

Lisa Curtis-Jones
Director of Social Services
Merthyr Tydfil County Borough Council

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Dear Lisa Curtis-Jones

Care Inspectorate Wales (CIW) - Assurance Check of children's services in Merthyr Tydfil County Borough Council (MTCBC)

1. Introduction

- 1.1 This letter describes the findings of our assurance check from May 18-20 2026. We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') 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.
- 1.2 We focused our key lines of enquiry and sought to answer the following questions:

People - voice and control

How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them?

Prevention

To what extent is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes are achieved?

Well-being

To what extent is the local authority ensuring that children are protected and safeguarded from abuse and neglect and any other types of harm?

Partnership

To what extent is the local authority able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?

2. Terminology and Quantity Definitions

A glossary of terminology is contained in Appendix one and a table of quantity definitions in Appendix two.

3. Summary of Assurance Check

- 3.1 Local authority strategies clearly align with the 2014 Act and the Well-being of Future Generations (Wales) Act 2015. Leaders set out a prevention-led direction with an explicit focus on long-term outcomes, collaboration and integration. The service applies a consistent “think family” narrative and positions children’s voice at the heart of decision-making.
- 3.2 Children’s services benefit from compassionate leadership and a motivated workforce. These strengths provide a firm foundation for continued improvement and for embedding practice that secures better outcomes for children and families. Practitioners are increasingly using person-centred, psychologically informed and systemic approaches. The Early Help Hub (EHH) delivers accessible, coordinated support, and targeted programmes which show measurable improvements in outcomes for people.
- 3.3 Strengthened partnership arrangements improved approaches to corporate parenting and support for children with complex needs. Fewer children are entering the local authority’s care and there is a clear focus on permanence within family arrangements. This strength is well supplemented by a responsive and values-led approach to eliminating profit in children’s care.
- 3.4 The voice of the child is not consistently heard in practice, and the quality of assessments is variable. Whilst the local authority meets most requirements of the Wales Safeguarding Procedures (WSP) in a timely way, the application of thresholds is inconsistent and multi-agency responses to non-familial harm require further development.
- 3.5 The local authority has a maturing quality assurance framework and programme of audits to focus on practice quality. This oversight is complemented by a range of panels which are at variable stages of implementation and review. Positive workforce wellbeing provides a platform for reflective practice and constructive challenge. Further work is needed to improve performance measures which explore the quality of assessments, decision making, and outcomes. This being underpinned by enhanced focus on professional curiosity and developing a culture of high-support and high-challenge.

- 3.6 Strategic leaders have developed policies and practice, including exploitation protocols, threshold guidance and the systemic model of practice. Whilst these provide a foundation for consistent practice, practitioners across agencies demonstrate a mixed understanding of their application in practice and this limits consistency in decision-making and the effectiveness of multi-agency working. As implementation progresses, there is an opportunity to strengthen shared understanding, professional challenge and ownership of decisions. This will strengthen cycles of continuous improvement and better evidence outcomes for children and families.

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 Nearly all staff would recommend working for children's services. Leaders are described as compassionate, supportive, and inclusive in their approach. There is a high support and one service ethos between leaders, teams, and practitioners. Team plans are maintained across the service to articulate priorities and intended improvements.
- 4.2 Workforce action plans set out a structured, phased approach to workforce development, supported by clear governance arrangements that promote transparency and effective oversight. Morale is generally positive, reflected in the commitment and motivation of leaders and practitioners to achieve improved outcomes for people.
- 4.3 Corporate parenting operates as a high-profile, senior-led agenda with strengthened governance arrangements and the involvement of care experienced children. Leaders consistently focus on the voice of people and there is evidence of services developing in response to feedback. For example, the EHH routinely seeks feedback through QR codes and carer feedback has recently improved the administration of carers assessments.
- 4.4 Leaders explore opportunities for innovation and efficiencies. The Social Work Way App gives practitioners tools that save time, cut administration and help them to stay organised. Practitioners describe leaders as being open to ideas for service development.

- 4.5 Practitioners are person centred, psychologically informed, and systemic in their approach to practice. Chronologies and genograms are used routinely in practice and support a foundational understanding of the child within their family system and wider context over time, including patterns of cumulative risk.
- 4.6 Practitioners receive consistent supervision and frequent opportunities for reflection and support. This includes systemic practice sessions, where action learning sets promote constructive challenge, diverse perspectives, accountability, skills development and learning. The quality of formal supervision would be strengthened further with improved analysis of what matters, outcomes, and next steps.
- 4.7 People are routinely offered a service in Welsh or the language of their choice and practitioners consider their cultural and communication needs.

Areas for Improvement

- 4.8 The voice of the child is not consistently heard and recorded in case records, assessments, and reviews. This is particularly relevant for adolescents and large sibling groups. When the child's voice is heard well, children are seen alone and there is direct work about what matters to them. When their voice is heard less well, children are not seen alone and/or the voice of the child is summarised by practitioners or written in the first person with professional language. **Leaders should work with practitioners to promote consistent standards for hearing what matters and the lived experience of the child.**
- 4.9 We found positive examples of issue-based advocacy being promoted, including consistent advocacy for unaccompanied asylum seeking and care experienced children. Whilst advocacy is offered for many, some children and parents were not offered advocacy when this was needed. This is particularly important where there are safeguarding concerns or disagreements about care planning. **The local authority must ensure the active offer of advocacy is consistently made to all eligible children, with clear recording of offers, uptake and reasons for decline.**
- 4.10 Practitioners consistently keep records of interventions to demonstrate frequent contact with families. However, records are not consistently written to a sufficient standard, and there are important decision-making forums which are not recorded in a timely manner. Leaders identified this area for improvement through audits, have provided aide memoirs to encourage consistent standards, and have plans for training. **The local authority must improve the quality of records to support effective oversight, decision-making, and accountability.**

Prevention

Strengths

- 4.11 The Multi-Agency Safeguarding Hub (MASH) provides a single point of contact for people and professionals to report safeguarding concerns. Children's services have staff who work across the MASH and the Early Help Hub (EHH). This supports a proportionate level of co-location helping to balance regional integration with effective local pathways.
- 4.12 The EHH provides information, advice and support and aims to ensure people access the right support at the right time. People value the support of EHH staff and preventative services are described as accessible, respectful, and encouraging.
- 4.13 There is a range of prevention and early intervention services available to support families, reduce escalations of need, and provide targeted interventions. Services use relationship-based, trauma-informed and non-judgemental approaches to support sustained engagement and trust from parents.
- 4.14 Team Around the Family can bring everyone together and coordinate multiple services. Preventative services such as Camau Babi and Camau Nesaf provide a coherent pathway and **positive practice** to support families pre-birth, post-birth and following care proceedings.
- 4.15 The local authority has strengthened pathways to the Children with Disabilities Team. Contacts are routed through the EHH and there are proportionate approaches for Care and Support. This includes a revised eligibility criteria and mechanisms to review cases where needs are assessed as stable over time.
- 4.16 Outreach services provide flexible and responsive support to families, including practical assistance and targeted interventions in response to identified needs, risks and outcomes. Outreach services work well with care and support teams to ensure continuity of support and a coordinated approach to helping children and families.
- 4.17 There is evidence of effective use of direct payments to meet assessed need, enabling flexible and tailored support arrangements that improve outcomes for children and families.
- 4.18 The local authority has listened to feedback from carers and strengthened administration arrangements for carers assessments by completing stand-alone carers assessments. Leaders are also in the process of strengthening the

availability of respite for carers. Whilst carers shared mixed views about access to services and the availability of respite, these developments are new and will take time to embed and improve outcomes. Leaders should continue to consult with carers to monitor the impact of these service developments in practice.

Areas for Improvement

- 4.19 Regional partners have recently developed a threshold policy which aims to support consistent and equitable decision making for referrals. Children's services are not applying this consistently in practice and there was limited awareness of this policy amongst practitioners. **Leaders should strengthen plans for implementation to promote consistent and equitable decision making.**
- 4.20 Whilst most people receive a proportionate response to need, a minority do not receive sufficient professional curiosity or respectful uncertainty, particularly where concerns relate to domestic abuse and non-familial harm. Some referrals receive no further action without sufficient consideration of historical and cumulative harm, and other interventions are closed without effective contingency planning. Social care records indicate this is linked to decision-making that relies too heavily on parental self-reporting or non-engagement. **The local authority must ensure thresholds are applied consistently and decision-making is supported by a robust analysis of risk and need.**

Well-being

Strengths

- 4.21 Practitioners comply with statutory timescales under the WSP for visiting, core groups, and child protection conferences. There is evidence of multi-agency involvement and contributions during all child protection processes.
- 4.22 Children who are looked after by the local authority receive timely visits and reviews in line with requirements of the 2014 Act. Most children and families who attend these meetings are included in decision-making.
- 4.23 The local authority has steadily reduced the number of children placed on the Child Protection Register and becoming Looked After. Care Order applications have reduced, and the Public Law Outline (PLO) is used as a last resort. There is strategic focus on children exiting care and evidence of the local authority progressing permanence plans, including the enhanced use of Special Guardianship Orders to secure stable, family-based arrangements.

- 4.24 Commissioning and placement sufficiency arrangements maintain emphasis on permanence. The local authority has significantly developed in-house residential placements. This reduces reliance on out-of-area and high-cost placements, whilst improving sufficiency for complex placements.
- 4.25 Children's services are embedding systemic social work methods across all services. We found good examples of safety planning where the social worker has applied trauma-informed approaches to support positive behaviour management. Whilst teams and practitioners are at varied stages of implementing systemic practice, nearly all staff support the approach and describe the benefits of psychologically informed methods.
- 4.26 The Safeguarding and Review Service is now managed in-house by the local authority. Nearly all reviews are timely and well attended by agencies, strengthening accountability across partners. Conferences would be strengthened further with enhanced focus on the voice of the child, threshold, analysis, and the rationale for decision making.

Areas for Improvement

- 4.27 Assessments do not consistently demonstrate sufficient focus on parenting capacity, motivation to change, and options for safety planning and permanence. Leaders have recognised this area for improvement and are promoting workshops to strengthen the quality of assessments. **The local authority should improve the quality of analysis in assessments and plans to ensure there is a clear link between risk, harm, strengths, safety, and outcomes.**
- 4.28 We identified records where there was limited professional curiosity and insufficient challenge. There is inconsistency in how practitioners apply systemic practice into risk assessment, safeguarding decision-making and safety planning. Although systemic approaches are used widely within social work practice, they do not consistently support the identification, analysis and management of risk. **Leaders should strengthen the application of systemic methods to enhance focus on safeguarding outcomes.**
- 4.29 The local authority has a quality assurance framework and range of panels which aim to support robust decision-making, risk management and quality assurance in social services. Panels bring together professionals to review evidence, share information, and agree actions. **Leaders should continue to strengthen the effectiveness of quality assurance and panels to ensure they provide consistent oversight of decision-making, risk and practice quality.** This includes ensuring robust analysis, management oversight and constructive challenge are consistently applied to provide meaningful assurance about practice quality.

Partnership

Strengths

- 4.30 Partners have developed a complex needs panel and strengthened corporate parenting arrangements. These strategic improvements significantly strengthen information sharing and governance arrangements between the health board and local authority. Partners are also developing a mental health and emotional wellbeing panel, which will strengthen the coordination of prevention services in line with the requirements of the NEST framework¹.
- 4.31 Leaders describe constructive relationships and healthy challenge between partner organisations. Stakeholder feedback indicates strong confidence in partnership working, including confidence in leaders, safeguarding practices and multi-agency collaboration. We found good examples of this leading to improved arrangements for child protection medicals and reduced use of Police bail.

Areas for Improvement

- 4.32 Whilst social services meet statutory duties to respond to safeguarding referrals within one working day, report-makers are not routinely notified of the outcome and the reasons for the decision. Partners also express concern that some contacts and open records are closed without sufficient consideration of the risks. **The local authority must ensure report-makers are notified of the outcome and the reasons for the decision should be provided. The report-maker should be advised of escalation protocols if they disagree with the decision and cannot resolve the matter. Leaders should continue to work with practitioners to strengthen the quality of closures and contingency plans.**
- 4.33 HM Inspectorate of Probation (HMIP) 2024 inspection of youth justice services in Cwm Taf identified weaknesses in the strategic and operational response to child exploitation and extra-familial harm. Regional partners have since developed multi-agency policies and procedures, alongside training, audits and learning structures to strengthen responses to exploitation and contextual safeguarding. Leaders are working with partners to explore recruiting a regional lead for practice in respect of child exploitation. However, these arrangements are not yet resulting in consistent improvements, and we found examples of statutory partners using and tolerating oppressive language to describe adolescents at risk. **Statutory leaders should strengthen practitioner understanding of adolescent development and ensure all assessments**

¹ [NEST framework \(mental health and wellbeing\) | GOV.WALES](#)

and plans remain focussed on risk and vulnerability. Leaders should also develop a shared understanding of language use and strengthen the ability of practitioners, managers and conference chairs to challenge labelling and minimising language. The local authority should monitor the impact of strategic developments on practice and outcomes for children.

4.34 Transitional safeguarding is an area of practice which has specific relevance to adolescents and children at risk of non-familial harm. Leaders have developed a transition policy and transition panel; and are working with partners regionally to promote improvements. **Children’s services must ensure the effective application of the WSP and that children turning 18 are referred to adult services when there is a duty to report.** The interests of the adult at risk must be the overriding consideration in making any decisions whether to seek consent prior to making a report and practitioners should aim to seek consent from the adult where possible. **Leaders across adults and children’s services should continue to work together to strengthen approaches to transitional safeguarding.**

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 26 social care records.
- We engaged 17 people receiving services and/or their carer.
- We engaged, through focus groups and interviews with 42 local authority stakeholders.
- We engaged, through focus groups and interviews with 10 partner organisations and other stakeholders.
- We reviewed supporting documentation sent to CIW for the purpose of the inspection.
- We administered surveys to local authority social services staff, partner organisations and people.

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. The active offer not required on this occasion. This is because the local authority informed us that people taking part did not wish to contribute to this assurance check in Welsh.

8. Acknowledgements

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

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Lou Bushell-Bauers', written in a cursive style.

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 well-being. 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 well-being and the things that matter most to them.
Well-being	A principle of the Act which aims for people to have well-being in every part of their lives. Well-being 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 well-being 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 well-being, 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%