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Statutory Director of Social Services
Blaenau Gwent County Borough Council

Date: 04 December 2025

Dear Director,

Improvement Check visit to Blaenau Gwent Adult Services

This letter describes the findings of our improvement check (IC) visit to Blaenau Gwent focused on services for adults with a learning disability, between 06 – 08 October 2025.

1. Introduction

- 1.1 We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014 ('The Act'); key lines of enquiry; and the quality standards in the Code of Practice in relation to the performance and improvement of social services in Wales. This helps us determine the effectiveness of local authorities in supporting, measuring and sustaining improvements for people and in services.
- 1.2 This IC was to review progress made in areas for improvement identified in our assurance check in March 2024. The findings of our IC are shown below:

Principle	Areas for improvement identified from AC in March 2024	Progress identified at this IC
People	Direct Payments Ensure direct payments (DPs) are consistently offered to people, with sufficient information to	Some improvement achieved –

	enabled them to make informed decisions and record the reason for any refusal.	further action required.
People	Supporting Carers Ensure carers are aware of support and community resources available to them.	Some improvement achieved – further action required
People	Information Accessibility and Contact with the local authority Support practitioners to consistently offer accessible information to people, to enhance their understanding and engagement. Review arrangements to avoid, where possible, people repeating their story and ensuring timely, consistent responses when contacting the local authority.	Improvements achieved - must be sustained
People	Quality Assurance (QA) Evidence management oversight and QA processes across social care records. Ensure robust QA processes which prioritise safety, respond to concerns and continuously improve the safeguarding framework.	Improvements achieved – must be sustained
People	Engaging with People Strengthen opportunities for listening to people's views.	Improvements achieved – must be sustained
Prevention	Planning and reviewing Care and Support Proactively engage with people and carers to plan for emergency situations. Review care and support plans regularly to ensure people are receiving appropriate provision.	Some improvement achieved - further action required
Prevention	Work-based and Voluntary Opportunities Ensure sufficient local opportunities are available for people with a learning disability.	Some improvement achieved - further action required
Partnership	Collaboration and Integration with the Local Health Board (LHB)	Some improvement

	<p>Work with the LHB to ensure clear understanding of roles, responsibilities and timely access to appropriate Occupational Therapy (OT) support for people.</p> <p>Work in partnership with the LHB to review systems, processes and structures to improve integration and information-sharing.</p> <p>Use the Integrated Services Partnership Board (ISPB) plan to inform the local authority's ongoing planning and identification of priority areas for people with a learning disability.</p>	achieved – further action required
Wellbeing	<p>Embedding outcomes-focused and strengths-based practice</p> <p>Develop guidelines for documentation informed by outcomes-focused and strengths-based approaches.</p> <p>Ensure the views of people and their family are evident, where appropriate, during the safeguarding process.</p>	Improvements achieved – must be sustained
Wellbeing	<p>Safeguarding enquiry timeliness</p> <p>Ensure practitioners and partners clearly understand roles and timeframes regarding safeguarding people and working in partnership.</p>	Some improvement achieved – further action required

2. Glossary of Terminology and Quantity Definitions

- 2.1 A glossary of terminology is contained in Appendix 1 and a table of quantity definitions in Appendix 2.

3. Summary of Improvement Check Findings

- 3.1 The adult workforce is passionate and committed to delivering services, supported by continuous learning and development through training, mentoring and practice reflection initiatives.
- 3.2 Strengthened QA processes have improved practice oversight and are helping to embed strengths-based and outcomes-focused approaches. However, consistency in care records remains variable, and communication with people

should be improved. This includes ensuring all people are offered a copy of their care and support plan (CASP).

- 3.3 Engagement with people is improving, reinforced by effective partnership working and tools to support communication and person-centred approaches. Carers needs are increasingly recognised, which includes transition support for young carers as they transition into adulthood. However, carers voices and awareness of their rights vary, and there is inconsistency in offering assessments and recording practices.
- 3.4 Promotion of direct payments is improving, enhancing people's voice and control, although consistency in offering them to people and carers, and recording refusal reasons, need strengthening.
- 3.5 Strong collaboration across internal teams and partners supports effective delivery of services. Challenges with WCCIS (Welsh Community Care Information System), used for recording social care information, affects data reliability and efficiency. The local authority recognises the issues and is taking steps in response, including planned transition to a new system.
- 3.6 There is clear progress in expanding work-based and voluntary opportunities for people. This is supported by strategic collaboration with partners, grant funding to drive forward initiatives and strengthened oversight of placements.
- 3.7 A focus on independent travel and employment skills building is enabling pathways to employment for people. Exploring the range of community opportunities and barriers more consistently in practice will further enhance people's wellbeing outcomes.
- 3.8 Practitioners collaborate with partners effectively to promote people's safety and wellbeing. Practitioners respond promptly to changes in circumstances, ensuring care remains aligned with people's identified outcomes. There is inconsistency in the timeliness of reviews of CASPs and some assessments which needs strengthening.
- 3.9 There is a stronger emphasis on involving people and their support networks in care planning, including contingency arrangements. However, the quality and consistency of contingency planning varies, and further improvement will help ensure plans are sufficiently robust.
- 3.10 Safeguarding QA processes have been strengthened, with improved oversight and opportunities for sharing learning. There is a growing focus on capturing people's voices in safeguarding, supported by new tools and training for practitioners.

- 3.11 A cultural shift towards strengths-based and outcomes-focused practice is evident. Practitioners consider people's need for advocacy support, although this could be more routinely recorded along with the rationale where advocacy is not required. An active offer of Welsh language services should be evidenced more uniformly across records.
- 3.12 Safeguarding responses prioritise immediate risks and benefit from strong multi-agency relationships. The timeliness of meetings and enquiry conclusions needs improving to align regularly with the Wales Safeguarding Procedures.
- 3.13 The local authority shows innovative ambitions for collaborative and sustainable delivery of services. Practitioners are committed to working in partnership with people and agencies, with strong examples of multi-agency collaboration supporting coordinated care and effective information-sharing.
- 3.14 Strategic and operational relationships with the LHB are valued, with integrated working enhancing outcomes for people. Challenges regarding referral pathways to accessing specialist health input and limited progress of some regional plans for learning disability services highlights a need for continued collaboration between partners to maintain and enhance relationships and integrated service delivery.

4. Key Findings and Evidence

Key findings and some examples of evidence are presented below in line with the four principles of the Social Services and Well-being (Wales) Act 2014.

People

Strengths

- 4.1 A clear emphasis on staff wellbeing promotes a culture in which practitioners feel valued and supported. Feedback indicates practitioners consistently feel supported and supervised by colleagues and managers.
- 4.2 The adult workforce is passionate and committed to promoting positive outcomes for people and carers in Blaenau Gwent. This is supported by a strengthened focus on continuous learning and development. Initiatives like practitioner group 'think tank' sessions and practice mentors enhance opportunities for shared reflection and practice development.
- 4.3 Strengthened QA processes are in place to oversee practice. This is underpinned by a revised QA framework and learning audits embedding outcomes-focused and strengths-based approaches. A QA board, comprising team and service managers from across adult services, oversees emerging

audit themes and trends. Management oversight is reflected in care records, though consistency can vary. Continuing to strengthen this will further enhance oversight of practice timeliness and quality.

- 4.4 Engagement with people and practitioners is incorporated into QA processes, underpinned by a strategy for embedding a long-term culture of listening, understanding and follow-up. **This is positive practice, integrating peoples lived experiences into QA and continuous learning.**
- 4.5 A strategic focus on improving engagement has strengthened opportunities for people's voices to be heard. A revised engagement strategy is in place, supported by practitioner mentoring and improved communication with people about local engagement opportunities. For example, creative 'Hackathon' events in collaboration with People First bring people with a learning disability together to share experiences through art, music and other activities. The local authority is focusing on using feedback from these events to inform service delivery. **This reflects positive practice, supporting effective collaboration with people and partners to understand what matters to people to help shape services.**
- 4.6 The introduction of accessible communication resources for practitioners, ('Widgit' tools) supported by training, is enabling practitioners to create person-centred materials for people with a learning disability. This enhances people's understanding of, and involvement in, their care and support. The local authority is exploring how this approach can be extended across adult services.
- 4.7 Practitioners collaborate effectively with internal teams and partners. Practitioners and OTs visiting people jointly; and Information, Advice and Assistance (IAA) officers remain involved until their support is no longer needed, to support continuity. This helps promote seamless service delivery and reduces the need for people to repeat their stories.
- 4.8 There is a clear strategic commitment to improving support for carers. Practitioners recognise the important role of carers and work collaboratively with them and partners. Carers feel recognised when their contributions are acknowledged. There are strengthened efforts to improve carers' voices and raise awareness of available support. The introduction of an 18 - 25 carer support worker, alongside support workers for young and adult carers, has improved transition support. Grant funding is also used creatively to support carer's wellbeing outcomes.
- 4.9 A drive to strengthen promotion of DPs, supported by staff training and user-friendly guides, is improving people's understanding. We saw examples of DPs being considered creatively. This included promoting continuity of care staff for one young person who was transitioning to adult services, and another using DPs to employ personal assistants who spoke their preferred language,

supporting their cultural wellbeing. **Exploring direct payments in creative, person-centred ways demonstrates positive practice by promoting people's control and wellbeing.**

Areas for Improvement

- 4.10 We noted few instances where it was unclear whether people have been offered a copy of their CASP or review, which may affect their understanding of services and progress towards meeting their outcomes. **The local authority should ensure all people and/or carers are clearly offered a copy of their CASP and provided one where needed.**
- 4.11 There is clear commitment to supporting carers, although some feel their voices are not always heard. Awareness of their right to an assessment and experiences of available support vary. Evidence of carers being actively offered assessments, and the quality of those assessments, is mixed. Preferences for separate or joint assessments with the person cared for are not always clearly recorded, highlighting a need to improve recording practices and operational coordination. **The local authority must ensure carers are consistently offered an assessment of their needs, either separately or jointly, in line with their preference.**
- 4.12 While we acknowledged positive examples and progress regarding DPs provision, the offer of DPs to people remains inconsistent, and reasons for refusal are not always well recorded. Challenges recruiting personal assistants (PAs) can also reduce effectiveness of DPs for some people. The local authority is actively working to refine its DPs processes, including enhancing PA recruitment and ongoing support. **The local authority should continue to build on its progress by improving consistency in offering direct payments to people and carers, while clearly documenting refusal reasons.**
- 4.13 Practitioners report ongoing challenges with WCCIS, affecting access to records, time efficiency, and data reliability. Leaders recognise the challenges and are working on solutions to improve data validation and QA. Preparations are underway to transition to a new system in 2026, aimed at improving usability and data collection. **The local authority should maintain close oversight to ensure quality, reliable data is available and ongoing workforce engagement to support smooth transition to the new system.**

Prevention

Strengths

- 4.14 There has been clear progress expanding work-based and voluntary opportunities for people with a learning disability. Partnership working with Torfaen County Borough Council (TCBC) demonstrates a shared strategic commitment to enhancing employment pathways. Trailblazer funding is enabling progression of a supported employment project which has improved coordination, stakeholder engagement, and structural frameworks. The local authority is actively exploring long-term funding options for sustaining progress.
- 4.15 Oversight of the training, work, and voluntary placements people are involved in has improved, supporting better monitoring of progress. The local authority has plans to introduce a user-friendly app that will give people greater voice and control in capturing their journey, while also helping those involved in their care to monitor their progress more effectively. **The local authority should continue this positive progress whilst monitoring the quality, sustainability and long-term outcomes of placements.**
- 4.16 People's progress towards work and voluntary placements is supported by initiatives for developing independent travel and employment skills. The local authority, in partnership with third sector organisations, is expanding this support to school leavers. There are positive examples of people accessing placements which meet their personal outcomes. As one example, a person progressed from a voluntary to a paid role within the same placement. Another person received support to develop their interview skills which enabled them to successfully secure paid employment. **These reflect positive practice, demonstrating how tailored support is enabling people to achieve their aspirations.**
- 4.17 There is a strengthened emphasis on involving people and those within their support network in care and support planning, including contingency arrangements. Practitioners approach these conversations with sensitivity and understanding of what matters most to people.
- 4.18 Practitioners respond promptly to changes in people's circumstances, helping ensure care and support remains aligned with people's outcomes. We saw examples of timely adjustments to people's CASPs, in partnership with them and professionals. This includes effective collaboration between practitioners and OTs to promote people's safety and independence.

Areas for Improvement

- 4.19 The timeliness of undertaking CASP reviews, including few instances of risk and mental capacity assessments, can vary. Practitioners and managers told us capacity and demand pressures affected practice consistency. The local authority has measures in place for overseeing and prioritising reviews. Strengthened QA processes have also been implemented along with

additional staffing capacity to help improve consistency. **The local authority must keep care and support plans under regular review to ensure care and support continues to meet the person and/or carer's identified needs.**

- 4.20 While there are positive examples of progress, the extent practitioners fully explore available community opportunities, and potential barriers to accessing them, varies. This can limit people's awareness of how their personal outcomes might be achieved and reduce opportunities to promote their strengths and independence. **The local authority should continue building on its positive progress in embedding strengths-based and outcomes-focused approaches into practice to maximise people's choice and independence.**
- 4.21 The quality and depth of recorded information regarding contingency planning varies. Some examples we saw focused on longer-term plans, reflecting limited consideration of how the person's wellbeing outcomes would be sustained in the event of a sudden emergency. While we acknowledge the enhanced focus on engaging with people and carers **the local authority should strengthen consistency in proactively developing care and support plans with people and their support network which anticipate potential crises and outline agreed responses.**

Wellbeing

Strengths

- 4.22 Safeguarding QA processes have been strengthened to prioritise safety, respond to concerns, and support continuous improvement. Group supervision, QA meetings, and reflective sessions with partners provide oversight of emerging trends and promote shared learning. The local authority has delivered training and guidance to promote a shared understanding of safeguarding procedures and expectations.
- 4.23 There is an increased focus on capturing people's voice within safeguarding processes. This is supported by practitioner training and development of tools to support meaningful engagement. Improving consistency in recording will help ensure people's views are clearly documented and linked to their wellbeing outcomes.
- 4.24 A new document has been developed to support safeguarding practitioners undertaking section 126 enquiries, informed by practitioner engagement. This is helping to improve practitioner confidence and enhance the quality of information gathered. **This is positive practice, reflecting a proactive approach to supporting practitioners and enhancing practice consistency.**

- 4.25 A clear cultural shift is evident in embedding strengths-based and outcomes-focused approaches into practice. This is reinforced through workforce training, mentoring, and group supervision. Strengthened QA processes are helping to monitor practice quality and consistency, with good examples of people's voices, strengths, and outcomes documented. However, there is recognition that consistency of recording people's voices can vary, highlighting a need to sustain the efforts in embedding these approaches.
- 4.26 Practitioners across IAA, safeguarding and community teams consider people's need for advocacy support, which ensures their voices are heard. Strengthening consistency in recording informal advocacy and documenting the rationale where advocacy is not required will enhance clarity in care records.

Areas for Improvement

- 4.27 Safeguarding meetings and section 126 enquiry conclusions are not always completed in line with expected timeframes. Practitioners and managers told us delays in receiving information from key partners impacts this. Multi-agency meetings help to identify and address issues, with managers overseeing any instances of delay. Practitioners prioritise immediate risks to ensure people's safety, including convening urgent meetings where required. Continued collaboration with partners to identify and overcome any barriers will help strengthen timely safeguarding processes. **The local authority must ensure timeliness of safeguarding practices consistently align with the Wales Safeguarding Procedures.**
- 4.28 Evidence that people are actively offered services in Welsh was not consistently demonstrated across care records. While we did not identify any instances where people were unable to access services in their preferred language, lack of a routine and visible offer could potentially mean missed opportunities to access services in Welsh. **The local authority must ensure the Welsh language offer is actively and clearly made to all people and carers.**

Partnership

Strengths

- 4.29 The local authority's federated arrangement with Torfaen CBC reflects its innovative ambition to deliver collaborative and sustainable social care services in Blaenau Gwent. As organisational changes progress, maintaining close engagement with practitioners and partners, and closely monitoring the impact of implementation, will be key to embedding changes effectively and ensuring shared clarity and understanding.

- 4.30 Practitioners are committed to working in partnership with people and partner agencies. There are strong examples of effective collaboration across teams, statutory services, and third sector organisations. This promotes coordinated service delivery and information-sharing.
- 4.31 The local authority is committed to strengthening strategic and operational relationships with the LHB. Practitioners value the expertise and contributions of healthcare professionals, and we saw effective integrated working promoting positive outcomes for people. As one example, joint support from health and social care services provided tailored support to both the person and their care provider, underpinned by clear advice and guidance on how best to meet their needs.

Areas for Improvement

- 4.32 While there are positive examples of integrated working, practitioners note frequent challenges regarding referral pathways for accessing specialist healthcare input. Practitioners and managers expressed valuing health learning disability multi-disciplinary meetings they used to attend routinely, although now needed to specifically request attendance, thereby reducing opportunities for integrated collaboration and information-sharing. We heard key personnel changes within the LHB had impacted ability to progress regional developments for people with a learning disability under the ISPB plan. A refreshed ISPB plan, developed in collaboration with Torfaen CBC, is scheduled for publication later this year. **The local authority should continue its proactive collaboration efforts with the LHB to maintain and enhance relationships and opportunities for integrated service delivery.**

5. Next Steps

CIW expects the local authority to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority. Where relevant, we expect the local authority to share the positive practice identified with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

6. Methodology

Fieldwork

- Most inspection evidence was gathered by reviewing the experiences of people through review and tracking of their social care record. We reviewed 24 social care records and tracked four.

- Tracking a person's social care record includes having conversations with the person receiving social care services, their family or carers, key worker, the key worker's manager, and where appropriate other professionals involved.
- We engaged, through interviews and/or focus groups, with 14 people receiving services and/or their carer.
- We engaged, through interviews and/or focus groups with 26 local authority employees (this included social workers, team managers, operational managers, head of service).
- We administered surveys to local authority social services staff and people.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.

Our Privacy Notice can be found at <https://careinspectorate.wales/how-we-use-your-information>.

7. Welsh Language

CIW is committed to providing an active offer of the Welsh language during its activity with local authorities. Inspection activity in Welsh was not required on this occasion as the local authority informed us people participating did not wish to contribute in the Welsh language.

8. Acknowledgements

CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

Yours sincerely,



Lou Bushell-Bauers
Head of Local Authority Inspection
Care Inspectorate Wales

Appendix 1

Glossary of Terminology

Term	What we mean in our reports and letters
Must	Improvement is deemed necessary in order for the local authority to meet a duty outlined in legislation, regulation or code of practice. The local authority is not currently meeting its statutory duty/duties and must take action.
Should	Improvement will enhance service provision and/or outcomes for people and/or their carer. It does not constitute a failure to meet a legal duty at this time; but without suitable action, there is a risk the local authority may fail to meet its legal duty/duties in future.
Positive practice	Identified areas of strength within the local authority. This relates to practice considered innovative and/or which consistently results in positive outcomes for people receiving statutory services.
Prevention and Early Intervention	A principle of the Act which aims to ensure that there is access to support to prevent situations from getting worse, and to enhance the maintenance of individual and collective wellbeing. This principle centres on increasing preventative services within communities to minimise the escalation of critical need.
Voice and Control	A principle of the Act which aims to put the individual and their needs at the centre of their care and support, and giving them a voice in, and control over, the outcomes that can help them achieve wellbeing and the things that matter most to them.
Wellbeing	A principle of the Act which aims for people to have wellbeing in every part of their lives. Wellbeing is more than being healthy. It is about being safe and happy, having choice and getting the right support, being part of a strong community, having friends and relationships that are good for you, and having hobbies, work or learning. It is about

	supporting people to achieve their own wellbeing and measuring the success of care and support.
Co-Production	A principle of the Act which aims for people to be more involved in the design and provision of their care and support. It means organisations and professionals working with them and their family, friends and carers so their care and support is the best it can be.
Multi-Agency working	A principle of the Act which aims to strengthen joint working between care and support organisations to make sure the right types of support and services are available in local communities to meet people's needs. The summation of the Act states that there is a requirement for co-operation and partnership by public authorities.
What matters	'What Matters' conversations are a way for professionals to understand people's situation, their current wellbeing, and what can be done to support them. It is an equal conversation and is important to help ensure the voice of the individual or carer is heard and 'what matters' to them.

Appendix 2

Quantity Definitions Table

Terminology	Definition
Nearly all	With very few exceptions
Most	90% or more
Many	70% or more
A majority	Over 60%
Half	50%
Around half	Close to 50%
A minority	Below 40%
Few	Below 20%
Very few	Less than 10%