manager. This group supports and complements the work of both the ICS Managers Group and the Social Work Managers Group with a clear focus and remit of practice governance and continuous improvement.

Workforce Development

The Moray Council seeks to promote and develop a workforce culture in line with the values set out in Working Together for a Positive Workforce. It also incorporates the Corporate Plans and aspirations; Ambitious, Listening, Respect, Fairness, Sustainability & Accountable. Part of this approach involves supporting, guiding and developing the workforce through a wide range of learning and development opportunities. The Social Work Training Team continues to support staff to meet their registration requirements as well as promoting a range of learning and development opportunities through commissioning external agencies and delivering a wide range of subjects by the team.

The training plan seeks to enhance shared staff learning and development themes and support an increased understanding of the roles of our partners to develop more effective, efficient and integrated services. We continue to respond to the Employee Review and Development Process (ERDP) and annual training needs analysis, we have continued to offer a range of learning & development opportunities within education and social care and the training plan presented in 2016 reflected changing needs of the workforce. The integration of health and social care, and the restructuring of learning and development of the department offers opportunities for the delivery of learning and development to become more joined up and integrated. We look forward to being able to deliver the directions for learning and development from the Integrated Joint Board.

The Unpaid Carers Project, which won two SVQ STAR awards has now come to a conclusion and met and exceeded the outcomes of the funding application. Twenty six unpaid carers achieved an SVQ level 11 qualifications, 2 attained an SVQ assessor's award and the project worker achieved their SVQ Internal Verifier award. A small piece of research was completed around this project and clearly showed that almost 100% of unpaid carers reported that they have increased confidence and self-esteem, gained recognition and acknowledgement of their role as well as becoming more knowledgeable about their caring role.

As part of the development of equipping staff with the knowledge and skills they need to support individuals on the Autistic Spectrum we will shortly be seeking approval from SQA to deliver, assess and verify a Professional Development Award (PDA) in Autism at SCQF level 7. This will enable staff to consolidate their learning from a suite of learning and development sessions that have been offered over the past few years.

A significant development has been the introduction of the Facilitation Skills programme where twenty four members of staff in the Social Work Training Team and Community Care have successfully completed this new approach. The roll out of the programme has begun with sponsors identifying specific pieces of work in a wide range of settings for the future development of services.

Following on from the Social Services in Scotland: a Shared Vision and Strategy 2015-2020 in March 2015, which set out the challenges to be addressed along with a range of actions to support the sector, deliver its vision: *“Our Vision is a socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement.”* Part of this strategy is about developing and valuing the social service workforce as it is integral to the overall success of the Vision and Strategy.

A number of actions have taken place and as a result a Common Core of skills, knowledge and values has been developed which outlines the key attributes that everyone working with Scotland’s people should have. It provides an opportunity for shared understanding and practice across different services to meet individuals’ needs and improve outcomes. The skills, knowledge and understanding are “essential characteristics” and are set out in two contexts; relationships with people who use social services and the importance of relationships between workers. Through time this could lead to shared terminology and resources in recruitment, induction, guidance, learning and development and qualifications. This could help improve joint learning and working and a greater shared understanding between disciplines. The Common Core is not an attempt to water down or replace the important skills, knowledge and understanding and values that workers possess and demonstrate but rather to strengthen that which is universal across all workers.

In relation to the Common Core an induction passport, (outlined in the Vision and Strategy for Social Services in Scotland) is being developed and this will recognise and record that workers can take skills from one job to another. This will provide a record of their learning and development so employers can decide on appropriate induction for new staff.

We will be looking at how we can utilise the common core as part of learning and development and the best way to take this model forward with the workforce.

Within education and social care we now have two residential services for children and young people. We are supporting the learning and development of the team as well as making sure that they will be able to attain the SSSC registration requirements.

The Standard for Residential Child Care is the new benchmark which will underpin the development and delivery of Scottish Credit and Qualifications Framework (SCQF) level 9 qualifications for the residential child care workforce.

The rollout of qualifications based on the Standard for Residential Child Care will begin with managers and supervisors, who are the first groups required to gain the qualification, followed by workers.

The recognition of prior learning (RPL) is a key principle underpinning the Standard and will make a significant contribution to gaining the required number of credits at SCQF level 9 for the existing workforce. We will support staff to consider the range of learning pathways options open to them and provide any identified opportunities that maybe available to meet those registration requirements.

The social work profession is required to adjust to far-reaching changes in respect of organisational structures and professional relationships where role definition is contested and blurred.

Post-qualifying learning and development for social workers, as part of the continuum of learning, can enable social workers to re-invest in, and reclaim a professional identity and enhance professional leadership at practitioner, manager and strategic level.

We currently support newly qualified social workers (NQSW) to evidence 144 hrs post registration training & learning (PRTL) through a range of mediums as well as formal professional development sessions of protected learning. The aims of this approach is to promote and generate new and specialist skills as well as consolidating core competencies. Promoting effective learning, in the workplace, to develop a vibrant and positive learning culture and research minded practitioner who has a clear sense of identity. We will continue to evaluate our contribution to this and keep abreast of any reviews in relation to the support and standards of NQSWs

The learning and development plan 2016-2017 sets out the priorities for the forthcoming year, meeting national and local drivers as well as the outcomes within the corporate plan.

Community Care

Significant staff engagement activity has been undertaken in the lead up to health and social care integration, involving staff across the partnership exploring what integration means in terms of expectations, opportunities, structures and most importantly, outcomes for people. Health and social care staff on Moray have a long standing and strong tradition of working together and these sessions have emphasised and built on this position.

The social work training team have continued to work with provider services to ensure that staff have the appropriate qualifications as part of the regulation of the workforce agenda. A positive behaviour approach underpins working across community care, and embedding outcome focussed conversations and approaches has been an essential element of workforce activity, linking this to our 3 tier health and social care model.

In terms of MHO succession planning, work has been undertaken to ensure that there are sufficient qualified and competent MHOs to meet our statutory responsibilities, and this continues into 2016/17.

Provider services continue to offer a range of formal and informal development opportunities to enable staff to feel confident in applying for and securing promoted posts within the service. There is a commitment to broaden this out to an even wider range of staff, recognising that some 96% of staff employed in Moray also live in Moray: we have very experienced and committed workforce.

Integrated Children's Services

Moray Learning and Development Group.

Over the last year, the Moray Joint Child Protection and GIRFEC Training Group have reformed as the Moray Learning and Development Group. The group, currently chaired by the Child Protection Partnership Officer, is made up of representatives from Community Planning Partner representatives. Its function is to identify need, develop and deliver training on a partnership basis relating to Child Protection, GIRFEC, Early Years and related topics such as Solution Oriented work.

A training calendar has now been established with training rolling out across Moray in these key areas.

As part of this, the group are intent on ensuring the training delivered is making a difference. To this end they are developing an auditing process including an evaluation tool which is currently being

piloted with plans to carry out focus groups with children and families to measure the impact of the training on the support subsequently provided to families.

Consulting with Children and Families

Over a number of years consultation with children and families has taken place but in an ad hoc fashion. As part of the development of more recent strategies, more intense consultation has taken place using a variety of formats to ensure as many people as possible are able to engage in the process in a way which meets their needs e.g. survey monkeys, 1:1 sessions, focus groups etc. While this has been successful there has been no overall strategic plan as to how we consult.

To this end, a working group has been formed. A report will be presented to the Children and Young People's Partnership recommending we develop a recognised 'Consulting with children and families' process based on 3-4 consultations per year around the key/current issues and an annual repeated survey to provide the base line as to where children and their families are in terms of health, wellbeing etc. It is proposed that this is hosted on the CPP webpage but also accessed via 'Young Scot' as this enables Young People to gain points which can be exchanged for various benefits.

The group is linking in with the Children and Young People's Commissioners Office and the Young People's Parliament to gain from their expertise in talking and learning from children and young people.

User and Carer Empowerment

Community Care

In Community Care, people with lived experience were engaged in a variety of ways, particularly in developments around Mental Health which included involvement in Moray's Making Recovery Real (MRR) programme which advocates a co-production approach to recovery based practice and developments. MRR Recovery Café events have been set up to provide opportunities for people with lived experience of mental ill health to work alongside others from the community and with professionals from health and social care services to help shape local services and community programmes. The development of Moray's Mental Health and Wellbeing strategy provided further opportunity for people to engage and help inform and shape the future direction of mental health and wellbeing in Moray. New community based peer programmes such as Wellness Recovery Action Planning and the development of the peer led community wellbeing hub for Moray have also provided creative and engaging opportunities for discussion and co-production. Feedback and evaluation from these activities and events have been very positive and would indicate that there is an increased level of positive and constructive engagement with people with lived experience.

Integrated Children's Services

Over the last 3 years several strategies have been developed including Autism, Mental Health, Physical and Sensory Disability. Integrated Children's Services led on the development of the Autism Strategy with Adult Community Care Services leading on the Mental Health and Physical and Sensory Strategies.

Consultation with children and families took place in a variety of formats to incorporate the needs of those involved. Methods included:

- 1:1 interviews at home

- Small group sessions
- Stay and Play sessions
- Interviews at a Job fare
- Survey Monkeys advertised through local press, social media, schools, third sector partners
- Art competition for those with Autism to raise awareness of the strategy and consultation

The comments received have informed service developments in Moray:

- During consultation on all areas young people and families said that professionals needed to be more aware of mental health issues – this has been recognised within the delivery plan in the form of training and the development of 2 Primary Health Care Workers in schools.
- Young People, children and families said more information was required for them – this is within the delivery plan.
- During consultation for the Autism Strategy it was agreed that there should be an Autism Partnership which included all age groups – this now exists.
- During the Mental Health Consultation Young People said they needed more awareness and encouragement re good mental health – a pilot project has been ongoing within Forres Academy to develop a poster raising awareness re mental health. This is to be extended to other schools (rather than just print posters developed at Forres, it has been agreed that all schools who wish to will be supported to develop their own as it is the process of developing the poster that raises awareness as much as the poster itself being on the wall).
- During the consultation on the draft Mental Health strategy it was said that issues of sexualised behaviour should not be part of it and this has been removed and awaits being addressed elsewhere.
- The art work from the autism strategy was used as part of the final strategy and a booklet produced by a teenager was published and led to the development of a female only support group which included teenagers.

Self Directed Support

Children and Families services have developed self directed support (SDS), providing children, young people and their families with the opportunity to choose and pay for the supports they feel will best make a difference and maximise individual potential and engagement within universal provision. SDS is a different way of working and children and family social workers have gained much learning from the developments of SDS in adult services and through dialogue with families. We have held two SDS open events for families and for providers, in an effort to link families with supports and to encourage new providers to the market. At present SDS is only applicable to children and young people who have a disability, however the principles of SDS can be applied to all children and families cases and fit well with Social Work values and principles of families being the experts of their own worlds and the need for creative solutions to the diverse range of support and enablement approaches.

We have entered into a three year partnership programme with Children in Scotland to ensure that children and families voices are at the centre of our developing strategy and decision making. We have worked hard to adapt and amend the process and paperwork attached to SDS assessments, so families feel empowered and can access supports in a timely and responsive way. Links to Locality Management Groups and the devolution of local budgets around SDS are being actively considered.

This is certainly an evolving area of work and we still have a long way to. Transitions between children and adult services and pathways into SDS are two areas that have triggered improvement planning –based on feedback from families and professional s. We continue to be alert to practice

and structural barriers, however, we do anticipate through ongoing dialogue with families and providers that we will transform families' experience of process and improve outcomes for children and young people who are disabled or affected by disability.

This work is subject to ongoing monitoring and review.

As part of our ongoing quality assurance processes within children and families social work; building on the case file audits and feedback from the staff surveys we undertook service audits across each of the work streams. These audits allowed us to strengthen our organisational priorities, in line with the wider strategic plans, to focus on:

- Assessment
- Supervision
- Staff appraisal ERDP
- Induction

We are seeing these areas as the keystone/foundation to the provision of quality and safe social work services.

Benchmarks have been set around basic practice and organisational requirements, in each of the areas, which will lead into a programme of more thorough scrutiny and development of effective and high quality processes, to support staff through transformational change and continuous improvement.

Improvement Approaches

Community Care

Community Care have planned improvements based on: quality assurance activity co-ordinated within Practice Governance, consultant practitioner led practice developments, self-evaluation within specified areas, and improvement plans for regulated services following inspection.

The Practice Governance group met monthly during 15/16, and considered routine indicators such as complaints and incidents for all providers. Specific improvement plans for the social work contribution to those on Compulsory Treatment Orders was worked through leading to improved reviewing in this area of work.

Tier 2 Re-ablement Support

Over the last year, Moray Adult Community Care Services have achieved a significant uptake in the number of people opting for one of the 4 Self Directed Support (SDS) options. While these options aim to provide people with more choice and control over their lives through accessing an individual budget, it is nevertheless a principle of the Moray Partners In Care (3 Tier) Policy that health and social care professionals endeavour to help an individual regain as much of their independence as possible after being discharged from hospital professionals endeavour to help an individual regain as much of their independence as possible after being discharged from hospital and before being assessed for ongoing support through SDS.

From 1 November 2015, an intensive 16 week support service was provided to all adults being discharged from hospital that would help them, and their family, to get back to using ordinary community based resources, rather than being “pulled” into service based provision.

This change in philosophy reflected the Moray Partners in Care (3 Tier) Policy and specifically to tier 2 which is focused on; “Help when you need it (immediate help in a crisis, re-ablement and regaining independence)” and also a clear commitment by the Partnership to implementing a re-ablement approach.

One of the benefits of implementing this approach is that the service now has a better opportunity to review an individual’s care and support needs and consequently ensure that the individual receives appropriate ongoing support after the 16 week tier 2 period is complete. This in turn has resulted in an increase in positive outcomes for people accessing social care services.

Improvement Approaches and Activities

Community Care have planned improvements based on the development of a rigorous quality assurance system, which works on several levels and on various projects, and is based on accredited methodologies including those adopted by the Care Inspectorate, Quality Scotland and the Public Service Improvement Framework, and is over-seen by the Social Care Practice Governance Board (previously referred to in this report). In the last two years examples of this work have been consultant practitioner lead developments working in partnership with the Commissioning & Quality Officer to develop a range of new tools in partnership with social work, health and allied colleagues to assist social care and health to assessed and quality assure models of care, assessment and eligibility, and the veracity of risk assessment methodologies. The roll out of a major project lead by our advanced practitioners on assessing the implementation and practice of the Adults With Incapacity (Scotland) Act 2000 with particular relevance to the care and support of older people coming under the act who reside in residential care homes, this project actively promotes the value

of working in partnership with our residential care home providers to improve the experience of older people living in residential care and to explore the challenges and how those might be met for care providers when working with older people coming under the act.

Comprehensive quality assurance audits based on sound methodologies have been carried out on a wide range of areas and across both internal and external services, including our care at home services, self-directed support and support services including the Direct Payments Advisory Service, community support services, respite services, advocacy services, sheltered housing, reablement including an interim audit of our three year pilot entitled “The Independent Living Service” which focuses on the assessment of people leaving hospital; or living in the community who have had a period of ill-health for example, following an accident and previously had not been in contact with social care services, to engage in an intensive period of reablement to support their independence and reduce/delay entry into long term care support services i.e. Tier 3 services.

Quality assurance project plans/actions plans have been developed following quality assurance work and are monitored by service leads for internal services for example respite for service-users with complex physical disabilities, and care at home services for service-users with complex learning disabilities.

A series of specialised quality assurance audits have been carried out in a range of diverse areas such as the quality of our engagement with service-users who have been part of adult protection investigations, on the quality of our work with service-users whose behaviours challenge social care and health provision e.g. those service-users under compulsory community treatment orders, which has led directly to improved review in this area of work and higher quality support for those service-users.

Improvement plans are developed for all our internal services as all are subject to our quality assurance system and for our external service providers following inspection by the Care Inspectorate, and also feedback from our contract monitoring system. Our aim is to ensure that we have in place in tandem with our quality assurance action plans relevant performance indicators and that each outcome/indicator is considered in relation to risk, business continuity and the empowerment of service-users to have greater choice and control of the services they receive, and to play an active part in service development; and our staff to enable them to provide high quality support to our service-users and to play a key part in the development of new models of care and quality assurance promotion.

Integrated Children’s Services

As previously discussed ICS has taken a more proactive approach to investigating and learning from complaints.

An audit process has been introduced across the social work teams which involves all managers, this has resulted in:

- The managers having a far better understanding of the improvements required in relation to assessment,
- Improved record keeping,
- A clearer understanding of workload issues,
- More challenge and scrutiny of reports