



AGENDA ITEM 3

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CABINET

19TH MAY 2016

DIRECTOR OF SOCIAL SERVICES ANNUAL REPORT 2015/16

REPORT OF GROUP DIRECTOR, COMMUNITY & CHILDREN'S SERVICES, IN DISCUSSIONS WITH THE RELEVANT PORTFOLIO HOLDERS, COUNCILLOR FOREY AND COUNCILLOR HOPKINS

**Author: Giovanni Isingrini, Group Director, Community & Children's Services
Tel. No. 01443 424140**

1. PURPOSE OF THE REPORT

- 1.1 The Welsh Assembly Government published Statutory Guidance in June 2009 regarding the Duties and Accountabilities of Directors of Social Services in Wales. Amongst the Guidance was a requirement for the Director of Social Services to publish an Annual Report on the delivery, performance, risks and planned improvements of the Social Services function in the Council. For 2015/16 this guidance remained current.
- 1.2 The first Director of Social Services Annual Report was published in July 2010.
- 1.3 Within the Guidance, the draft Director of Social Services Annual report is required to be subject to formal consultation, involving scrutiny by staff, service users & carers, partner agencies, partnerships and the Scrutiny Committees covering Social Services.
- 1.4 Following amendment as a result of this consultation process, a final version of the report will be presented to Cabinet for formal approval prior to inspection by the Care & Social Services Inspectorate Wales (CSSIW).

2. RECOMMENDATIONS

It is recommended that the Cabinet:

- 2.1 Note the draft Rhondda Cynon Taf Director of Social Services Annual Report and approve that the consultation process be undertaken.

3. REASONS FOR RECOMMENDATIONS

- 3.1 To meet the requirements on the Director of Social Services and ensure the report is circulated for consultation

4. BACKGROUND

- 4.1 The Welsh Assembly Government issued Statutory Guidance in June 2009 regarding the Duties and Accountabilities of Directors of Social Services in Wales. Under this Guidance each Local Authority in Wales is required to appoint a Statutory Director of Social Services.
- 4.2 In Rhondda Cynon Taf, the duties of the Director of Social Services are located within the role of Group Director (Community & Children's Services).
- 4.3 Amongst the duties laid out in the Guidance is the requirement for the Director of Social Services to produce an Annual Report.
- 4.4 The Guidance states:

“The Director of Social Services must report annually to their Council on the delivery, performance and risk as well as plans for improvement of the whole range of Social Services functions. The report will have an important role in the development of the Council’s overarching Improvement Plan (WPI). The report and the underpinning evidence will inform the development of the CSSIW work programme for the authority including the overarching authority wide regulatory plan. It will be important that the report and underpinning evidence is shared at appropriate points in the cycle with CSSIW.”

- 4.5 Each Authority has discretion as to the format of the report but it must:-
 - be published as soon as possible after the end of the financial year to which it refers;
 - report performance and risk and set out plans for improvement
- 4.6 The initial draft Director's report for 2015/16 is attached as Appendix 1. This draft report will be subjected to a formal consultation process during May – June this year.
- 4.7 A final draft of the Director's report will be presented to Cabinet in June for endorsement prior to publication

5 EQUALITY AND DIVERSITY IMPLICATIONS

- 5.1 There are no implications associated with this report

6 CONSULTATION

- 6.1 This draft report will be subjected to a formal consultation process during May - June this year, the results of which will be reported to Cabinet prior to the completion of the final report

7 FINANCIAL IMPLICATION(S)

- 7.1 There are no financial implications associated with this report.

8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 8.1 For 2015/16 the Annual Director's report is required under Statutory Guidance issued in June 2009 regarding the Duties and Accountabilities of Directors of Social Services in Wales.

9. LINKS TO THE COUNCILS CORPORATE PLAN/OTHER CORPORATE PRIORITIES/SIP

- 9.1 The Annual Director's Report publishes the delivery, performance, risks and planned improvements of the Social Services function in the Council. As such it provides the public with a summary of the Directorates performance in meeting the Corporate priorities for its Social Services.

10. CONCLUSION

- 10.1 The Director of Social Services has a statutory duty to publish an Annual Report on the delivery, performance, risks and planned improvements of the Social Services function in the Council. In summary, in the Director's considered opinion, the overall performance of Social Services in RCT continues to improve. However, there are still areas that need further improvement and compared to other Councils we still support more adults in institutional settings rather than in their own home and despite a slight improvement over the last year, we still have a comparatively larger number of Children who are 'looked after' by the Council rather than living with their families. Transforming/Modernising service remains our priority in addressing these issues.

Relevant Scrutiny Committee

Health and wellbeing scrutiny committee
Children and Young People Scrutiny Committee



LOCAL GOVERNMENT ACT 1972
AS AMENDED BY
THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

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AND COUNCILLOR HOPKINS**

DIRECTOR OF SOCIAL SERVICES ANNUAL REPORT 2015/16

Background Papers

Please find the link to the link to the 2009 Statutory Guidance on the Role and Accountabilities of the Director of Social Services below

<http://gov.wales/topics/health/publications/socialcare/guidance1/3188997/?lang=en>

Draft Annual Report for Social Services 2015/16

Contact Officer:

Sian Nowell Head of Transformation - sian.nowell@rctcbc.gov.uk



Rhondda Cynon Taf County Borough Council
Community and Children's Services Group

Draft Annual Report for Social Services 2015/2016

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Introduction from the Director of Social Services Gio Isingrini

As the Statutory Director of Social Services in Rhondda Cynon Taf, I am pleased to present my annual report that sets out how the Council's Social Services performed last year and highlights the direction and priorities we have set for the year ahead.

Social Services provide a wide range of activities across the County Borough that protect and support vulnerable children, young people, adults, families and carers. Helping people to be safe, independent and free from poverty is our aim as we know that this is how we can best support people's long term wellbeing.

Social Care faces considerable challenges:

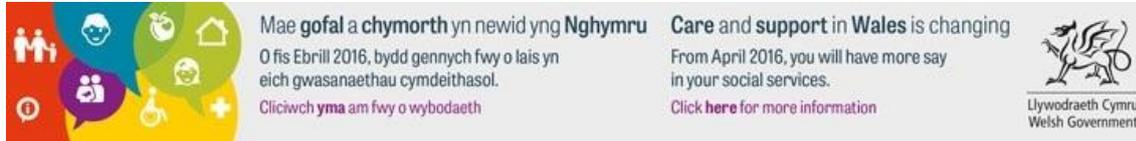
More people are living longer, and whilst most people are able to live active and independent lives, an increasing number need care and support to overcome the effects of long term illness, disability or family breakdown. For many, the traditional services we have provided in the past are not flexible enough and didn't give people the control and autonomy they need to reduce their dependence on others and live more fulfilled lives.

At the same time, and like other Council's in Wales, we continue to face financial pressures and requirements to reduce the amount we spend each year.

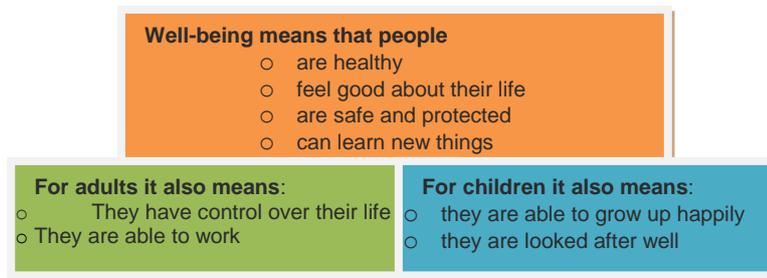
We are committed to continuing to promote high quality, responsive social care services but to rise to these challenges means that we can't continue to do the same things, or even to do those same things differently. We have to do different things and transform our approach across our services; making sure our activity compliments and supports the strengths and networks people already have rather than replacing them.

We can't do this on our own and the partnerships we have created without local communities and others such as the University Health Board, Police, other Local Authorities and the voluntary and private sector are essential to make sure our services transform to focus on effective safeguarding, prevention, self-management and Reablement.

This is a significant year for Social Services in Wales. The new Social Services and Wellbeing (Wales) Act 2014 (SSWB Act) became Law in April 2016.



This Law supports the changes we are making to the way people's needs are assessed and the way services are delivered. People will have more of a say in the care and support they receive and more emphasis will be given to helping people improve their wellbeing.



The new Law promotes a range of help available in the community to reduce the need for people to access formal and planned support. For instance:

- Community based services to provide the right support at the right time,
- Information and advice more easily and widely available,
- Preventative approaches used more frequently to avoid the escalation of peoples needs
- Simpler and more proportionate assessments
- Equal rights for carers to access an assessment for support

It also promotes closer working between the Local Authority and the Health Board and importantly provides stronger powers for us to keep people safe from abuse and neglect.

During 2015/16 we worked with our partners across the Cwm Taf region to prepare for the SSWB Act. In particular we have changed our commissioning plans and service delivery models for older people, people with a learning disability, children and young people and carers

to make sure they reflect the requirements of the SSWB Act set out above.

The breadth and depth of the SSWB Act meant that much of this work was preparatory in nature but the use of the Welsh Government Intermediate Care fund has also helped us to expand and develop new service approaches including for example, our Reablement service, our Reablement service for people with dementia, the Health Boards early stroke discharge service and the third sector community co-ordinators.

During 2015/16 we have also developed a Corporate Safeguarding Policy to ensure that all who work for and on behalf of the Council are aware of their responsibilities to safeguard the wellbeing of children, young people and adults, whatever their role.

To support this duty, we have strengthened safeguarding arrangements across all RCT services by identifying the Leader of the Council, Councillor Morgan, to be the champion for Corporate Safeguarding. This has also allowed us to strengthen governance and performance management arrangements including annual reporting and developed awareness raising campaigns for Council Staff, elected Members and contractors who work on behalf of the Council.

Overall I am pleased to report that the performance of Social Services in RCT continues to improve. However there are still areas that need further improvement and compared to other Councils we still support more adults in institutional settings rather than in their own home and despite a slight improvement over the last year we still have a comparatively larger number of Children who are 'looked after' by the council rather than living with their families. Whilst there are a number of factors contributing to this situation strengthening community based support services to address these is our key priority for 2016/17.

In the following sections of this report you will find more detail about the performance and priorities for adult and children's services. However for the year ahead my particular priorities are to ensure.

The safeguarding of vulnerable people in our communities

A reduction of the number of children and young people taken into care, through safe and appropriate family support services

A reduction in the number of adults requiring long term admission into a care home through safe and appropriate community based services

To continue the required modernisation/transformation agenda for Social Services supported by the Social Services and Wellbeing (Wales) Act 2014

I'll take this opportunity to end my introduction with a big thankyou to all my staff and colleagues from partners agencies and to the informal carers who together ensure that we continue to effectively support the people in our community who need our support to live their lives.

Giovanni Isingrini

Section 2: Adult services

About Adult Services

People need care and support for many reasons. This can be because of their age, disability, health or personal situation they find themselves in.

We are responsible for making sure that older people, adults with physical disabilities, mental health needs, learning disabilities and vulnerable people get the information, advice and support that they need.

This is to ensure individuals maintain their independence, to increase their quality of life and to help them lead fuller more enjoyable lives.

For most people this will mean finding ways to support themselves or improve their own quality of life and we will help find the support and tools for them to do this.

For a small number of people we may need to provide more support.

If you need social care support from us we will:

- provide advice, information and services that support your independence
- focus on what you can do for yourself and work to help you maintain and improve your abilities
- work with you so that you find the best way to meet your needs and achieve the things that are important for you

Our aim is to help people stay living safely at home or in their own communities for as long as possible - Residential care will be considered only as a last resort.

If you want more information about our adult services please visit our website on:

<http://www.rctcbc.gov.uk/EN/Resident/AdultsandOlderPeople/AdultsandOlderPeople.aspx>

Everybody has the right to be safe no matter who they are or what their circumstances. Whilst we believe that the safeguarding of vulnerable people is everyone's business adult services has specific responsibilities to safeguard adults.

For more information about safeguarding adults please visit our website <http://www.cwmtafsafeguarding.org/adults/>

If you need to report concerns please call: **01443 425003**

How well did we do in 2015/16

Last year we set out the following priorities for adult services:

1. Safeguard adults whose circumstances make them vulnerable, make sure that they are treated with dignity and respect and protected from avoidable harm
2. Give adults and older people, who need support, a greater choice and control within available resources, through prevention and greater integration with health

1. Safeguard adults

Everyone has a part to play in protecting vulnerable people in our society, whether they are young, old, disabled or affected by substance misuse issues and it is important that the community have access to the information that they need to be able to get help for those people. This information is now available on the Cwm Taf Safeguarding website that we launched in November 2015.

The website contains information on the range of safeguarding issues affecting children and adults within Cwm Taf and importantly, how to spot the warning signs and seek further support.

There are bespoke sections for adults, children, parents/carers and professionals and the website has been designed as an inclusive site full of tips, information and guidance for people who have concerns – for themselves or someone else.

The website will also serve as a resource for professionals to access the policies and procedures endorsed by the Safeguarding Boards and to receive the latest safeguarding news and updates.

With our partners, we have set up a Multi-Agency Safeguarding Hub (MASH) for both Adult and Child Protection, which, based in Pontypridd Police Station, allows social care professionals, health, probation and the police to all work together more closely, share information more quickly and help to keep people safe. The MASH has been fully operational since May 2015 and has won two awards from South Wales Police for innovation and partnership working. During 2015, we reviewed our procedures and extended the adult referrals into MASH to include people with learning disabilities and people with mental health problems as planned.

How does the Multi Agency Safeguarding hub work for adults?

Case study

MASH received information that a female, X, aged 30, with a significant learning disability, who lives with an aunt, has attended her respite care home with bruising to her arms and chest and a black eye saying that her 'aunty did it'

Information quickly gathered from her social worker and the respite care home established that there have been previous incidents of unexplained bruising and concerns about the quality of care X receives from her aunt, but the situation is complicated by X's challenging behaviour.

Following discussions between the Safeguarding Officer and Police colleagues, specialist police speak to X, resulting in the arrest of her aunt. Steps were immediately taken to accommodate X within the care of the Council, pending further investigations

The MASH created the opportunity for agencies to quickly identify a potential criminal offence and work together closely and quickly to safeguard X

We have also considered the national review undertaken in response to operation Jasmine called 'In Search of Accountability' (<http://gov.wales/docs/dhss/publications/150714ojreporten.pdf>) that looked into the neglect of older people living in some care homes. As a result the Adult Safeguarding Board facilitated a multi agency workshop with participants that included older people and their carers to ensure our staff are able to address the lessons learned within that review into their safeguarding practice.

During 2015/16 we completed 156 adult protection case referrals. At the beginning of the year we said that at least 99.5% of the adult protection referrals completed would have a plan to reduce the risk of further abuse in place. We didn't reach our target but we managed to put a plan in place and protect and support adults at risk effectively in 96% of the cases we completed.

2. Greater choice and control

Our preparation for the implementation of the Social Services and Well Being Act progressed well and as part of this preparatory work we have

- Planned to improve the way we provide information, advice and assistance so that we are better equipped to respond to people when they contact us.
- Developed a new strategy and operating model for adult social care to make sure that the way we manage our service meets the requirements of the SSWB Act. (It is anticipated that following a period of consultation this model will be finalised by the end of September 2016).

- Reviewed and made adjustments to our assessment, care and support planning and review processes.
- Adopted the national eligibility criteria for people who need care and support.
- Updated our Direct Payments Policy to make it easier for people to use a Direct Payment to pay for a wider range of services in the future.
- Reviewed and made adjustments to our procedures to respond to the new requirements regarding financial assessment and charging for services.
- Revised all our internal procedures and staff guidance to make sure our staff are supported to practice within the new arrangements.
- Implemented the national learning and development plan to support staff understand how the new Law affects their work.

The reablement and intermediate care services continue to perform well in helping more people live independently and investment through the Intermediate Care Fund has meant that the service was expanded to respond to more people.

Case Study - Reablement service

Mrs C an 82 year old lady collapsed at home and was admitted to hospital suffering with abdominal pain, vomiting and dysentery.

Whilst in hospital Mrs C was diagnosed with an infection but her illness had made her very frail and weak, unable to walk without help and also slightly confused

Whilst in hospital Mrs C had specialist treatment for her medical condition and her initial symptoms improved. She remained very frail however and whilst ready to go home she remained dependant on others to help her with her basic care needs

As part of the plan for Mrs C to return home she was referred to adult services for assessment and support

In discussion with Mrs C and her family it was identified that alongside the support from her family Mrs C would initially need an intermediate care worker to call twice a day to make sure she was able to manage her care needs and start getting more independent around the home

When Mrs C was discharged from hospital however she was still very frail and her general health still very poor. As a result the intermediate care service responded to her personal care needs and increased the frequency of calls to four times a day but did not actively work on increasing her independence

This situation remained the same for a few weeks and the support continued whilst health staff worked to treat her medical problems and over time her health improved.

As her health improved staff gradually worked with Mrs C to help her become more able to get about herself and manage her own personal care, slowly reducing the number of calls to twice a day

Eventually, the staff felt Mrs C was becoming much more confident and able, and so they reduced the calls to every other day.

At the end of the programme Mrs C was able to manage her own care needs and no longer required a service to assist her

The total number of people supported by adult social care both in the community and within a care home setting continues to reduce as our focus remains on maximising people's independence and reducing long term reliance on our services. However, we still support a higher number of people in care homes when compared to other Councils in Wales.

We have worked closely with Health over the past year to streamline our approach to supporting hospital discharges and this has had a positive impact on the rate of delayed transfers of care which has reduced from 9.44 per 1,000 population (aged 75 or over) in 2014/15 to 6.15 for 2015/16.

Our aim is to continue to shift our investment away from traditional service models to services that encourage independence and support people and communities to find their own solutions and become more self reliant.

A mechanism to support this is the use of Direct Payments as an alternative to a commissioned service. However, not everybody wants to use direct payments as a way of receiving services and over the past two years the number of adults using direct payments has fallen. We expect to see an increase again in future years as the new Act will make it easier for people to use direct payments to pay for a much wider range of services they may need. As at 31st March 2016, there were 341 adults receiving direct payments.

We have continued to work with local communities and the third sector to improve access to a range of community networks and wellbeing services that can support individuals and communities help themselves. For instance in partnership with the Alzheimer's Society, we have made Maerdy the first dementia-friendly village in the County Borough.

A dementia-friendly community is a city, town or village where people with dementia are understood, respected, supported, and confident they can contribute to community life.

The project has widespread support amongst Councillors and staff and would be considered positively for expansion across other areas of Rhondda Cynon Taf to create a more supportive environment for the 3,000 people across the County Borough who lives with memory loss and dementia.

Maerdy – A Dementia Friendly Village

Through the Community Capacity Fund and in partnership with others we launched services for people affected by dementia in the Maerdy area. Some of these services include:

- a Singing Group, called 'Singing for the Brain®', designed specifically for people with dementia,
- a cafe group to incorporate activities to help people with dementia maintain a sense of well-being, independence and to remain connected to their local community,
- Specific programmes for carers of people with dementia.
- Dementia Friends, an Alzheimer's Society programme that aims to change people's perception of Dementia by raising awareness of the condition and identifying the small ways that people and the local community can become Dementia Friendly.

Most of the services are offered during sessions running at Teifi House every Tuesday from 10am to 2pm

It is possible to make small changes that will make the day to day lives of people living with dementia much better, being able to stay active and part of their a community for longer.

We have also developed a new service model for the home care service that will reflect the success of the reablement approach and continue to help people regain and retain as much control and independence as they can throughout the time they need a care service.

Most of our home care service is commissioned from independent sector organisations and we are in the process of re-commissioning the new service model across Rhondda Cynon Taf and Merthyr and we are on target to implement the new arrangements by the Autumn of 2016. Re-commissioning the contracts will provide an opportunity to further improve access to the service and ensure the provision of a flexible and responsive outcome focussed service with even greater emphasis on a reablement approach to support more people to live as independently as possible at home.

We are working with our partners to develop the range and supply of accommodation with support so that people have more options available to them to help them live in their own home rather than in long term residential care.

A particularly exciting development has been the work with Hafod Housing Association to develop an Extra Care facility in Talbot Green.

Ty Heulog will be the first of its kind in Rhondda Cynon Taf, providing 40 self-contained apartments, each with their own private kitchen, bathroom, bedroom and living space. All apartments will be available for rent and each resident will have their own tenancy agreement. The scheme is planned to open in the Summer of 2016.

Ty Heulog Extra Care Facility

The new Talbot Green Extra Care facility will initially comprise of 40 self-contained apartments (16 one bedroom and 24 two bedroom apartments).

Each apartment is designed to be accessible to people with disabilities or wheelchair users and enable people to live independently with their own front door, something which older people have identified as being important.

Telecare technology will also be used throughout the facility to enable people to live safely in their own apartments and, where appropriate, for care staff to monitor those who have dementia or other health problems.

With the availability of two bedroom apartments the scheme will be able to support couples that may otherwise have been separated by the care needs of one partner to stay together, even when one of them has significant care needs. The on-site staff care team will in these cases complement the informal support that the couple provide to each other.

The facility will include service areas for laundry, assisted bathing, treatment and day care opportunities which will serve the needs of the people living there and also have the potential to be available to other people from the local community. Other facilities for leisure activities, hairdressing, health visiting, information technology and sign posting to other services will also be available on site as required.

The facility will also include an on-site restaurant along with other communal facilities so people can socialise and participate in community activities if they so wish. These more public spaces will all be located away from residents' apartments, maintaining the security and safety of the accommodation elements of the scheme. The apartments have been designed to a high specification, insulated and constructed to a standard of sustainability that will achieve a 'Very Good' rating under the well-known Building Research Establishment Environmental Assessment Methodology (BREEAM) Sustainability Model.

During the year the Commissioner for Older People in Wales undertook a review of residential and nursing homes called 'A Place Called Home'. Each local authority and Health Board have produced an action plan to improve the quality of life and care to older people living in care homes in Wales.

We are working with our partners across the Cwm Taf Region to deliver on the Older People's commissioner requirements for action for care homes. In support of this we have developed a quality assurance toolkit which includes routine consultation with service users and their families.

We have also revised our Regulation 27 inspection format to strengthen the views of residents and their representatives in our own homes as well as persons working within the care homes to form an opinion of the standard and quality of the care provided.

We had planned to complete a Learning Disability Commissioning Strategy in 2015/16. Whilst the development of this strategy is progressing well and is expected to be ready for implementation in the summer the completion date will be slightly later than anticipated. The delay is attributed to the decision to extend the scope of the project to include children's learning disability services as this will ensure more effective use of resources and provide greater focus on personal independence especially during transition from Children's to Adult's Services.

However, we have continued to provide individual support to support personal independence.

Case Study – The Transition Team - Supporting people with learning disabilities into employment

Background

M, an adult, lived in RCT. Although he has a learning disability he wasn't known to services. He was brought up in a family where his parents were very heavy drinkers. When his parents passed away M tried to live at home but the house was in such bad condition M became homeless living on the streets and abusing alcohol. A member of the community rang social services. M was moved into supported living away from the area he had lived all his life. M agreed to counselling and adjusted to a new way of living.

At the point of referral M and other professionals were concerned what he would do now that he had too much free time. M was concerned about going back to the area he had moved from. Although all his friends lived there however; he was also worried that if he went back he could end up returning to the streets and drinking excessively.

Having met with M and found his likes, dislikes and skill levels, the Transition Team worked with M to help him with confidence building, anxiety and low self esteem, with the aim of finding meaningful daytime activities and providing travel training and to support him to find work.

M was helped to explore the opportunities available to him that kept him away from places that sold alcohol. M stated that he would like to work in a factory setting he didn't mind what he was doing.

Following visits to various factories within his area, a window factory indicated that they were willing to take on a volunteer. M was anxious but agreed to try. M was supported to his interview and a start date was agreed, with a review date 4 weeks after he started. At the review with M and his employer, the feedback was extremely positive. The Transition Team continued to support M with the H&S training he needed to be safe carrying out his role. He successfully completed the training and gained certificates and his confidence was building. With M's agreement, the Transition Worker started to withdraw support, and quickly M didn't look for his worker but got on with his work alongside his colleagues.

Now Transition support is withdrawn and the only contact is through weekly telephone calls with M and his employer to make sure all is going well. At his last review he was offered another day to volunteer which M has taken up. M has turned his life around, he is a confident member of his community, he no longer drinks alcohol, and he is a contented person with a sense of direction.

Finally we have worked to ensure people's needs are assessed in a timely manner and that the care we provide is appropriate. During the year we updated our working practices which has had a positive impact on performance.

In particular we have increased the number of care plan reviews undertaken within agreed timescales and exceeded our target of 80% with 80.1% of plans reviewed up to the end of December 2015. This is well above our 2014/15 performance of 73.2%, which was among the worst in Wales and is more favourably comparable with the Welsh Average of 80% reported in 2014/15.

We have also exceeded our target to increase the number of carers offered an assessment in their own right to 86.1%. The percentage of carers who have had an assessment of their own needs and who were provided with a service is also well above our target at 99.6%, which significantly exceeds the Welsh Average of 64.6% reported for 2014/15.

What did we aim to achieve in 2015/16	How did we do?
That at the point of completion at least 66% of care packages result in the service user requiring no ongoing services	We have performed better than we planned, and 77.6% care packages have resulted in the service user requiring no ongoing services
That at least 95% of people that are helped by a reablement service feel that we have helped them to remain independent, (an increase from the 94.4% we achieved in 2014/15)	We have performed better than we planned and 96.2% of people helped felt they had been helped to remain independent as a result of a reablement package
That at least 86% of carers will be offered an assessment in their own right, an increase from 76.3% in 2014/15)	We have performed slightly better than we planned with 86.1% of carers offered an assessment in their own right. However whilst this is a significant improvement from last year our performance is still below the Welsh Average of 88.3% reported in 2014/15
That we will support more people aged 65 or over in the community, increasing to 83.8 per thousand population	We have achieved less than we planned in this area with only 81.4 per thousand population of people aged 65 or over being supported in the community. This is also less than the Welsh Average of 82.2 reported in 2014/15
That we will support fewer people aged 65 or over in care homes, reducing the percentage from the 24.46 per thousand population achieved in 2014/15 to 23 per thousand population	Whilst there has been a reduction in the number of people supported in a care home we have not performed as well as planned in this area with 24.02 per thousand population supported in care homes. This is below the Welsh Average of 18.85 per thousand population reported in 2014/15.

Our Plans for 2016 / 27

- To manage the implementation of the Social Services and Wellbeing (Wales) Act 2014 requirements and complete the changes planned for the adult services operating model including the information, advice and assistance arrangements.
- Work with our regional partners to continue the implementation of the regional older peoples commissioning statement to pursue the development of new service models for home care, accommodation with support and day services; continue the emphasis on the reablement and intermediate care services and provide further support to social enterprise and the third sector to develop the resilience of community networks of support.
- Work with our regional partners to complete and agree the statement of strategic intent for commissioning services for people with learning disabilities, (complex needs and autism) and their families and pursue the development of a new and dynamic service model that keeps people safe, builds community support, emphasises early intervention and prevention and enables people to live fulfilling lives in their own homes.
- To continue to respond effectively to adults at risk and make sure the revised adult safeguarding requirements within the Social Services and Wellbeing Act are implemented.

How will we know if we have made a difference?

The Key measures we will use to support our priorities and measure the performance of our service will be

- The % of adult protection enquiries completed within statutory timescales
- The % of adults who have received support from the information, advice & assistance service & have not contacted the service again during the year
- The % of adults who completed a period of reablement & have a reduced package of care & support 6 months later
 - Proportion of people assessed by adult social care in receipt of care and support plan
 - Reduced number of people admitted to residential or nursing care;
 - Increased number of people using a direct payment to manage their own care arrangements

Section 3: Children's services

About Children's Services

Children Services provide a range of services which protect and support children young people and their families or carers. Every child and young person has the right to be safe no matter who they are or what their circumstances and whilst we believe that the safeguarding of children and young people is everyone's business we recognise that we have specific responsibilities to safeguard children and young people.

For more information about safeguarding please visit our website <http://www.cwmtafsafeguarding.org/children/children-young-people/>

If you need to report concerns please call: **01443 425003**

Families in RCT should be safe, fulfilled, independent and healthy but for some this is difficult to achieve.

We are responsible for making sure that children, young people and families get the information, advice and support that they need to be safe, maintain their independence and lead fuller more enjoyable lives.

For most children, young people and their families or carers access to help early, when things are starting to go wrong can help make sure they are able to support themselves and improve their quality of life.

For a small number of families and children however we may need to provide more intensive support or invasive action.

If you need social care support from us we will:

- provide advice, information and services that support your independence
- focus on what you can do for yourself(s) and work to help you maintain and improve your abilities and relationships
- work with you so that you find the best way to meet your needs and achieve the things that are important for you
- Protect you from harm

Our aim is to help children stay living safely with their own families and in their own communities - taking a child into care is considered only where the risks to the child are unacceptable

If you want more information about our children's services please visit our website on:

<http://www.rctcbc.gov.uk/EN/Resident/ChildrenandFamilies/ChildrenandFamilies.aspx>

How well did we do in 2015/16

Last year we set out the following priorities for children's services:

1. We will provide children and their families the support they need as early as possible to help them maintain their quality of life, prevent problems escalating and reduce demand for high cost, specialist care.
2. We will improve assessment, care planning and decision making for those children and young people who will require long term permanent care in accordance with the Law.

Although we have seen a slight decrease in some areas, demand for Children's Services is still high with the number of children looked after and children on the child protection register remaining high. The number of children looked after continues to reduce year on year with a further 3% reduction this year; however the number of children on the child protection register has increased by 5%.

Demand for Children's Services during April 2015 to March 2016 was as follows :

- 2,891 referrals received in respect of children & young people requiring our help & support compared to 3,102 in 2014/15
- 823 Core Assessments completed during the year compared to 954 in 2014/15
- 473 children on the Child Protection Register as at 31/3/2016 compared to 449 as at 31/3/2015
- 146 children 'looked after' during 2015/16 compared to 228 in 2014/15

Our evaluation is that performance overall is improving but that the pace of change needs to be maintained if outcomes for children are to be further improved.

67% of our key measures have reached or exceeded targets and are better than the Welsh average (reported in 2014/15) and 72.5% are better or similar to those reported last year.

1. Provide children and their families the support they need as early as possible

We have worked hard to implement a new model of service delivery across Children Services this year to:

- Enable children, young people and families to access appropriate support as early as possible.
- Prevent problems escalating and reduce the demand for high cost, specialist support services.

- To ensure those children, young people and their families will be supported to help themselves to achieve their full potential and thereby improve their overall well-being and quality of life.

We have listened to children and families, staff and our key partners and developed a structure to deliver our operating model and provide all concerned with a clear idea of how we will work to support people effectively.

68.2% of initial assessments were completed in 7 working days, exceeding our target and improving on our 2014/15 position

We have been preparing for the requirements of the Social Services and Well Being Act (Wales) 2014 which will be implemented from April 2016.

The new Law is significant as it will change the relationship between us and the children families, carers and partners we support.

The preparatory work that we have undertaken for the Act during 2015/16 includes:

- Planning to improve the way we provide information, advice and assistance so that we are better equipped to respond to people when they contact us
- Reviewing and making adjustments to our assessment, care and support planning and review processes
- Responding to the national eligibility criteria for children and young people who need care and support
- Updated our Direct Payments Policy to make it easier for people to use a Direct Payment to pay for a wider range of services in the future
- Revising all our internal procedures and staff guidance to make sure our staff are supported to practice within the new arrangements
- Implementing the national learning and development plan to support staff understand how the new Law affects their work

We developed a Multi Agency Safeguarding Hub (MASH) which was launched formally on the 21st of May 2015. Early indications are that we are able to respond more quickly to concerns.

**How the Multiagency Safeguarding Hub works to the benefit of children
A case study**

A referral received from the hospital identified concerns that Twin A had sustained injuries whilst in its parents care

Once the referral was received a multiagency discussion was held in MASH to establish how the safety of the children would be ensured and what action to take. The Child Protection process was immediately instigated together with an application to the Court when a medical examination identified that Twin B also had significant injuries

Safe Care arrangements were made and all three of the family's children were placed in foster care

The benefit of MASH

- Contact to referral decision was made within 24 hours
- All relevant information regarding the family was gathered by MASH
- The strategy discussion was held in the agreed red timeframe of 2 hours
- the initial assessment team were informed of the referral and were involved in the decision making
- The strategy meeting was held at the hospital on the same day with all the relevant agencies in attendance
- The MASH arranged for all 3 children to attend hospital for a medical examination

The outcomes for the children

All three children were placed initially in foster care. The twins were placed together and the sibling in a placement nearby, to help the family maintain good contact

The grandmother was eventually identified as an appropriate long term carer for the children

We have created additional Social Worker posts within our service to increase the proportion of social work qualified workers. This makes sure we meet national requirements and improve our performance in key areas of service.

83.5% of initial assessments completed involved a social worker seeing the child. This exceeds the target we set of 75%.

We recognise that we have to continue to shift the focus of our services to support families to care for their children at home whenever it is safe to do so and to help them achieve their full potential and improve their overall wellbeing and quality of life.

We have achieved this to some extent through earlier intervention and support from the Team Around the Family (TAF) whose assessments and support have increased helping more families achieve their identified goals.

The Integrated Family Support Team (IFST) which provides more intense support to families in high risk situations has expanded its service to provide support for families where there are concerns about domestic abuse.

How the Integrated Family Support Team (IFST) can support families

A case study

M (aged 29) was referred following concerns raised in a Multi Agency Risk Assessment Conference about domestic abuse in her marriage to husband C.

C had been charged with common assault against their 2 year old son and M had acknowledged to her social worker that there had been a long standing history of domestic violence in their relationship. M's son was placed on the Child Protection Register under the category of physical harm.

At the point of referral to the IFST, M reported that she had separated from C and did not want to resume the relationship. The social worker had assessed that M was able to provide good basic care for her son; however, she was concerned about M's ability to cope with stressful situations due to a history of mental health problems, including self harm. Professionals were concerned that, at times of stress, she could struggle to protect her son.

IFST was asked to work with M in relation to her fluctuating mood, increased anxiety and low self esteem.

The Goals for M:

- M wanted to value herself and increase her confidence.
- She wanted to have more control over her mood and panic attacks.
- M wanted to be more assertive and feel less self conscious when in public or attending groups. (for example, when attending baby groups or Women's Aid, M would feel that people were judging her or thinking that she was 'stupid' and this sometimes stopped her from getting her son to the groups that he should be attending).
- M wanted to learn new ways of coping as self-harming made her feel 'ashamed' and she did not want her behaviors to impact on her son.

M worked with the IFST to help her achieve her goals and engaged well as a result:-

She appears to understand her current problems and is more aware of how her problems develop and how they emerge in the here and now;

She has more compassion for her own situation; Is more in control of her anxiety and finds it easier to manage panic attacks. She is slightly more confident and has reduced her 'safety behaviors' e.g. avoidance;

M has joined another group, is taking her son more regularly and reports that she is engaging better; spending more time focusing on her son and less time worrying;

M has displayed improvements in her mood and presentation but also her son appears more stable and settled.

The needs of young people aged 16+ differ from younger children and we have created a service to meet the specific needs of this group. An operating framework has been agreed for the newly established 16+ service and the medium term plan is to join up with our partner agencies

to provide a more holistic service, that will encourage young people to develop the life skills that will help them become independent and stay safe.

During 2015/16, more children were seen by a Social Worker as part of an initial assessment compared to 2014/15 and, of these, more were seen alone. Both these measures achieved their target.

2. Improve assessment, care planning and decision making for children and young people who will require long term permanent care

We have continued to work towards increasing the choice of high quality local placements for children who cannot remain at home by increasing the number of in-house foster carers by 5. We have also worked with our existing foster carers to ensure they are equipped with the skills needed to care for more difficult children and to ensure these children have stability and better outcomes.

Almost 64% of our Looked After Children in Foster Care were placed with in- house carers as at 31/03/16, exceeding our target of 61%

The Regional Adoption Service, 'Vale, Valleys and Cardiff Adoption Collaborative', became operational in June 2015. The aim of the Collaboration was to increase adoptive placements for the four Councils by specialising in recruitment, assessment, 'family finding' and adoption. The effectiveness of the service will be fully evaluated during 2016/17.

In order to achieve a long term stable family environment for children we have secured 44 more Special Guardianship Orders in 2015/16. This has continued a positive year on year increase in the number of Special Guardianship Orders granted since 2011/12.

Our in-house residential services are fully compliant with the national regulatory standards providing good quality care to children and young people. During 2015/2016 we have revised the statement of purpose for one of our residential establishments to meet the demand for placements for the 10 to 16yrs age group.

The Independent Reviewing Officers have been working with looked after children to create a website aimed at increasing participation. The website is active and will be formally launched in April 2016 giving the children and young people we work with a louder voice in the development and evaluation of our services.

During 2015/16, all child protection cases were allocated to an appropriately skilled worker, with 99.2% allocated to a Social Worker.

All looked after children cases were allocated to an appropriately skilled worker with 69.2% allocated to a Social Worker. This was below our target of 80%. All cases allocated to a skilled worker rather than a social worker were in long term stable placements where risk had been assessed as low.

When children & young people become looked after, we have a duty to identify permanent care arrangements on a timely basis. We do this by way of a care plan which sets out why the individual is looked after, what their specific needs are and how these needs are to be met. The plan also sets out the long term goals for the individual, for example, to return home to family members or remain in foster care throughout childhood. All children who became looked after during 2015/16 had a care plan in place when their first placement began and all had a plan for permanence at the time of their second review (4 months later).

It is important that care plans are regularly reviewed on a timely basis to ensure that progress is being made and intended outcomes are being achieved. Reviews are undertaken by Independent Reviewing Officers.

During 2015/16, we increased the number of looked after children reviews that we completed within statutory timescales (98.9 %) and also increased the number of statutory visits undertaken in accordance with regulations (92.36%).

Our Plans for 2016 / 27

- To manage the implementation of the Social Services and Wellbeing (Wales) Act 2014 and complete the changes planned for the children's services operating model
- Work with children and young people who need care and support to define and co-produce the personal well-being outcomes that they want to achieve
- Evaluate the impact of changes made to the Enquire and Intake Service
- Consolidate the changes to the revised operating model for 16+ services
- With partners, evaluate the impact of the changes made to the Multi Agency Safeguarding Hub (MASH)
- Manage the implementation of an Information, Advice and Assistance Service (IAA) for Children's Services
- Ensure good quality and consistent practice across all our statutory functions
- Continue to reduce looked after children (LAC) numbers in accordance with the 2016/17 target of 5%
- Continue to challenge the commissioning mix to ensure, looked after children and young people are accommodated in the most appropriate and cost effect care setting within the RCT area
- Evaluate the impact of the newly established Regional Adoption Service.

How will we know if we have made a difference?

The measures we will use to support our priorities and measure the performance of our service will be

- Reduce the number of children & young people requiring intervention from statutory services
- Reduce the looked after Children population year on year
- Reduce the number of repeat episodes where children & young people are placed on the child protection register
- Reduce the length of time that children & young people remain within the looked After system
- Minimise the level of intervention necessary when children and young people are in statutory services

- Reduce the costs within the Looked After budget
- Complete more key activities within statutory timescales e.g. initial assessments

Section 4: What do you think?

If you would like to find out more about any of the information contained in this report, or share your views and experiences; then please get in touch.

You can get in touch with us in the following ways:

By Telephone: **01443 424141**

By Email: acrfchallenge@rctcbc.gov.uk

By Post: **Mr. Giovanni Isingrini
Group Director, Community & Children's Services
The Pavilions
Cambrian Park
Clydach Vale
Tonypandy
CF40 2XX**