Care & Social Services Inspectorate Wales (CSSIW)

Local authority core inspection programme

Evaluation criteria: guidance for inspectors and local authority social services departments

Introduction

This document should be read alongside the Framework for Local Authority Inspection, Engagement & Performance Review. This guidance sets out the detailed evaluation criteria against which inspectors will make quality judgements when carrying out inspections of adult and children's services departments under CSSIW's local authority core inspection programme. The purpose of the document is to ensure inspectors and local authorities have a transparent and shared understanding of the criteria against which inspection judgements are made.

The foundation of the core inspection programme is the eight well-being statements and associated well-being outcomes as outlined in the Welsh Government **National Outcomes Framework for People who need Care and Support and for Carers who need Support (March 2016)**. Our approach builds upon the associated local authority quality standards set out in the **Code of Practice in Relation to Measuring Social Services Performance issued under section 145 of the Social Services and Well-being (Wales) Act**. In addition, all inspections will consider a local authority's capacity to improve through an analysis of the leadership and governance of its social services functions. We have embedded this approach into our evaluation criteria which provides a set of five **key dimensions** underpinned by **quality criteria** to help guide inspectors in making their judgements, and to provide local authorities with clear information about what is expected. An evaluation against all quality criteria will not necessarily be included in every individual inspection event; this will depend on the particular focus of the inspection and will be determined by a regular review of key issues and challenges faced by local authorities in Wales. The focus of inspections will vary over time. However, every inspection will assess the extent to which the work of social services is effective in helping people who need care and support, and carers who need support, to achieve good outcomes.

Note: Throughout this document, the generic use of the word "people" includes a child; a young person; or an adult who needs or may need care and support; as well as carers who need or may need support. Where a criterion applies specifically to only one of these four groups, this has been identified.

Key Dimension 1: Information, Advice and Assistance (IAA)

> **What we expect to see**
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> The authority works with partner organisations to develop, understand, co-ordinate, keep up to date and make best use of statutory, voluntary and private sector information, assistance and advice resources available in their area. All people, including carers, have access to comprehensive information about services and get prompt advice and support, including information about their eligibility and what they can expect by way of response from the service. Arrangements are effective in delaying or preventing the need for care and support. People are aware of and can easily make use of key points of contact. The service listens to people and begins with a focus on what matters to them. Effective signposting and referring provides people with choice about support and services available in their locality, particularly preventative services. Access arrangements to statutory social services provision are understood by partners and the people engaging with the service are operating effectively.

Quality criteria

AA1 People are supported to explain what matters to them and then get help that is well coordinated, makes sense to them and is proportionate to their enquiry

AA2 IAA arrangements are clear, effective and available at times appropriate to the needs of the local population.

AA3 The provision of IAA is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

AA4 Accessible information about care and support, or support in the case of a carer, is available that is accurate and up to date, without the need for core data to be recorded in the National Assessment and Eligibility Tool and without an assessment having been undertaken.

AA5 Where either advice and/or assistance is required, a proportionate assessment is started through discussion and analysis of the five elements of the National Assessment and Eligibility Tool.

AA6 People get access to information, advice and assistance on care and support that is: available through a variety of media (including face to face); tailored to meet the needs of different groups (including Welsh, easy read and child friendly versions); and is focussed on specific groups – including the use of 1:1 support workers if required – e.g. for those who are deaf blind.

AA7 People get prompt advice about their eligibility for services. They are speedily signposted to appropriate alternative services when the threshold for statutory services is not met. In these circumstances the council provides assistance to those people that need help accessing alternative services. There are no significant delays in accessing alternative services. As a result of early intervention the need for statutory services is lessened or avoided.

AA8 IAA arrangements reflect and promote an integrated approach to health and social care services. They support people to actively manage their own well-being outcomes, to understand the quality of service they are entitled to and to make informed decisions about their care and support.

AA9 Local safeguarding protocols are in place that ensures immediate action is taken if an individual's safety is in doubt.

AA10 The interface between preventative services and statutory protection work is clearly and effectively differentiated. The authority's approach to risk assessment and risk management is shared and understood by partner agencies.

AA11 Access thresholds accord with the requirements of legislation are appropriate, understood by people and partners and are consistently applied. They are reviewed and updated regularly. Thresholds are effective in avoiding drift or delay. The local authority has arrangements in place to identify those people for whom a preventative action may be particularly appropriate linked to a clear approach to safeguarding and the management of risk

AA12 People are offered help and/or protection when needs and/or concerns are first identified. People get help and support that is timely; appropriate; proportionate to risk; and focused on achieving the outcomes that matter to them. Information is gathered effectively, shared appropriately and analysed in order to identify safeguarding concerns and to ensure people are not left at risk or unsafe.

AA13 Partner agencies contribute effectively and are familiar with the systems and arrangements in place for IAA.

AA14 Other professionals make appropriate referrals to social services with respect to people at risk of abuse, neglect or harm and for those in need of care and support. Professionals understand their responsibilities in relation to making and contributing to referrals. Professionals are informed and engaged in the outcome of referrals they make to the authority.

AA15 Preventative services are provided or arranged in an appropriate and timely manner. The local authority can demonstrate innovation in their approach to preventative services, making best use of resources, achieving value for money and actively engaging with health services, the third sector and other partner agencies to meet identified needs. The effectiveness of IAA and other preventative services is understood and informs future development of provision.

AA16 The range and level of early help and preventative services that the local authority provides or arranges promotes the well-being of people who need care and support. Services within the local authority are aligned in such a way as to help prevent or delay the development of care and support needs. People are appropriately encouraged to contribute to their own well-being outcomes recognising their personal strengths and community networks.

AA17 People using services are supported by staff who act professionally and who are suitably experienced and knowledgeable. Staff have a good knowledge of

local facilities and actively promote people's awareness of these to inform choice. The service has the capacity to deliver an informed and personalised service.

AA18 There is an appropriate range of advocates with sufficient capacity available for timely access. Advocacy is offered and provided to enable people to make choices about the need for and access to services.

AA19 IAA provides a first point of contact that is valued by people who use them. Those who access these services believe they have been dealt with fairly and appropriately, know what the outcome of the contact is, and what, if any, action will subsequently be taken and by whom. People know their primary point of contact.

AA20 The "active offer" is made and IAA is provided through the medium of Welsh and in line with the Welsh Government's framework for Welsh language, **More Than Just Words – the Follow-on Strategic Framework for Welsh Language Services in Health Social Services and Social Care 2016 – 19** as well as in other languages of choice where necessary. The local authority has a system in place and records when an "active offer" is made recording language of need in people's records.

AA21 Accessibility to services is evidenced in the planning and design of preventative services. Particular attention is given to including support to people to engage with services and particularly to ensuring the needs of disabled people are properly addressed.

AA22 There is evidence of structured and regular management oversight of decision making within the IAA process. Whatever decisions are taken are endorsed at a managerial level and are recorded.

AA23 (In relevant authorities only) Arrangements are in place to ensure that people detained within the secure estate know about and have access to IAA service, that assessment of their eligibility is timely, and where thresholds are met appropriate services are provided.

Key Dimension 2: Assessment

What we expect to see

All people entitled to an assessment of their care and support needs receive one in their preferred language. All carers who appear to have support needs are offered a carer's needs assessment, regardless of the type of care provided, their financial means or the level of support that may be needed. People experience a timely assessment of their needs which promotes their independence and ability to exercise choice. Assessments have regard to the personal outcomes and views, wishes and feelings of the person subject of the assessment and that of relevant others including those with parental responsibility. This is in so far as is reasonably practicable and consistent with promoting their wellbeing and safety and that of others. Assessments provide a clear understanding of what will happen next and results in a plan relevant to identified needs. Recommended actions, designed to achieve the outcomes that matter to people, are identified and include all those that can be met through community based or preventative services as well as specialist provision.

Quality criteria

A1   Assessments are undertaken by those who are qualified to do them.

A2   The provision of assessment is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

A3   Enquiries are thorough and undertaken promptly. There is a timely response to referrals, including out of normal office hours. Prompt and effective action is taken to protect people where this need has been identified. Social work expertise and advice is available to support other professionals in making best decisions.

A4   Information-sharing between agencies and professionals is timely, specific and effective and takes full account of relevant requirements in legislation and guidance concerning issues of consent.

A5   Assessment is timely, proportionate to needs and responsive to the urgency of needs and risk; is informed by research and the history, context and significant events in each case. Assessments contribute in a demonstrable way to the achievement of outcomes that matter to people. The timeliness and nature of the assessment is agreed with a manager. Where sufficient information is available a coproduced **simple assessment** may be sufficient to decide what services (if any) should be provided, and by whom. In other circumstances a more **comprehensive assessment** may be needed to fully understand the outcomes people wish to achieve and what type of responses or services are most likely to bring these about. In these circumstances the information from the simple assessment is always used to inform the on-going assessment.

A6   The process of assessment must be designed around the needs of the adult or child whose needs are being assessed. This includes the documentation used; the environment where the assessment takes place; communication methods that are used; and the availability of a carer, family member, friend or advocate as agreed or required.

A7   All carers who appear to have support needs are offered an assessment in their own right. The carer's assessment and assessment of the person cared for should only be combined with the permission of the carer.

A8   People contribute to their own assessment. The "active offer" is made to enable people to contribute in the language of their choice. Advocacy is used where appropriate to support assessment and its contribution to the promotion of well-being outcomes, safeguarding and prevention goals. As is reasonably practicable and consistent with promoting the wellbeing and safety of the individual and others assessment takes the views of people's families, carers and other personal relationships into consideration when assessing their care and support needs. Parents and carers have opportunities to describe their own situation and the help they might need.

A9   The documentation used to record the assessment positively enables this approach. The quality of written analysis in assessment, including analysis of risk, is consistent and informs planning which effectively maximises the likelihood of outcomes that matter to people and minimises the effect of identified risks.

A10 An assessment may result in people being clearly signposted and supported to access preventative or community based services. When services are to be provided against eligible need, a multi-agency care and support plan should be developed where referrals to specialist agencies are needed, they are made promptly. Where the provision of help requires additional authorisation, arrangements are in place to avoid drift or delay in decision-making.

A11 Practitioners are alert to any risk of abuse neglect or harm to the person who is being assessed and to others; including others in their care. Assessment identifies and explores the source and nature of these risks and there is an agreed approach to risk management or mitigation

A12 Assessments are viewed as an intrinsic part of the intervention supporting people to identify how they can do things for themselves and to maintain, recover or develop their skills and capacity. Assessments support people to evaluate their own choices, recognise unsafe relationships and how to protect themselves and others who matter to them from abuse and neglect.

A13 Staff find effective ways to engage and maintain engagement with people. Where there are concerns about safety and protection and people do not engage, risks are reviewed and managers involved in determining risk-based decisions.

A14 Assessment ensures that people's best interests are understood and promoted and their independence is maximised. It recognises that the idea of well-being and the outcomes that represent this will mean different things to different people. It acknowledges that there may be circumstances where personal outcomes cannot be achieved through an equal relationship between people and practitioners.

A15 There is evidence of structured and regular management oversight of decision making within the assessment process. Whatever decisions are taken, are endorsed at a managerial level and are recorded.

A16 Where requested to do so by local authority social services, professionals from across other organisations such as health and those within other parts of the local authority such as housing and education understand their responsibilities and duty to cooperate and actively by assist social services to carry out their assessment functions

A17 The assessment process should be accessible to all, with documentation in easy read or other formats. Communication support should be available, to help the individual whose needs are being assessed, to understand the outcome of the assessment.

Key dimension 3: Care and support

What we expect to see

People experience timely and effective multi-agency care, support, help and protection where appropriate. People using services are supported by care and support plans which promote their independence, choice and wellbeing, help keep them safe and reflect the outcomes that are important to them. People are helped to develop their abilities and overcome barriers to social inclusion.

Quality criteria

CS1 People and families are actively involved in the planning and delivery of their care and support services. They are supported to identify what matters to them and how they might achieve their personal well-being outcomes. These outcomes are clearly described and the actions to achieve them are identified.

CS2 The provision of care and support is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation. People's individual identities and routines are recognised and valued.

CS3 The local authority works openly and transparently in an equal partnership with people to promote their well-being. It is flexible in the approach taken to securing those aspects of well-being that are important to people.

CS4 People and families are involved in the design and development of services. There are increasing numbers and rates of people commissioning their own services in whole or in part through the use of direct payments.

CS5 Plans and services support people to manage risks in a proportionate way, consistent with their age, maturity and understanding, and empower them to feel in control of their life.

CS6 Plans and services build on people's and families' strengths and abilities. They enable people to access services that are geared to support their re-ablement and independence, reduce isolation and promote their wider participation in community life.

CS7 People are supported to live within their own family or home. Where it is not safe or possible for people's needs to be met with their family or at home, they are supported to make choices which will allow them to live in stable placements and to maintain contact with family and friends where that is in their best interests.

CS8 Care and support plans are person-centered, forward looking and demonstrate the direct contribution people are able to make to them. The quality of care and support planning is consistently good. Plans clearly identify needs, how and by when these will be met and by whom. People have a copy of their plan in the language and format of their choice.

CS9   Care and support promotes the best possible arrangements for the individual person and as far as is reasonably practicable is consistent with promoting their wellbeing and that of their family and/ or carers.

CS10 Support for carers with eligible needs is detailed in a support plan that describes how the needs will be met. Carers are offered the option of direct payments to buy in their own package of support to meet their eligible needs.

CS11 For people who need protection, plans clearly identify risks and the changes that are necessary, within appropriate timescales, to mitigate these. The plan is clear regarding the outcomes sought and who is responsible for delivering what and why. Agency expectations are clear including what has to change and to what extent. Plans identify key emergent contingencies or options and advise what people need to do if elements of the plan or the whole plan need to be altered. People have a copy of their plan in the language of their choice.

CS12 People are listened to. Practice is focused on people's needs, experiences and desired outcomes and as far as practicable takes account of their wishes and feelings or, where they cannot represent their view themselves, those advocating on their behalf. People are consistently seen and seen alone where this is judged to be appropriate or required by statutory guidance.

CS13 Those who help people, understand their professional responsibilities, work well together, anticipate what people need in future and jointly plan ahead so that care and support needs will be met.

CS14 Plans and decisions are kept under timely review to analyse the progress made in meeting identified needs. Statutory reviewing requirements are met. Review of plans respond effectively to changing circumstances and evaluate progress in achievement of personal well-being outcomes. Care management is alert and responsive to concerns or risks when these are raised.

CS15 Planning meetings, conferences and review meetings are chaired well, happen on time and involve relevant professionals. People are supported to contribute meaningfully to meetings.

CS16 People who have a care and support plan have an allocated worker who shares relevant information with partners to promote a seamless transition of care and support across and between services.

CS17 Transition planning is effective. Transfer arrangements within and between services including: between local authorities; between local authorities and health services; and between local authorities and the secure estate promote continuity, reduce or eliminate loss of impetus in planning and engagement with people or delays in the provision of services.

CS18 Case records are well ordered, contain key documents and are up to date. All decisions, actions and engagement with people and other professionals are clearly recorded. Information systems provide an effective oversight of people's previous involvement with services. The use of chronologies and genograms is purposeful. The record demonstrates casework that is people-focused and provides evidence of the person's wishes and feelings. The

documentation that is used supports an outcome-focused way of working. Case records allow for a recording that the "active offer" has been made and people's preferences for English or Welsh communication determined. Business support resources enable staff to work more effectively.

CS19 There is evidence of structured and regular management oversight of decision making within the care planning and review process. Whatever decisions are taken are endorsed at a managerial level and are recorded.

Key Dimension 4: Safeguarding and Protection

What we expect to see

Effective local safeguarding strategies combine both preventative and protective elements. Where people are experiencing or are at risk of abuse neglect or harm, they receive urgent, well-coordinated multi-agency responses. Actions arising from risk management or safety plans are successful in reducing actual or potential risk. People are not left in unsafe or dangerous environments. Policies and procedures in relation to safeguarding and protection are well understood and embedded and contribute to a timely and proportionate response to presenting concerns. The local authority and its partners sponsor a learning culture where change to and improvement of professional performance and agency behaviours can be explored in an open and constructive manner.

Quality criteria

SP1 The local authority promotes and supports an effective multi-agency approach to assessment; safeguarding and promoting the well-being of people. This includes work being undertaken to prevent people suffering abuse, neglect or harm including support for people 'at risk" of abuse, neglect or harm to access early intervention services.

SP2 Local authority social services effectively discharge their duty to enquire where there is reasonable cause to suspect a person is suffering, or likely to suffer abuse, neglect or harm. Enquires are effectively co-ordinated with other relevant agencies and investigations to enable timely informed decisions regarding whether and what further action might be needed to safeguard and promote the welfare of people involved.

SP3 All of the local authority's relevant partners understand and exercise their duty to report, where they have reasonable cause to suspect that a person is at risk of abuse, neglect or harm.

SP4 Public awareness of risks to personal safety and safeguarding support is raised and promoted by public campaigns. The authority, in conjunction with its safeguarding board partners and the safeguarding board, works to ensure that arrangements are in place to let people, including children, know how to contact them if they have concerns about abuse, neglect or harm, including information about what they might expect by way of response.

SP5 People who are experiencing, or who are likely to be, at risk of abuse, neglect or harm are identified and safeguarded from abuse and exploitation by the authority working in a coordinated way with its partner organisations**.**

SP6 Protection for people is sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation.

SP7 There are effective inter agency arrangements in place to ensure co-operation in planning and delivering protection services and in sharing information. All professionals working contribute to whatever actions are needed to safeguard

and promote people's wellbeing and regularly review the outcomes achieved against specific care and support plans

SP8 The authority and its key partners participate in and contribute effectively to case conferences, strategy meetings and other relevant fora. These fora are effective in enabling timely information-sharing, planning and risk-based decision-making. People are supported to contribute meaningfully to these meetings.

SP9 People are supported, informed and assisted, using advocacy where needed, to understand the help they will receive, including what has to change and potential future options. The "active offer" is made to ensure people can contribute in their language of choice to the development of plans to improve their safety and well-being. They are routinely provided with a copy of assessments and plans in their language of choice.

SP10 Management oversight ensures effective decision-making and challenge where the circumstances for people do not change or where the risk of harm or presence of harm remains.

SP11 There is clear access to legal advice. Appropriate thresholds are in place for the initiation of Public Law Outline (PLO) arrangements. The relationship between the PLO, child protection and parallel planning is well understood. Applications made to the court clearly reflect the wishes and feelings of children, young people their parents. The viability of extended family members as potential carers is appropriately identified and explored. Working relationships with the local courts and associated services are good and contribute to the avoidance of unnecessary delay.

SP12 There is clear access to legal advice. This should include, but not be confined to, any potential or required use of the Adult Protection and Support Order or Deprivation of Liberty Safeguards.

SP13 Allegations of abuse, mistreatment or poor practice by professionals and carers are taken seriously. Steps are taken to protect people and the management of allegations is robust and effective.

SP14 Safeguarding Boards act to ensure that there are effective measures in place to protect adults and children within its area who are experiencing, or have experienced harm or who may be at risk as the result of abuse, neglect or other kinds of harm. There is evidence of effective challenge to the organisation where arrangements are not at the required standard.

Key Dimension 5: Leadership, management and governance

The direction of services

> **What we expect to see**
>
> Leadership, management and governance arrangements comply with statutory guidance and together establish an effective strategy for the delivery of good quality services and outcomes for people. Meeting people's needs for quality services are a clear focus for councilors, managers and staff. Services are well-led, direction is clear and the leadership of change is strong. Roles and responsibilities throughout the organisation are clear. The authority works with partners to deliver help, care and support for people and fulfils its corporate parenting responsibilities. Involvement of local people is effective. Leaders, managers and elected members have sufficient knowledge and understanding of practice and performance to enable them to discharge their responsibilities effectively.

Quality criteria

DS1 Leadership, management and governance arrangements comply with statutory guidance including **Code of Practice on the Role of Directors of Social Services (Part 8 SSWBA 2014)**. Senior managers, leaders and elected members work effectively to discharge their individual and collective statutory responsibilities. Working relationships between members and officers are positive. There are clear lines of accountability and governance with a clear distinction between political, strategic and operational roles.

DS2 Leaders, including elected members and managers, have a line of sight on the 'front line' and evidence an ability to respond appropriately and quickly to deficiencies in service or new demands. The quality of information and level of transparency enables rather than hinders elected members and others, to understand and challenge as necessary the authority's assessment of performance and provision. Elected members, including scrutiny committees understand their role, are supported to discharge it and are effective in holding relevant post holders to account.

DS3 The Head of Paid Service meets regularly with the statutory director of social services, understands the roles and responsibilities of the statutory director and provides leadership; including support and challenge, to enable those statutory responsibilities to be met.

DS4 There is a clear and high-level vision for social care which has been articulated to and is understood by staff and other key stakeholders. This reflects local as well as national imperatives, influences priority-setting and strategic commissioning activity. The Director acts with authority to discharge the responsibilities and to drive required changes and improvements.

DS5   Practice scrutiny and oversight by senior managers is established, systematic and demonstrably used by the authority to improve the quality of decisions and the provision of help, care and support to people to promote better outcomes. The social care workforce values the input and support of their senior leaders and managers.

DS6   Senior leaders model the behaviours and commitment to partnership working that is expected throughout the organisation. They demonstrate a range of leadership skills to ensure all staff are aware of the agenda for change and understand their contribution to it. There is a demonstrable and corporate commitment to address social care planning priorities. The profile of social care within the council as a whole is high.

DS7   Relationships with key partners, including the private and voluntary sectors, are constructive at every level. There is good understanding across partnerships about how whole systems contribute to and actively promote the improvement of well-being and outcomes for people. Governance arrangements enable partners to assess whether they are fulfilling statutory responsibilities to help, care for and support people. Partners hold each other to account for their contribution to the safeguarding and provision of care and support to people.

DS8   The council has supported key proposals for investment and change which are designed to deliver better outcomes for users of services. Budgets are well-managed and sustainable. Spending trends are reviewed on a regular basis and variation in predicted spend is generally low. There is timely analysis of outlier unit costs. Projected efficiencies are realised. Promotion of people's independence and support for self-directed care is not limited by agreed efficiencies.

DS9   Business arrangements promote alignment of team and service development plans to organisational objectives. Monitoring and quality assurance of social services quality standards readily identifies areas of achievement as well as improvement. Relevant actions to achieve improvement are put in place and are successful. Staff are encouraged and expected to be involved in developmental activity. This contributes to organisational learning and develops the capacity for continuing improvement based on practical achievement.

DS10 There is a comprehensive quality assurance framework in place. The local authority, through performance management and monitoring, has an accurate and up to date understanding of its effectiveness. It demonstrates a track record of dealing rigorously and effectively with areas for development. Performance measurement arrangements align sensibly with the requirements of the National Outcomes Framework. Analysis provides a good evaluation of progress both in terms of individual as well as population outcomes.

DS11 Senior leaders are committed to improving safeguarding mechanisms and practice. Accountabilities for safeguarding are clear across the council and

key partnerships. Commitment to supporting safeguarding systems, structures and oversight is evident. Safeguarding arrangements are well-led, supported and properly resourced.

DS12 Varied stakeholders, including people using services, are involved by the authority in a range of partnership work. Partnership forums are well-established for major groups of service users, with work plans delivering measureable change.

The shaping and commissioning of services

> **What we expect to see**
>
> Services are designed and commissioned to improve the outcomes and wellbeing of people, as well as improving the efficiency and effectiveness of service delivery. Service delivery should be focused on:
> * improving care and support, ensuring people have more say and control;
> * improving outcomes and health and wellbeing;
> * providing coordinated, person centred care and support; and
> * making more effective use of resources, skills and expertise.
>
> Work with partners in shaping the pattern and delivery of services is informed by the views and experiences of people who use or may need to use services. The local authority should make a full contribution to establishing, managing and developing the regional partnership board with the local health board. Strategic plans are converted into commissioning arrangements which provide safe, quality services and deliver best value. There should be an integrated approach to the development of care and support services, which focus on opportunities for prevention and early intervention, between the local authority and the local health board People benefit from services which:
> * meet their assessed needs
> * are quality-assured against clear standards
> * are developed in partnership
> * include choice in provision

Quality criteria

SC1 The local authority understands what matters to people and takes account of the well-being outcome statements that underpin the definition of well-being. The authority, in conjunction with others, helps people who need care and support to participate as active citizens both economically and socially, to access living accommodation that meets their needs and to achieve and maintain a healthy lifestyle. Aggregated well-being outcomes are used alongside qualitative measures to inform performance measurement; inspection; regulation; and scrutiny. They are also used to influence strategic decisions concerned with planning and delivery of services.

SC2 The local authority in conjunction with the Local Health Board has a detailed and relevant knowledge of its local population including the Welsh language community profile which should be published in social service's annual report.

This information is combined into the local population assessment. Social services undertake and publish comprehensive and comprehensible assessments of the population and their current and future care and support needs in the local area.

SC3 The Local Authority and Local Health Board work effectively together to plan and ensure the delivery of integrated care and support services to best meet the needs of people in their local area. This includes the development of new models of delivery, shifting the focus towards preventative services and early intervention.

SC4 Strategic assessment sets out actual and prospective profiles of care and support needs together with the range and level of services required to meet and prevent these. Local commissioning priorities are derived from this analysis. Strategic outcomes are agreed by partners and translated into practice.

SC5 Commissioning strategies are up to date and set out the authority's responsibility to communicate to all staff employed directly or within commissioned services of the need to make the "active offer". Commissioned and in-house services respond to and meet the needs of people in need of help, care and protection. The local authority works well with other strategic bodies to promote and secure a sufficient range of good-quality provision to meet local need.

SC6 The local authority takes a strategic approach to developing the community and third sector including social enterprises to promote wellbeing. There are significant examples of joint and integrated working between the local authority and its partners (including with the third sector) that have a demonstrable impact on outcomes for people and families.

SC7 The local authority actively contributes to bringing together all relevant partners and ensuring that they work effectively together to improve outcomes for people. Local partnership bodies provide sufficient resources for the partnership arrangements to work well. There is evidence of the appropriate pooling of funds. There is demonstrable and timely progress in the integration of services and the development of new models of care, specifically in relation to: older people with complex needs; people with learning disabilities; carers, including young carers; integrated family support services; and disabled children and those with complex needs due to illness.

SC8 The local authority empowers people to produce innovative solutions for delaying, preventing and meeting the need for statutory services through local networks and communities.

SC9 There is a regular opportunity for people using services, including carers, and those who have an interest in them to give their views. Arrangements are made in line with Welsh Language Standards to enable people to contribute fully in the language of their choice. Planned consultations and proposals for change are well advertised and the results published. Those most affected by

developments have specific opportunities to contribute their views, and are supported to do so as required. Commissioning practice is informed by feedback from people about the effectiveness of the help, care or support they receive from the time it is first needed until it ends. This includes the impact of low-level preventative services.

SC10 The local authority knows itself well, is a learning organisation and can demonstrate evidence of practice that is informed, modified and improved by feedback, research and intelligence about the quality of services and the experience of people who use them. The council knows how well services work and where improvements and changes need to be made. There is evidence of effective collaborative commissioning within or between authority areas including with health boards. Opportunities to realise efficiencies are taken.

SC11 People are generally satisfied with the services they receive. People know how to make comments, compliments and complaints about local services and are supported to do so. Complaints are dealt with quickly. Outcomes from complaints are shared and contribute to the organisation's learning and improvement activity.

SC12 The local authority is effective in promoting community-based prevention and early intervention services for people. These reduce the need for substitute or formal care and support. People in need of services have choice in and good access to community support services. The help that people receive maximises their independence, autonomy and their physical and mental health. There is a good match between the demand for a service and the workforce capacity needed to address it. Delays in service are rare, localised and temporary.

SC13 People using services get most needs met locally. Capacity to meet specialised support needs is generally good. Services make distinctive contributions to support people in achieving well-being. Care and support is designed and delivered in ways that encourage personal growth, fulfilment and positive involvement in communities.

SC14 There is a good level of commissioning experience within the workforce and sufficient capacity to meet the anticipated commissioning agenda. Structures, systems and policies facilitate effective commissioning behaviours and support professional responsibilities. Staff believe the strategic direction for services is clear and credible.

SC15 Commissioning agreements are well developed with clear standards and expectations outlined to meet identified needs. Monitoring arrangements are focused on outcomes for people, quality and best value.

SC16 Commissioning governance and contract compliance arrangements ensure that where statutory functions (including those for protection, care and support) have been delegated to a third party provider, people receiving these services progress at least as well as those served by the local authority.

SC17 Continuity arrangements during periods of contract change or decommissioning of existing services are well planned and robust.

Workforce

What we expect to see

Services are delivered by a suitably qualified, experienced and competent workforce that is able to recognise and respond to need in a timely and effective way. The council is able to ensure that staff and services meet the standards that have been set for them. Services and support improve outcomes for people.

Quality criteria

W1 People feel that they matter, that staff listen to them, and talk to them in a way that they understand. They are treated with kindness, compassion and with respect. Their human rights are met.

W2 The quality of practice demonstrably improves the lives of people who are experiencing or are at risk of experiencing abuse, harm or neglect.

W3 Staff are valued and supported, given clear direction and their potential is developed. Any impediments to recruitment and retention are recognised and addressed within a workforce strategy. The strategy demonstrates tangible benefits for the existing as well as future workforce. Future staffing needs are understood and planned for.

W4 The social care workforce in the local and regional area is sufficient, stable, suitably qualified and competent. The local authority, together with its local health board and other regional partners, demonstrates good leadership for the social care workforce. The use of agency and interim positions is proportionate. People with complex needs have good access to staff with specialist skills. People do not experience frequent or unplanned changes of key staff. A Welsh language champion has been identified by social services. The authority promotes the use of the "Working Welsh" logo to enable Welsh speakers to be identified.

W5 Roles and responsibilities within teams and across the organisation are well understood. Caseloads are manageable. Vacancy and absence rates are low and levels of morale are generally high.

W6 People using services are supported by staff who are safely recruited and properly inducted. There is evidence of structured and regular management oversight of decision making. Managers ensure staff are supervised and appraised and prioritise these activities.

W7 The local authority has an up-to-date workforce-training plan which is reviewed regularly. The plan covers all frontline staff and the wider workforce as appropriate. Training priorities are informed by and align to the professional

requirements of the Continuing Professional Educational & Learning (CPEL) framework. Training modules include a strand on the impact of language sensitivity on the effectiveness of assessments and care, the "active" offer and the responsibility of public bodies to provide services in English and Welsh.

W8. Staff have good access to training and there is effective organisational support for the professional development of practitioners and managers. The authority evaluates the effectiveness and impact of training investment on front-line practice.

W9. Staff are confident to report bullying or oppressive practice.