ANNUAL REPORT OF
THE CHIEF SOCIAL WORK OFFICER
2011/12

Contents

1. <u>INTRODUCTION</u>

We are delighted to present the annual report of the Chief Social Work Officer (CSWO) for the year 2011/12. The report is designed to give an overview of social work activity undertaken by the authority relating to the statutory, governance and leadership functions of the role of the CSWO.

This annual report not only reflects the wide range of developments which have been taken forward during the reporting period, but also outlines the significant progress achieved in the redesign of our community care services and the move towards the greater integration of children's services locally. A recurring theme in the report is the steady improvement in service quality across social work services which has attracted positive feedback from external inspectors.

We wish to commend all our staff for so ably responding to existing and new pressures including the challenging financial climate, a range of new policies and legislation and, particularly over the past year, evolving service arrangements. Our good progress in modernising and improving social work services within Moray has given us a strong foundation for the future and we look forward to taking forward further developments with our staff, service users, local communities and partner agencies.

Cllr. Anne McKay   Cllr. Anne Skene
Chair of Health and Social Care Services Committee   Chair of Children and Young People's Services Committee

2. SOCIAL WORK SERVICES IN MORAY

Moray Council's social work services supports, cares for and protects people of all ages, by providing or purchasing services designed to promote their wellbeing, dignity and independence. Social work services also contribute to community safety by reducing offending and managing the risk posed by known offenders.

Services are delivered within a framework of 166 statutory duties which are required to meet national standards and provide Best Value. Services are delivered in collaboration with a wide rage other agencies, and as far as possible, in partnership with service users and their families.

The key activities of social work services are:

- assessment of the needs of individuals and families; identification of resources to meet assessed needs; management of assessed risks; planning and review of care to ensure that services continue to meet needs appropriately;

- activity to ensure the protection of children and adults at risk;

- provision of a range of support services to promote independent living in their own homes for frail or vulnerable people;

- provision of substitute care for children and adults of all ages who are not able to live safely in their own homes, families or communities;

- recommendations to courts, hearings and tribunals regarding actions necessary to ensure the safety and wellbeing of individuals and the provision of related services;

- supervision of community disposals for individuals convicted of offences and the management of risk posed by known offenders; and

- promotion of social inclusion and social justice.

This report provides a summary of the key challenges that our services have faced and responded to during 2011/12 and how well these have been achieved. The report should be viewed as complementary to the performance management and governance systems in existence across the department and wider council. It considers the challenges that individual service areas have faced and the progress that has been made in relation to improving outcomes for vulnerable people.

3. GOVERNANCE ARRANGEMENTS

3.1 Changing Lives defines social work governance as:-

"*A framework through which social work services are accountable to the local authority and the general public for continuously improving the quality of their services, effectively managing risk and safeguarding high standards of care, through creating an environment in which excellence can flourish.*"

The governance arrangements in Moray are consistent with the expectations set out in this guidance through the structure it has in place and which is outlined below.

3.2   The functions of the CSWO are currently the responsibility of the Corporate Director (Education and Social Care) and are executed within Moray through clear lines of accountability. He is line managed by the Chief Executive and as a member of the Council's Corporate Management Team, provides advice on the complex interface between the local authority and the Scottish Government on social work issues. He remains accountable to the Chief Executive and Elected Members regarding Moray Council's compliance with national government expectations.

3.3   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 post assists local authorities 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.

3.4   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. He reports to Children & Young People's Services Committee, Health & Social Care Services Committee, Communities Committee and the Moray Community Health & Social Care Partnership Committee as required. During the reporting period, he attended the Community Planning Partnership's Healthier Strategic Group, the Northern Community Justice Authority's Committee and Moray's Adult Protection Committee. The CSWO chairs Moray's Child Protection Sub Committee.

3.5   The CSWO directly line manages the Head of Children and Families & Criminal Justice and the Head of Community Care.

4.   **MAJOR POLICY AND SERVICE INITIATIVES**

4.1   **Child Protection**: Following on from the introduction of the 'Moray Interagency Child Protection Initial Referral Discussion (IRD) Procedures' on 1st April 2010, a

multi-agency file audit was conducted in November 2011. This audit confirmed that the process was having a beneficial impact upon the outcomes for children and young people and that practitioners were using the process appropriately and successfully.

A multi-agency file audit in respect of all children on the Child Protection Register was conducted in April 2011 which considered the assessments and plans for children. The findings of this audit have been reported to the Moray Child Protection Sub Committee and a number of specific recommendations have been taken forward by the Sub Committee.

The new Joint Child Protection Unit in Elgin was officially opened on 1 March 2012. The new facility provides first class facilities for progressing child protection investigations with Council social work staff, police and health staff working closely together on the one site. The building has been fully equipped with the new video recording equipment which will be required for all interviews in the future. In addition, Moray has two mobile video recording units, one of which is shared with colleagues from Aberdeenshire in Huntly.

Moray was the first local authority in Grampian to take forward Child Protection Messaging in which the Education Service will receive an automatic electronic communication when the Social Work Service initiates a Child Protection investigation. The automatic notification is restricted at present to the Education Service but work is progressing to include the same notification for NHS Grampian and it is anticipated that this will be achieved in early 2013. Child Protection Messaging supplements the already well established procedures for information sharing. The development work has been undertaken by social work, education, the Council's IT service and in conjunction with the Grampian Data Sharing Partnership.

4.2   **Criminal Justice** – Over the past year significant legislative changes have been 'bedding' down within the Criminal Justice Team. All aspects in relation to Community Payback Orders and Criminal Justice Social Work reports are now fully functioning. There has also been a fundamental change in relation to the assessment of risk and need with the introduction of the LS/CMI national assessment tool (Level of Service/Case Management Inventory). All Criminal Justice staff have been trained and accredited to utilise this new tool.

4.3   **Getting it Right for Every Child (GIRFEC):** *Getting it right for every child* is a Scottish Government change programme focused on improving outcomes for children and young people requiring additional support by improving the quality, effectiveness and efficiency of inter-agency work to assess and meet children's needs.

In common with the Early Years Framework, Curriculum for Excellence, and other national programmes, GIRFEC aims to achieve earlier, more effective engagement with families with support needs, led principally by staff in universal services, to prevent the need for more intensive, reactive interventions later in a

child's life and the potential need for compulsory measures through the Children's Hearing System.

The implementation in March 2012 of a policy requiring a 'Named Person' for all children and young people to be identified from within the universal services of Health and Education in Moray, in line with the national approach, has been a significant development in terms of early engagement. Work is ongoing to embed "Named Person" in practice and ensure staff in universal services feel supported and equipped to undertake this important role.

To maximise learning opportunities for staff and promote consistency of practice, a series of computer based training modules highlighting key roles and concepts have been developed with technical support from Grampian Police's I.T. department. These modules are now available on the Girfec web- site and practitioners can evidence having undertaken the training by printing a certificate of completion.

Evidence from our audit process is that staff from within universal services are increasingly involved in identifying "additional support needs" at an early stage and working with partner agencies to develop integrated support plans in conjunction with young people and their families.

An evaluation of the Local Integrated Assessment and Planning Procedures (LIAP), which have been developed as the overarching framework for Moray's GIRFEC Pathway, is underway to consider whether further streamlining of the process is possible in order to maximise the time spent by frontline staff in direct work with children and families.

4.4 **Carers**: Carer support in Moray continues to grow and evolve and this year has been no exception. New service developments have included establishing a Short Breaks Bureau to increase access and options for flexible respite/short breaks. A joint information pack for carers was produced by the CSPN (Moray), (Carers Service Provider Network – a partnership working network lead by Carers Strategy & Development Officer and includes statutory, health and third sector members). In addition to this, a joint register of known carers is now held collectively by the CSPN.

 During this year Moray has led the way with innovation and commitment to giving tangible recognition and validation to unpaid carers by being the first area in Scotland to support unpaid carers to successfully gain their SVQ 2 in Health & Social Care as a direct result of their unpaid caring role. The success of this was such that the opportunity will be offered to increased numbers of carers in the next year.

 Carer Support Services and Non-accommodated Respite Services have been successfully re-tendered with carers being fully involved in the design of new service specifications and accounting for two fifths of the evaluation panels. Recognition from the Moray Council of the increasing number of unpaid carers and the importance of appropriate support for our unpaid 'partners in care' gave rise to the agreement of increased funding to facilitate delivery of support via the

new contracts to the growing numbers of carers. These contracts are in place for 3 years with options to extend for a further 2 years.

As a result of two contracts with service providers who deliver respite care for carers of children affected by disability ending in March 2012, processes for consulting with carers began during the last quarter of 2010-2011 and continued throughout the first quarter of 2011-2012. Efforts were made to ensure as many carers as possible had the opportunity to express their needs as well as the needs of the children who receive the direct care from the services, in addition to their thoughts, views and wishes about current and future service provision. Questionnaires were issued on two occasions and direct interviews of some carers were undertaken by Quarriers. These activities take time but are valuable given the detail given by carers helps with the content of the service specification. Three service "lots" were advertised during the second quarter of 2011-2012 and the conclusion of the procurement processes resulted in award notices being issued during the third quarter, for contract start on 1st April 2012. The lots and awarded contracts are as follows: -

(i)   Lot 1: social clubs and holiday schemes – awarded to Cornerstone;
(ii)   Lot 2: non residential respite – awarded to Allied Health; and
(iii)   Lot 3: residential respite outwith the family home – awarded to Aberlour Child Care Trust.

The period of contract is 2 years with option of extension of 2 years.

Young Carers: Services to Carers were re-commissioned through a competitive tendering process during the course of the year. The Council recognised the increasing demand for services to young carers with an increase in funding. This increase in demand – the number receiving a substantive service has doubled between March 2010 and March 2012 - is due largely to improved identification of and engagement with young carers and is consistent with Moray's Young Carers Strategy, approved the previous year. The service providers, Quarriers, has brought added value to the service through its growing expertise in this area of work and its ability to attract additional funding not directly accessible to the Council. The provider is expanding its work in Moray's schools and is able, through its additional funding, to provide more support to young people affected by parental substance misuse.

4.5   **The Redesign of Community Care:** The redesign of Community Care began in January 2010. In a report to Health & Social Care Services Committee on 23rd May 2012 (para 6 of the minute refers), Committee were asked to note that all key elements of phase 1 of the Detailed Business Case and Implementation Plan had been achieved by the required date of 2nd April 2012.

The Business Case identified that there were previously 26 different telephone contact numbers for obtaining an adult community care service. A key element of the redesign was therefore to substitute these multiple channels to having a single point of entry for all community care customers. As part of phase 1, the Access Service would consist of first point of contact staff and a multi-disciplinary team of Care Officers and an Occupational Therapist to screen all initial enquiries and to oversee timely hospital discharges.

Following the migration of staff to the Annexe, the Access Service was fully operational on 2nd April 2012. By the end of the first month of being operational, the Access Team had responded to 1330 enquiries. Of these, 676 were identified as a low priority and it is estimated that 67% of these enquiries were able to be dealt with entirely by the Access Team.

It is important to note that responding to low level enquiries is of critical importance to the new redesigned service since previously these enquiries would have been answered by relatively higher paid community care or administration staff.

By 2nd April 2012, a reablement policy and procedure had been agreed and implemented. Training by the social work team had also been delivered to all relevant staff including care officers and home carers.

In light of the establishment of the Access Team who respond to non-complex cases, the Fieldwork and Specialist Services Team are able to focus on those service users with complex care needs. By the incorporation of the old age psychiatry care officers within the teams and 2 manager posts (East and West teams), it is the intention to improve the quality of care provided. It should be noted that continuous improvement will be aided by the establishment of a new post of advanced practitioner across the fieldwork and specialist services teams.

Following the approval of the redesign, the new management structure was in place by 1st December 2011. Senior Day Centre Officers took on the role of registered managers of each day centre as part of this redesign.

The redesign also created a new Care at Home service from the joining of the Home Care service and Learning Disability Community Support service under one registered manager.

The new structures in Care at Home and Day Services will facilitate further flexibility and cost effectiveness, helping to meet the challenges of Self-Directed Support and the demographic pressures of the increasing number of older people to be supported at home.

The redesign of Community Care is part of the Council-wide Designing Better Services programme designed to create Council-wide efficiencies by streamlining systems and processes and increasing use of technology.

4.6 **Managing Pressures / Change Fund**: In early 2011 the Scottish Government initiated the change fund to facilitate Health and Social Care services to reshape their services for older people.

Partnerships were requested to submit an initial years change fund by the end of February 2011 for this to be implemented over 2011/12. Additionally a ten year Joint Commissioning Plan was to be submitted by mid 2012.

Community Care contributed to the change fund plan and developed a social work post to work within the new Intermediate Care Team, developed a new

Intermediate Care Home Care services, a Carers Short Break service and a post to work collaboratively with the Moray Library service to increase the amount of information available on Health and Social Care topics for older people in Moray.

During 2012 the number of intensive support packages for older people grew whilst the numbers of older clients fell. This demonstrates the increased frailty of those requiring support to live at home.

Ensuring that increasing numbers of older people can access the support they need to live independent lives will continue to be a challenge.

Emphasising and delivering improved information, advice and low level support will assist services in meeting the challenges of demography and cost efficiency. The Older Peoples Development Officer was successful in helping two groups of older people establish self-sustaining groups in their sheltered housing complexes and also established a support network of housing wardens during 2012.

4.7   **Drug & Alcohol Service**: The social care input into the Moray Alcohol & Drug Partnership particularly focused on increasing service user involvement and the recovery agenda.

The Service User Involvement Officer set up a user involvement forum which we hope will lead to the bringing forward of recovery champions and leaders from the service user group.

A Training Needs Analysis was conducted on which the workforce development plan was based. This will assist the service to embed the culture change necessary for implementation of the recovery agenda.

4.8   **Progress in Self-Directed Support**: the draft Bill on Self-Directed Support (SDS) was announced to Parliament on 16th December 2010 and consultation closed on 17th March 2011.

Moray began a service user communication group for SDS in February 2011 and this group continued to meet throughout the year. A staff group was also set up to assist staff in developing SDS.

A Resource Allocation System was designed and tested, and by March 2012, around 15 clients had completed a self-assessment questionnaire and had completed, or were in the process of completing, a support plan.

Moray received £35,000 to progress SDS from the Scottish Government and utilised this to employ a further SDS Development Officer and to promote service user involvement.

A policy was developed and approved for SDS in August 2011 and a procedure for respite and short breaks in December 2011. A staff seminar was held in December 2011 and repeated in April 2012.

4.9 **Commissioning**: A Commissioning Framework document was approved at Health & Social Care Services Committee on 8th June 2011 (para 12 of the minute refers). This document describes the commissioning process as it will be conducted by Community Care in Moray.

In November 2011, as part of the Community Care redesign, a new post of Service Manager, Commissioning & Performance was created to lead of commissioning issues.

The commissioning staff led the needs assessment and analysis of Learning Disability during 2011/12 and contributed to the joint commissioning plan for older people being drafted as a result of the reshaping care for older people requirements.

4.10 **Personalisation and Outcomes**: In comparison to the traditional method of delivering services, self directed support provides an alternative and a more personalised means of achieving outcomes that mean the most to service users and carers. In particular, self directed support is focused on the key personal outcome of living life the way you want to.

During 2011/12, all local authorities in Scotland were embarking on developing their systems and procedures for individual budgets in anticipation of the Self Directed Support Bill being considered by the Scottish Parliament. In 2012, Moray Adult Community Care Service have however developed their systems and processes in collaboration with a small group of service users who have agreed to form part of a pilot initiative. It is the expectation that the work of this group will provide a firm foundation for the mainstreaming of self directed across all adult community care service areas in 2012/13.

4.11 By the end of 2011, all home carers had been trained in reablement, a procedure had been agreed and the process was in use via the Home from Hospital service. A reablement policy was put in place in January 2012 which clearly set out service user eligibility, the process, the roll and remit of professional groups and performance management. This policy also set reablement as the default position for all service users with the option of opt out if they did not feel that it would serve them.

With the implementation of the Access team in April 2012, increasing numbers of care plans are reablement based. The Access team is the first point of contact for people who need care and this team is best placed to have the appropriate discussions with service users and their families. Work is still ongoing to embed the principles in all teams and further staff briefing and support is being planned. Current issues include the consistency of recording of reablement on CareFirst and training is in place to address this.

Statistics on people who have been re-abled via the Home from Hospital service over the 6 months to May this year are noted below.

Home From Hospital Statistics September 2011 to May 2012

	Dec '11	Jan '12	Feb '12	Mar '12	Apr '12	May '12	Totals
Reduced by 100% to no service	4	10	10	9	5	3	**41**
Reduced by 75%	1		2		1		**4**
Reduced by 50%		2	2			5	**9**
Package Remain Same		2	1	2	2	2	**9**
Re-admitted to Hospital		4	5	3	2	2	**16**
Deceased (while with the team)	3	4			1	1	**9**
Increase by 50%		2	1			1	**4**
Increase by 25%	5	1	1	1	1		**9**
Did Not Start	2		3		2		**7**
Long Term Care		1	1				**2**
Total	**15**	**26**	**26**	**15**	**14**	**14**	**110**

5. CARE GOVERNANCE AND PROTECTION

5.1 **Child Protection** – The Memorandum of Understanding from the North East of Scotland Child Protection Committee (NESCPC) led to the establishment of Moray's Child Protection Sub Committee and the restructuring of strategic and planning groups managing interagency child protection processes in Moray. This is currently being reviewed.

Following a NESCPC development day on 7 June 2012, the current structure is being revised in order to ensure that the 3 local area sub committees continue to meet the demands and needs of their area and are locally accountable, whilst maintaining the support activities currently provided by the NESCPC. It is anticipated that the NESCPC will move towards a more supportive role in continuing to provide training, maintaining the Child Protection Register, developing policy and procedures and conducting Significant Case Reviews, allowing the local areas to concentrate on service development and delivery, self evaluation and continuous improvement.

5.2 **Criminal Justice** – Although the introduction of violent offenders within Multi-Agency Public Protection Arrangements (MAPPA) has not yet formally taken place nationally, we are working in partnership with MAPPA and Northern Community Justice Authority (NCJA) colleagues to pilot a 'MARS' Protocol (Multi-agency Risk Strategy). This process is operated via the MAPPA office and aims to ensure that issues of public protection in respect of certain serious violent or non registered offenders are suitably robust. The MAPPA Coordinator ensures

that only the most serious and complex cases are adopted. Over time, it has been recognised that the structure, which to a degree follows the MAPPA process, could be applied to a wider range of persons who cause serious concern. To date around twelve individuals have been discussed through the MARS structure, however the level of referrals has risen over recent months. This structure also operates alongside existing child protection frameworks by offering an additional level of risk management in respect of young people who may pose a significant risk of causing serious harm.

5.3   **Fostering and Adoption** – The Council holds responsibilities as both a fostering and an adoption agency for the approval of foster and adoptive carers. This is undertaken through the Moray Permanence Panel and the outputs of the Panel for 2011 were as follows:-

In relation to adoption:-
(i)   Recommendation and subsequent approval of five new prospective adoptive families. There were 3 families awaiting adoptive placement at the end of December 2011.
(ii)   Consideration and subsequent approval of eight children in need of permanence through adoption.
(iii)   Matching of seven children with prospective adoptive families.

In relation to fostering the:-
(i)   Recommendation and subsequent approval of nine foster families.
(ii)   Recommendation and subsequent approval of thirteen children in need of permanence through foster care by the local authority.
(iii)   Recommendation and subsequent approval of five children for matching with a permanent foster family.

5.4   **Adult Protection**: The Joint Interagency Grampian Policy and Procedure for the Support and Protection for Adults at Risk of Harm was revised taking account of the growing experience and knowledge of staff working in adult support and protection and was launched in September 2011. In addition to the revision to the policy, we have modified our modular training to reflect these changes.

During 2011/2012, Moray Adult Support and Protection Unit continued to receive a high volume of referrals which did not require their level of support or intervention. A great deal of work has been undertaken to refine referral processes and with referrals now being processed though our access team, the volume of non adult support and protection work carried out by the unit is reducing. In addition, the Unit has carried out an audit of 15 Adult support and protection cases and as a result, a set of clear performance monitoring information targets has been developed.

Moray's Adult Protection Unit contributed significantly to the development of a Grampian wide significant case review protocol. This framework has now been approved by each of the 3 Adult Protection Committees and training in the significant case review process is underway. There have been no significant case reviews to date locally.

Moray Adult Protection Unit contributed to the development and presentation of a national conference on Adult Support and Protection which was held on 29 May 2012 in the Douglas Hotel, Aberdeen. It was jointly arranged and hosted by the 3 Grampian APC's and supported by the Scottish Government, who provided funding for the event.

5.5 **Improving Social Work Practice**: An Initial Scrutiny Level Assessment (ISLA) of The Moray Council Social Care and Social Work function was carried out by the Care Inspectorate between November 2011 and April 2012. The ISLA process considers potential areas of risk at strategic and service-wide levels. The ISLA findings were that four areas: management and support of staff; partnership working; equalities and human rights legislation presented no significant concerns. In four areas the level of risk was uncertain and further scrutiny work was undertaken: governance and financial management; service user outcomes, assessment and care management and self-evaluation. A significant concern was noted in relation to risk assessment and management. This further level of scrutiny took place between April and May 2011.

The scrutiny work resulted in a final report and service action plan to address the areas of risk identified.

5.6 **Assessment & Care Management**: Further scrutiny during May 2011 confirmed the improvements already made to the quality of assessment and care planning in Community Care. A recommendation was made in the final report on the need to increase the number of chronologies undertaken and the quality of those completed.

Guidance was issues for staff on chronologies during this year and briefing sessions delivered to staff. The number and quality of chronologies completed are audited and reported to the Practice Governance Board in Community Care.

5.7 **Risk assessment and management**: Community Care implemented a new risk assessment screening tool in May 2011 after a practice audit began in 2010.

The risk assessment screening tool became mandatory from launch for all new cases and for all cases on review. The implementation of the tool has been monitored by regular file audits, themselves monitored by the Community Care Practice Governance Board. Subsequently, risk assessment and management in Community Care improved significantly over 2011/12.

6.   STRENGTHENING THE WORKFORCE

6.1 A wide range of learning and development activities continue to be delivered to ensure that the workforce remain confident and competent to deliver high quality services in Moray. Key themes for development include: child and adult protection; leadership and management development; embedding risk

assessment and management; supporting the implementation of self directed support; being outcome focussed; re-ablement; ensuring staff and service users are kept safe and meeting Scottish Social Services Council and Care Inspectorate registration requirements. Work continued with external partners such as the Scottish Social Services Council (SSSC) on implementing the Continuous Learning Framework, and IRISS (Institute for Research and Innovation in Social Services) on "thinking differently", a project to support the development of a strategy for innovation and thinking differently to meet new challenges facing the sector.

6.2   A number of developments have taken place in relation to legal services and community care:

- In March and April 2012, a series of training sessions were conducted by a solicitor, with support from training staff, for frontline staff and managers. These sessions covered a wide range of legal responsibilities in community care.
- A duty solicitor is available for urgent discussion with community care managers on any legal issue.
- The Head of Legal and Democratic Services is ensuring that experience and knowledge on legal issues relevant for community care is developed within the legal team. A named solicitor with backup will then be available for consultation and involvement on non-urgent issues.

7.   COMPLAINTS AND REPRESENTATION

7.1   The total number of initial (Stage 1) complaints received by **Children and Families and Criminal Justice Services** during 2011/12 is 23 out of a total of approximately 1200 service users. In relation to the 23 Stage 1 complaints received, 4 were upheld and 4 partially upheld. This compared with 19 in 2010/11. Table 1 below provides information on the categories of complaints made.

Table 1 – Children & Families/ Criminal Justice Stage 1 Complaints: Total No. of outcomes upheld or part upheld

Nature of complaint	Complaint against staff	Personal Data/ Info	Process/ Procedure	Other	Total
No. of complaints upheld	2	0	1	1	4
No of complaints part upheld	1	1	1	1	4
Total	3	1	2	2	8

7.2   The total number of initial (Stage1) complaints received by **Community Care** during 2011/12 is 39 out of a total of approximately 3,212 service users. In relation to the complaints received, 10 were upheld and 16 partially upheld. This

compares with 21 in 2010/11. Table 2 provides information on the categories of complaints made.

Table 2 – Community Care Stage 1 Complaints: Total No. of outcomes upheld or part upheld

Nature of complaint	Complaint against staff	Complaint against Service	Process/ Procedure	Other	Total
No. of complaints upheld	1	8	1	0	10
No of complaints part upheld	5	7	0	4	16
Total	6	15	1	4	26

Examples of the types of complaints received:-
- Failure to arrange contact;
- Transition from child to adult services;
- Conduct of staff;
- Lack of consultation and communication regarding changes to carer rota; and
- Time taken for an adaptation equipment to be installed.

Examples of action taken:-
- Clarification of process provided;
- Investigation carried out into conduct of staff;
- Discussion with staff member and request to reflect on future practice;
- Reiterated that any changes be communicated via Team Leader/Care Organiser; and
- Systems changed to avoid delay in assessment.

Stage 2 – Review by Director
During 2011/12, 2 complaints escalated to Stage 2 in Children and Families and neither of these were upheld or partially upheld. Five complaints in Community Care escalated to Stage 2, only one of which was part upheld.

Stage 3 – Complaints Review Committee
Children & Families and Community Care each had two complaints considered by the Complaints Review Committee. In one Children & Families case the complaint was upheld, all other complaints were not upheld.

8. CHILDREN'S RIGHTS AND ADVOCACY

8.1 The Education and Social Care Department have commissioned a number of services from CHILDREN 1ST which includes a Rights, Advocacy and Mediation Service for children and young people who are living away from home in foster or

residential care in Moray, are in the child protection system or have additional support needs. This service, during the 12 months up to the 1st April 2012, supported or represented 80 young people through attendance at 128 care and protection meetings in various forms.

In addition the service liaised with the Council on themes and patterns emerging from the discussions with young people in terms of service improvement and training. For example, leaflets have been developed for young people entering care and training has been delivered on accessing the views of children and young people has delivered across a range of agencies. Children 1st have sustained a group of trained volunteers to expand their ability to seek views on the services received – recently this has focused on Local Assessment and Planning (LIAP) and child protection processes.

A complementary service is provided by Who Cares? Scotland working primarily with young people in residential care. During 2011-12 Who Cares? responded to 16 referrals, made 40 visits to residential establishments in Moray and 13 out of area. Each referral resulted in independent advocacy being provided, for example, at formal meetings. The service also facilitated a consultation with young people placed in residential care in Moray and assisted in the preparation of a video highlighting young people's views shown to Children & Young People's Services Committee in November.

9. REGULATION AND INSPECTION

9.1 **Child Protection**: The Care Inspectorate inspected joint services to protect children in Moray in January 2012 and published their report in May 2012. The full report can be found at :-
http://www.scswis.com/index.php?option=com_docman&task=cat_view&gid=494&Itemid=716

The report recognises the significant improvements that have been made across all significant aspects of service delivery, management and development. The report expresses confidence in the ability of the services to make any further improvements necessary and evaluates Moray's "Improvements to performance" as *very good*.

9.2 **Actions following Scrutiny of Social Work by the Care Inspectorate**: Following on from the publication of the report on its inspection of Social Work Services in Moray by The Care Inspectorate (formerly known as SCSWIS), the service prepared an Action Plan to address six issues highlighted by inspectors. For the Children and Families Division, the Plan specified outcomes to be achieved in relation to each of the issues –

Issue	Outcome to be achieved
1. Service Planning thoroughness	A clear relationship is evident between historical and anticipated demand, service planning, resource allocation and budget planning
2. Strengthening communication in relation to transitions	There is robust practice at stages of transition and joint responsibility
3. Improvements in the creation and use of "chronologies" in Case Management	Chronologies are created in all case records in which this would be appropriate and that the standard of every chronology is good, or very good
4. Improving the quality of risk assessments	The outcome of our evaluation of practice is shared appropriately with practitioners and supervisors
5. Scrutiny of performance Reports	Performance information is given appropriate consideration by senior managers
6. Involvement of service users in service development and improvement	Collect feedback from stakeholders, including service users and carers to inform service improvement and development
	Stakeholders, including service users and carers, are more involved in the design and development of services

Detailed actions, with timescales, were set out to achieve each of these outcomes. Over the course of the year, all of the actions due were completed broadly in line with timescales. More importantly, there is evidence of real improvements in key processes, in terms both of service delivery and service management and development.

This Plan was additional to the specific Action Plan drawn up during 2010-11 in response to an "area for significant concern" raised in the Care Inspectorate's earlier ISLA process. That "area for significant concern" was the quality and reliability of Risk Assessment and Risk Management. That Action Plan was also pursued through the course of 2011-12. The overarching objectives of the Plan, agreed with the Care Inspectorate were –

- Every service user for whom there are risks that require assessment and planning has a relevant risk assessment and management plan.
- The assessment and plan is of good quality.
- The reasons for poor or variable performance in identifying, assessing and managing risks to service users are understood and addressed.

Of sixteen actions set out in the plan, fifteen were completed during the course of the year, including the creation of quality standards for risk assessment and management and their use to evaluate the quality and reliability of practice, identification of training needs and the provision of training and the identification of procedural and systems enhancements required.

One action remaining to be completed is that of enhancement of our Risk Assessment Manual, for which we wish to include consideration of a number of national pilots of a draft national toolkit for Child Protection Risk Assessment.

An update report on these action plans has been sent to the Care Inspectorate and it is anticipated that their written response will be in accordance with their verbal feedback that they are satisfied with the actions taken and the progress that has been achieved.

9.3 **Inspection of Paid Care Provision** : The Moray Fostering and Adoption service was inspected as part of the main inspection by the Care Inspectorate. No separate inspection was undertaken and no separate report was issued by Inspectors. The annual return and self evaluation were submitted to the Care Inspectorate.

The Moray Supported Lodgings Service was not formally inspected: the annual return and self evaluation were submitted to the Care Inspectorate. Given changes within the Care Inspectorate, it had been stated within inspection during 2010 that where services were not indicating concern a "light touch" would be applied to Inspection in 2011. No report of grading was issued by the Care Inspectorate.

9.4 **Care at Home Services and Day Services**. Of the 17 services inspected, the grades are predominantly up or have not changed. There are 4 services where the grades are down. All grades are within acceptable standards however and work is ongoing to improve grades. Regarding the grades that are down, the grade reduction was for the following reasons; -

- Community Support Service: This was re-graded following an inspection of Barlink Road, a small aspect of the overall service. Barlink Road is a supported tenancy for four service users and the management of this has been improved. An action plan is in place to improve performance and it is anticipated that the grade for this will rise at the next inspection.
- Harlequins: The grade dropped as a result of a complaint.   An action plan has been implemented and the anticipation is that the grade will rise at the next inspection.
- Taigh Farrais: Grades dropped on two quality themes. 'Quality of Care and Support' because of a complaint(2010) about pressure ulcer care which has been addressed and 'Quality of Management' because of lack of implementation ,knowledge and access to Moray Council policies and procedures. The service was previously operated by Grampian Living Options and had been incorporated into the Council only 4 months before the inspection. An action plan is in place and near completion and it is anticipated that the grades will rise at the next inspection.
- The Bungalow: The grade dropped as a result of the environment and the quality of support plans. The management support to the unit has been increased as has the availability of staff during busy times. The anticipation is that the grade regarding support plans will rise at the next

inspection and there is a change plan being prepared regarding the environmental issue.

10.   RISK AND PERFORMANCE

10.1   In Community Care, the risk screening tool has now been fully implemented. A review of its use was undertaken in November 2011 and practitioners confirmed their satisfaction with its format. A risk framework document and an action plan flowing from that has been drafted. These will guide the development of risk assessment and management in community care over the next 12 months.

10.2   **Performance Management** - Following the recommendations made in the Care Inspectorates (SCSWIS) Scrutiny Report (July 2011), a Community Care Performance Reporting and Monitoring Policy was approved by the Health and Social Services Committee on 12 October 2011. The Policy has helped to ensure a consistent approach to considering performance across all community care service areas and that appropriate corrective action is undertaken to address areas for improvement by managers.

As the service prepared for the implementation of phase 1 (2nd April 2012) of the redesign of community care services, the development of the policy was also timely in that it outlined the principles for a revised suite of performance indicators, service outcomes and service standards which our reconfigured service would aspire to achieve in 2012/13.

During the period of this report, Adult Community Care Services have been working hard to make the transition from delivering a service which is predominately based on recording and measuring outputs to a service which is based on personal outcomes or in other words capturing what matters most to the people who receive a Community Care service. Consequently, the combined efforts of Community Care Officers, the Commissioning & Performance Team and the Social Work Training Unit was recognised in the SCSWIS Care Inspectorate Moray Scrutiny Report (July 2011) who commended "Moray Council for having made significant progress on the generation of aggregate outcomes data from both within the Council and by providers".

As Adult Community Care Services alongside our NHS Grampian colleagues prepare for the further integration of health and social care services, our strong foundation in relation to capturing outcomes data bodes well in terms of our future delivery against the 7 high level joint outcomes which form an integral part of the proposed Scottish Parliamentary Bill.

For this period, Adult Community Care Service has performed strongly in relation to a number of key outcomes, performance indicators and service standards. This includes;

- By the end of 2012, 350 clients aged 65 and over received 10+ hours of homecare against a target of 310. This is the highest number of people receiving an intensive home care service since measurements began in 2007/08 and demonstrates the services commitment to support more people who choose to live independently in their own home.
- For this year, 487 (97.21%) of 501 unpaid carers who had their care plan reviewed said they were satisfied with their involvement in the design of the care package. This is an important measure to help ensure that carers receive the support that they need to continue in their caring role.
- In relation to Drug & Alcohol Services, 100% of all services users had their care plan completed within 6 weeks. Drug & Alcohol Services report that they are making good progress towards the revised HEAT four-week national target and for the last quarter of 2011/12, of the 172 clients that had a care plan completed within 6 weeks, it is worthy of note that 164 (95.35%) of these service users had a care plan completed within 8 days following the assessment.

Finally, as previously noted in this report, a significant amount of energy has been devoted over this period to the redesign of Adult Community Care Services. This has also resulted in a revised suite of performance indicators and measures being approved by Committee which will help the service monitor its progress in aspiring to deliver better outcomes for service users and carers in the years to come.

The Children and Families Service has extended the number of services using reliable outcome measures and the number of children and parents for whom outcomes are measured reliably, particularly for those subject to child protection processes. The service has also increased its capacity to map this outcome information to broad service objectives and to identify factors contributing to positive and negative outcomes. Over the course of the year, the most notable improvements in outcome have been:-

- The percentage of looked after and accommodated children and young people showing progress at review was at 85% - against a target of 78% - in quarter four. Comparison between quarter four 2010/11 and quarter four 2011/12 reveals an increase in performance of 5.9%.
- The percentage reduction in the rate of re-offending by persistent offenders during intervention improved from a result of 66% in the previous quarter to 80% in quarter four.
- The percentage of fostering and adoption assessments completed within six months of acceptance of application has remained at 100% for the past four quarters. Analysis reveals an increase in performance of 25% when compared to quarter four of 2010/11.
- The number of available foster placements increased substantially over the 2011/12 reporting year. Comparison between quarter four 2010/11 and quarter four 2011/12 reveals an increase of 14.5% in placement availability from 83 to 95, against a target of 91.

The service's Performance Management Framework has served us comparatively well over the last three years, but will be reviewed in 2012-13,

following the outcome of the re-structuring, to ensure it fits well with the aim, objectives and priorities for the re-structured service

10.3 **Self-Evaluation** - As the Care Inspectorate Scrutiny Report noted, Community Care had made a very positive start to self evaluation using the Public Sector Improvement Framework (PSIF) in 2010/11. During the period of this report, Community Care continued to build on these strong foundations by reviewing progress in relation to its own PSIF Improvement Action for 2011/12 through reports submitted to the services quarterly practice governance board meetings. The improvements and progress made during this period were subsequently confirmed through a community care staff review event which was held on 8 December 2011.

In anticipation of completing a further comprehensive self evaluation review of community care services during quarters 3 and 4 of 2012/13, two community care commissioning and performance team members have full up-dated their professional qualification to facilitate this process during a 3 day accredited training event held in February.

From the self-evaluation exercise conducted in 2010/11 an action improvement plan was developed and agreed by the Community Care Practice Governance Board. In 2011/12 the self-evaluation focused on a review of that plan. A staff evaluation team was brought together, based on a cross-section Community Care staff, and it was pleasing that this team reported that the improvement actions raised in the original plan had been implemented successfully. Staff reported that as a result of their input, managers were now feeding back to staff teams on budget and performance issues at team meetings.

The Children and Families Service also progressed actions arising from Public Sector Improvement Framework (PSIF) evaluations of Casework Services and Care Placement Services, in addition to self-evaluation and improvement activities in each operational team, in 2011-12. In the latter half of 2012-13, following decisions about the structure of the integrated children's service, a review will be undertaken of the capacity of the service to undertake a rolling self-evaluation programme and the structure, priorities and parameters for that program.

11. **FUTURE PRIORITIES**

There are a number of priorities that require to be the focus of further improvement and development during 2012/13. These include:

- The development and implementation of an integrated children's services structure within the new department through improved working arrangements between Education and Social Work;
- Consultation and development activity in relation to the Government's proposals for the integration of adult health and social care services in Scotland;
- Preparing for the inspection of integrated children's services;

- Moving the focus of children and families' services progressively towards early engagement and prevention and particularly so in early years;
- Strengthening partnerships, targeting interventions and redesigning services to help reduce the number of out of area placements;
- Fully embedding the re-ablement agenda in Community Care;
- Providing further training and development on the use of chronologies in Community Care and Children & Families;
- Responding to financial and demographic pressures in Community Care and in particular, taking forward the refocusing and redesign of Community Care Services through DBS;
- Progressing the evolving self-directed care agenda;
- Continuing to strengthen arrangements in relation to the assessment and management of risk across Children's and Adult services;
- Ensuring that a strong performance culture and quality assurance system exists across the whole service. In particular, this should increasingly reflect the embedding of a self-assessment approach to continuous improvement;
- Developing further the suite of management and performance information around Child Protection and Adult Protection to allow for future monitoring and the evaluation of progress;
- Having the capacity to cope with the volume of regulation, inspection and audit; and
- Ensuring that measures are considered to strengthen further the connections between the difference facets of the public protection arena.

12. CONCLUSION

This third CSWO annual report for Moray clearly indicates that there has been very positive progress achieved across our local social care and social work services. Delivering such vital services in ways which ensure they remain high quality, responsive and provide best value has never been more challenging.

This report also highlights that our services are not being provided or further developed in isolation and therefore good partnership working with our services users, carers and other agencies will continue to be essential.

It is to the credit of our staff that the Council has been able to evidence improved quality in what it delivers during a period which has see staff subject to continuous change and service transformation. Moray therefore remains well placed for the inevitable challenges which will face us in the forthcoming year.

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