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Director of Social Services  
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Date: 04 November 2021

Dear Director,

### **Care Inspectorate Wales (CIW) Assurance Check 2021: Caerphilly County Borough Council Social Services**

This letter summarises the findings of our assurance check on the 15 March to 19 March 2021. The purpose of the assurance check was to review how well the local authority's social services continue to help and support adults and children with a focus on safety and well-being.

#### **Overview**

In March 2020, Care Inspectorate Wales (CIW) suspended its routine programme in response to the COVID-19 pandemic to enable local authorities and providers to focus fully on responding to the challenging circumstances. A revised programme with local authorities recommenced in September to provide assurance about how people are being safeguarded and well-being promoted during the pandemic. We considered safety and well-being of people who use or may need to use services, the safety of services they access and the safety and well-being of people who work in services.

We focused our key lines of enquiry within the four principles of the Social Services and Well-being (Wales) Act 2014 and have recorded our judgements and findings

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

aligned to these: People - Voice and Control, Prevention, Partnerships and Integration, Well-being.

**Our focus was on:**

1. How well is the local authority discharging its statutory functions to keep people who need care and support and carers who need support, safe and promote their well-being during the pandemic?
2. What is the local authority doing to prevent the need for children to come into care; and are children returning home to their families quickly enough where safe to do so?

**Summary of findings and priorities for improvement**

**People - voice and control – We asked:** How well is the local authority ensuring people, carers and practitioners are having their voices heard, making informed choices, and maintaining control over their lives. While also balancing the recommendations and requirements made by Public Health Wales and Welsh Government to limit the spread of COVID-19?

Caerphilly County Borough Council social services has proactively responded to the challenges of the pandemic. Positive collaborative working between social services, Aneurin Bevan University Health Board (ABUHB) and other partner agencies has assisted the shared identification and coordination of support with all adult and children's cases being prioritised according to vulnerability. We found evidence of good operational communication and responsive practice, for example, Gwent Wide Integrated Community Equipment Service (GWICES) sharing of Personal Protective Equipment (PPE) with local care homes and care providers.

The local authority has had to significantly advance its agile working arrangements to enable its workforce to work more flexibly from home, in addition to continuing a reduced staff presence in dedicated offices.

People we spoke with told us that the local authority had maintained safe contact with them throughout the pandemic. Where needed, direct safe face-to-face contact has continued, subject to a COVID risk assessment, and staff have been provided with appropriate levels of personal protective equipment (PPE). We saw examples of staff working creatively using e-mail, WhatsApp, and video meetings as means of delivering their professional responsibilities. Also providing laptops to support family contact, holding virtual bingo sessions, 'meet and munch' and afternoon teas as a way of reducing isolation and maximising their engagement with people.

Young people who had left care spoke positively about the support they had received from their personal advisors. They told us of the practical support provided during the pandemic to continue with their studies and employment. It was noted that some young people raised issues regarding a lack of priority for care leavers in accessing the housing register.

There was a recognition of the additional pressures experienced by carers during the pandemic. We found evidence of carers' needs being appropriately considered and supported alongside the cared for person, with their needs being assessed and documented separately to those of the cared for person. We heard from carers how they had received regular additional welfare phone calls from the carer's service. Social services had also worked hard to maintain a reduced respite provision for both adults and children.

Providers told us how established working relationships and excellent communication from the local authority enabled financial, emotional and practical support to be delivered efficiently. The local authority had supported and enabled providers to be more flexible during the pandemic to provide what was needed for people.

Overall, we found people's views were sought and their choices respected with practice increasingly focused on helping people to achieve their self-identified outcomes. We saw some good examples of the use of independent advocates in facilitating the voice of the person in both adults and children's safeguarding. We also saw a number of examples where informal advocacy was appropriately promoted.

People were able to communicate in their preferred language. We found the Welsh language 'Active Offer' of having an assessment in the person's language of choice was being implemented and consistently recorded. We were also told of the availability of a number of staff confident in providing services in Welsh.

The recruitment and retention of staff is a recognised business critical priority and social services have adopted a proactive 'grow your own approach'. As with many local authorities, recruitment to children's services continues to be particularly challenging and where appointments have been possible they have tended to be social workers who are more recently qualified. While some staff identified that vacancies, sickness and social work supply had created pressure for some teams, overall we found staff morale was good and practitioners were positive about their experience of working for the local authority. Staff described feeling valued and said managers were supportive and accessible.

Staff described workloads as manageable but busy and demanding due to the growing complexity of issues. Management oversight of practice was generally identifiable within records. Staff valued the regularity of supervision although the quality of the supervision record seen was variable.

We heard how the development of the workforce has been maintained as far as possible during the pandemic. Training opportunities have continued with a number of digital platforms used to enable staff and partners to access on-line training. Newly qualified staff told us how they are supported in their first year of practice by regular supervision and mentoring arrangements that include bi weekly reflective sessions.

Quality assurance systems are utilised in both adults and children services and the importance of capturing and disseminating learning from case file audits, practice, and the impact of training is well established.

Although we saw evidence that people's voices are sought and their choices respected, the quality of assessments and care and support plans seen was inconsistent. The electronic record did not always demonstrate the positive work we heard about during interviews. While we saw some good adult records capturing 'what matters' to the person written in their own words, other assessments and care plans were incomplete. In children's services the good quality of the information and analysis seen in the assessments was not always translated into a relevant care and support plan.

In both adults and children's services we saw examples where a more explicit focus on strengths and outcomes would have been beneficial in providing a holistic view of the person, and in promoting a shared understanding and ownership of the changes needed to achieve the outcomes sought.

Supporting children looked after and young people leaving care to reach their full potential and achieve positive outcomes is clearly high on the local authority's agenda. We heard there is good support for corporate parenting across the council. Representation has been strengthened by the inclusion of both young care leavers and foster carers on the Corporate Parenting Group.

Caerphilly County Borough Council has a relatively stable number of children looked after. Senior managers and officers have a good understanding and knowledge of the profile of the children it is looking after. There is strong commitment to the preventative agenda and to the safe reduction of the number of children being looked after. A proactive assurance framework has been embedded to strengthen managers' and practitioners' line of sight on practice, this includes a number of panel arrangements chaired by the assistant director of children's services and the dissemination of performance information to staff and partners. At the time of this assurance check the authority had achieved a 5% reduction in its children looked after population but was realistic regarding the potential unknown demand for services post lock down.

Despite the challenges of the pandemic, the local authority has continued to successfully recruit foster carers, this has included 13 new foster carers last year and a further 19 applications currently in progress. The fostering team have used a range of initiatives such as Facebook, radio, and television as a recruitment platform. Whilst virtual panels, training, and supervision arrangements had all helped to ensure there is no drift in securing appointments to this crucial service. Established foster carers also told us how they appreciated the efforts made to maintain good communication and placements support during the pandemic, including the work of the Intensive Support Team (IST) to promote family-led planning and foster carers access to their own psychological support service.

For young people with the most complex needs, the development of children's residential homes within the county is underway. This initiative is intended to

minimise the need for children to be placed in high-cost specialist residential provision outside of the county.

**Prevention - We asked:** To what extent is the local authority successful in promoting prevention and reducing need for increased or formal support from statutory agencies?

Prevention is an integral part of the Caerphilly County Borough Council's business.

We found a positive integrated approach to a developing culture of prevention evidenced through joint working and information exchange with partners including third sector providers. The local authority mostly demonstrates a prudent approach to service delivery, with resource allocation focused on ensuring early support to prevent the escalation of need. In response to our staff survey, workers were positive about the range and quality of the preventative resources but recognised, despite best efforts, the quality of the offer available to families had been adversely affected by the restrictions in face-to-face contact due to the pandemic

The local authority has established 'front door' arrangements described by staff as responsive, proportionate, and holding expertise regarding preventative services. We saw evidence in records of innovative practice with people being appropriately directed to early intervention service at the right time.

Within adults services the integrated Community Resource Team and Community Occupational Therapists have maintained their work during the pandemic to prevent hospital admission, support early hospital discharges, and ensure the provision of reablement which supports people to achieve their independence goals. This integrated team works closely with health services such as the frailty/rapid nurses, and has close links with the hospital social workers. The assessments seen were timely, undertaken remotely wherever possible or through risk assessed face-to-face contact. We saw good evidence of domiciliary care service provision, including a home first service, as well as the availability of appropriate aids and equipment helping to maintain people remain or return safely home. No waiting lists for community services were identified.

Within children's services we saw a very strong suite of preventative services such as My Support Team (MyST) playing a significant role in supporting the most complex children in the community, supporting foster carers and staff within residential homes. Safe Families has recently been commissioned to offer bespoke packages of support, delivered through a network of volunteers providing support to families in crisis or in need. Intensive Support Team (IST) working with families seven days a week, undertaking a range of preventative and support services with children, families, and foster carers to prevent breakdown.

We observed how the resource panel and the complex needs panel, chaired by the assistant director of children's services and attended by a range of partners, ensured senior officer oversight of cases. This provided constructive challenge and supported the preventative agenda of maintaining children to remain safely within their family or

maintaining them in placement. It was noted that the panels had already started to identify and respond to emergent issues resulting from children's recent return to school following a long period at home. While staff considered panel arrangements as helpful, managers need to ensure workers attending panel take appropriate responsibility for developing clear recommendations for the panel based on the reassessment of progress.

**Partnership and Integration - We asked:** To what extent is the local authority able to assure itself opportunities for partnership working are positively exploited to maximise person centred planning and ensure integrated service delivery and service sustainability?

Partnerships were generally found to be working well at all levels and delivering a more integrated sustainable approach to meeting need and promoting well-being in line with legislation.

On an individual level we saw examples of good working relationships between professionals and people receiving care and or support. However, personal outcomes were not always consistently recording the extent to which people were involved as equal partners in the design and delivery of their care and support. Although staff are working towards understanding people's circumstances, the person's views must remain central to care planning and be reflected strongly in their assessment and plans.

Strategically, Caerphilly County Borough Council and its partners had responded to the pandemic through working together to support a shared approach. For example, adapting policy and procedures with health colleagues to support the safe discharge from hospital. The Regional Partnership Board, despite a pause in its activity during the initial stages of the pandemic, has continued to be influential in shaping health and social care services within the local authority.

Representatives from health, police, education, and the third sector confirmed there is a clear commitment to collaborative working across Caerphilly. During interviews, partners told us about strong partnership working with the local authority in the development of the new multi-agency Safeguarding Hub. The Caerphilly Hub went live in January 2021 and we found this was already having a positive impact on intelligence gathering, information sharing, and risk based decision making. Plans are in place to enhance the safeguarding hub response to missing children and those at risk of exploitation. The increased use of digital platforms has also meant agencies are contributing more effectively at strategy discussions and statutory meetings.

Social services staff also told us how the improved working relationships with education colleagues, including regular meetings, facilitated a better understanding and agile response to the changing support needs of children, young people, and their families during the period of lockdown. We heard from social work staff and managers about the challenges of supporting the emotional needs of children and with mixed feedback regarding the timely availability of face-to-face therapeutic and emotional support services.

Providers spoke positively of the support they had received from local authority during the pandemic. They valued the level of communication and the quality of the advice and support received from local authority commissioners and Community Resource Teams (CRT) including, for example, the flexible use of staffing and resources to help maintain provision within the residential sector.

Overall, we found a positive shared commitment and growing emphasis on collaboration between the local authority and partner agencies at an operational level across children's and adults services.

**Well-being - We asked:** To what extent is the local authority promoting well-being, ensuring people maintain their safety and achieve positive outcomes that matter to them?

From the case file sample reviewed, we found that the people of Caerphilly could be assured that their safety is promoted. There was a focus on safeguarding and partners demonstrating a shared understanding of the new procedures.

In children's services we found most safeguarding concerns were responded to promptly in line with statutory requirements. From the arrangements we reviewed, particularly strategy discussions, these were timely and well-supported by partner agencies; which led to effective enquiries. It was noted from January 2021, health's involvement in strategy discussions was helping to ensure more holistic approach to information sharing.

In adults services we identified good analysis of risk, decision making, protection plans in place, and appropriate action taken when necessary. We heard from partners how the Safeguarding Team worked well with people from across the sector. We found evidence of good collaboration between social services, the police, and the third sector working directly with people to meet their safety outcomes.

Staff awareness and practice to establish whether people have mental capacity to make specific decisions and where necessary to make best interest decisions on their behalf was reflected in records and the sample of assessments seen were of a good quality.

Management oversight was evident in both adults and children's safeguarding. However, the level of professional challenge provided was not consistently well recorded. Staff in children's services clearly valued the risk assessment model and the accompanying training (Bruce Thornton model), but could not always articulate when they would use the approach.

Safeguarding practice in children's services highlighted some practice variability. While the best case file examples demonstrated timely early responses with prompt information gathering to help inform planning which addressed child protection concerns. In other cases seen, the quality of the response including the resulting multi-agency safety plans was less visible for example historical factors were not always sufficiently considered as potential indicators of risk. The evaluation and analysis of risk and safety planning in relation to neglect and domestic abuse was

identified as a particular area for improvement. It is positive the local authority had already identified this as a practice issue in relation to re-referral rates and it is important plans are developed to evaluate and address this fully.

**Method:**

- we reviewed documentation supplied in advance of our visit
- we spoke with carers and people who were receiving or had received care and support including six young people who had left care
- we reviewed 34 files
- we held ten case tracking interviews with staff
- we administered a survey to people who had experience of care and support, providers, third sector organisations, staff, police, and healthcare professionals
- We attended a Resource and Complex Needs Panel
- We met with representatives from police, education department, health, and the third sector

**Next Steps**

We have identified strengths and areas for priority improvement and we will review the progress of these areas through our performance evaluation review meetings with the heads of service and director. We expect the areas of improvement we have identified to be included in the local authority's improvement plans. We would like to extend our thanks to all those who helped with the arrangements for this assurance check and to those people and staff who spoke with us.

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Yours sincerely,



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**Care Inspectorate Wales**