

David Howes
Chief Social Services Officer
Swansea Council
Civic Centre
Oystermouth Road
Swansea
SA1 3SN

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Dear Director,

Care Inspectorate Wales (CIW) – Assurance Check 2021: Swansea Council

This letter summarises the findings of our assurance check on 7 June to 11 June 2021. The purpose of this assurance check was to review how well local authority social services continue to help and support adults and children with a focus on safety and well-being.

We focused our key lines of enquiry within the four principles of the Social Services and Wellbeing (Wales) Act 2014 and have recorded our judgements and findings aligned to these People - Voice and Control, Prevention, Well-Being, Partnerships and Integration.

Overview

In March 2020, CIW suspended its routine programme in response to the COVID-19 pandemic to enable local authorities and providers to focus fully on responding to the challenging circumstances. A revised programme with local authorities recommenced in September to provide assurance about how people are being safeguarded and well-being promoted during the pandemic. We considered safety and well-being of people who use or may need to use services, the safety of services they access and the safety and well-being of people who work in services. We focused our key lines of enquiry within the four principles of the Social Services and Well-being (Wales) Act 2014 and have recorded our judgements and findings aligned to these: People - Voice and Control, Prevention, Partnerships and Integration, Well-being.

Arolygiaeth Gofal Cymru (AGC)
Swyddfa Llywodraeth Cymru
Sarn Mynach
Cyffordd Llandudno
LL31 9RZ
www.arolygiaethgofal.cymru

☎ 0300 790 0126
✉ CIW@gov.wales

Care Inspectorate Wales (CIW)
Welsh Government Office
Sarn Mynach
Llandudno Junction
LL31 9RZ
www.careinspectorate.wales

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

Our focus was on:

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

Summary of findings and priorities for improvement

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

At the beginning of the pandemic, Swansea Council was able to build on its established agile working systems, developing proactive regional approaches to support front-line services and recovery planning. In adult services, capacity was expanded in relation to the intermediate care offer, reablement, hospital to home, and hospital avoidance services. Additional capacity was realised in direct service provision, particularly residential and domiciliary care, including the creation of an Additional Support Team. Increased support was also provided to external providers, in relation to financial input, commissioning services, and infection control. In children's services, a Children in Need of Care and Support (CINCS) team was created in November 2020 in order to increase capacity, amid concerns that some individuals in need of care and support were not receiving the necessary priority.

The Red Amber Green (RAG) rating tool for caseloads provided good oversight of required levels of individual support, with an underpinning rationale for decision-making. We saw the RAG status was utilised to inform decisions made about frequency and type of visits, both virtual and face-to-face, dependent on risk. Staff told us how they had used various means to maintain safe contact with people throughout the pandemic. Additional COVID-related funds were used to support vulnerable teenagers with mobile phone, tablets and extra top-ups. We learnt that older teenagers and care leavers had received enhanced emotional and well-being support, including speech and language therapist input. Whilst inevitably there were considerable challenges to established means of communication, Swansea Council was clearly committed to ensuring people were supported to have their voices heard, and receive the care and support they need.

From the number of files reviewed and interviews undertaken it was clear that matters relating to consent, advocacy, mental capacity and best interests were routinely considered at an early stage in the engagement process. We also found evidence that children were

offered access to advocacy services, although this had not always been taken up. We saw appropriate examples of family members and social workers advocating on people's behalf. We heard the offer of assessment in Welsh was made when people first contact Swansea Council and language preference was captured on the electronic system. We saw evidence of social workers being alert to and respectful of people's diverse cultural and communication needs and of interpreters, including family members, being used when required.

Whilst the recent transfer to the Welsh Community Care Information Service (WCCIS) database had undoubtedly been challenging in terms of recording practices, we found people's voices need to be strengthened in assessments and care planning. The best care plans demonstrated a thorough understanding and consideration of an individual's strengths, needs, and what matters to them. However, in other cases reviewed we found that whilst needs were often identified, analysed and considered in detail, there was little to capture the person's experiences of the support they were receiving. We also found limited evidence of consultation with people about the support they required to achieve their desired outcomes. Some records would also benefit from a clearer focus on strengths, including user voice. This is identified as an area for improvement in relation to both adult and children's services.

Carers' assessments reviewed reflected good analysis of the caring role, but significant wider aspects were not always explored. Some reviews of assessments were overdue. This meant that there is potential for people's changing needs not being appropriately considered and supported. We heard about carers being under significant pressure over the previous few months. Carers support groups also told us of improved communication and relationships with senior managers, but felt the overall situation in relation to carer's assessments and overall support had not improved. There is significant work to be done in minimising the gap between the experiences reported by carers' representatives, and the aims and ambitions set out in the recently launched regional carers' strategy and action plan.

The ongoing restructuring of elements of adult services, whilst inevitably disruptive during the pandemic, was broadly welcomed. We heard positive feedback from practitioners about the dedicated safeguarding team. A review team had also been set up in response to an identified need to bring about improvements in this area. It was too early for us to comment on the effectiveness of these new arrangements.

Most staff and managers interviewed were positive about the accessibility and support they received from managers. We also heard that staff appreciated the visibility of senior managers, their flexibility in terms of mobilising an agile workforce, core hours and interpretation of guidance. Regular briefings from the director were well received.

Strategic leaders and elected members maintained oversight of the impact of the pandemic on the ability of Swansea Council to continue to provide services, including regular reviews of performance and complaints data.

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

Information, Advice and Assistance (IAA) cases reviewed evidenced timely responses to requests for support, including a carer's assessment.

Swansea Council's approach to prevention is co-developed and delivered by a wide range of partners, including third-sector organisations. We heard that the first three of the co-located Early Help Hubs, launched in April 2020, had been well received by partners and others. These have multi-agency staffing and use the Signs of Wellbeing framework to inform 'what matters' conversations at the front-door.

There were promising indications that these, together with the integrated safeguarding hub, have been effective in redirecting people to where help is most needed, and where appropriate, preventing escalation to statutory services. Third sector partners commented on the high quality of safeguarding strategy meetings, emphasising that these were person-centred, and proactively explored means of preventing escalation.

Swansea Council has established multi-agency panels to support its preventative approach. The Diversion and Admissions Panel (DAAP) has a significant focus on preventing escalation to statutory services as and when appropriate. We saw evidence of significant preventative work, including direct work with children/young people as well as parenting support aimed at maintaining children at home. However, in some cases opportunities were missed to support people at an earlier stage. In one instance, preventative services were involved with the family over an extended period, but a lack of coordination and key decision making at crucial stages resulted in a failure to work sufficiently intensively with the family when they were approaching a point of crisis. We saw examples where opportunities to support adults with learning difficulties and their family at an earlier stage had been missed. Whilst managers were clearly aware of the potential implications and the need for proactive oversight, the significant ongoing delays to large numbers of reviews meant that other people might have escalating needs which were not being met.

In adults services we heard the Discharge to Assess/Re-able initiative produced timely outcomes for individuals, as well as impacting positively on hospital bed availability. Digital solutions were put in place for assessment and review, and for maintaining contact throughout with those identified as being most vulnerable and at risk. These included the provision of easy install smart hubs and other equipment enabling people to remain safe within their homes.

In light of increasing demand and complexity at the front door, we heard from some providers that the Central Access Point (CAP) could be difficult to access at times. However, community-based resources had been enhanced to support individuals and communities in meeting increased demand, including increased numbers of local area co-ordinators, third sector referral routes, and broader council-wide Tackling Poverty initiatives.

Swansea Council had clearly worked hard to respond to these unprecedented increases in demand, with only a few areas experiencing significant waiting lists.

Across children's and adults services it was recognised that despite best efforts, the inability to undertake and access the range of usual interventions including face-to-face contact with people had adversely impacted on preventative interventions and the delivery of care and support for many people. Senior managers recognised the importance of fully scoping and understanding these impacts, and were planning to ensure the best elements of adaptive practice are incorporated into future planning for anticipated post-pandemic demands. It is encouraging to note Swansea Council is actively exploring means of incorporating best practice into longer-term service provision.

A systems review approach has recently paid dividends in improving the Bays + service for those over the age of sixteen. This methodology is due to be implemented over coming months to help analyse the impact of the Early Help Hubs. The need to fully embed effective quality assurance systems across the service is also recognised as a requirement in informing future practice, as well as monitoring the quality of outcomes currently experienced by people.

Swansea Council's robust and proactive approach to reviewing, and where appropriate, reducing the number of children looked after has continued to pay dividends during the pandemic. The number of children placed outside Wales has also been recently reduced. Most of the care experienced young people we spoke with were positive about their overall experience and levels of support. Others told us they had experienced a number of placement moves over a short period of time.

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

Partners appreciated the opportunities for closer working and learning together promoted by Swansea Council during the pandemic, together with its flexibility, for example in rolling-over home care contracts. We also heard positive feedback from partners about Swansea Council's willingness to innovate and test new ideas where there was an identified need, such as micro-enterprises in areas where home-care provision had proved difficult to maintain.

We heard that partnerships had been strengthened within Swansea Council during the pandemic. For instance, working more closely with education in relation to vulnerable children. The weekly quality assurance meetings held with safeguarding partners to review individual risk and identify emerging patterns and trends were cited as an example of this.

We were also told about the proactive involvement of children and young people in Corporate Parenting Board initiatives, and about co-productive approaches to their participation in recent staff recruitment and selection processes.

In adults services we learnt about the development and implementation alongside partner agencies of initiatives such as the Regional Integrated Escalation Framework aimed at enhancing responsive decision-making, and additional measures introduced to monitor activity, demand, and risk factors in priority areas. Likewise, enhanced 'keep me at home' and rapid discharge models, alongside the expansion of 'step up - step down' provision, enabled people to avoid hospital admission and expedited their earlier discharge from hospital.

On an individual level, we saw examples of good working relationships between professionals from a number of agencies, and people in receipt of well-coordinated care and support. In the best cases reviewed, practice was respectful and we saw genuine efforts made by staff to understand people's circumstances and explore how best to work together in supporting people to meet their own personal outcomes. However, opportunities for partnership working were not always utilised to best effect; in some of the cases reviewed, closer partnership working with police and health services would have been appropriate.

The signs of safety, and increasingly, the signs of well-being model has been embedded in children's services and staff described this as providing a shared vocabulary and support for staff and partners in promoting people's understanding of the presenting issues. We saw practitioners were confident in their use of this framework and the inclusive approach taken towards Family Network meetings and safety planning was particularly welcomed by families spoken with. Providers also reported Swansea Council has taken a lead in influencing partners to adopt a more strength based/appreciative enquiry approach to communicating with people.

A positive attitude towards risk and a willingness to experiment, innovate and be creative was evident. It was noteworthy that the contextual safeguarding approach recently adopted by Swansea Council had been welcomed by partner agencies, and as such is reaching out to young people with the aim of ensuring that they were not disenfranchised.

At a strategic level, principal officers and elected members in children's services reported a culture of partnership working, enhanced by a high level of commitment to the corporate parenting board from across the council and partner agencies. Senior managers also report effective relationships between partners and it was apparent that some recently established operational and strategic forums, for example with providers of substance misuse and housing services, have further promoted closer working relationships. Third sector providers were very positive about relationships with Swansea Council, reporting their views were highly valued; commissioning and contracting services were described as excellent. We heard further work was ongoing in promoting joint understanding of elements

of safeguarding and other aspects, underpinned by the development of new documentation and joint training, when circumstances allow.

Whilst we heard generally positive messages from health strategic partners and most third sector representatives in relation to adults services, some also felt there was not always the resource at a strategic level to drive ideas forward. Practitioners told us whilst the pandemic had brought about opportunities for enhanced partnership working, there had also been inhibiting factors. These included some staff working from home whilst those in other agencies remained office-based, and the fact that different agencies did not use the same virtual platforms.

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

Despite Swansea Council's innovative approach and creative reallocation of resources at an early stage, it was acknowledged there were currently waiting lists in some areas of adult service provision. These included social work allocation in the community assessment teams, and for the community occupational therapy service. Whilst we did not see these having a detrimental impact in the small number of cases reviewed, it was positive to note managers had established mechanisms to monitor, risk assess and review the priority status of those people waiting for a service. We also noted in some adult service teams, senior practitioners and managers had worked hard to keep waiting list pressures away from front line staff so they could continue to concentrate on meeting the needs of people on their existing caseloads.

It was clear that during what has been an unrelentingly challenging period, staff continued to feel under significant pressure in a number of teams. Feedback from staff via focus groups and survey results confirmed they felt appropriately supported throughout the pandemic. They felt the pressures they were working under were acknowledged and understood, and they appreciated senior managers retaining a clear line of sight on front-line practice.

The need for additional support for and engagement with staff was recognised and acted upon via a corporate wellbeing programme, which included initiatives such as the provision of 'psychological first aid' for front line workers. We also heard local peer support and group initiatives at team level in children's services had been further enhanced by mentoring and coaching approaches targeted at staff who had been newly recruited or recently qualified. Most staff indicated they were looking forward to offices being re-opened, and would welcome a more blended way of working in the future.

From the files we reviewed, safeguarding enquiries and investigations were conducted in line with statutory requirements. A broad view of safeguarding was taken, which not only focused on risk but also considered people's well-being outcomes and quality of life, and took into account measures aimed at preventing escalation. Partners viewed the recent

introduction of the new adult safeguarding team as a positive development and were optimistic this would support consistency of decision-making and provide additional rigour. Strategy meetings or discussions were timely, effective and involved appropriate people and agencies. Generally, we identified good analysis of risk, which demonstrated an appropriate balance between risk management and individual well-being, with protection plans in place and action taken when necessary. We also saw good recording of key decisions and robust management oversight in this area.

Method:

- we reviewed documentation supplied in advance of our visit
- we spoke with people who were receiving or had received care and support, including four young people who had left care
- we reviewed a total of 25 case files
- we held case tracking discussions on a further ten case files
- we administered eight surveys to people who had experience of care and support, third sector organisations, staff and healthcare professionals
- we met with representatives from police, education, health, service providers and the third sector

Next Steps

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

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Yours sincerely,



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