



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Follow up Review to the Vale of Glamorgan Case Management Inquiry

July 2010



ISBN 978 0 07504 5541 1

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CMK-22-XX-XXX

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1.1 Introduction to the review

1.1.1 The purpose of this review was to follow up on the issues raised by the case management inquiry that the Vale of Glamorgan Council published on 18 May 2009.

1.1.2 The follow up review had two main objectives:

- To obtain information about how the local authority had responded to the findings of the case management inquiry by:
 - (i) evaluating the effectiveness of the action plan the local authority drew up following the inquiry and;
 - (ii) assessing progress made with improving the quality of services in relevant service areas;
- to evaluate the effectiveness of corporate oversight of and support to social services, including the effectiveness of the change plan that followed the last Joint Review in 2007.

1.1.3 The follow up review sought information to evidence the following outcomes:

- The action plan that accompanied the case management inquiry was effective;
- the action plan that accompanied the case management inquiry had led to change in relevant services and areas of practice:
 - services are accessible and cases are transferred well at key transition points;
 - needs and risks are assessed effectively;
 - cases are monitored and managed effectively;
 - staff are developing the right knowledge and skills.
- the council provides leadership, support to and scrutiny of services to vulnerable children and adults by:
 - arrangements to implement plans, including the change plan, that support continuous improvement in social services;
 - monitoring and evaluating improvement and performance.

- 1.1.4 The focus of the follow up review was the following service user groups:
- children in need of safeguarding;
 - children in need and children looked after with complex needs and/or disabilities;
 - younger adults (under 25 years) with complex needs in receipt of leaving care services or adult services.
- 1.1.5 The evidence for the review was primarily drawn from May 2009 onwards and included reviewing 35 case records of service users in the above groups.
- 1.1.6 The review comprised three phases:
- phase one – analysis of advance information;
 - phase two – case file reading and contact with service users undertaken by Care and Social Services Inspectorate Wales (CSSIW);
 - phase three - interviews with staff, managers, key stakeholders, members and senior managers in social services and other parts of the council by CSSIW and the Wales Audit Office (WAO).

The regulatory inspections of the Adult Placement Scheme and the Fostering Service took place within the timeframe of phases two and three. Both inspections included the examination of relevant themes from the follow up review (e.g. risk management) in these services.

- 1.1.7 Judgements were reached using the CSSIW framework for the evaluation of local authority social services and the WAO framework for the corporate assessment of local authorities under the Local Government Measure.
- 1.1.8 The follow up review was not designed to provide a comprehensive assessment of the performance of social services in the Vale of Glamorgan. It had a specific focus as outlined above, although it does provide an indication of general performance and prospects for improvement in social services.

1.2 **Background**

- 1.2.1 In January 2009, a case managed by the Vale of Glamorgan Council became the subject of a high level of media and political attention. The case involved a young man previously looked after by the local authority and receiving services and support as a care leaver. As a vulnerable young adult, he had been placed in supported accommodation with a host family within the local authority's Adult Placement Scheme. However, his full history was not properly considered and he went on to sexually abuse the two young children in the family. He was subsequently convicted of offences against them.
- 1.2.2 The case raised issues about social services functioning including:
- care management practice, accountability and oversight in the leaving care service;
 - safeguarding practice across the authority, including the intake and assessment team and the leaving care teams;
 - matching of placements to host families in the adult placement scheme;
 - risk management;
 - information exchange and care planning at key transition/move on points, both between teams within children's services and between children's and adult services.
- 1.2.3 Immediately the case came to light, the council accepted that there had been failings in the management of the case, apologised to the family concerned and announced an inquiry. The inquiry report was published in May 2009.
- 1.2.4 The local authority's inquiry report reiterated that mistakes had been made and the local authority's apology to the family. It was accompanied by an action plan to tackle the issues identified. The local authority had also taken some immediate actions such as changes to the arrangements for the management and oversight of certain teams and disciplinary inquiries into the actions of some staff. The Local Safeguarding Children Board decided to undertake a Serious Case Review in relation to the

children who were harmed.

- 1.2.5 When the inquiry report was published, the Deputy Minister for Social Services announced that CSSIW would undertake a follow up review, with a specific focus on the particular issues raised by the case.
- 1.2.6 The follow up review commenced shortly after the local authority's action plan had been completed. The fieldwork took place in February and March 2010 and was led by Suzanne Griffiths Social Services Inspector in CSSIW with the involvement of a performance specialist from the Wales Audit Office. Other CSSIW Social Services Inspectors, Howard Teague, Jill Lewis and Marya Shamte, supported the file reading phase.
- 1.2.7 The follow up review was linked to the stand alone regulatory inspections of the Adult Placement Team and Fostering Service which were undertaken by regulatory inspectors in CSSIW and which will be the subject of individual reports.
- 1.2.8 CSSIW carries out the social services inspection functions on behalf of Welsh Ministers under the Health and Social Care (Community Health and Standards) Act 2003 and other legislation. Regulation of specific services is carried out on behalf of Welsh Ministers under the Care Standards Act 2000 and associated regulations.

1.3 **Summary and key findings**

The case raised issues about social services functioning within the Vale of Glamorgan. The follow up review found that the causes of these concerns had been identified quickly by the local authority in its case management inquiry and then addressed through delivery of a robust action plan. A significant amount of work has been done to reduce the risk of any similar event happening again and to improve the quality of services available. In doing so the local authority has demonstrated effective leadership.

Some new systems and changes in practice still need to be consolidated. There is further work for the authority to do in improving the quality of the initial response to some children's safeguarding cases managed by the children's intake and assessment team. These must be a priority and additional measures are being put in place by the local authority to ensure an effective response to referrals and to monitor outcomes. There are effective corporate and political arrangements in place to ensure that this will happen.

The effectiveness of the action plan that followed the case management inquiry

- 1.3.1 Following the case management inquiry, the local authority developed a robust action plan, with ambitious timescales, that took appropriate action in response to the issues identified. All of the actions set out in the plan have been completed but not all of the outcomes are fully achieved as yet. At all levels in social services, however, there was agreement that a great deal of positive and necessary change had occurred and that a more consistent understanding of professional accountability had been achieved.
- 1.3.2 The follow up review identified concerns about the response to children's safeguarding cases and in particular the quality of decision making and adherence to policies and procedures in the children's intake and assessment team, despite improvements in performance against key indicators. Additional measures to address these are being put in place by the local authority.

- 1.3.3 The follow up review examined the cases of a small number of young adults with similar characteristics to the young man involved in the inquiry and found that risks had been managed carefully and appropriately in these cases.
- 1.3.4 Generally the services considered by the follow up review are accessible to new and existing service users. The service users interviewed during the follow up review were complimentary about the support and services that they received. The arrangements for 'transition' and 'move on' planning (to transfer responsibility for young people's cases), whether to the leaving care team or adult services are effective and the quality of work mainly good. There were delays in commencing early transition planning with the Education Department for children not previously known to social services and the multi-agency planning processes are challenged by the service requirements of young adults with very complex needs.
- 1.3.5 There were inconsistencies in the quality of assessment. Assessments completed for looked after children, young adults and care leavers are generally better than those completed for children's safeguarding cases and for carers. The use of chronologies is an important tool in assessment and risk management. While the authority's policy is in line with best practice and some good examples were seen on longstanding cases, the chronologies being produced on newer cases by the current version of the database used to support the Integrated Children's System (ICS) did not comply with the authority's policy and is not sufficiently fit for purpose. Reviewers were told that the authority is taking steps to ensure modifications to the system.
- 1.3.6 The follow up review identified that the quality of care management across the service areas considered was mainly satisfactory although not yet consistent. Quality assurance processes are in place but not currently recorded on case files. There was evidence that practitioners and managers were committed to improving standards of practice.
- 1.3.7 There was evidence that the quality of work of the leaving care team was being monitored and had improved in key areas. Policies and procedures for matching and placement in the Adult Placement Scheme had also improved.

- 1.3.8 Reviewers found that the changes the authority had made to share responsibility for protection work across all teams in adult and children's services had led to a sharpened focus on protection issues. The procedural framework to support staff in undertaking this work is in place. The quality of decision making on children's safeguarding cases is a critical area for the authority and achieving improvement in relation to the concerns identified must be a priority.
- 1.3.9 Implementation of the new risk identification and management processes was in the early stages at the time of the follow up review. The risk identification tool was in use on all the cases reviewed but it was too early to say whether the risk analysis and management aspects of the new model were more effective. Social services involvement in local Multi Agency Public Protection Arrangements (MAPPA) has improved and the refocusing of the Local Safeguarding Children Board (LSCB) and Area Adult Protection Committee (AAPC) lays down good foundations for the future of joint working in relation to risk and protection.
- 1.3.10 The case management inquiry action plan identified some specific training and development activity which has been delivered. Some aspects of this will need to continue to be delivered as part of an ongoing and mandatory training and development programme. The authority has processes in place to identify training and development needs: these processes include consultation with staff and managers.

Council leadership, support to and scrutiny of services to vulnerable children and adults

- 1.3.11 In response to the last Joint Review, the Council produced a change plan, designed to bring about significant improvements in Social Services. Appropriate leadership has been shown by the Chief Executive, Director of Social Services and Leading Members to ensure that the change plan was resourced and achieved the outcomes it intended. The Council also displayed strong leadership at senior Member and senior Officer level in relation to the case management inquiry which has continued with the implementation of the action plan.

- 1.3.12 The changes the council have made to some partnerships linked to social services work have created more effective partnership working, which should help the Council to deliver improved services.
- 1.3.13 The improvement made to the financial management arrangements for social services has provided a sound basis for more effective financial planning within the service and better management of resources.
- 1.3.14 The council has been committed to using its wider staff resources to support improvement in social services. Within social services, staff resources have been used flexibly to support improvement. Aspects of this have been successful but it is important that this continues to be a priority in the planned reconfiguration of services and particularly in children's intake and assessment.
- 1.3.15 At the time of the follow up review, the social services department was in the early stages of developing processes for the Annual Council Reporting Framework (ACRF). From April 2010, this will be the system for the Director of Social Services to report annually on social services performance and for ongoing business/improvement planning. The authority recognised the need to ensure that ongoing priorities from the Change Plan and the case management inquiry action plan were incorporated into ongoing planning for service improvement but the implementation of the ACRF had not progressed sufficiently for managers and members to be clear about how this would be achieved.
- 1.3.16 The council has good arrangements in place to undertake frequent and thorough monitoring of performance at senior officer and member level. This has included regular focus on the change plan and, in the last year, the case management inquiry action plan. This has enabled members to improve their awareness and knowledge of the issues that gave rise to both plans. There is now an opportunity for the Health and Social Care Scrutiny Committee to build upon this, to develop a more robust approach to focusing on impact and outcomes.

1.4 Recommendations

- 1.4.1 In relation to the case management inquiry action plan, the authority must ensure that it maintains the mechanisms in place to monitor that all outcomes are fully delivered and that this features in ongoing performance reporting at officer and member level. This, and any outstanding priorities from the Change Plan, must be incorporated into the plans for improvement that will emerge from the new ACRF.
- 1.4.2 As a priority, the authority must ensure that all systems for managing children's safeguarding referrals are effective and that the quality of decision making and assessment in relation to these cases improves.
- 1.4.3 The authority must ensure that the action it is taking in relation to developing case chronologies from the electronic database resolves the current difficulties so that effective and useful chronologies can be produced.
- 1.4.4 There is further work for the authority to do in relation to the risk identification and management system. It must ensure that the adaptation of the tools for use in children's services is progressed and that the new system becomes fully embedded in a way that links effectively to and supports care planning.
- 1.4.5 The authority should continue to take action to improve the consistency of assessment and care management practice by ensuring that quality assurance processes link back into practice.
- 1.4.6 The authority should ensure that the planned reconfiguration of adult and children services capitalises on the improvement in management and social work practice that have been achieved while also ensuring that the further necessary improvements are made.
- 1.4.7 The Health and Social Care Scrutiny Committee should use its improved awareness of social services issues to develop a more robust approach to focusing on impacts and outcomes.

Chapter Two

2 The response of the authority to the findings of the case management inquiry

2.1 Was the action plan the local authority drew up following the inquiry effective?

2.1.1 Following the case management inquiry, the local authority developed a robust action plan, with ambitious timescales, that took appropriate action in response to the issues identified. All of the actions set out in the plan have been completed but not all of the outcomes are fully achieved as yet. At all levels in social services, however, there was agreement that a great deal of positive and necessary change had occurred and that a more consistent understanding of professional accountability had been achieved.

2.1.2 The action plan addressed the issues identified by the inquiry report, containing actions that were appropriate and necessary. Some of the actions were immediate such as reviewing other similar cases and changing the management arrangements in some teams. The remainder of the actions focussed on putting new or better systems, processes and policies in place.

2.1.3 The action plan and its implementation was project managed by the three Heads of Service in Social Services. A core group of key people and operational managers were involved and arrangements were made to engage staff and consult with them where this was possible. While most staff could see the benefits of having an input, some commented that this can constitute a 'burden', given that such development work has to be done in addition to their core roles and responsibilities.

2.1.4 The progress of the case management inquiry action plan has been closely monitored by managers and elected members. The action plan updates were reported directly to both Cabinet and Health and Social Services Scrutiny Committee. The authority reported

that all of the actions contained in the plan were completed by the end of September 2009.

- 2.1.5 The plan contained 46 separate actions, each linked to a desired outcome. Reviewers found that all of the actions had been completed but at the time of the follow up review not all of the outcomes had been fully achieved. The local authority acknowledged that many of the changes will need to be consolidated before the Council can be confident that improved practice is securely embedded in all those areas where the problems identified by the inquiry occurred.
- 2.1.6 Staff and managers at all levels in social services commented that, arising from the tragic consequences of the case, a great deal of positive and necessary change had been achieved. Staff also identified that it had caused most people to pause and consider their own practice. The follow up review found that there was now a good sense of, and clear expectations about, professional and individual accountability at all levels in social services.
- 2.1.7 Some processes for ongoing monitoring of the changes resulting from the action plan are in place. The local authority has a designated post, the Policy and Consultation Officer, who undertakes monitoring and reports outcomes to managers. Arrangements have been made for some of the monitoring required by the action plan to be undertaken and reported to managers as part of this officer's routine work.
- 2.1.8 At the time of the follow up review, there was no clear plan for monitoring of the remaining action plan outcomes or for ensuring these are incorporated into normal business planning. This was primarily related to the stage that the authority was at in relation to adopting new arrangements for business planning in social services. There was a clear intent on the part of managers and members to ensure that this happened.

2.2 Has the quality of services improved in relevant service areas?

Access and transition

- 2.2.1 The follow up review identified concerns about the response to children's safeguarding cases and in particular the quality of decision making and adherence to policies and procedures in the children's intake and assessment team, despite improvements in performance against key indicators. Additional measures to address these are being put in place by the local authority.

Generally the services considered by the follow up review are accessible to new and existing service users. The service users interviewed during the follow up review were complimentary about the support and services that they received. The arrangements for 'transition' and 'move on' planning (to transfer responsibility for young people's cases), whether to the leaving care team or adult services are effective and the quality of work mainly good. There were delays in commencing early transition planning with the Education Department for children not previously known to social services and the multi-agency planning processes are challenged by the service requirements of young adults with very complex needs.

- 2.2.2 The follow up review looked at how access and transition is managed for specific service users rather than access to services in a more general sense. The review looked specifically at:

- how the children's intake and assessment team respond to safeguarding concerns referred;
- how the children with disability respond to referrals for transition planning and for service users already known and receiving services;
- how they are transferred through transition arrangements, so that young people receive appropriate support and services into adulthood, either from the leaving care

service or adult social care.

- 2.2.3 In both children and adult services there are eligibility criteria that support the access to services. In adult services, eligibility criteria were considered for cases moving through transition but there was also evidence that the needs of services users carried the most weight which was positive and ensured that the service was responsive to individual needs and wishes.
- 2.2.4 All the children's safeguarding cases reviewed had received a prompt response within required timeframes but in 4 (of 10) cases the issues were not satisfactorily concluded and there was drift prior to a closure decision that did not ensure the safety of children. These cases were referred back to the authority for attention and received a prompt response. Inspectors noted concerns about the quality of decision making and adherence to policies and procedures in these and some other cases managed by the children's intake and assessment team. Generally, the authority's performance against key performance indicators for responding to children's referrals has improved significantly. The latest figures indicated that 99 per cent of referrals were screened and a decision made within one working day as required, 81 per cent of initial assessments were completed within 7 days, and children seen during 85 per cent of these assessments. The follow up review indicates, however, that there is further work for the authority to do to improve the quality of decision making at this stage and to make systems for managing children's referrals effective. Additional measures are being put in place by the local authority.
- 2.2.5 Evidence indicated that transition planning for children with disabilities did not commence consistently at 14 years for all children/young people in line with the authority's current policy. Of the five cases examined, only two had commenced at this age and these were for young people already known and receiving social services. The remaining cases were children/young people not previously known to social services where there was no evidence of a social services response to

the statutory process commenced by the Education Department at age 14, although they did become engaged at a later stage. However, partner agencies in education and health were satisfied with the working relationship and with social services contribution to the transition process.

- 2.2.6 Planning for leaving care commenced in an appropriate and timely way at 14 years.
- 2.2.7 Evidence from the case files indicated that planning to move young people on, whether to leaving care or adult social services, was effective and quality of work mainly good. This transition work was mainly underpinned by good assessments, clear planning, service user engagement and a professional approach. Staff reported that case transfer processes between teams had improved and evidence indicated that planning 'move on' between teams was well managed, particularly between the child care teams and the leaving care team and from the children with disability team to adult services where the role of the transition workers was particularly effective.
- 2.2.8 It was noted that adult services tend to become actively involved in planning to receive cases at a very late stage. Although the policy indicates that care managers in adult services are identified when the young person is 14, they do not become active until the service user is 17½ years old when the unified assessment is completed. There was very little evidence of their engagement with young people and care planning in the preparation for transition and their actual role in and contribution to transition planning was unclear. The authority should review these arrangements to ensure that adult services become fully engaged at an appropriate stage that is purposeful.
- 2.2.9 It was evident that the service requirements of a small number of young adults with very complex needs challenge services at transition points, in part because different legislation and eligibility criteria apply. In one case, external funding for a very specialist service was delayed, thus compromising proper preparation of the

service user and in another there was insufficient preparation for the loss of a service. The nature and availability of services for young adults changes at this stage with health becoming the more dominant provider. A small number of service users experience a loss of entitlement e.g. respite services tend not to be available.

Assessment

- 2.2.10 There were inconsistencies in the quality of assessment. Assessments completed for looked after children, young adults and care leavers are generally better than those completed for children's safeguarding cases and for carers. The use of chronologies is an important tool in assessment and risk management. While the authority's policy is in line with best practice and some good examples were seen on longstanding cases, the chronologies being produced on newer cases by the current version of the database used to support the Integrated Children's System (ICS), did not comply with the authority's policy and is not sufficiently fit for purpose. Reviewers were told that the authority is taking steps to ensure modifications to the system.
- 2.2.11 As indicated earlier, the follow up review looked at cases across a range of service user groups. In 30 of the cases reviewed a recent assessment would have been expected to be in place and in all cases it was. Reviewers found that 63 per cent of these assessments to be of a satisfactory or better standard and that these service users had received assessments that were thorough, timely and which had complied with statutory and policy requirements.
- 2.2.12 The latest children's services performance data indicates that 77 per cent of core assessments are completed within timescales which represents a continuing improvement in timeliness. Across the children's services files reviewed, 60 per cent of the assessments completed were of a satisfactory or better standard. There was evidence on the files of some looked after

children and care leavers of thorough information gathering and analysis leading to a good understanding of needs and informed care planning. The quality of assessment on the safeguarding files reviewed was poorer with inconsistent use of the Framework for the Assessment of Children in Need and their Families, adherence to timescales and some poor decision making.

- 2.2.13 In adult services, 70 per cent of the assessments were judged to be of a satisfactory or better standard. However, carers assessments were not always undertaken where required and these tended to be of poorer quality.
- 2.2.14 The use of chronologies is becoming more embedded across social services. There was a chronology on all the children's files reviewed and on about half of the adult files. In children's services, the most effective chronologies and those which complied fully with the revised policy were seen on longstanding and leaving care files. These had not been generated from the current ICS but provided the analytical analysis of case events that the authority wants to see in place. There were a number of problems with the chronologies on newer files that were being produced by the current version of ICS: they did not comply with the authority's policy and were not yet fit for purpose being a list of activity rather than an analytical tool. Reviewers were advised that these issues had been referred to the consortium developing the system and that there was an internal working group looking at what needed to be done to create more effective chronologies from the current system. This is an important aspect of assessment and risk management and one which the local authority should ensure is resolved promptly.
- 2.2.15 There was evidence that specialist assessments were accessible, requested and utilised where necessary for both adults and children. The services that these assessments concluded were required were not always made available in a timely way from service providers outside of SSD and there were particular delays where

continuing health care funding processes were involved.

Cases are monitored and managed effectively

- 2.2.16 The follow up review identified that the quality of care management across the service areas considered was mainly satisfactory although not yet consistent. Quality assurances processes are in place but not currently recorded on case files. There was evidence that practitioners and managers were committed to improving standards of practice.

There was evidence that the quality of work of the leaving care team was being monitored and had improved in key areas. Policies and procedures for matching and placement in the Adult Placement Scheme had also improved.

The follow up review examined the cases of a small number of young adults with similar characteristics to the young man involved in the inquiry and found that risks had been managed carefully and appropriately in these cases.

- 2.2.17 Care plans were in place on all adult and children's files reviewed. There was evidence of person-centred and outcome-focused care planning for children and adults, although this was not consistent. The quality of care plans varied and some service users received a copy of their plan. Some adult plans were service provision timetables rather than outcome focused descriptions of how needs would be met. Care plans tended not to be costed, the exception being very specialist adult provision.

- 2.2.18 There was evidence of reviews happening routinely in both children and adult services. For children's services the latest data indicates that the reviews for all child protection and looked after children are carried out in line with regulations and this was supported by the evidence from the file reading. These reviews involved children and parents as appropriate as well as other service providers. In adult services, the latest data indicates that

70 per cent of care plans are reviewed as required, a figure that is in line with the national average. Reviews had been held regularly on all the adult files reviewed although service user involvement was not consistent and reviews of service provision sometimes occurred outside of and were not brought together into the care plan review.

- 2.2.19 Overall across the 35 cases reviewed the quality of care management was satisfactory or better in 70 per cent of the cases. The service users interviewed during the follow up review were complimentary about the support and services that they received.
- 2.2.20 The follow up review identified a small number of young adults with similar characteristics and risk factors to the young man at the centre of the case management inquiry. In all of these cases, risks had been managed carefully and appropriately and there was evidence of risk being reduced as a result of intervention and services provided.
- 2.2.21 There was evidence of supervision on all of the children's files seen but on only a small number of the adult services files. Reviewers did not examine individual staff supervision records but there was evidence to indicate that, although supervision was reasonably regular for most staff, it did not always occur at the frequency stated in the policy and the quality of what was recorded on case records was mixed. On a number of records it was 'one line' that did not show decision making or case review/progression.
- 2.2.22 There is a quality assurance process that monitors practice in children's services comprising LSCB monitoring and regular audits by the Policy and Consultation Officer. Both systems report back to managers, teams and individual workers. However, none of this activity was recorded on the case files reviewed. Staff confirmed that these processes were ongoing, although there had been a gap in the LSCB monitoring last year due to ill health of the lead officer. Of the sample of cases reviewed, only the files of the

leaving care team had evidence of monitoring by managers.

- 2.2.23 The annual inspection of the Adult Placement Scheme is the subject of a separate report. This concludes that a new referral process has been introduced together with a number of policies and procedures relating to the making of a placement. Managers in the service reported that the revised systems are an improvement.

Protection

- 2.2.24 Reviewers found that the changes the authority had made to share responsibility for protection work across all teams in adult and children's services led to a sharpened focus on protection issues. The procedural framework to support staff in undertaking this work is in place. The quality of decision making on children's safeguarding cases is a critical area for the authority and achieving improvement in relation to the concerns identified must be a priority.
- 2.2.25 In the last year the authority has been the subject of both a children's safeguarding review and a protection of vulnerable adults (POVA) review, both of which have been published.
- 2.2.26 The children's safeguarding review found that overall quality of practice was satisfactory, with a clear focus being maintained on the needs of children and young people. There was evidence, however, of inconsistency in relation to policy, systems and assessment and care management of safeguarding cases. The POVA review concluded that managers and staff were committed to the protection of vulnerable adults, noting timely response to referrals and minimisation of risk but the overall system and process required strengthening as did commissioning and contracting arrangements so that the local authority can get sufficient reassurance about compliance and service quality. The local authority is implementing action plans in response to the recommendations from both reviews.

- 2.2.27 The arrangements put in place to provide additional management support to the intake and assessment team in children's services after the case management inquiry had not been wholly effective. As indicated earlier, the follow up review identified concerns about the quality of work on the cases from this team that were reviewed. This is a critical area for the authority and achieving improvement must be a priority. At the time of the follow up review, the authority had recently appointed two new operational managers in children's services. The focus of these managers on protection and quality, together with the restructuring of children's services planned to be implemented in April 2010, were seen by the authority as the vehicle to secure the necessary improvements.
- 2.2.28 There are clear policies and procedures in place in the authority to support staff in their work to safeguard children and vulnerable adults. These are available electronically and in paper copy for staff; all staff had been reminded of how to access them and the requirement to do so after the case management inquiry. Additional training in both children and adult protection procedures had been made available following the inquiry and both are now mandatory for all staff.
- 2.2.29 The authority has changed the previous arrangements where by the vast majority of protection work was undertaken by a small number of staff within a specific team in each of children and adult services. This change was in train prior to the case management inquiry although the authority felt that the case underlined precisely why it is important that all staff in all teams had a protection focus and operated accordingly. At the time of the follow up review, all new protection work in children's services was undertaken by the intake and assessment team and, where a concern arises on an open case, it is dealt with by the allocated social worker. Similarly in adult services, protection work on current cases is undertaken by case managers and overseen by designated lead managers (DLM) in the care management teams. A central DLM role is retained for those cases not currently open or where a specific

response is required.

- 2.2.30 Reviewers felt that these changed arrangements were now embedded and had led to a sharpened focus on protection across the other teams. Teams identified that there had been some workload implications for them in absorbing this work but evidence from service users and partner agencies indicated that the change had been for the better. Health partners commented that it made information shared and joint working more 'rounded'.
- 2.2.31 No POVA cases were specifically included in the follow up review sample. Where POVA issues were found on adult files reviewed, reviewers found them to have been dealt with in a satisfactory manner although one, involving police inquiries, had taken a long time to resolve.

Risk management

- 2.2.32 Implementation of the new risk identification and management process was in the early stages at the time of the follow up review. The risk identification tool was in use on all the cases reviewed but it was too early to say whether the risk analysis and management aspects of the new model were more effective. Social services involvement in local MAPPA arrangements have improved and the refocusing of the LSCB and AAPC lay down good foundations for the future of joint working in relation to risk and protection.
- 2.2.33 Following the case management inquiry, the local authority developed a policy and methodology for risk identification and management. This had brought together the best of the different existing processes that were in use to varying degrees across adult services and was informed by external best practice. The policy is based on a standard methodology but is comprehensive and accompanied by a set of tools to assist staff in using the system.
- 2.2.34 The risk identification part of the process was issued across social services a few weeks before the follow up

review and it was in use on all the children and adult files reviewed.

- 2.2.35 The risk assessment and management part of the system had been issued in adult services only and was not yet in consistent use. The authority had been using a previous model in adult services but at the time of the follow up review it was not possible to determine whether the new model was more effective. Within the Adult Placement Service, the new processes were being used consistently and staff felt empowered by the new policy.
- 2.2.36 Further work was planned to adapt and develop the risk management tool further for use across the various children's services functions. No timeframe for the completion of this work was available, although staff and managers stated that they would be using existing systems until the new process was finalised and brought into use.
- 2.2.37 Due to the fact that implementation was at an early stage it was difficult to see, at the time of the follow up review, how the risk assessment and management part of the process linked to and informed care planning and individual plans. There is further work for the authority to do in embedding this new system fully in adult services and completing the adaption for use in children's services. Alongside this, the authority must ensure that the new processes links effectively to and supports care planning.
- 2.2.38 Risk management in the authority links to and is supported by the LSCB, the AAPC and local MAPPA.
- 2.2.39 Local MAPPA have developed following the case management inquiry. A new memorandum of understanding has been signed between the police and the local authority and a senior officer from the authority now attends the MAPPA Strategic Management Board. Both social services and the police locally feel that the operation of Multi Agency Risk Assessment Conferences (MARACs) and Multi Agency Public Protection meetings (MAPPs) in the area have improved since the case

management inquiry. More cases are being referred into the system by social services and there is improved joint working. Both organisations acknowledge that joint working can be developed further.

- 2.2.40 Both the LSCB and the AAPC have undergone development and have refocused over the last 2 years. Partner agencies interviewed in this and other CSSIW reviews feel that the changes are an improvement that lay down good foundations for the future. Each body has some capacity to monitor the quality of local safeguarding practice on a multi-agency basis. The LSCB has a quality assurance process where cases are monitored on a multi-agency basis and the AAPC has recently established the POVA Reviewing Advocacy Complaints and Commissioning (PRACC) sub-group which it is anticipated will contribute to the development of good practice.

Are staff developing the right knowledge and skills?

- 2.2.41 The case management inquiry action plan identified some specific training and development activity which has been delivered. Some aspects of this will need to continue to be delivered as part of an ongoing and mandatory training and development programme. The authority has processes in place to identify training and development needs: these processes include consultation with staff and managers.
- 2.2.42 The authority had identified some specific training and development needs linked to the case management inquiry action plan, all of which has been provided. An example of this was ensuring that both child and adult protection training was available and became mandatory for all social work and care management staff regardless of where they work. This had been well received by staff. Training in the new risk assessment process had been provided to adult services staff, although prior to the policy and tools being issued. Some staff felt that it would have been more helpful to do the training at the same time as the new system became operational. Although all the training indicated by the case

management inquiry action plan has now been provided some of it will need to be provided in an ongoing way, for new staff for example and as the system is developed for staff in children's services. Arrangements are in place for the Policy and Consultation Officer to have oversight of this.

- 2.2.43 More generally, Social Services has a small training and development section and an annual process for identifying training and development needs. There is also a corporate appraisal system (PDRS) which is used in social services and feeds into this. Staff have an input into the draft training plan and one manager described successfully arguing to have certain items restored to the programme. Some staff and managers reported that workload pressures sometimes made attending training hard to prioritise.
- 2.2.44 The authority is exploring adopting the METTA compliance process to support the issue of new policies and procedures. This is an electronic system that requires staff members to positively confirm that they have received, read and understood a new policy by answering a small set of questions about it.

Chapter Three

3.1 **Leadership, support to and scrutiny of services to vulnerable children and adults.**

- 3.1.1 In response to the Joint Review, the Council produced a change plan, designed to bring about significant improvements in Social Services. Appropriate leadership has been shown by the Chief Executive, Director of Social Services and leading Members to ensure that the change plan was resourced and achieved the outcomes it intended. The Council also displayed strong leadership at senior Member and senior Officer level in relation to the case management inquiry which has continued with the implementation of the action plan.

Do arrangements to implement plans, including the change plan, support continuous improvement in Social Services?

Partnership working

- 3.1.2 The changes the council has made to some partnerships linked to social services work have created more effective partnership working which should over time help the Council to deliver improved services.
- 3.1.3 The authority has a range of partnerships and fora in place to support its work. With the inception of the Local Service Board (LSB), partnership arrangements in the authority have been reviewed although the entirety of these arrangements was not within the focus of this review. However, a number of partnerships are led by social services and they make a significant contribution to others. A number of the partnerships relevant to social services, for example the LSCB and the AAPC, have been developed and refocused in the last year or so. The full impact of these changes should be fully realised over time.
- 3.1.4 Most partner agencies perceive that this re-focusing has created the foundations for improved strategic

planning and joint working and that the leadership and contribution of social services within them have improved. At the time of the follow up review, however, there were some tensions in relationships with some service provider partners, primarily related to differences of perspective and discussions about existing service contracts which were being renegotiated.

3.1.5 At the time of the follow up review, joint work with the Cardiff and Vale of Glamorgan Health Board and the City and County of Cardiff to jointly develop and deliver integrated health and social care services for adults had commenced. A project board had been established which will work within current executive and scrutiny arrangements for the council and the Health Board with links to the Board of the Vale of Glamorgan Health Social Care and Wellbeing Partnership (HSCWB) and the LSB.

3.1.6 The authority drew in specialist advice from the National Society for the Protection of Children (NSPCC) and the Social Services Improvement Agency (SSIA), which was used to inform the case management inquiry action plan.

Financial planning

3.1.7 The improvement made to the financial management arrangements for social services has provided a sound basis for more effective financial planning within the service and better management of resources.

3.1.8 The major vehicle for improvement in social services in the last three years has been the post Joint Review Change Plan. Various corporate departments were deployed to support this plan and worked jointly with social services. This included finance, human resources, corporate and legal services. Some of these council departments and others, for example education, were involved in and supported social services staff in the case management inquiry.

- 3.1.9 Alongside the change plan a range of measures were introduced to meet efficiency savings in social services between 2007-2010 with a focus on providing better value rather than unacceptable cuts in services. The corporate finance section supported social services managers to develop their skills in this area and these savings were successfully achieved. Subsequently, the Director of Social Services and a senior officer in the finance section undertook an analysis of the social services budget which included benchmarking and comparative costing. This resulted in a report confirming the necessary budget profile for social services in the authority which informed 2009-10 budget setting.
- 3.1.10 As a consequence of this work financial planning for social services has improved and there were indications at the time of the follow up review that the discussions in relation to the settlement for 2010-2011 continued to recognise the significant financial commitment that social services required.

Use of staff

- 3.1.11 The council has been committed to using its wider staff resources to support improvement in social services. Within social services itself staff resources have been used flexibly to support improvement. Aspects of this have been successful but it is important that this continues to be a priority in the planned reconfiguration of services and particularly in children's intake and assessment.
- 3.1.12 As outlined above, other departments of the council can be, and are, deployed where necessary to support social services. In addition to their contribution to the change plan and the case management inquiry action plan, managers were able to provide a number of examples of this happening to support other aspects of social services. An example of this is the work to agree care homes fees arising from legal action.

- 3.1.13 Within social services itself, the structure has been changed to create a central safeguarding and Performance Unit that sits alongside the main children and adult services operational divisions. This comprises an Operational Manager, lead child and adult protection posts, and other lead staff for performance and quality assurance. A key part of the role of this unit is to monitor and support improvement.
- 3.1.14 Following the case management inquiry, a number of changes were made to support immediate improvement in some teams. As indicated earlier these are not yet wholly successful in relation to the intake and assessment team in children's services but the indications from the leaving care team were much more positive. In this team an experienced manager was drafted in, consistent and sound management practices were put in place and steps were taken to develop the skill mix of the team. At the time of the follow up review this team was much better placed to provide a good service which was reflected in the quality of work on the files reviewed.
- 3.1.15 At the time of the follow up review, plans to reconfigure both adult and children's services in the authority as a means of making teams more resilient and reducing unnecessary boundaries were well advanced and were due to be progressed and implemented in the weeks following the fieldwork.

Ongoing business planning for improvement

- 3.1.16 At the time of the follow up review, the social services department was in the early stages of developing processes for the ACRF. From April 2010, this will be the system for the Director of Social Services to report annually on social services performance and for ongoing business/improvement planning. The authority recognised the need to ensure that ongoing priorities from the Change Plan and the case management inquiry action plan were incorporated into ongoing planning for service improvement but the implementation of the ACRF had not progressed

sufficiently for managers and members to be clear about how this would be achieved.

- 3.1.17 At the time of the follow up review, the business planning system for social services was in transition as the authority considered how the general corporate system and requirements of the new ACRF for social services fitted together.
- 3.1.18 Staff and managers perceive that the change plan and the priorities from it that informed the business planning system worked well and had resulted in improvement. Although the change plan was due to conclude with a final report to cabinet in June 2010, the arrangements for carrying any priorities from this and the case management inquiry action plan through to a new plan were unclear beyond firm intentions on the part of managers and members to ensure that appropriate links were made.
- 3.1.19 The Council has used action planning to deal with specific issues alongside more routine business planning. The case management inquiry action plan was an example of this. However, the council needs to ensure that its routine business planning is sufficiently flexible to incorporate ongoing and new priorities as they arise.
- 3.2 **Is the council's monitoring and evaluation of improvement and performance effective?**
- 3.2.1 The council has good arrangements in place to undertake frequent and thorough monitoring of performance at senior officer and member level. This has included regular focus on the change plan and, in the last year, the case management inquiry action plan. This has enabled members to improve their awareness and knowledge of the issues that gave rise to both plans. There is now an opportunity for the Health and Social Care Scrutiny Committee to build upon this to develop a more robust approach to focusing on impact and outcomes.
- 3.2.2 Senior Officers in Social Services and the Cabinet

Member for the service meet regularly to discuss social services issues. This has included monitoring the progress of the case management inquiry action plan and the Change Plan. The working relationship is open and based on trust and respect.

- 3.2.3 Robust oversight at Cabinet level has been achieved through regular meetings between the Leader and the Cabinet Member, and regular reporting to Cabinet.
- 3.2.4 The Health and Social Care Scrutiny Committee has also played an important role in monitoring the case management inquiry action plan and the change plan through monthly progress reports. The scrutiny committee is well attended and some members have previous experience of social services which makes them interested and informed. Managers who attend scrutiny confirm this. The chair and vice chair meet with the Director of Social Services between meetings to discuss the agenda and members' information requirements. They also meet Heads of Service periodically to discuss service delivery.
- 3.2.5 There are a substantial number of national and local indicators which are used by the authority to monitor social services. A subset of this data is reported to Health and Social Care Scrutiny Committee and to Cabinet regularly. Performance indicators are discussed regularly at management meetings at corporate level and within the Social Services Directorate. They are also used by some team managers and teams, although this is not consistent across all teams.
- 3.2.6 For the purpose of scrutinising performance data, members have access to, and are encouraged to use, Ffynon¹. The council's Performance and Development Unit provides specific support to scrutiny members by holding 'performance panels' prior to scrutiny meetings, at which members are able to thoroughly interrogate

¹ Ffynon is a programme to drive collaboration, performance improvement and knowledge management across the public sector in Wales. The programme has produced software capability to facilitate these aims and all authorities store performance data in the system.

performance data. Reviewers were advised that a number of members of the Health and Social Services Scrutiny Committee regularly attend these meetings.

3.2.7 Reviewers observed a meeting of the Health and Social Care Scrutiny Committee. It is acknowledged that this single observation may not be representative of the level of the general engagement by members, and that the agenda was amended to include a high profile and difficult issue at the beginning of the meeting. At this meeting a lengthy focus on performance data was observed to the detriment of the other and significant items on the agenda, such as the Change Plan, the review of safeguarding in children's services and the draft Corporate Plan. Although it is important for the Committee to concentrate on performance data, the Committee needs to deliver more effective challenge to ensure that data can be used appropriately in the committee's role of managing performance in the service. The Scrutiny Committee should now build upon its knowledge to develop a more robust approach to focusing on impact and outcomes.

3.2.8 The members interviewed expressed an intention to maintain their focus on ensuring that the issues from the case management inquiry were fully implemented. However, they were not clear, at the time of the follow up review, about how this would be done or what would replace the change plan to oversee continued social services improvement. As indicated earlier the authority's implementation of the ACRF was in the early stages at the time of the follow up review.