

Chief Social Work Officer Annual Report 2024/25

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Welcome and Introduction

Welcome to the Chief Social Work Officer's (CSWO) annual report for 1 April 2024 to 31 March 2025. This is my first annual report in Moray as Interim CSWO and Head of Children, Families and Justice Services, having taken up post on 3 June 2024. I very much welcome the opportunity which is a privilege and honour. Given the timing of annual reports, there are significant developments beyond the end date sighted for development in the next reporting period.

Social work services face significant pressures from wider social, economic, and political factors, Audit Scotland Report, July 2024. Over the last year, like many areas in Scotland, there have been persistent pressures in Moray, including:

- An ageing population and increasing demand for services
- Rising complexity of need across the population and increased care costs
- Workforce shortages and recruitment challenges
- Significant developments in policy and legislation
- Continuing effects of the pandemic most notably in children's services
- The cost-of-living crisis
- Public service savings, and challenges of providing public services in areas with rural communities

Despite these challenges, we continue to deliver high quality services through the commitment and diligence of our dedicated social work and social care workforce who demonstrate unshakable determination to support and protect our citizens. The scale of the challenge is considerable requiring a cross-Moray Council and Moray Integration Joint Board (MIJB) approach to supporting our people and communities.

1. Governance, Accountability, and Statutory Functions

We enjoy strong governance and leadership arrangements in MIJB and Moray Council helping and supporting the rationale and transparency of decision making and risk management. We have close working relationships between officers, MIJB members and our elected Councillors, demonstrating a clear desire for strong working relationships to deliver effective services to our people.

Over the last year in Moray, we have had changes in social work leadership and other senior leadership roles most notably the appointment of our Health and Social Care Moray (HSCM), Chief Officer, Judith Proctor. Judith joined us on an interim basis on 15 July 2024 and was appointed substantively on 21 November 2024. Judith brings a wealth of experience and leadership to the role and has helped galvanise our direction of travel and culture of partnership working across the, at times, complicated landscape of public bodies interworking and integration.

In Moray Council, there has been a change at Chief Executive level with the appointment of Karen Greaves, BEM, on 17 March 2025, who took over from John Mundell, OBE, Interim Chief Executive, who left on 17 April 2025 following handover. Karen brings a wealth of experience and leadership in senior roles in local authority work and from her appointment in March, she has presided over the final stages of the Council's restructure process.

MIJB brings together Moray Council and NHS Grampian staff to jointly deliver a wide range of community health and social care services under the direction of the integration joint board, formally established in April 2016. The Council and NHS Grampian have delegated statutory functions to MIJB through an Integration Scheme approved by the Scottish Government. Functions delegated by the Council are social care services, fostering and adoption services, child protection, and justice services.

Council and MIJB aims are aligned in the 10 years Local Outcomes Improvement Plan (LOIP) agreed by Moray Community Planning Partnership (MCP). Outcomes are delivered through partnership working focusing on four agreed strategic objectives: developing a diverse, inclusive and sustainable economy; building a better future for our children and young people; empowering and connecting communities; and improving the wellbeing of our population.

The HSCM Clinical and Care Governance Group (CCGG) is responsible for ensuring robust systems and processes are in place across all service areas within HSCM to support clinical and care governance. The group provides assurance to the HSCM Senior Management Team (SMT) and the Moray Integration Joint Board (MIJB) Clinical and Care Governance Committee that these systems are operating effectively to support the safe and effective delivery of care and maintain service quality.

A review of all strategic Board-level risks has been completed, with new clear ownership, mitigations, and monitoring arrangements in place. The Audit, Performance and Risk Committee, brings oversight with exception reporting escalated to the Board. Work is continuing to review and strengthen the operational and corporate risk frameworks within HSCM, ensuring alignment with the Board's Strategic Risk Register. This integrated approach supports more effective risk management across the system.

The Role of the CSWO

Section 3(1) of the Social Work (Scotland) Act 1968 requires Local Authorities to appoint a CSWO, with a requirement to publish an annual report on their professional leadership, oversight of practice, governance, values, and standards as described in national guidance.

It covers the areas of decision-making and practice where legislation confers functions directly on the CSWO mainly relating to public protection and the restriction of an individual's freedom. The report may be cross referenced to specific performance reports

including HSCM Annual Performance Report 2024/25 and NHS Grampian Clinical and Care Governance Committee Annual Report.

Overall governance of social work services in Moray rests with the CSWO, who is also the Head of Children, Families and Justice Services, as laid out in the framework for Professional Social Work and Social Care Practice Governance in Moray Council and Health and Social Care Moray (the professional governance framework). CSWOs provide professional advice in the discharge of a Local Authority's statutory social work functions including those delegated to H&SCPs.

The CSWO is a 'proper officer' re social work functions: an officer given responsibility on behalf of a Local Authority, where the law requires the function to be discharged by a specified post holder. The CSWO is a non-voting member of MIJB and a member of MIJB Audit, Performance and Risk Committee, responsible for supporting and scrutinising delivery of integrated adult's and children's care services. The CSWO attends Moray Council Committee, and the Education, Children's and Leisure Services (ECLS) Committee, the latter having a shared responsibility with MIJB for funding out of area (OOA) residential care for children with specialist care and education needs.

Responsibilities of the CSWO

Entail accountability to the Chief Executive of the Local Authority, Councillors, MIJB, and reporting to the Chief Officer, HSCM. Professional advice from the role includes the safety of vulnerable people, the impact of social work service, and the findings of quality and performance reports, setting out the implications for the delivery of national and local outcomes, proposals for remedial action, good practice and learning, and reporting arrangements for identified improvement activity.

The CSWO has a direct line to the Chief Executive and Moray Councillors, ensuring Councillors are provided with reports on relevant developments and required decisions. The Council's Chief Governance Officer (Monitoring Officer) offers crucial support to the CSWO in the effective discharge of duties through the provision of advice, guidance, and support with service delegation and other relevant matters associated with the role. Through engagement in these arrangements, the CSWO is satisfied the practice governance arrangements in place are appropriate and proportionate, and practice standards are being met with required improvement plans in place, subject of review.

Moray Public Protection Chief Officers Group (MPP COG):

This is the most senior group with strategic and governance for public protection in Moray. The Adult Support and Protection (Scotland) Act, Code of Practice (Revised 2022) and National Guidance for Child Protection in Scotland (Revised 2021) outlines their responsibilities including maximising the involvement of services not directly under their control: Scottish Children's Reporter Administration, Crown Office, and Procurator Fiscal Services. It provides strategic leadership and scrutiny for the public protection work of their respective agencies and inter-agency work. Chief Officers are individually and collectively responsible for the leadership, direction and scrutiny, of the Public Protection Committees, and linked public protection groups.

Moray Chief Officers recognise strong leadership and a competent and confident workforce play a critical role in public protection with continued focus on supporting improved outcomes for vulnerable people across the diverse communities of Moray. Supporting effective inter-agency work is central in providing excellent public protection services in Moray. The Chief Officers involved include the senior leaders, at chief executive and chief officer level, CSWO and other representatives as required to address specific matters across the public protection partnership.

Chief Officers are responsible for overseeing the commissioning of all public protection services and are accountable for this work and its effectiveness. They are individually responsible for promoting Child Protection, Adult Support & Protection, Alcohol & Drug, Violence Against Women, MAPPA and the wider public protection agenda across their individual services and agencies to ensure a corporate approach to protection. They identify successes, best practice and areas for improvement to learn from experience, monitor trends and examine outcomes for children, young people and adults receiving services.

The main areas overseen by Moray Public Protection Chief Officers Group are Child Protection, Adult Support & Protection, Alcohol & Drugs, Violence Against Women including Multi-Agency Risk Assessment Conferences (MARAC), Multi-Agency Public Protection Arrangements (MAPPA) and Offenders Management, Community Justice, Prevent Multi-Agency Panel (PMAP), and Suicide Prevention.

Moray Profile

Moray is situated in the northeast of Scotland, bordered by Inverness and the Highlands to the west and Aberdeen and Aberdeenshire to the east. It covers an area of 864 square miles, making it the eighth largest council area in Scotland. Most of Moray's population of 96,000 people reside in and around Elgin, Forres, Keith, Buckie, Dufftown, and Lossiemouth, each town with its distinct local identity. There are good transport links, with Inverness and Aberdeen, and Glasgow and Edinburgh are three and a half hours away.

The presence of Army and RAF personnel in Kinloss Barracks and RAF Lossiemouth positively impacts the local economy and culture. With relatively low unemployment and an appealing natural environment, Moray is a desirable place to live. Low crime rates and good public services add to its appeal.

Moray faces pockets of inequality and deprivation, and its rural profile can create difficulties in accessing services and economic opportunities, as well as isolation. Considering Moray's higher-than-average proportion of older people, particularly in rural and coastal areas, providing high-quality public services can be complex and more expensive. HSCM and Moray Council's Corporate Plan sets the strategic priorities between now and 2029. The vision is for Moray to be a place where people prosper, free from poverty and inequality, which means our:

- Young people grow up safe, well-educated and reach their full potential
- People lead healthy lives and have access to quality care when needed
- Businesses and communities prosper
- Natural environment thrives for the betterment of all

To make this vision a reality, three core strategic priorities have been identified on which the Council, and MIJB, work to tackle poverty and inequality, build a stronger, greener, vibrant economy, and build thriving, resilient, empowered communities.

With a population of 95,520, Moray is one of Scotland's smaller councils, although the 8th largest by geographic area. There are over 5,000 council employees (approx. 3,800 Full Time Equivalent) located throughout the region.

2. Service Quality and Performance

Children and Families

Localities Social Work

This comprises an Access Team, and two Locality Teams, in East and West. The Access service is the initial point of contact for referrals on children not already being supported by social work services. It prioritises enquiries and child protection referrals acting as a feed to the longer-term Localities Teams where continual support is required. Effective access is critical for facilitating a prompt social work service, signposting to other services, and supporting families on a short-term basis or in preparation for transfer to the East and West Teams based on assessed need.

Corporate Parenting

“One of our care experienced adults, just graduated with a BA Hons and is flying to Australia this week for up to one year for an exciting travelling year”.

As a corporate parent, such examples are always a pleasure to share highlighting the huge potential of our care experienced children and young people.

Moray Community Planning Partnership has devolved responsibility to produce and deliver the Children’s Service Plan to the GIRFEC Leadership Group (GLG). The GLG includes senior decision makers from the public and 3rd sector working together to improve the lives of children and young people across Moray. The group is chaired by the CSWO, with Head of Education, vice chair.

Strategic Children's Services partnership groups have oversight for the delivery of each of the action plans with subgroups using data to underpin transformational change activity. Chairs meet regularly to coordinate improvement activity with progress reported quarterly to GLG. Locality Networks comprise direct service delivery practitioners and community organisations. To ensure the voices of those living and working in localities underpin decision making. Strategic groups shall be streamlined to focus on Family Support, Voice (youth advisory group) and participation (Team around the Child).

Moray Champion’s Board

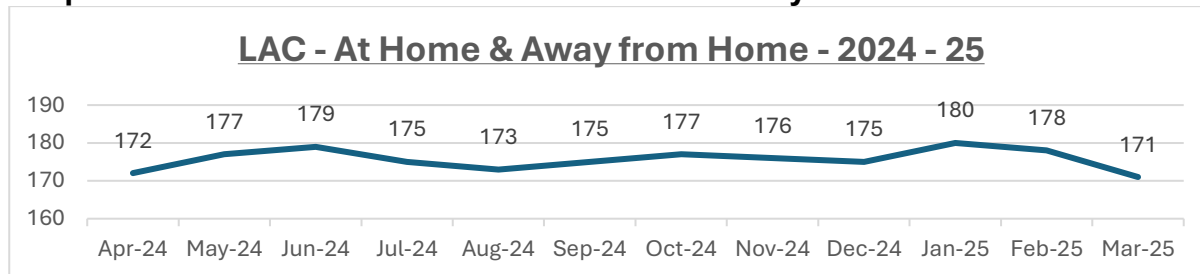
This is a group of care-experienced young people, meeting fortnightly, to share their views, speak up about what matters to them, and work with adults in power to make real change. It provides a space for young people who care about youth voice and want to make a difference, whether by shaping services, leading campaigns or supporting others with similar experiences. At its heart, is connection, influence, and creating a better future. Led by young people, for young people.

Current campaigns include ‘THE ROAD DOESN’T END AT 21!’, Moray Champion’s Board is campaigning for free bus travel to be extended to age 26 for care-experienced young people.

The Board has produced a podcast under Moray’s Maintaining Relationships Project, a bold and compassionate initiative placing relationships at the heart of care. The Project is part of Moray’s commitment to **Keep The Promise**. It challenges traditional boundaries asking us to follow relationships, not job roles. It demands cultural change, risk reframing, and system-wide transformation!

Of course, the role of corporate parent applies to children looked after at home, those accommodated, and those with care experience. The corporate parenting role is often initiated when child protection and alternative care is required or young people conflict with the law. During the reporting period the number of children looked after at home and away from home, has fluctuated at times but has levelled out over the year as seen in Graph 1 below:

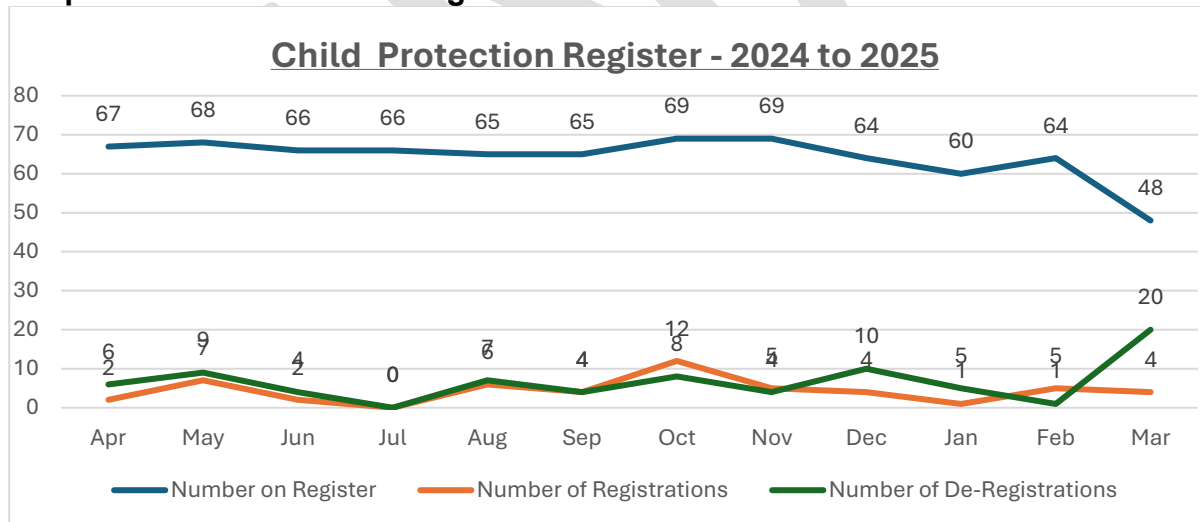
Graph 1: Looked After Children – At Home and Away from Home



The number of children accommodated during the reporting period has been higher than in previous years. Reasons include the after effect of Covid lockdown measures with children isolated at home and not seen by services, failure to identify serious neglect soon enough, and lack of sufficiently coordinated early support & diversion.

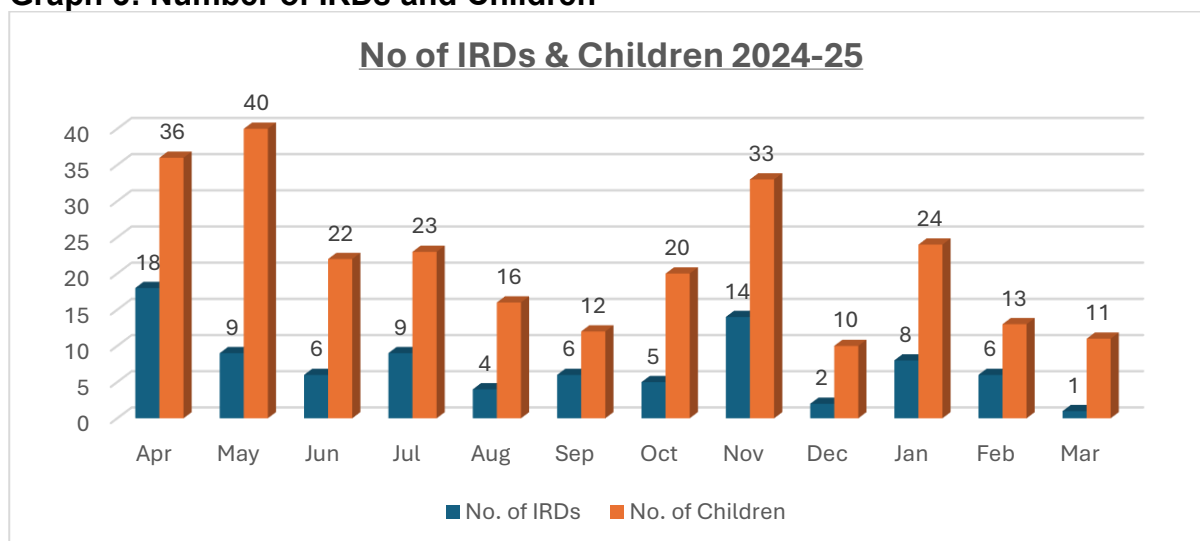
The number of children on the child protection register has fallen over the year mainly because the number of children accommodated has risen due to significant levels of increased need including neglect and other forms of harm. Details of registration and de-registration are provided in Graph 2 below:

Graph 2: Child Protection Register



The number of Initial Referral Discussion (IRDs), the mechanism for multi-agency information sharing and planning child protection actions, has fallen from a peak in May 2024. Multiagency working arrangements have tightened arrangements for ensuring IRDs are required and routine working together means effective information sharing for children and families already known to services. The number of IRDs and children are contained in Graph 3 below:

Graph 3: Number of IRDs and Children



Care Settings

During the last two CSWO reporting periods, Care Inspection grades for fostering, adoption and adult placement services have been consistently good on how well we support people, leadership, staff, and care planning. Our children’s services partnership joint inspection of services for children and young people at risk of harm in Moray of January 2024 was adequate from which we have been delivering an Improvement Plan as set out below.

Our grades for Supported Lodgings in May 2024 were mixed (overall adequate) as outlined in Table 1 below:

Table 1: Care Inspection Grades from July 2023 to March 2025

Service	Completed	Area inspected	Grade
Fostering	06-07-23	How well do we support people’s wellbeing? How good is our leadership? How good is our staff team? How well is our care and support planned?	4 – Good 4 – Good 4 – Good 4 – Good
Adoption	06-07-23	How well do we support people’s wellbeing? How good is our leadership? How good is our staff team? How well is our care and support planned?	4 – Good 4 – Good 4 – Good 4 – Good
Adult Placement Service (Continuing Care)	06-07-23	How well do we support people’s wellbeing? How good is our leadership? How good is our staff team? How well is our care and support planned?	4 – Good 4 – Good 4 – Good 4 – Good
Partnership	23-01-24	Report of joint inspection of services for children and young people at risk of harm in Moray community planning partnership	Adequate

Moray Supported Lodgings	29-05-24	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How well is our care and support planned?	3 – Adequate 3 – Adequate 2 – Weak 4 – Good
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In July 2024 work was undertaken on learning from complaints and five themes were identified: communication, timely actions, process and procedure, the voice of the child, and addressing power imbalance. The work demonstrated the themes were relevant to all the teams across children and families and justice services and two *Learning from Practice* development sessions were held on 14 and 27 November 2024, attended by 111 staff with good representation from all teams.

An action plan was implemented which, at the end of the reporting period, evidenced significant progress in all areas and will be reported to MIJB in the next reporting period. Follow up activity including further development sessions are planned as we embed our culture of learning and development throughout the service.

Children and Young People at Risk of Harm

Based on external inspection, January 2024, improvement activity has focused on three key areas to ensure:

- Children and young people at risk of harm influence service planning and improvement
- Children and young people at risk of harm benefit from independent advocacy
- The support and protection of young people at risk of harm from themselves or to others, or from risk in the community

We have produced a, self-evaluation and continual improvement approach, introduced in the children's services community planning partnership, including the third sector, supported by Moray Child Protection Committee. It has a programme of case file audits in children and justice services, learning from complaints findings, and single and multi-agency learning and development activities, moving to include partner services. It has a learning funnel to review and evaluate improvement requirements from various learning opportunities such as findings from complaints.

The model will be rolled out across the whole social work and social care service once we have embedded the working mechanisms, and developed the key principles, and lessons from its introduction in children and justice services.

Improvements in the participation of children and young people at risk of harm include:

- Quarriers Moray Children's Rights Service through a relational approach, promotes, protects, and upholds the rights of young people, ensuring their voices are heard and respected. Their contract has expanded to include independent advocacy for parents and carers. Compared to the previous contract, referrals for young people have increased by 290%, alongside 143 new referrals for parents and carers demonstrating their positive work and ability to meet demand.
- They supported young people in 116 professional meetings, a 190% increase and provided advocacy for parents and carers in 90 meetings, ensuring their voices and rights are represented in key decision-making processes. They prioritise referrals from

young people, parents, and carers subject to child protection measures and those looked after, offering immediate support.

- A multiagency communication and engagement strategy, developed with children, young people and practitioners, February 2025, to increase awareness of the role and contribution of Moray Child Protection Committee (MCPC).
- A draft multiagency practitioner toolkit for gathering the voice of the child

Improvements in the support and protection of young people at risk of harm from themselves or to others, or risk in the community include:

- A Protection from Serious Harm (PSH) process, from revised [multiagency child protection procedures](#) for coordinating multi-agency responses to safeguard children and young people from serious harm, exploitation, abuse, or criminal activity, creating safety plans and implementing protective measures.

The first PSH meeting, October 2024, saw 60% of young people referred with a plan to reduce risk. Concerns for young people were shared early and support and planning put in place. Resultantly, well over 50% of plans have been stepped down due to a reduction in the potential for serious harm from collaboration with young people, their families, and partners. From evaluation, the process will be developed in the next reporting period, to further embed and improve the process, and the procedure will be updated accordingly.

- Exploration of [Contextual Safeguarding](#) for young people at risk of harm from the community by shifting focus from the individual and family to environmental risks, promoting earlier support in harmful situations with effective responses. We have delivered initial awareness training sessions, with participants feeling more informed and having a better understanding of the approach.

Since introducing contextual safeguarding, professionals, especially in police, social work, and education, have begun to view environments as sources of risk, fostering a more collaborative approach to addressing concerns. Several multi-agency discussions, led to active mapping of environmental risk and exploration of ways to reduce or disrupt those risks. Benchmarking has helped production of a draft partnership procedure.

Scottish Child Interview Model (SCIM)

SCIM focuses on gathering information sensitively from children in investigations, while prioritising their wellbeing. Child-centred, trauma-informed approaches, ensure children feel heard, validated, and secure. Interviewers are trained to build rapport, use age-appropriate communication, and employ supportive techniques. SCIM is fully implemented with regular reports via the national SCIM quality assurance and data framework.

Between 1 April 2024 and 31 March 2025, 101 joint investigative interviews were held in Moray all conducted by the SCIM team with disclosures made by children in 89% of the interviews. Feedback is sought from children, where appropriate, for SCIM evaluation, from 1 April to 30 September 2024, the views of 14 younger children, up to 12yrs, and 17 older children, 13yrs and over, were gathered across the North East SCIM Team (Aberdeen City, Moray, and Aberdeenshire). Table 2 below provides important feedback themes from children involved (figures have not been broken down by authority due to low numbers for preservation of confidentiality) as follows:

Table 2: SCIM Feedback from April to September 2024

SCIM Feedback: 1 April to 30 September 2024	
Children 13 yrs and over	Children 12 yrs & under
<ul style="list-style-type: none"> ➤ 100% stated interviewers worked together with them ➤ 100% felt they had a choice with the interviewers ➤ 100% felt safe with the interviewers ➤ 100% felt they could trust what the interviewers said to them ➤ 100% felt the interviewers helped them to tell their story ➤ 94% said they would be happy to talk to the interviewers again if needed 	<ul style="list-style-type: none"> ➤ 72% were happy with how the interview process was explained, 21% were ok with the explanation ➤ 79% felt happy about speaking with the interviewers with the remaining 21% feeling ok ➤ 100% felt safe or happy in the room ➤ 100% would speak to the interviewers again

Moray Bairns’ Hoose Partnership

The successful application for 2025/26 Bairns’ Hoose Development funding was completed, February 2025, in collaboration with Police, Health, Social Work and Quarriers our commissioned children’s rights service provider. The application builds on learning from pathfinder sites and includes a test of change to align with Aberdeen City and Aberdeenshire project plans in 2025/26.

The main project, awarded through the fund, focuses on establishing governance arrangements, conducting self-assessment against the Bairns’ Hoose Standards, and agreeing a long-term vision and delivery. It includes the installation of new fixed site Visual Recorded Interview (VRI) equipment for the Joint Child Protection Unit and a mobile VRI unit for joint investigative interviews offsite. To support service delivery, the application includes resources to supervise the existing SCIM team and enable coordination of trauma responsive plans for children to support their journey through the care, protection, and justice system.

Moray also applied for 2025/26 Bairns’ Hoose Test of Change funding in February 2025 to include a Health Coordinator post and specialist Speech and Language service provision. Based on learning from other pathfinder sites, proposals were initially developed by NHS Grampian for Aberdeen City and Aberdeenshire. The successful Moray application will enable alignment and consistency for the SCIM team in all three authority areas and ensure equity of healthcare coordination and specialist SLT service provision for children and young people in Moray.

Adults

Localities Social Work Services

East and West Community Care Teams support older people and those with physical and sensory disabilities. The teams provide longer term support including Adult Support and Protection (ASP) where a person is already known. They have a duty system for responding to people known to them in crisis, helping stabilise their situation, often related to ASP. They undertake care reviews to deliver outcomes and required changes in support are implemented.

The Access Care Team receives referrals for people not already know to a social work team, including ASP, Police Concern Reports, NHS Public Protection Referrals, Scottish Ambulance Service, Scottish Fire and Rescue Service and the public. It filters referrals to

the Care Teams who undertake inquiries, supporting people requiring short term support, perhaps in crisis.

The Hospital Discharge Team supports people who require return home from hospital or a homely setting of their choice supported by social work services. The team supports ASP issues surfaced when people are in hospital. They consider community resources to support people home therefore, not relying solely on commissioned services.

Housing Support (Care at Home)

Moray has two “care at home” housing support services for adults with complex needs: Barlink House of Multiple Occupation, for four adults with learning disabilities and complex needs, and Woodview, purpose-built accommodation, providing care and support to 15 adults and one younger adult with complex needs, learning disabilities and autism. Staff also support people in their own tenancies in Elgin, Lossiemouth, Buckie and Burghead. The Care Inspectorate reviewed Woodview in October 2024 as outlined in Table 3 below:

Table 3: Care Inspection Grades from October 2024

Service	Completed	Areas inspected	Grades
Woodview Housing Support	24-10-24	How well do we support people’s wellbeing?	5 - very good
		How good is our staff team?	4 - good

Care at Home

Provides personal care for people to live independently in their homes. It operates in an increasingly challenging environment, with high demand, a complex mix of needs, and recruitment pressures.

Self-Directed Support (SDS) remains at the centre of how support is delivered, ensuring people have real choice and control over their care. In Moray, option 3 services were delivered by the in-house Care at Home team and by our partner provider, Care Quality Scotland (CQS). Weekly monitoring of unmet need continued to help us plan and prioritise, while the Strategic Care at Home Steering Group and Care at Home Review focused on sustainability, improvement, and closer alignment with the reablement pathway and setting up a Framework, supported by Scotland Excel. Table 4 below shows the service positions from February 2024 to February 2025:

Table 4: Service Position February 2024 to February 2025

Provider	Planned Weekly Hours Feb 2024	Planned Weekly Hours Feb 2025	Change	%
Internal Care at Home	3,871	3,819	-52	-1.3%
Partner Provider	881	693	-188	-21.3%
Total	4,752	4,512	-240	-5.1%

Internal delivery remained broadly stable, supported by sustained recruitment and a stronger focus on retention. Partner provider hours reduced further due to staffing and operational pressures, but this continued to be closely monitored through weekly Care at Home Hub meetings.

Quality and Improvement

There was no Care Inspectorate inspection during 2024/25. To maintain the standards achieved previously, Area Managers carried out an internal review against the four Care Inspectorate themes:

- How well we support people's wellbeing
- The quality of leadership
- The strength of our staff team
- How well care and support are planned

This process led to improvements in care planning, induction evaluation, staff engagement, and resilience support. A new Wellbeing and Resilience Training course was introduced to help staff reflect on their own resilience, understand how it impacts their work, and build confidence in supporting individuals with traumatic behaviour. The supervision template was updated to ensure wellbeing discussions form a routine part of supervision.

Behaviour Support Training was replaced with a more relevant course, Challenging Situations and Lone Working, focusing on de-escalation, empathy, communication, and safety when working alone. Proportionate Care (training and use of equipment) was explored allowing more tasks to be completed safely by a single carer, helping more efficient scheduling and care more person-centred care.

Performance

Weekly Care at Home Hub meetings and daily hospital discharge huddles continue to provide oversight of capacity, help manage risk, and support timely discharge from hospital. Internal services have worked closely with the external partner to stabilise provision and increase capacity where possible.

Unmet need represents hours of assessed care not yet provided due to capacity limitations. Overall, unmet hours have fallen from peaks of 1,700 hours per week in mid-2023 to 1,200 hours by early 2025. This reflects improvements in workforce stability, better co-ordination through the Care at Home Hub, and more targeted deployment of resources.

Summary

- Internal delivery remained steady despite ongoing system pressures
- Retention improved
- Partner capacity reduced but continued to be closely managed
- Quality assurance and staff wellbeing remained key priorities

Community Learning Disability

Moray Council continues to make significant progress in delivering housing solutions for people with learning disabilities, aligned with the Strategic Housing Investment Plan (SHIP) 2025/26–2029/30. The Council has prioritised the development of specialist housing, including supported accommodation tailored to the needs of people with learning disabilities, as part of its broader commitment to inclusive and sustainable communities.

In 2024/25, new learning disabilities housing developments have been advanced in partnership with HSCM, with a focus on community-based living and reducing reliance on OOA care and accommodation. These projects are designed to support individuals to live independently or with tailored support, close to family and social networks. The SHIP outlines a five-year investment programme, with dedicated funding streams from the Scottish Government and local resources to support delivery. Key achievements include:

- Completion of new supported living accommodation in Elgin, designed for accessibility and person-centred care
- A reduction in the number of individuals with learning disabilities placed in OOA accommodation, reflecting successful transitions back into Moray-based housing

- Increased collaboration between housing, social work, and health teams ensuring effective oversight and planning
- Integration of learning disabilities housing priorities into the Local Housing Strategy 2025–2030, with a focus on specialist provision, energy efficiency, and long-term sustainability

These developments reflect commitment to delivering high-quality, inclusive housing supporting independence, wellbeing, and community connection for people with learning disabilities.

Over the past year, significant progress has been made on the new Western Village housing development bringing the total number of learning disability support accommodation services in Moray to 21. Phase one of the project, comprising four bungalows, is now partially complete. Some people have successfully transitioned into their new homes, with other transitions scheduled to be completed in the coming months of the next reporting period.

As part of phase one, the Community Learning Disability Team (CLDT) has worked in close partnership with the on-site care provider, Community Integrated Care, and the Digital Health & Care Innovation Centre (DHI) to embed Technology Enabled Care (TEC) in the service. Western Village is piloting the Arcangel system as part of a wider innovation project, aiming to enhance independence and safety through responsive, person-centred technology. This reflects commitment to digital transformation in social care, leveraging cutting-edge tools to personalise support, promote autonomy, and ensure real-time responsiveness to individual need.

Phase two, a communal block of 13 flats, is expected to be completed by Spring 2026, with further transitions planned thereafter.

Annual Health Checks for Adults with Learning Disabilities

Delivery of Annual Health Checks for adults with learning disabilities continued to progress throughout the reporting period. In January 2025, a part-time nurse was appointed to lead this work, funded through government monies ringfenced for this purpose. Standard operating procedures and easy-read information have been developed to support understanding and encourage uptake among individuals. Working in partnership with administrative staff, the nurse liaised closely with GP practices to coordinate and deliver health check clinics within individuals registered surgeries, ensuring accessibility and continuity of care. Progress updates are routinely shared at local Clinical Care Governance meetings, and 32 health checks were successfully completed and 13 individuals were offered a health check but chose to decline; follow-up advice was provided, within the timeframe.

Due to planning for new services, there has been a slow start; however, full implementation is expected in the coming months. Anticipated outcomes include improved health monitoring and early intervention, bringing excellent benefits for the people we support.

Annual Health Checks are a key component in reducing health inequalities and ensuring equitable access to preventative care for adults with learning disabilities. Data gathered from these checks will inform future service planning and help shape targeted interventions to meet the evolving health needs of this population.

Commissioning and Tendering

Early in the next reporting period, two care contracts will be issued for tender: the Western Village and Greyfriars Close service. A key priority has been to strengthen the involvement of people and their families in decision-making. In line with best practice, co-production and inclusive procurement, individuals and their families were actively involved in evaluating service presentations and shaping the outcome.

In September 2024 as part of the re-tendering process for an existing service, and in January 2025, as part of tendering for a new service, supported people and their families were invited to be part of the respective evaluation panel. Engagement was strong, with many family members involved in the tender processes. Feedback from participants was overwhelmingly positive, highlighting the value of inclusive commissioning practices and the importance of embedding lived experience into service design and selection. We shall develop this further with continued and greater representation of people receiving services in the future.

Dynamic Support Register

Moray Dynamic Support Register (DSR) is a proactive tool to identify and support people with complex needs who do not meet Adult Support and Protection (ASP) criteria but are at risk of support arrangements breaking down, hospital admission, or inappropriate OOA care. It enables early support and helps coordination of planning across agencies.

The DSR has been embedded as a core process in the CLDT, with regular oversight through Resource Allocation Meetings (RMG), the CCGG and the Learning Disability Clinical and Care Group (LDCCG). This has led to more effective risk management and person-centered planning, reflecting Moray's commitment to trauma-informed practice, defensible decision-making, and collaborative care.

The register supports strategic commissioning and service improvement, ensuring individuals receive the right support at the right time.

Between January and March 2025, a comprehensive review of the DSR procedure was undertaken, resulting in the development of a Moray-specific operational protocol. Work was informed by staff consultation across the Integrated Team and insights from the National DSR Peer Network. The DSR continues to be a vital tool in identifying and supporting individuals at risk of hospital admission OOA care. During this reporting period we have:

- Supported people to return to Moray from OOA
- Facilitated discharge of individuals from learning disability hospitals with enhanced monitoring to prevent readmission
- Enabled people to achieve stability and positive outcomes while remaining in their communities

Currently, the number of individuals actively supported through the DSR is low, testament to the achievements of the multi-disciplinary teams. Numbers should continue to be reduced as we progress the housing projects noted above.

Budget Pressures and Efficiencies

In response to ongoing financial pressures, we have worked collaboratively with commissioning colleagues and service providers to identify efficiencies and reduce costs where possible. Efforts are carefully balanced to minimise any adverse impact on people, ensuring quality of care remains a priority. Transformation includes:

- Reviewing day services contracts
- Increasing block contracts for clearer forecasting of expenses and payments
- Increased expectations on day service providers to deliver more within constrained budgets

As part of our review process, people have experienced reductions in care hours; implemented strategically benefiting from economies of scale in care and day service provision. Looking ahead, we will be exploring further changes in day service and transport provision, as well as overnight care models, to ensure sustainability and continued support for those with learning disabilities.

Guardianship and Appointees

Social workers in the CLDT act as delegated Welfare Guardian on behalf of the CSWO for 24 individuals, with a further 9 applications in progress, not counting renewals between 1 April 2024 and 31 March 2025. This represents a 22% increase of cases in progress from the previous year 2023/24, reflecting growing demand and complexity which has impacted the capacity available, as per below, for other statutory duties, such as care and guardianship reviews.

The team serves as Department of Works and Pensions appointees for 28 people, who lack capacity to manage their finances with no alternative support, ensuring financial safeguarding for them.

Short breaks Provision

Unpaid carers in a learning disability context continue to play a vital and irreplaceable role in supporting people with learning disabilities. In recognition of their contribution, we remain firmly committed to upholding carers' rights and ensuring they receive the necessary support to sustain their caring role. In 2024/25, our commissioned learning disability residential short breaks service delivered (estimated unpaid carers/known to service 401):

- 712 nights of planned breaks
- 238 nights of emergency breaks

Individual carers also accessed a range of alternative short breaks through Self-Directed Support (Options 1 and 2), including support provided within the family home.

Social Work Audit Process and Tool

In the next reporting period there are plans for a new audit process tool and calendar which will support people receiving services and their families to provide direct feedback to the audit team on their experience of social work involvement.

Appropriate Adult Service

Moray Council's Appropriate Adult Service has transformed into its statutory requirement with no change in the model of delivery. There are 28 Appropriate Adults practicing who are social workers, day center officers, or support workers employed throughout the social work service, including the three Out of Hours social workers.

The service is managed by the Access Care Team, the point of referral, with an On-call Rota, for office hours with out-of-hour social workers available. The service is supported by a Consultant Practitioner in the Adult Protection Team with governance by the Practice Governance Board.

A working partnership with Aberdeen City and Aberdeenshire has been a highlight of this reporting year with the Grampian network firmly established benefiting Moray given our size and capacity. Developments can be undertaken jointly to mutual benefit by shared resources and learning and development opportunities.

This year there has been a recruitment focus and refreshed joint training with the Grampian network. Consequently, having trained 22 new Appropriate Adults, we significantly increased the pool on the rota. We established an Appropriate Adult Forum with the Grampian network to support learning and improve retention.

Quality Assurance

The Care Inspectorate required all local authorities to submit core assurances which was helpful in focussing wider than direct day to day service provision. An Improvement plan has been developed with progress being reported to the Practice Governance Board. Improvement work will focus on the following in the coming year:

- Feedback from people who received the service
- Feedback from Appropriate Adults
- Local policy developments from new statutory guidance

Provision of an Appropriate Adult

Requests in 2024/25 were positively met with 113 requests for 109 people. Most people requiring support were white; male (61) female (42) and transgender (2); most had a learning disability or a learning disability and mental health conditions; 14% had a combination of types of mental disorder.

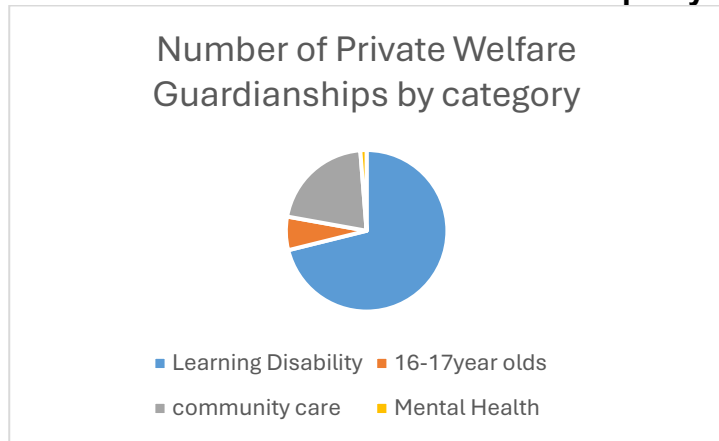
Police procedures prompting requests for an Appropriate Adult were mainly for interviews (not officially accused) or statements from victims or witnesses, which combined, amounted to 46 people, with 26 people subjects of multiple procedures (almost a quarter) which may have included cautions and charges, and a small number for DNA/Fingerprints/photographs and other matters.

Adults with Incapacity

Some adults need help making decisions because of a mental health condition or because they cannot communicate their wishes. The Adults with Incapacity (Scotland) Act 2000 protects people in these circumstances. Guardianship arrangements can be sought allowing another person to make decisions on behalf of an adult with incapacity ensuring their welfare and financial matters are managed.

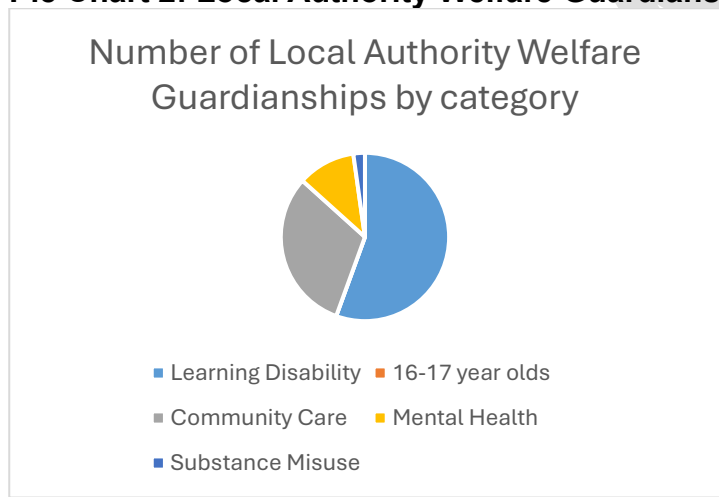
In 2023/24 Guardianship referrals decreased to 62 after a 3-year trend of increasing rates, a decrease of 27%. In 2024/25 requests numbered 61 including 38 Private applications and 23 referrals for Local Authority Applications. In 2025 there are 284 existing private welfare guardianships in Moray, 71% (170) of which sit within the category of Learning Disability. Pie Chart 1 below shows Private Welfare Guardianship categories:

Pie Chart 1: Private Welfare Guardianships by Category



There are 45 CSWO welfare guardianships in existence, each overseen by a delegated guardian with 56% (25) managed in the Learning Disability Service. Pie Chart 2 below shows the categories of Local Authority Welfare Guardianship:

Pie Chart 2: Local Authority Welfare Guardianship Categories



In 2025 a change in policy was agreed at Practice Governance Board to cease or vary S10 supervision as per regulations (2014). Previous policy had been to strive for best practice and to supervise all welfare guardians on a yearly basis, which has been unachievable. The policy change, new process, and S10 guidance, allows prioritisation of guardians requiring more frequent supervision ensuring best practice prevails.

Mental Health Orders

Are governed by the Mental Health (Care and Treatment) (Scotland) Act 2003, which provides the framework for compulsory treatment and the rights of individuals with mental health conditions. Table 4 below shows the range of mental health orders and the trend in Moray from 2021/22 to 2024/25:

Table 4: Mental Health Orders Trend from 2021/22 to 2024/25

Mental Health Order	2021/22	2022/23	2023/24	2024/25
Emergency Detention Certificates (Numbers of EDCs in brackets show no MHO consent)	17(8)	23(10)	21(8)	14(11)
Short Term Detention Certificates (STDC)	66	60	85	74
Compulsory Treatment Orders (CTO)	18	11	26	28
Compulsion Orders (CO)	2	1	0	0

There was an upward trend in STDCs in 2023/24 and a decrease in 2024/25, still higher than previous years. Positively, there was a decrease in EDCs, given best practice for a more planned approach when using compulsion in emergencies.

There continues to be an increase in CTOs from which it is not possible to draw definitive conclusions given annual fluctuations and the small numbers involved. Data collection and reporting are improvement areas in collaboration with partners to address areas where a deeper dive is required.

Audit, Quality Assurance and Improvement Activities

The gateway to mental health compulsory treatment is expected to be through Short Term Detention Certificates rather than Emergency Detention Certificates. In 2024/25 there were 14 EDCs, 11 with no MHO consent. For 6 of those without consent, there was opportunity to have involved an MHO in the assessment. The EDCs were all out-of-hours, and two Moray-based individuals were assessed at Aberdeen Royal Infirmary. Grampian wide collaborative work was undertaken to reduce EDCs without MHO consent, outlined in Improvement Area 1 below:

Improvement Area 1: MHO Developments

- Updated mandatory training including guidance on the role of MHOs
- Revised Guidance for GPs
- Mental Health Act Status alerts now used consistently across all sites
- Det1 forms now routinely shared with relevant Local Authorities by the Records Department
- Recording systems better utilised in Aberdeen City to record EDCs without MHO consultation, supported by updated staff guidance

To support improvement and practice development the MHO workforce is planning a peer audit of Adults with Incapacity reports in the next reporting period. This will support consistency, maintain best practice, and contribute evidence to continued MHO professional case discussions. Since 2023/24 an MHO Service Improvement Plan has been in place to focus activity, define, and capture progress. To date, a range of positive actions have been achieved as outlined in Improvement Area 2 below:

Improvement Area 2: MHO Improvement Plan Outcomes

- An improved standard template for SCRs
- A successful MHO Development Day
- Advent of MHO Peer Groups now meeting regularly to discuss practice issues
- Improved Mental Health Act performance data
- Improved AWI case recording utilising innovative recording systems
- Agreed governance arrangements for MHO service through Practice Governance Board
- Revision of the MHO delivery model freeing up capacity
- Work to increase the number of statutory reports for Relevant Events and reduce the number of “missing” reports
- Implementation of policy and guidance for S10 supervision

Self-directed Support

SDS allows individuals maximum choice and control over how their support is planned and provided within a legal framework. There are four main options:

- Option 1 - Direct Payment - the individual receives money from the local authority to arrange and pay for their own support, being in control of how the budget is spent
- Option 2 - the individual chooses the support they want to meet their outcomes, and the local authority manages the budget on their behalf, offering flexibility without their need to manage the funds directly
- Option 3 - the local authority arranges the support and services on behalf of the individual, suitable for individuals preferring not to manage their own care arrangements
- Option 4 - the individual combines any of the options above to meet their care and support needs

Option 1: Direct Payments

Approximately 270 people have chosen this option, with many employing one or more of the 480 Personal Assistants (PAs) working in adult and children services. This regularly means being supported by someone they know and trust, fitting their routines and preferences, in a range of social, care, and practical areas of need.

Others utilise Direct Payment in flexible ways to support independence and wellbeing by purchasing equipment, commissioning care from providers, arranging befriending support, or funding activities which help them stay active and included in community life.

We are working closely with the National PA Programme Board to strengthen the role of PAs and ensure they feel supported and valued. Involvement in subgroups focus on wellbeing, recruitment, and training, as well as updating the PA Handbook and preparing for new PVG guidance, April 2025. Aims are to create the right conditions for PAs to thrive, so the people they support continue to benefit from consistent, high-quality relationships.

Option 2 & 3

We are developing a Community Asset Flexible Framework to make it easier for people to access a wide range of local supports and services. By embedding the National SDS Standards, this approach aims to expand the options available in Moray and give people even greater choice and control in how they shape their care.

Day Opportunities

Work of the Day Opportunities Team continues to complement SDS by working alongside individuals, families, and unpaid carers through a strength- and asset-based approach. Focus is on helping people to reconnect with their communities, build on existing strengths, and access more formal supports. The team supports the provision of regular short breaks for unpaid carers, recognising their crucial role and the importance of sustaining their own wellbeing.

Unpaid Carers

Play a vital role across Moray, providing essential day-to-day care and support to family members, friends, and neighbours. Their contribution enables people to remain at home, prevent avoidable hospital admissions, the cornerstone of the local health and social care system. We remain committed to ensuring carers are recognised, valued, and supported, with timely access to appropriate support in line with the priorities set out in Moray's Carer Strategy 2023–2026.

As of 31 March 2025, the commissioned carer support service, Quarriers, had a total of 1,188 adult carers and 198 young carers registered. During the reporting period of January to March 2025, they received 84 referrals for adult carers, including 58 new registrations.

In the same period, 118 young carers were referred, with 45 newly registered for support. Throughout 2024/25, we have continued to work collaboratively with carers, families, and community organisations to enhance support in alignment with the Carers (Scotland) Act 2016 and our local strategy. Key developments include:

- Revision of the Adult Carer Support Plan (ACSP): Work is underway to redesign the ACSP to adopt a more holistic, relationship-based, conversational approach, moving away from a perceived “tick-box” format, to better reflect carers’ lived experiences
- Amendment to the Commissioned Carer Support Contract: Following comprehensive evaluation, the contract with Quarriers was amended in January 2025. HSCM now holds responsibility for the completion of ACSPs and Young Carer Statements (YCS), enabling more timely and parallel support. Resultantly carers feel more recognised, valued, and supported.
- Awareness Raising Initiatives: The Unpaid Carers Team has partnered with Elgin Health Centre to improve identification and support of unpaid carers. This included staff training, revised recording practices, and increased visibility of available supports. Work has commenced on developing a distinct Carer Aware branding campaign to raise awareness of unpaid carers across Moray.

Short Breaks for Unpaid Carers

A total of 126 unpaid carers (109 adults, including 49 parent carers; and a further 17 young carers) were supported to access a short break through the Time to Live awards administered by Shared Care Scotland, funded through the Scottish Government. Other short breaks included:

- 7 adult carers and 1 young carer enjoying “Respite Breaks” supported by Shared Care Scotland
- 50 unpaid carers accessing sound bath sessions supporting their wellbeing
- 34 unpaid carers accessing therapy sessions at a minimal fee
- 12 young carers enjoying a Hopscotch funded residential break with the William Grant Foundation funding meals and extra clothing requirements, and Quarriers Children’s Fund paying for rucksacks, and Moray Council contract funding staff and volunteers
- 5 young carers attending the Scottish Young Carer’s Festival
- 22 young carers enjoying activities enabling a break from their caring role funded by donations
- 12 young carers enjoyed a trip to the pantomime in December 2024
- 9 young carers attended the Carers Trust Young Carer Action Day consisting of a 3-day art workshop

Adult Support and Protection

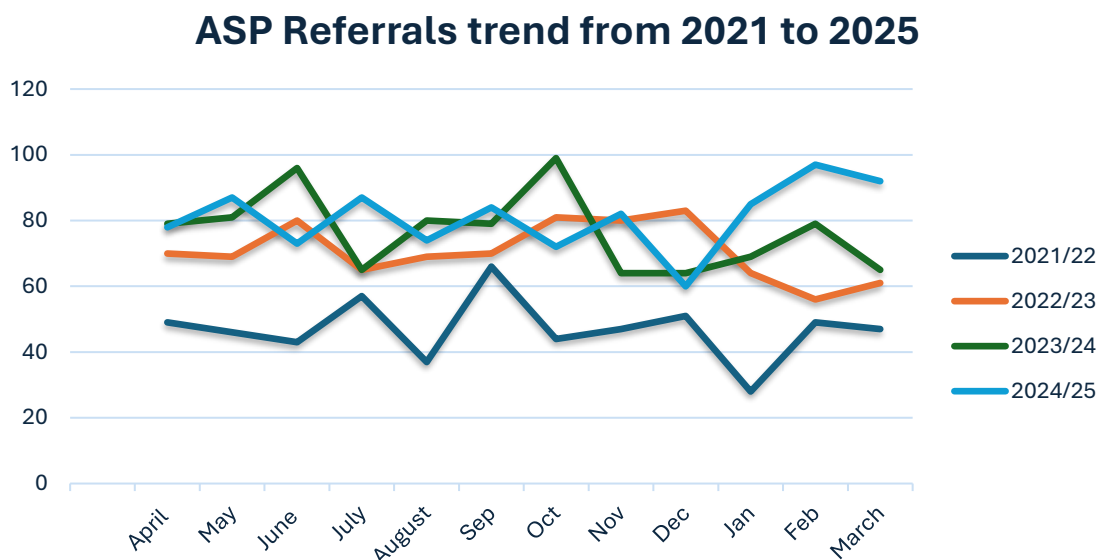
Data and Performance

In 2024/25 the ASP Data and Performance Subgroup, led by Social Work Services, including colleagues from across the ASP partnership, had oversight of data. Focus was on embedding robust recording systems to ensure the mandatory ASP National Data Set requirement. Quarterly data analysis is undertaken for reporting to the Adult Protection Committee (APC) which agrees exploratory and analytical work as required.

The Subgroup has oversight of quality assurance activity including single agency scrutiny, referral audits, ‘screening’ activities, and multi-agency audits of Initial Referral Discussions (IRDs) and ASP Conferences.

The Access Care Team, single point of contact for all ASP referrals, received 971 referrals in 2024/25, a 5% increase from 2023/24. Due to improvement work, there has been an increase in referrals from 2021/22 to the current reporting year. With the advent of the National Data Set we have compared data with other local authorities, however, nationally there are some differences in how the data is collated locally within ASP partnerships. The ASP upward referral trend is shown in graph 4 below:

Graph 4: ASP Referrals trend from 2021/22 to 2024/25



Referral and inquiry rates have increased in this reporting period, with a decrease in Case Conferences and Reviews as adults are not subject to ASP processes for longer than they need to be. IRDs are fully embedded in practice as sighted as a national exemplar in our Care Inspectorate ASP Progress Review. Published on 29 October 2024, the review evidenced substantial improvement in supporting and protecting adults at risk of harm.

Our improved performance has resulted in clear protection planning and risk reduction to support adults, diverting them from formal ASP process, showing our work supports the least restrictive principle. The ASP activity percentage changes, plus or minus, over the last two years are shown in Table 5 below:

Table 5: ASP activity from 2023/24 to 2024/25

Adult Support and Protection	2023/24	2024/25	Percentage Change %
ASP Referrals	923	971	Plus 5%
ASP Initial Referral Discussions	127	148	Plus 14%
ASP Investigations	70	74	Plus 5%
ASP Case Conferences	38	33	Minus 13%
ASP Case Conference Reviews	69	67	Minus 3%

Quality Assurance, Self Evaluation and Improvement Activity

To support ASP investigatory processes our Grampian partnership, introduced a Capacity Pathway for Protection Based Decisions. This was fully supported by the Moray Adult Protection Committee with the work integrated into the ASP multi-agency improvement plan.

It provides clarity of practice for those requesting capacity assessment and those completing them, alongside the established Grampian Decision Specific Capacity Screening Tool, fully refreshed and reviewed in June 2024. Implementation has included 'on demand' video briefings, and changes to core ASP training for partners. We introduced a Multi-Agency Chronology Template for investigative processes, a catalyst for further improvement activity of chronologies, as outlined in Improvement Area 3 below:

Improvement Area 3: Chronologies Improvement Activity

- Cross-referencing chronologies in Investigative documentation templates – further setting out the clear expectation chronologies are a core component of ASP practice
- Formalising discussion on chronologies in ASP Case Conference agendas – setting expectation in our systems that chronologies are standard practice
- New practice where completed chronologies are updated/refreshed as part of our 'core group' meetings. This ensures that chronologies are a dynamic and live document through the life of an adult at risk's ASP journey.
- Specific learning sessions held as part of the ASP Forum calendar of events – supporting staff to effectively complete chronologies.

Moray ASP Lead Officer is chair of the National Chronologies Group. As national work in this area comes 'on stream', Moray is well-equipped to integrate these developments into local practice.

Significant work was undertaken to improve the consistency and quality of our risk assessments in ASP practice as detailed in Improvement Area 4 below:

Improvement Area 4: Risk Assessment Improvement Activity

- Integration of risk identification and control measures in the body of our investigatory paperwork
- Completion of a multi-agency risk assessment formally discussed and then finalised in the ASP Case Conference
- Risk assessment reviews in Case Conference Reviews, and 'between' such formal meetings, via 'core group' arrangements
- Introduction of (as part of Grampian wide work) a Multiagency Risk Assessment Training Workshop. This popular and well evaluated course allows police, health and social work staff to learn and share risk assessment practice collaboratively.

We have created a clear, accessible protection and action plan for adults deliberately written in accessible language. As outlined in Improvement Area 5 below, Protection Plans within Moray are now:

Improvement Area 5: Protection Plans Improvement Activity

- Fully discussed and agreed at ASP Case Conferences multiagency wise
- Discussed and agreed with the adult at risk
- Updated regularly in 'core groups' so they remain relevant and up to date

These improvements have also been seen and experienced by our practitioners and the people we support. During consultation we received very positive feedback from parents and Council Officers. Moreover, the Progress Review found Moray had made significant progress in all seven areas recommended in the 2022 joint inspection. Key findings included:

- Consistent application and delivery of key processes. Practitioners were noted to be confident and highly professional and followed the multi-agency adult support and protection procedures meticulously
- Investigations were carried out for all adults at risk who required them. Almost all Investigations were rated good or better (85%)
- Adults at risk of harm had in place a Chronology. 80% of Chronologies were rated good or better, which is a significant improvement from 39% in 2022
- The Quality of Risk Assessments and Protection Plans had improvement significantly
- Case Conferences were found to be carried out effectively. The right people from partner agencies prioritised attendance. Almost all Case Conferences were rated good or better for quality
- Initial Referral Discussions (IRDs) were found to be of an **exemplar** for the sector
- The Adult Protection Committee (APC) and Chief Officers Group (COG) exercised sound and effective multi-agency governance over the delivery of improvements to adult support and protection
- The partnership had a cohesive programme of multi-agency audits and quality assurance activities. These included involvement from front line practitioners.

The Progress Review highlighted areas of further improvement with progress noted in our ASP multiagency improvement plan. Moray's Interagency Vulnerable Adults Process (MIVA) initiated in 2022, has been implemented. MIVA is a supportive, collaborative framework involving adults in a person-centred process.

Resultantly there has been a significant decrease in Police Concern Reports for adults involved, which features in collaborative Workstream 4 led by the Joint Care Inspection Team. Following expression of interest, we were invited to undertake a piece of supported self-evaluation using the ASP Quality Indicator Framework S5.7: "Effective support & early intervention for adults with escalating risks for whom a straightforward application of the three-point criteria is difficult to apply"

In 2024 a new Quality Assurance Audit Tool: the Adult's Journey, was developed for better analysis of data over the entire ASP process helping the reviewer consider the adult's whole experience. The Consultant Practitioner Team is testing the tool in practice to make further improvements from 'live' feedback and practical usage.

Learning and Development in ASP

We have refreshed the Council Officer training across Grampian with revised codes of practice in the training calendar delivering various training initiatives internally and externally including Eventbrite for participants all supporting improvement work. Feedback has been positive e.g. our Self-Neglect and Hoarding session led to a Short Life Working Group to produce practitioner guidance.

The new Moray ASP Learning and Development Subgroup progresses multiagency learning needs, the ASP forum meet 6-weekly, re collaborative practice, training and awareness raising activities.

ASP Referrals

We have experienced a significant increase in the volume of ASP referrals and across Grampian, developed a 'Response to the Increase in ASP Reporting', to manage the increase. This led to a full refresh of the Multiagency Thresholds Guidance, approved by the APC in June 2024, supporting practitioner's judgements on what type and nature of incidents should be subject to ASP reporting including guidance on actions to support vulnerable adults and reduce risk.

Anti-racism

We have been working closely with the police to support communities when introducing New Scots who have been well received, and many have been embraced by our care experience community. Any specific issues of racism affecting children and adults would be addressed in their support and care arrangements. There have been two minor incidents of racial behaviour in 4 years regarding our New Scots which happened in school. Through work with the respective schools, matters were addressed directly with the young people who made the comments, their parents were made aware, and such behaviour was robustly challenged in the school assembly.

Community Justice

Justice Services

Deliver services, including statutory Justice Social Work functions for support and supervision of people who have committed offences and are involved in the Court or prison system. The governance of Justice Social Work in Scotland is a multi-layered system involving local and national bodies. Locally the Community Justice Partnership co-ordinates a plan to reduce reoffending in which the local authority plays a key role in delivering. Moray's Community Justice Outcome Improvement Plan (CJOIP) 2024-2029 was launched in 2025 with attendance and presentations by people with justice system lived experience. Nationally, Community Justice Scotland is the leadership body which oversees local performance, reports can be accessed by the public alongside Moray's annual report which is published locally.

Relationships between Justice Social Work and the local Sheriff Court continue to be strong with good communication and regular meetings to identify and resolve issues. A Court pack is in development to provide an overview of the services provided by the local team and local updates. This will be available electronically on the Moray Protects website [Moray-Court Information Pack](#) in the next reporting period.

In many cases prior to sentencing, the Courts will request a Justice Social Work Report to assess risk, identify interventions required and detail potential disposals. In 2024/25 there was a slight increase of 7% in the number of reports being requested. Of these reports there were 634 Community Payback Orders (CPO) imposed which is a 12% increase from 561 in 2023/24.

In 2024/25 there were 10 Drug Treatment Testing Orders (DTTO) imposed, more than double the year prior. There is close working links between Moray Integrated Drug and Alcohol Team and Arrows, a third sector support service, to provide comprehensive support to individuals subject to a DTTO.

The unpaid work service currently runs six days per week, with an increasing demand noted over this year for Saturdays. In addition to group work provision there has been a drive to increase the individual placement availability and at the end of March 2025 there were opportunities available in 9 third sector and charity agencies across Moray.

A female only group has been further developed which supported individuals to identify and reach specific goals during their time on unpaid work as well as benefit local communities.

We continue to work in partnership with Moray Food Plus in growing and distributing produce from our polytunnel site with the space used for group activities outside the winter months.

There are two group opportunities for individuals in the service, the Women's (RISE) and Men's (SWITCH) groups. These are community justice-focused, trauma informed, and person-centred to effectively address individual needs while promoting rehabilitation and enhancing community safety. This approach benefits participants by creating trust, reducing reoffending and supporting long-term positive change. Participation is voluntary and is available to people at any stage of their journey within the justice service. It involves a range of community partners to enhance the support available out with the justice system.

There has been an increase in work undertaken on bail supervision which created higher workloads. In 2024/25 there were 218 bail assessment suitability reports completed which converted into 56 bail supervision requirements being imposed. This is a significant increase from 2023/24 where 128 assessments were completed, and 29 bail supervision requirements were imposed. Reflective engagement with the local Court and Procurator Fiscal is aimed to improve early identification of assessments being required to allow the Court to be advised of key information in a timely manner. Work will be developed in the next reporting period.

Service improvements have included developing partnership approaches to support women and men in the Justice system. A pilot funded with third sector ring fenced funding, involved direct access to counselling via referrals from the Justice Social Work team to Crossreach Counselling. Evaluation was completed with agreement for three further counselling blocks where up to 5 individuals can be referred at a time.

For men who commit sexual offences, we can deliver the Moving Forward to Change programme.

During 2024/25 the number of individuals subject to Multi Agency Public Protection Arrangements (MAPPA) has remained consistent with the previous year with Justice Social work being lead agency for approximately 25%. There have been no under 18's subject to MAPPA, with most individuals being aged 31-40. Together with our neighbouring local authorities there has been attention paid to the over 70 age range linking with adult services to ensure safe and appropriate arrangements of care and support when required.

The team has undertaken the screening and essential training for the delivery of the Caledonian System. Specific training for the women's social worker and children's social worker is due to run later in the next reporting period given recruitment to these posts was successful.

Youth Justice

The team supports 16 and 17 year-olds, for diversion from prosecution, those appearing in Court and remanded or sentenced to secure care. Staff assess and support families where the child has, or is at risk of, coming into conflict with the law. In the early part of the reporting period, we had had one young person in secure care provision, as a direct alternative to prison, and we now have no one in secure provision.

The Youth Justice team has undertaken new and refresher training during 2024/25 for the START:AV and AIMS-3 assessment models. In addition to this they continue to work closely with the Children and Young People Centre for Justice (CYCJ) and have benefited from an in-person team development session aimed at identifying strengths and areas of improvement, taking into consideration the content of the Children's Care and Justice Bill.

During 2024/25 an average of 30% of young people in Youth Justice were identified as care experienced. There remains a continued commitment to reducing this number through early intervention and partnership working. Close links are in place with and between our local children's houses and the Social, Emotion and Behavioural Needs Service provided by education.

There have been 52 children and young people referred to the Scottish Children's Reporter Administration (SCRA) during 2024/25 on offence grounds, a slight reduction from 2023/24. 17% of those were females showing it continues to be young males who require the highest level of support in respect of conflicting with the law. The most common offence reported over 2024/25 continues to be vandalism, followed by assault and theft by shoplifting.

3. Resources

Financial Resources Year 2024/25:

Adult Social Work and Social Care = total: **£67.6M**

Children and Families (inc. Youth Justice) Social Work = total: **£17.134M**

Justice Services Social Work = total: **£1.435M** (Justice social work services are funded through Scottish Government ring-fenced grant in line with Section 27 of the Social Work (Scotland) Act 1968, as amended).

Whole Family Wellbeing Fund for children's services community planning partnership = total: **£524** for 2024/25 and **£619K** which has increased for financial year 2025/26.

The number of families supported by social work services are contained in Table 6 below:

Table 6: Open Cases

Open Cases as at 31 March 2025	
Team	Caseloads
Children's Access Team	114
Children and Families West Team	201
Children and Families East Team	102
Youth Justice	43
Throughcare and Aftercare	69
Children's Disability Team	80
Justice Services	496
Access Community Care Team	98
Community Care Team East	662
Community Care Team West	1049
Hospital Discharge Team	120
Community Learning Disability Team	419
Mental Health Team	288
TOTAL	3741

4. Workforce

There is a national shortage of qualified social workers in Scotland impacting service delivery in Moray with vacancies in Localities Social Work, notably in Children & Families. Social Care staff are also in demand with statutory, private and third sector providers in Scotland reporting significant recruitment issues.

Number of operational social work posts:
 Adult Services: **45.29 Whole Time Equivalent (WTE)**
 Children and Families: **63.33 WTE**
 Justice: **13.4 WTE**
 Out of Hours: **2.75 WTE**

In 2024, Moray Council launched a new Social Worker in Training (SWiT) Scheme with MHSC and Robert Gordon’s University, to “grow our own” by converting vacant social worker posts into fully funded training opportunities. Successful candidates receive Grade 7 salary, and full university fees, while completing their Honours Degree by distance learning. This year, 2024/25, we have successfully recruited six SWiT into previously hard-to-fill vacancies.

Supporting Newly Qualified Social Workers (NQS) [Definitions of employer support](#) is mandatory, to create a framework from qualifying education to advanced practice for all social workers and social work employers in Scotland. The Supported Year provides an infrastructure for social worker employer support from education to work. Work is advanced for structured support early in the next reporting period.

During 2024/25, training sessions and workshops on the 4x4x4 supervision model were delivered to all adult social work teams, adult day services, social care teams and the occupational therapy team. A total of 168 practitioners undertook the training with surveys showing the model is generally well understood and valued.

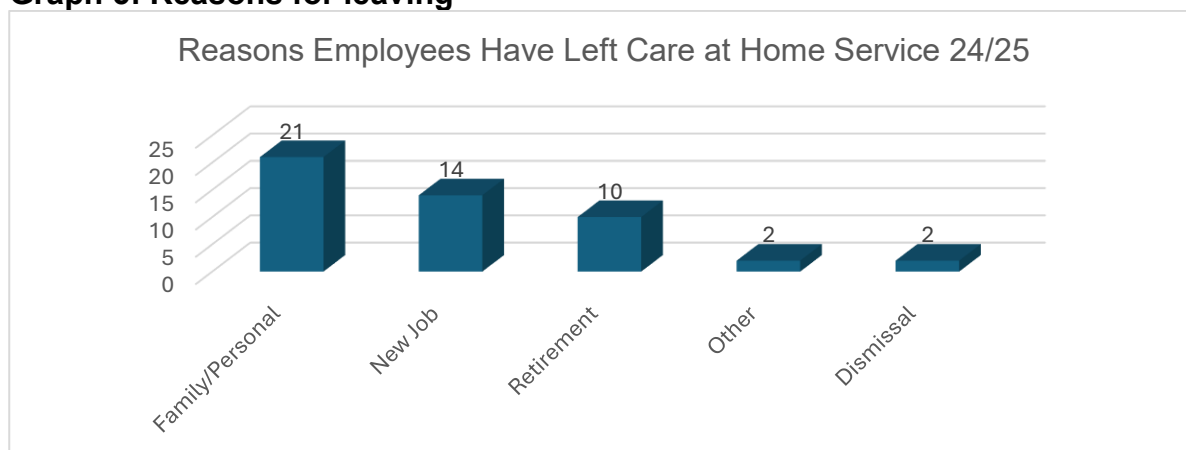
In Scotland there are challenges in growing the Mental Health Officer (MHO) workforce to meet demand. There are 15.3 WTE practising MHOs in Moray (only 1 WTE MHO has a dedicated post). It is approximated for WTE capacity in a week, Moray has 3.06 WTE MHO undertaking dedicated MHO work.

Moray will continue to support up to two MHO candidates. It is likely retirement will reduce the workforce soon given the age profile of MHOs, with 7 being over the age of 60.

Plans have been developed for a test of change to increase capacity in the next reporting period using underspend on the remaining MHO capacity fund provided by Scottish Government to increase capacity

Between April 2024 and March 2025, 50 new staff joined the Care at Home service and 49 staff left. The overall retention rate for the year was 82%, an improvement from 79% the previous year. The reasons for staff leaving are contained below in Graph 5:

Graph 5: Reasons for leaving



The main reasons for leaving were family or personal circumstances (21), new jobs (14), and retirement (10).

Recruitment activity has continued throughout the year, with regular induction programmes held every two months.

5. Looking Ahead

Moving into the next reporting year, the external environment will continue to place a strain on resources and increased demand is likely to continue.

We know that children growing up in homes where there is poverty, domestic abuse, substance use, or mental health problems, are at a higher risk. When combined with the existing strain on local services (Audit Scotland on IJBs, 2024), the implications for children are significant. The landscape of safeguarding and child protection is changing and although practice is improving in some areas, statutory funding is stretched to keep up with increased demand. There is a national shortage of foster carers, rural care at home provision and complex learning disability living resources, which will continue to impact budget, pressure on staff, individuals and families. Developments detailed above will contribute to a solution.

Kinship Care figures have been like those for 2023/24 although we aim to increase this as part of the work to keep children at home with their families. In the movement of kinship carers arriving and departing in 2024/25 by the end of the year, there were larger groups of brother and sisters in kinship care with fewer households, meaning the number of children in Kinship care was only one less than in 2023/24 = 39 compared to 40.

In the next reporting period, we shall review our health and social care partnership structure to ensure effective management and structural arrangements, within our resource capacity. To operate in the most efficient manner possible seeking flexibility and agility, in functioning within the current public services landscape.

Our services access arrangements require examination, as part of the above structural review, to ensure services are built around the needs of people as opposed to people being processed around the needs of the structure. Taking account of the importance of relational social work, continuity of service from the outset, early diversion and prevention.

Moving into the next year, we are building on the findings of the social work governance national thematic inspection, Care Inspectorate, June 2025. More specifically, the social work and social care governance framework we have introduced across the workforce. We are embedding this work with review to demonstrate the effectiveness of our arrangements.

In 2024/2025, the Commissioning Team focused on embedding the improvements identified in the external audit conducted by KPMG in February 2023. The focus was ensuring each contract received consistent scrutiny and follows a standard process, as well as supporting operational staff in better understanding commissioning policies and procedures.

The team has also fostered an inclusive culture in commissioning, whereby individuals who will receive services are included on the Tender Panel and are responsible for scoring the presentation element. This supports Moray's aim of achieving ethical commissioning practices.

The Commissioning Team has ensured that 90% of contracts are reviewed, current, and signed. The remaining contracts are undergoing thorough reviews, with decisions being carefully considered to ensure alignment with HSCM's strategic aims.

In the coming year, the Commissioning Team will be developing a Community Asset Framework to enable providers, from sole traders to large service providers, to offer services which meets individual outcomes in more imaginative ways. This initiative supports HSCM's goal of empowering communities and reducing reliance on traditional services.

Functional Family Therapy (FFT) continued to be embedded within the Children and Families services throughout 2024/25, during which 32 referrals were received. It was previously identified that younger children could benefit from the service. As a result, referrals are now accepted for children aged 8 and above, whereas previously the minimum age was 11.

The Commissioning Team is actively monitoring families who have completed the programme at regular intervals to assess whether the service is achieving its core aim: supporting families to remain together. Outcomes for families who receive the service are generally positive. However, in some cases, referrals were made when families were already at crisis point, which reduced the effectiveness of the service.

The service is currently operating under capacity, with immediate availability for new referrals. Commissioning has noted 12 unplanned exits from the programme, while 20 families have completed the programme successfully. A review of all family support services is underway, with a view to introducing new services from April 2027.