Neath Port Talbot
Castell-nedd Port Talbot
County Borough Council Cyngor Bwrdeistref Sirol

SOCIAL SERVICES, HOUSING AND COMMUNITY SAFETY SCRUTINY COMMITTEE

2.00 PM THURSDAY, 23 JANUARY 2025

MULTI-LOCATION MEETING - COUNCIL CHAMBER, PORT TALBOT & MICROSOFT TEAMS

All mobile telephones to be switched to silent for the duration of the meeting

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PART A

1.	Chair's Announcements

2.	Declarations of Interest

Part 1

3.	To consider items from the Cabinet FWP

(a)	Social Services, Health & Housing Directors Annual Report

Part 2

4.	To consider items from the Scrutiny Committee Forward Work Programme

(a)	Housing Support Grant Mid-Point Review and Annual Report 2024

Part 3

5.   Performance Monitoring

(a)   Unpaid Carers Ombudsman Report

(b)   Neath Port Talbot Biennial Safeguarding Report

Part 4

6.   Selections of items for future scrutiny *(Pages 309 - 320)*

7.   Urgent Items
     Any urgent items at the discretion of the Chairperson pursuant to
     Section 100BA(6)(b) of the Local Government Act 1972 (as
     amended).

8.   Access to meetings
     Access to Meetings to resolve to exclude the public for the following
     item(s) pursuant to Section 100A(4) and (5) of the Local
     Government Act 1972 and the relevant exempt paragraphs of Part
     4 of Schedule 12A to the above Act.

PART B

9.   Scrutiny of Private Items from the Cabinet Forward Work
     Programme

(a)   Permission to proceed with remodelling of care and support at Trem
      Y Glyn (Exempt under Paragraph 14)

(b)   Nomination Agreements for Private Sector Temporary
      Accommodation (Exempt under Paragraph 14)

(c)   Permission To Proceed with The Remodelling Of Supported
      Lodgings For Young People (Exempt under Paragraph 14)

(d)   Purchase of Council Operated temporary Accommodation (Exempt
      under Paragraph 14)

(e)   Hillside Managers Report (Exempt under Paragraph 13)

(f)   Hillside Responsible Individuals Report (Exempt under Paragraph 13)

F.O'Brien
<u>Chief Executive</u>

Civic Centre
Port Talbot   **17 January 2025**

<u>Committee Membership:</u>

Chairperson: **Councillor C.Galsworthy**

Vice   **Councillor H.C.Clarke**
Chairperson:

Councillors: H.Davies, O.S.Davies, S.E.Freeguard, J.Jones,
                            A.R.Lockyer, A.Lodwig, P.D.Richards,
                            D.Thomas, D.Whitelock and C.Williams

<u>Notes:</u>

(1)   If Committee Members or non-Committee Members wish to have relevant items put on the agenda for future meetings, then please notify the Chief Executive/Chair eight days before the meeting.

(2) If non-Committee Members wish to attend for an item of interest, then prior notification needs to be given (by 12.00 noon on the day before the meeting). Non-Committee Members may speak but not vote, or move or second any motion.

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NEATH PORT TALBOT COUNCIL

Social Services, Housing and Community Safety Scrutiny Committee

23rd January 2025

MATTER FOR CONSIDERATION

WARDS AFFECTED:
All Wards

DIRECTOR'S ANNUAL REPORT 2023-24

Purpose of Report
To allow for pre-decision consideration of the Director's Annual Report 2023-24 report by scrutiny members.

Background
The scrutiny committee have selected this item for pre-decision scrutiny before it is presented to Cabinet on 5th February 2025 for approval.

Financial Impact
Not applicable.

Integrated Impact Assessment
Not applicable.

Valleys Communities Impacts
Not applicable.

Workforce Impacts
Not applicable.

Legal Impacts
Not applicable.

Risk Management Impacts
Not applicable.

Crime and Disorder Impacts
Not applicable.

Violence Against Women, Domestic Abuse and Sexual Violence Impacts
Not applicable.

Consultation
There is no requirement under the constitution for consultation on this item.

Recommendations
Following scrutiny, members to support recommendation outlined in the draft Cabinet report.

Appendices
Appendix 1 –
Draft Cabinet Report – DIRECTOR'S ANNUAL REPORT 2023-24

List of Background Papers
Not appliable.

Officer Contract

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Pamela Chivers, Scrutiny Officer
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**NEATH PORT TALBOT COUNCIL
CABINET**

5th February 2025

**Report of the Director of Social Services, Health & Housing –
Andrew Jarrett**

SECTION A – MATTER FOR DECISION

WARDS AFFECTED: ALL

DIRECTOR'S ANNUAL REPORT 2023-24

Purpose of Report

The purpose of this report is for Members to note the work undertaken throughout Social Services and to adopt the Director's Annual Report 2023-24.

Background

The purpose of the annual report is to set out the local authority's improvement journey in providing services to people in their areas, those who access information, advice and assistance, and those individuals and carers in receipt of care and support. Under the new requirements of the Social Services and Well-being (SSWB) Act, the report needs to demonstrate how local authorities have promoted wellbeing and accounted for the delivery of well-being standards.

The former reporting requirements for Directors of Social Services in part 6 of the "Statutory Guidance on the Role and Accountabilities of the Director of Social Services" (Welsh Government June 2009) have been replaced as a consequence of both the SSWB and Regulation and Inspection of Social Care (Wales) Act 2016.

The requirements are that every local authority must produce an annual report on the discharge of its social services functions and the report must include:

- an evaluation of the performance in delivering social services functions for the past year including lessons learned (Part 8 Code on the role of the director);
- how the local authority has achieved the six quality standards for well-being outcomes (in a code about measuring social services performance made under s145 of the SSWB Act 2014);
- qualitative and quantitative data relating to the achievement of well-being outcomes (also set out in the code on measuring performance);
- the extent to which the local authority has met requirements under Parts 3 and 4 of the SSWB Act as set out in separate codes covering assessing needs and meeting needs;
- objectives for promoting the well-being of people needing care and support and carers needing support for the following year including those identified by population needs assessments under section 14 of the SSWB Act;
- assurances concerning:
    - structural arrangements enabling good governance and strong accountability;
    - effective partnership working via Partnership Boards;
    - safeguarding arrangements;
- the local authority's performance in handling and investigating complaints
- responses to any inspections of its social services functions an update on Welsh language provision;

- how the local authority has engaged people (including children) in the production of the report.

Financial Impact

Not applicable.

Integrated Impact Assessment

There is no requirement to undertake an Integrated Impact Assessment as this report is for adoption of the Director's Annual Report.

Valleys Communities Impacts

No implications.

Workforce Impacts

No implications.

Legal Impacts

No implications.

Risk Management Impacts

No implications.

Crime and Disorder Impacts

Section 17 of the Crime and Disorder Act 1998 places a duty on the Council in the exercise of its functions to have "due regard to the likely effect of the exercise of those functions on and the need to do all that it reasonably can to prevent:

a) Crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and
b) The misuse of drugs, alcohol and other substances in its area; and
c) Re-offending the area"

There is no impact under the Section 17 of the Crime and Disorder Act 1998.

Violence Against Women, Domestic Abuse and Sexual Violence Impacts

Section 2(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a person exercising relevant functions must have regard (along with all other relevant matters) to the need to remove or minimise any factors which:

      (a) increase the risk of violence against women and girls, or

      (b) exacerbate the impact of such violence on victims.

The proposals contained in this report are likely to have no impact on the above duty.

Consultation

There is no requirement under the constitution for consultation on this item.

Recommendations

It is recommended that Members note and endorse the Director's Annual Report 23-24 as detailed in Appendix 1 to the circulated report for commending to Council for approval.

Reasons for Proposed Decision

To ensure Neath Port Talbot Social Services meet the requirements that every local authority must produce an annual report on the discharge of its social services functions.

Implementation of Decision

The decision is proposed for implementation after the three-day call-in period.

Appendices
Director's Annual Report 2023-24 – Appendix 1.

List of Background Papers
No additional papers required.

Officer Contract
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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

Social Services, Health & Housing
Director's Annual Report
2023-24

www.npt.gov.uk

Contents

Foreword

Welcome to my annual report reflecting the period April 2023 to March 2024. It has been another eventful year and one with mixed outcomes. Starting on a positive note, we again saw a reduction in the number of Children Looked After, and we continue to support people fleeing the war in Ukraine as well as refugees from Afghanistan.

However, the social care sector continues to experience the fallout of the Covid pandemic. Our Community Mental Health Teams are seeing increased referrals. A number of providers are still experiencing staff recruitment and retention challenges. More significantly, however, was the closure of the largest older people's care home within Neath Port Talbot, with 90 beds and more than 70 residents.

The challenges faced by public services generally and the social care sector in particular are well-rehearsed, however the next year is likely to be one of the most difficult times any of us working in social services has experienced. Tightening budgets mean that we will have no option but to do things differently. This will almost certainly involve making tough decisions – even to the point of seeing services reduced.

To mitigate this as far as possible we continue to promote new ways of working, such as greater use of Assistive Technology to help people maintain independence in their own homes. But we also have to get smarter in the way we spend taxpayers' money. The last year has seen efforts to save money where possible, including bringing services in-house where we believe this will support the council in gaining better control of services. This is part of Welsh Government's Rebalancing Care agenda, and you will see more progress on this in the coming year.

We are also placing more emphasis on fairness of service provision. Put simply, we want to make sure people are not missing out on essential services as others may be receiving more than they need.

But we in NPT are resilient and innovative, working closely with the Council's Leadership, Members, regional partners and local providers. And we will continue to do everything we can to meet the care and support needs of the vulnerable people of our communities.

Andrew Jarrett
Director of Social Services, Health & Housing

Director's summary of performance

As at the end of the year 2,456 adults had a service and care plan (compared to 2,117 in the previous year), a 16% increase, while those aged 65+ receiving a service was 1,793 (1,788 the year before). The increase is partly due to a greater number of referrals for Mental Health Services and an ongoing consequence of the pandemic. The year also saw 1,948 new assessments completed for adults, almost half (43%) of whose needs could only be met with a care and support plan.

People are typically happiest in their own homes and communities, with minimal intervention from Health and Social Care. Last year the number of reablement packages completed during the year stood at 289, up by 55% on the previous year's 186 packages.

Over 16,300 contacts were received for children during the year, 2,000 more than the previous year. Despite this the number of Children Looked After continues to fall, standing at 251 (of whom 17 were Unaccompanied Asylum-Seeking Children) at the end of March 2024, down from 260 in the previous year.

We also saw a reduction in the average number of days children were on the Child Protection Register during the year, falling from 269 to 228 days.

The Social Care sector is still experiencing challenges in terms of provider stability. During the year two older people's care homes closed, representing over ten per cent of the locally available beds and resulting in dozens of vulnerable people having to be moved to alternative care homes. We continue to work closely with the wider sector to ensure we have sustainable service provision, as domiciliary care providers are still experiencing staff recruitment and retention challenges.

Work is ongoing to promote Prevention and Early Intervention services to help people live in their own homes and communities for as long as possible. This includes increasing the uptake of Assistive Technology and the Mobile Response Service to deal with non-emergency calls.

Our support for unpaid carers continues to increase. Last year 304 adult carers assessments were completed, up from 225 in the previous year.

During the year 97% of children's assessments were completed within the target 42 days from point of referral, while the use of children's residential care home placements has remained at the same level as last year.

Reflecting Welsh Government's Rebalancing Social Care agenda, during the year we undertook the necessary preparatory work to bring the Adult Family Placements Service back in-house, with the new service going live on 1st May 2024. This is the first of a number of services anticipated to be brought in-house during the current year.

The overall number of children and young people accessing advocacy services has increased in NPT by 21.2% over the last 12 months due to continued efforts to embed advocacy within local practice.

Although the number of Disabled Facilities Grants (DFG) completed has increased to 293, up from 272 during the previous year, the time taken to deliver (between referral and completion) has gone up from 245 to 325 days. This is due to some longstanding jobs finally being signed off and closed.

Our Commissioning Unit played an active and key role in the closure of an older people's care home during the year. A huge logistical exercise involving the need to transfer around 70 people to alternative care homes in the area. This was unfortunately necessary but highlights the Council's responsibility in ensuring the social care needs of vulnerable people are met.

We continue to work closely with colleagues and partners across the Council as well those in Swansea Council, Swansea Bay University Health Board, the third sector and the West Glamorgan Regional Partnership.

Further data highlighting a number of measures can be found throughout this document.

We set a number of key priorities for the directorate last year to ensure we continue to meet the care and support needs of the people of NPT. Our progress in meeting those is laid out in the section below.

Priorities for 2023-24: What we said we would do and what we achieved

Children and Young People Services

➢ **Placement sufficiency:** We are committed to an approach that puts children – and families – first. We will work with families to help them stay together, but we will also ensure there are enough foster placements available for those who need a safe and stable environment.

   ✓ We continue to develop our recruitment and retention and have a marketing timetable in place
   ✓ We have seen an increase in enquiries, and we are starting to see a slow pick up in the enquiries proceeding to assessments
   ✓ We have launched our foster plus to look for step down from residential care foster carers

➢ **Recruit, retain and develop a highly skilled workforce:** When social workers have the tools and time to do their job well, it makes a huge difference to children's and families' lives. We want a valued, supported and highly skilled social worker for every child and family who needs one.

We have:

   ✓ Had a very successful year of recruitment
   ✓ Continued to actively promote staff wellbeing as a means of retaining staff; promote a positive work culture with HR support, low caseloads, consistent management support and regular supervisions
   ✓ Attended universities to discuss NPT and recruit. PO has attended in Colleges and Universities, presenting about what it's like to work in NPT, including the strengths-based model, in open days
   ✓ Hosted Jobs Fairs for Newly Qualified Social worker
   ✓ Provided regular training, including senior officers and training officers delivering "in house" training
   ✓ Promoted NPT on a more national level, presenting our outcomes focused model of practice. Resulting in us attracting applicants from all over Wales and England.
   ✓ Had Consultant Social workers present on areas of expertise at universities, overseen by a Principal Officer

- ✓ Introduced year 10 placements for local comprehensives in NPT to build career paths into Social Work early on
- ✓ Increased the number of practice assessors in the service which means we are able to host more students. Students in their final year of placements choose to remain in NPT to start their careers in social work

- ➢ **Demand and complexity:** For the majority of children, the best place for them to be is at home with their family, but some families need support to do this. We will provide specific and targeted support to families facing a range of challenges.

  <u>We have</u>:

  - ✓ Continued to provide early offers of support to children and families
  - ✓ Continued to work collaboratively with partners to ensure that families access the right support at the right time
  - ✓ Continued to support families to achieve their outcomes
  - ✓ Continued to work to the ethos that children's needs are best met by their own families and provide support for this to be achieved safely
  - ✓ Developed a 'Be Safe' service in response to increasing concern around young people carrying knives and being at increased risk of exploitation, to disrupt these behaviours and provide awareness and support. Working in partnership with other agencies the Be Safe service has supported young people, their families and staff on the risks associated with exploitation, violence and knife crime
  - ✓ Established the Working Together Service, which specialises in supporting families where there are concerns around neglect and/or home conditions. This service offers practical support as well as using motivations interviewing to develop the confidence of families and build their skills. Given the increased cost of living and the impact of poverty/deprivation, this service has continued to be integral in supporting families
  - ✓ Continued to see an increase in demand in our referral rates as needs of families become more and more complex, up 15% year on year to over 20,000 referrals
  - ✓ Seen the wider impact of the increased cost of living. The emotional and mental wellbeing of young people is an ongoing need and there is

a gap in services supporting these young people. There are regional groups set up to look at how we meet the emotional wellbeing needs of young people

✓ Seen added pressures in schools with an increase in young people being on reduced timetables/excluded which increases the risks outside of the family home

✓ Resourced our Single Point of Contact in order to respond to the increase in demand to ensure we are responding proportionately and in a timely manner. All referrals received in the service are seen and actioned by a Social Work team manager within 24 hours

Adults Services

➢ **Helping people to help themselves:** We will promote self-care and help people to remain in their own communities with minimal intervention.

✓ This overarching theme is centred on empowering individuals to help themselves and supporting them to remain in their own communities with minimal intervention. This is achieved through a multi-faceted approach that includes promoting self-care through education and resource access, offering assistance in navigating services with tailored support plans, minimising intervention through preventative measures like home safety assessments and health monitoring, building community support networks, and empowering individuals through assistive technology. By focusing on these key areas and leveraging the expertise of social workers and occupational therapists, the department aims to enhance the quality of life for individuals while also contributing to the sustainability of health and social care systems by reducing the need for more intensive services.

➢ **Building relationships and making connections:** People are the most important asset we have in NPT. It is the relationship between family and friends, between the cared for and the carer, within communities, and between businesses, employees, and customers that has the biggest impact on people's lives.

✓ NPT's collaborative approach includes conducting comprehensive short-term assessments, empowering individuals through accurate information, providing personalised advice, offering supportive assistance, building strong relationships with individuals and the

community, and promoting community connections to enhance well-being and reduce isolation. By prioritising relationships and community connections, NPT aims to help individuals maintain their independence and thrive with minimal intervention, ultimately making a positive impact on their lives and well-being.

- ➢ **Living the life you want:** We will continue to promote prevention and early intervention as well as informal care and support. But there will always be people who need more formal care and support. This should put the individual first so that their desired outcomes - how they want to live - are met.

  - ✓ Our mission is to empower individuals to live their desired lives by focusing on their personal goals and outcomes. We emphasize prevention, early intervention, and informal care to ensure minimal reliance on formal support. Our holistic assessments, conducted by social workers and occupational therapists, prioritise individual needs and goals. By providing comprehensive information and advice, we enable informed decision-making and self-management, fostering independence. Early intervention and support networks help address issues promptly, while home adaptations and health programs enhance safety and well-being. Our tailored support plans ensure minimal intervention, promoting autonomy and quality of life. This integrated approach supports individuals in maintaining their independence and living comfortably in their own homes.

Housing and Homelessness Services

Implement a more strategic approach: We will work more closely with partners and other Council departments to ensure we make best use of our resources.

- ✓ In the past year, our Housing and Homelessness Services have adopted a more strategic approach, working closely with partners and other Council departments to optimise our resources effectively. Our inter-disciplinary team, including social workers, occupational therapists, and a newly appointed housing consultant social worker, focuses on helping individuals remain in their homes with minimal intervention. Through comprehensive short-term assessments, we identify specific needs and

provide tailored support plans to enhance independence. Our holistic evaluations and adaptive solutions, such as home adaptations and assistive devices, ensure safety and mobility. We also offer detailed information, advice, and assistance to empower individuals and their families. The housing consultant plays a crucial role in assessing housing suitability, recommending modifications, and liaising with housing services. Strategic collaboration with Council departments and strengthening community partnerships have been key to our success, ensuring integrated, efficient service delivery. Additionally, we aim to reduce homelessness by ensuring it is rare, brief, and non-recurring. This comprehensive, collaborative strategy not only promotes independence but also enhances the quality of life for those we serve. We want to make sure that homelessness is rare, and when it does occur it is brief and doesn't happen again.

- **Increase access to appropriate affordable housing:** We want to work with landlords and others to increase the amount of available accommodation.
  - ✓ **Empty properties:** In response to the number of long-term empty properties across Wales, the Empty Homes Scheme was developed by Welsh Government (WG) to provide grant aid to owners of long-term empty properties for them to undertake the required works to bring them back into use.
  - ✓ WG have made an allocation of £50 million across Wales to fund the Scheme for a period of two years. Each participating Local Authority has been allocated a percentage of the funding based on the number of empty properties registered in the Authority area.
  - ✓ NPT has been awarded 4.8% of the available £50 million, which equates to £2.4 million over the two years of the Scheme with a required contribution from the authority of 10%. This Scheme could potentially result in over 100 empty properties being brought back into use across Neath Port Talbot over the period of the Scheme.
  - ✓ For the Financial Year 54 schedules were prepared and passed for processing, equating to £1.6m worth of work carried out.
  - ✓ **Leasing scheme:** There has currently been no take up from Private Landlords, the scheme has generated a large number of enquires which have been followed up by 28 expressions of interest. The main reason for no landlords participating in the scheme is due to WG capping the rent at the local housing allowance. Private Landlords can have a much better

return sourcing their own clients or using a high street letting agent, therefore this is not seen as a viable option. *(Estimate - £750-£1200).*

✓ To attempt to stimulate the market a 'Private Rented Landlord Forum Event' was held and proven to be incredibly positive. Over 100 landlords attended, and useful feedback was received, and these events will continue. WG property standards have been reviewed which may now be more attractive to landlords and contact is being made with landlords that were originally rejected based on previous standards.

Support those with social care needs to live well in their communities: We will offer new models of care to help people live in their communities longer, whether they are older, disabled or are young people leaving care.

✓ We are committed to supporting individuals with social care needs to live well in their communities through innovative and comprehensive strategies. Our approach includes proportionate assessments by social workers and occupational therapists to identify minimal yet impactful support, personalised information and advice, and holistic support plans developed collaboratively. We are also exploring innovative housing solutions with the assistance of housing consultant social workers and promoting adaptable living spaces. Community-based supports such as local services and volunteer networks play a crucial role in reducing isolation and enhancing daily living. Furthermore, we are integrating technology to boost safety and independence through smart home devices and health monitoring tools. For long-term community living, we focus on sustainable support systems with ongoing monitoring and reassessments, and we provide resources for family and caregiver support. By leveraging these comprehensive efforts, we aim to create a supportive environment that enables individuals with social care needs to maintain their independence and enjoy a higher quality of life in their own homes.

How are people shaping our services?

This is about how we find out what people think about our services so we can build on good practice.

As a Local Authority it is important that we consistently capture and hear the voice of those we support. We want to ensure that we offer the best opportunity to listen and respond to people's views. Participation is an integral part of our planning and development of services. Therefore, in Social Services we have a strategic lead for Engagement and Participation, and a dedicated officer for both children and adult services to promote collaborative working. In Neath Port Talbot we work in an outcome focused way and ensure that we have 'what matters conversations' with those that we support.

Engagement and Participation across Children and Young People's Services.

The Engagement & Participation Team works across Children's Services to embed children's rights into our daily practice. It provides opportunities for children and young people up to the age of 25 to develop the confidence and skills to understand and exercise their rights, co-produce services and have a voice in matters that affect them and aims to advance the education of duty bearers to understand their role in enabling children and young people to access their rights. The Engagement and Participation Team support a wide range of children and young people with different backgrounds, needs and experiences.

Throughout the last year, we have supported a wide range of activities, trips, projects, consultations, established groups and training to actively seek the voice of the child. This report outlines the work undertaken.

Children's Rights Champions

Children's Rights are everyone's responsibility and in order to embed children's rights into practice Children's Services committed to the concept of 'Children's Rights Champions'. In 2021 'Champions' were recruited and committed to a list of actions they set to embed children's rights into practice in their specific roles. Implementation of actions is overseen by the Quality Practice Group and the Practice Improvement Group, and we meet 'Champions' every six months to review progress and support with future plans. To further support the work of the Engagement and Participation Officer a Participation Champions group meets quarterly and is made up of staff from across the Service. It is an

opportunity to share good practice, promote events and discuss common themes. The Engagement and Participation Team deliver an 'Introduction to Children's Rights' session during new staff's induction. The session also provides an opportunity to share the work of the Team and promote upcoming opportunities.

Children and Young People's Consultation Event at Plantasia

In collaboration with the Looked After Children's Team a consultation event was held at Plantasia to give children and young people the opportunity to re-name the LAC Team. As part of the ongoing 'Language We Use' work the children and young people highlighted the need for change. A friendlier name is needed to reflect the ethos of the Team. To facilitate the event, spoken word artist Duke Al Durham delivered a creative session to provoke thought and discussion and help find an appropriate name. Next steps include collating the ideas, sharing the outcome and with approval re-naming the Team. The wonderful location lent itself to some promotional opportunities for the new Comments, Compliments & Complaints process for care experienced children and young people. Children and Young People's Services have developed a leaflet, informative postcard and magnet to ensure all our children know how to contact us. Over the coming months the material will be promoted to Foster Carers, Staff, Children and Young People.

Neurodivergence Strategy

We have worked closely with partners and stakeholders, including Education and Health, to draft NPT's Strategic Plan for Neurodivergence (Autism and Other Conditions) 2024-27. Our aim is to create an inclusive and understanding culture, which supports neurodiverse children, young people, adults, families and carers within their communities, and across the County.

Quality Standard 1 - Working with people to define and co-produce personal well-being outcomes that people wish to achieve

This is about how we work in partnership to help people achieve positive outcomes.

NPT is a member of the West Glamorgan Regional Partnership, alongside City & County of Swansea Council, Swansea Bay University Health Board, as well as representatives from across the third and independent sector partners, members of the community, and unpaid carers.

Regional working for Wales is an important part of a wider reform of the way public services are managed. The Partnership has a developed a five-year Learning Disability Strategy, which represents a regional response to the needs of adults with learning disabilities and describes the commitment to a long-term strategic mission for meeting their needs within the context of national legislation and guidance, regional plans, and available resources.

Work has already begun to ensure that people living in NPT, and across the wider region, have access to the right care and support, accommodation, transport and employment opportunities to enable them to live the lives they want to.

Co-production and Involvement of People with Lived Experience

The Council receives a grant from the Office of the Police and Crime Commissioner (via the Home Office) which pays for a Service User Engagement Officer (SUEO) for the Area Planning Board to increase participation with people who use substance use services across NPT and Swansea and NPT. Our officer commenced work in September 2023.

During the year the SUEO coordinated the Peer Interventions Project that delivers all three specialist harm reduction interventions across the region to provide advice support and guidance and distribute naloxone kits and needle and syringe kits and carry out dry blood spot testing for Blood Bourne Viruses.

They also established two Co-Production Forums run monthly in both Swansea and Neath Port Talbot. The groups have developed appropriate governance arrangements so people with lived and living experience can engage with the Area Planning Board in line with co-production guidelines. The forums are looking at work plans

Co-Production Forum meeting, January 2024

in going forward and these will help shape the ongoing work. The forums are working to the mantra of "nothing about us, without us".

Working across all organisations the post holder is scoping what currently exists in terms of Service User engagement, and then work with partner organisations in developing a coherent joined up approach that ensures Service Users have a voice in the future development and delivery of services.

The SUEO is supporting on a wide range of other work streams, strengthening the views and opinions for those with lived and living experience.

Reducing social isolation

A Local Area Coordinator working in the Upper Valleys identified a number of elderly individuals who were isolated and lonely and desperately seeking ways to improve their quality of life. The Community Connection Team were keen to get involved and Thursday Lunch Club was born!

The first Lunch Club took place in August of last year, with around 15 people attending. This now varies from anything from 15 to at our highest at 22 attending. Each week, everyone gathers for teas, coffees and biscuits in the morning for a quiz, followed by a light lunch ordered in from one of the local cafes. We order from a different cafe each week so that we keep the menu choices varied but this also helps to support the local businesses. In the afternoon we either have a game of bingo, or an activity. So far, we have had pottery sessions, willow weaving, wreath making, visits from Citizen's Advice and the Tackling Poverty Team, Tai Chi, the RNIB, Digital enablement, Multiply craft sessions and regular visits from Dan from Ageing Well, which are proving

very popular. Very soon we have Defibrillator training planned as well as a visit from the Fire Service, Greyhound Rescue and a Paint Along Session.

Weekly visits from the Digital Inclusion Team have been arranged, so that people can access support with any IT, mobile phone and other related issues. The group have got to know Neil from the team really well and he has had a good response, with a number of people bringing tech-related problems for him to solve each session.

We enjoyed a fantastic Christmas lunch in December, supplied and served by one of the local cafes, with children from the local school coming along to entertain us with Christmas carols.

The group have a lot of fun and it has helped mend some previously broken friendships along with forge some new ones. For many individuals the group is the only social event of their week and as such, it means a lot to them to attend. One of my gentlemen has macular degeneration, he lives alone and has no family. Prior to coming to the group, he was completely isolated in his flat, willing the time to go by. He's now reunited with an old friend that he had not seen for years, and the highlight of his week is meeting up with him for a chat on a Thursday. Having seen how enriched his life can be with people around him and activities to engage in, he's looking forward to visiting a residential home this week, with the hope of securing a placement. We have already managed to secure Community Transport if he does make the move, which will enable him to continue to attend the club on a Thursday.

The club has helped those who attend to find out about events and services that they would never have been aware of, which they say as helped to improve their quality of life and increase their social circle. So much so, that some meet a couple of times a week, to attend other groups, go shopping, or meet at one of the local cafes for a chat. Some of them have even arranged to go on day trips and holidays together.

Unpaid Carers

Internal Review: We have continued our comprehensive internal review of support for unpaid carers, engaging with various council teams and gathering insights from 224 carers across Neath Port Talbot.

Pilot Project: Based on our learning we initiated a pilot project within the Neath Network Team. A new dedicated role was created to bridge the Prevention & Early Intervention and Social Work Teams, enhancing the operational link between carer support and social services provided to those they care for. The feedback from carers and staff on the pilot was overwhelmingly positive, leading to the role's adoption as a permanent feature across our other two Networks.

Carers Assessment Form and Procedures: As part of the pilot, we revamped our carers assessment form and procedures, significantly reducing waiting times for assessments.

- **Pilot Successes:**
  - Raised the profile of carers within teams.
  - Promoted early identification of carers.
  - Reduced waiting lists.
  - Ensured a holistic consideration of both statutory and non-statutory support for carers and those they care for.

Carers Assessments

In our ongoing commitment to enhance the support provided to unpaid carers, we have significantly revamped our assessment process to focus on "what matters" conversations with adult unpaid carers. This approach aims to better understand the unique needs of each carer, enabling us to identify and provide the necessary support earlier, ensuring they can continue in their vital caring roles.

To further strengthen our support network, we have appointed Carers Development Officers within each of the cluster networks. These officers act as unpaid carer champions, conducting comprehensive unpaid carers needs assessments and fostering stronger connections to short break provisions and broader early help support services.

We are also in the process of formalising a comprehensive training program for our staff. This training will be rolled out shortly and will emphasize the identification and support of unpaid carers, equipping our staff with the skills and knowledge needed to effectively assist carers in their roles.

In addition, we are enhancing our partnership with Primary Care Clusters, particularly in the Upper Valleys, and local pharmacies. This collaboration aims to identify opportunities for training, improve the identification of unpaid

carers, and establish clear pathways of support. By working closely with these partners, we aim to create a more integrated and supportive environment for unpaid carers.

These initiatives reflect our dedication to providing timely and effective support to unpaid carers, ensuring they receive the recognition and assistance they deserve.

What Matters Youth Housing Consultation – Phase 2

Throughout 2023 the Engagement and Participation Team assisted colleagues within the Contract and Commissioning Team on a consultation on Youth Homelessness and Housing. This included conducting interviews with Young People who were homeless and living within one of the commissioned Housing Providers within the Local Authority and was considered Phase 1 of the consultation process. The Engagement and Participation Officer held one workshop with Stakeholders and two workshops with ten Young People across the Dewis and Clarewood provisions to further explore the themes identified in Phase One. The findings of all three workshops were presented in two reports and informed the next phase of the consultation which will consist of further workshops to facilitate the Young People designing an information pack and webpage, intended to be provided at the initial stage of homelessness.

Outcomes survey

The Engagement and Participation Team undertook the completion of an Outcomes Survey on two occasions in January and June 2023. The survey was a telephone survey conducted with Children and Adults who receive care and support from Children's or Adult services. The survey was an optional opportunity for individuals to provide feedback on their experience with Social Services, with particular focus on their individual outcomes and What Matters conversations. The survey questions explored whether they felt that these outcomes were being met and whether their strengths were recognised.

The Engagement and Participation Team conducted the Child Protection Rapid Review Survey with the Parents/Guardians of children on the child protection register. The aim of the National Survey was to gather a multi-disciplinary perspective on child protection arrangements. Care Inspectorate Wales will

consider responses alongside other review activities to support the completion of a national report.

Most Significant Change Interviews

From May 2023 the Engagement and Participation Team conducted Most Significant Change interviews that focused on a number of specific interventions and processes. The interviews reflected the Most Significant Change template and training that the Team attended with Nick Andrews of Swansea University. The interview process continued throughout the course of the year with varying topics of focus and culminated with the Most Significant Change Panel, held in December 2023. The Panel was comprised of The Director of Social Services, Health and Housing, The Heads of Children's and Adult Services, representatives from the PAN Parent Network, Consultant Social Workers and the Engagement and Participation Officer. The panel was an opportunity to explore the stories and engage in dialogue to identify which Story individuals thought was Most Significant and why, sharing good practice and success stories.

Care Home Surveys – Ongoing

Throughout 2023 and currently ongoing, the Engagement and Participation Team provided support to the Adult Services Contract and Commissioning Officers in their monitoring processes of commissioned Care Homes. The E&P Officers build, monitor and compile surveys and offer in-person support in going out to the Care Homes to assist residents, relatives and staff in completing the surveys in-person.

Quality Standard 2 – Working with people and partners to protect and promote people's physical and mental health and emotional well-being
This is about how we help people to look after their physical, mental and emotional health.

We continue to use technology in supporting people to achieve their personal outcomes.

Remodelling and refurbishment work to provide a Digital Solutions Suite was completed. This facility was formally opened in August 2023 to showcase and demonstrate how mainstream digital technology can support independent living, and/or enhance other care/telecare support. Guided tours of the Digital Solution Suite can be booked by all NPT residents, carers and staff, and since opening we have received more than 150 visitors.

A successful bid for SPF (Shared Prosperity Fund) funding has enabled a cross-departmental project to provide wraparound services supporting Digital Inclusion and Digital Enablement. The project is managed by the Prevention & Early Intervention Team in collaboration with Adult Learning and the Youth Service.

The Prevention and Early Intervention Team have continued work to develop a digital platform to support community connections, reduce loneliness and isolation, and provide easy access to helpful resources to support self-management and wellbeing both online and in their communities. This is undergoing beta testing and is anticipated to launch in summer of 2024.

We are on target regarding our planned programme for upgrading all Lifeline units to be ready ahead of retirement of analogue telephone lines and switch to digital by December 2025 – maintaining a service for 2,500 residents.

Working closely with the Community Medicines Management Team we continue to support individuals to safely take their medicines using reminder and /or automatic dispensing devices.

We continue to work with supported living residents to identify how technologies can support their independence, quality of life and personal outcomes.

Collaborative working is ongoing with our day service BSpoked and the individuals they support to identify opportunities for technology to help achieve personal outcomes and independent living skills. We have provided training and

installed mainstream digital and Assistive Technology in the Independent Living Suite which has been well received, and we will continue to develop and include this in work plans for 2024-2025.

Initial pilot of a response service in the Afan Cluster area has been completed and demonstrated positive impact on wellbeing for non-injurious falls and other non-medical emergencies. Funding has been allocated to undertake a further 1-year pilot from 2024-2025, to roll out a Mobile Response Service to all NPT Lifeline users which will inform models for ongoing service provision.

Short breaks

There are occasions when the role of therapeutically parenting a child is exhausting and this has an impact of the effectiveness of the foster carers to parent effectively. To support relationships and placement stability, we have supported foster carers by matching the children with another household and providing short breaks.

Hospital Team

Last year the Team won a joint award with the Local Health Board for its multi-agency working within Home First. The functions of this team include preventing unnecessary hospital admissions by working across the community and hospital; facilitating discharge from hospital in a timely manner; implementing national guidance on discharge requirements; and ensure patients are supported in the community post discharge to reduce readmissions. The team has expanded over the past year, with a base in Morriston Hospital as well as Neath Port Talbot.

The Team is working towards improving the time taken to respond to referrals and support a D2RA (Discharge to Recover and Assess) response, with plans to further focus on early intervention to identify support needs earlier in an individual's journey through hospital.

Community Wellbeing / Reablement Team

An inspection of the Community Wellbeing Team (CWT) took place in November 2023 and noted a positive working relationships between Social Care and Health; strong management support; caring and supportive staff; personal plans meet people's needs; people are safe from abuse and neglect; and that robust systems are in place to regularly check on the quality of care and support.

Assistive Technology

Working with people's strengths, Assistive Technology (AT) can be used to promote health, wellbeing and self-management, and has potential to enable more resilient communities, thus reducing demand/reliance on more traditional support services. Installations, maintenance and decommissions of equipment are now delivered in house from February 2024. This has enabled efficiencies in the service which will ensure adequate capacity for digital upgrades and reduce waiting times for the service.

Negotiating the switch from analogue telephone lines to digital by December 2025 is a key priority for the service is to ensure all lifeline and telecare equipment is replaced ahead of this time to ensure a smooth and safe transition as individuals are migrated from analogue phone lines to digital voice networks. We have now entered stage 2 of the roadmap and are on track as planned to achieve this 'digital switch' for 2,500 users of the service, and 56% of clients having been upgraded so far.

We continue to link with communication companies to ensure safe migration of lifeline & telecare clients as we move to phase 2 of our digital switch roadmap. Our upgrade programme will pick up pace over the next year and we are well on target to have upgraded all equipment ahead of the original December 2025 deadline.

The Mobile Response Service pilot provides timely support for individuals at home who experience non-injurious falls and other non-medical emergencies. The majority of call outs are responded to within the hour, which means fallers avoid a long lie and associated negative outcomes and are less likely to be admitted to hospital. The service also reduces carer burnout and gives confidence for individuals to continue stay in their own home.

The SPF funded NPT Digital Inclusion and Digital Enablement project seeks to improve the lives of individuals by helping them stay connected, manage daily activities and be more independent and engaged. The project develops and scales up existing work to reduce digital inequality for disadvantaged groups, increasing access to digital technologies which enhance daily living/ ageing well, and supporting digitally excluded citizens to access services they need.

A multifaceted approach includes:

- A network of Digital Inclusion/Enablement staff and volunteers providing targeted support for individuals, including those with additional learning or access needs.

- Enabling affordable/free access via Equipment Loan Library and Databank Scheme.

- Delivery of interactive course to support digital and life skills with a qualification to improve future prospects for targeted school year 11 students.

Case study

> *"I am almost 85 years old, and I have only just had my first mobile phone where I am looking forward to the next step of being shown how to use it.*
>
> *I am now using my iPad every day. I would say that the iPad is a lifeline to me. It has opened the world up for me. I feel less lonely, as it's widened my social life as I can now see people on the screen not just hear their voice on the telephone which has made a massive difference. I feel like I have regained my independence as I can now shop online, Google any information I need and check my online banking."*

Substance Use

The Area Planning Board Support Team works on a regional basis across Neath Port Talbot and Swansea, governed by the Area Planning Board (APB) and hosted by NPTCBC acting as the banker for the Substance Misuse Action Fund (SMAF). NPTCBC is a voting member of the APB as one of the responsible authorities.

We are the only region in Wales that routinely reviews non-fatal drug overdoses. Our process involves assessing each case and assigning it to the appropriate service to make contact within 72 hours of the overdose being picked up. These professionals provide guidance, support, naloxone, and referrals to specialised

services. The progress of each person is closely monitored until identified risks are mitigated.

The Team plays a pivotal role in coordinating and facilitating the Independent Review Panel (IRP) for suspected drug-related deaths. The primary objective is to identify recommendations, learning points, and best practice from these cases. Subsequently, we share the findings with relevant services, enabling them to adapt their practices and improve service provision.

Service Development and Transformation

The APB is embarking on a programme of transformation to create an integrated Public Health approach to the prevention of and treatment for substance use. During 2023/24 a Programme Manager commenced and partners agreed a Business Case to implement a new 'whole system approach' to replace the current range of substance use services through commissioning an integrated highly visible, accessible and effective substance use service that delivers integrated treatment and support to meet the needs of the diverse population of Swansea and Neath Port Talbot. We have included people with lived/living experience, staff working in the services, current providers and commissioners to attend workshops, where partners have had the opportunity to co-design the new service across Swansea and Neath Port Talbot. The Commissioning exercise will commence in the summer of 2024.

Stakeholders at an Alliance Development Workshop, March 2024

The Western Bay Drug Commission established to investigate why the region had been suffering with high levels of drug related deaths and harms associated with substance use. It has worked throughout the year to gather evidence. This independent panel held several public facing meetings and heard from a wide range of invited guests on identified key themes. The Commission will publish its report in the summer of 2024. The recommendations will be used to improve systems and will inform the development of the new whole system approach.

Mental Health & Learning Disability Services

Our services are continuing to see increased demand which is proving challenging both in terms of a lack of suitable service provision and the high costs attached to making placements.

Mental Health Services

Challenges facing Mental Health Services include:

- Absence of a range of models of accommodation and care. This results in over-reliance on high-cost placements to manage risk to self and others, and wider public safety.

- Lack of providers who are confident to manage individuals with forensic risk therefore no alternative but to utilise high-cost placements

- Managing risk - Expectation from partner agencies to safeguard individuals and those who present risk to others, as a single agency

- Gaps in service – Mental Health and Therapeutic interventions.

- Shortage of domiciliary care providers that specialise in supporting individuals with mental health needs.

- The Mental Health Act (MHA) places on local authorities the duty to provide Approved Mental Health Professionals (AMHP) services. Local authorities are responsible for ensuring that enough AMHPs are available to carry out their roles under the MHA. There are challenges in being able to provide a 24-hour service that can respond to patients' needs in a timely way. There is a dwindling number of AMHP, and difficulties with recruitment and retention of AMHP workforce.

Learning Disabilities Services

- The service is increasingly supporting individuals with more complex health care needs. Budgetary and resource pressures are being passed down to the local authority which typically would have sat with the NHS. As a result, we are seeing escalating placement costs for meeting complex needs.

- We have seen an increase in the number of individuals who have an autism diagnosis, where offering practical support often falls solely to the local authority. Recent analysis of young people moving through transition to Adult Services indicated around 50% had an autism diagnosis. There is also a lack of services able to meet the diverse needs of autistic individuals.

- Service scarcity is impacting on the ability to offer individual's choice and control.

- Management of behaviours is becoming more challenging to meet, with a lack of trauma informed services and practice approaches. This results in the local authority having to become experts where we would have previously relied upon close relationships with partner agencies to provide that expertise. Local authorities are now plugging the gap in service delivery.

- Lack of resource, skills set and environment to meet the needs of individuals who present with behaviours that challenge.

Quality Standard 3 – Protecting and safeguarding people from abuse, neglect or harm

This is about helping to protect people who might be at risk of abuse, neglect, harm or exploitation.

Our approach to Safeguarding across Children and Adults continues to be streamlined and strengthened by the following:

- ✓ We continue to develop the quality of our strategy discussions by ensuring all key partners are involved at the outset.

- ✓ We have introduced outcome strategy meetings post S47 enquiries to ensure all those, including parents and children, who contribute to the enquiry have sight of the final report, which allows them to understand how decisions are reached and affords an opportunity to challenge.

- ✓ We continue to engage parents, family and carers as partners in all safeguarding forums.

- ✓ Our offer of Family Group Conferencing continues to be well received, and we have extended the offer of Family Group Conferencing to those families who are separating and not open to the Local Authority.

- ✓ Over the course of the last year Mental Capacity Act training has been rolled-out across Children's and Adults Social Care to ensure consistency in assessment and subsequent intervention.

- ✓ Our response to harm outside the family home has been strengthened by the SAFE Strategic Partnership and oversight of responding to this form or risk and harm.

- ✓ We are due to deploy our Multi-Agency Safeguarding Tracker (MAST) to ensure partnership systems are interfaced to identify and respond to risk and harm.

- ✓ More young people have transitioned to adult services owing to concerns of risk and harm and we will continue to develop our response to harm outside the family home across the life-course.

- ✓ We have concluded the review of our response to DVA (Domestic Violence and Abuse) across Social Care and will now convert the findings

into an Action Plan to strengthen our response to DVA, with our partner agencies across social care.

✓ Our rapid response to suspected suicide has been extended to respond to significant suicide attempts, which allows us to ensure support is targeted and learning elicited.

✓ The regional Parent Peer Advocacy Service, the first in Wales, will be delivered by Mental Health Matters and is due to go live in July 2024.

✓ Our Parent Advocate Network (PAN) continues to go from strength to strength supporting parents and their families across Neath Port Talbot.

✓ We remain committed to make Neath Port Talbot the safest place in Wales for citizens and are working closely with the many partnership boards: Community Safety, Area Planning, VAWDASV, Serious Organised Crime, Youth Justice Board, Modern Slavery and Human Trafficking, Regional Safeguarding, Junior Safeguarding and CONTEST to achieve this goal.

Single Point of Contact (SPOC)

The safeguarding component of the SPOC team's work saw 432 Adult at Risk referrals, with 36 cases escalating to the level of a s126 enquiry. The remaining 396 cases were either stepped down to proportionate assessments or resolved by managerial enquiries, indicating a robust triage process that ensures only the most critical cases receive intensive investigation.

The multidisciplinary composition of the SPOC team, which includes social workers, occupational therapists, a specialist nurse, and a newly added housing consultant social worker, has been pivotal in addressing a wide range of needs. The plan to integrate a police officer into the team will likely bolster the safeguarding efforts further. Overall, the SPOC team has demonstrated a comprehensive and efficient approach to managing social, physical, and health-related needs while maintaining a strong focus on safeguarding.

Community Safety Team

The Community Safety Team help to ensure the residents of Neath Port Talbot feel safe and are safe, by delivering effective crime prevention initiatives and support across the borough. The team deliver appropriate, relevant initiatives through a variety of means, doing so in partnership with other organisations. Community Safety ensure that the effect any Crime and Disorder has on our local communities is minimised; with oversight, problem solving and providing support on key issues such as Domestic Abuse, Anti-Social Behaviour, Hate Crime, County Lines, Scams, Community Tensions, Business Crime, Terrorism.

The Community Safety Partnership Board's six agreed priority areas for 2024-2027 are:

- Violence Against Women, Domestic Abuse & Sexual Violence
- Anti-Social Behaviour
- Community Cohesion
- Serious Violence
- General Crime Prevention (including Community Engagement & Acquisitive Crime
- Substance Use
  (The substance use priority being led on by the Area Planning Board and its Team, on behalf of the CSP, rather than the Community Safety Team itself)

Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV)

The NPT VAWDASV Leadership Group is coordinated by the Community Safety Team. The Group continues to meet quarterly and oversees the implementation of our local VAWDASV strategy for 2023-2026. Excellent progress has been made in the 7 areas of work: Communications & Engagement / Children & Young People / Perpetrator Interventions / Early Intervention & Prevention / Staff Training / Accessible Services / Courts and Criminal Justice.

Our Independent Domestic Violence Advisors (IDVA) Service within Community Safety supported **615** high risk victims of domestic abuse during the year. This compares to **650** in the previous year. This drop in numbers can be attributed to a change in our approach when referrals are received, one change being all male victims now being supported by Calan DVS. The nature of the cases received into

the service remains very complex in many instances, which requires a careful and measured approach by the team.

The Community Safety Team were successful in receiving funding to purchase target hardening items to help victims feel safer and be safer. This funding allowed us to buy Ring Doorbells, Dash Cams, mobile phones, window locks, door jammers and Personal Safety Alarms. It was reassuring for staff to give physical items to the individuals they support, as well as the holistic support and safety planning they offer. Items were so gratefully received by the families we are working with.

The team have responsibility for coordinating the Domestic Abuse MARAC (Multi Agency Risk Assessment Conference) forum. In the year there were **1,223** referrals into MARAC. There were **2,045** children linked to these referrals. **426** of the referrals were repeat cases, having been discussed at MARAC before.

The NPT MARAC Steering Group was setup in 2022/23 and has continued throughout 23/24, this year implementing the new MANTA system which has changed the way in which the meetings are coordinated and how they function. This is a long-awaited development, and the MARAC Coordinator from Community Safety has been instrumental in its early successes, with support from our partners.

One of the work streams of our VAWDASV strategy *'Healthy Relationships for Stronger Communities'* is centred on Communications & Engagement, ensuring we raise awareness of all forms of domestic abuse, encouraging people to seek help and support. The Communications & Engagement subgroup organised a successful White Ribbon campaign during November 2023 – holding our annual engagement event at NPT Hospital and running a successful '16 days of action' on our Safer NPT social media platforms.

We continue to deliver age-appropriate Healthy Relationship lessons into all schools and colleges, to ensure young people have an awareness of what an unhealthy relationship looks like, and where to seek support if they need it – whether that is for themselves, a friend or family member. During 2023/24, **3,716** young people received this lesson.

Asylum Dispersal

Following the Immigration and Asylum Act 1999, UK policy has been to relocate asylum seekers to a series of 'dispersal areas' in regional urban centres. The Home Office has mandated that all Councils receive asylum seekers under the national housing dispersal scheme. The Home Office commissions a company called Clearsprings to source properties and to provide limited support. A number of families have been dispersed to this area.

Afghan Resettlement Scheme

We continue to commission British Red Cross to support four families settles under the Afghan resettlement scheme for locally employed Afghan staff. One family arrived through a find your own accommodation route, and a further person as family reunification. In the first year, people receive intensive orientation support, but this tapers off in years 2 and 3.

Ukraine response

NPT continues to provide extensive humanitarian support to people who have fled the conflict in Ukraine

Last year I highlighted that the Council had helped Welsh Government set up a Welcome Centre and Temporary Accommodation for people fleeing the conflict, and I acknowledged the incredible work to settle and orientate families.

Although the welcome centre and hotel have since closed, ongoing extensive work has been undertaken to support Ukrainians within NPT. Many of these families were supported to move from their temporary accommodation into private rental, settling and building homes within our communities. The Ukraine response team have been highly successful in preventing people from needing statutory services such as homelessness. Additionally, some people moved out of the hotel/welcome centre to live with sponsor households within the borough and we will need to work with them to find further settled accommodation.

The orientation support given by the team covers many aspects of support from school enrolments, seeking employment opportunities, managing tenancies, health care and community engagement. This required great partnership work and coordination with both internal and external partners.

People have continued to arrive via Homes for Ukraine into NPT both through Welsh Government super sponsor route but also individual sponsor (where a resident offers an additional room) for Ukrainian families to seek sanctuary. The team have supported many people via the individual route to move on from hosted accommodation into more permanent accommodation and will continue to do so.

To date, we have settled 175 people within NPT who are living and managing independently. From arrival, the team support the guests to embed within their local communities and start to rebuild their lives; a lot of people arriving with little to nothing. Part of the work is around community links and ensuring people have a network of support, lessening the pressure on statutory services.

Strong links with the health board have been formed to ensure trauma-informed practise is embedded throughout the work. This was also offered and rolled out to colleagues within other sections of the council, providing consistency in the way we support people who have experienced trauma.
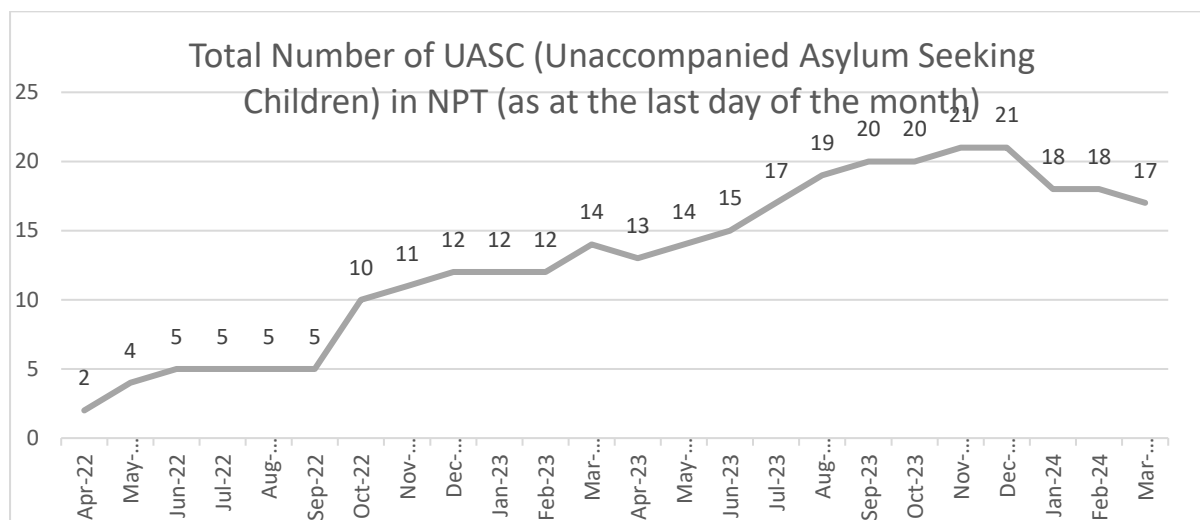
There continues to be a Team NPT approach when providing support, pulling in expertise from colleagues across the council.

"We don't know how our lives will turn out in the future, but at this stage we are safe and happy. We are eternally grateful to all the people who help Ukrainians stay safe, live, work and grow our children under peaceful skies."

Ukrainian family supported by NPT

Unaccompanied Asylum-Seeking Children & Young People (UASC)

Neath Port Talbot have continued to receive referrals for UASC under the National Transfer Scheme (NTS). This is a new area of practice for NPT and the numbers of young people have continued to grow. Along with this so has our knowledge in this area. As of the end of March 2024 we are supporting 17 UASC, 3 of whom are placed in foster care with the rest being supported in Supported accommodation. All young people are 16+. One of our Local Authority foster carers has supported UASC and it interested in supporting future placements.

Total Number of UASC (Unaccompanied Asylum Seeking Children) in NPT (as at the last day of the month)

Apr-22: 2, May: 4, Jun-22: 5, Jul-22: 5, Aug: 5, Sep-22: 5, Oct-22: 10, Nov: 11, Dec: 12, Jan-23: 12, Feb-23: 12, Mar: 14, Apr-23: 13, May: 14, Jun-23: 15, Jul-23: 17, Aug: 19, Sep-23: 20, Oct-23: 20, Nov: 21, Dec: 21, Jan-24: 18, Feb-24: 18, Mar: 17

As part of Neath Port Talbot's commitment to UASC as part of the National Transfer Scheme, activities and experiences have been organised throughout the summer in order to help the young people settle into their new environment, improve their language, look after their well-being and educate them on Welsh culture and explore the area. Working closely with the UASC Team and established partners in the community the Engagement and Participation Officer organised weekly events throughout the summer holidays. These included rock climbing at Dinas Rock, gorge walking, canyoning, coasteering on the Gower and paddle boarding. There have been arranged visits to Bulldogs Community Gym to engage in activities and emotional and well-being support offered by the Bulldogs Team. All activities helped build rapport with staff and going forward the UASC Team and Engagement and Participation Officer will be facilitating young person consultations to give our UASC a voice and improve services and assist us with developing our practice guide.

Anti-Social Behaviour

The **Street Vulnerability MARAC** meetings are coordinated by the Community Safety Team and chaired by South Wales Police. The group meet bimonthly to discuss some of the most vulnerable people in our communities, ensuring everyone has access to the most appropriate services for their needs. In 2023/24 the group discussed **19** cases, of which **8** were new referrals into the forum. The meetings are well attended and well supported by partners, with good engagement. There continue to be concerns regarding availability or access to mental health support, and the lack of suitable, available accommodation.

Problem Solving Groups continue - one for Neath & Pontardawe and one for Port Talbot. The Community Safety Team assist with the coordination of these meetings, whilst South Wales Police Chair. These forums allow us, the Police and partners to bring ongoing community issues to the table, for a partnership discussion and action plan. Issues raised here that cannot be resolved are then escalated to the Community Safety Partnership Board. The group helps to inform campaigns of the Community Safety Engagement Team.

Shared Prosperity Fund – During 2023/24 we were successful in securing £98,000 from the UK Shared Prosperity Fund to allow us to continue with our youth 'Hangout' provision. Following outreach work with young people they told us they wanted somewhere to hang out with friends, where there were no prescribed activities, but rather phone chargers, Wi-Fi, music and food. With funding from the Police & Crime Commissioner we were able to pilot 'The Hangout' with support from Youth Justice, South Wales Police, the Youth Service and 'Be Safe' Team. This additional funding will also allow us to purchase a mobile unit, to be responsive to emerging hotspots of youth related anti-social behaviour, rather than our services being at a fixed site. A small portion of the money will also be used to develop a food bank run by young people, for young people. This will enable young people to develop their skills and work towards accreditation, whilst also removing the stigma they feel is attached to using a foodbank.

Safer Streets – During the year we were successful with our Home Office Safer Streets funding bid, securing £51,000. The focus of this funding is to tackle Violence Against Women and Girls, to reduce anti-social behaviour and to reduce acquisitive crime. Eligible areas were those with the highest recorded incidents of this nature. The funding has been utilised to:

- Employ two street marshals in Neath town centre during weekends
- Purchase home security kits for the Neath North ward
- Introduce a 'My Green Town' initiative, implemented by Adferiad – allowing their service users to contribute to community-based activities such as litter picks and developing community gardens
- Design and implement a 'Safe Routes Home' campaign

Operation Sentinel – We were successful in our application for £34,000 to support the work of Operation Sentinel, to ensure an increased presence in recognised anti-social behaviour hotspots. This money was split between Community Safety, the Youth Service, and Be Safe Team to provide community events and engagement, joint patrols, and outreach. South Wales Police also received funding to carry out additional patrols in the hotspot areas, and our element of the funding enabled us to complement the additional police presence, with funding will continuing into 2024/25.

Anti-Social Behaviour Awareness Week - The team supported ASB Awareness Week – a national campaign to raise awareness of anti-social behaviour and to encourage victims to report incidents through to the right channels.

The team held engagement events across the borough and held a social media campaign. Partnership events prove really useful in speaking to many members of the public and local businesses. Colleagues from South Wales Police, Mid and West Wales Fire and Rescue Service, Tai Tarian, Coastal and Pobl attended these events alongside us.

Community Cohesion

Our Community Cohesion Officer within Community Safety is helping to implement the Welsh Government's Community Cohesion Programme in our local area, alongside colleagues across the region in Swansea Council and Bridgend Council. The Officers ensure a regional programme of events to promote cohesive communities, and work to reduce any community tensions.

These are some of the NPT events that took place during the year:

- **Windrush Coffee Morning**

  A coffee morning was held in Port Talbot Library to mark the 75th anniversary of Windrush. Keynote speakers gave a presentation on Windrush history, followed by an arts and crafts session with flag keyring making.

- **NPT Pride**

  NPT's first Pride weekend took place, with many local businesses on board with Pride themed events over the weekend including flash mobs, drag queens, art competitions and film screenings. There was also a parade on Aberavon beach front.

- **Channel Panel**

  The team continue to coordinate all PREVENT related work for the Local Authority, which aims to prevent people from being drawn into terrorism. As part of this work, the team coordinate monthly Channel Panel meetings where individuals of low level concern are referred in and provided with appropriate support and interventions to reduce any risks. This acts as Early Intervention and Prevention, complimenting the work that South Wales Police and Counter Terrorism policing conduct with any higher risk individuals.

  Referrals remain low, but we cannot assume this means there are no concerns; we must continue to raise awareness with staff and partners of the concerns to look out for, and how to refer individuals of concern into the process.

- Our **Community Cohesion Officer** provides support two days per week to the NPT BME Association – assisting them with funding applications, their board meetings, and the development of a quarterly newsletter.

Engagements

The Crime & Disorder Act places a duty on local authorities to ensure they work in partnership to reduce and prevent crime in their local area. One of the best ways for us to raise awareness of crime prevention campaigns and initiatives is to actively engage with our local communities whenever and wherever possible.

In order to achieve this, the team ensure delivery of a programme of suitable events and community talks in varying areas of the borough.

During 2023/24 the team organised and / or attended **43** community engagement events. During these events we promote crime prevention campaigns and initiatives and talk to residents about any crime or anti-social behaviour issues that are affecting them.

We use the opportunity to talk to residents about Crime Prevention, Domestic Abuse, Anti-Social Behaviour, Hate Crime, County Lines, Scams, Community Tensions, Business Crime, Terrorism.

We use the anecdotal information from these events to steer our future work and campaigns. Information is also fed back to any relevant forum like Tasking, Problem Solving Groups, or the Community Safety Partnership Board itself.

The team continue to host 'A Safer' events which are bespoke to the area they are delivered in. During the year we hosted six of these events, with support from relevant partner agencies to respond to any emerging issues of crime or antisocial behaviour. These events were held in; Dulais Valley, Cadoxton, Glynneath, Sandfields, Ystalyfera, Aberavon. Other areas will be visited during 24/25, starting with 'A Safer Pontardawe'.

The team also deliver talks to local community groups to provide information on home security and to promote our Feel Safe Scheme, which offers home security surveys and appropriate safety items to those who are vulnerable, on a low income and / or are impacted by domestic abuse.

The team produced 'Safe and Sound' newsletters every quarter, which were shared with local Cllrs, members of our CSP Board, partner agencies and the general public. These newsletters help to further raise awareness of crime prevention messaging and campaigns, as well as notify residents of any emerging trends or matters to be aware of.

The team runs the Safer NPT Facebook page which has **now reached 2,900** followers during 2023/24.

CRUCIAL CREW is Community Safety's flagship event in our annual calendar. It sees **1,600** Year 6 pupils visit us over a 2-week period, to receive personal safety workshops from a number of partner agencies, before the young people transition to secondary school.

Its aims are to **encourage good citizenship and reduce** accidents, injury and crime, and protect young people through education and awareness.

The event is designed to educate pupils to make informed decisions when faced with danger and respond effectively to emergency situations and accidents.

The 2023/24 Crucial Crew event took place at Ffrwydwyllt House in Taibach.

Some of the workshops covered were:

- Healthy Relationships – delivered by Thrive, Calan DVS and Hafan Cymru
- Water Safety – by RNLI
- Railway Safety – Network Rail
- Food Hygiene – By Food Standards Agency
- Electrical Safety – By Western Power
- Fire Safety – MAWW Fire and Rescue Service
- Online Safety – South Wales Police
- Staying Safe Around Dogs – By Dogs Trust
- Road Safety – By NPT Road Safety

Paws on Patrol

We have been coordinating the Paws on Patrol scheme for nine years, and it continues to go from strength to strength.

Paws on Patrol asks dog walkers to be our eyes and ears in their community whilst on their regular dog walks. It is usually dog walkers who will spot a change in their local area, such as graffiti, fly tipping, faulty street lighting, and anti-social behaviour. Dog walkers are also often the first on the scene of a crime or may witness a crime taking place. We want to capture all of this information and empower our residents to report the issues they see.

The scheme has over **1,572** members, **111** of those signing up during 2023/24.

Members receive quarterly newsletters or latest advice and information, as well as any crime trends or issues to be aware of.

The team regularly promote the scheme via social media and at regular engagement events. The scheme offers us a 'light touch' way of engaging with our residents about more serious matters, that they perhaps may not otherwise discuss, such as domestic abuse or hate crime.

Our Paws on Patrol Facebook page has **1,500** followers, with some individual posts reaching as many as **70,000** people.

During the year we were able to utilise some Target Hardening funding to provide our members with exclusive personal safety items. These reward members for their loyalty and support, but also act as an incentive to encourage new members to sign up.

We also launched the **'Respect The Lead'** campaign in response to legislative changes around some dangerous dogs, and feedback from our local residents about their feelings of safety whilst out in the community. This campaign has been well received and well supported by local Councillors.

Business Crime Reduction Partnership (BCRP)

The BCRP sits within the Community Safety Team and is a partnership approach to help reduce crime against businesses in our town centre areas. This is a partnership with South Wales Police, the Fire Service and others. Town centre businesses can sign up to our scheme at a small cost, which gives them access to a Storenet Radio, and an app which provides information on the most prolific offenders in our area. Members of the scheme can make decisions on excluding prolific offenders from their premises.

Our monthly walkabouts were introduced to ensure we are visible to local businesses, and so that they have regular opportunities to see us and report in any concerns they may have, aside from the usual telephone or email contact.

The BCRP Steering Group, coordinated by Community Safety, continues to ensure we have a scheme that is fit for purpose and is meeting the National BCRP standards.

Hillside Secure Children's Home

Hillside Secure Children's Home continues to be the only secure establishment in Wales of its kind, providing trauma informed and trauma responsive care to the most vulnerable, traumatised and complex children in Wales and England.

As a therapeutic placement we provide care for children between the ages of 10-18 years old of either gender. In line with the Corporate Strategic Objective of the local authority, Hillside aims to "Improve the well-being of children and

young people" to empower "All of our children and young people to have the best start in life, so they can be the best they can be". We believe that creating stronger bonds with children and young people helps to create better futures, this is achieved through an approach centred on healthy relationships and meeting basic needs.

To continue to grow as a centre of excellence and support the children accordingly, we are striving for all the staff to be trained to a diploma level in trauma. As a result, the children will feel loved and thrive in a home where they feel a sense of belonging and are valued.

The Engagement & Participation Officer collaborates with Hillside staff to ensure Children who reside there have equal opportunity to have a voice and be listened too. Children are encouraged to complete questionnaires at the start and end of their stay to help improve services. A young person's action group called LOVE has been established by Hillside staff to promote children's rights. In November 2023 young people worked with a Spoken Word Artist to share their thoughts and feelings and enjoy a number of fun challenges. Staff at Hillside prioritise wellbeing through fun and engaging events. More recently all the staff and young people dressed up to celebrate World Book Day.

Quality Standard 4 – Encouraging and supporting people to learn, develop and participate in society
This looks at how we help people to learn and interact with other people so they can be part of their communities.

Engagement and Participation across Adult services

Sandfields Library of Things

Launched in November 2023, the Sandfields Library of Things was developed to provide tangible volunteering opportunities for local residents, many of whom had physical, emotional or mental health disabilities that they advised discouraged them from accessing opportunities outside of their local area.

Following the success of the weekly Multi Agency Drop/coffee morning developed by the Local Area Coordinator, people became connected in their community and as a result developed confidence to progress into other community-based opportunities. To date over 20 people attend the coffee morning having engaged with their LAC. The volunteering opportunities have been a regular topic of conversation between the Local Area Coordinator, Library staff and residents. Through Co-Production, the concept of a Library of Things was discussed and agreed using Sandfields Library (the beating heart of the community) as the natural place-based facility that would aim to encourage local residents to borrow a range of equipment that would not only help people in a disadvantaged community during a financial crisis to borrow, not buy, but in turn, would help our environment through a circular economy.

Working in partnership with Awel Y Mor Primary School whose ambition is to become a community focused school, the Local Area Coordinator (who has used his Community Regeneration background to help the school) was able to access financial support to make the project a reality. Engaging with local residents and working in partnership with Benthyg Cymru, various items were purchased, including jet washer, strimmer, carpet cleaner, hedge trimmer and various other gardening and hand tools.

To date, 12 local residents have accessed the Sandfields Library of Things. We have 6 volunteers all of whom have completed Manual Handling Training and have signed up with the council's Safe and Well programme. The project is also working in partnership with the recently launched Repair Café (Adult Learning Wales) who will maintain and PAT test the equipment, whilst its success has generated further discussion around developing a mixed-use community garden at the library. Phase 1 has recently been completed thanks to Community Benefit support from Tai Tarian. This overarching project has a working title of Lend, Mend and Tend.

Bird Boxes Inter-generational project

The NPTCBC Strategic Equality Plan 2020-24 outlines priority 5:2 – our communities will enjoy increased social and community cohesion. Since December 2022 the Engagement and Participation Officers have attended the Men's Shed project in Skewen on a regular basis. The Team identified the opportunity to conduct an inter-generational project between the

Men's Shed and Looked After Children in the existing 'Beaches 2 Beacons' project which includes placing Bird Boxes in nature around Neath Port Talbot.

The Men's Shed cut wood that the Engagement and Participation Team provided to size so that the Children and Young People who attend the Beaches to Beacon events could construct them, resulting in a Bird Box constructed by both Elderly and Young people that were later placed within various areas around the Local Authority. This contributed to a sense of shared achievement, belonging and community cohesion.

Community Development: Local Area Coordinators and Community Connects Team

Our Local Area Coordinators and Community Connects Team have continued to engage with people and communities to reduce social isolation and help people maintain their independence. This has included:

- ✓ Direct support of Local Area Coordinators to **a minimum three individual Community Groups** each area on a weekly basis whilst they develop
- ✓ Circa **54 individuals** case managed to access community groups (CCT)
- ✓ Presence at least **65 other community groups** across the county on an ongoing basis.
- ✓ Around **450 additional individuals** access groups whilst regaining their confidence who seek support from the LACs at these groups as required.
- ✓ On average, the LACs workload is split **70 / 30 (1:1 vs Community) although this varies by area and demand.**

Reasons for referral (Local Area Coordination)

Reason	Percentage
Community Engagement	20%
Loneliness/Isolation	15%
Mental health	8%
Physical issues/disability	7%
Low confidence	7%
Anxiety	5%
Food poverty	4%
Housing/homeless	4%

Prevention & Early Intervention Overall Service Activity (2023/2024)

3192
People supported

1093
Referrals received

7372
Contacts made

51%
New to the service

24%
Categorised as complex

	Total
Number of Volunteer hours provided	**2279**
Number of new Local Area Coordination referrals	**617**

Experience

88% of LAC Outcomes achieved

100% of those asked reported receiving Very good experience

It's great to be back out and about again - thank you so much

Supported me and my children and grandchildren during the hardest time of my life

It's been an excellent service thank you and lots of information I didn't know about . Thankfully I didn't have to move thank you so much its been wonderful.

Quality Standard 5 – Supporting people to develop safely and to maintain healthy domestic, family and personal relationships
This is about helping people to achieve healthy relationships at home and with the people they are close to.

Looked After Children

The number of Children and Young People Looked After in Neath Port Talbot has continued to decrease year on year from 2012. From 472 in March 2012 to 234 at the end of March 2024. (This figure does not show the number of UASC young people accommodated)

Children Looked After Population

Date	Value
31-Mar-12	472
31-Mar-13	493
31-Mar-14	467
31-Mar-15	434
31-Mar-16	377
31-Mar-17	347
31-Mar-18	327
31-Mar-19	308
31-Mar-20	299
31-Mar-21	294
31-Mar-22	268
31-Mar-23	247
31-Mar-24	234
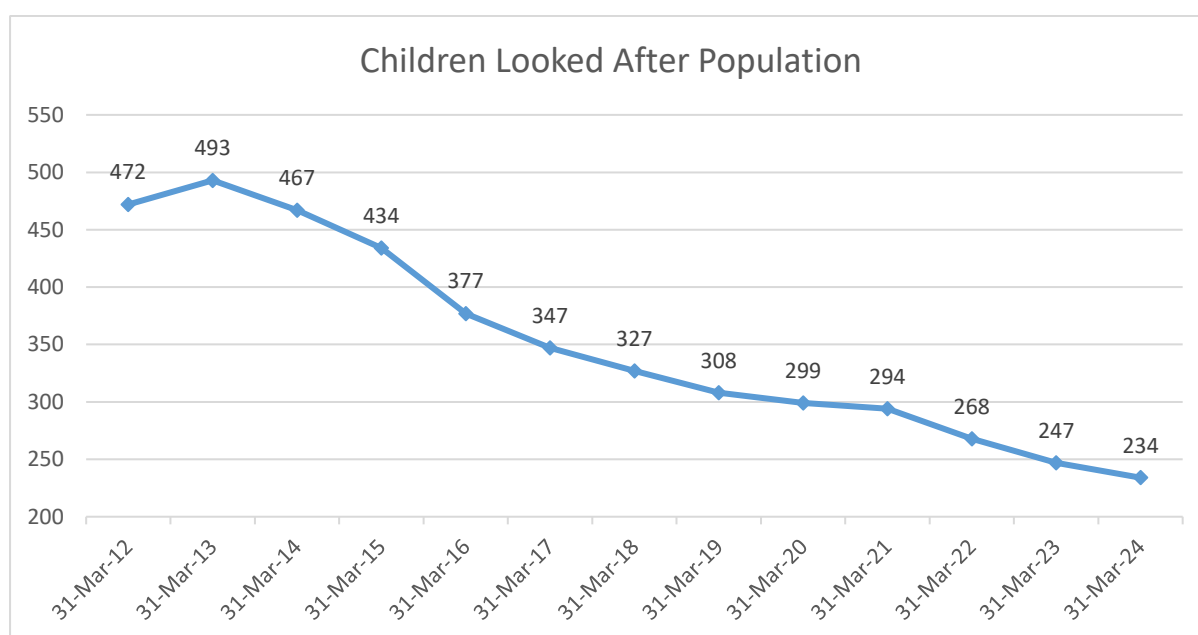
We have continued to review the plans for our children looked after and have ensured that only those children that need to be looked after are looked after. We have invested and continue to invest in early intervention and prevention to ensure that families receive the right support at the right time which prevents escalation of risks and concerns. We work collaboratively with families in an outcome focused way to build resilience and prevent problems from escalating. When children and young people are on the edge of care, we are very reactive in our response to support. We ensure that we consider plans and support permanency for children and young people outside of the care system wherever it is possible to do so. This has been instrumental in reducing the children looked after population. However, where it is deemed appropriate for children and young people to come into care, they will continue to do so. All the admissions into care were fully considered in Admissions Panel, taking into account the best interests and level of vulnerability of each individual young person. Fortnightly

meetings are chaired by the Principal Officer to review the care plans for children and young people looked after.

It is our aim to ensure that children and young people are placed as far as possible in their own community with Neath Port Talbot Foster carers. When children and young people come into our care our priority is securing their protection from harm. However, wherever possible, we are committed to ensuring that they are able to leave our care and be reunited with their families where it is safe and appropriate to do so. Early and robust care planning ensures we work with families proactively and explore options for children and young people's safe return home.

Fostering Panel

The Fostering Panel makes a recommendation on whether to approve prospective carers or recommend continued approval of existing carers following a foster carer review being presented at panel. This recommendation goes to the Agency Decision Maker (a Senior Manager in Children Services). They either ratify or reject the recommendation, and this is referred to as the 'Qualifying Determination'. If the ADM does not give approval the applicants have the right to challenge the 'qualifying determination', either requesting a return to Panel for the case to be reheard on the basis that there is new or different information that the panel need to consider, or to apply through the Independent Review Mechanism (IRM) for Wales who will hold their own panel independently of the Local Authority and give their recommendation. The outcome of this panel is then returned to the original ADM for their final decision.

There are currently 13 panel members on the central list (not including the Panel Chair). This consists of 7 independent panel members and 6 Social Workers. The Panel Chair is Social Work qualified.

Transition from childhood to adulthood

The transition period, from children's to adults' services, usually between the ages of 14-25 years, can involve a wide range of professionals working across a number of different agencies. This includes social services, education and health. Ensuring a seamless transition from children's to adults' services has

been a challenge but one that we are committed to working towards achieving. We work in a person centred, strengths-based way to support children, young people and young adults and their families/carers to achieve their personal outcomes.

At the start of 2020, we commenced a review of transition arrangements in Neath Port Talbot Social Services. Following the COVID-19 pandemic it was apparent that there was an increase in vulnerability, with an impact on emotional wellbeing, lack of social opportunities and increased social isolation.

As part of this work, it became clear that there was no standard pathway for transition between children and adult services with varied approaches within different adult services teams/geographical areas. This was especially evident for young people who do not have a diagnosed learning disability.

Therefore, to support a successful transition to adult services, a decision was made for transition to be managed within the Complex Disability Team, with designated transition Social Workers. The shift was in consideration of how we improve and deliver a consistent service to enable a young person to make a successful transition to adulthood. We also improved our data to ensure that young people were identified at the age of 14 if they were likely to need support from adult services in the future. This has enabled us to look at the resources that are available and required to meet this need. We have also recognised that there is further work to do in respect of prevention early intervention and the support that Local Area Coordinators can provide in the community outside of statutory involvement.

We have worked to identify and map the accommodation and care needs of young people transitioning to inform the future commissioning of services. This will enable us to work towards solutions and to identify gaps in provisions and pathways. This has provided us with a far better understanding of those children and young people transitioning.

We have been able to undertake joint capacity assessments at an earlier point to inform care planning. There is early planning, sharing of information via existing well-established pathways. There are monthly transition meetings between children and adult services for information sharing. There is an interface meeting with education in respect of young people in transition particularly from Ysgol Maes Y Coed. We have been working with Education in respect of the Additional Learning Need (ALN) development and attend the 16

plus education group to develop services. Work is being undertaken in respect of developing children and young people's independent living skills.

Systems are in place to identify young people who will move from Children's to Adults' Services (aged 14) and to start involving them and their families or carers in planning their transition by the age of 16. The current pathway planning is also to inform commissioning priorities.

There are currently 40 referrals open to the Complex Disability for young people under 18 and there are 86 young people between the ages of 18-21 who are being supported (most but not all of whom will have been referred through a transition pathway). There are 32 young people aged between 18-21 who are known and supported by the Clinical Learning Disability Team.

For some young people who leave residential care, moving to a foster family is not the right care plan for them. Some young people's needs are better suited to a supported housing provision. We have been developing young people's independent living skills in readiness for this. We have seen some young people successfully step down to these arrangements. We are currently undertaking a placement sufficiency exercise and considering the in-house and external commissioned market options to provide this accommodation for young people aged 16 plus.

Pressures facing Children's Services

Placement Sufficiency

This relates to having sufficient fostering, residential and supported accommodation placements to meet demand and the needs of children and young people. Cabinet will be approving our revised placement commissioning strategy which includes an action plan to address this issue. We also have transformational projects underway to help address this challenge.

Eliminate Profit from Children's Care

Our challenge is from the impact of the Welsh Government's programme of eliminating profit from children's care. Providers are reporting uncertainties with what the market impact will be. Officers are monitoring the situation closely and we are working regionally and with Welsh Government to fully embrace the eliminate profit agenda.

Budgets

The commissioning landscape is one where service providers are facing increasing costs whilst our budgets are under significant pressure. This is a key challenge officers will seek to effectively manage with commissioned providers.

<u>Training support</u>

In order to build a resilient fostering community, the Training Officer (TDO) has spent time developing a new wellbeing programme "Mindful Mondays". This has 30 bite size learning points, a course workbook and reflective journal, on essential skills for foster parents, to resolve feelings of anxiety and intense emotions often felt when parenting children and young people who have experienced adverse childhood experiences and trauma. The trainer is utilising the knowledge and skills acquired having qualified as a TISUK Trauma and Mental Health Practitioner in March 2023. Additionally, the TDO has developed a new training session, again to support foster parent resilience when working with children and young people affected by trauma, social, emotional and mental health-based behaviour, Understanding the Behaviour Assessment Impact and Resolution Tool. The Fostering Team and Therapeutic Service also had training on using the tool.

This is about helping people to improve their income, benefit from a social life and have a suitable place to live.

Engagement with Private Landlords in Housing & Communities

Housing & Communities recently held a Private Landlord Forum Meeting in partnership with Environmental Health. The event was held to engage with private landlords within NPT and a number of guest speakers (National Residential Landlords Association, Rent Smart Wales, Welsh Government) attended. The event was held at Neath Civic Centre, working on a collaborative approach with the NRLA and Rent Smart Wales to publicise the event. Over 100 attendees took part, an increase from the six that attended a similar event a few years back. The private rented sector has a crucial role to play in us delivering our Rapid Rehousing Transition Plan and this event has provided us with a platform to engage with landlords in a way they want to be engaged with, and the next steps are to adopt a co-production/design phase with landlords.

Disabled Facilities Grants

The number of Disabled Facilities Grants (DFG) completed increased to 293, an 8% increase on the 272 completed in the previous year. However, the time taken between referral and completion increased from 245 to 325 days as some longstanding jobs were finally signed off and closed.

Contractors that carried out larger works were still very busy in the private housing market which is still causing a delay in larger work starting on site, while smaller works such as shower conversions are being delivered quickly.

The rise in building material costs is still having a significant impact on the budget, with extensions costing 50% more than pre-pandemic, such that larger extensions are now exceeding the maximum value for a grant. Due to this there are less extensions in the system.

Due to a combination of increased demand and increase in costs, the service is already starting to commit the budget for financial year 2025/26.

The service has received a number of compliments from applicants where the new adaptations have made a huge difference in their lives by making their property a far safer place for them to live in, or the installed adaptions have given them more independence in the home.

Housing Options

The year 2023/24 saw a total of 2,460 presentations to the service. Of that figure, 1085 resulted in an assessment with 1,375 contacting the service for advice/not being homeless at the point of contact.

The overall presentation figure was down 180 from the previous year. This was not unexpected as the implementation of the Renting Homes Wales Act in December 2022 saw an increase in demand due to private sector landlords leaving, however this was expected to have settled by the end of the first year with fewer households being served notice for that reason.

Homelessness Prevention

Some 343 assessments resulted in a S66 prevention duty being owed. Of those, 210 had their homelessness successfully prevented and an overall success rate of 60.9% was reached for the year compared to a 60% target. This is an increase from 53.7% in 2022/23. The prevention was successful due to the following:
- 16 applicants were able to remain in their current property

- 73 were rehoused in RSL accommodation before becoming homeless

- 3 moved into supported accommodation

- 43 moved into the private rented sector

- 11 returned home or moved in with other family/friends

- 64 provided with other forms of support

Temporary Accommodation (TA)

TA numbers continue to increase, with 233 households in TA at the end of the financial year. Despite the numbers not currently reducing, an average of 7

households per week move on from TA into longer term, sustainable accommodation.

The average stay in TA is currently 39 days which is a reduction from 137 days at the end of 2022/23. It remains that there are a small number of longer-term TA residents that cannot be moved on due to barriers, but work is ongoing to reduce those barriers and maximise the likelihood of a successful outcome. Currently there is an average split of 85% single people/adult households and 15% families with dependent children. This is a small decrease from the previous year where families were accounting for 20% of all households in TA.

A significant amount of work has also been carried out to reduce the reliance and use of hotels for families. At its peak in July 2023 there were 28 families, including 39 children in hotels. During the same month a total of 142 children were at some point placed in TA. Families in hotels are now in single figures and only used for a short period of time while a dispersed unit is being prepared.

Dispersed units

To be able to reduce reliance on hotels, particularly for families it is crucial that we increase the number of TA units managed by ourselves. Over the past year this has been continually increasing and numbers are now as below:

- 18 units owned by the council

- 9 units leased as hostels

- 67 leased dispersed units

- **Total of 94 council managed units**

Prior to Covid the leased units were in single figures so there was a maximum of 34 managed units at any one time. There has therefore been an increase of almost 300% over recent years and a significant factor in reducing hotel use for families.

Social Housing Grant (SHG)

The SHG is the main capital grant provided by Welsh Government for the provision of affordable housing. It is used to fund housing schemes that meet local housing need and priorities as identified by the Local Authority. Local

Authorities are responsible for choosing their Housing Association partners, who are paid SHG to develop, own and manage the affordable housing.

Examples of SHG Approved Schemes are:
- Social Rent, Intermediate Rent or in some instances Tenure Neutral.
- General needs, older persons, wheelchair adapted, supported housing, extra care, Homebuy or mortgage rescue.
- New build, rehabilitation (or a combination) and existing dwellings/empty properties.
- A variety of procurement routes ranging from conventional tender, design and build, and package deals to off-the-shelf projects.

Assuming there are no unforeseen issues or delays, SHG schemes typically take around 2-3 years to develop from start to finish, with an RSL (Registered Social Landlord) drawing down a portion of their allocated SHG to purchase a plot of land (*acquisition*) in year 1, the remainder drawn down in year 2 and or 3 (*construction/construction part payment*), with build completion the following year.

Along with our apportioned 2023/24 NPT SHG budget (**£12.8m**) we also applied for and were awarded an additional **£9.4m** in slippage monies brining to the total amount of SHG awarded in 23/24 to **£22,227,302** compared to **£8,294,190** in 22/23, an increase of circa **£14m** (+166%).

We are currently projected to fund a total of **428** affordable homes via the SHG scheme during the period 2024/25 to 2026/27.

Recycled Capital Grant (RCG)

Recycled Capital Grant (RCG) is Social Housing Grant (SHG) that is recycled by an RSL, usually following the sale of land or property. All schemes are subject to 50% homelessness nominations.

There is no timescale in which to spend RCG, however, Welsh Government encourage RSLs to spend it sooner rather than later.

£1.5m of RCG was spent during 2023/24: Approximately half towards a scheme within the 2023/24 SHG Programme Development Plan (PDP) and the remainder to purchase six properties from the open market.

Transitional Accommodation Capital Programme (TACP)

TACP provides grant funding to Local Authorities and RSLs to bring forward longer term accommodation at pace to support those in temporary accommodation. All schemes are subject to 100% homelessness nominations.

NPT received circa **£2m** via TACP in the year resulting in 20 affordable homes: 14 Acquisitions (*properties purchased from the open market*) and 6 Voids (*RSL properties unoccupied for a period of time*).

Welfare Rights

The Welfare Rights Unit (The Unit) is a specialist section, which deals with supporting people claim the Welfare Benefits, to which they are entitled. The Unit helps local residents via a self-referral, Social Services or other support services; advice support is provided on their benefits entitlement. The Unit offers a public helpline 5 days a week, support with form filling and representation at appeals tribunals; the Unit is able to advise on entitlement via our advice line service or at one of our 7 outreach advice surgeries situated throughout the county borough.

The Unit also continues to work in partnership with Macmillan, who provide funding for Macmillan benefit advisors.

The Unit has been successful in gaining an advice quality standard award in recognising excellence. The Unit has successful partnerships working with our in house teams and Elected Members, along with various third party organisations such as The Wallich, Thrive Women's Aid and JobCentre Plus. The Unit has a 90% success rate at overturning decisions at Benefit appeal Tribunals. The Unit has represented at 110 benefit tribunals during the year.

The advice line is extremely popular with over 1,002 service users receiving advice in the financial year 2023-24. There are **837** cases open to the Unit, with over **3,468** cases opened in the last financial year.

Welfare Rights have raised **£10,554,113.00** in the last financial year, which has exceeded previous year's monies of **£7,032,076.80** in 2022-23 and **£6,708,763.50** in 2021-22.

Welsh Language

Social Services continued to consolidate arrangements in relation to the Welsh Language and *More Than Just Words*; Directorate senior officers work with corporate colleagues to promote and support the implementation of the Welsh Language Standards and the development of the Council's Welsh Language Promotion Strategy (WLPS) 2023-28.

The Directorate received no Welsh language complaints during the year.

How we do what we do
This is about how we support our workforce, make best use of our resources and financial planning, as well as our governance arrangements.

Our workforce and how we support their professional roles

We continue to offer a blended approach to training across Adults and Children's Services, which has been beneficial in both supporting the recruitment of staff to the sector, as well as the continuing professional development of existing staff to support their re-registration with Social Care Wales. We have continued to raise the profile of the various roles within Social Care and worked with Neath College to offer Health and Social Care students work experience opportunities in the Community Wellbeing Team; their experience was further reinforced by access to other training that supports the role of a Social Care Worker, such as Client Manual Handling.

A health and safety programme of training has been made available across the Directorate allowing staff to learn the knowledge and skills to keep themselves and others safe in their workplaces. For some courses we continue to offer an accredited eLearning alternative to face to face learning or used eLearning as part of a blended approach to delivery of training to reduce the time staff need to be available in a classroom. Competency assessments in the workplace take place where possible, a new refreshing way of assuring knowledge and competence over traditional classroom-based methods.

In Adult Services we continue to ensure that relevant internal staff complete the PBS eLearning module and have been attending a 2-day workshop for Positive Behaviour Management (PBM) Theory and PBM Practical Breakaways. This is an ongoing training programme to support the service in the quality and safety of their delivery. This includes a blended approach of both eLearning and then face to face Theory and Practical training with some bespoke training for identified

individuals whose presentations are more complex. In the past year **135 staff** have received training in this area in both the theory and practical elements.

We continue to support internal services and our commissioned providers with a suite of training opportunities to ensure they have access to timely training opportunities to drive up the skills and knowledge of the workforce to enable them to provide good standards of care. These range from dementia, safeguarding, recording and reporting, to pressure ulcers, catheter care and other health related areas of care and support. Dementia training continues as an area of focus and a suite of courses have been identified through consultation with the providers and the Care Home In-Reach Team (CHIRT) to address what they need to support them. The Training Officer in this area has continued to upskill her knowledge and practice to ensure this is passed on through training to the staff. The opportunity for Dementia Care Mapping continues to be made available, which provides the service with an action plan for staff to adapt how they provide care and support to individuals living with Dementia to avoid placement breakdown. **163** staff have undertaken training in these areas.

During 2023/24 a total of 4,928 training places were accessed by staff across Adult Social Care Services.

In Children & Young People's Services (CYPS) there has been a continued emphasis on an outcome focused care and support approach. Using the NPT Strength Based Model of Practice 'Working to achieve outcomes', bespoke training has been developed to improve joint understanding of communities and strengthen collaborative working and relationships between multiagency practitioners.

A new eight-day strength based, outcome focused training programme has been developed and delivered by Consultant Social Workers (CSWs) and Managers to synthesise existing training on the outcome focussed approach, to include the integrated family support services model, outcome focused case recording, scaling, direct work skills and motivational interviewing. Attendees have said that they have found it useful to develop new skills regarding motivational interviewing and put these into practice between sessions. It has also helped to give clarity regarding how social services work and will therefore hopefully create consistency across the service.

Almost 100 Children's Services workers have attended training on outcome focused care planning. Formal audits have been conducted and a marked difference was found by staff who had undertaken the training, particularly in respect of the voice of the individuals being captured and simplified or clean

language being used. It was noted that this was the beginning of the process, and we need to continue to offer training and development around this particularly when the new MOSAIC system is implemented.

Some 16 Social Workers have been trained in the Most Significant Change Model (MSC) by Nick Andrew, Research and Practice Development Officer for Developing Evidence Enriched Practice with Swansea University. This storytelling technique was also facilitated by consultant social workers at a "Championing Research Culture" conference for NPT partner agencies in November with 86 attendees.

Further training has been provided in response to recommendations around work with child sexual abuse, sessions have been provided on women who sexually abuse, understanding and preventing online child sexual abuse, sibling abuse, and understanding and assessing the protective carer in the context of child sexual abuse. Specific sessions have been delivered directly to parents. Four trainers have been accredited to deliver the Brook Traffic Light Tool and roll out of the tool for Sexual Behaviour in children and young people will commence in the second half of the year following additional specialist training for 12 CYPS practice leads from the Centre of Expertise for Child Sexual Abuse. This training will be reinforced with access to the electronic tool and further eLearning.

A suite of Lucy Faithful Stop It Now "practitioners protect" training has been delivered to 113 regional multiagency partners. The outcome has been to support both parents and practitioners in understanding the issues around child sexual abuse, provide information and resources to help in confidently protecting children. Also, to explore how to engage families in abuse prevention, develop knowledge of conversation starters for parents and carers to use with increased confidence in giving prevention advice and encourage practitioners to effectively use the toolkit in their role. 9 professionals were trained to deliver the "parents protect" programme to parents within their communities.

We have also made significant strides forward ensuring Children's Services has a trauma informed workforce. 48 members of staff attended an event on Trauma and Mental health informed schools and communities. Eight experienced Children Services' workers have been trained by Dr Sheena Webb of the Tavistock Institute to deliver workshops on "Working with trauma experienced parents". This was developed as a structured reflection to support

practitioners working with parents who have experienced complex and/or sustained trauma.

During 2023/24 a total of 1,701 training places were accessed by staff across Children's Social Care Services not including independent, third sector or partner agencies.

Social Work Education & Training

During 2023/24, we have provided 44 Social Work Degree Practice Learning Opportunities (placements) across Levels 1-3, for students from Cardiff Met and Swansea University. This includes 19 students that are seconded from Neath Port Talbot to the social work degree programme through the Open University across Levels 1-3. Social work teams across Adult and Children's Services have been invaluable in offering high quality placement experiences and, for the second year running we have had sufficient internal practice educators, which meant that we have not had to outsource to independent external practice educators. This is because of the continued support to the Practice Educator Award. In 2023/24 we supported seven social workers achieve the award through Swansea University. Our Social Work Education Co-ordinator has taught two sessions as part of this course. Fourteen Practice Educator candidates also completed the qualification in August 2023.

All newly qualified social workers who have started with NPT this year have commenced the First Year in Practice Programme. They have also had the opportunity to attend Newly Qualified training programme arranged by BASW.

Research, Development and Innovation across the Directorate

Our research, development, and innovation activity across the directorate, overseen by the Quality Practice Strategic Group, provides confidence to the department and other stakeholders that its processes and services are being well managed. It validates the consistent use of procedures and standards and ensures that staff have the correct knowledge, skills, and attitudes to fulfil their roles and responsibilities in a competent manner. This is undertaken through the Quality Practice and Learning Framework, which sets out how NPT will learn from all activity completed to ensure that children, adults, families, and carers

are being supported in the right way at the right time and understand what difference has been made.

This framework provides a level of confidence about service delivery and the positive impact on children, adults, families, and carers in NPT, whilst also measuring impact, such as what difference NPT and its partners are making. Our guiding principles for embedding the Research and Learning Framework are that:

- **Children, young people, adults, families, and carers are at the heart of what we do.** The focus of research, development, and innovation must be on impact and outcomes for the child, young person, or adult in their journey through our social work and safeguarding systems.

- **The approach to Research, Development, and Innovation will be underpinned by Restorative Practice and a desire to examine and capture best practice.** This means that activity is done "with" staff, rather than "to" or "for" them, in ways that build relationships and are characterised by respecting each other's perspectives, high expectations, high support, and high challenge, to enable us to learn, improve, and change.

- **Throughout the research processes, the views of children, young people, adults, families, and carers are integral to improving our services.** We will gain the voice and stories of those who have received our services and hold story panels to learn, improve and change.

- **Our multi-agency and collaborative working with our partners**, whether statutory or third sector, will be enriched, and where practicable, we will include them within learning activity such as learning reviews and audits.

- We are embedding a culture of research informed practice with the success of the championing a research culture project in Adult Services being replicated across the Directorate.

Our financial resources and how we plan for the future

Excellent working relationships between the 'Rainbow Alliance' political leadership, Councillors and Officers have been maintained, and the Directorate continues to enjoy the advice, support and guidance provided by its Cabinet and Committee Members and, indeed, the wider Council. Partnership working is paramount to the planning and sustainability of service provision, and the Directorate works closely with partners across Health, private and third sector organisations, as well as neighbouring local authorities.

Medium Term Financial Plan (MTFP)

The medium-term financial outlook over the next five years is extremely challenging. Social Services is still feeling the effects of high inflation which peaked at 11.1% in October 2022. With minimum wage rising by 9.8% in 2024/25 there looks to be no let-up in the cost increases facing the Council. In addition, the Directorate is having to support more people with more complexities. The current MTFP to 2028/29 includes pay and inflationary increases, unavoidable service pressures and local growth pressures arising from changing demographics. The Council have continued to support the Directorate financially with considerable growth in the budget. However, it is clear that without significant additional central government funding in coming years the outlook is bleak, and some difficult decisions will need to be made about the prioritisation of services.

After taking account of assumed Welsh Government funding over the period 2024-2029, there remains a significant funding gap. Work is ongoing in relation to developing a number of strategies to close this gap.

Commissioning

Over the last year, the Commissioning Team have faced a number of challenges around market stability. Issues with staffing within the social care sector, continue to add pressures to our Provider support.

The biggest impact was home closure, which resulted in the relocation of 68 residents to alternative homes within the county borough.

As the market continues to show evidence of instability, Officers are working on tightening contractual arrangements with our Providers to strengthen our oversight on sustainability issues and our ability to proactively respond to potential market failure.

Welsh Government's Rebalancing care and support programme, recognises the continuous pressure on Local Authorities managing the external Provider Market and recommends rebalancing social care services with consideration of bringing services in house.

Commissioning have supported this agenda by considering options for insourcing services as part our business planning process. Over the last year we have presented the business case to bring Adult Family Placements service in house, which transferred back to the Council in May 2024.

In addition to this, Commissioning will support with the transformation programme, which includes in sourcing of Trem y Glyn Residential home and diversifying the service options available for Adult Services.

For Children and Young People, the focus has been on strengthening our support for care leavers, young people facing homelessness and eliminating profit from children's residential care.

Our first care leavers project will be delivered in July 2024. The project will support care leavers to manage their own tenancy, develop independent living skills and then move on to independent living. A business case setting out options for a Children's residential home to be delivered in house will be presented this year.

Across both Adult and Young people services, we have reviewed our housing and homelessness support services and over the coming year will make recommendations on any remodelling requirements. In addition to this we are developing internal processes to support streamlined referrals to housing support.

Transformation Programme

Across the directorate, Officers are working on a transformation programme to address the deficits within Social Care, Health and Housing.

The transformation programmes are an ambition programme of work to Rebalance Social Care and remodel services. The programme includes development and in-sourcing of care and support services and diversifying services.

An example of this is the in-sourcing of our Adult Family Placements service, which will be diversified to support a wider cohort of people, including older adults with dementia and adults with mental health support needs.

Our partnership working, political and corporate leadership, governance and accountability

Governance

The Council has adopted the 2016 Delivering Good Governance in Local Government Framework, developed by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE). To comply with the Framework, the Council must publish an Annual Governance Statement (AGS), which explains the processes and procedures in place to enable the Council to carry out its functions effectively. Senior Officers from within the Directorate play an active part in the production and monitoring of the AGS.

Complaints & Representations

The Social Services Complaints and Representations Procedure is based upon the good practice guidance issued alongside the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representation Procedure (Wales) Regulations 2014. The procedure is available to ensure that everyone who makes a complaint about social services in Neath Port Talbot has a right to be listened to properly. Their best interests must be safeguarded and promoted. Their views, wishes and feelings must be heard. Their concerns should be resolved quickly and effectively.

The Complaints Team received **70** formal Social Services Stage 1 complaints during 2023-24 across Children's Services, Adult Services, Housing & Communities and Business Management (including corporate complaints); with a further **three** Stage 2 complaints. Activity in dealing with complainants on an

'informal' basis is far greater, with the Team being proactive in supporting Managers to achieve satisfactory outcomes for service users, their families and carers.

The Team also recorded/reported on **114 compliments** received across the Directorate.

West Glamorgan Safeguarding Board

The Junior Safeguarding Board meets every half term in order to determine safeguarding topics that the members would like to champion throughout the year. Meetings have been hosted by Secondary Schools and attract a healthy number of students from across Neath Port Talbot.

Schools are currently engaged in projects to raise awareness of Sexual Harassment. These projects will lead up to National Safeguarding Week 2024. During National Safeguarding Week in November 2023 a promotional event was held in Ysgol Maes Y Coed to launch the British Sign Language video and widget board to educate frontline emergency service staff to communicate with children and young people with communication difficulties. The event was attended by South Wales Police, Welsh Ambulance & M&WWF&R Service. The students enjoyed exploring the vehicles and services have committed to sharing the resources.

Looking ahead: our priorities for 2024-25

Social care faces yet another challenging year with increasing budgetary pressures. New and sustainable ways of working are paramount to ensure we continue to meet the social care and support needs of vulnerable people. We therefore set out the following as our key priorities for the year ahead:

Children and Young People Services

- All young people leaving care will have access to sustainable and appropriate accommodation.
- There will be a wider range of foster care placements available which will include opportunities for paid carers to support children with the most complex needs.
- Young people identified as having care and support needs when they reach adulthood will be supported into Adult Services appropriately.
- All children and young people will be safeguarded effectively.

Adult Services

- More people feel that they are involved in decision making and are empowered to develop local solutions to address issues that affect them locally.
- There is a wider range of community services able to support the unique needs of people with disabilities and complex needs which draw on a range of community resources and which enables them to enjoy and contribute to community life.
- The needs of people with complex care and support needs are being met in more appropriate ways through a wide range of housing and support services.

Housing Services

- We will have strengthened our partnerships with housing developers and those arrangements are delivering more quality, affordable and low carbon housing.
- More people are prevented from becoming homeless and fewer people are living in emergency and temporary accommodation.
- Empty properties have been brought back into use through the Empty Property Grant, helping to address the demand for housing.

Appendix - Supportive performance data for the quality standards

PI Reference	PI Description	April 22 - March 23	April 23 - March 24
PI24	The percentage of assessments completed within 42 days from the point of referral	97.00%	97.10%

PI Reference	PI Description	April 22 – March 23	April 23 – March 24
Measure 20a	The percentage of adults who completed a period of Reablement and who have a reduced package of care after completion	18.8%	19.0%
Measure 20b	The percentage of adults who completed a period of Reablement needing no further package of care	70.9%	67.8%
Measure 21	The average length of time in calendar days adults (aged 65+) are supported in residential care homes	786	825
Measure 22	Average age of adults entering residential care homes	84	84
PI30	The percentage of children seen by a dentist within 3 months of becoming looked after	21.6%	35.6%
PI31	The percentage of Looked After Children at 31st March registered with a GP within 10 working days of the start of their placement	85.2%	81.9%

PI Reference	PI Description	April 22 - March 23	April 23 - March 24
New Measure PI27	The percentage of re-registrations of children on the local authority Child Protection Register	14.7%	0.0%
New Measure PI28	The average length of time (in days) for all children who were on the Child Protection Register during the year	269.2 days	228 days

PI Reference	PI Description	April 22 - March 23	April 23 - March 24
New Measure PI32	The percentage of children looked after at 31 March who has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	3.6%	1.9%

PI Reference	PI Description	April 22 - March 23	April 23 - March 24
New Measure PI33	The percentage of children looked after on 31 March who has had three or more placements during the year.	9.30%	6.80%

PI Reference	PI Description	April 22 - March 23	April 23 - March 24
PI25	The percentage of children supported to live with their family	70.90%	67.80%
PI34	The percentage of all care leavers who have completed at least 3 months of education, training or employment in the past 12 months since leaving care	63.3%	63.6%
PI34	The percentage of all care leavers who have completed at least 3 months of education, training or employment in the past 24 months since leaving care	66.6%	53.0%
PI35	The percentage of care leavers who have experienced homelessness during the year	3.52%	2.90%

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

**NEATH PORT TALBOT COUNCIL
SOCIAL SERVICES, HOUSING AND COMMUNITY SAFETY
SCRUTINY COMMITTEE**

23rd January 2025

**Report of the Head of Housing and Communities –
Chelé Zandra Howard**

Matter for Information

Wards Affected: All wards

HOUSING SUPPORT GRANT MID-POINT REVIEW AND ANNUAL UPDATE 2024

Purpose of the Report
To present the Neath Port Talbot Council ("the Council") Housing Support Grant ("HSG") Programme Strategy 2022-26 ("HSG Strategy") Mid-Point Review and Annual Update (Appendix 1).

Executive Summary
In line with Welsh Government ("WG") requirements, a mid-point review of the HSG Strategy (Background Paper 1) has been undertaken. Alongside this requirement, Officers undertake an annual review of HSG activity and performance, which is also included within the document located at Appendix 1.

Background
HSG is a WG revenue grant, paid annually to the Council. The intention of this funding is to support non-statutory early intervention services to prevent homelessness and provide housing related support.

The Council utilises HSG to fund a range of services that include homelessness prevention, temporary accommodation, domestic abuse refuges, short and longer-term supported housing and time-limited support to people in their own homes.

These services are provided to a wide range of vulnerable adults including older people, care leavers, families fleeing domestic abuse, people with a mental health need, people with a learning disability and people with a substance use issue, as well as households that are homeless or threatened with homelessness.

Local Authorities are required to develop a four-year HSG Strategy, with a mid-point review every two years. The purpose of this Strategy is to outline the strategic direction of the Council for HSG funded services and provide a strategic view of the Councils approach to homelessness prevention and housing support services.

Each year the Council develops an annual update which provides detail on the previous year's HSG activity and performance. Given that the 2023/24 annual review coincides with the mid-point review and much of the information would be the same, both reports have been amalgamated into one document.

Financial Impacts
There are no financial impacts arising from the annual update or mid-point review.

The Council's allocated HSG budget over the last two financial years was:
- 2023/24 - £6,496,185.63
- 2024/25 - £7,108,755.74

The Council has received a letter from WG setting out an indictive budget of £7,960,007.53 for 2025/26.

Integrated Impact Assessment
There is no requirement to undertake an Integrated Impact Assessment as this report is for information purposes.

Valleys Communities Impacts
The contents of this report has no impact on Valleys Communities as the item is for information only.

Workforce Impacts
The contents of this report do not have any impact on the Council's workforce as the item is for information only.

Legal Impacts
The development of a mid-point review is a condition of the WG grant.

Risk Management Impacts
The annual update and mid-point review in itself does not have any risk management impacts, however the services purchased from HSG have the following impacts:

Crime and Disorder Impacts:
Activity outlined in the Annual Update should have a positive effect on the below Crime and Disorder Impacts:

a) Crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and

b) The misuse of drugs, alcohol and other substances in its area; and

c) Re-offending the area

This is due to the Housing Support Grant supporting achievement of the WG outcome measure of 'promoting personal and community safety'.

<u>Violence Against Women, Domestic Abuse and Sexual Violence Impacts:</u>
Activity outlined in the Annual Update should have a positive effect on the below Violence Against Women, Domestic Abuse and Sexual Violence Impacts:

Section 2(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a person exercising relevant functions must have regard (along with all other relevant matters) to the need to remove or minimise any factors which —
(a) increase the risk of violence against women and girls, or
(b) exacerbate the impact of such violence on victims.

This is because a number of services purchased with HSG relate to the provision of domestic abuse support.

Consultation
There is no requirement for external consultation as the item is for information only.

Recommendations
To note the contents of the Housing Support Grant Mid-Point Review and Annual Update.

Reasons for Proposed Decision
Not applicable.

Implementation of Decision
No decision required.

Appendices
Appendix 1: Housing Support Grant Annual Update 2024

List of Background Papers
Background Paper 1: <u>Housing Support Programme Strategy 2022-26</u>

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

Housing Support Grant
Mid-Point Review &
Annual Update
2024

www.npt.gov.uk

Contents

1.   Introduction

Housing Support Grant (HSG) is the Welsh Government (WG) specific revenue grant, paid to Neath Port Talbot County Borough Council (the Council) annually, to either deliver or externally procure housing related support services to homeless households and other vulnerable adults.

Supporting People Programme Grant (SPPG) and Homelessness Prevention Grant (HPG) were subsumed within HSG in April 2020.

1.1.   Strategic context

HSG is a non-statutory early intervention grant programme focussing on preventing homelessness and the avoiding the escalation of other housing related support need in order to avoid institutionalisation.

Housing is a key priority area in the Welsh Government's National Strategy, Prosperity for All, which sets out the vision that:

- *Everyone lives in a home that meets their needs and supports a healthy, successful, and prosperous life; and*
- *nobody is homeless but has a safe home where they can flourish and live a fulfilled, active, and independent life".*

HSG consequently contributes to and complements many other WG programmes and agendas.

HSG priorities are therefore influenced by several key national legislative drivers for change, including:

- Housing (Wales) Act 2014.
- Social Services and Wellbeing (Wales) Act 2014.
- Wellbeing of Future Generations (Wales) Act 2015.
- Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015; and
- Renting Homes (Wales) Act 2016.

White Paper for Ending Homelessness in Wales

In 2023, Welsh Government published their white paper for ending homelessness in Wales, which sets out a range of proposals for changes to policy and the law to ensure homelessness in Wales is rare, brief, and unrepeated.

The proposals set out in the paper are based on recommendations and advice provided to the Welsh Government by an Independent Expert Review Panel.

Housing Support Grant funded services play a critical role in preventing homelessness, preventing the need for statutory service involvement.

Neath Port Talbot Housing & Homeless Strategic Plan

In January 2024 NPT Council's Social Services, Housing and Community Safety Cabinet Board signed-off on 'A Place Called Home' - the Council's Housing and Homelessness Strategic Plan 2024-2027.

The last few years has seen a dramatic rise in the number of people presenting as homeless, and a sharp decrease in access to affordable housing. The links between access to sustainable affordable housing and homelessness mean that both issues need to be tackled together if we are to successfully prevent homelessness and create cohesive communities.

Our Plan sets out a clear statement of intent to take actions that ensure all people of Neath Port Talbot are able to quickly access quality housing that is affordable and that there are sufficient interventions to prevent and alleviate homelessness.

Through four overarching Strategic Priority areas, the plan sets out how NPT Council's Housing Services will:

- **Implement a more strategic approach to housing and homelessness;** by working more closely with partners and other Council departments to ensure we make the best use of our resources, including available land as well as grant funding opportunities.
- **Prevent homelessness**: We want to make sure that homelessness is rare, and when it does occur it is brief and doesn't happen again.
- **Increase access to appropriate affordable housing**: We want to work with landlords and others to increase the amount of available accommodation, including bringing empty homes back into use.
- **Support those with social care needs to live well in their communities**: We will offer new models of care to help people live in their communities longer, whether they are older, disabled or are young people leaving care.

Rapid Rehousing Transition Plan

To better prevent homelessness from occurring, Welsh Government required all Councils to implement a Rapid Rehousing Transition Plan and develop a Housing First model within the next five years. The Council's Rapid Rehousing Plan was agreed in October 2022 and necessitates a whole scale change in 7 relations to how we respond to homelessness, including the services we commission and deliver. All existing HSG funded services will be reviewed with a view remodelling, in line with a Rapid Rehousing model of support

Youth Homeless

Following a review of Youth Homelessness in Neath Port Talbot, the Draft Youth Accommodation Strategy was developed in 2023/24 which outlines how Neath Port Talbot will look to prevent and manage youth homelessness. In collaboration with Children Services, Housing Support Grant, Housing Services, and the Youth Services are developing a Youth Accommodation Pathway which will allow young people to access the support required to prevent them becoming homeless, through to moving into long term accommodation where they can live independently.

All Young Persons services funded via the HSG will be reviewed with a view to remodelling in line with the Draft Youth Accommodation Strategy.

2. Review of Strategic Priorities

The following table summarised the progress made towards the Strategic Priorities outlined in the HSG Strategy 2022-26.

Priority 1 - Strengthening approaches to early intervention and prevention		Progress to date
1.1	We will review existing services to ensure that we are making best use of our available resources to deliver preventative interventions through the delivery of trauma informed support	HSG Commissioning Plan HSG Commissioning Plan 2024-2026 developed outlining services to be reviewed, with a view to remodelling in line with strategic objectives, guidance, best practice and the RRTP.
1.2	We will ensure services are available to deliver targeted prevention for high-risk clients, including young people, ex-offenders, those with mental health issues and other complex needs.	Housing Options Re-Structure Following an internal review, the Housing Options Service has being restructured with an increased focus on prevention, with a dedicated prevention team being established. Alongside the Young Persons Social Worker, there is also a Mental Health Social Worker attached to the Housing Options Service.
1.3	We will also look at how people currently access these services and explore the potential to shift more resources from crisis interventions to prevention.	All Housing Options Staff have received enhanced trauma awareness training to enable them to deliver person centred support, taking into account the specific needs and strengths of clients. Additional training has also been provided to allow them to address the increasingly complex needs of clients, including.
1.4	We will ensure all staff are appropriately trained to deliver a high quality trauma informed service that that is person centred and takes into account the specific needs and strengths of the clients.	- Outcome focussed support, - neurodiversity - Mental Heath - Substance misuse - Personal Resilience - Violence and aggression - Psychologically Informed Environments - Dual diagnosis - Trauma Informed Practices.
1.5	We will look to strengthen our current partnership working arrangements with key agencies to ensure a collective approach to homeless prevention.	Recommissioning All future re-commissioning will require services to deliver trauma informed support. Tenancy Sustainment Panel The Tenancy Sustainment Panel is a co-production/partnership arrangement

between NPTCBC and RSLs in the borough. The purpose of the Panel is be to provide short-term, intensive support to tenants with multiple needs, who are at serious risk of losing their tenancy if intervention is not provided. The panel will endeavour to support the tenants whereby all avenues for support have been exhausted.

Joint Working between Housing Options and Housing Support Providers

Closer working between Housing Options and supported accommodation providers allows for additional support to be provided to ensure that individuals are able to remain in their tenancy.

Originally established as the start of the Covid-19 Pandemic, Neath Port Talbot's Homeless Cell continues to meet regularly.

Youth Homelessness / Accommodation

The Housing & Communities Department, and the Children and Young People (CYP) department have undertaken a joint review of their approach to youth homelessness. This has resulted in the development of a joint action plan that is overseen by the revised Youth Accommodation Strategic Group. The plan sets out how the authority and its partners how it can move forward to prevent and manage youth housing for those most in need. Actions include

- Establish a single access point for referrals (eg a 'Gateway / Brokerage')
- Develop 'move-on pathways from youth accommodation services
- Implement a joint approach to the commissioning of youth accommodation services.

Accommodation Pathway Panel

Made up of key officers from Adult Services, Commissioning and Housing, the newly established panel will ensure there is a clear pathway to meet the care, support and housing needs of individuals.

The analysis of referral data will allow for the identification of gaps in service provision, and the commissioning of high quality services,

that provide value for money and meet the care, support and accommodation needs of individuals.

Priority 2 – Working in Partnership		Progress to date
2.1	We will work in collaboration with Registered Social Landlord partners to continue to increase the supply of suitable and affordable accommodation.	**Housing Strategy Team** The newly established Housing Strategy Team is leading on the progression of the Housing and Homeless Strategic Plan 2024-2027, and the Rapid Rehousing Plan in collaboration with the Homeless Assessment Prevention and Support Service and the Commissioning Unit, as well as strategic partners including Registered Social Landlords and the Third Sector.
2.2	We will work with Private Sector Landlords, social housing landlords and other partners to implement the Council's Rapid Rehousing Transition Plan to provide more sustainable models of accommodation and support.	**RSL Partners** RSL's are a key partner in delivering the Rapid Rehousing Transition plan and are closely working with NPTCBC to develop and increase the supply of general needs accommodation, and supported accommodation.
2.3	We will build on, and further develop strategic partnerships with agencies to help us develop and implement robust responses for those threatened with, or experiencing homelessness, including high risk clients, such as young people, ex-offenders, those with mental health issues and other complex needs.	Negotiations between NPT Housing Options Service and RSL partners has seen an increase in the number of nominations made available.
2.4	We will work with service users and stakeholders to implement mechanisms for co-production and engagement to inform the development of services.	**Social Housing Grant** The 2023/24 SHG allocation was increased to £22.2 million, with 2024/25 allocation of £14.1million fully allocated over 6 schemes, which will create 186 homes. **PRS Landlord Forum** In conjunction with the Environmental Health Department, the NPT PRS Landlords Forum has been re-established, with between 40 – 100 landlords attending the first two meetings. The forums have included presentations from Welsh Government (WG) in relation to the Leasing Scheme Wales initiative and Rent Smart Wales. In addition, there is representation from the National Residents Landlords Association (NRLA). The next forum

meeting has been scheduled for Easter 2025.

Service User Engagement

We are working with Shelter Cymru to set up engagement forums to allow us to hear the views and experiences of people with lived experience of homelessness.

Reduce the Use of B&Bs for Families with Children

Working in partnership with Tai Tarian, the Council has established a number of dispersed TA schemes to prevent the use of B&Bs for homeless families.

Priority 3 – Rapid Rehousing		Progress to date
3.1	In line with Welsh Government's policy direction, we will work with stakeholders to develop and take forward our Rapid Rehousing Transition Plan outlining how we will move to a Rapid Rehousing approach over the next five years.	Rapid Rehousing Transition plan Neath Port Talbot's Rapid Rehousing Transition Plan was developed and approved in 2022. A number of working groups have been established to take forward the 30 priorities identified. Housing First A project group has been established, consisting of officers from the newly established Housing Strategy Team and the Commissioning Unit. Research into different models, and an analysis of local needs has been undertaken to develop a service model to meet the needs of NPT. Engagement with key stakeholders has commenced to inform a service model, and a market engagement event is planned for early 2025 to present and test out the proposed service model. Triage A service model and accommodation specification has been developed, alongside a financial case for investment. However to date it has not been possible to identify a suitable location/building for the scheme. Review of the Housing Register

	Following a review of the Housing Register a number of changes have been made, with Housing Options now meeting with Tai Tarian on a regular basis to manage referrals and allocations. A data sharing agreement has been entered into which has enhanced information sharing, resulting in a reduction in housing options cases.

Review of the Nominations Process

A co-design approach with Registered Social Landlords will be undertaken to review the current nomination process, this will be led by the recently appointed Accommodation Pathway Officer

Review of Social Housing Stock

A review of social housing stock is underway which will provide data on all social housing in neath Port Talbot, including type, size and location.

Flipping Tenancies

Working in partnership with RSLs, the Council has established a scheme that turns a tenancy agreement from temporary to permanent for those in dispersed TA.

	Priority 4 - Strengthening or improving access to support services	Progress to date
4.1	We will explore how IT could be better used to help deliver information, advice, and assistance.	Digital Transformation
4.2	We will continue to develop the HSG Gateway to facilitate equitable access to support services.	An application to NPT's Digital Transformation Board has been accepted, which will allow for enhancements to existing systems, including Housing Options Database, reporting and web pages, which will –
4.3	We will explore the development of online referrals to increase the ways in which people can access support.	
4.4	We will continue to improve the way we use data on clients and services to make sure we have the best support available.	

- Increase efficiencies
- Increase service agility
- Unlock new value for frontline staff, customers, and stakeholders
- Change how we engage with clients
- Enable the service to adopt new technologies and focus on more value work by removing duplications

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Discovery sessions are now being held with Digital Transformation Officers to scope the requirements and project plan developments.

HSG Gateway
Following a review, the HSG Gateway is now integrated with the Brokerage service, with a streamlined assessment process to ensure quicker access to services.

Priority 5 – Commissioning		Progress to date
5.1	We will look to strengthen our current partnership working arrangements with those agencies that can help support our planning, commissioning, and delivery of support.	<u>Alliance Commissioning</u> A new 'whole systems approach' called the Alliance has been approved to replace the current range of substances use services. This Alliance will include HSG funded substance use services.
5.2	We will establish a robust programme of Service Area Reviews, working with Children and Adult's Social Services, and other key funders to identify further opportunities for joint commissioning or funding.	<u>Youth Homelessness - Supported Accommodation</u> In line with the Youth Accommodation Joint Action plan, a review of CYP and HSG funded supported accommodation for young people has commenced with a view to developing a range of options to meet the needs of young people who are threatened with homelessness.
5.3	We will update our current monitoring arrangements for HSG to ensure the services we deliver are of high quality and provide value for money.	
5.4	We will work with all support providers to implement the outcomes framework to ensure we are effectively deploying resources.	<u>VAWDASV Commissioning</u> Following a review of current VAWDASV emergency accommodation, approval was granted to consult on a new model of support. Consultation has commenced and seeks the views of those in receipt of a service, those who do not access services, the public and other stakeholders.
5.5	We will review all services using an evidence-based approach to ensure they meet the ambitions of the Rapid Rehousing Transition Plan and realign funding as necessary to better meet identified needs.	<u>Homeless Prevention Grant – Bond Board</u> In preparation for Welsh Government Homeless Prevention Grant (HPG) funding for Bond Boards transferring to the Housing Support Grant (HSG) from 2025/26, a review of the Bond Board provision has commenced and will be completed by the end of 2024/25.
5.6	We will work with our regional partners to develop and take forward a regional strategy that sets out areas for regional working, regional commissioning, and regional approaches.	

HSG Outcomes Framework

Following successful pilot of the HSG Outcomes Framework, the final version went live from April 2023, with all providers invited to attend workshops and 1:1 sessions.

Regional Housing Support Collaborative Group (RHSCG)

The RHSCG has been established to bring together stakeholders, organisations, citizens and service users from across the region to inform and support a regional response to the needs of the housing sector (including housing and housing support), the health sector and social care.

Regional Monitoring

A Task & Finish Group has been established to review existing monitoring and evaluation processes across the region in order to share best practice, gain consistency across the region and consider mechanisms for identifying ongoing concerns with shared providers.

Provider Annual Report / Strategic Relevance Assessments

In addition to ongoing monitoring, the HSG Team have developed a provider Annual Report / Strategic Relevance Assessment (SRA), which utilises routinely collected information, including Quarterly Returns and Outcomes. To demonstrate strategic relevance, services are required to achieve an overall score of 70%.

In addition to using with providers as part of individual Performance Reviews, this information will be considered as part of wider service area reviews.

Quality Assurance Framework

The development of a 'Quality Assurance Framework for Service Commissioned by NPT' Housing Support Grant', is ongoing.

The Framework will set out the criteria against which providers of HSG funded services in Neath Port Talbot will be assessed. The Framework aims to

	- Benchmark services so that commissioners, service providers and others may better understand how well support is delivered relative to the outcomes agreed for service users - Encourage continuous improvement and best practice in supported living services - To have a clear sense of what quality means in practical terms in operational services

3.   Funding 2023/24 – 2024/25

3.1. Housing Support Grant

Neath Port Talbot saw its Housing Support Grant allocation increase by 32% in 2021/22, to £6.5 million, allowing for an uplift to all commissioned services, an increase in staff within the Housing Options Service, the ongoing funding of Phase 2 funded services, and the development of several pilot schemes. From 2022/23 funding for 3 Homeless Prevention Grant (HPG) services transferred to the Housing Support Grant. This funding was ring-fenced for a transition period of 2 years.

The HSG for 2024/25 originally increased to £6.6 million because of the redistribution of Homeless Prevention Grant funding. Alongside this, WG provided an 7.8% increase to improve workforce terms and conditions, bringing the final allocation for that year to £7.1 million.

3.2. Homeless Prevention Grant

From 2024/25 funding for a Homeless Prevention Grant (HPG) Bond Scheme Guarantee project is transferred to the Housing Support Grant. This funding is ring-fenced for a transition period of 1 year, during which time the Scheme will be reviewed to determine on-going funding.

4.   Supply Map – 2023/24

Neath Port Talbot CBC currently commission 19 organisations to provide a range of Housing Related Support services to Neath Port Talbot residents. These services were previously funded either by the Supporting People Program Grant, Housing Prevention Grant, or Rent Smart Wales. For a full list of HSG funded services see Appendix 1

4.1. Short Term Services

Fifteen organisations provide a range of homeless prevention services which include supported accommodation, floating support, refuge accommodation, outreach services and daytime drop in services. In addition to general homeless support, support is also provided to specific client groups, including those experiencing domestic abuse, mental health, young people, rough sleepers, and those with substance use issues.

4.2. Long Term Services

Six organisations provide long term support for older people or care managed individuals with learning disabilities or mental health issues and focuses on maintaining independence in their home.

4.3. Internal Services

In addition to the external commissioned services, several internal services are also funded via the Housing Support Grant, including a Gateway Service, temporary accommodation, floating support, and early intervention and prevention services.

4.4. Homeless Prevention Grant

Funding and oversight for 3 services transferred to local authorities from 2022/23, including a mediation service for young people, a daytime drop-in service for homeless individuals and crisis support for individuals with mental health / housing difficulties.

5. HSG Needs Data – 2022/23

A needs mapping exercise is undertaken annually in conjunction with HSG funded service providers, the purpose of which is to identify the needs of existing service users and analyse the profiles of individuals accessing services. this information contributes to the development of priorities for commissioning and service developments.

This report focuses on individuals accessing Housing Support Grant funded services for the 2022/23 period. The data is provided by both externally commissioned services, and NPTCBC internal services.

5.1. Summary of service demand by area of need in 2022/23

During 2022/23, 3,728 periods of support were provided to 2,533 individuals and families, an increase of 18% from 2021/22.

For a full breakdown of lead, second and third needs see <u>Appendix 2</u>.

Total Identified Needs 2021/22 - 2022/23
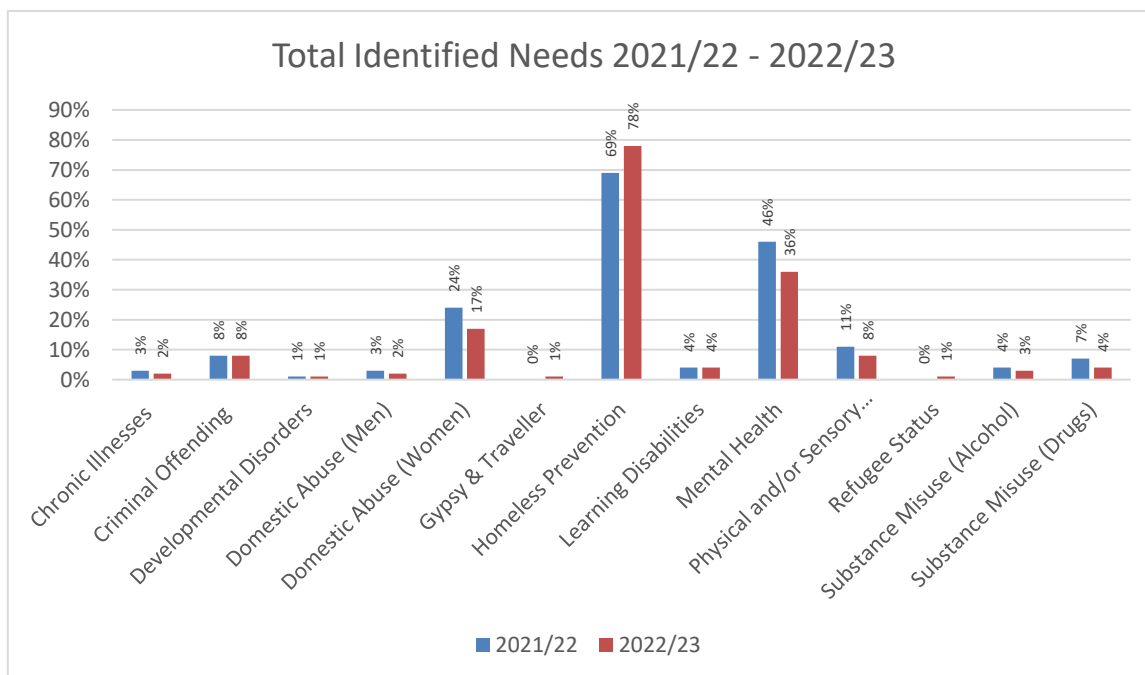
While the actual family composition is not collected, there are several second / third need categories relating to family composition, as outlined below.

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Total Identified Needs 2021/22 - 2022/23 (Family Composition)

Category	2021/22	2022/23
Families with Support Needs	5%	7%
People over 55	11%	8%
Single parent Families	13%	13%
Single people (25-54)	15%	16%
Young People (16-24)	9%	9%
Young People (Care Leavers)	1%	1%
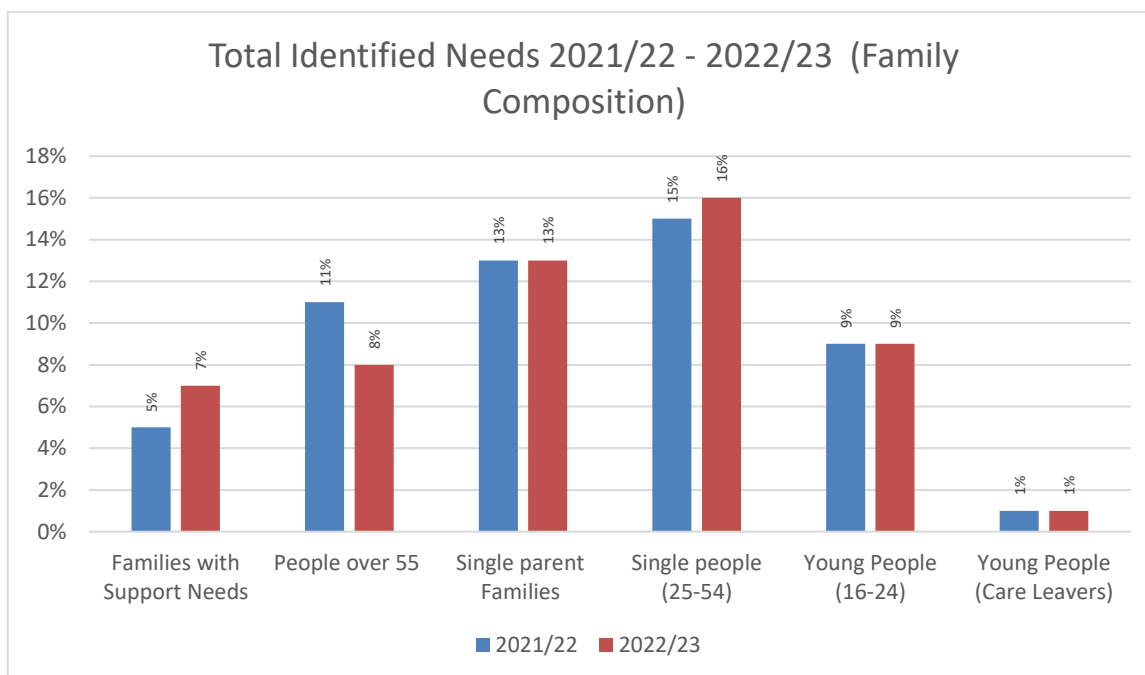
Generic homelessness prevention, mental health, and domestic abuse (women) continue to be the highest area of need for people accessing services.

Fixed Site Support

974 families /individuals accessed fixed site support (including Local Authority temporary accommodation), with 647 moving in within 2022/23.

Floating Support

2,600 families /individuals received floating support with 1,737 starting support in 2022/23.

Outreach

102 individuals received support via an Outreach service, with 80 starting support during the year.

Drop-In

51 individuals accessed support via a drop-in service during the year.

6. Outcomes Analysis (April – September 2023)

6.1. Background

HSG was introduced by WG in April 2019. The overall purpose of the grant is to prevent homelessness and support people to have the capability, independence, skills, and confidence to access and / or maintain a stable and suitable home.

In 2021, it was agreed that a new Outcomes Framework for the HSG should be developed to accurately capture the core purpose of the grant and its wider benefits. Prior to this, Local Authorities reported against defined outcomes in the legacy Supporting People (SP) Outcomes Framework for people supported by the HSG.

6.2. Development of the new Outcomes Framework

A Task & Finish Group was set up in November 2021 to co-produce the new HSG Outcomes Framework. Neath Port Talbot CBC HSG team were one of the local authorities invited to be part of the task & finish

group along with HSG funded support providers, Welsh Government and Cymorth Cymru. As part of the process and to inform the development of the final HSG Outcomes Framework, Welsh Government held four virtual engagement events with local authorities and housing support providers in autumn 2022. Cymorth Cymru also hosted a dedicated event for frontline workers from the homelessness and housing sector.

In addition to the engagement events, six local authorities (including Neath Port Talbot CBC) and thirty service providers took part in a pilot of the first draft of the HSG Outcomes Framework between June 2022 – March 2023. All feedback received from the pilots and the engagement event informed the final HSG Outcomes Framework.

Prior to the implementation of the Pilot Neath Port Talbot HSG team delivered workshops to NPT providers who were taking part in the Pilot. Also in attendance were providers from RCT and Cardiff.

6.3. Structure of the HSG Outcomes Framework

The HSG Outcomes Framework consists of both primary and secondary outcomes that evidence the support funded via the HSG.

The Primary Outcomes evidence the main purpose of the HSG and cover all types of HSG services provided by the grant from short term support via drop-ins or outreach services; emergency or temporary accommodation, temporary supported accommodation, or floating support in an individual's own home / accommodation.

The secondary outcomes are a menu of tailored outcomes, based on an individual's assessed needs, and support plan (where applicable). These are not goals that every individual must achieve and should be clearly aligned to the support intervention received.

6.4. April – September 2023

During the first reporting period for the fully implemented HSG Outcomes Framework, (April – September 2023), Outcomes were reported for 1,951 individuals.

Between them, they were receiving support with 4,258 secondary outcomes, an average of two outcomes each.

The outcome areas that are most identified are Independence & Control (75%), which includes managing money and Mental Health & Wellbeing (40%).

For a full breakdown of the Outcomes submission for April - March 2022 see Appendix 3

7. Housing Support Gateway

The Housing Support Gateway (formerly Supporting People Gateway) was established in July 2017, to initially manage referrals for the Wallich PAWS Floating Support Service. This was extended in 2018 to include referrals for Young Persons Supported Accommodation services, and a comprehensive referral, assessment and allocations process was developed in conjunction with support providers. During 2020, the Gateway was again extended to manage referrals for Generic Homeless Supported Accommodation, Mental Health Floating Support and Supported Accommodation, and Substance Use Floating Support. From April 2021 the Gateway took over referral management for Supported Accommodation for Women who have experienced DVA, and from August / September 2021, the additional units of Supported Accommodation for Young People, and those with Mental Health / Complex Needs. Since the

Housing Support Gateway (HS Gateway) was established, there has been a steady increase in referrals received at the Gateway, particularly during the Covid-19 pandemic (20/21).

7.1. Services Accessed via Gateway

Between 2017, when the HS Gateway was established, and 2023, the number of providers / schemes accessed via the Gateway has increased from 1 to 14. The number of units has increased from 360 to 539, an increase of 50%.

| | Number of Contracted Units | | | | | |
Provider / Scheme	17/18	18/19	19/20	20/21	21/22	22/23
Wallich PAWS (Generic)	340	340	340	340	340	340
Llamau (Young Persons)	-	35	35	35	35	35
Clarewood (Young Persons)	-	8	8	8	8	8
Adferiad (Sub/Alcohol Use)	-	-	-	16	22	22
Caredig Wish (Mental Health)	-	-	-	6	7	7
Goleudy (Homelessness)	-	-	-	12	12	12
Platfform (Mental Health)	-	-	-	33	42	42
Caredig Terminus 2 (Mental Health / Complex Needs)	-	-	-	-	6	6
Stori (VAWDASV)	-	-	-	-	14	14
Wallich PAWS Rapid Rehousing	-	-	-	-	16	16
Wallich PAWS Supported Accommodation (Homelessness)	-	-	-	-	-	12
	340	**383**	**383**	**450**	**508**	**520**

7.2. Referrals

A total of 668 referrals were received at the HS Gateway between 01/04/22- 31/03/23 for both Floating Support (FS) and Supported Accommodation (SA) services.

A total of 567 referrals were for FS, whilst 163 referrals were for SA. The below table (Table 1) shows a breakdown of the numbers of referrals sent per referrer group. The total amount of referrals received has decreased from the year prior 21/22, where the total amount of referrals received was 776. However, we have still had an increase in SA referrals of 23% from the previous financial year.

The percentage of referrals received from each referrer, highlights that Housing Options Team (HOT) remains the main referrer for Floating Support & in total, with a majority of 34% of all referrals received at the HS Gateway.

For a full breakdown of the Referrals April 2022 – March 2023 see Appendix 4

8. Renting Homes (Wales) Act 2016

The Renting Homes (Wales) Act 2016 replaced an abundance of existing legislation and consolidated them into one clear framework, with the aim of making renting a home simpler and easier for individuals. The main aim of the Act is to allow for greater security amongst those who rent properties.

Under the new Act, tenants and licensees are now known as 'contract-holders' and tenancy agreements have been replaced with 'occupation contracts'.

Landlords of supported accommodation can choose initially to provide a tenancy or licence agreement that is not an occupation contract. However they can issue a 'secure 'contract' or a 'supported standard contract' immediately if they prefer. If the initial tenancy or licence continues past the 'relevant' period, then it automatically becomes an occupation contract. This 'relevant period' can be extended by the landlord, if they have good reason, this can only be done with the consent of the Local Authority.

During 2023, licence extensions were requested for 23 individuals.

Where included in a supported standard contract, a mobility clause will allow landlords to relocate individuals within a building. This may, for example to be used to avoid conflict with the occupier of a neighbouring flat. This can be done without needing to end one contract and start another. During 2023, there were no reported usage of the mobility clause.

Supported standard contracts may also include a temporary exclusion clause. This will allow landlords, in specific circumstances to exclude an individual from their accommodation for up to 48 hours, on no more than three occasion in a rolling six-month period. This should only be used as a last resort where the landlord believes the contract holder is

- Using violence against any person in the dwelling
- Doing something in the dwelling which creates a risk of significant harm to any person
- Behaving in a way (in the dwelling) which seriously impedes the ability of another resident of supported accommodation provided by the landlord to benefit from the support provided in connection with that accommodation.

During 2023 there was no reported usage of the temporary exclusion clause.

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Service Areas

9. Homeless Prevention

9.1. Service Provision

Temporary supported accommodation is available to single people who are homeless, or threatened with homeless, with low to moderate support needs.

Floating support is available to those who are homeless, threatened with homelessness, or just struggling to manage their tenancy.

Both services are in addition to the temporary accommodation and floating support provided through the councils Housing Options Service, for those who are owed a statutory homeless duty.

Additional services include a mentoring project for individuals who have successfully moved on from temporary accommodation, the provision of life skills training at the homeless hub and a drop-in service.

Provider/Scheme	Type of Support	Units
Goleudy – Shared Housing	Temporary supported accommodation (shared) for single people who are homeless, or threatened with homelessness	9
Goleudy Routes	Day time drop-in	N/A
Housing Justice Cymru – Citadel Project	Volunteer led floating support / mentoring for individuals who have experienced homelessness	N/A
Salvation Army	Life skills training	N/A
The Wallich – PAWS	Short term floating support for those who are homeless, or threatened with homelessness	340
SBUHB	Homelessness Nurse	N/A

9.2. Identified support needs

During 2022/23, 1,742 individuals had identified homelessness as a support need. Of these, 590 required supported / temporary accommodation, and 1,891 received floating support, outreach or accessed life skills training.

Supported Accommodation

Of the 590 individuals who accessed supported / temporary accommodation, all (100%) had a second identified need, and 15% had third identified need.

Identified Second & Third Needs

Category	2021/22	2022/23
Chronic Illness	2%	1%
Criminal Offending	13%	12%
Developmental Disorders		1%
Domestic abuse (Men)	2%	2%
Domestic abuse (Women)	6%	7%
Families with Support Needs	4%	9%
Gypsy & Traveller	0%	0%
Learning Disabilities	1%	0%
Mental health	33%	29%
People over 55	2%	3%
People with Refugee Status	0%	1%
Physical and/or Sensory Disabilities	5%	4%
Single parent families	6%	12%
Single people (25-54)	18%	26%
Young People (16-24)	7%	9%
Young People (Care Leavers)	1%	1%

Floating Support

Of the 1,718 who accessed floating support, 098% had a second identified need, and 29% had a third identified need.

Identified Second & Third Needs

Category	2021/22	2022/23
Chronic Illness	2%	2%
Criminal Offending	7%	8%
Developmental Disorders	1%	1%
Domestic abuse (Men)	1%	2%
Domestic abuse (Women)	8%	10%
Families with Support Needs	5%	11%
Gypsy & Traveller	0%	0%
Learning Disabilities	2%	4%
Mental health	30%	34%
People over 55	3%	6%
People with Refugee Status	0%	1%
Physical and/or Sensory Disabilities	7%	10%
Single parent families	10%	16%
Single people (25-54)	12%	18%
Substance Misuse (Alcohol)	3%	3%
Substance Misuse (Drugs)	3%	4%
Young People (16-24)	4%	8%
Young People (Care Leavers)	0%	1%

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9.3. Service Developments / Commissioning Activity 2023/24

Previously funded by Welsh Governments Homeless Prevention Grant, from April 2022, funding and oversight of Goleudy's Routes Project transferred to the HSG in Neath Port Talbot for a transitional period of 2 years. Following a review of the Project in 2023, funding will not continue past the transitional period.

9.4. Planned Service Developments / Commissioning Activity for 2024/25 – 2025/26

- Commence review of supported accommodation with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP.
- Commence review of generic floating support with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP.
- Commence review of day-time drop in services with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP.

10. Young Persons Services

10.1. Service Provision

Currently 3 organisations and NPTCBC provide a range of supported accommodation for young people in Neath Port Talbot, including 24hr supported accommodation, bedsits, shared accommodation, self-contained flats, and supported lodgings. Additional services include outreach for homeless young people, and a mediation service for young people at risk of homelessness.

Provider/Scheme	Type of Support	Units
Dewis	Crisis Beds for Care Leavers *(jointly funded with CYPS)*	5
Llamau	Dispersed Supported Accommodation for young people with low – moderate support needs	35
Llamau	Supported Lodgings Scheme for Care Leavers *(jointly funded with CYPS)*	N/A
Llamau	Mediation for young people at risk of homelessness	N/A
NPTCBC Housing Options	Supported Accommodation for young people with low – moderate support needs	6
Pobl Clarewood	24hr Supported Accommodation for young people with medium to high / complex support needs.	8
Pobl Clarewood Outreach	Outreach Service to young people who are homeless, or threatened with homeless	N/A
Clarewood Taster Tenancies	Step down accommodation for young people moving on from Clarewood	4

10.2. Identified support needs

A total of 371 young people identified either 'Young People (16-24)' or Young People (Care Leaver) as a need in 2022/23, an increase of 37% from 2021/22.

During 2022/23 104 young people accessed services specifically commissioned to provide support for Young People and had a lead need of 'Young People (16-24)'.

Of the 104, 92% had a second identified need, and 62% had a third identified need, this is an increase from 2021/22. The chart below shows a significant increase in the number of young people who identified mental health as an additional support need.

Identified Second & Third Needs

Need	2021/22	2022/23
Criminal Offending	9%	5%
Developmental Disorders	5%	10%
Domestic abuse (Men)	1%	5%
Domestic abuse (Women)	9%	8%
Generic homeless prevention	19%	2%
Learning Disabilities	8%	14%
Mental health	37%	68%
People with Refugee Status	1%	2%
Physical and/or Sensory Disabilities	0%	2%
Rough Sleeper	0%	2%
Substance Misuse (Alcohol)	0%	5%
Substance Misuse (Drugs)	16%	9%
Young People (Care Leavers)	21%	17%

10.3. Service Developments / Commissioning Activity - 2023/24

Homeless Prevention Grant

Previously funded by Welsh Governments Homeless Prevention Grant, from April 2022, funding and oversight of Llamau's Mediation Service transferred to the HSG in Neath Port Talbot for a transitional period of 2 years. Following a review in 2023/24, it was determined that the service was aligned with the HSG, and funding would continue from April 2024.

Young Persons Supported Accommodation

Following a review of the utilisation of dispersed supported accommodation, a decision was made to reduce the number of commissioned units.

Consultation Exercise

A joint consultation exercise with Children's Services looking at the experiences of homeless young people who accessed supported accommodation to inform future service delivery was commenced, this will continue into 2024/25.

10.4. Planned Service Developments / Commissioning Activity 2024/25 – 2025/26

Commence a review of Young People Services with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP.

11. Mental Health Services

11.1. Service Provision

Short Term Services (upto 2 years)

Temporary supported accommodation and floating support is provided to individuals who are homeless, or threatened with homelessness, but do not have a care manager.

Previously funded by Homeless Prevention Grant, one service delivers floating support alongside the Housing Options Service in their temporary accommodation.

Outreach / Crisis Support

Previously funded by the Homeless Prevention Grant, Crisis Support is available to individuals who are experiencing a mental health and housing crisis, including those living in temporary accommodation, and those leaving a mental health ward/hospital.

Long Term Services (over 2 years)

Longer term floating support and supported accommodation is available for care managed individuals who need support to remain independent in their home. Since April 2020 access to these services is via the Housing Support Gateway.
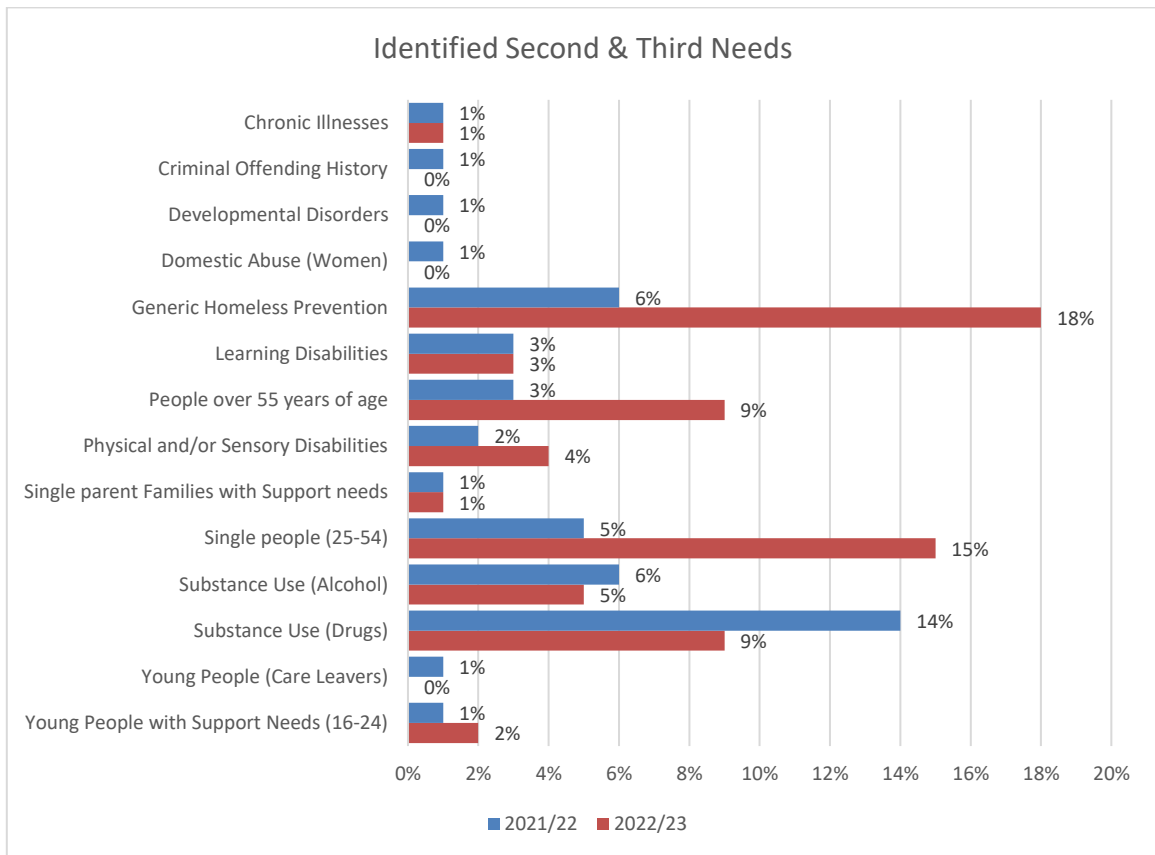
In addition to the externally contracted services, the NPTCBC in-house Community Independence Service provides floating support to care managed individuals, with mental health, learning disabilities or physical disabilities.

Provider/Scheme	Type of Support	Units
Adferiad	Outreach Service for homeless individuals with a mental health issue	N/A
Caredig	Long Term shared accommodation for care managed individuals	3
	Temporary supported accommodation for people with mental health issues	4
	Temporary supported accommodation for people with mental health / complex needs	6
Platfform	Short term floating support for people with mental health issues	20
	Resettlement support for individuals with mental health issues	5
	Long term floating support for care managed individuals, including support in dispersed accommodation	19
	Floating Support to individuals living in temporary accommodation	N/A
	Outreach Service for homeless individuals with a mental health issue	N/A
NPTCBC Community Independence Service	Pan Disability Floating Support for Care Managed individuals (inc those with mental health)	142

11.2. Identified support needs

During 2022/23 1,362 individuals identified 'mental health' as a support need. Of these 202 had identified it as a lead need, with a further 1,160 identifying mental health as a second or third need.

Of the 202 individuals who had identified mental health as their lead need, 75 (37%) had an identified second need, and 25 (12%) had a third identified need.

Identified Second & Third Needs

Category	2021/22	2022/23
Chronic Illnesses	1%	1%
Criminal Offending History	1%	0%
Developmental Disorders	1%	0%
Domestic Abuse (Women)	1%	0%
Generic Homeless Prevention	6%	18%
Learning Disabilities	3%	3%
People over 55 years of age	3%	9%
Physical and/or Sensory Disabilities	2%	4%
Single parent Families with Support needs	1%	1%
Single people (25-54)	5%	15%
Substance Use (Alcohol)	6%	5%
Substance Use (Drugs)	14%	9%
Young People (Care Leavers)	1%	0%
Young People with Support Needs (16-24)	1%	2%

11.3. Service Developments / Commissioning Activity 2023/24

Homeless Prevention Grant

Previously funded by Welsh Governments Homeless Prevention Grant, from April 2022, funding and oversight of Platfforms Homeless Support & Advice Project transferred to the HSG in Neath Port Talbot for a transitional period of 2 years. Following a review in 2023/24, it was determined that the service was aligned with the HSG, and funding would continue from April 2024.

11.4. Planned Service Developments / Commissioning Activity 2024/25 – 2025/26

Commence review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP. Schemes within scope include

- Adferiad Outreach & Engagement Service
- Caredig Wish Project (Supported Accommodation)

- Platfform Floating Support / Mental Health Case Worker / Housing Support & Advice / Resettlement

12. Domestic Abuse
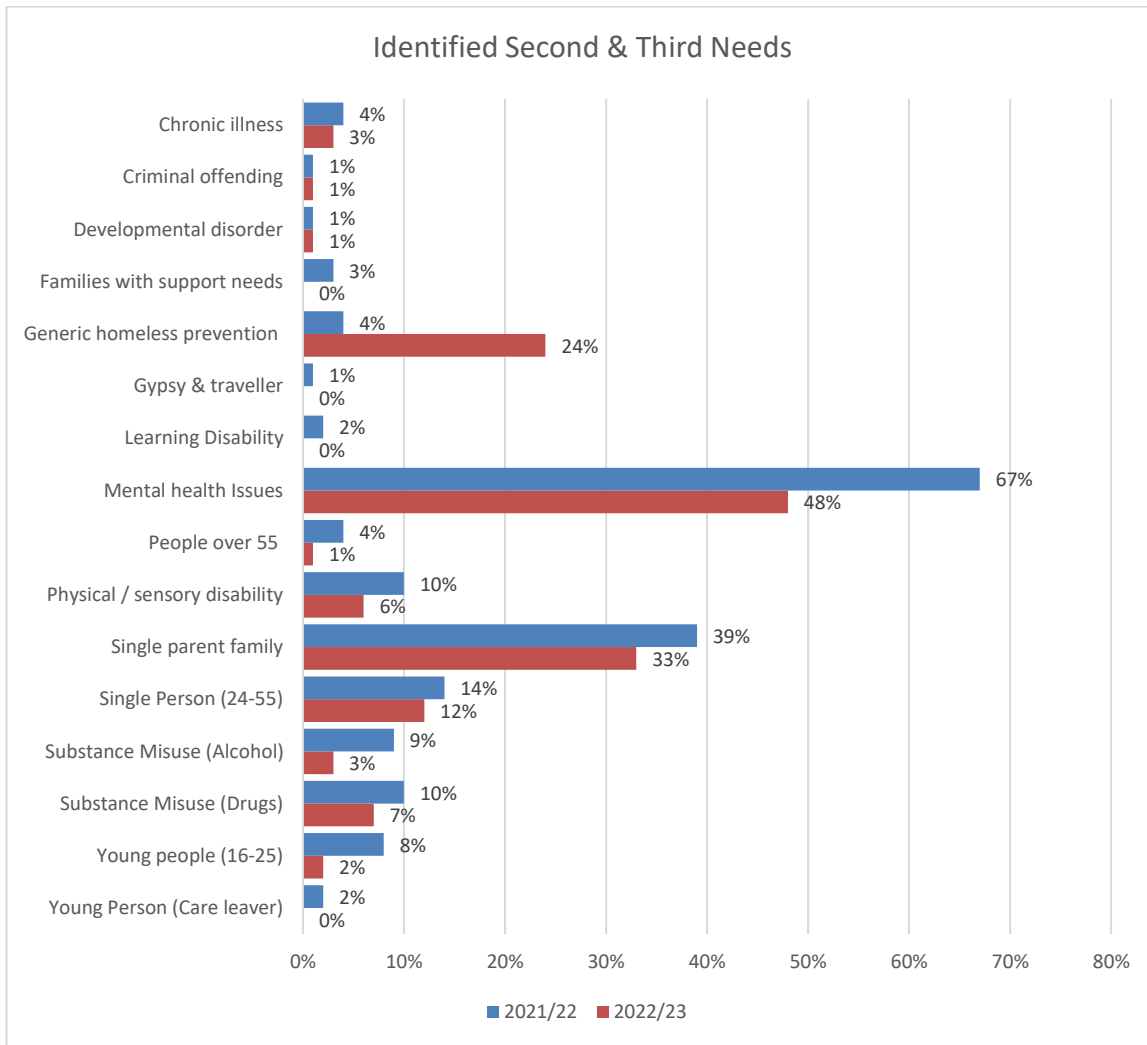
12.1. Service Provision

Three organisations provide a range of specialist support for those experiencing domestic abuse, including refuge accommodation, supported accommodation floating support and outreach.

Provider/Scheme	Type of Support	Units
Calan DVS	Floating support for individuals experiencing domestic abuse	20
	Refuge accommodation for women and families experiencing domestic abuse	13
Stori	Floating support for individuals experiencing domestic abuse	1
	Floating support for men experiencing domestic abuse	6
	Supported Accommodation for women and families who have experienced domestic abuse	14
Thrive	Floating support for women experiencing domestic abuse	10
	Refuge accommodation for women and families experiencing domestic abuse	6
	Supported Accommodation for women and families who have experienced domestic abuse (move on)	5
	Outreach service for individuals who are sexually exploited	N/A

12.2. Identified support needs

During 2022/23, 643 women had identified domestic abuse as a support need. Of these, 363 had identified it as a lead need, with a further 253 identifying domestic abuse as a second / third need.

Of the 363 who had identified domestic abuse as their lead need, 336 (93%) had a second identified need, and 157 (43%) had a third identified need. Mental health continues to be the highest secondary / third need identified

Identified Second & Third Needs

Category	2021/22	2022/23
Chronic illness	4%	3%
Criminal offending	1%	1%
Developmental disorder	1%	1%
Families with support needs	3%	0%
Generic homeless prevention	4%	24%
Gypsy & traveller	1%	0%
Learning Disability	2%	0%
Mental health Issues	67%	48%
People over 55	4%	1%
Physical / sensory disability	10%	6%
Single parent family	39%	33%
Single Person (24-55)	14%	12%
Substance Misuse (Alcohol)	9%	3%
Substance Misuse (Drugs)	10%	7%
Young people (16-25)	8%	2%
Young Person (Care leaver)	2%	0%

12.3. Service Developments / Commissioning Activity in 2023/24

Phase 1 of the wider VAWDASV Commissioned Services review continued with a review of refuge provision completed.

12.4. Planned Service Developments / Commissioning Activity in 2024/25 – 2025/26

Continue phase 1 of the wider VAWDASV Commissioned Services review and retendering – review of VAWDASV refuge provision and conduct consultation on recommendation with a view to retendering

Commence phase 2 of the wider VAWDASV Commissioned Services review and retendering –review of VAWDASV supported accommodation

Commence phase 3 of the wider VAWDASV Commissioned Services review and retendering –review of VAWDASV floating support services

## 13.   People over 55

13.1. Service Provision

Extra Care accommodation is provided across 2 sites, in the Neath and Port Talbot Areas. Each scheme consists of 1 or 2-bedroom properties including flats and bungalows.

Provider/Scheme	Type of Support	Units
Coastal Housing Extra Care	Extra Care Housing for people over 55	115

13.2. Identified support needs

Three hundred and four individuals identified a need of 'People over 55' in 2022/23, an increase of 35% from 2021/22.

One hundred and thirty-three individuals identified 'People over 55' as a lead need, with 44% having a second identified need, and 16% having a third need. The table below shows the second and third needs identified, with Physical / Sensory Disabilities continuing to be the most frequently identified.

Identified Second & Third Needs
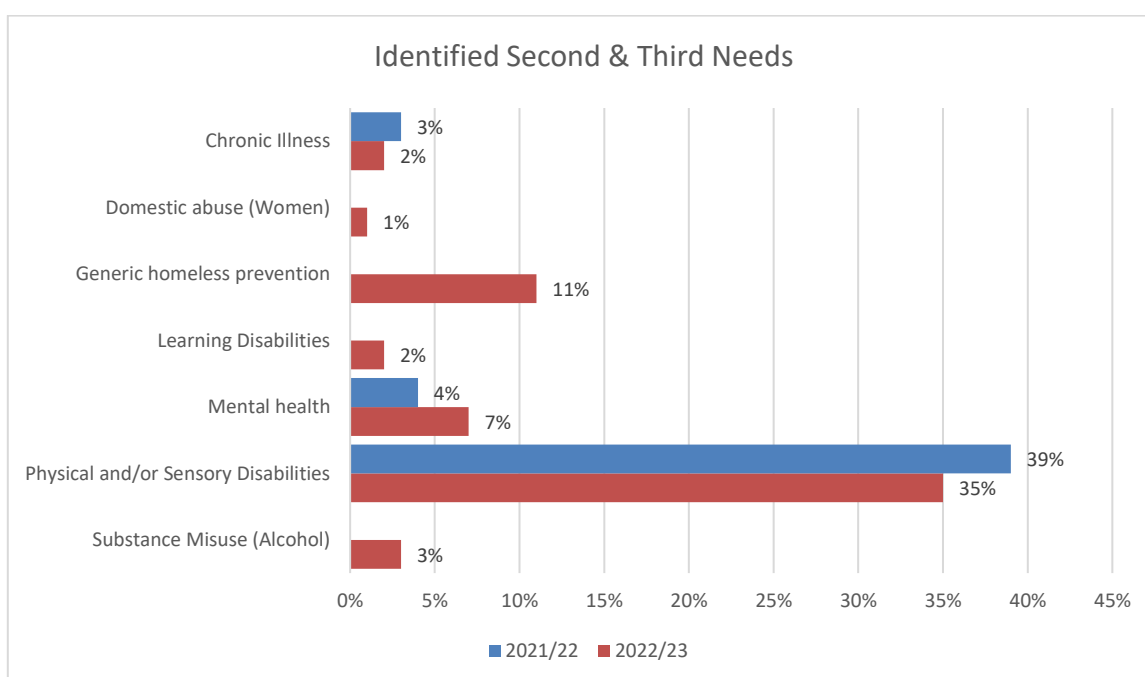
14. Substance Use Services

14.1. Service Provision

Outreach is available to individuals who are homeless and have substance use, including those living in temporary accommodation.

Floating Support is available for individuals at risk of homelessness, with substance use issues to enable them to maintain their tenancy and reduce repeat episodes of homelessness
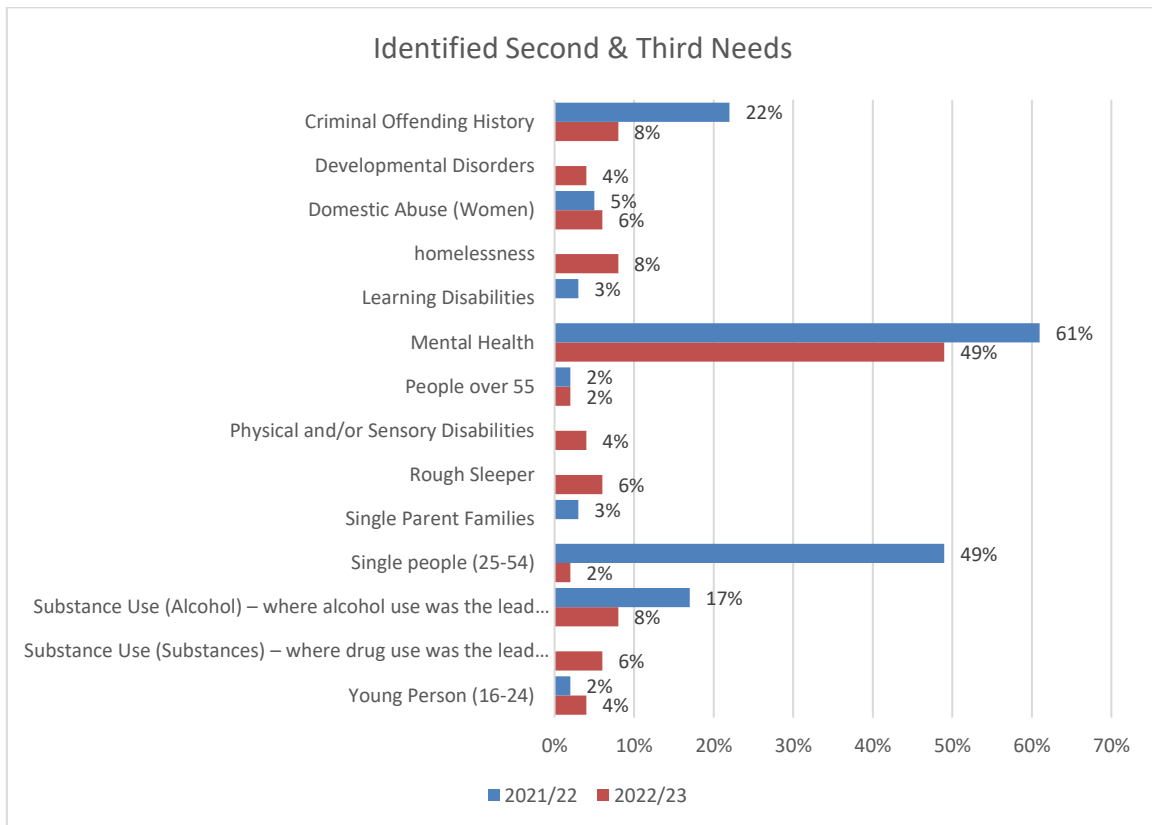
Provider/Scheme	Type of Support	Units
Adferiad	Floating Support for People with Substance Use Issues	16
	Outreach for homeless individuals with substance use issues	N/A

14.2. Identified support needs

During 2022/23, 282 individuals identified substance use issues (either alcohol/substances) as a support need, with 51 identifying substance use as a lead need.

Of the 51 who identified substance use as a lead need, 33 (65%) had a second identified need, and 21 (41%) had a third identified need.

Seven individuals identified a need of both substance and alcohol use, and half also identified a mental health need.

Identified Second & Third Needs

Need	2021/22	2022/23
Criminal Offending History	22%	8%
Developmental Disorders		4%
Domestic Abuse (Women)	5%	6%
homelessness		8%
Learning Disabilities	3%	
Mental Health	61%	49%
People over 55	2%	2%
Physical and/or Sensory Disabilities		4%
Rough Sleeper		6%
Single Parent Families	3%	
Single people (25-54)	49%	2%
Substance Use (Alcohol) – where alcohol use was the lead…	17%	8%
Substance Use (Substances) – where drug use was the lead…		6%
Young Person (16-24)	2%	4%

14.3. Service Developments / Commissioning Activity in 2023/24

Following a review of the utilisation of floating support, a decision was made to reduce the number of commissioned units.

14.4. Planned Service Developments / Commissioning Activity in 2024/25 – 2025/26

Commence review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP. Schemes within scope include

- Adferiad Substance Use Floating Support / Outreach & Engagement Service

15. Criminal Offending

15.1. Service Provision

Floating Support is available for individuals who are homeless, or at risk of homelessness, on release from custody to enable them to access accommodation or maintain their tenancy and reduce repeat episodes of homelessness / offending

Provider/Scheme	Type of Support	Units
Dyffodol	Floating Support for individuals who are homeless on release from custody.	8

15.2. Identified support needs

During 2022/23, 287 individuals identified Criminal Offending as a need, with 4 identifying it as a lead need.

15.3. Service Developments – 2023/24

Following a review of usage during 2023/24, the service was decommissioned.

16. Learning Disabilities / Chronic Illness / Physical & Sensory Disabilities

16.1. Service Provision

The Housing Support Grant contributes towards the packages of care for individuals in Supported Living Schemes to enable them to remain independent in their home.

In addition to the externally contracted services, the NPTCBC in-house Community Independence Service provides floating support to care managed individuals, with mental health, learning disabilities or physical disabilities.

Provider/Scheme	Type of Support	Units
Pobl	Supported Living for individuals with learning disabilities	16
Reable	Supported Living for individuals with learning disabilities	5
Community Lives Consortium	Supported Living for individuals with learning disabilities	52
Walsingham	Supported Living for individuals with learning disabilities	16
NPTCBC Community Independence Service	Floating Support for care managed individuals with learning disabilities, mental health, or physical disabilities	142

16.2. Identified support needs.

During 2022/23, 75 individuals identified learning disability, chronic Illness, or physical / sensory disability as a lead need.

16.1. Service Developments – 2023/24

During 2023 the Community Independence Service transferred to sit within the Housing Options Service.

16.2. Planned Service Developments / Commissioning Activity in 2024/25 – 2025/26

The Community Independence Service will be remodelled in line with strategic objectives, guidance, best practice and the RRTP.

17.   Consultation and Engagement

17.1. Service Providers

All service providers are subject to ongoing monitoring and are required to evidence that they continue to engage with service users and others involved in their lives, in respect of the planning and delivery services.

Examples of provider engagement activities include

- Surveys which allow providers to understand the experiences of individuals accessing services
- Annual event which allowed service users to highlight how they have managed during the cost-of-living crisis.
- Involvement in policy reviews
- Consultation in respect of changes to rent levels
- Community Groups
- House meetings
- Support to access external funding
- Involve the in the rebranding process

Changes and activities undertaken as a result of engagement include

- Changes to accommodation provision – including decoration, facilities, changes to recycling rotas, changes to visitors rules and overnight safety protocols
- Improvement to garden areas
- Establishment of a workshop to collaborate with a local carpenter to develop products to sell
- Annual residential event
- Activity sessions including board game nights, visits to local attractions / parks

Additionally, some providers will support service users to engage in national engagement exercises which have included looking at the perception of police aimed at improving relationships and trust between the police and the public.

17.2. Annual HSG Service User Survey

In December 2023, all service users were invited to complete the annual HSG Service user survey which looks at the overall satisfaction with the support provided. 33 questionnaires were retuned, with 73% indicating thy felt better overall because of the support they received. 63% reported feeling safer, 39% were managing their money better and 46% felt their physical or mental health was better. 64% felt they were more confident in managing their accommodation / tenancy. For a full breakdown of responses, see Appendix 5

18.   Commissioning Activities & Service Developments - 2022/23 – 2023/24

The following summarises the commissioning and service development activity during 2022/23 – 2023/24 with some of this work continuing into 2024/25

18.1. Domestic Abuse Services

Phase one of the Strategic VAWDASV Review commenced, which looked at the HSG funded refuge provision in NPT. Consultation is due to commence in 2024/25 on proposed service models, which aim to provide equal access to emergency accommodation, for individuals and families with varying levels of risk and need. The proposals are intended to provide a continuous and seamless transitional level of support through service provision and providers.

18.2. Service Reviews

A number of service reviews planned for 2021/22 were put on hold as a result of the Covid-19 pandemic and were carried forward to 2022/23. Service reviews were undertaken with Caredig Wish Project and Goleudy Shared Houses, with strategic reviews of generic homelessness services, and young persons services commencing in 2023/24.

18.3. Homeless Prevention Grant

During 2022/23, funding for three Homeless Prevention Grant projects transferred to the Housing Support Grant. Funding for the projects was ring-fenced for 2 years. During 2022/23 the HSG Team worked closely with projects to gain a deeper understanding of how they operate and complement existing HSG-commissioned services, with formal evaluations undertaken in2023/24.

As a result of these evaluations, 2 schemes were approved for on-going funding via the HSG, with funding for one scheme withdrawn.

18.4. Housing Support Grant Outcomes Framework

The Welsh Government's (WG) Housing Support Grant (HSG) was introduced in April 2019. The overall purpose of the grant is to prevent homelessness and support people to have the capability, independence, skills, and confidence to access and / or maintain a stable and suitable home.

In 2021, it was agreed that a new Outcomes Framework for the HSG should be developed to accurately capture the core purpose of the grant and its wider benefits. Prior to this, Local Authorities have reported against defined outcomes in the legacy Supporting People (SP) Outcomes Framework for people supported by the HSG.

A Task & Finish Group was established in November 2021 to co-produce the new HSG Outcomes Framework. Neath Port Talbot CBC HSG team were one of the local authorities invited to be part of the task & finish group along with HSG funded support providers, Welsh Government and Cymorth Cymru. As part of the process and to inform the development of the final HSG Outcomes Framework, Welsh Government held four virtual engagement events with local authorities and housing support providers in autumn 2022. Cymorth Cymru also hosted a dedicated event for frontline workers from the homelessness and housing sector.

In addition to the engagement events, six local authorities (including Neath Port Talbot CBC) and 30 service providers participated in a pilot of the initial draft of the HSG Outcomes Framework between June 2022 – March 2023. All feedback received from the pilots and the engagement event informed the final HSG Outcomes Framework.

For a full breakdown of the Outcomes submission for April - March 2022 see

19. Commissioning Plan 2024/25 – 25/26

The following table outlines Neath Port Talbot's commissioning and development priorities during 2024/25 – 2025/26

Service Area	
Substance Use	Commence review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP. Schemes within scope include • Adferiad Substance Use Floating Support / Outreach & Engagement Service
Mental Health	Commence review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP. Schemes within scope include • Adferiad Outreach & Engagement Service • Caredig Wish Project (Supported Accommodation) • Platfform Floating Support / Mental Health Case Worker / Housing Support & Advice / Resettlement
Young People	Commence review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP. Schemes within scope include • Llamau Supported Accommodation / Young Person Mediation • Pobl Clarewood / Young Persons Outreach • NPT Housing Options • Dewis CCS
Day-time Drop In	Commence review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP. Schemes within scope include • Sexual health / Homeless Nurse
VAWDASV	Continue review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP. • Phase 1 – Review of VAWDASV refuge provision / consultation on recommendation with a view to retendering • Phase 2 – Review of VAWDASV Supported Accommodation (Stori / Thrive WA) • Phase 3 - review of VAWDASV floating support services (Calan DVS / Stori / Thrive WA)

Service Area	
Generic Supported Accommodation	Commence review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP.
	Schemes within scope include
	• Goleudy Supported Accommodation
Generic Floating support	Commence review with a view to remodelling services in line with strategic objectives, guidance, best practice and the RRTP.
	Schemes within scope include
	• Wallich PAWS
	• Housing Justice Cymru Citadel project
Housing 1st	Develop a Housing 1st Project in line with strategic objectives, guidance, best practice and the RRTP.
HSG Gateway	Commence review of HSG Gateway function to ensure it best supports the objectives of the RRTP.
	Develop Gateway Reporting process to support monitoring, review, planning and development of services
Bond Board	Commence review to determine alignment with RRTP
HSG Outcomes	Pilot and implement HSG Outcomes Framework (Distance travelled)
Move-On panel	Commence review of HSG Move-On panel to ensure it best supports the objectives of the RRTP.
Monitoring Framework	Finalise monitoring framework and implement
HSG Web pages	Develop HSG Web pages in conjunction with Housing Options

Appendix 1 – Supply Map 2022/23-2023/24

1. Short Term Services

Provider/Scheme	Client Category	Type of Support	Units
Adferiad	Substance Use (Rough Sleepers)	Outreach	N/A
Adferiad	Mental Health (Rough Sleepers)	Outreach	N/A
Adferiad	Substance use	Floating support	24
Calan DVS	Domestic abuse (women)	Refuge	13
Calan DVS	Domestic abuse (women)	Floating support	20
Caredig	Mental health	Temporary Supported Accommodation	4
Caredig	Mental Health / Complex Needs	Temporary Supported Accommodation	6
Dewis*	Young People (Care Leavers)	Temporary Supported Accommodation	5
Dyffodol	Criminal Offending	Floating Support	8
Goleudy	Homelessness	Temporary Supported Accommodation	9
Stori	Domestic abuse (men)	Floating support	5
Stori	Domestic abuse	Temporary Supported Accommodation	14
Stori	Domestic abuse (women)	Floating support	1
Housing Justice Cymru	Homelessness	Floating support	N/A
Llamau	Young people (16-24)	Temporary Supported Accommodation	35
Llamau*	Young People (Care Leavers)	Supported Lodgings	N/A
Platfform	Mental health	Floating Support	14
Platfform	Mental Health	Floating Support (Care managed)	19
Platfform	Mental Health	Floating Support (Resettlement)	5
Platfform	Mental Health	Temporary Accommodation Case Worker	N/A
Pobl (Clarewood)	Young people (16-24)	Temporary Supported Accommodation	8
Pobl	Young people (16-24)	Outreach	N/A
Salvation Army	Homelessness	Daytime Drop-in	N/A
Swansea Bay AMBU	Rough Sleepers	Homelessness Nurse	N/A
Thrive	Domestic abuse (women)	Refuge	6
Thrive	Domestic abuse (women)	Temporary Supported Accommodation	5
Thrive	Domestic abuse (women)	Floating support	10
Thrive	Domestic abuse (women)	Outreach	N/A
Wallich	Homeless prevention	Floating support	340

Jointly funded with Children's Social Services

2. Long Term Services

Provider/Scheme	Client Category	Type of Support	Units
Caredig	Mental health	Supported Accommodation	3

Coastal Housing (Extra Care)	People over 55	Supported Living	115
Community Lives Consortium*	Learning Disabilities	Floating Support / Supported Living	52
Pobl *	Learning Disabilities	Supported Living	16
Reable*	Learning Disabilities	Supported Living	5
Walsingham*	Learning Disabilities	Supported Living	16

* *Jointly funded with Adult Social Care*

3.   Internal Services

Service	Type
Community Independence Service	Pan Disability Floating Support
Housing Options Service	Homeless Prevention, Temporary Accommodation, and floating support
Housing Support Gateway	Gateway Service
Environmental Health	Housing Engagement
Local Area Co-ordinators	Early Intervention & prevention
IDVA's	Support to high-risk victims of Domestic Abuse

4.   Homeless Prevention Grant

Provider/Scheme	Client Category	Type of support
Llamau	Young People	Mediation
Platfform	Mental Health	Outreach / Floating Support
Goleudy	Homelessness	Daytime Drop-in

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Appendix 2 – Breakdown of support needs / family composition

The following tables provides a breakdown of service demand according to lead, secondary, and tertiary need in 2021/22 and 2022/23.

	2021/22					2022/23					
	Lead Need	Second need	Third need	Total (% of total no supported)		Lead Need	Second need	Third need	Total (% of total no supported)		Change from previous year (%)
Chronic Illnesses	5	39	10	54	3%	8	41	21	70	2%	30%
Criminal Offending	8	114	53	175	8%	4	225	58	287	8%	63%
Developmental Disorders	6	14	11	31	1%	13	23	13	48	1%	55%
Domestic Abuse (Men)	20	25	11	56	3%	28	34	16	78	2%	39%
Domestic Abuse (Women)	311	175	24	510	24%	390	208	45	643	17%	26%
Gypsy & Traveller	0	2	1	3	0%	29	3	0	32	1%	967%
Homeless Prevention	1,428	29	24	1,481	69%	2,694	88	114	2,896	78%	96%
Learning Disabilities	42	30	24	96	4%	34	63	37	134	4%	38%
Mental Health	199	551	227	977	46%	202	839	321	1,362	36%	39%
Physical and/or Sensory Disabilities	9	137	89	235	11%	20	158	137	315	8%	34%
Refugee Status	1	1	0	2	0%	0	24	1	25	1%	1,050%

	2021/22					2022/23					
	Lead Need	Second need	Third need	Total (% of total no supported)		Lead Need	Second need	Third need	Total (% of total no supported)		Change from previous year (%)
Rough Sleepers	2	0	0	2	0%	0	2	3	5	0%	150%
Substance Use (Alcohol)	16	40	35	91	4%	20	57	47	124	3%	35%
Substance Use (Drugs)	39	47	55	141	7%	33	60	65	158	4%	11%
Families with Support Needs	2	108	7	117	5%	0	248	21	269	7%	130%
People over 55	141	66	18	225	11%	133	146	25	304	8%	35%
Single parent Families	1	247	32	280	13%	3	438	58	499	13%	78%
Single people (25-54)	3	272	49	324	15%	6	520	56	582	16%	80%
Young People (16-24)	74	93	23	190	9%	110	189	30	329	9%	67%
Young People (Care Leavers)	0	30	2	32	1%	0	37	4	42	1%	31%

Appendix 3 – Outcomes Analysis April – September 2023

1. Introduction

1.1. Background

The Welsh Government's (WG) Housing Support Grant (HSG) was introduced in April 2019. The overall purpose of the grant is to prevent homelessness and support people to have the capability, independence, skills, and confidence to access and / or maintain a stable and suitable home.

In 2021, it was agreed that a new Outcomes Framework for the HSG should be developed to accurately capture the core purpose of the grant and its wider benefits. Prior to this, Local Authorities have reported against defined outcomes in the legacy Supporting People (SP) Outcomes Framework for people supported by the HSG.

1.2. Development of the new Outcomes Framework

A Task & Finish Group was set up in November 2021 to co-produce the new HSG Outcomes Framework. Neath Port Talbot CBC HSG team were one of the local authorities invited to be part of the task & finish group along with HSG funded support providers, Welsh Government and Cymorth Cymru. As part of the process and to inform the development of the final HSG Outcomes Framework, Welsh Government held four virtual engagement events with local authorities and housing support providers in autumn 2022. Cymorth Cymru also hosted a dedicated event for frontline workers from the homelessness and housing sector.

In addition to the engagement events, six local authorities (including Neath Port Talbot CBC) and thirty service providers took part in a pilot of the first draft of the HSG Outcomes Framework between June 2022 – March 2023. All feedback received from the pilots and the engagement event informed the final HSG Outcomes Framework.

Prior to the implementation of the Pilot Neath Port Talbot HSG team delivered workshops to NPT providers who were taking part in the Pilot. Also in attendance were providers from RCT and Cardiff.

2. Structure of the HSG Outcomes Framework

The HSG Outcomes Framework consists of both primary and secondary outcomes that evidence the support funded via the HSG.

Data previously captured as part of the Supporting People Outcomes has been included in the new HSG Outcomes Framework, including homeless status at the start and end of support, and the reasons for support ending.

2.1. Primary Outcomes

The Primary Outcomes evidence the main purpose of the HSG and cover all types of HSG services provided by the grant from short term support via drop-ins or outreach services; emergency or temporary accommodation, temporary supported accommodation, or floating support in an individual's own home / accommodation.

It is expected that every individual receiving HSG support will achieve only one Primary Outcome per reporting period, however they may also achieve Primary Outcome 1 if they have returned after leaving a service to receive one off support / advice.

The Primary Outcomes are:

Primary Outcome 1 - People have been able to engage with housing related support services (advice, information, and assistance) and are better informed about the options available to them and / or know where to go for assistance

Primary Outcome 2 - People have been able to access emergency / temporary accommodation or short-term supported accommodation

Primary Outcome 3 - People can access and sustain a suitable settled home

Primary Outcome 4 - People can manage their existing accommodation / home which prevents them from either becoming homeless or from having to access more costly public services (e.g., health, social care services)

Each Primary Outcome has a few corresponding 'Service user Indicators,' which require a yes or no response. Only one service user indicator needs to be recorded to achieve the overall Primary Outcome, not all service user indicators have to apply.

For a complete list of the Primary Outcomes, their service user indicators, examples of activities and interventions and relevant service types, see Appendix 1 – Primary Outcomes

2.2. Secondary Outcomes

The secondary outcomes are a menu of tailored outcomes, based on an individual's assessed needs, and support plan (where applicable). These are not goals that every individual must achieve and should be clearly aligned to the support intervention received.

Each secondary outcome is accompanied by a set of service user indicators. Only one service user indicator needs to be recorded to achieve the overall Secondary Outcome, not all service user indicators have to apply. The secondary outcomes are set out below:

Secondary Outcome 1 - People have positive and healthy relationships with people in their life

Secondary Outcome 2 - People feel safe

Secondary Outcome 3 - People have independence and control of their day to day lives

Secondary Outcome 4 - People are engaged in something meaningful to them

Secondary Outcome 5 - People's physical health is good

Secondary Outcome 6 - People are managing the impact of their dependency

Secondary Outcome 7 - People's mental health and wellbeing is good

Scaling of responses

To capture a service users experience whilst receiving support, secondary outcomes are recorded using a scaled approach, as set out below,

0 – 'Not Applicable' – the service user indicator does not apply to the individual

1 – 'None of the time' – never happens

2 – 'Rarely' – on very few occasions, almost never

3 – 'Some of the time' – occasionally, now, and then

4 – 'Often' – frequently or many times

5 – 'All of the time' – constantly, every day.

At this point, there is no process for measuring distance travelled. The task & finish group is considering this.

For a complete list of the secondary outcomes, their service user indicators, examples of interventions & support related to the outcome and links to legacy SP Outcomes, see Appendix 2 – Secondary Outcomes

2.3. Homeless Status at Start & End of Support

As part of the legacy SP Outcomes collection, providers had to report on the homeless status of individuals at the point they start receiving support and when the support ends, with 4 options available at the start of support and an additional option at the end of support. This requirement continues with the new HSG Outcomes Framework, with the added option of '*Not at threat of homeless within 56 days*' available for the start and end of support. The options available are:

- Homeless
- At threat of Homelessness within 56 days & Need support to remain in own home
- Not at threat of Homelessness within 56 days
- Needing support to remain in own home/permanent supported accommodation
- In temporary accommodation

At the end of support there is an added option of
- Maintaining stable accommodation independently (6mths +)

For a list of the definitions for each option, see Appendix 3 – Homeless Status Definitions

2.4. Reason for leaving support

Where an individual's support ends, providers need to report the reason for support ending.

2.5. Changes from legacy SP Outcomes framework

Providers need to report the gender of an individual, this has been amended to include non-binary, transgender, intersex or prefer not to say, in addition to male or female.

The list for project type has been extended, and 'length of support' has been removed.

There is no longer the requirement to report on the lead, second and third need of individuals. NPT still collect this data via other reporting mechanisms.

3. April 2023 – September 2023 - Overview

During the first reporting period for the fully implemented HSG Outcomes Framework, (April – September 2023), Outcomes were reported for 1,951 individuals.

Between them, they were receiving support against 4,258 secondary outcomes, an average of two outcomes each.

3.1. Number supported, by type of project and client group

Project Type	Client Group	
Assertive Outreach/Floating Support Services	Substance Use	28
	Young Person	22
Emergency/Temporary Accommodation Provision	Generic	299
Extra Care Services	Older Person	72
Floating Tenancy Support in own home/accommodation	Generic	1060
	Mental Health	16
	Substance Use	17
	VAWDASV	236
	Young Person	2
Long term/ Permanent Supported Accommodation	Learning Disability	10
Other Homelessness Prevention projects	Generic	106
	Mental Health	1
Refuges	VAWDASV	24
Short-term Supported Accommodation	Generic	10
	VAWDASV	15
	Young Person	33

Table 1

4. Primary Outcomes

The final version of the framework requires individuals receiving HSG support to be reported against one Primary Outcome per reporting period, based on their housing situation and the type of service received (e.g. Outreach, Supported Accommodation or Floating Support), with the addition of Primary Outcome 1, if they have returned to receive one off support / advice, after leaving a service. They may report against multiple service user indicators within each Primary Outcome (except Primary Outcome 2 – see below), with a yes / no response. Only one service user indicator needs to be recorded to achieve the overall Primary Outcome, not all service user indicators have to apply.

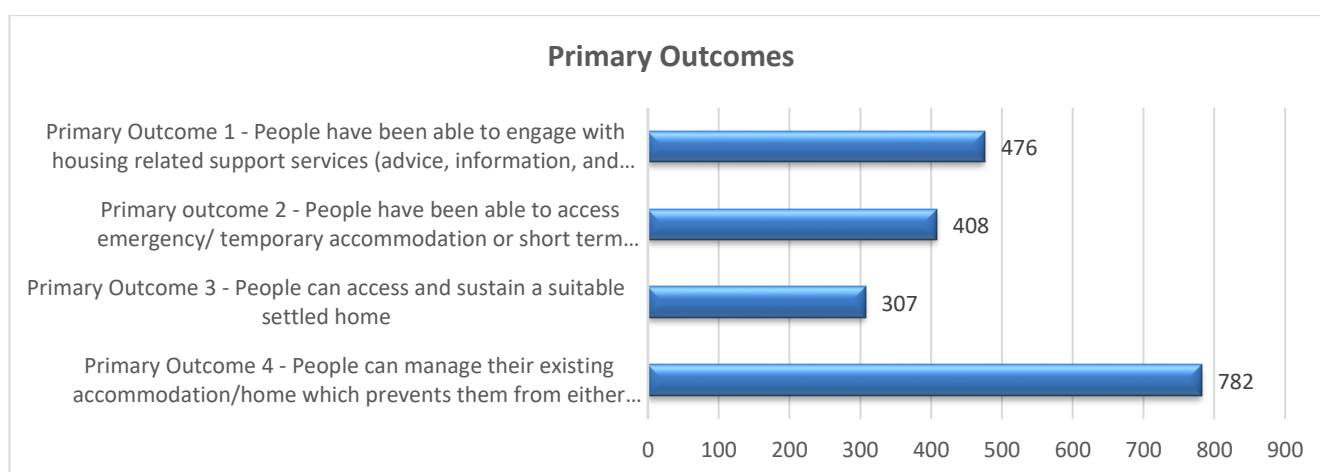Chart 1 (below) shows the number of individuals reported against each Primary Outcome.

Primary Outcomes

- Primary Outcome 1 - People have been able to engage with housing related support services (advice, information, and… 476
- Primary outcome 2 - People have been able to access emergency/ temporary accommodation or short term… 408
- Primary Outcome 3 - People can access and sustain a suitable settled home 307
- Primary Outcome 4 - People can manage their existing accommodation/home which prevents them from either… 782

Chart 1

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4.1. Primary Outcome 1 - People have been able to engage with housing related support services (advice, information, and assistance) and are better informed about the options available to them and/or know where to go for assistance
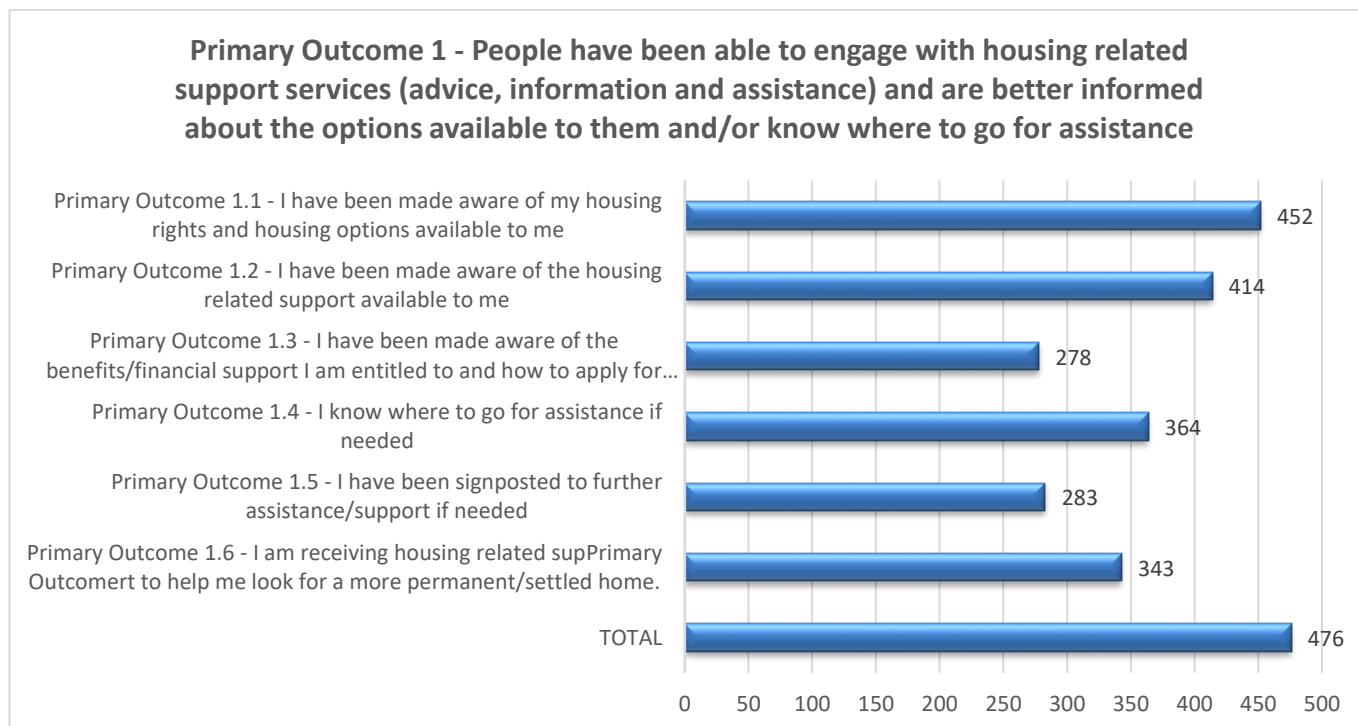

Chart 2

Primary Outcome 1 is relevant to short term support where there is no requirement to have a support plan in place, or where an individual has re-presented to a service for one-off support and advice.

Of the 476 individuals who achieved this Primary Outcome, 454 had only achieved this Primary Outcome, while a further 22 had achieved this as well as a second Primary Outcome (as a result of returning for one-off support).

On average individuals reported against 4 of the 6 service user indicators within this Primary Outcome, with 95% of individuals being made aware of their housing rights and housing options available to them, and a further 87% being made aware of the housing related support available to them.

4.2. Primary Outcome 2 - People have been able to access emergency / temporary accommodation or short-term supported accommodation

Primary Outcome 2 - People have been able to access emergency / temporary accommodation or short-term supported accommodation

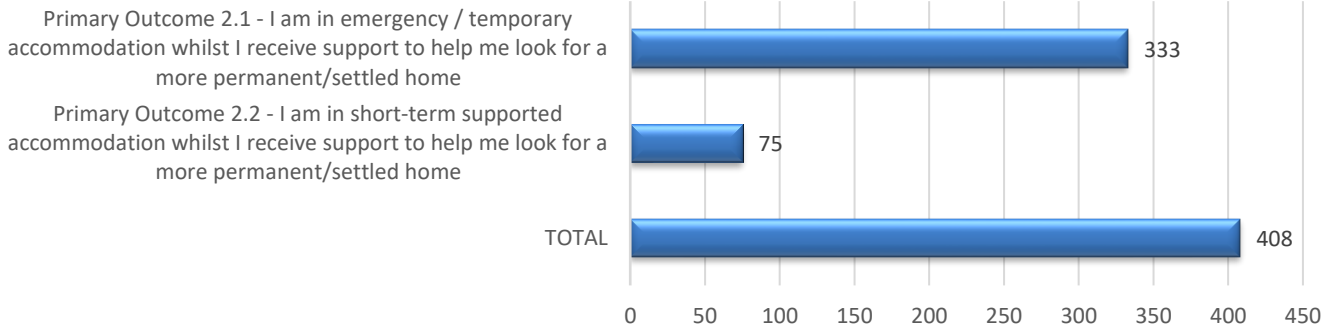|	
Primary Outcome 2.1 - I am in emergency / temporary accommodation whilst I receive support to help me look for a more permanent/settled home	333
Primary Outcome 2.2 - I am in short-term supported accommodation whilst I receive support to help me look for a more permanent/settled home	75
TOTAL	408

Chart 3

Unlike the other Primary Outcomes, only one service user indicator can be selected within Primary Outcome 2.

Of the 408 individuals reported against this Primary Outcome, 333 were emergency / temporary accommodation, such as homelessness interim accommodation, refuge provision or young persons crisis accommodation. 75 were in supported accommodation for young people, families who have experienced domestic abuse, or single people who have been homeless.

4.3. Primary Outcome 3 - People can access and sustain a suitable settled home

Primary Outcome 3 - People can access and sustain a suitable settled home

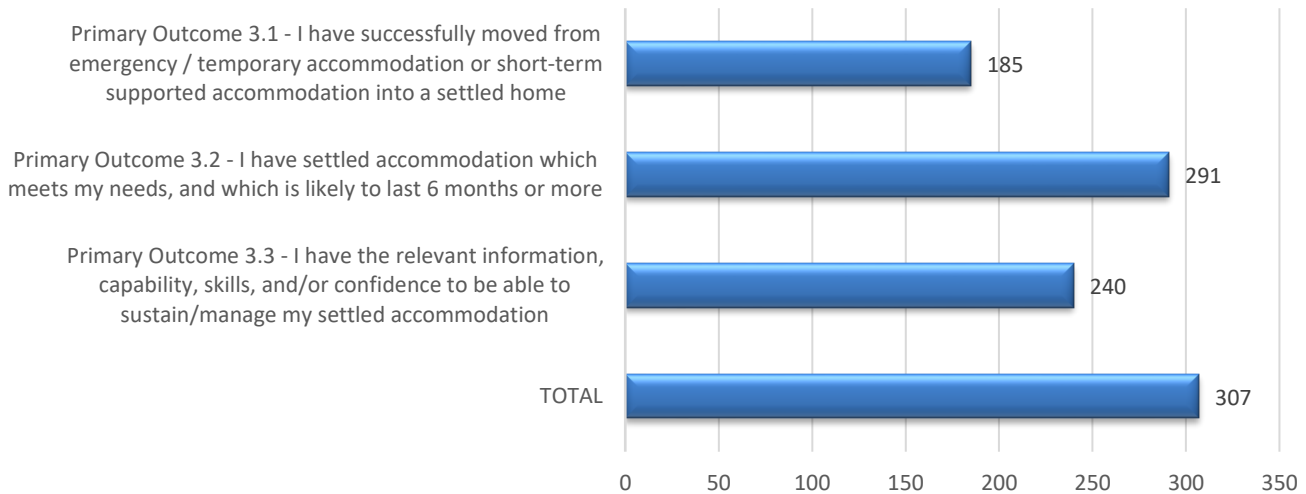|	
Primary Outcome 3.1 - I have successfully moved from emergency / temporary accommodation or short-term supported accommodation into a settled home	185
Primary Outcome 3.2 - I have settled accommodation which meets my needs, and which is likely to last 6 months or more	291
Primary Outcome 3.3 - I have the relevant information, capability, skills, and/or confidence to be able to sustain/manage my settled accommodation	240
TOTAL	307

Chart 4

Primary Outcome 3 is relevant to individuals who are receiving floating support following a move from temporary or supported accommodation and have a support plan in place.

307 individuals achieved this Primary Outcome, with an average of 2 service user indicators reported against. 291 individuals had settled accommodation, with 185 moving into settled accommodation from emergency or temporary accommodation.

4.4. Primary Outcome 4 - People can manage their existing accommodation/home which prevents them from either becoming homeless or from having to access more costly public services (e.g. health, social care services)
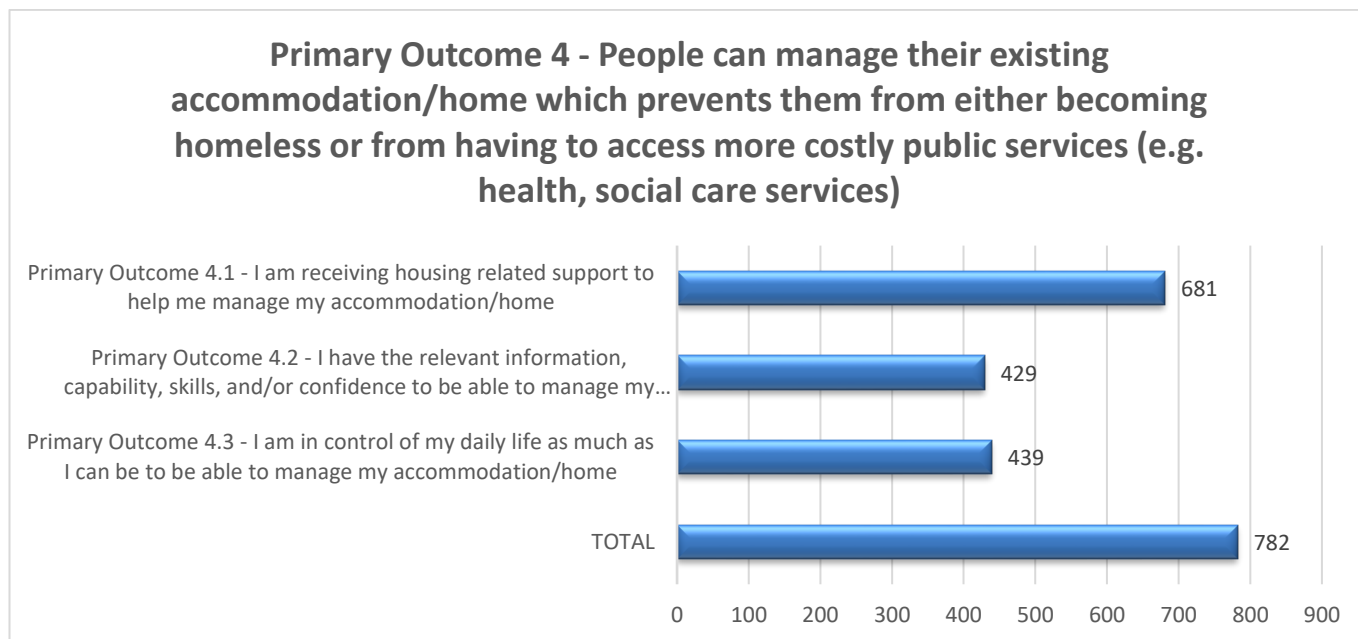
Primary Outcome 4 - People can manage their existing accommodation/home which prevents them from either becoming homeless or from having to access more costly public services (e.g. health, social care services)

Outcome	Value
Primary Outcome 4.1 - I am receiving housing related support to help me manage my accommodation/home	681
Primary Outcome 4.2 - I have the relevant information, capability, skills, and/or confidence to be able to manage my…	429
Primary Outcome 4.3 - I am in control of my daily life as much as I can be to be able to manage my accommodation/home	439
TOTAL	782

Chart 5

Primary Outcome 4 is relevant to individuals who are either receiving floating support within their existing accommodation, are in permanent supported accommodation or living within an extra care service. There is an expectation that they have a support plan in place.

782 individuals achieved this Primary Outcome, with an average of 2 service user indicators reported against.

5. Secondary Outcomes

The secondary outcomes are a menu of tailored outcomes, based on an individual's assessed needs, and support plan (where applicable). These are not goals that every individual must achieve and should be clearly aligned to the support intervention received.

While each secondary outcome includes several service user indicators, only one service user indicator needs to be recorded to achieve the overall Secondary Outcome, not all service user indicators have to apply.

In the reporting period April – September 2023, the 1,951 individuals reported on were receiving support with 4,258 outcomes, an average of two outcomes per individual.

Secondary Outcome 3 – Independence & Control was the most frequently identified, with 75% of individuals working towards this outcome. Secondary Outcome 7 - Mental Health was the second most frequently identified outcome, with 40% of individuals identifying this as an Outcome area. Both Secondary Outcome 4 – Engaged in Meaningful activity and Secondary Outcome 6 were only identified as an outcome area for less than 10% of all individuals supported.
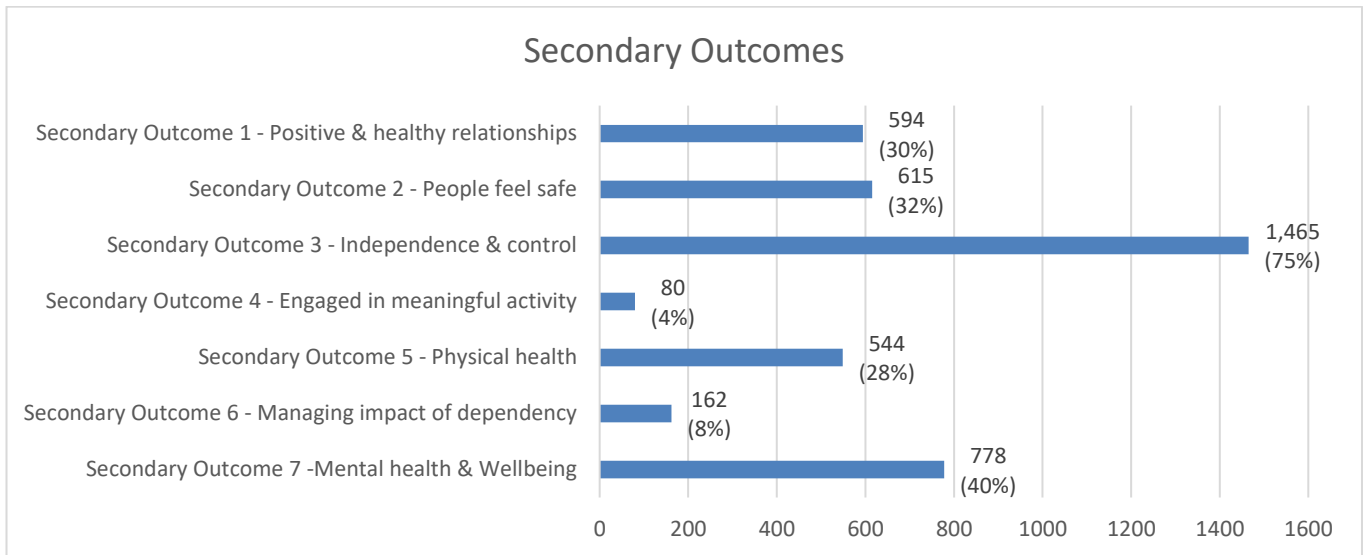
Secondary Outcomes

Outcome	Value
Secondary Outcome 1 - Positive & healthy relationships	594 (30%)
Secondary Outcome 2 - People feel safe	615 (32%)
Secondary Outcome 3 - Independence & control	1,465 (75%)
Secondary Outcome 4 - Engaged in meaningful activity	80 (4%)
Secondary Outcome 5 - Physical health	544 (28%)
Secondary Outcome 6 - Managing impact of dependency	162 (8%)
Secondary Outcome 7 -Mental health & Wellbeing	778 (40%)

Chart 6

5.1. Secondary Outcome 1 - People have positive and healthy relationships with people in their life

Secondary Outcome 1 - People have positive and healthy relationships with people in their life

Indicator	Value
Secondary Outcome 1.1 - I have positive and/or healthy relationships with my family and/or child/children	406
Secondary Outcome 1.2 - I have positive and/or healthy relationships with my friends and/or peers	533
Secondary Outcome 1.3 - I have positive and/or healthy relationships with people I live with	324
Secondary Outcome 1.4 - I don't feel isolated	534
Secondary Outcome 1.5 - I feel connected to my local community	414
TOTAL	594

Chart 7

Five-hundred and ninety-four individuals were working towards this Secondary Outcome. This equates to nearly a third of all individuals' supported and is the fourth highest outcome area. Between the 594 individuals, they were receiving support with 2,221 service user indicators, an average of four per individual.

Over three-quarters of individuals in permanent supported accommodation, extra care services and refuges were receiving support with this outcome area.

39% of individuals working towards this outcome had a lead need of VAWDASV, with a further 36% having a lead need of generic homeless prevention.

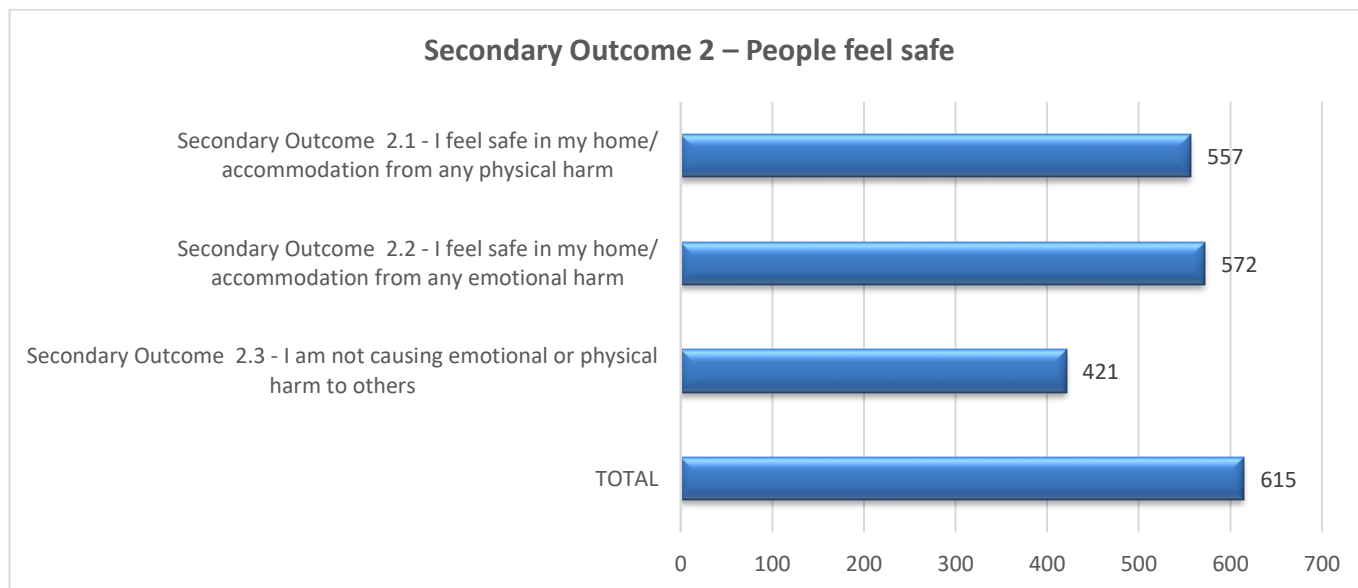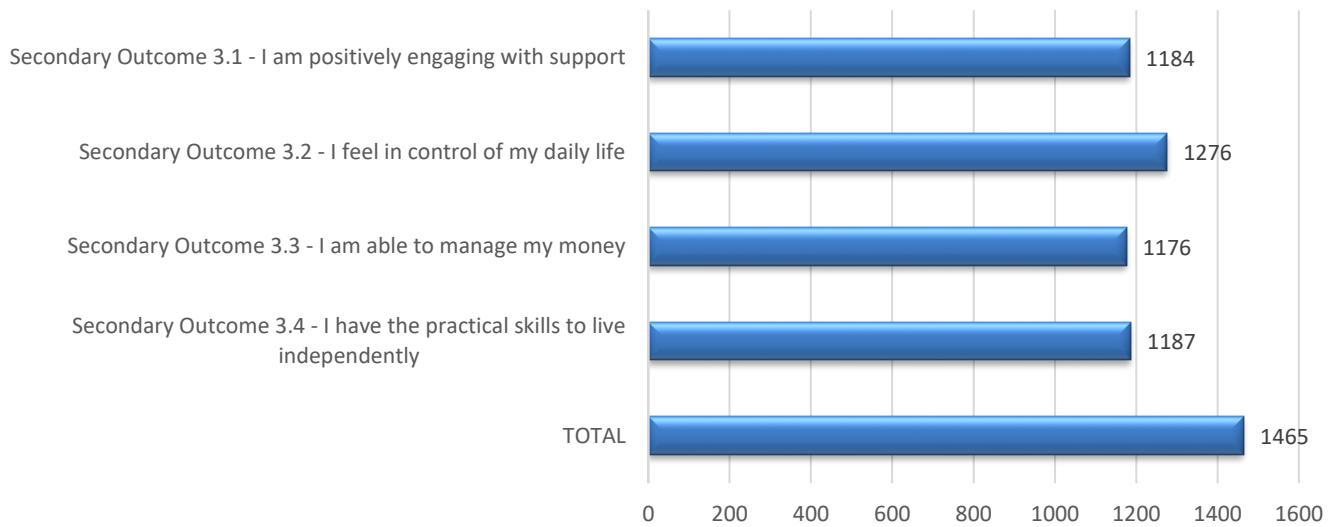## 5.2. Secondary Outcome 2 – People feel safe

Secondary Outcome 2 – People feel safe

Secondary Outcome 2.1 - I feel safe in my home/ accommodation from any physical harm	557
Secondary Outcome 2.2 - I feel safe in my home/ accommodation from any emotional harm	572
Secondary Outcome 2.3 - I am not causing emotional or physical harm to others	421
TOTAL	615

Chart 8

Six hundred and fifteen individuals were working towards this Secondary Outcome. This equates to a third of all individuals' supported and is the third highest outcome area. Between the 615 individuals, they were receiving support with 1,550 service user indicators, an average of 3 per individual.

40% of individuals working towards this outcome had a lead need of VAWDASV, with a further 38% having a lead need of generic homeless prevention, both of which are comparable with Secondary Outcome 1.

5.3. Secondary Outcome 3 – People have independence and control of their day to day lives

Secondary Outcome 3 – People have independence and control of their day to day lives

Secondary Outcome 3.1 - I am positively engaging with support	1184
Secondary Outcome 3.2 - I feel in control of my daily life	1276
Secondary Outcome 3.3 - I am able to manage my money	1176
Secondary Outcome 3.4 - I have the practical skills to live independently	1187
TOTAL	1465

Chart 9

1,465 individuals were working towards this Secondary Outcome. This equates to three quarters of all individuals' supported and is the highest identified outcome area. Between the 1,465 individuals, they were receiving support with 4,824 service user indicators, an average of three per individual.

This Secondary Outcome was relevant for between 64% - 100% of all clients groups.

5.4. Secondary Outcome 4 - People are engaged in something meaningful to them

Secondary Outcome 4 - People are engaged in something meaningful to them

Secondary Outcome 4.1 - I am engaged in an activity that is meaningful to me and has contributed to my well-being	77
Secondary Outcome 4.2 - I am able to do the things that matter to me	79
TOTAL	80
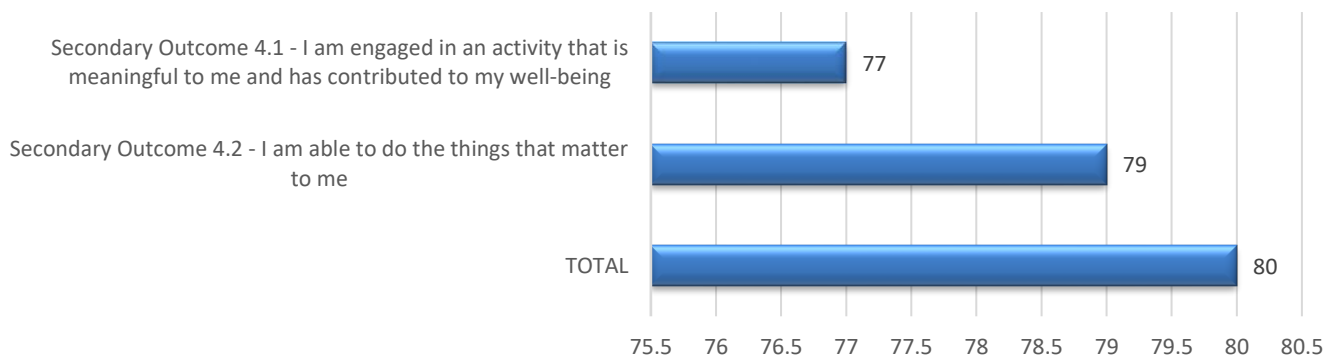
Chart 10

With only 80 (4%) of all individuals supported working towards this outcome, it was the least often identified outcome area. Nearly 100% of individuals were supported with both service user indicators

5.5. Secondary Outcome 5 - People's physical health is good

Secondary Outcome 5 - People's physical health is good

Secondary Outcome 5.1 - I feel that my physical health is good	550
Secondary Outcome 5.2 - I can access the health services I need for my physical health	527
Secondary Outcome 5.3 - I am actively trying to manage or improve my physical health	494
TOTAL	564
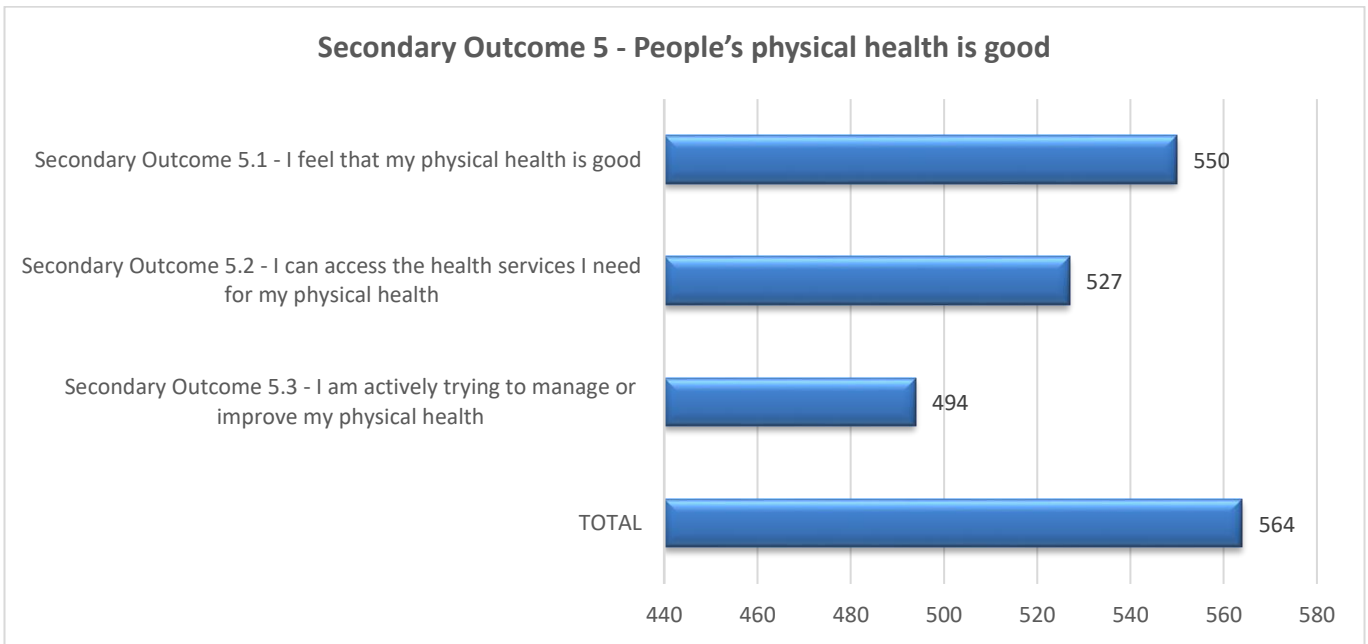
Chart 11

Five hundred and sixty-four individuals were receiving support with this Outcome. Equating to nearly a third of all individuals receiving support, this was the 5th highest reported outcome area.

While this outcome was relevant for between 80% – 100% of older people, or those with a learning disability or mental health, it was only relevant for 17% of those who were receiving generic homelessness support.

5.6. Secondary Outcome 6 - People are managing the impact of their dependency

Secondary Outcome 6 - People are managing the impact of their dependency

Secondary Outcome 6.1 - I feel that I can manage my dependency / use	162
Secondary Outcome 6.2 - I am reducing the harms associated with my dependency / use	150
Secondary Outcome 6.3 - I can access the support I need to help me to manage my dependency / use	146
TOTAL	162
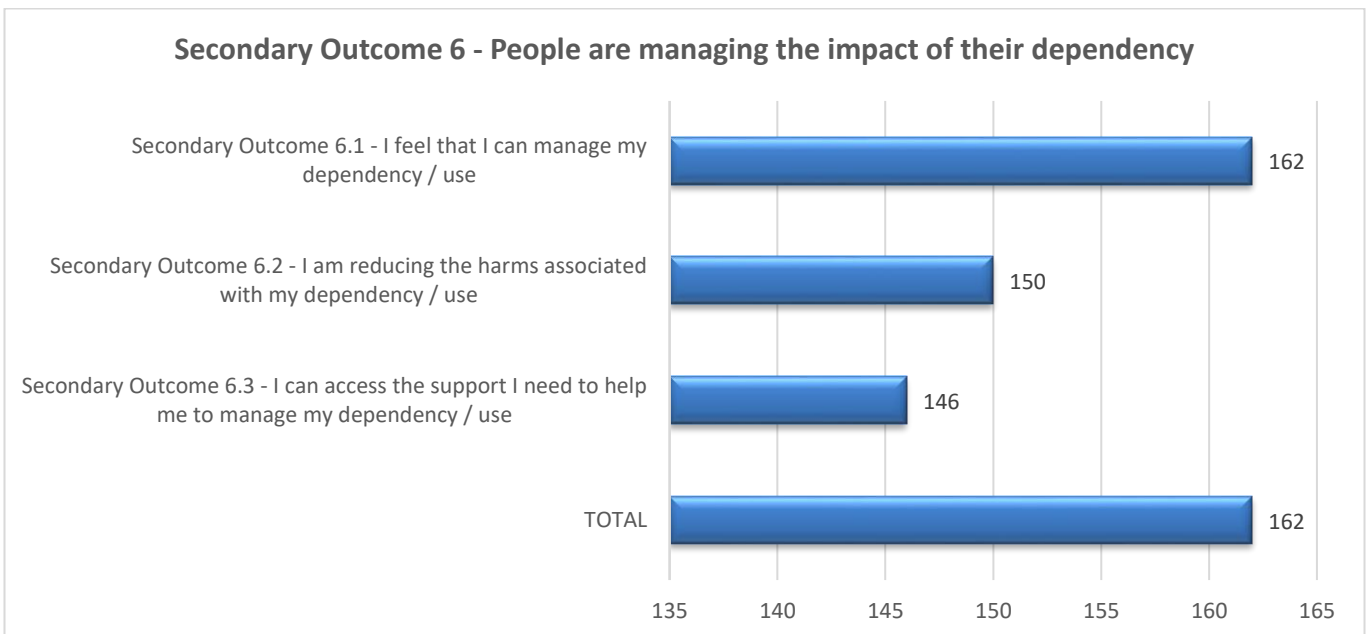
Chart 12

One hundred and sixty-two individuals were receiving support with this Outcome. Equating to just under a tenth of all individuals receiving support, this was the 6th highest reported outcome area.

While this outcome was relevant for between 67% of individuals with a substance use need, it was relevant for less than 15% of those of all other client groups.

5.7. Secondary Outcome 7 - People's mental health and wellbeing is good

Secondary Outcome 7 - People's mental health and wellbeing is good

Outcome	Value
Secondary Outcome 7.1 - I feel that my mental health, health and/or wellbeing is good	765
Secondary Outcome 7.2 - I can access the mental health services I need	680
Secondary Outcome 7.3 - I am actively trying to manage or improve my mental health	693
Secondary Outcome 7.4 - I feel optimistic about the future	706
Secondary Outcome 7.5 - I feel resilient and can cope with day-to-day worries, stresses, and uncertainty	711
TOTAL	778

Chart 13

Seven hundred and seventy-eight individuals were working towards this Secondary Outcome. This equates to forty percent of all individuals' supported and is the second highest identified outcome area. Between the 1,778 individuals, they were receiving support with 3,555 service user indicators, an average of five per individual.

This Secondary Outcome was relevant for between 64% - 100% of all clients groups, except generic homeless prevention, where it was relevant for 28% of individuals.

6. Homeless Status at Start & end of Support

Providers must report on the homeless status of individuals at the point they start receiving support and when the support ends, with 5 options available at the start of support and an additional option at the end of support (Maintaining stable accommodation independently (6mths +)). For a list of the definitions for each option, see Appendix 3 – Homeless Status Definitions

The chart below shows the homeless status of individuals at the start and end of support, for all 1,951 individuals reported on.
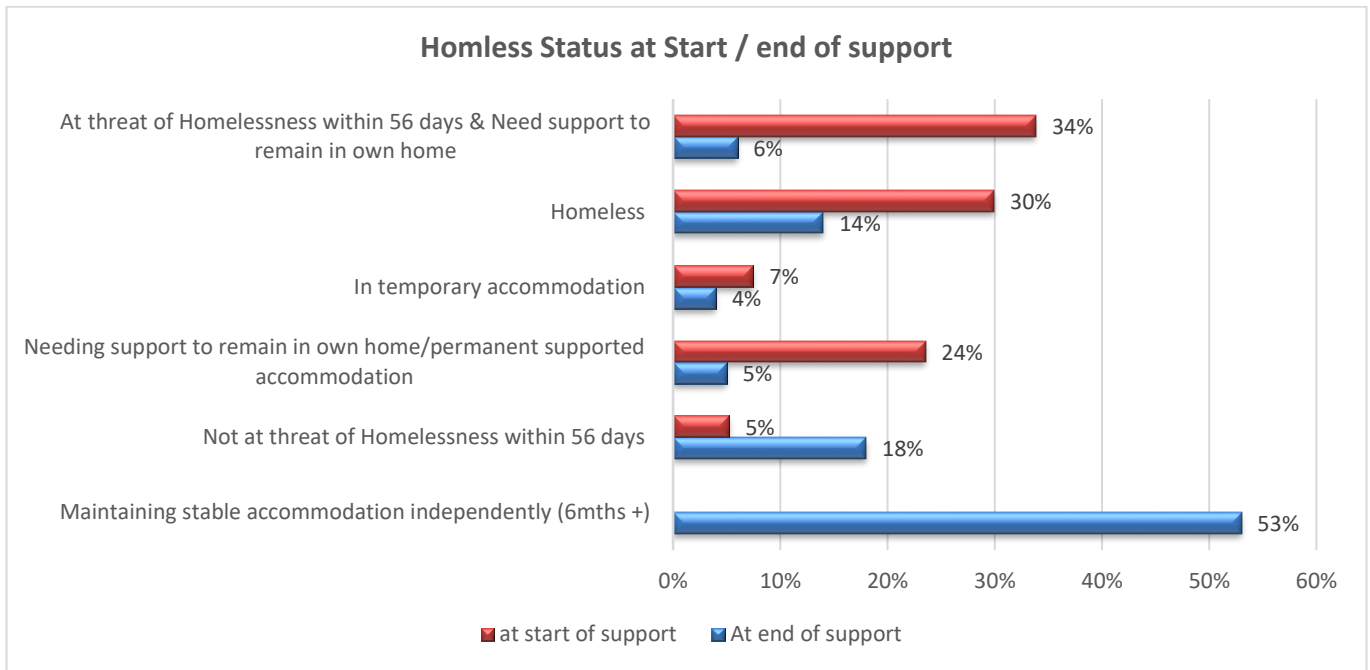
Chart 14

6.1. At threat of Homelessness within 56 days & Need support to remain in own home

660 individuals were reported at the start of support, to be at threat of Homelessness within 56 days, and requiring support to remain in their own home. Of these, 359 ended support during the reporting period.

The number of individuals reported as being at thereat of homelessness at the end of support dropped to 57, a reduction of 91%.

Of the 359 who had ended support, 56 (16%) were still at threat of homeless, 10 (3%) had become homeless, and 9 (3%) had moved into temporary accommodation. A further 4 (1%) were reported as requiring support to remain in their own home/permanent supported accommodation, 90 (25%) were no longer at threat of homelessness within 56 days, and 190 (53%) were maintaining stable accommodation independently.

6.2. Homeless

584 individuals were reported as being homeless, at the start of support, with 296 ending support during the reporting period.

Of the 296 individuals whose support ended, 115 (29%) were still reported as being homeless and 7 (2%) had moved into temporary accommodation. The remaining 174 (59%) reported as not being at threat of homelessness, or were maintaining stable accommodating independently, with 4 of these requiring support to remain in their own home.

129 individuals reported as being homeless at the end of support, a reduction of 78%.

6.3. In temporary accommodation

146 individuals were in temporary accommodation at the start of support, with 53 (36%) ending support.

Of these 53, 23 (43%) were maintaining stable accommodation, with 3 (6%) becoming homeless and 23 (43%) still in temporary accommodation

6.4. Not at threat of Homelessness within 56 days

102 individuals reported as not being at threat of homelessness at the start of support, with 50 individuals ending support. Of these 49 (98%) were still reported as either not at threat of homelessness or maintaining stable accommodation.

6.5. Needing support to remain in own home/permanent supported accommodation

459 individuals required support to remain in their own home, at the start of support. Of the 176 that ended support during the reporting period,134 (76%) were either not at threat of homelessness or were maintaining stable accommodation. A further 38 (22%) still required support to remain in their home.

7.   Reason for Support Ending

The table below shows the reasons that support ended, with over half of individuals ending support as they had either moved into settled accommodation, or had their housing related support needs met.

Reason Support Ended	Number	%
Moved in to settled accommodation (and no longer need support)	255	27%
Housing related support needs have been met	249	27%
Non-engagement with support	162	17%
Support no longer required	109	12%
N/A for one off services	43	5%
Moved to another HSG service/provider (but still receiving housing related support)	28	3%
Moved out of the area	26	3%
Other	22	2%
Entered prison/young offender's institution	16	2%
Deceased	9	1%
Moved into a longer-term care or health service (e.g. care home/home care/hospital/hospice)	7	1%
Moved into supported living, extra care, or sheltered housing (and no longer need housing related support)	6	1%
Entered specialist health services (e.g. Mental Health Unit/Detox Unit)	2	0%

Table 2

Appendix 1 – Primary Outcomes

Primary Outcome / Service User Indicator	Types of activities / interventions	Relevant Service Type
Primary Outcome 1. People have been able to engage with housing related support services (advice, information, and assistance) and are better informed about the options available to them and/or know where to go for assistance 1.1. I have been made aware of my housing rights and housing options available to me 1.2. I have been made aware of the housing related support available to me 1.3. I have been made aware of the benefits/financial support I am entitled to and how to apply for them 1.4. I know where to go for assistance if needed 1.5. I have been signposted to further assistance/support if needed 1.6. I am receiving housing related support to help me look for a more permanent/settled home.	Establishing and building trusting relationships with people who are not engaged with services Raising awareness of housing options/housing rights Raising awareness of housing related support available and where to go for assistance Raising awareness of the benefits/financial support the individual may be entitled and how to claim by advising and signposting to appropriate services Provision of housing related support to individuals who are homeless to help access a settled home/accommodation. Signposting/referring or help to access appropriate services, for example: Signposting to local authority housing options/homelessness services Help/signpost to sources/funding to access essential needs (food, clothing, furniture, essential appliances) Help to access/register with healthcare (e.g. GP, dentist, mental health services, midwife) Single issue' help (e.g. help with benefit claim, help to deal with a letter/bill, help to set up utilities in new home)	Assertive outreach/floating support services Day Time Drop in Services Any service that has provided one-off support/advice to an individual that has re-presented/returning after leaving a HSG service
Primary Outcome 2. People have been able to access emergency / temporary accommodation or short-term supported accommodation	Raising awareness of housing options/housing rights Raising awareness of housing related support available	Emergency / temporary Accommodation

Primary Outcome / Service User Indicator	Types of activities / interventions	Relevant Service Type
2.1. I am in emergency / temporary accommodation whilst I receive support to help me look for a more permanent/settled home 2.2. I am in short-term supported accommodation whilst I receive support to help me look for a more permanent/settled home	Provision of ongoing housing related support Access to emergency/ temporary accommodation and provision of support to look for a more permanent/settled home Support to access short-term supported accommodation and sustain the accommodation until a more permanent solution is found Support for VAWDASV survivors to access refuge accommodation /dispersed accommodation and ongoing housing related support Signposting and facilitating access to relevant private, public, voluntary services to support an individual's health and wellbeing	Short-term Supported Accommodation (including Refuges)
Primary Outcome 3. People can access and sustain a suitable settled home 3.1. I have successfully moved from emergency / temporary accommodation or short-term supported accommodation into a settled home 3.2. I have settled accommodation which meets my needs, and which is likely to last 6 months or more 3.3. I have the relevant information, capability, skills, and/or confidence to be able to sustain/manage my settled accommodation	Support to access and sustain an occupation contract in the PRS (e.g. bond certificate, Landlord mediation, HRS) Support to access Housing First Accommodation Provision of ongoing housing related support Providing advice and support around sustaining an occupation contract/managing accommodation with appropriate support as outlined within the HSG criteria Raising awareness of contract-holder obligations/contract-holder rights/housing rights in order to retain a housing situation Enabling and facilitating access to finance/debt advice and be given the skills to manage their money in the future	Private Rented Sector Access Scheme Housing First Floating support

Primary Outcome / Service User Indicator	Types of activities / interventions	Relevant Service Type
	Enabling and facilitating the service user to claim welfare benefits/maximise income by advising and signposting to appropriate services Signposting and facilitating access to relevant private, public, voluntary services to support an individual's health and wellbeing Enabling and facilitating service users to access education, training or work or meaningful activities Access to mediation services (landlord and family)	
Primary Outcome 4. People can manage their existing accommodation/home which prevents them from either becoming homeless or from having to access more costly public services (e.g. health, social care services) 4.1. I am receiving housing related support to help me manage my accommodation/home 4.2. I have the relevant information, capability, skills, and/or confidence to be able to manage my accommodation/home 4.3. I am in control of my daily life as much as I can be to be able to manage my accommodation/home	Signposting/facilitating access to appropriate services which enable a service user to have the skills, confidence, and independence to maintain their home (in line with HSG criteria). For example: • Raising awareness of contract-holder obligations/contract-holder rights/housing rights in order to retain a housing situation • Enabling and facilitating access to finance/debt advice and be given the skills to manage their money in the future • Enabling and facilitating the service user to claim welfare benefits/maximise income by advising and signposting to appropriate services • Signposting and facilitating access to relevant private, public, voluntary services to support an individual's health and wellbeing	Floating Support in their own home Long term/Permanent Supported Accommodation Extra Care Services

Primary Outcome / Service User Indicator	Types of activities / interventions	Relevant Service Type
	- Enabling and facilitating service users to access education, training or work or meaningful activities - Access to mediation services (landlord and family) - Projects that provide target hardening equipment to enable victims of domestic abuse to remain safe in their own home - Provision of alarms - Signposting to services/funding in relation to organising repairs or improvements to their homes, or adaptations, or other appropriate services	

Appendix 2 – Secondary Outcomes

Secondary Outcome / Service User Indicator	Types of activities / interventions	Links to legacy SP Outcomes
Secondary Outcome 1. People have positive and healthy relationships with people in their life 1.1. I have positive and/or healthy relationships with my family and/or child/children 1.2. I have positive and/or healthy relationships with my friends and/or peers 1.3. I have positive and/or healthy relationships with people I live with 1.4. I don't feel isolated 1.5. I feel connected to my local community	Access to family mediation Enabling individuals to establish links with local communities to alleviate loneliness and establish meaningful relationships Enabling individuals to establish / re-establish appropriate links with family and friends Enabling people to recover from abusive or violent relationships Support to move on from negative relationships	Feeling Safe Managing Relationships Feeling part of the community
Secondary Outcome 2. People feel safe in their home / accommodation from either physical or emotional harm, or People are contributing to the safety and wellbeing of themselves 2.1. I feel safe in my home/ accommodation from any physical harm 2.2. I feel safe in my home/ accommodation from any emotional harm 2.3. I am not negatively impacting the emotional or physical well-being of others	Access to family mediation services Projects that provide target hardening equipment or other support to enable victims of domestic abuse to remain safe in their own home Supporting people to escape or avoid other forms of abuse, violence, or exploitation Provision of alarms Supporting people to reduce anti-social behaviour Supporting people to reduce or avoid re-offending	Feeling Safe Contributing to the safety and well-being of themselves and of others Managing Relationships
Secondary Outcome 3. People have independence and control of their day to day lives	Enabling and facilitating access to advice services and be given the skills to	Managing accommodation Managing money

Secondary Outcome / Service User Indicator	Types of activities / interventions	Links to legacy SP Outcomes
3.1. I am positively engaging with support 3.2. I feel in control of my daily life 3.3. I am able to manage my money 3.4. I have the practical skills to live independently	manage their money and able to maintain their accommodation in the future and live independently: Enabling and facilitating the individual to maintain their housing situation by assisting them to make appropriate payment plans or payments to service providers that relate to their property, e.g. utilities, landlords and prevent the loss of their home due to debt. Enabling and facilitating the service user to budget and to be given the skills to manage their budget in the future. Supporting people to develop practical life skills, such as cooking, cleaning, washing and other housekeeping tasks Supporting people or signposting people to services or technologies that help them to develop confidence, literacy, or computer skills to help them manage their lives independently Signposting to appropriate services which enable a service user to retain their home (with an expectation that the service user will not require this advice on an ongoing basis)	Leading a healthy and active lifestyle

Secondary Outcome / Service User Indicator	Types of activities / interventions	Links to legacy SP Outcomes
	Signposting to appropriate services in relation to organising repairs or improvements to their homes, or adaptations, or other appropriate services	

Secondary Outcome 4. People are engaged in something meaningful to them
 	
This outcome reflects any activity that the provider/support worker has facilitated the individual to access as part of addressing their housing support needs, and has subsequently enabled them to have the capability, independence, skills and/or confidence to access and/or maintain a stable and suitable home/accommodation.
 	
4.1. I am engaged in an activity that is meaningful to me and has contributed to my well-being E.g.
    o Education
    o Training
    o Voluntary opportunities
    o Employment
    o Sports and recreation
    o Hobbies
    o Other activities in the community
    o Diversionary Activities
4.2. I am able to do the things that matter to me
	Signposting and facilitating individuals to access education, training, employment or voluntary work, or activities in their community. These should be person-centred and strengths-based, helping to provide people with a sense of purpose and improve their well-being.	Engaging in education/learning
		
		Engaged in employment/voluntary work
		
		Feeling part of the community
		
		Leading a healthy and active lifestyle

Secondary Outcome 5. People's physical health is good 5.1. I feel that my physical health is good 5.2. I can access the health services I need for my physical health 5.3. I am actively trying to manage or improve my physical health	Signposting and facilitating initial access to (public) health services (and any appropriate re-referral during the period of support provision), e.g. signing on with a doctor or dentist. (Housing related support does not extend to regularly accompanying individuals	Physically healthy Leading a healthy and active lifestyle

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Secondary Outcome / Service User Indicator	Types of activities / interventions	Links to legacy SP Outcomes
	to health appointments or counselling) Signposting and supporting access to information that people can used to improve their physical health (e.g. healthy eating, low level exercise) Signposting and facilitating access to sport and recreational activity in the community	
Secondary Outcome 6. People are managing the impact of their dependency 6.1. I feel that I can manage my dependency / use 6.2. I am reducing the harms associated with my dependency / use 6.3. I can access the support I need to help me to manage my dependency / use *This may relate to substance use/dependency or behavioural dependency*	Signposting and facilitating access to specialist support to deal with dependency issues Providing ongoing, non-judgemental, non-specialist support to deal with substance use/ dependency or behavioural dependency Supporting people re: harm reduction e.g. needle exchange	Contributing to the safety and well-being of themselves and of others
Secondary Outcome 7. People's mental health and wellbeing is good 7.1. I feel that my mental health, health and/or wellbeing is good 7.2. I can access the mental health services I need 7.3. I am actively trying to manage or improve my mental health 7.4. I feel optimistic about the future 7.5. I feel resilient and can cope with day-to-day worries, stresses, and uncertainty	Signposting and facilitating access to emotional support which promotes resilience and well-being for service users in receipt of a housing related support service Signposting and facilitating access to specialist mental health support Providing psychologically informed, non-judgmental listening and support	Mentally healthy Leading a healthy and active lifestyle

Appendix 3 – Homeless Status Definitions

Homelessness is where a person lacks accommodation or where their tenure is not secure. Rough sleeping is the most visible and acute end of the homelessness spectrum, but homelessness includes anyone who has no accommodation, cannot gain access to their accommodation or where it is not reasonable for them to continue to occupy accommodation. This would include overcrowding, 'sofa surfing,' victims of abuse and many more scenarios. A person is also homeless if their accommodation is a moveable structure and there is no place where it can be placed (Strategy for Preventing and Ending Homelessness 2019)

Homeless	This would include an assortment of individuals with a variety of circumstances, who are eligible for HSG support (see HSG Guidance for eligibility criteria). Individuals in this category are not in receipt of temporary accommodation. Examples of those who are homeless might include (but will not be limited to): - Those sofa surfing - Those sleeping rough - Those who have already been evicted (either by landlord or family) - Those who have left prison or the armed forces and have nowhere to go Those who are resident in accommodation that may be subject to disrepair, overcrowding or experiencing domestic abuse.
At Threat of Homelessness within 56 days & need support to remain in own home	This would also cover those who are at threat of homelessness in the next 7 days, and could cover (but would not be limited to): - those who are at risk of domestic abuse - those who have been threatened with eviction (either by landlord – legal notice received - or family). This option includes those who need immediate help to remain in their own home/keep their occupation contract.
Not at Threat of Homelessness within 56 days	This would cover those who are in an insecure tenancy for example, those being evicted but **not** within 56 days or have not gone through the homelessness system yet.
Needing support to remain in own home/permanent supported accommodation	This covers (but is not limited to): - those with learning difficulties/mental health issues/older persons/those with substance use issues - those likely to be at threat of eviction in the future, without support. This option includes those who will require long term support to continue living independently and which prevents them from either becoming

	homeless or from having to access more costly public services (e.g. health, social care services).
In Temporary Accommodation	This covers those who are currently being housed in emergency / temporary accommodation or short-term supported accommodation, for example: - Emergency / Temporary Accommodation e.g. Triage Assessment Centres. - Short-term supported accommodation, including refuges
Maintaining Stable Accommodation Independently (6months+)	This option will cover all those who, at the end of their support, are in accommodation likely to last at least 6 months or more and can maintain that accommodation/ occupation contract without support. This accommodation can be family/friends with a sense of permanence to the arrangement (own room), private sector or social rented occupation contract. This option also covers those who no longer need support to remain in their own home/accommodation and no longer at threat of homelessness.

Appendix 4 – Housing Support Gateway 2022/23

Overview

The Housing Support Gateway (formerly Supporting People Gateway) was established in July 2017, to initially manage referrals for the Wallich PAWS Floating Support Service. This was extended in 2018 to include referrals for Young Persons Supported Accommodation services, and a comprehensive referral, assessment and allocations process was developed in conjunction with support providers. During 2020, the Gateway was again extended to manage referrals for Generic Homeless Supported Accommodation, Mental Health Floating Support and Supported Accommodation, and Substance Use Floating Support. From April 2021 the Gateway took over referral management for Supported Accommodation for Women who have experienced DVA, and from August / September 2021, the additional units of Supported Accommodation for Young People, and those with Mental Health / Complex Needs. Since the Housing Support Gateway (HS Gateway) was established, there has been a steady increase in referrals received at the Gateway, particularly during the Covid-19 pandemic (20/21).

Services Accessed via HS Gateway

Between 2017, when the HS Gateway was established, and 2021, the number of providers / schemes accessed via the Gateway has increased from 1 to 14. The number of units has increased from 360 to 539, an increase of 50%.

Provider / Scheme	Number of Contracted Units					
	17/18	**18/19**	**19/20**	**20/21**	**21/22**	**22/23**
Wallich PAWS (Generic)	340	340	340	340	340	340
Llamau (Young Persons)	-	35	35	35	35	35
Clarewood (Young Persons)	-	8	8	8	8	8
Adferiad (Sub/Alcohol Use)	-	-	-	16	22	22
Caredig Wish (Mental Health)	-	-	-	6	7	7
Goleudy (Homelessness)	-	-	-	12	12	12
Platfform (Mental Health)	-	-	-	33	42	42
Caredig Terminus 2 (Mental Health / Complex Needs)	-	-	-	-	6	6
Stori (VAWDASV)	-	-	-	-	14	14
Wallich PAWS Rapid Rehousing	-	-	-	-	16	16
Wallich PAWS Supported Accommodation (Homelessness)	-	-	-	-	-	12
	340	**383**	**383**	**450**	**508**	**520**

Referrals

A total of 668 referrals were received at the HS Gateway between 01/04/22- 31/03/23 for both Floating Support (FS) and Supported Accommodation (SA) services.
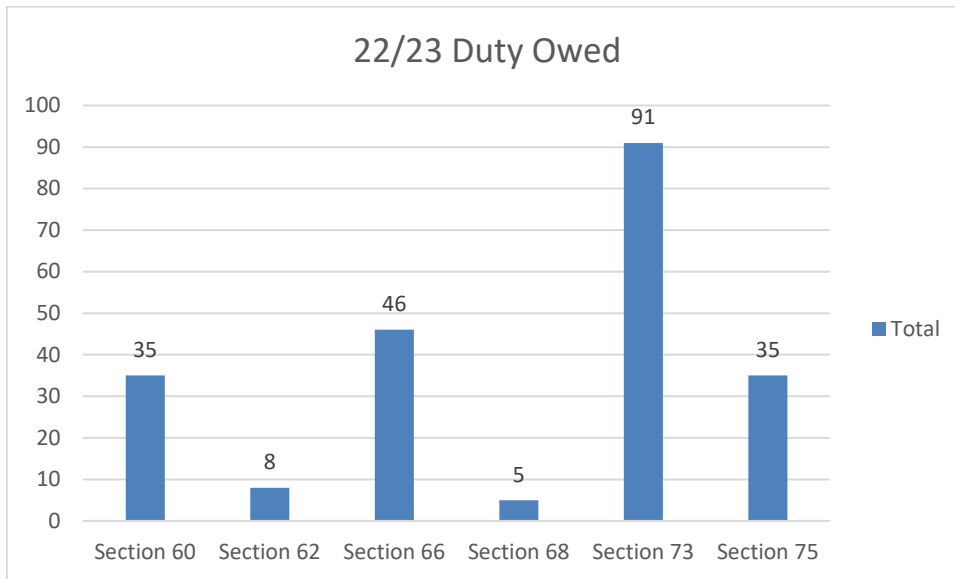
A total of 567 referrals were for FS, whilst 163 referrals were for SA. The below table (Table 1) shows a breakdown of the numbers of referrals sent per referrer group. The total amount of referrals received has decreased from the year prior 21/22, where the total amount of referrals received was 776. However, we have still had an increase in SA referrals of 23% from the previous financial year.

The percentage of referrals received from each referrer, highlights that Housing Options Team (HOT) remains the main referrer for Floating Support & in total, with a majority of 34% of all referrals received at the HS Gateway.
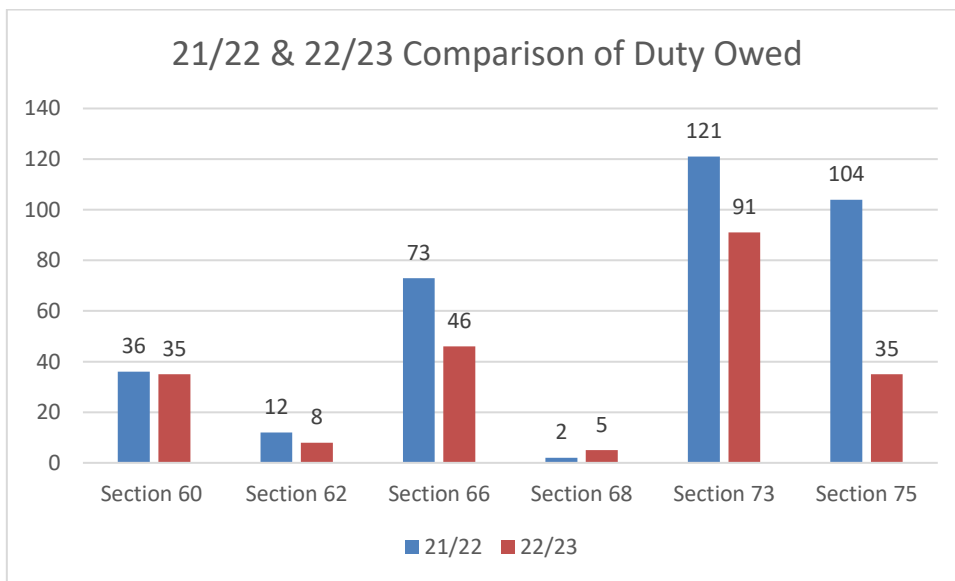
Referrer	Floating Support	Supported Accommodation	Total
Civic	*111*	*11*	*157*
Interim	*57*	*29*	*109*
HOT Total	**168 (30 %)**	**40 (25 %)**	**208 (31 %)**
Tai Tarian	59	5	107
Coastal	14	2	25
Pobl Group	8	2	23
RSL Total	**81 (14 %)**	**9 (6 %)**	**90 (13 %)**
Children's Services	26	27	20
Social Services (including Adult Services, SPOC, FAST)	53	23	25
Social Services Total	**79 (14 %)**	**50 (31 %)**	**155 (19 %)**
Adferiad	3	0	14
Calan DVS	2	3	12
Clarewood	0	12	2
Dewis	1	4	9
Llamau	2	5	2
Platfform	19	3	6
Stori	4	5	6
Wallich	151	4	170
Women's Aid	2	1	5
HSG/HPG funded Services Total	**184 (32 %)**	**37 (18 %)**	**226 (32 %)**
Probation	**5 (<1 %)**	**4 (2 %)**	**9 (1 %)**
Other DA Services	**4 (<1 %)**	**6 (4 %)**	**10 (2 %)**
Other	**39 (7 %)**	**17 (10%)**	**56 (8 %)**
TOTAL REFFERALS	**560**	**163**	**709**

HOT Duty

Of all referrals received, 220 applicants were owed a Duty with HOT. Below chart (Chart 1) shows the breakdown of type of Duty owed at point of referral. Highlighting that the majority of applicants who are owed a duty, are owed a relief duty, to help secure accommodation for homeless applicants (S73).

22/23 Duty Owed

Section	Total
Section 60	35
Section 62	8
Section 66	46
Section 68	5
Section 73	91
Section 75	35

There has been a decrease in duty owed across all sections (excluding S68), from the previous year, as seen in the breakdown below:

21/22 & 22/23 Comparison of Duty Owed

Section	21/22	22/23
Section 60	36	35
Section 62	12	8
Section 66	73	46
Section 68	2	5
Section 73	121	91
Section 75	104	35

Action following receipt of referral

The below charts (Charts 2.1 & 2.2) shows the 'action' following the referrals received at the Gateway across FS and SA referrals. There a number of reasons why the applicant may not be referred for assessment / accommodated (supported accommodation), these include;

- ➢ The applicant has withdrawn their referral – this could be due to no longer requiring the support requested; moving out of area etc.;

➢ The HS Gateway has declined the referral – this could be due to the applicant residing outside of the Neath Port Talbot area; the applicant already being open to a HSG funded service; the referrer has failed to provide further information at the request of the HS Gateway;

➢ The applicant could be assessed by a supported accommodation & declined due to the provider not being able to meet their support needs/not able to mitigate risks associated with the applicant.

As a side note, it is important to note that the Gateway is not able to record the details of the applicant, where consent has not been obtained – therefore, there is likely a higher number of referrals which were unable to progress due to this & not recorded.

Floating Support - Action

- Declined by Gateway
- On hold
- Referred for assessment
- Waiting list
- Withdrawn
- Closed
- Accommodated
- Provider declined to assess

Supported Accommodation - Action

- Declined by Gateway
- On hold
- Referred for assessment
- Withdrawn
- Closed
- Accommodated
- Assessed & Accepted
- Assessed & Declined
- Provider declined to assess
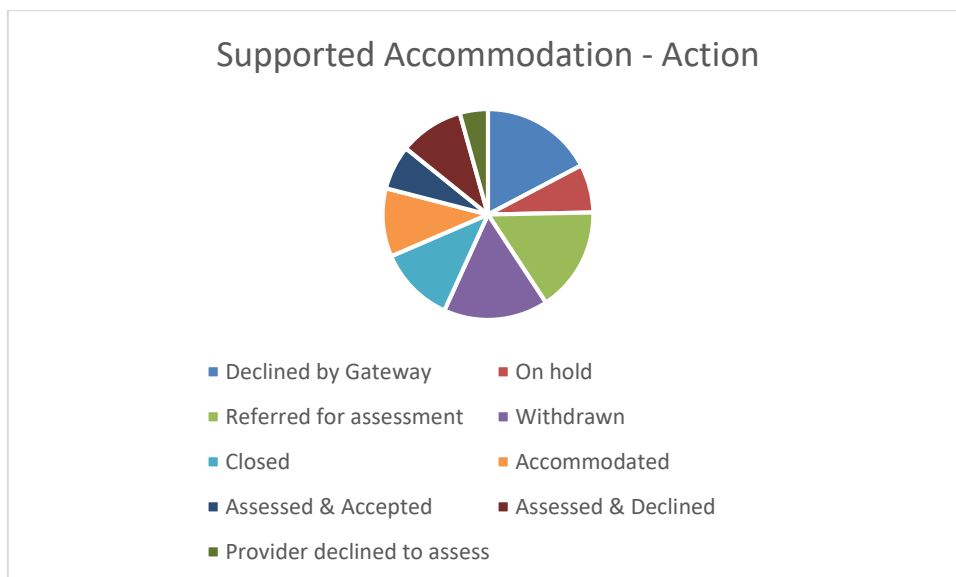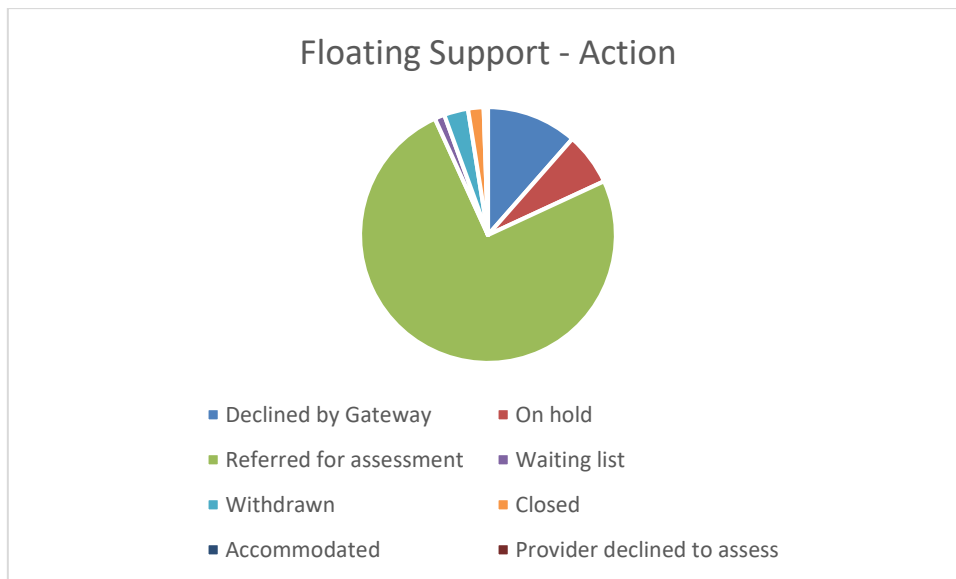
The below charts (3 & 3.1) highlight the amount of referrals received for each of the HSG funded services, for both FS (Chart 3) & SA (Chart 3.1). This shows that PAWS, generic FS service, had received the highest amount of referrals during this period of reporting (including PAWS Rapid Rehousing; PAWS

Mediation; PAWS befriending). This is to be expected as they have the largest capacity of all services that go through the HS Gateway, with 360 units of support.

Total

Service	Total
Wallich PAWS - Rapid Rehousing	2
Wallich PAWS – Mediation	1
Wallich PAWS – Floating Support	454
Platfform	84
Adferiad & Platfform FS	15
Adferiad	10

Total

Service	Total
Wallich PAWS Supported…	3
Pobl Clarewood	20
Platfform Care Managed SA & Caredig	22
Platfform Care Managed SA	11
Llamau & Goleudy	20
Llamau – Supported Accommodation	35
Llamau – SLS	4
Hafan Cymru – Supported…	28
Goleudy	8
Caredig & Goleudy	1
Caredig	10

The above chart highlights that the HS Gateway had received the most referrals for Llamau SA. This accommodation is for young people with low-moderate needs. The second & third most referred scheme was Stori – Domestic Abuse accommodation & Clarewood – Young People's complex-needs accommodation. All of these services were in the top three last reporting period, evidencing the high demand that still exist in this service area.

The below chart shows a comparison of the demand on services from the previous reporting year. If we compare this to last year's data, we can see that there has been an increase in demand in 62.5% of our provision. I have not included the Wallich PAWS supported accommodation project mentioned in chart 3.1, as referrals for this scheme did not come through the HS Gateway in 2021/22.

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21/22, 22/23 Referral Comparison (SA)

Scheme	2021/2022	2022/2023
Caredig	17	10
Goleudy	15	8
Hafan Cymru	23	28
Llamau	22	35
Llamau & Goleudy	13	20
Platfform	9	11
Platfform & Caredig	5	22
Clarewood	22	20

■ 2021/2022   ■ 2022/2023
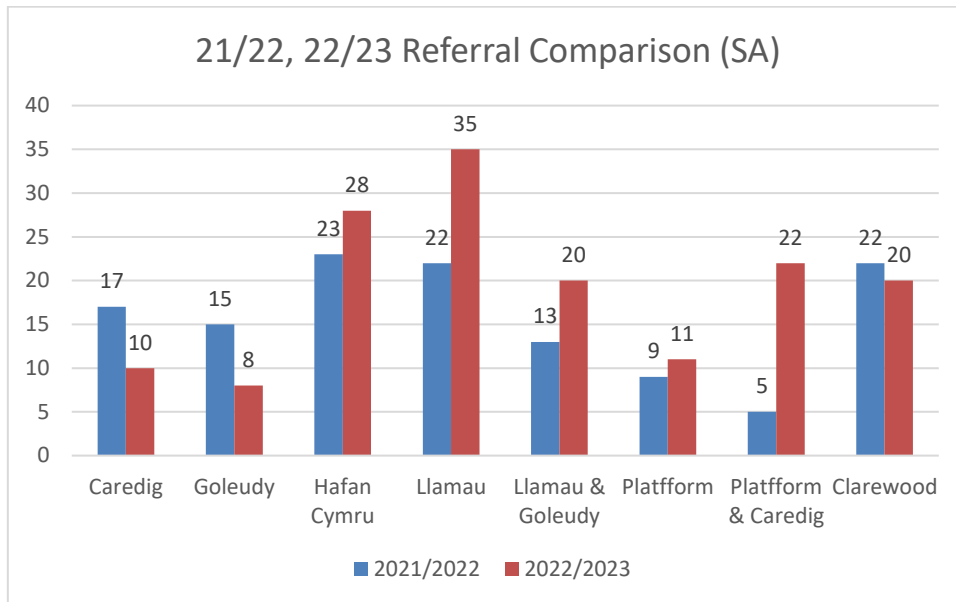
There are some reasons why the referrals for the 22/23 reporting year, may have dipped from the previous year in comparison. For example, for the Caredig SA, 21/22 was the year this project was established and began to accept referrals. This would lead to an influx in referrals as they were required to fill the initial voids, whereas, following these voids being filled, spaces may not arise for up to 2 years. Therefore, referrals are likely to slow down, as there may not be any vacant properties for some time and referrers may refer to alternative schemes, such as Platfform, who have seen an increase.

Appendix 5 – Service User Survey Responses

Introduction

The annual HSG Service user survey was completed in December 2023. 33 surveys were returned, representing a range of services including floating support, supported accommodation and temporary accommodation. Service areas included generic homeless prevention, young people, mental health, and domestic abuse.

What Services do you receive support from
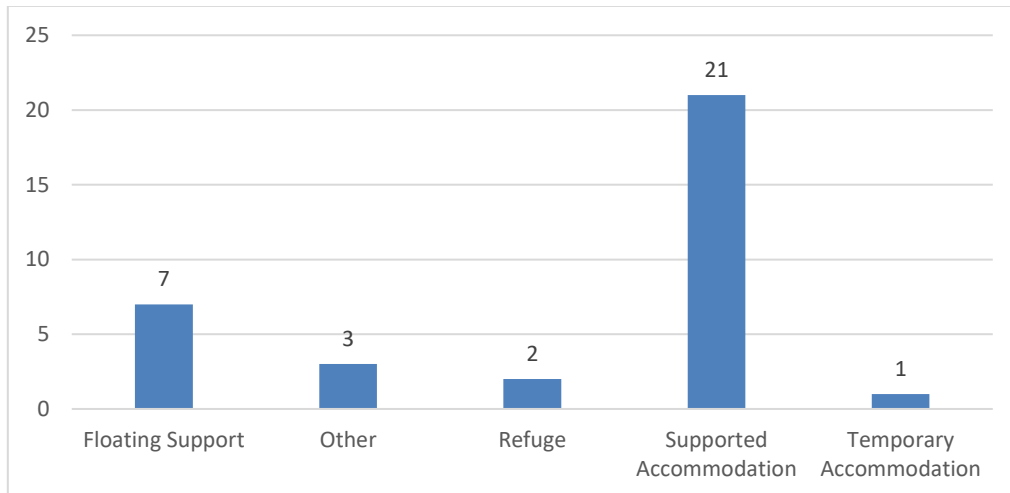
How long have you been receiving support?
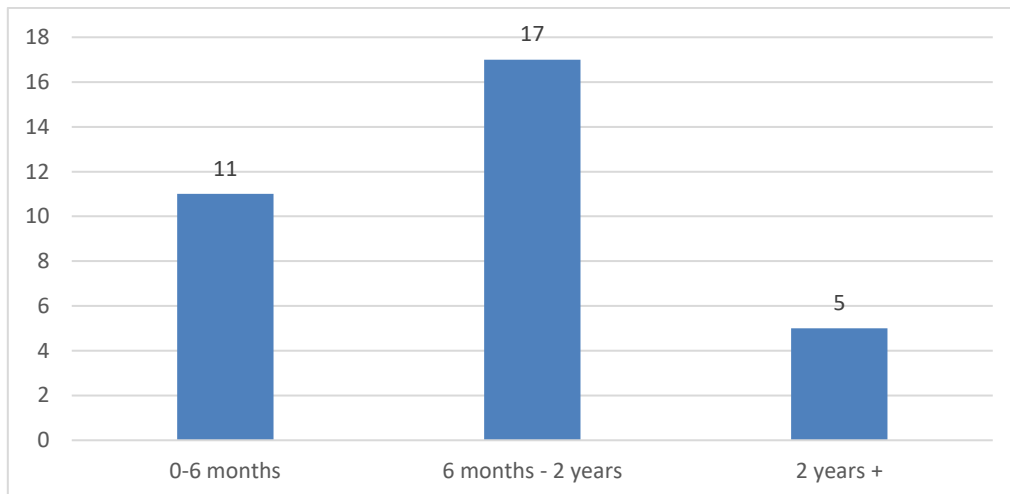
How often do you see or speak to your support worker?
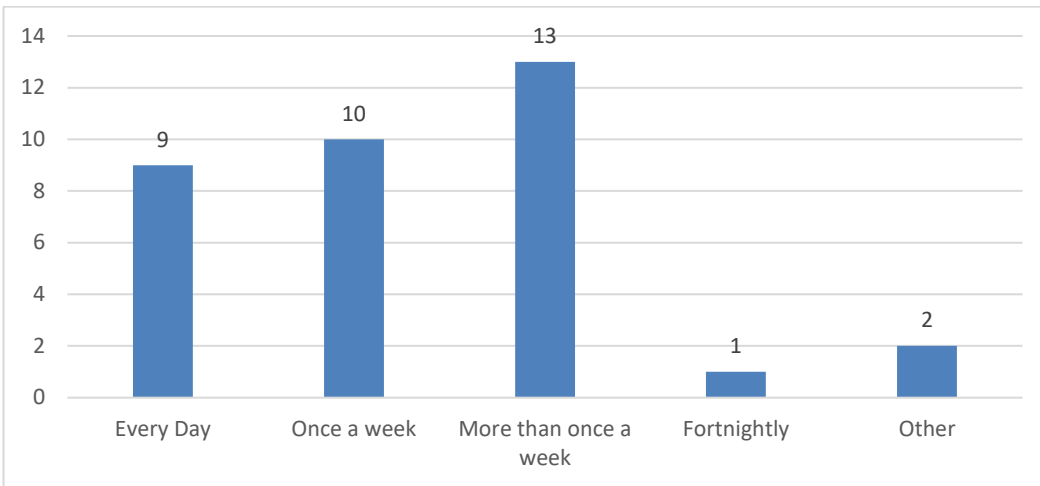
Do you get the right amount of support you feel you need?
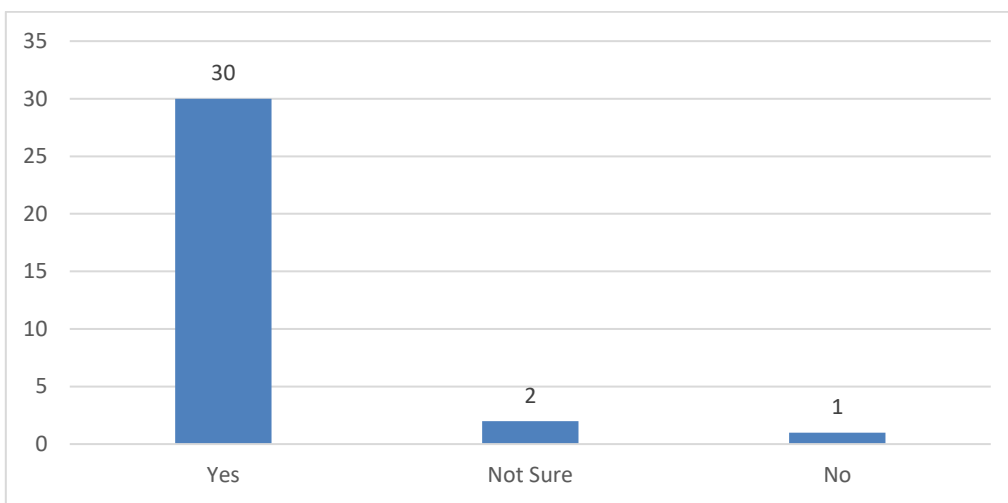
Overall, how do you feel as a result of the support you have received?
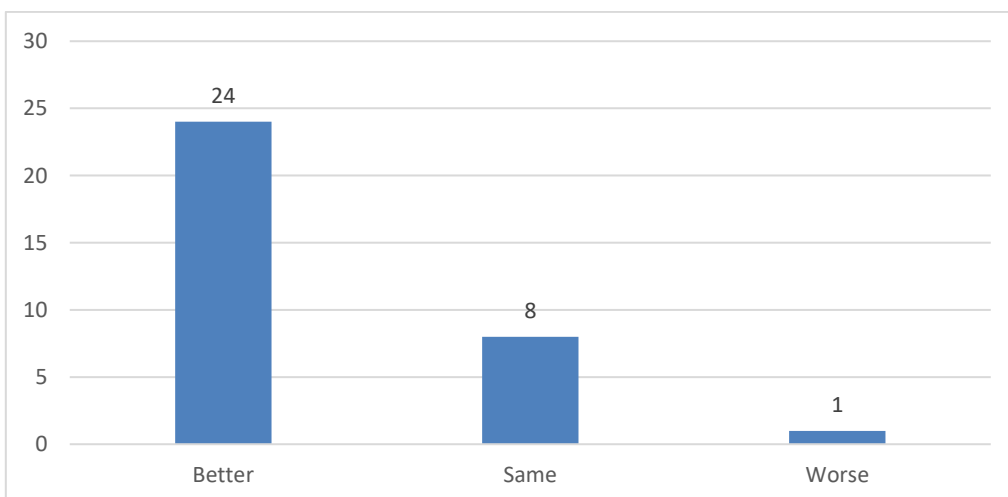
How safe do you feel?
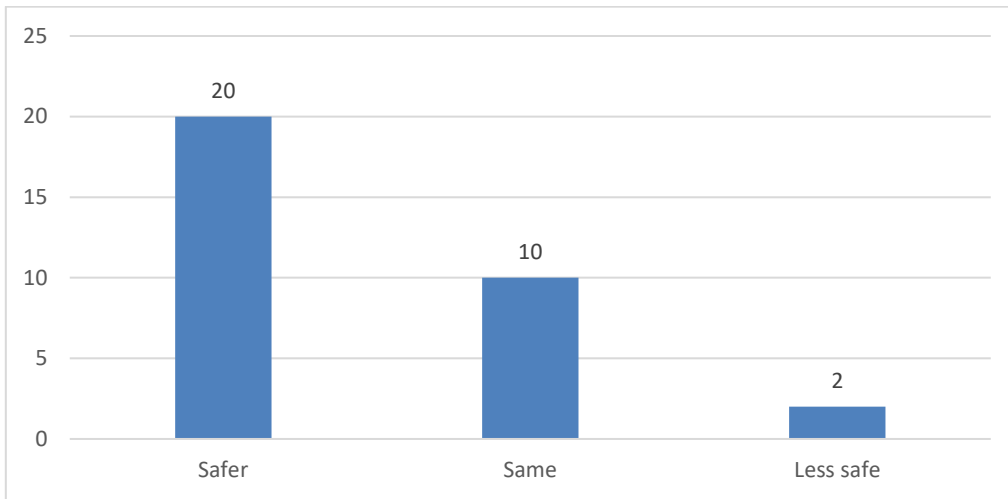
How are you managing your money?
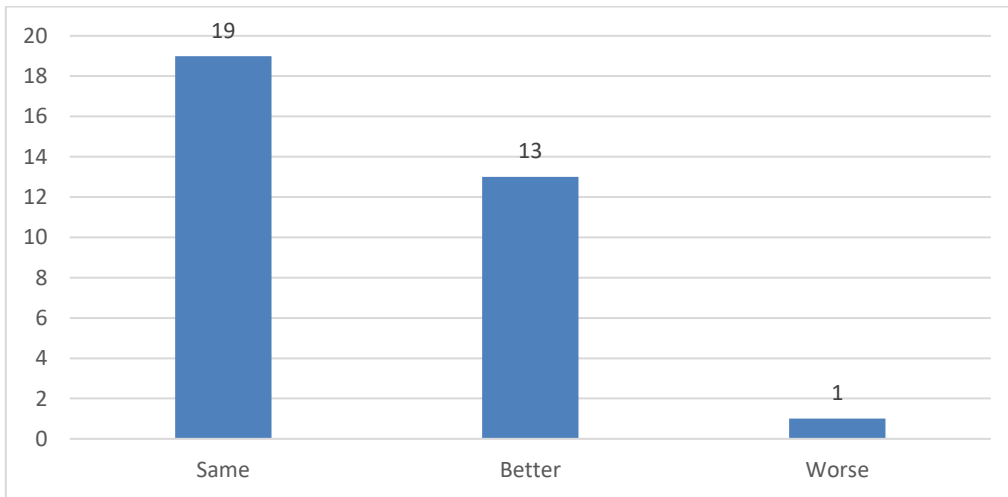
How is your physical or mental health?
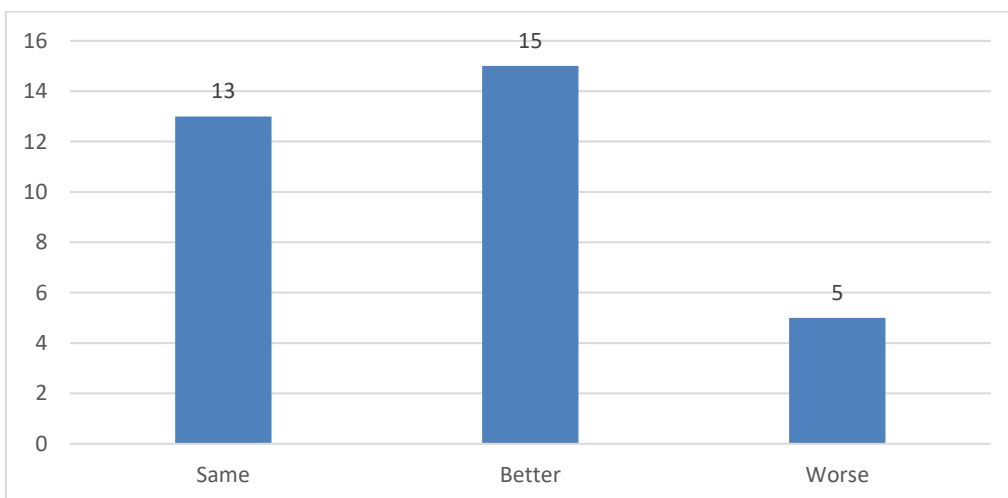
How confident do you feel with managing your property/accommodation/tenancy?
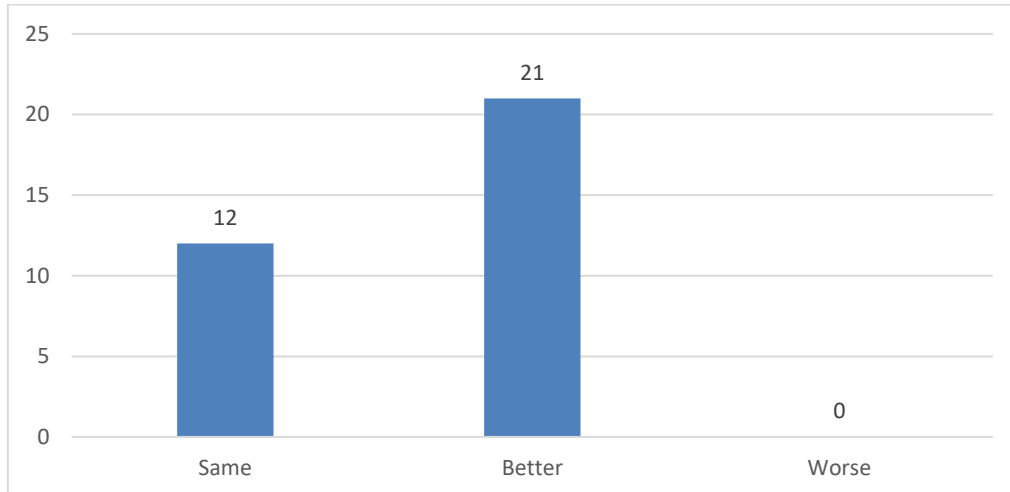
What improvements has support has made to your life?

- They helped me find university accommodation
- More money with PIP and appealed with Tai Tarian and now have a live application
- I feel more stable with support from The Wallich. I know that I can call on my support worker at any time. I was staying in a hotel in Swansea which I really hated so I'm much happier here in Ty Raena.
- Helping me to be more independent
- Able to do more things for myself
- Better in yourself and now has had support to open Bank Account
- Made mental health better
- Just more better than my past had been
- Just need a home soon as possible
- They help to fill in forms and speak on my behalf to official people e.g. DWP
- I can cook clean wash
- I have been able to manage my flat better
- Having a support worker has helped me sort the things I need to sort like metal health and housing, and appointment
- More independent and aware of overspending
- I feel less lonely and less likely to harm myself
- It helps me to budget better and deal with things better
- The support I receive is brilliant. There are time when things seem better, worse or the same.
- I feel I can relax
- I don't feel like I get enough
- I think the support has been fabulous
- My bills are being paid the same day as I get my benefits. I am keeping on top of my bills. Before I used to miss payments.
- They have helped with handling bills/rent etc

- It's helped me to be more trusting and brought me out of myself. Staff have massively helped me to come off drugs and remain off them for 15 weeks now, which is the longest in years. Staff helped me access outside support for my substance use, and my mental health. I get support with Adferiad too which is really helpful. I love my little flat; it is my safe space and I enjoy coming home and being in my home. I prefer to be in my home now, than out and about.

Is there anything that could be done better or differently to support you?

- I didn't want to move but had to
- Build more housing
- We have residents meetings in Ty Raena. I enjoy these and would like them to be even more frequently than monthly. Other than that, I'm really happy with the support received.
- No (x18)
- A home
- Basically if I had an accommodation of my own and if there were more properties available to bid on
- More support for wellbeing
- More 24hour supported living
- I feel it is perfect. The support is tailored for me, and my care goals are accurate. I have the chance to contribute to my support plan and express my needs.

Is there anything else you would like to tell us about the support service you are receiving?

- I wanted to stay in my flat but I started uni and had to move. I still need support.
- I am satisfied with my support
- My support worker is very helpful. I like having someone on the end of the phone and she helps me with a lot.
- I am happy with the service
- Everything is good
- At this moment in time it is out of everyone's power because of the situation I am in at present
- No (x8)
- The service has been very good, improved the quality of my life.
- It's awful
- I am very happy with service and wish to continue receiving support
- all the staff are lovely

Is there anything else you would like to tell us about the support service you are receiving?

- The support service I am with have been a tremendous support structure for the last two years.
- the staff nag me, but they are great
- I want to thank staff for the support I get
- It has been very helpful. It's good to know that someone cares.
- This is one of the best support services I have experienced, and I have been in supported accommodation since I was 16. I feel that staff listen to me, and we communicate if there are any adjustments that need to be made. I am learning about maintaining a tenancy and paying

bills, but staff help with this. I feel extremely safe and secure in my property and with the staff here. I can sleep at night now, and I am learning to relax. I feel that the supported accommodation is like a place where you can heal, and it's like a little world in itself, but safe. They teach you how to put your life back together.

Please tell us what is good about your accommodation, and also what you would like to see improved in your accommodation (e.g. facilities, room size,)

- I liked my flat
- I'm happy with the size of the room which is great as far as supported accommodation goes. I was provided with all the essentials I needed to settle in. The only thing I'd really like is an oven, but I appreciate that this is difficult given the size of the kitchen area.
- No improvement needed
- The level of engagement in is good.
- Room size
- Room size okay - no cooking facilities in room
- Everything
- The rooms are much better and the staff are a great help in support me
- I like the Independence I get
- Room is fine, fixing the one dryer would help
- Room to myself is good
- more house meetings
- Nothing
- Size
- I am happy with the accommodation
- My personal space, sharing is always has its difficulties.
- I would like a new room
- I have my own room
- improve on the heating system
- Everything is fine
- My flat is beautiful, and when I viewed it, I thought it was too good for me. It's perfect for me and I really love it. If I had to be really picky, then I would just say it doesn't have a bath; but the shower is amazing. Other than that it is perfect.
- Just that it's beautiful to me, and it came furnished, which when you're homeless is massive. It even had cups and cutlery, a hoover. Just little things, which when you're homeless you don't think about. I came with a couple of black bags, and when I moved in there was a starter pack and everything I needed.

To help us in designing future services could you please tell us what support and accommodation facilities are important to you:
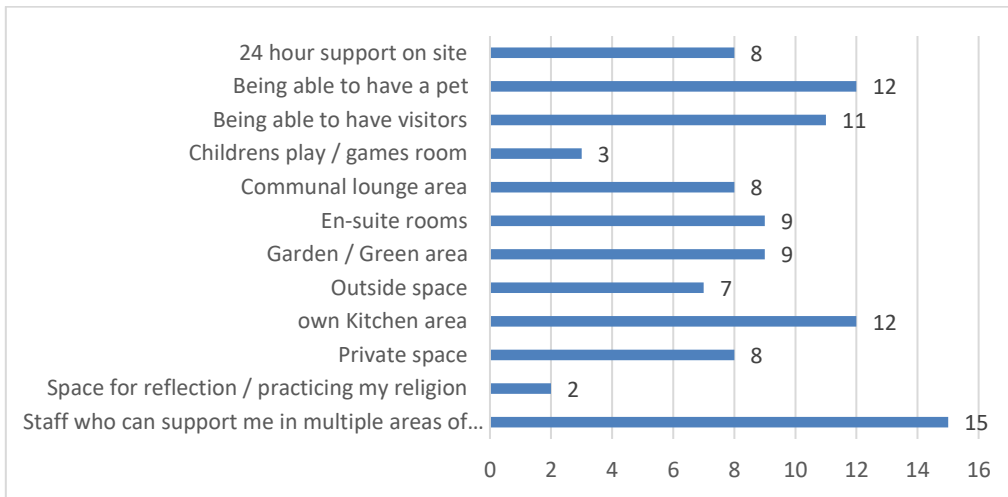
Which of the following areas of support do you feel it is important for staff to have specialist knowledge in? Please select the ones which are important to you:

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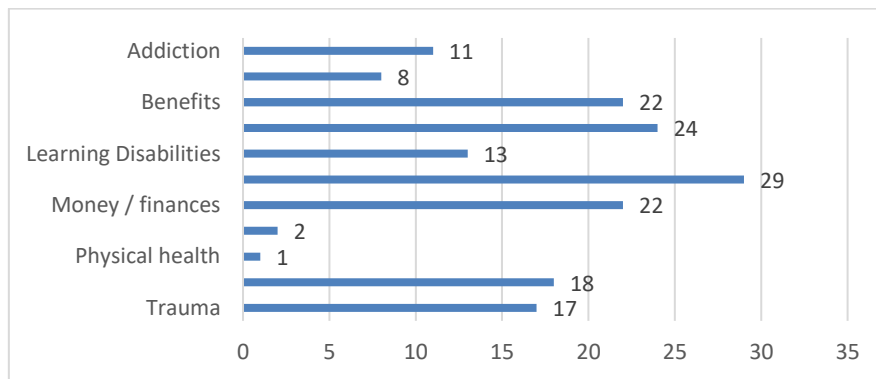
Appendix 6 – Equalities Data 2022/23

The following data is taken from the Service User Quarterly Returns 2022/23

Age/ Gender

Age Range	Female	Male	Other / Not Known	Non-Binary
16-17	11	15	-	-
18-24	216	241	-	1
24-34	630	453	1	1
35-49	674	594	-	-
50-64	290	331	-	-
65+	147	121	-	-

Ethnicity

Asian or Asian British	6
Asian or Asian British - Indian	2
Asian or Asian British - Other	2
Asian or Asian British - Pakistani	1
Black, Black British, Caribbean, or African	2
Black, Black British, Caribbean, or African - African	1
Black, Black British, Caribbean, or African - Caribbean	2
Black, Black British, Caribbean, or African - Other	2
Mixed or multiple ethnic groups	98
Mixed or multiple ethnic groups - Other	3
Mixed or multiple ethnic groups - White and Black Caribbean	2
Not known	142
Other ethnic group	25
Other ethnic group - Arab	1
Prefer not to say	3
White	1,376
White - any other White background	34
White - Gypsy/Irish Traveller	25
White - Welsh, English, Scottish, Northern Irish or British	1,211

Religion

Agnostic	6
Atheist	24
Buddhist	2
Christian (all denominations)	269
Muslim	5
None	814
Not known	1,716
Other	14
Prefer not to say	17
Sikh	1

Spiritualist	2

Sexuality

Bisexual	31
Gay or Lesbian	23
Heterosexual	1071
Not known	1,663
Other	3
Prefer not to say	106

Breakdown of Disability

None	1,385
Not known	821
Yes - Chronic Illness	37
Yes - Developmental Disability	13
Yes - Learning Disability	50
Yes - Mental Health	377
Yes – Not Stated	155
Yes - Physical & mental	6
Yes - Physical disability	70
Yes - Sensory	3

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Services, Housing and Community Safety Scrutiny Committee

23rd January 2025

Report of the Director of Social Service, Health and Housing

Matter for Information

Wards Affected: All wards

Unpaid Carers Ombudsman Report

Purpose of the Report

This report presents the finds of the Public Service Ombudsman for Wales' ("PSOW") own initiative investigation into the administration of unpaid carers' needs assessments within local authorities in Wales, which included Neath Port Talbot (NPT) and highlights the ongoing action plan to address identified issues.

Executive Summary

The PSOW undertook an own initiative investigation into the administration of unpaid carers needs assessments across four local authorities; Caerphilly, Ceredigion, Flintshire and Neath Port Talbot, between July and September 2024. The report examines the efforts and challenges faced in assessing and supporting unpaid carers, highlighting areas for improvement and providing recommendations to enhance the effectiveness of these assessments.

Background

In July 2024 the PSOW assessments. The investigation was driven by concerns over the low rates of assessments and support plans provided to unpaid carers between April 2016 to March 2021, which suggested significant gaps in identifying and addressing unpaid carers needs.

The PSOW collected and analysed data from four local authorities, conducted surveys and interviews with unpaid carers and key stakeholders, and reviewed relevant policies and procedures. The goal was to identify systemic issues and provide recommendations to improve the support and resources available to unpaid carers, ensuring that their contributions are recognised, and they receive the necessary support to carry out their caring roles effectively.

The PSOW's investigation considered

- Whether the local authorities being investigated were meeting their statutory duties under the Social Services and Well-being (Wales) Act 2014 and its Code of Practice and The Care and Support (Assessment) (Wales) Regulations 2015.

- Whether those entitled to a carer's needs assessment were being made aware and understand their right to request a carer's needs assessment.

- Where carers' needs assessments are commissioned, whether those assessment services are being delivered appropriately and whether local authorities appropriately monitor the contracting arrangements.

- Whether carers' needs assessments, including those completed by commissioned service providers, are undertaken in accordance with the Social Services and Well-being (Wales) Act 2014.

The investigation aimed to foster better collaboration between health services and local authorities, enhance data collection and utilisation, and improve the quality and consistency of unpaid carers' needs assessments across Wales.

Key Findings

- Low Assessment Rates

  In the 2021 Census, it was identified that between the four local authorities, 60,717 people (over 5 years old) identified as an unpaid carer. Of which, between 2022/23 only 1,710 (2.8%) unpaid carers had their needs assessed by the investigated Authorities or their commissioned service providers. Of those, only 900 (1.5%)

assessments led to a support plan. No breakdown per local authority was provided in the report.

- Early Identification

  There is a need for improved early identification of unpaid carers to provide timely support and prevent long-term negative impacts on their health and well-being.

- Collaboration with health services

  Enhanced collaboration between health services and local authorities is necessary to effectively identify and support unpaid carers. Joint training programmes and shared data systems are recommended to facilitate this collaboration.

- Data collection and utilisation

  Improved data collection and use of equality data are essential to better understand unpaid carers' demographics and needs, allowing for more tailored services.

- Quality Monitoring

  There is a need for better monitoring of the quality and consistency of unpaid carers' needs assessments through regular audits and feedback mechanisms.

- Training for staff and organisations

  Appropriate training on unpaid carers' rights and assessment procedures is necessary for both staff and contracted organisations to ensure unpaid carers receive consistent and effective support.

Recommendations for Neath Port Talbot

Amend the unpaid carers' needs assessment.	Include whether the cared for person has been involved/ consulted and, if not, why not.

| | Explicitly address and record the question of the extent to which the carer is able and willing to provide care.

Explicitly address and record the questions of whether the carer works, or wishes to work and whether they are participating, or wish to participate, in education, training or leisure activities, unless these considerations are not relevant, in which case the reason for this should be recorded.

Include whether the carer has been offered a copy of their assessment and the response recorded.
Include whether carers are satisfied with the assessment process and the outcomes identified to meet their needs and whether they are satisfied that the identified outcomes, at that point, will fully meet their needs, allowing their views, and any disagreement, or areas of unmet need, to be recorded |
|---|---|
| Develop an unpaid carers factsheet | Ensure it has a carer's needs assessment factsheet that includes the process of assessment, the role of commissioned service providers (where applicable), what carers may expect from the assessment and real-life examples of how carers have been supported, following an assessment.

The factsheet should also be available in Easy Read format (a picture-based system to assist comprehension by those with learning difficulties), in Welsh and in other languages. |
| Develop a letter template to share the outcome of the unpaid carers assessment. | Ensure it has a letter template to include when sharing the completed assessment with the carer, which includes an outline of the outcomes of the assessment and an explanation of what the review arrangements are (or are not) and how carers can make contact to request a review or a re-assessment. |
| Staff Training | Provide training to IAA / Social Work staff to refresh knowledge of carers' rights, reinforce the role they play in identifying and promoting carers' rights, outline the process and the role of commissioned service providers (where appropriate) and to outline the types of support, including Direct Payments, that may be available to carers

Provide awareness training to wider council staff who, through the nature of their roles, come into contact with carers, to reinforce the role that other council departments play in the identification of carers. |
| Equality data recording | Review and prepare an action plan for improving the recording of equality information relating to carers. |
| Collaborative working | Confirm and share a plan for improving collaborative working with health services, including GPs, hospitals and pharmacies |

Young carers assessments	Improve the recording of young carers' needs assessments.
	Amend the assessment forms to allow the exploring and recording of the outcomes that the person(s) with parental responsibility for that child wish(es) to achieve for them.
Quality Assurance and audit	Design and implement a process for auditing completed carers' needs assessments for both adults and young carers, including when carers' needs are incorporated into Integrated Assessments.

The report acknowledged that even before the PSOW own initiative investigation, efforts to review and enhance support for unpaid carers within NPT were already in progress. It was noted that some data collation issues were expected to be resolved with the transition to the new case management system, Mosaic.

Currently, significant progress is being made to implement the recommendations outlined in the report, as detailed in Appendix 1. This ongoing work aims to ensure that unpaid carers receive the necessary support and resources efficiently and effectively.

Financial Impacts

The financial impacts on Neath Port Talbot following the PSOW own initiative investigation into unpaid carers has highlighted the need for improved processes and support systems for unpaid carers, which may require some investment in training, and service coordination to ensure compliance with the recommendations. This could potentially lead to indirect financial impacts as the Council works to enhance its support for unpaid carers. This will be subject to future reports to elected members where appropriate

Integrated Impact Assessment

There is no requirement to undertake an integrated Impact Assessment as this report is for information purposes.

Valleys Communities Impacts:
No implications.

Legal Impacts

The PSOW has powers under the Public Services Ombudsman (Wales) Act 2019 ("the Act") to undertake 'Own Initiative' investigations, where evidence suggests that there may be potential service failures or concerns. That means they can investigate a matter beyond its impact upon an individual and without having to wait for a complaint.

The Social Services and Well-being (Wales) Act 2014 ("the SSWB Act") came into force on 6 April 2016 with the aim of improving wellbeing outcomes for people who need care and support, and for carers who need support, through better co-ordination and enhanced collaboration between public bodies, including local authorities and the NHS.

Carers are legally entitled to a 'needs assessment' if they appear to have needs for support or are likely to do so in the future. When it appears to a local authority that a carer may have support needs, the local authority has a duty to offer a carer's needs assessment. A carer may also request a carer's needs assessment if the local authority is not aware of their caring role.

Risk Management

No implications.

Workforce Impacts:
No implications.

Consultation

There is no requirement under the Constitution for external consultation on this item.

Recommendation:
That members of the scrutiny committee note the content of the PSOW own initiative investigation and the current action plan ongoing to address any highlighted recommendations.

Appendices

Appendix 1: **Action plan to address recommendations outlined by the Ombudsman's "own initiative" investigation into the administration of unpaid carers needs assessments.**

Appendix 2: **PSOW Own Initiative Investigation – Are we caring for our carers?**

Officer Contact
Sarah Waite
Prif Swyddog / Principal Officer
Cefnogaeth Gymunedol, Ymyrryd yn Gynnar ac Atal / Community Support, Prevention & Early Intervention
RFfon | Tel 07786923556
Ebost |Email s.waite@npt.gov.uk

Appendix 1

Action	To Include:	Progress to date
Amend the unpaid carers' needs assessment.	Include whether the cared for person has been involved/ consulted and, if not, why not. Explicitly address and record the question of the extent to which the carer is able and willing to provide care. Explicitly address and record the questions of whether the carer works, or wishes to work and whether they are participating, or wish to participate, in education, training or leisure activities, unless these considerations are not relevant, in which case the reason for this should be recorded. Include whether the carer has been offered a copy of their assessment and the response recorded. Include whether carers are satisfied with the assessment process and the outcomes identified to meet their needs and whether they are satisfied that the identified outcomes, at that point, will fully meet their needs, allowing their views, and any disagreement, or areas of unmet need, to be recorded	Completed

Develop an unpaid carers factsheet	Ensure it has a carer's needs assessment factsheet that includes the process of assessment, the role of commissioned service providers (where applicable), what carers may expect from the assessment and real-life examples of how carers have been supported, following an assessment. The factsheet should also be available in Easy Read format (a picture-based system to assist comprehension by those with learning difficulties), in Welsh and in other languages.	On Track
Develop a letter template to share the outcome of the unpaid carers assessment.	Ensure it has a letter template to include when sharing the completed assessment with the carer, which includes an outline of the outcomes of the assessment and an explanation of what the review arrangements are (or are not) and how carers can make contact to request a review or a re-assessment.	Completed
Staff Training	Provide training to IAA / Social Work staff to refresh knowledge of carers' rights, reinforce the role they play in identifying and promoting carers' rights, outline the process and the role of commissioned service providers (where appropriate) and to outline the types of support, including Direct Payments, that may be available to carers	On track A training program for all staff, that includes information about adult, parent carers and young carers is currently being developed. Once finalised, a rolling training schedule will be implemented to ensure all staff can identify unpaid carers and direct them to the most appropriate support.

|		
	Provide awareness training to wider council staff who, through the nature of their roles, come into contact with carers, to reinforce the role that other council departments play in the identification of carers.	
Equality data recording	Review and prepare an action plan for improving the recording of equality information relating to carers.	On Track Migration to Mosaic case management system will support this action.
Collaborative working	Confirm and share a plan for improving collaborative working with health services, including GPs, hospitals and pharmacies	On Track Regional and local efforts are being coordinated with health services and the third sector. A pilot program is currently underway in the upper valleys, involving pharmacies to support the identification and signposting of all unpaid carers.
Young carers assessments	Improve the recording of young carers' needs assessments. Amend the assessment forms to allow the exploring and recording of the outcomes that the person(s) with parental responsibility for that child wish(es) to achieve for them.	On Track A dedicated manager has been appointed within Children's Services to oversee the assessment and support of young and parent carers. Collaborative efforts with the Youth Service are underway to revise assessment forms and develop a comprehensive pathway for assessment and support.
Quality Assurance and audit	Design and implement a process for auditing completed carers' needs assessments for both adults	Completed

	and young carers, including when carers' needs are incorporated into Integrated Assessments.	

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Own Initiative Investigation Report
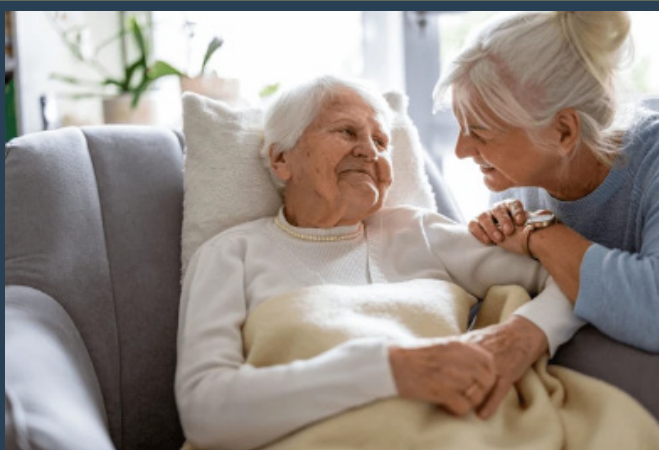
Are we caring for our carers?

An Own Initiative investigation into the administration of carers' needs assessments in Wales

ombudsman.wales

About us

We have three main roles:

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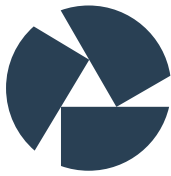This document is also available in Welsh.

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Executive summary

Introduction

The Public Services Ombudsman for Wales has powers under the [Public Services Ombudsman (Wales) Act 2019](#) ("the Act") to undertake 'Own Initiative' investigations, where evidence suggests that there may be systemic service failure or maladministration. That means I can investigate a matter beyond its impact upon an individual and without having to wait for a complaint.

[The Social Services and Well-being (Wales) Act 2014](#) ("the SSWB Act") came into force on 6 April 2016 with the aim of improving wellbeing outcomes for people who need care and support, and for carers who need support, through better co-ordination and enhanced collaboration between public bodies, including local authorities and the NHS.

Carers are legally entitled to a 'needs assessment' if they appear to have needs for support or are likely to do so in the future. When it appears to a local authority that a carer may have support needs, the local authority has a duty to offer a carer's needs assessment. A carer may also request a carer's needs assessment if the local authority is not aware of their caring role.

The COVID-19 pandemic highlighted the importance of carers to health and social care in Wales. I acknowledge and accept that the COVID-19 pandemic had a substantial impact upon local authority carer services, and upon the support available for carers. I recognise that recovery from the pandemic remains ongoing.

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Despite the SSWB Act being in place since 2016, the evidence indicates that many carers are not aware of their rights and that it is likely that many individuals who provide care to their family and friends are unaware of the support that may be available to them.

There is no doubt that the role of unpaid carers is crucial in supporting social care in Wales. I am eager to ensure that carers are recognised and properly informed of their rights. They should be supported in their role through the provision of early prevention and intervention to ensure that their contribution to social care can continue, if they so wish. Caring should not be to the detriment of the carer's health and wellbeing. Nor should support only be provided when crisis point has already been reached.

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The investigation

4 local authorities were included in the investigation: Caerphilly County Borough Council, Ceredigion County Council, Flintshire County Council and Neath Port Talbot Council.

The investigation considered:

a)   Whether the local authorities being investigated were meeting their statutory duties under the Social Services and Well-being (Wales) Act 2014 and its Code of Practice and The Care and Support (Assessment) (Wales) Regulations 2015.

b)   Whether those entitled to a carer's needs assessment were being made aware and understand their right to request a carer's needs assessment.

c)   Where carers' needs assessments are commissioned, whether those assessment services are being delivered appropriately and whether local authorities appropriately monitor the contracting arrangements.

d)   Whether carers' needs assessments, including those completed by commissioned service providers, are undertaken in accordance with the Social Services and Well being (Wales) Act 2014.

The investigation considered evidence provided by each of the Investigated Authorities, in the form of documentary evidence and evidence from staff, evidence from commissioned service providers and their staff, evidence from those with lived experience of having their needs as carers assessed and evidence from other organisations. Advice was also sought from one of the Ombudsman's professional advisers.

Findings

The investigation found:

• Between 10% and 12% of the population (over 5 years old) in the Investigated Authorities identified as a carer in the 2021 Census.

• Only 2.8% of the carer population in the Investigated Authorities had their needs assessed.

• Only 1.5% of the carer population in the Investigated Authorities had an assessment that led to a support plan.

- Many carers are not aware of their rights and are unaware of the support that may be available to them. There was evidence of carers not being fully informed of their rights by the Investigated Authorities. In some instances, carers were signposted to commissioned service providers without being informed of their rights.

- Carers' needs assessments are referred to by different names, which caused confusion amongst carers and carers were sometimes unaware that their needs had been assessed. There needs to be consistency in the language used.

- There is lack of clear information about the process of assessment, the role of commissioned service providers (where applicable), what carers may expect from the assessment and how carers may be supported following an assessment. This would enable carers to make an informed decision about whether to have their needs assessed.

- Where they are undertaken, carers' needs assessments at the Investigated Authorities are generally being completed appropriately, with the exception of young carers' needs assessments in Ceredigion and Neath Port Talbot.

- Some improvements could be made to the recording of carers' needs assessments, including the involvement of the cared for person (where feasible), the extent the carer is able and willing to provide care and the carer's wishes in terms of work, education, training and leisure.

- There is a need to implement quality assurance audit processes for completed carers' needs assessments in Caerphilly, Ceredigion and Neath Port Talbot council areas.

- There are discrepancies between the Investigated Authorities in the way that support provided to carers is recorded. In the assessments reviewed, Flintshire County Council recorded all support provided following an assessment, including when only providing 'Information, Advice and Assistance', as a Support Plan, whereby the other Investigated Authorities do not record 'Information, Advice and Assistance' as a Support Plan. There is a need for guidance on what constitutes Information, Advice and Assistance and what constitutes a Support Plan, to ensure all work to support carers is recorded and to improve consistency of recording.

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- Improved, consistent and comparable data collection could enable better analysis to drive improvement, monitor progress and identify areas in which further improvements are necessary.

- Carers must be offered advocacy – the decision on whether an advocate is needed is not one for the staff completing assessments to make, nor is it appropriate for the staff member to consider themself to be the advocate.

- The appropriateness of Direct Payments[1] for carers is variable and 3 of the Investigated Authorities need to ensure that Direct Payments are something the carer is able to manage, with this being reviewed if circumstances change.

- The SSWB Act places a duty on both local authorities and health services in respect of carers. Collaboration and joint working between health services and local authorities in relation to carers and their rights is essential and should be strengthened.

- The recording of equality data relating to carers is limited and inconsistent at the Investigated Authorities.

Conclusions

The investigation identified some good practice at all 4 of the Investigated Authorities in relation to the administration of carers' needs assessments. My role under the Act is to highlight any evidence of administrative shortcomings with a view to drive improvements in public service in Wales. I have identified several areas for improvement in this respect to ensure that the Investigated Authorities are meeting their statutory duties under the SSWB Act and its Code of Practice and the Care and Support Assessment (Wales) Regulations 2015. These relate to the identification of carers, ensuring that carers are aware of their rights, record keeping and data collection.

Only a very small proportion of carers in the Investigated Authorities have had their needs assessed and an even smaller proportion had assessments that led to a support plan. There is a need to improve the identification of carers to support them through early intervention and prevention, to support them in their caring role and avoid carers reaching crisis point before seeking assistance from the local authority. The early identification of carers is not only the role of local authorities; health

[1] Direct Payments are monies paid by the local authority to a person who has been assessed as needing support, so they can pay for their own support services as an alternative to the local authority providing support services.

services have a role to play and there is a need for improved collaboration and joint working between health services and local authorities.

The Investigated Authorities need to be mindful of their public sector equality duty and there is a need to improve equality data collection. Improved recording of equality data could assist local authorities to identify groups of carers that are not currently being reached and ensure that the diverse groups of people who provide care to loved ones are visible and not disadvantaged.

The investigation has also identified opportunities to monitor the quality and consistency of carers' needs assessments.

Based on the sample of completed assessments and lived experiences reviewed, once carers have been identified and offered an assessment, it was found that the Investigated Authorities and their commissioned service providers undertake proportionate assessments with a range of creative and flexible solutions being offered to achieve the outcomes identified by the carer. In the sample considered, with the exception of the young carer assessments at Ceredigion County Council and Neath Port Talbot Council, when carers had their needs assessed, carers were being afforded the opportunity to share their experiences as carers and outline their support needs, leading to effective assessments which identified whether the carer had needs for support.

Recommendations

I have made several recommendations following this investigation, including:

• Improvements to the carers' needs assessment recording and forms.

• Revision of a carers' needs assessment factsheet to include an outline of the process, the role of commissioned service providers, what to expect from an assessment and real-life examples of how carers have been supported.

• A cover letter to accompany completed carers' needs assessments to outline the outcomes of the assessment and an explanation of what the review arrangements are (or are not) and how carers can make contact to request a review or a re assessment.

• Improvements to quality assurance processes through the implementation of regular audits.

• Training for staff to refresh knowledge of carers' rights and to reinforce the role they play in identifying and promoting carers' rights.

• Action to improve the recording of equality information relating to carers.

• Action to improve collaboration and joint working between local authorities and health services, including GPs, hospitals, and pharmacies.

In view of the potential for wider learning, I am inviting the other 18 local authorities in Wales to:

• Consider the recommendations made to the 4 Investigated Authorities and to take forward any learning points that would improve their own service provision.

• Review the findings of this report at an all-Wales level, for example, at the All Wales Carers Learning and Improvement Network (COLIN), to discuss and plan for the improvement of carers' needs assessments across Wales.

I am pleased to note the Welsh Government is already taking action through its Task and Finish Group of the Ministerial Advisory Group for carers. I am reassured that the Welsh Government is committed to continuing to work with local authorities and health boards to improve support for carers across Wales.

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Thank you

I am grateful for the co-operation of all those involved in this investigation; the Investigated Authorities and their staff, commissioned service providers and their staff, the carers who took time to share with us their own experiences as carers and of seeking, or having, a carer's needs assessment, Carers Wales, Carers Trust and the Older People's Commissioner for Wales. I am humbled by the dedication shown by unpaid carers and their willingness to provide care to loved ones, often to the detriment of their own wellbeing.

The evidence gathered has enabled me to draw conclusions and make recommendations to drive improvements in public services that provide support to carers. I thank the Investigated Authorities for accepting the recommendations made and look forward to reviewing the evidence provided to support their compliance with the recommendations. Whilst I am unable to make formal recommendations to the other 18 local authorities, it is imperative that the findings of this report are considered by all local authorities across Wales and that they take time to reflect upon their own service provision for carers. I will, as my office did with our first Own Initiative investigation, Homelessness Reviewed: Revisited[2], be monitoring progress and improvements in relation to carers'

Michelle Morris

Public Services Ombudsman for Wales

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Foreword

This is the first 'Own Initiative' report I have issued since being appointed as the Public Services Ombudsman for Wales in April 2022. The Public Services Ombudsman (Wales) Act 2019 gives me powers to undertake Own Initiative investigations. That means I can investigate a matter beyond its impact upon an individual and without having to wait for a complaint.

Carers have a pivotal role in supporting and underpinning health and social care in Wales. Their contribution is invaluable, particularly given the ongoing pressures and demands being experienced by both social care and health services in Wales. Between 10% and 12% of the population (over 5 years old) in Wales identified themselves as unpaid carers in the 2021 Census and the Welsh Government has projected, in its Strategy for unpaid carers, that this could increase to 16% of the population, by 2037. Given this, I was concerned that only a relatively low proportion of people who identified as a carer had had their needs, as a carer, assessed in their own right. I was concerned that carers may not be aware of their right to a stand-alone carer's needs assessment and my investigation provided an opportunity to consider how effectively the 4 Investigated Authorities administered carers' needs assessments. This included, in some instances, the use of commissioned service providers.

Caring responsibilities can take their toll on the wellbeing of carers, with many making sacrifices to provide care for their loved ones. Many carers are also vulnerable because of their age, both young and old, due to their own physical or mental health difficulties, and due to social-economic disadvantage. It is important that carers are proactively informed of their right to a carer's needs assessment, are offered an assessment and are made aware of the support that may be available to assist them in their role, following an assessment.

I am encouraged by the work already being undertaken by the Welsh Government to improve carer services across Wales. I am pleased that supporting carers will continue to be a priority for the Welsh Government and that the findings of my report will inform its ongoing review of the National Strategy for Unpaid Carers.

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I hope that the learning and recommendations highlighted in my report will be helpful, not only to the 4 Investigated Authorities, but to all local authorities in Wales. I encourage local authorities and health boards to reflect on their own role in supporting carers . Doing so will help drive improvements across Wales and ensure that all carers, regardless of where they or the cared-for person lives, have their rights upheld and feel supported to enable them to continue in their, often demanding, caring roles. The investigation considered evidence provided by each of the Investigated Authorities, in the form of documentary evidence and evidence from staff, evidence from commissioned service providers and their staff, evidence from those with lived experience of having their needs as carers assessed and evidence from other organisations. Advice was also sought from one of the Ombudsman's professional advisers.

Michelle Morris

Public Services Ombudsman For Wales
October 2024

Introduction and my jurisdiction

Section 4 of the Public Services Ombudsman (Wales) Act 2019 ("the Act") empowers me to undertake an investigation into a matter within my jurisdiction whether or not a complaint has been made to me. This investigation report on the administration of the carers' needs assessment process, is issued under Section 23 of the Act.

As with all of my investigations, I have considered whether a public body has acted in accordance with the law, its own policies and procedures, and in line with good standards of administration. My considerations include whether public service providers have provided adequate information, acted in a timely manner, maintained adequate records and acted fairly. (Further information can be found in my office's Principles of Good Administration guidance and at paragraphs 7 and 8, below.)

I must ensure that the subject of an Own Initiative investigation meets specific criteria in line with Section 5 of the Act. Having undertaken a preliminary assessment and consultations (Appendix – Review data), it was my view that an investigation into the administration of carers' needs assessments met the criteria for Own Initiative investigation.

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Scope of the investigation

Four local authorities were included in the investigation: Caerphilly County Borough Council, Ceredigion County Council, Flintshire County Council and Neath Port Talbot Council. The rationale for investigating these local authorities is provided at Appendix 2.

The investigation considered:

a) Whether the local authorities investigated were meeting their statutory duties under the Social Services and Well-being (Wales) Act 2014 ("the SSWB Act") and its Code of Practice and The Care and Support (Assessment) (Wales) Regulations 2015.

b) Whether those entitled to a carer's needs assessment were made aware and understood their right to request a carer's needs assessment.

c) Where carers' needs assessments were commissioned, whether those assessment services were being delivered appropriately and whether local authorities appropriately monitored the contracting arrangements.

d) Whether carers' needs assessments, including those completed by commissioned service providers, were undertaken in accordance with the SSWB Act.

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Relevant legislation, guidance and policy

Part 3 of the SSWB Act places a duty on local authorities, where it appears that a carer may have needs for support, to assess whether the carer has needs for support (or is likely to do so in the future) and, if the carer does, what those needs are (or are likely to be in the future). Further details of the relevant legislation, guidance and policy referred to during my investigation are provided at Appendix 3.

The Ombudsman's Principles of Good Administration guidance sets out 6 principles:

The guidance is intended to help public bodies to ensure they deliver good administration and customer service. Further, where services are commissioned, it is incumbent on all public services to ensure that they have adequate processes in place to properly monitor those services.

Principle 1	Getting it right
Principle 2	Being customer focused
Principle 3	Being open and comfortable
Principle 4	Acting fairly and proportionately
Principle 5	Putting things right
Principle 6	Seeking continuous improvement

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The investigation

The methodology for the investigation is provided at Appendix 4.

The investigation gathered evidence from several sources, specifically:

- **Data** – Data was gathered in relation to the carer population and the number of carers who had their needs assessed at the Investigated Authorities. See Appendix 5.

- **Investigated Authorities** - Documentary evidence, including a sample of completed assessments, was requested from, and provided by, each of the Investigated Authorities. A senior member of staff from each of the Investigated Authorities was also interviewed. See Appendices 6, 7, 8 and 9.

- **Commissioned service providers** – Documentary evidence was provided by each of the commissioned service providers that complete carers' needs assessments on behalf of 3 of the Investigated Authorities:

  o Adferiad and North East Wales Carers Information Service ("NEWCIS"), providing services to Flintshire County Council

  o Gofalwyr Ceredigion Carers, providing services to Ceredigion County Council

  o Neath Port Talbot Carers Service, providing services to Neath Port Talbot Council.

A senior member of staff from each of the commissioned service providers was also interviewed. See Appendices 6, 7, 8 and 9.

- **Staff** - Evidence was gathered, by way of an anonymised survey, from staff of the Investigated Authorities and their commissioned service providers. See Appendices 6, 7, 8 and 9.

- **Carers** – Evidence was gathered from carers from each of the Investigated Authority areas with lived experience of having their needs assessed. See Appendices 6, 7, 8 and 9.

- **Other organisations** - Carers Trust and the Older People's Commissioner for Wales ("OPCW") provided evidence after responding to a public call for evidence. See Appendix 10.

I have not included every detail investigated in this report, but I am satisfied that nothing of significance has been overlooked.

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Professional advice was also sought from one of the Ombudsman's professional advisers, Paula Hendry, a Social Worker with experience across children's and adult services ("the Adviser").

Local authorities have a duty to consider the Human Rights Act 1998 and the Equality Act 2010 during carers' needs assessments and when making decisions about support plans. It is not my office's function to make definitive findings about whether a person's human rights have been breached or whether someone has been discriminated against, victimised or harassed as a consequence of a protected characteristic. However, I will comment, where appropriate, on a public body's regard for their legal duties and the rights and protection the legislation affords individuals. Consideration was also given to Section 149 of the Equality Act, which requires public bodies to consider how their decision making and policies affect people with protected characteristics ("the Public Sector Equality Duty").

The Investigated Authorities, commissioned service providers and the Welsh Government were given the opportunity to see and comment on drafts of this report before the final version was issued.

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Evidence from Staff

Caerphilly County Borough Council

• Few Information, Advice and Assistance ("IAA") staff said that they had received training relating to carers' needs assessments.

• Many staff who conduct carers' needs assessments said that they were experienced in their role and had received Carers Awareness training in 2022. However, they said that they had not received any specific training in relation to how to complete carers' needs assessments and they welcomed further training.

• Respondents said that they incorporate a carer's wellbeing and needs into an Integrated Assessment for the cared for person with some stating that this was dependent on the carer's choice.

• Respondents were aware of the requirements of the Welsh Language Standards and the majority of respondents were aware of interpretation and translation services to support carers, including for languages other than Welsh or English and British Sign Language (BSL).

• Respondents said that they offered a range of ways in which carers could contact its service to assist with any communication difficulties.

• Some respondents referred to offering advocacy support t o support carers with communication difficulties.

• Respondents praised the work of the Carers Team, a dedicated team that provides support to carers and social work colleagues and said that they felt supported by the Team and that they were able to rely upon them for support and advice.

Ceredigion County Council

• IAA staff and those who conduct carers' needs assessments said that they had received a variety of training in relation to carers' needs assessments which assisted them in their role.

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- Staff who conduct carers' needs assessment said that many carers did not receive a service in their own right, as respite and 'sitting services' were part of the cared for person's assessment of care and support needs.

- Respondents at both the Council and Gofalwyr Ceredigion Carers were aware of the requirements of the Welsh Language Standards and the majority of respondents were aware of interpretation and translation services to support carers, including for languages other than Welsh or English and BSL.

- Respondents said that they offered a range of ways in which carers could contact its service to assist with any communication difficulties.

- A few respondents referred to offering advocacy support to support carers with communication difficulties.

- Respondents identified a number of barriers to carers having their needs assessed.

- Staff from Gofalwyr Ceredigion Carers raised concerns about some Council teams being unsure who was responsible for providing carers' needs assessments, where the carer was an adult and the cared for person was a child – they said that clear guidance would be useful.

3 Direct Payments are monies paid by the local authority to a person who has been assessed as needing support, so they can pay for their own support services as an alternative to the local authority providing support services.

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Flintshire County Council

• IAA staff said that they had previously received training about carers' needs assessments from NEWCIS, but this stopped during the COVID-19 pandemic. They said that they had also received information sessions about Direct Payments[3] for carers.

• Council staff who conduct carers' needs assessments said that they had either had training in relation to carers' needs assessment a number of years ago or had not received any training in relation to carers' needs assessments. They were advised by management to signpost carers to NEWCIS to have their needs assessed.

• NEWCIS staff said they had received training on completing carers' needs assessments, with many holding Health and Social Care qualifications, or were experienced in the field.

• Adferiad staff said that they did not receive any training on conducting carers' needs assessments and found suitable training on the Social Care Wales website.

• Respondents at the Council, NEWCIS and Adferiad were aware of the requirements of the Welsh Language Standards and the majority of respondents were aware of interpretation and translation services to support carers, including for languages other than Welsh or English and BSL.

• Two respondents said that they would use a family member or friend to translate for the carer.

• Respondents said that they offered a range of ways in which carers could contact its service to assist with any communication difficulties.

• A few respondents referred to offering advocacy support to support carers with communication difficulties.

• NEWCIS staff said that opportunities for referring carers to NEWCIS were sometimes missed by 'outside referrers', meaning organisations that refer carers to its services, including for carers' needs assessments.

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Neath Port Talbot Council

• Disappointingly, no IAA staff responded to our survey. A poor response to our survey was received from staff that the Council said could conduct carers' needs assessments as part of their role.

• Respondents working with young people said that they would complete a young carer needs assessment and that it was offered as part of a Child and Young Person assessment.

• Respondents working with adults said that they would refer the carer to Neath Port Talbot Carers Service. Some respondents working with adults said specifically that they would not complete carers' needs assessments.

• The majority of staff who the Council said conducted carers' needs assessments as part of their role said that they had not received any specific training in relation to carers' needs assessments and several did not think it was required, as they did not complete carers' needs assessments in their roles.

• Neath Port Talbot Carers Service staff said that they received internal training on completing carers' needs assessments.

• Social Work staff said that it would be helpful to know the outcome of their referrals to the Carers Service.

• Neath Port Talbot Carers Service said that the Council was only informed of the outcome of an assessment if the assessment highlighted the need for statutory services.

• Respondents at both the Council and Neath Port Talbot Carers Service were aware of the requirements of the Welsh Language Standards and the majority of respondents were aware of interpretation and translation services to support carers, including for languages other than Welsh or English and BSL.

• Respondents said that they offered a range of ways in which carers could contact its service to assist with any communication difficulties.

• A few respondents referred to offering advocacy support to support carers with communication difficulties.

• Neath Port Talbot Carers service staff raised concerns that, when carers were being referred to the Carers Service, they were not being made aware of what a carer's needs assessment was, nor what it was for.

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- Neath Port Talbot Carers service staff raised concerns that, despite carers telling their GP or Social Worker that they were struggling in their caring role, they were not offered a carer's needs assessment. Some said that carers were having to fight for everything from the local authority, local health board or housing associations.

- Some Neath Port Talbot Carers Service staff raised further concerns about the limited number of carers' needs assessments being completed by the Council.

Review of cases sampled from the Investigated Authorities

A random 10% sample of completed carers' needs assessments was requested from each of the Investigated Authorities – 173 assessments in total. These were provided for both adults and young carers by Caerphilly County Borough Council and Flintshire County Council, and for adults only by Ceredigion County Council and Neath Port Talbot Council. For young carers in Ceredigion, Gofalwyr Ceredigion Carers submitted a spreadsheet of young carers' assessments it had completed. For young carers in Neath Port Talbot, the Council submitted documents containing a checklist of tasks that a young carer may be assisting with. Both Gofalwyr Ceredigion Carers and Neath Port Talbot Council said that additional case notes were recorded on a database to outline the family situation, but they were unable to extract the information and it was not provided to the investigation.

Under the SSWB Act, a local authority is required to assess whether a carer has needs for support or is likely to do so in the future and, if so, to assess what those needs are, or what they are likely to be, in the future. The Adviser said that the 10% sample of completed assessments provided by the Investigated Authorities evidenced the assessment of carers' needs for support in adults in all 4 Investigated Authorities and for young carers at both Caerphilly County Borough Council and Flintshire County Council. She said that the issues and needs faced by carers as a result of their caring role were explored, with carers consistently being able to self-report the issues that were of concern to them. The Adviser said that the needs presented by carers were broad and varied and primarily fell somewhere within a range, as follows:

- Simply wanting to know what general support was available or would be available, if needed in the future.

- A need for a small, targeted 'piece' of support, for example, small grants or one-off sitting services for a particular occasion/need.

- A need for more substantial support such as changes to the cared for person's own care plan, in order to help the carer or give direct help to the carer themselves. For example, in Flintshire, a carer was helped to move into self-employment.

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The Adviser said that, in addition to these practical needs, there were a number of examples in all Investigated Authorities of carers being able to share and discuss the emotional aspects of their caring role with the assessing worker, including situations where the carer was able to express anxiety, stress and, at times, frustration, arising from the caring role.

The Adviser said that some assessments evidenced workers assisting carers to work through problems and identify their own solutions. For example, in Caerphilly, staff approached the GP for assistance with issues relating to the impact of the caring role upon the carer's employment and, in Ceredigion, staff helped a carer to think through how to set boundaries with the cared for person. The Adviser said that, overall, the documented carers' needs assessments captured carers being asked about their experiences and being able to express and explore a wide range and variety of support needs, indicating that, in the samples examined, the 4 Investigated Authorities had effectively assessed whether adult carers had needs for support and had worked with carers to identify what those needs were.

The SSWB Act Part 3 Code of Practice (assessing the needs of individuals) ("Part 3 Code") sets out a number of requirements. The Part 3 Code states that assessments must include an assessment of the extent to which the carer is able and willing to provide care and to continue to provide the carer. The Adviser said that this was variable in the sample of completed carers' needs assessments. She said that, in many cases, the carer volunteered information themselves, either explicitly or implicitly, and it was noted on their assessment. Many carers volunteered information about the extent to which they were committed to provide continuing care. The Adviser said that, however, the ability and willingness to provide care was not always recorded and that some assessments from each of the 4 Investigated Authorities were silent on the issue. She said that, as this was required by legislation and the Part 3 Code, it ought to be addressed and recorded in every assessment.

The Part 3 Code states that the assessment must include an assessment of the outcomes the carer wishes to achieve. If a child is the carer, the assessment must always include the outcomes the person(s) with parental responsibility for the child wish(es) to achieve for them. The Adviser said that the outcomes adult carers wished to achieve were

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well addressed across the sample considered. She said that, despite the Investigated Authorities and commissioned service providers having differing assessment formats, they all prompted inclusion of the carer's views of what they had wanted or needed. The Adviser said that carers across the sample were forthcoming and clear about their own needs and outcomes, and this was recorded by workers and formed the central 'plank' of the assessments.

In terms of young carers, the Adviser said that it was difficult to address this requirement for Ceredigion County Council and Neath Port Talbot Council. She said that Gofalwyr Ceredigion Carers submitted a spreadsheet which lacked detail, although she was able to glean that, in 1 or 2 cases, parents/family had been consulted but, in others, the family view was not referred to. She said that the outcomes sought by young carers were noted but they were very brief and detailed exploration was lacking. The Adviser said that the young carers' assessments submitted by Neath Port Talbot Council were made up of a checklist of activities that young people undertake and how caring affects the young person. She said that these were a very valuable tool to help a young person explore and identify the impact of their caring role and were, therefore, potentially an example of good practice, but

there was no further information provided. The Adviser said that, as a result of this, no conclusions could be drawn to answer many of the questions posed by the investigation.

In terms of young carer assessments completed by Caerphilly County Borough Council, the Adviser said that its documentation did not specifically prompt the inclusion of the outcomes that the person with parental responsibility wished the child to achieve. She acknowledged that this was not to say that it was not addressed, as there was clear evidence of parental views being gained by the workers at various points in assessments, so it was likely that the workers were mindful of the need to include this point. The Adviser said that there was interesting material within assessments completed by Caerphilly County Borough Council describing work undertaken with the young carer themselves to elicit their views, feelings and what they wanted, with various tools being used, including the use of a book, "The Huge Bag of Worries", picture cards and the 'Teen Talk' "I feel" resource, to allow the young carer to share their views and feelings. She said that these were examples of good practice in terms of spending time with young people and using appropriate tools to explore their caring role and its impact upon them.

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For Flintshire County Council, the Adviser said that its young carer assessment documentation set out an assessment of the outcomes sought by the young carers and those of the person(s) with parental responsibility for the young person, with the view of the person(s) with parental responsibility shown in parallel to the response received from the young person. The Adviser said that the approach taken by Flintshire County Council was, in her view, the most effective in ensuring that these key questions were addressed.

The Part 3 Code sets out that the assessment must address the extent to which support, preventative services, or the provision of information, advice or assistance could assist in achieving the identified outcomes. The Adviser said that this was addressed implicitly in all of the assessments considered. She said that assessments were based largely on what the carer either presented as a need/problem or asked for as a solution and the solutions were relatively simple and targeted. Therefore, once the carer's request had been noted and the relevant service or support had been noted, the question had, in effect, been answered.

The Adviser said that it was unclear, in any of the Investigated Authorities, whether carers were routinely asked to comment upon the assessment process or whether they felt that their outcomes had been achieved. She said that this was prompted in the documentation from Neath Port Talbot Council, Caerphilly County Borough Council and Flintshire County Council but often not completed by workers. The Adviser acknowledged that it may be that workers only recorded this information if a carer expressed disagreement or dissatisfaction, but said that it was unclear whether carers were being asked or whether it was left to them to volunteer the information. She said that it would be helpful for all Investigated Authorities to consider this, to ensure that carers are satisfied with the assessment process and its outcomes and so that areas of dissatisfaction or unmet need can be further explored.

The Adviser said that, from the sample reviewed, the assessment process appeared to be somewhat service led, particularly in relation to adult assessments. She said that carers appear to come to the process with a clear idea of the provision they want or with one or two specific outcomes that they want to achieve and services and support are matched up with those requests. The Adviser said that there was nothing wrong with this, in itself.

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She said it was important and was in keeping with legislation and guidance that assessment and involvement should be proportionate and this made sense when carers already knew what they are seeking. However, she said that carers may have a tendency to 'foreground' self-defined needs for which they know the local authority already has a menu of solutions and the matter may end there, even though they may have other needs that they have not mentioned or not yet explored. She said that people were perhaps disinclined to say that they were not entirely satisfied with their support and would like to explore that further, unless someone specifically gave them the opportunity to do so.

The Adviser highlighted that the adult carer needs assessment paperwork at Flintshire County Council included information within the assessment about reviews at 6 and/or 12 weeks, with the worker checking in with the carer to see whether outcomes had been achieved and to what extent. She said that this served the purpose of giving the carer the opportunity to say whether outcomes have been achieved. The Adviser considered that this may be due to Flintshire County Council classing all provision in the assessments reviewed as a 'support plan' and therefore requiring review, but acknowledged that this may not be an appropriate approach

in other local authorities. The Adviser concluded that the simple process of checking to what extent the carer feels that outcomes have been achieved and recording their responses could and, in her view, should happen routinely at the close of all assessments or contacts.

The Part 3 Code states that the local authority must involve the carer and, where feasible, the person for whom the carer provides or intends to provide care, in the assessment. All assessments reviewed involved the carer. With regard to the person cared for, where adults were concerned, the Adviser said that it was usually the case in all 4 Investigated Authorities, that they were not involved. She speculated that, in some cases, this may have been because the person would have been limited in their contribution due to young age, ill-health or the effects of, for example, dementia. The Adviser said that, in some cases, the carer expressed strain, frustration, despair or even fear of the person cared for, and it was fair to assume that this was a factor and that it may not have always been appropriate to involve the cared for person. She said that, sometimes, the provision being asked for was very simple and was for the carer's own support; it may not have been necessary or appropriate to gather the views of the cared for person.

For young carers, in Caerphilly County Borough Council and Flintshire County Council, the cared for person was usually involved where that was a parent, but not where it was another child. She said that this was quite likely due to it not being appropriate to do so in terms of family dynamics and the feelings of both children, but this was not noted if it was the case.

The Adviser said that, in general terms, since carers' needs assessments inevitably involved discussions about the cared for person, including some quite intimate information about their health, challenges, abilities and day to day functioning and, since the outcomes of assessments had an impact upon the cared for person, albeit that hopefully it would be a positive impact, it would be good practice for cared for persons to have the opportunity to contribute their views and to be aware of the process, unless there was a reason for this not to happen. The Adviser said that this was specifically required by the SSWB Act and the Part 3 Code and suggested that it ought to be the default position and that non-involvement of the cared for person ought to be a conscious decision and the reason for it ought to be recorded in assessments.

The Part 3 Code states that the assessment must have regard to whether the carer works or wishes to work and whether they are participating or wish to participate in education, training or leisure activities. It also states that, if the carer is a child, the assessment must have regard to their developmental needs and the extent to which it is appropriate for the child to provide care. The Part 3 Code states that this should lead to consideration by the local authority of whether a child carer is actually a child with care and support needs in their own right and who therefore should be assessed under Section 21 of the SSWB Act (the duty to assess the needs of a child for care and support). The Adviser said that work, education, training and leisure activities were sometimes mentioned on assessments and sometimes not. She said that, for the most part, in all 4 Investigated Authorities, work/training was mentioned when adult carers were struggling to maintain their job alongside their caring responsibilities, or because they wanted to start work. She said that the paperwork from Flintshire County Council was alone in prompting consideration of this, with a specific question about work and the impact of caring. Similarly, leisure activities were mentioned, when the carer made reference to this as one of their outcomes. For young people, education and leisure were matters that they raised themselves as they are, understandably, key issues for them.

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The Adviser said that the absence of documenting carers' views on work, education, training and leisure activities did not necessarily imply that workers were not mindful of these questions when conducting the assessments. She said that, in all 4 Investigated Authorities, carers appeared to have been able to raise issues of work and leisure when it was important to them. The Adviser said that, since this was required by the SSWB Act and the Part 3 Code, it ought to be addressed in all assessments, or a note made as to why it is not relevant.

The Adviser highlighted some very good practice in terms of meeting needs in this area, with small grants/services being used very flexibly and creatively to meet carers' needs. For example, at Flintshire County Council, a carer received a grant for a shed to give her space for her own hobbies, another received funds for a laptop and support with moving towards self-employment and another received a grant for a water feature to help her relax. At Ceredigion County Council, a carer wanted to be able to leave the cared for person for a short time to go out for a walk and a sitting service was to be considered to enable this.

The Adviser said that, when documenting the needs of young carers, their developmental needs and the extent to which it was appropriate for them to provide care, was not addressed anywhere 'directly' in the form of a question. However, the young carer assessments completed by Caerphilly County Borough Council and Flintshire County Council did contain a range of prompts and questions to enable a worker to thoroughly explore the impact their caring role had upon a young person, so this was addressed implicitly. The Adviser also said that it was fair to assume that, if the assessment raised concerns about a young person's ability to continue caring, any impact upon their development, or about their own care and support needs would be addressed by means of liaison with, or a referral to, Children's Services.

The Part 3 Code states that, if the carer is a young adult carer between the ages of 16 and 25, there must be assessment of any current or future transitions the carer is likely to make into further or higher education, employment or training and must have due regard to what the young adult carer wishes to participate in. The Adviser said that she was unable to address this, as either the assessments sampled were not of young carers in this age group, or dates of birth had been redacted.

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The Adviser explained that the Care and Support (Assessment) (Wales) 2015 Regulations ("the Regulations") also set out a number of requirements. The Regulations state that the local authority must have a named person whose function is to coordinate the carrying out of the assessment and the Adviser said that all assessments reviewed were carried out by an identified staff member. The Regulations also state that the person carrying out the assessment must have the skills, knowledge and competence to carry out the assessment and have had training in the carrying out of assessments. The Adviser said that it was not possible to address this purely from reviewing the assessments but, generally speaking, the assessing workers showed a good range of knowledge of the resources available to carers and good understanding of, and sensitivity to, the impact of caring upon the carers.

The Regulations state that the local authority must make a written record of the assessment. The Adviser said that this was done in all cases. However, she said that, in the case of Ceredigion County Council and Neath Port Talbot Council, in relation to young carers, the material was not sufficiently detailed to determine whether this was done adequately.

The Regulations state that, where the assessment is of an adult's needs, the local authority must offer a copy of the record to the adult and/or to any person authorised to act on behalf of the adult. Where the assessment is of a child's needs, the local authority must offer a copy to the child, any person with parental responsibility (unless doing so would be inconsistent with the child's wellbeing) and any person authorised to act on behalf of the child. The Adviser said that there were a few examples across the Investigated Authorities of workers recording that they had been offered a copy of the assessment but, for the majority of cases, the assessments were silent on the issue. She highlighted that young carer assessments completed in Flintshire County Council prompted the question and it was answered. In all other cases, the question was either not present in the assessment documentation or else it was present but was, for the most part, not answered. She said that carers should routinely be offered copies of their assessment and the offer, and the response, should be recorded.

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The Adviser identified a number of additional good practice points relating to all assessments. She explained that:

• The assessment (its depth and detail) should be proportionate to the request and/or to the presenting needs (Section 19.6 of the SSWB Act and point 16 of the Part 3 Code).

• The assessment should be based on the principles of co-production where practitioners and individuals share the power to plan and deliver support together (point 18 of the Part 3 Code).

• The assessment should cover the 5 inter-related elements that show that the local authority had considered the person's circumstances in the round (points 63-65 of the Part 3 Code). These are:

  o Assess and have regard to the person's circumstances

  o Have regard to their personal outcomes

  o Assess and have regard to any barriers to achieving those outcomes

  o Assess and have regard to any risks to the person or to other persons if those outcomes are not achieved

  o Assess and have regard to the person's strengths and capabilities.

• The individual should be asked whether they prefer to use Welsh or English at the beginning of the process (point 52 of the Part 3 Code).

The Adviser said that she was satisfied that the assessments reviewed were proportionate. She said that carers were consistently, across the assessments, able to talk about and describe their situations and support was then put in place. The Adviser said that the 5 elements set out above appeared in the assessment documentation in various forms/ layouts and she was satisfied that they were addressed. She said that language and wider communication needs were appropriately prompted and considered across all of the assessments reviewed.

The Adviser said that, overall, carers' needs and requests were very modest and related to relatively small adjustments or provisions. The responses were flexible, imaginative and well-matched to the issues that carers raised. She said that

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she could not find any assessments where carers' needs were not being appropriately met by the Investigated Authorities. She did, however, raise the point that the absence for the most part of any mechanism to gain feedback and carers' views on the assessment process and its outcomes raised a question as to whether carers would agree that their needs had been appropriately met.

In terms of advocacy, the Adviser said that all of the assessment documentation prompted consideration of whether advocacy was required and the question was answered. However, there was no example of an assessment within the sample in which advocacy was needed.

Commenting upon the recording of young carer assessments in Ceredigion County Council, the Adviser said that the spreadsheet was mystifying. She said that she had assumed that the spreadsheet was a summary of the main points of the sample assessments and, as such, although she could see that key information had been collected, she could form no view about the quality of the assessments, whether they were appropriate nor whether needs were properly explored and met.

In commenting upon the young carer assessments in Neath Port Talbot Council, the Adviser said that the documentation provided appeared to be a very useful tool as part of an overall assessment, but questioned whether it was only part of the assessment documentation as it was, in itself, inadequate.

The Adviser concluded that, overall, the practices, standards and approaches across the Investigated Authorities were very similar, as were the areas in which improvements could be made. She said that the assessments were proportionate and there was a range of creative and flexible solutions and services offered in order to achieve outcomes. She said that workers across the Investigated Authorities displayed a good knowledge of available services and sensitivity to carers' experiences and the impact of caring upon them. The Adviser noted that the Caerphilly County Borough Council's young carers' assessments showed time was taken to explore and understand young carers' views using appropriate tools. She said that Flintshire County Council's approach, while unusual in categorising all support provision following an assessment as a 'Support Plan' did have the advantage of scheduled reviews post-assessment, which enabled carers to say whether outcomes had been achieved and to what extent.

Review of lived experience evidence

Evidence was sought from 43 carers from across the Investigated Authorities who indicated they were willing to engage with the investigation. Their details were provided to the investigation by each of the Investigated Authorities, Carers Wales and the Older People's Commissioner for Wales. Lived experience evidence was obtained from 19 carers from across the Investigated Authorities who had experienced the needs assessment process. Summaries of their individual lived experience of seeking a needs assessment, and of having their needs assessed, are provided at Appendices 6, 7, 8 and 9. Copies of their completed carers' needs assessments were obtained from the Investigated Authorities and compared to the accounts provided by the carers.

We recognise that the lived experience evidence gathered from this small sample of carers provides only their own perspective on seeking support and of having their needs assessed. It may not fully represent the experiences of all carers who have had their needs assessed. However, it does provide an insight into the experience of carers and highlights good practice as well as, in conjunction with the other evidence gathered, areas in which improvements could be made.

From the evidence gathered, it is evident that some carers from most of the Investigated Authorities described positive experiences of having their needs assessed. Those carers felt that the outcomes of their assessments provided them with sufficient support to assist them in their caring role. There was evidence of carers in all the Investigated Authorities' areas reporting feeling supported and listened to by the Investigated Authorities and commissioned service providers. They also complimented staff who completed their assessments.

The Adviser said that, on the whole, the carers' needs were appropriately identified and documented. As with the 10% sample of assessments reviewed, the Adviser said that the Investigated Authorities or commissioned services had staff whose function was to coordinate the carrying out of the assessment and staff ppeared to have the skills, knowledge and competence to carry out the assessments.

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The Adviser said that, as she had identified in her review of the 10% sample of completed assessments, the presence of a 6-week review on Flintshire paperwork was good practice. The Adviser said that this had resulted in positive outcomes for Carer I and that it was a good reflection on the service provided to Carer I.

The evidence indicated that there were delays in some carers having their needs assessed, for example, with Carer S and also evidence of carers only having their needs assessed when they had reached crisis, namely Carer O and Carer L.

The evidence indicated that carers were not always offered advocacy. The Adviser said that there were examples where it appeared that the member of staff decided that advocacy was not needed, rather than the carer being asked.

The Adviser said that the requirement to include in the assessment the extent to which the carer was able and willing to provide the care and to continue to provide the care was not explicitly addressed in the lived experiences considered, but it was present implicitly in the discussions recorded.

The Adviser said that, in general, the outcomes the carer wished to achieve and how various services could achieve this, was evidenced. However, the Adviser noted again that it may be difficult for carers to articulate their needs. The Adviser considered that advocacy may assist carers in this respect and the provision of concrete examples of how other carers have been helped and how services might be used creatively could also be helpful, as suggested by Carer N. Carer O also said that she struggled to articulate her needs and her point about being provided with examples was relevant here. Carer A called for more transparency in relation to the support available to carers.

The evidence also indicated that it seemed to be 'hit or miss', as to whether a carer received a copy of their assessment, or whether they had to ask for one. The Adviser noted that several carers were disappointed with the outcome of their assessment, felt that the outcomes had not transpired, were confused as to whether they had even received an assessment, or had a considerable struggle to find their way to a carer's assessment in the first place.

Carer B said that, had she known she was going to be assessed, she would have been able to prepare for the meeting. Other carers also

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indicated that they had been unaware that their needs had been assessed. The Adviser said that improved communication with carers during the assessment process would assist, so that carers were aware that a carer's assessment was underway, aware of what it could and could not achieve and of how it fitted in with the myriad of other assessment processes. The Adviser suggested that a simple letter after the assessment, enclosing the assessment and setting out the outcomes of the assessment and, crucially, explained what the review arrangements were (or were not) and how carers could make contact to request a review or a re-assessment, would help carers a great deal in navigating their way through the maze of assessment processes.

The Adviser said that the requirement for the local authority to involve the cared for person where feasible, as she had noted during her review of the 10% sample of completed assessments, that was rarely the case and the reason for it was not always made clear. The Adviser said that it was equally unclear whether staff were, in all cases, offering an opportunity for carers to say if they would prefer a private conversation in addition to, or instead of, one with the cared for person present.

The Adviser said that the requirement for the assessment to have regard to whether the carer works, or wished to work, and whether they were participating or wished to participate in education, training or leisure activities, (as per original advice) did tend to emerge within conversations when relevant, rather than being prompted.

In reviewing the 10% sample of completed assessments, the Adviser raised the point that the absence for the most part of any mechanism to gain feedback and carers' views on the assessment process and its outcomes, raised a question as to whether carers would agree that their needs had been appropriately met. The Adviser said that the cases of Carer A and Carer B demonstrated this. In Caerphilly County Borough Council, areas of disagreement are only recorded if the assessment proceeds to 'Part 2'. The Adviser said that, whilst it was good practice to provide a proportionate assessment, it would be useful for there to be a structured opportunity to give feedback, either at the time of the assessment or at some further point, rather than having to start the process again, given the stresses and pressures carers are subject to and the multiplicity of assessment and other processes that they have to contend with.

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Carers need good communication and information from their local authority and their commissioned service providers. The Adviser said that the IAA 'What Matters' conversation was a proportionate means to direct carers to support without them having to jump through hoops, but she said that it should be made clear to people that the 'What Matters' conversation was their carer's needs assessment and, if they identified needs that were more complex or required more comprehensive exploration, perhaps with a qualified Social Worker, this could be offered. The Adviser noted that, unless carers knew that something else could be offered in terms of further assessment, they tended to say that they were satisfied.

In relation to Carer A, the Adviser said that she was unsure why Carer A emerged from the assessment with the view that she would be liable for paying public liability insurance from her own monies, as this cost ought to be included within the Direct Payments budget provided by the local authority. The Adviser said that she was not aware of any specific restrictions on employing a teaching assistant as a personal assistant as the only restriction she was aware of, related to family members. The Adviser said that this decision meant that the Direct Payments offered to Carer A could not be used and, in light of the general shortage of personal assistants, this was unfortunate.

In relation to Carer B, the Adviser said that, although Carer B indicated that she had not had any help with primarily emotional issues and concerns about her child's future, the assessment did give Carer B an opportunity to open up about the emotional aspects of her life and role and she had seemed to do so. The Adviser said that she considered that the assessment could have pursued some matters a little further, namely Carer B stating that she was "juggling" and the lack of respite due to a shortage of Shared Lives[4] carers. The Adviser said that both these comments could have been explored and developed further, so as to move on to potential solutions. The Adviser said that, although Carer B said that the Direct payments received were "sucked up", there was no evidence that Carer B had specifically raised this point during the assessment.

The Adviser said that the outcomes of Carer C's assessment were focussed on the educational issues raised and the criteria for the Disabled Children's Team. She said that Carer C expressed high levels of stress and challenges relating to her own physical health and the demands of her role; no support

4 A community-based scheme for adults who need care and support, where Shared Lives carers offer to share their home, family and community lives.

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appeared to have been discussed or identified directly in relation to her own needs. Again, while Carer C was later offered Direct Payments, the use of teaching assistants for this purpose was declined.

The Adviser said that Carer D's assessment was detailed, with workers having taken time to explore and understand the situation and Carer D's views. The Adviser noted that the difficulties were more around the delays in providing a package of care for the cared for person, which was likely to be an issue with the availability of care packages, especially post pandemic, rather than specifically relating to carers' needs assessments.

The Adviser said that Carer E appeared to have found the different assessment processes confusing and it took time for her to find her way to an assessment. She also said that it was unclear whether her own needs or those of the cared for person were being assessed and she felt that it was her husband's needs that were being assessed. The Adviser noted that similar comments were made by a number of carers who provided the investigation with their lived experiences. The Adviser said that this may suggest that there was a need for local authorities to find ways to simplify the pathways for carers to obtain assessments and to

improve information and processes, so that carers were better supported to understand the inter-relationship between their assessments and those of the cared for person.

Carer I explained that she had not realised that the 'What Matters' conversation was her carer's needs assessment. The Adviser said that this demonstrated the need for staff to be very clear with people on this point. The Adviser said that she was unsure whether Carer I would have wanted a more in-depth assessment and suggested that more complex assessments might perhaps be better undertaken by a Social Worker. The Adviser noted that Flintshire County Council said that all carers were offered this, but she was unsure whether it had been offered in Carer I's case, or whether it had not been offered because it appeared from the assessment document that the cared for person's case could not be accessed by a Social Worker at that point.

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Carer K also did not feel that she had had an assessment. The Adviser noted that Carer K was provided with 3 hours of sitting service, but a more flexible service would have suited her better. It was not known from the documents whether Carer K had returned to the local authority to ask for a more flexible service or whether she had been informed that this was something that she could do. The Adviser noted that this was an example of when an advocate might have been useful to assist Carer K to articulate or identify what might assist her, as she seemed to be almost resigned to there being nothing that could be done to assist her. The Adviser said that it was disappointing that the reflexology noted in the assessment to support Carer K in her caring role was not followed up.

In relation to Carer N, the Adviser said that she did not necessarily agree that the assessment process centred around his partner's needs as the assessment reflected the complex needs of himself and his partner, the inter-relationship between them and the impact of his caring role. The Adviser said, however, that, if Carer N felt this way, it raised the question of whether carers were routinely being given a choice over who was present when the assessment was to be carried out. The Adviser said that, having reviewed the 10% sample of

assessments, she had commented that the cared for person seemed often to not have been involved, but it was important to remember that there may be occasions when the carer would wish to speak to the assessor alone, whether instead of, or in addition to, the discussion with the cared for person. The Adviser said that, although Carer N mentioned a lack of financial support, it appeared that there was a referral for benefits advice and 'Take a Break' vouchers, which was appropriate. The Adviser noted that a referral was sent to the 'Single Point of Contact' ("SPOC"), to assist with Carer N's partner's needs, but it was not known what the outcome was and Carer N appeared to feel that it was not helpful. The Adviser said that she was unsure why Carer N felt this, as the referral for Direct Payments would have provided him with the practical support requested. The Adviser noted that Carer N was also referred to counselling, but it was unclear whether this took place, as Carer N was expecting therapy which he says he did not receive.

The Adviser said that it would have helped Carer O if she and her husband could have been supported to go out and do activities and attend groups, which would have benefitted both Carer O and her husband. The Adviser said that it was unclear why Direct Payments were not

considered for this purpose. The Adviser noted that the assessment for Carer O acknowledged that activity opportunities for the cared for person were limited, but the 'Gaps in Service' heading was not complete.

The Adviser said that Carer R's assessment was detailed and robust and it appeared that the Social Worker did a good job of teasing out what the carer's needs were, to the extent that Carer R had not realised them herself fully until she read the assessment. The Adviser noted that Carer R clearly had a considerable fight to obtain her carer's needs assessment, due to living outside the local authority area in which the cared for person lived. The Adviser said there was no doubt that the local authority in which the cared for person resides was the authority that was responsible for the assessment of the carer (Section 24 of the SSWB Act). The Adviser said that it was disappointing to see that Carer R had to contend with Neath Port Talbot Council making this mistake on an ongoing basis.

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Examples of good practice identified during the investigation

It is important that the good practice identified during my investigation is shared for consideration by all local authorities across Wales, to enable self-reflection and wider service improvement. The Investigated Authorities and commissioned service providers provided the investigation with numerous examples of positive feedback their services had received. It is also evident from the lived experiences gathered during this investigation that some carers felt supported by the Investigated Authorities and their commissioned service providers with the services provided to achieve their desired outcomes meeting their needs. These examples demonstrate the impact that the support provided to carers, once they have been identified and had their needs assessed, can make to their wellbeing and caring role. Carers who feel supported and able to look after their own wellbeing are more likely to be able and willing to continue in their caring role, therefore reducing the burden on both health and social care services.

I was pleased to note the Adviser's view that, based on the sample of completed assessments and lived experiences reviewed, the Investigated Authorities and their commissioned service providers undertake proportionate assessments with a range of creative and flexible solutions being offered to achieve the outcomes identified by the carer. I have seen praise for the support provided by staff responsible for conducting carers' needs assessments from carers. I have also seen praise from Social Work staff who seek advice and guidance from the dedicated carers teams. It appeared, from the assessments reviewed, that staff completing carers' needs assessments were knowledgeable and understood, and were sensitive to, the impact of caring upon the lives of carers.

I have seen examples of carers being supported through grant funding schemes and the innovative and creative use of grants to support individual carer wellbeing. In Flintshire, the NEWCIS 'Family Bridging the Gap' scheme also assists carers to be supported by family members. It is positive that NEWCIS staff support carers to apply for Direct Payments in their own right, assisting them through the process and liaising with local authority staff.

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I note the praise given for the assessment forms completed by NEWCIS for Flintshire County Council which demonstrated some good practice that should be considered by all local authorities in Wales, particularly in relation to:

• The outcomes sought by a young carer being recorded alongside those of the person(s) with parental responsibility, which was most effective to ensure key questions were addressed during an assessment.

• The 6/12 weeks review (a contract requirement where a support plan is agreed) on paperwork to enable the workers to check in with the carers to consider whether their outcomes had been achieved and to what extent.

• A specific question prompting the consideration of the carer's wish to work or participate in education, training or leisure which should be addressed in all carers' needs assessment or a note made of why it is not.

I have noted that both Caerphilly County Borough Council and Ceredigion County Council have in-house, dedicated Carers Teams who are responsible for completing carers' needs assessments with carers whose cared for person is not known to Social Services. These teams also attend/organise events to raise awareness of carers' rights and liaise with schools and colleges to identify young carers and young adult carers. It is pleasing to also note that Neath Port Talbot Council has appointed dedicated carers staff and that it is in the process of reviewing its current processes for supporting carers, having already identified several opportunities for improvement, including the need to redevelop its recording database to ensure carers' needs can be recorded and that it can report, in the future, on how many carers' needs assessments led to a support plan. Self-reflection and the willingness to review and improve processes is key to local authorities being able to provide carers with the support they need to continue in their caring roles. It is also encouraging that Ceredigion County Council is exploring the use of, and developing, technology assisted care services that may, in due course, support carer wellbeing.

I have seen examples of the information resources available to carers outlining their rights as carers, including Carer Information Packs, magazines, newsletters and social media which are used to promote support available to carers. I have also noted the Welsh Government's 'Understanding your rights as a carer' booklet, which outlines carers' rights.

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It is welcome that the Welsh Government's Ministerial Advisory Group for carers has already set up a Task and Finish Group to progress improvements in carer services. It is also welcome that there already exists an all-Wales network, the Carers Learning and Improvement Network (COLIN), whose terms of reference include the promotion of the assessment of carers' needs, the opportunity to discuss and undertake joint development initiatives and to gather and disseminate learning and good practice through regional working. I am pleased to note that all 4 Investigated Authorities contribute to this network and I would encourage any local authority in Wales, or their commissioned service providers, who are not actively engaging with the network, to explore the benefits that doing so would bring to carer services locally.

During this investigation, the following further good practice points were also identified:

• Caerphilly County Borough Council adopts a 'no wrong door' approach and, regardless of the service in contact with a carer, they will be directed to the Carers Team and actively offered a carer's needs assessment.

• Ceredigion County Council holds a carers' register and a 'Carers' Referral Pathway', demonstrating collaborative working between local authorities and health services. Once registered, the carer's details are passed to relevant departments to provide information and support to the carer.

• Again in Ceredigion, all staff within the 'Through Age Wellbeing' programme, including housing staff, must complete a mandatory training module relating to carers to ensure they are able to identify carers in their day-to-day work and explain to carers how to have their needs assessed.

• Flintshire County Council completes audits of carers' needs assessments completed by NEWCIS, Adferiad and the Council every 8 weeks, with any learning and good practice identified fed back to practitioners.

• Again in Flintshire, NEWCIS asks carers to complete a pre-assessment questionnaire to allow carers to gather their thoughts before their assessment.

• Caerphilly County Borough Council uses various tools when assessing the needs of young carers to help with exploring their caring role.

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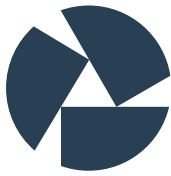
- In Flintshire, NEWCIS offers a young adult carer support group to help young carers transition into adult services.

- Again in Flintshire, NEWCIS offers support groups during daytimes, evenings and weekends which is particularly helpful for carers who work and are unable to attend support groups during the daytime.

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Comments on the draft report

Caerphilly County Borough Council

Caerphilly County Borough Council said that, since the implementation of the SSWB Act in 2016, it had worked tirelessly to promote the carers agenda and grown its dedicated carers service to meet local need. It said that this was evidenced by an increase in the numbers of carers electing to receive regular updates through social media and its regular newsletter. The Council said that the number of attendees at carer events evidenced its engagement and inclusion. It said that it consulted carers on a continual basis regarding how it shapes its services and that it had promoted carers' rights to an assessment through many different methods.

The Council said that the COVID-19 pandemic has had a lasting impact on the way services are delivered. It said that vast numbers of staff have since left the care sector and the current social work crisis has caused a significant shortfall in staffing resources. The Council said that, at times, this has impacted upon service continuity for established services and an inability to commission services to meet newly assessed eligible needs.

The Council said that training is available for all IAA staff but, at the time they were surveyed as part of this investigation, there was a high turnover of staff and the responses received from them lacked background and were not an accurate reflection of staff training in general.

The Council said that, whilst it has consulted with carers, who informed the Authority that their preference was to receive informal support that was not dependent on a statutory assessment to access, it was not the reason why there were no carer support plans during the period investigated. It said that this was primarily because any respite provision for the carer was attributed and recorded on the cared for person's care and support plan.

The Council said that the Direct Payments referred to by Carer A, Carer B and Carer C were awarded to the cared for person, rather than the carer themselves. The Council said that there was a national social care workforce recruitment crisis which extended to the availability of workers to provide support through

Direct Payments, which linked to the Council's request for parents not to recruit support workers from their child's school, due to potential conflicts of interest and blurring of boundaries for the child.

Caerphilly County Borough Council said that it had no record of any complaints about carers' rights or carer assessments.

Ceredigion County Council

Ceredigion County Council said that, during its 'front door sift' process, carers were offered an assessment, with a clear explanation provided of what this was. The Council said that carers were offered a carers' information pack, which included information about carers' needs assessments. The Council said that carers were also offered a referral to its Carers Support Service, which focused on supporting carers and offering information, advice, emotional support and access to training and wellbeing groups. The Council said that carers were also given information about Gofalwyr Ceredigion Carers for carer replacement support. It said that carer replacement support could be provided on a short-term basis, prior to an assessment.

Ceredigion County Council said that all Direct Payments were facilitated via a managed account. It said that Direct Payments, and its process and requirements, were discussed during the assessment process. The Council said that, at that point, carers could also seek additional advice and guidance from its Direct Payments team to support with their decision. The Council said that, if the carer decided on a Direct Payment, they were allocated an Independent Living Advisor to provide ongoing support and to highlight when a review was required.

Ceredigion County Council said that Gofalwyr Ceredigion Carers had recently been recommissioned to provide support to adult and young carers in its area. The Council said that Gofalwyr Ceredigion Carers was working to a new service specification which embedded the need for assessments to be shared, for quality assurance purposes. The Council said that it was working with Gofalwyr Ceredigion Carers to embed this as part of its quarterly monitoring meetings.

The Council said that, at the end of March 2024, it had over 2200 unpaid carers signed up to its Information Service, which represented a 35% increase from April 2023, when this investigation started. It said that this

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demonstrated that unpaid carers were aware of the service provided by the Council. Ceredigion County Council said that, during this investigation, it had appointed a Quality Assurance Officer, implemented a Quality Assurance Framework and redesigned and implemented a new children's proportionate assessment. The Council said that, in 2023-2024, it had completed 436 carers' assessments, compared to 231 in 2022-2023.

Gofalwyr Ceredigion Carers

Gofalwyr Ceredigion Carers said that the spreadsheet provided to the investigation was a report extracted from its database, where it kept young carers' needs assessments. It said that it did not currently spend an excessive amount of time doing young carers' needs assessments as it completed a proportional assessment by conversation. Gofalwyr Ceredigion Carers said that this was part of getting to know the young carer and their family, forming a relationship, understanding their strengths, what they are worried about and understanding what matters to them. Gofalwyr Ceredigion carers said that it would like to continue doing this, rather than undertaking formal assessments. This is because it hears from other organisations, anecdotally, that they spend a large proportion of their time on carers' needs assessments.

Flintshire County Council

Flintshire County Council said that, in comparison to before the COVID-19 pandemic, the carers it is supporting consistently have far more complex and demanding situations. It said that the support required to sustain carers has become far more significant and intense and, additionally, the number of carers that are needing support is growing significantly, year on year. The Council said that long NHS waiting times were putting pressure on the Council to meet the gap in care provision for carers. The Council said that vast numbers of staff have left the care sector since the pandemic, leaving a shortfall in staffing resources that would previously have supported carers in providing respite opportunities. The Council said that demand for carer services has continued to grow after the pandemic. It said that it has sought to develop its 'Direct Payments for Carers Strategy' to support carers in a more flexible way, which has proven to be very popular.

Flintshire County Council said that it holds a dedicated carers' register and that its carers' pathway stems from its 'one-stop-shop' carers' gateway, that coordinates carers' services across, not only the local authority and health services, but also its third sector partners.

Flintshire County Council said that it decided to commission carers' needs assessments to the third sector, as carers had previously reported that they did not want to go through Social Services and that they valued an independent organisation supporting them. The Council said that carers in Flintshire had the benefit of accessing services through both Social Services and/or the third sector, which it considered to be good practice.

Flintshire County Council said that it holds a dedicated carers' register and it's carers pathway stems from its 'one-stop-shop' carers gateway that coordinates carers services across the local authority, health services and its third sector partners. The Council said that that it has a very close working relationship with NEWCIS who are champions of carers, carers' rights and carers' services in Flintshire. It said that NEWCIS attends and organises events to raise awareness of carers' rights. The Council said that NEWCIS liaises with schools and colleges to identify young carers and there was a workstream in progress to reach every school in Flintshire. The Council said that it funds NEWCIS to host a hospital discharge facilitator post in addition to the presence of noticeboards and leaflets, despite having no acute hospital within the county. It said that the Hospital Discharge Facilitator is active within the local acute and community hospitals on a daily basis, visiting wards, speaking with staff and carers directly to promote the available services and the benefits of a carer's needs assessment. It said that they also support with communication and raising awareness of carers with GPs and pharmacies. The Council said that it commissions NEWCIS to provide a Continuing Health Care ("CHC") Specialist Support post, which is unique to its authority. It said that the aim of the post was to provide support to carers who are supporting individuals with a complex, chronic or terminal illness with a period of intense support. It said that NEWCIS was also commissioned to support with communication and raising awareness of carers with GPs and pharmacies.

The Council said that some of the recommendations made in this report in relation to the carers' needs assessment form had already been implemented over the last year, as a result of its case file audits.

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Neath Port Talbot Council

Neath Port Talbot Council said that, since the COVID-19 pandemic, there had been a sharp increase in requests for support from carers. It said that it has seen an increase in requests for support from working age adults, which is reflective of the increasing number of people living with a disability in its area.

The Council said that resuming business as usual has taken time post-pandemic and this had led to a restructure of service provision, with the inclusion of carer development officers aligned to social work teams, leading to a stronger offer of early help and support, and a focus on the needs of the carer.

Neath Port Talbot Council said that it had started to strengthen and improve support for carers within Neath Port Talbot before this investigation was started. It said that it, for example, had updated the carers' needs assessment form and supporting letters. The Council said that it was also transitioning between Social Services data systems, as its current system was unable to report on key information. Neath Port Talbot Council said that, whilst it did record young carers' assessments, it was unable to provide young carer needs assessments to the investigation, due to data systems limitations. The

Council said that this was being addressed with a new 'MOSAIC' case management system.

Neath Port Talbot Council said that anyone who contacts its SPOC Team and identifies as a carer is informed of their right to, and offered, an assessment. It said that they are also provided information about the services delivered by the Carers Service.

The Council said that Neath Port Talbot Carers Service submits contract monitoring reports as per the contract requirements. It said that contract reviews were undertaken on a monthly basis, which included senior staff from the Carers Service, it's local authority lead, the Principal Officer with responsibility for carers and the Commissioning lead. The Council said that, when completed carers' needs assessments were returned from the Carers Service, they were 'signed off' by a Social Worker, which was, in itself, a quality check. The Council said that it had previously undertaken audits of carers' needs assessments, with the last being completed in 2022, but they were on hold, awaiting the outcome of a service review.

The Council said it is working with GPs to identify carers early, to enable prompt intervention and prevention. It said that work to support and strengthen carer integrated pathways is ongoing with Primary Care and Secondary Care services. It said that, during the investigation, the Council contributed to the Health Foundation research project "Can you tell we care?", whose report found that carers were more likely to present to primary care services, in the first instance.

Neath Port Talbot Council said that all of its Social Workers were able to complete carers' needs assessments but, as this is commissioned to Neath Port Talbot Carers Service, its staff did not routinely complete assessments. It said that this accounted for the responses to the staff survey where some staff noted that they did not complete carers' needs assessments.

In terms of training, the Council said that staff training needs were identified as part of staff supervision. It said that all staff had access to, and were encouraged to access, Social Care Wales resources about working with carers, available on the Social Care Wales website.

Welsh Government

The Welsh Government said that the Association of Directors of Social Services Cymru ("ADSS Cymru") report, which it commissioned, highlighted similar areas for improvement. It said that, as a result, it had established a Task and Finish group as part of the Ministerial Advisory Group ("MAG") on Unpaid Carers. It said that the Task and Finish group is overseen by the MAG and the Minister for Social Care. The Welsh Government said that this group, comprising senior managers from ADSS, health, national carers organisations and unpaid carers, had surveyed all 22 local authorities in Wales and their commissioned service providers, requiring a self-assessment of their performance regarding IAA and carers' needs assessments. It said that respondents were asked to identify both barriers and good practice and it was analysing the results of the survey. The Welsh Government said that it was working with health boards to undertake a survey with a focus on early information and advice for carers by healthcare staff and appropriate signposting.

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The Welsh Government said that it was also working with Carers Wales to learn from its 2024 'Track the Act' survey that provides carers' views on their experiences of information, advice and assistance and carers' needs assessments. It said that it was also organising meetings with carers to have fuller discussions about their experiences to identify best practice from the service user perspective.

The Welsh Government said that it was aware from its own survey work that carers' services were not uniform across local authorities with regard to design and operation. It said that, once the information gathered by the Task and Finish group had been brought together and analysed, it would agree the next steps.

The Welsh Government highlighted some actions it was already taking in relation to carers:

• It is promoting the identification of carers and self-identification as the first priority of its Strategy for Unpaid Carers. It said that it funds Carers Wales and Carers Trust to raise awareness of carers and to promote the value of self-identification. It said that it also funds these organisations to deliver 'Carer Aware' work, including the training of social care and health care staff on carers' rights and the challenges faced by carers. It supports these organisations to raise awareness of carers, to promote the value of self-identification and the support services available.

• A significant number of previously unknown carers had accessed the Welsh Government's Short Breaks Fund and Carers Support Fund which evidenced the value of the schemes in assisting carers to self-identify and access information and support.

• It has published a Charter for unpaid carers which outlines carers' rights.

• It funds Age Cymru to identify and better meet the needs of older carers, including work with GP practices.

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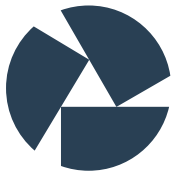
- It has established a Young Carers Advisory Board, hosted by Children in Wales, to ensure young carers have a voice at a national level through representation on the Ministerial Advisory Board.

- It is working with social services, education and the third sector on ensuring greater awareness of young carers in schools and further education colleges and improving uptake on the young carer 'ID card'. It said that it was updating resources for teachers about young carers and was planning a promotion campaign in the autumn term.

- It is developing, via the MAG, a new annual collection of unpaid carer data from local authorities which is likely to focus on carers receiving an assessment. This will include a range of demographic and equality data provided to agreed and consistent data collection processes and standards.

- It is working collaboratively with local authorities and health boards to identify and drive best practice with regard to IAA and carers' needs assessments.

The Welsh Government said that the matters raised in this report were established areas of work for the Minister for Social Care and the MAG. It said that it will be reviewing its current national strategy for unpaid carers over this financial year and will ensure that these areas continue to have priority focus.

Analysis and Conclusions

As outlined above, some good practice has been identified at all 4 of the Investigated Authorities in relation to the administration of carers' needs assessments which is encouraging, particularly in relation to the majority of the completed assessments reviewed by my investigation.

I acknowledge and accept that the COVID-19 pandemic had a substantial impact upon local authority carer services and upon the support available for carers. I recognise that recovery from the pandemic remains ongoing and I understand that it will take time for the longer-term impacts of the pandemic on carers and the support available for them to be fully addressed. In reaching my conclusions, I have taken this context and the pressure upon services into account.

My role under the Act is to highlight any evidence of administrative shortcomings with a view to drive improvement in public services in Wales. In analysing the evidence and reaching my conclusions, I have considered the advice that I have received from the Adviser, which I accept. However, the conclusions reached are my own.

a) Whether the local authorities being investigated are meeting their statutory duties under the SSWB Act and its Code of Practice and The Care and Support (Assessment) (Wales) Regulations 2015.

When carers have their needs assessed, with the exception of the young carers' assessments at Ceredigion County Council and Neath Port Talbot Council, the evidence indicated that carers were being afforded the opportunity to share their experiences as carers and outline their support needs, leading to effective assessments which identified whether the carer had needs for support.

Part 3 of the SSWB Act places a duty on local authorities, where it appears that a carer may have a need for support, to assess whether the carer does have a need for support (or is likely to do so in the future), and if the carer does, what those needs are (or are likely to be in the future).

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It is perfectly acceptable to split the assessment into 2 parts, to complete a proportionate assessment in line with the requirements of the SSWB Act. However, the process needs to be clear for carers in line with Principle 3 of the [Principles of Good Administration](). This is acutely relevant when services available at commissioned service providers, or at dedicated Carers Teams within the Investigated Authority, do not meet the needs of the carer, or their needs are greater than the support available from commissioned service providers. This is particularly the case when the cared for person is not known to Social Services. Any failure to provide carers with sufficient information to enable them to make informed decisions could lead to an injustice to a carer. All 4 Investigated Authorities need to ensure that they make carers aware that they can ask for a more in-depth assessment should their needs not be met by the support made available following the first part of the assessment.

The evidence reviewed indicates, in general, that, once a carer has been identified and agreed to a needs assessment, they have been proportionately assessed. However, the investigation has identified 4 administrative failings in relation to the recording of assessments:

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1	Involvement of the cared for person	The involvement of the cared for person ought to be the default position and their non-involvement should be a conscious decision and recorded on the assessment form.
2	Willingness to provide care	Where the extent the carer is able and willing to provide care, and their wishes in terms of work, education, training and leisure are not considered during the assessment, the reason for not doing so should be recorded on the assessment form.
3	Copy of completed assessment	Carers should be offered a copy of their completed assessment to comply with the SSWB Act, with the response recorded on the assessment form to provide a complete assessment record.
4	Carer satisfaction with assessment and outcome	Carers should be asked at the end of the process if they are satisfied with the assessment process and the outcomes identified to meet their needs. This would allow areas of dissatisfaction or unmet need to be further explored and resolved promptly. For commissioned service providers, it would provide an opportunity to identify whether there was a need to refer the carer back to the local authority, if the support available did not meet the carer's identified needs. Carers should also be informed that, if there were any significant changes to their caring role, they could re-contact the Council for a re-assessment, regardless of whether they have a formal support plan or whether or not it is due for review.

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It is concerning that young carers' assessments at Neath Port Talbot Council were not documented on a formal and individual carer's needs assessment form and that the investigation was unable to draw any conclusions as to whether the assessments it conducted were appropriate, nor whether young carers' needs were properly explored and met. I note that the Council recognised that it did not complete a formal assessment format for young carers but said that the carer's situation, as a whole, was recorded in additional case notes recorded on their case management systems, to support the documents provided. However, the Council was unable to extract these for the investigation. The absence of comprehensive documented assessments for individual young carers at Neath Port Talbot Council is of concern. I have, however, noted and welcome the progress being made by Neath Port Talbot Council in updating its case management system which will improve the recording of young carers' needs assessments.

b) Whether those entitled to a carer's needs assessment are made aware and understand their right to request a carer's needs assessment

The population of Wales in the 2021 Census was 3,107,500. According to this Census, between 10% and 12% of the population (over 5 years old) in the Investigated Authorities' areas identified as a carer – a total of 60,717 carers. However, this investigation found that only 1,710 carers, 2.8% of the carer population, had their needs assessed by the Investigated Authorities, or their commissioned service providers, in 2022/2023. Of those, only 900 assessments led to a support plan, equating to 1.5% of the carer population in the Investigated Authorities' areas being supported through a formal support plan.

I acknowledge that some carers who understand, or are made aware of, their rights will decline an assessment in their own right or they may not have any need for support. However, the Investigated Authorities need to ensure that carers are provided with sufficient information about the assessment process and the support that may be available to them, as carers. Carers often fall into the caring role and, as the demands of the caring role gradually intensify, they may not recognise the impact upon their own wellbeing and may not have time, due

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to the demands upon them, to find out for themselves what support could be available. It is, therefore, concerning that only a very small proportion of people who identified as carers in the 2021 Census have had their needs assessed by the Investigated Authorities during 2022/2023.

Not all carers will have the time and ability to research their own rights. They may, therefore, be unsupported. There was evidence from across the Investigated Authorities of carers not being fully informed of their rights. In some instances, there was evidence of carers being signposted to commissioned service providers without being informed of their rights.

The Part 3 Code requires a local authority's approach to assessment and eligibility to be clearly communicated so that all people can understand how to access an assessment, what is involved in an assessment, how it will be undertaken, who will be involved and what it means for them. The Investigated Authorities provided good examples of their information resources for carers. However, improvements could be made to the resources available at the 4 Investigated Authorities to help carers understand the assessment process, what is involved and what it could mean for them. This is particularly relevant when carers' needs assessments are commissioned.

People should be clearly informed of what they can expect to enable them to prepare for their assessment.

Social Work staff, through the very nature of their work, will come into contact with carers when undertaking their duties relating to children and adults who require care and support. They have a fundamental role in recognising carers, making them aware of their rights and the types of support that may be available to them in an open and transparent way, including a carer's needs assessment. They must make every contact count to identify and support unpaid carers within the community. Principle 2 of the Principles of Good Administration outlines the need to be customer focussed, ensuring carers can access services easily and that they know what to expect.

I acknowledge that some carers may have their needs, as carers, considered in the cared for person's care and support plan, as part of an Integrated Assessment. Caerphilly County Borough Council said that 156 carers declined an assessment in their own right so were likely to have had their needs considered as part of the cared for person's assessment or they did not want to have one at all. It said specifically that respite provision for the carer was attributed and recorded on the cared for person's care and

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support plan. The care and support needs of the cared for person are often intrinsically interlinked with the support needs of the carer, for example, providing socialisation opportunities to the cared for person can provide opportunities for respite for the carer, meaning that the carer often has no additional needs to be assessed. However, Social Work staff need to ensure that a carer's right to have their needs assessed separately from the cared for person is fully explained to carers and that carers are afforded this opportunity in line with Principle 2 of the Principles of Good Administration. Whilst Integrated Assessments are acceptable and allowed under Section 28 of the SSWB Act, Social Work staff at Caerphilly County Borough Council (and at any other local authority that assesses and records the carer's needs as part of an Integrated Assessment) need to ensure that they have made the carer aware of their right to have their needs assessed separately. Where an Integrated Assessment is completed, both the carer and the cared for person must have agreed to this approach and the decision recorded. It is imperative that carers can make an informed decision and that the requirement for carers to be given this choice to have their needs assessed separately is complied with. Once identified as a carer, carers should be offered a carers' needs assessment in their own right, and their decision should be recorded.

IAA staff also come into contact with carers. Carers may not be contacting their council about themselves, but they may be seeking support for someone they care for. This presents an opportunity to identify carers and inform them of their rights and the support that may be available to them in line with Principle 3 of the Principles of Good Administration. An IAA staff member from Ceredigion County Council referred to the need to "read between the lines" when dealing with calls and hear the "unsaid", to ensure that those who may not realise they are carers, or who are not aware of their rights, are properly informed. This mindset is to be commended.

Evidence from the staff surveys suggests that not all IAA staff felt that they had received sufficient training to support them in their role. With the exception of IAA staff from Ceredigion County Council, few IAA staff said that they had received specific training about carers' rights and how to assess carers' needs. Many were not aware of the services available to support carers. This may also have contributed to the difficulties encountered by Carer R in having her needs assessed as a distance carer. Principle 1 of the Principles of Good Administration includes the use of appropriately trained staff. With the exception of IAA staff in Ceredigion, the failure by Caerphilly County Council, Flintshire

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County Council and Neath Port Talbot Council to provide appropriate training to relevant staff is of concern.

Further opportunities to identify carers early, raise awareness of their rights and share information are available throughout council departments. Many staff, for example, housing, care and repair and education staff, will come into contact with carers in their roles. They must be informed, be empowered to share information and be able to signpost carers to the support available. Similarly, councillors should be knowledgeable about carers' rights so that they can share information with constituents they come into contact with in their roles.

The ADSS Cymru rapid review report found that identifying carers was not the responsibility of local authorities alone. It identified that GP surgeries and other health services should play a bigger role as part of a more integrated health and social care system. Both Carer A and Carer R referred to contact with health services but were either not informed of their rights, or the services were not aware of the carers' rights as distance carers.

I have seen some evidence of a collaborative approach between health services and the Investigated Authorities. In Caerphilly County Borough Council's area, carers' notice boards are displayed at hospitals and it is working with pharmacies to ensure carers can access medication for the cared for person. It is also researching the possibility of having carers' champions at GP surgeries. Ceredigion County Council has a regional Carers' Referral Pathway, which encourages carers to register as carers with their GP and their details, with their consent, passed to the local authority. Neath Port Talbot Council is working with health services to identify carers early to enable prompt intervention and prevention. A number of these initiatives are also in place at Flintshire County Council. It also works collaboratively with health services and third sector partners via its carers gateway and commissions some specialist posts via NEWCIS.

Principle 3 of the Principles of Good Administration requires public bodies to be open and clear about policies and procedures and ensure that information is clear, accurate and complete. During the investigation, it has become clear that carers' needs assessments are being referred to by different names. 'Carer's needs assessment', a 'What Matters' conversation and a 'wellbeing assessment' have all been used to refer to what is, in essence, a carer's needs assessment as outlined in the SSWB Act. Where carers' needs assessments are not referred to as

such, carers should be made aware that what is being offered constitutes a carer's needs assessment, as outlined in the SSWB Act. Similarly, the evidence raised concerns that the lines between carers' assessments and parenting assessments were blurred, with parents not necessarily knowing the difference between them (Neath Port Talbot Council staff) and a parent, Carer J, being passed between departments while trying to have her rights as a carer upheld.

The evidence indicated that carers would find it helpful if the Investigated Authorities included examples of how carers' needs assessments had benefitted carers, with examples of the different ways in which carers have been supported and the carers' views on how their assessments had impacted their caring role and wellbeing.

Local authorities must ensure that the information provided to carers, including parent carers, is open and clear so that they are aware of the process, including the use of commissioned service providers and the different ways in which local authorities can provide support. When carers' needs assessments are commissioned, the Investigated Authorities need to be clear about their roles. Carers should be provided with sufficient information in a clear

and transparent manner at all 4 local authorities to enable them to understand the process and to avoid any injustice being caused to carers.

c) Where carers' needs assessments are commissioned, whether those assessment services are being delivered appropriately and whether local authorities appropriately monitor the contracting arrangements.

Ceredigion County Council commissions young carers' assessments from Gofalwyr Ceredigion Carers. It is concerning that young carers' assessments at Ceredigion County Council were not documented on a formal and individual carer's needs assessment form and that the investigation was therefore unable to draw any conclusions as to whether the assessments conducted were appropriate, nor whether young carers' needs were properly explored and met.

The evidence showed that the Council has very little oversight of the service provided by Gofalwyr Ceredigion Carers. Whilst Gofalwyr Ceredigion Carers provides contract monitoring reports, it is unclear what, if any, action follows or how the Council is assured of the quality of the completed assessments. This investigation has identified inadequacies in the recording of young carers' needs

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assessments at Gofalwyr Ceredigion Carers. This had not previously been identified by the Council. It is concerning that Ceredigion County Council, with the statutory duty to assess the needs of young carers in the county, had not identified the lack of records being completed by its commissioned service provider. This reinforces the need for there to be systems in place to quality check the services being provided to carers. As set out in my statutory guidance on the [Principles of Good Administration](#), it is incumbent on all public service providers to ensure that they have adequate processes in place to properly monitor commissioned services. These inadequacies have meant that this investigation has been unable to determine whether young carers' needs assessments are being delivered appropriately in Ceredigion. The absence of comprehensive documented assessments for individual young carers at Ceredigion County Council is an administrative shortcoming. However, it is encouraging that Ceredigion County Council has already taken steps to address this.

It is concerning that Ceredigion County Council had no process to monitor whether young carers or the person with parental responsibility was satisfied with the outcome of an assessment completed by Gofalwyr Ceredigion Carers, nor was there a process to monitor whether the outcome of assessments continued to meet the needs of young carers.

I note that Gofalwyr Ceredigion Carers has recently been re-commissioned to provide carer support to Ceredigion County Council. The Council said that Gofalwyr Ceredigion Carers will be working to a new service specification and will be required to share completed assessments with the Council for quality assurance purposes. The Council also said that it has re-designed the Children's proportionate assessment form. I am, however, concerned that Gofalwyr Ceredigion Carers said that it intends to continue to not spend an excessive amount of time undertaking young carer assessments. The SSWB Act allows carers' needs assessments to be proportionate. However, Ceredigion County Council must ensure that young carer assessments are undertaken properly and documented.

Flintshire County Council commissions both adult and young carers' assessments from Adferiad and NEWCIS. It is evident that Flintshire County Council has a long standing and trusted relationship with NEWCIS, with NEWCIS appearing to take the lead for carers' services in the Flintshire area. Both NEWCIS and Adferiad provided the Council with

contract monitoring reports and I am pleased to note that the Council, NEWCIS and Adferiad meet regularly to audit the quality and consistency of the carers' needs assessments completed. Audits of this type are an opportunity to identify good practice and areas for improvement and provide an opportunity to ensure that a consistent service is being provided. This is in line with Principle 6 of the Ombudsman's Principles of Good Administration of seeking continuous improvement and ensuring that lessons are learned to improve service and performance. I am satisfied that both adult and young carers' needs assessments in Flintshire are being appropriately monitored by the Council.

Neath Port Talbot Council commissions adult carers' needs assessments from Neath Port Talbot Carers Service. Whilst the evidence I have reviewed indicates that adult carers' needs assessments in the Neath Port Talbot area are being delivered appropriately by Neath Port Talbot Carers Service, improvements could be made in the Council's oversight of them, to provide quality assurance. Neath Port Talbot Carers Service provides the Council with contract monitoring reports and they hold monthly contract reviews with senior staff. Although the Council said it had previously undertaken audits of carers' needs assessments, it was concerning that

none had been undertaken since 2022 while awaiting a service review and no quality checks undertaken on its young carer assessments, which are completed in-house. This is an administrative shortcoming at Neath Port Talbot Council. It is, however, pleasing that Neath Port Talbot Council is seeking feedback from service users as part of its ongoing review work.

Whilst the 4 Investigated Authorities have differing models for the provision of support to carers, and not all of them commission services for carers' needs assessments, they must ensure that they have a process in place to audit completed carers' needs assessments. This is to ensure that lessons are learned and to improve service and performance in line with Principle 6 of the Principles of Good Administration. It is pleasing to note that Ceredigion County Council has implemented a Quality Framework and has employed Quality Assurance staff to provide independent oversight for carers' needs assessments completed by the authority and by its commissioned service provider.

The failure to complete audits of carers' needs assessments at Caerphilly County Borough Council, Ceredigion County Council and Neath Port Talbot Council is an administrative shortcoming. Where services are commissioned, Ceredigion County

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Council and Neath Port Talbot Council must ensure that they not only monitor compliance with contractual requirements but that they also have active oversight of the quality and consistency of services to both adult carers and young carers, to ensure that they receive a comparable and equitable service, in line with the [Principles of Good Administration](). Whilst Caerphilly County Borough Council does not commission its carers' needs assessments, it too should ensure that it has a process in place to audit completed assessments.

d) Whether carers' needs assessments, including those completed by commissioned service providers, are undertaken in accordance with the SSWB Act.

An independent advocate is a person who can help carers, who may be vulnerable or disadvantaged, to understand their rights and to help them communicate their views and wishes, to ensure that their voices are heard during their carers' needs assessments. The evidence indicates that many carers were not offered an advocate during their assessment. Very few staff members from all 4 Investigated Authorities referred to the availability of an independent advocate to support carers through their assessment. The role of an advocate should be explained to carers and they

should be offered the option of having the support of an advocate. Carers should be fully informed of how an advocate may be able to assist them during their carer's needs assessment. The need for independent advocacy is not a decision for the member of staff completing the carer's needs assessment to make. Neither is it appropriate for the staff member completing the assessment to consider themselves to be the carer's advocate. The offer made, and the carer's decision, should be recorded on the assessment form. Any failure to provide carers with information about advocacy, and a failure to record their decision, could lead to an injustice to the carer if they were unable to fully engage and understand the assessment process.

A 2022 [report]() by Audit Wales found that there were inconsistencies in the way Direct Payments are promoted and managed by local authorities, meaning that services are not always equitable. Direct Payments are monies paid by the local authority to a person who has been assessed as needing support, so they can pay for their own support services as an alternative to the local authority providing them.

Where carers are supported through Direct Payments, local authorities need to ensure that the carer is able to manage the payments; not just

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physically, but also in terms of whether the Direct Payments meet their needs. The evidence indicates that Direct Payments can, on occasion, not meet their needs or be too onerous on top of their caring role but, for others, the freedom to commission their own support services suits them better. It is acknowledged that the Direct Payments referred to by Carer A, Carer B and Carer C, from the Caerphilly County Borough Council area, were part of their cared for person's care and support plan. However, this is where Caerphilly County Borough Council told us that it records respite for the carer. Where local authorities become aware that Direct Payments are not working for a carer, be they recorded on their own carer support plan or as part of the cared for person's support plan, the issue of respite should be revisited with them to see how it might be provided, if not via Direct Payments. This could, potentially, be taken forward by the Social Worker for the cared for person. Although it is recognised that each Investigated Authority has mechanisms in place to review Direct Payments, the failure to revisit respite, when Direct Payments are not meeting the needs of the carer, by Caerphilly County Borough Council, Ceredigion County Council and Flintshire County Council, is of concern.

Section 17 of the SSWB Act places a duty on local authorities to provide carers with IAA in an accessible format to allow them to make plans for meeting needs for care and support that might arise. The Part 3 Code states that the provision of information does not require an assessment. If advice and/or assistance has been given, an assessment of a person's needs will have taken place.

The evidence indicates a disparity in data recording between the Investigated Authorities. In the assessments reviewed, Flintshire County Council recorded all support provided following an assessment, as a Support Plan, whereby the other Investigated Authorities do not always record IAA provided following an assessment as a Support Plan, indicating that a proportion of work done by the other 3 Investigated Authorities to support carers goes unrecorded, despite an assessment having been undertaken according to the Part 3 Code. This accounts for the significant difference between the percentage of assessments leading to a support plan in Flintshire County Council (89%) and the other 3 Investigated Authorities. Indeed, none of the carers' needs assessments completed by Caerphilly County Borough Council in 2022/2023 led to a support plan. However, the Council said that some of the 156

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carers who declined an assessment in their own right were likely to have had their needs considered during an Integrated Assessment of the cared for person's care and support needs. It said that respite provision for the carer was recorded on the cared for person's care and support plan.

There needs to be a consistent approach in the recording of IAA and of carers' needs assessments that lead to a support plan, including where respite provision for the carer is recorded on the cared for person's care and support plan. There is a need to capture how many carers are supported through the provision of IAA and a need to determine what exactly distinguishes a Support Plan from IAA. There is also a need to capture how many carers are being supported through actions recorded on their cared for person's care and support plan. Some all-Wales guidance, to support improved and consistent data recording to demonstrate the support being provided to carers, could assist to this extent.

These variances, and the difficulties within some Investigated Authorities in the ability to retrieve data relating to carers, indicates that it is imperative, in my opinion, for relevant data to be collated in relation to carers' needs assessments. Improved, consistent and comparable data collation across local authorities in Wales, in

an extractable format, would enable better analysis to drive improvement, monitor progress and identify areas in which further improvements are necessary, in line with Principle 6 of the Principles of Good Administration of seeking continuous improvement. Such data would also assist to determine and provide assurance as to what extent local authorities are meeting their statutory duties. I am of the view that, as a minimum, data should be collated to record:

- Who is caring – the ability to identify carers

- The date that a carer is identified and, where a carer's needs assessment is accepted as appropriate, the date that their needs are assessed

- The number of carers that have been supported through the provision of IAA

- The number of carers that have declined an assessment

- The number of carers that have had their needs assessed in their own right

- The number of carers that have had their needs as a carer considered during an Integrated Assessment alongside the cared for person.

- The number of carers that have a support plan

- The number of carers who have had their support plan reviewed.

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The Equality Act imposed a public sector equality duty ("the equality duty") on public bodies. The equality duty requires public bodies to have due regard of the need to eliminate conduct prohibited by the Equality Act, to advance equality of opportunity between people who have protected characteristics and people who do not, and to foster good relations between those individuals. Public bodies must routinely consider each of these equality duties when taking decisions, designing policies and delivering services.

Many carers are in vulnerable positions because of their age, both young and old, their own physical or mental health difficulties, their ethnic backgrounds and their socio-economic disadvantage. The Investigated Authorities were asked to provide the investigation with equality data for both adult carers and young carers. Very limited data was provided by each of the Investigated Authorities during the investigation. In many instances, there was no data recorded in relation to age, sexual orientation or disability. Although Neath Port Talbot Council provided data for ethnicity, age and sex, it was not consistently recorded for ethnicity or language needs. Flintshire County Council provided equality data collected from all of its registered carers in response to my draft report. This data included ethnicity, age, disability, gender and language preference. However, no specific equality data was provided for those carers who had received a formal carer needs assessment.

The recording of equality data relating to carers, both in general and in relation to those who have had their needs assessed, is incomplete and inconsistent at all 4 of the Investigated Authorities, which is of concern. At Caerphilly County Borough Council, Ceredigion County Council and Neath Port Talbot Council, the data is not sufficiently comprehensive to enable robust analysis to demonstrate that the authorities are routinely considering equality duties when delivering services to carers. Improved recording of equality data could assist local authorities to identify groups of carers that are not currently being reached and ensure that the diversity of people who provide care to loved ones is visible and not disadvantaged. For example, where data was collected, there are very few carers who identified as an ethnicity other than White, which could indicate an inequality.

The Part 3 Code states that the assessment process must recognise the concept of language need. I am satisfied that, on the whole, carers are being offered services in Welsh and staff are either Welsh speaking or are able to access translation and interpretation services. I am however, concerned, that the evidence indicated that Welsh speaking carers in Caerphilly County Borough Council area choosing not to access services in Welsh, due to potential delays that may be caused. In relation to carers whose language of choice is not Welsh or English, including BSL, staff in general, were able to access translation and interpretation services to assist them in accessing services. I am, however, concerned that some members of staff at Flintshire County Council said that they would use a friend or family member to translate for the carer. This approach should be taken with caution, as friends and family may not be able to relay information accurately. It may also be inappropriate to share personal matters relating to the carer and cared for person with them.

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Recommendations

I recommend that, within 6 months[5] of the date of the final report, the Investigated Authorities, where indicated, implement the following recommendations:

	Applicable to	Recommendation
a)	Caerphilly County Borough Council Ceredigion County Council Flintshire County Council Neath Port Talbot Council	Amend the carers' needs assessment forms to: i. Include whether the cared for person has been involved/consulted and, if not, why not. ii. Explicitly address and record the question of the extent to which the carer is able and willing to provide care. iii. Explicitly address and record the questions of whether the carer works, or wishes to work and whether they are participating, or wish to participate, in education, training or leisure activities, unless these considerations are not relevant, in which case the reason for this should be recorded. iv. Include whether the carer has been offered a copy of their assessment and the response recorded (excluding young carer assessment forms at Flintshire County Council). v. Include whether carers are satisfied with the assessment process and the outcomes identified to meet their needs and whether they are satisfied that the identified outcomes, at that point, will fully meet their needs, allowing their views, and any disagreement, or areas of unmet need, to be recorded.

[5] Section 26 explains that the Investigated Authorities must notify the Ombudsman before the end of the permitted period of the action it has taken or proposes to take in response to the recommendations. The permitted period is 1 month, or any longer period specified by the Ombudsman.

b)	Caerphilly County Borough Council Ceredigion County Council Flintshire County Council Neath Port Talbot Council	Ensure it has a carer's needs assessment factsheet that includes the process of assessment, the role of commissioned service providers (where applicable), what carers may expect from the assessment and real-life examples of how carers have been supported, following an assessment . The factsheet should also be available in Easy Read format (a picture-based system to assist comprehension by those with learning difficulties), in Welsh and in other languages.
c)	Caerphilly County Borough Council Ceredigion County Council Flintshire County Council Neath Port Talbot Council	Ensure it has a letter template to include when sharing the completed assessment with the carer, which includes an outline of the outcomes of the assessment and an explanation of what the review arrangements are (or are not) and how carers can make contact to request a review or a re-assessment.
d)	Caerphilly County Borough Council Ceredigion County Council Flintshire County Council Neath Port Talbot Council	Provide training to IAA / Social Work staff (with the exception of IAA staff in Ceredigion) to refresh knowledge of carers' rights, reinforce the role they play in identifying and promoting carers' rights, outline the process and the role of commissioned service providers (where appropriate) and to outline the types of support, including Direct Payments, that may be available to carers.

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e)	Caerphilly County Borough Council Ceredigion County Council Flintshire County Council Neath Port Talbot Council	Provide awareness training to wider council staff who, through the nature of their roles, come into contact with carers, to reinforce the role that other council departments play in the identification of carers.
f)	Caerphilly County Borough Council Ceredigion County Council Flintshire County Council Neath Port Talbot Council	Review and prepare an action plan for improving the recording of equality information relating to carers. For Flintshire County Council, this relates only to the recording of equality data for carers who have had their needs assessed (which was requested by the investigation but not provided).
g)	Caerphilly County Borough Council Ceredigion County Council Flintshire County Council Neath Port Talbot Council	Confirm and share a plan for improving collaborative working with health services, including GPs, hospitals and pharmacies.
h)	Caerphilly County Borough Council Ceredigion County Council Flintshire County Council	Review and implement a method of revisiting the use of Direct Payments for individual carers, to ensure that they meet the needs of the carer, including a process to allow for the consideration of an alternative provision of respite where they are no longer appropriate.

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i)	Ceredigion County Council Neath Port Talbot Council	Improve the recording of young carers' needs assessments.
j)	Caerphilly County Borough Council Ceredigion County Council Neath Port Talbot Council	In relation to young carers, amend the assessment forms to allow the exploring and recording of the outcomes that the person(s) with parental responsibility for that child wish(es) to achieve for them.
k)	Caerphilly County Borough Council Ceredigion County Council Neath Port Talbot Council	Design and implement a process for auditing completed carers' needs assessments for both adults and young carers, including when carers' needs are incorporated into Integrated Assessments.

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In view of the potential for wider learning from this investigation, I invite the other 18 local authorities in Wales to:

•   Consider the recommendations (a-k) made to the 4 Investigated Authorities (paragraphs 145 to 147) and to take forward any learning points that would improve their own service provision.

•   Review the findings of this report at an all-Wales level, for example, at the COLIN, to discuss and plan for the improvement of carers' needs assessments across Wales.

I welcome comments from the 18 non-investigated bodies on the actions they have taken following the publication of this report. I will be monitoring progress and improvements in relation to carers' needs assessments across Wales, in due course.

The invitations to the other 18 local authorities are not formal recommendations made in accordance with the Act, because I did not investigate those bodies. They are included to assist with driving improvements in public service delivery across Wales. This was the purpose and intention of the Senedd when the power of Own Initiative investigations was enacted and I trust that all local authorities will embrace the opportunity to learn from this investigation.

In responding to my draft report, I am pleased to note the actions already being taken by the Welsh Government through its Task and Finish group of the MAG. I was also pleased to see that supporting carers will continue to be a priority for the Welsh Government. I look forward to hearing about the outcomes of the Task and Finish group and the improvements being made to identify carers, to ensure they are aware of their rights and the support that may be available for them.

I will be liaising with local authorities on action taken to improve the administration of carers' needs assessments across Wales, following the publication of this report.

The Investigated Authorities were given the opportunity to see and comment on drafts of this report before the final version was issued. I am pleased to note that, in commenting on the drafts of this report, the 4 Investigated Authorities have agreed to implement these recommendations and to provide me with evidence of compliance with them within a 6 month period from the date of this report.

Michelle Morris
Ombudsman

Date 17/10/2024

END NOTE

This document constitutes a report under Section 4 of the Public Services Ombudsman (Wales) Act 2019

Appendices

Appendix 1 – Review data

Appendix 2 – Rationale for investigating the Investigated Authorities

Appendix 3 – Relevant legislation, guidance and policy

Appendix 4 – Methodology

Appendix 5 – Data

Appendix 6 – Evidence relating to Caerphilly County Borough Council from:

- the Council
- staff
- those with lived experience.

Appendix 7 – Evidence relating to Ceredigion County Council from:

- the Council
- Gofalwyr Ceredigion Carers
- staff
- those with lived experience.

Appendix 8 – Evidence relating to Flintshire County Council from

- the Council
- NEWCIS
- Adferiad
- staff
- those with lived experience.

Appendix 9 – Evidence relating to Neath Port Talbot Council from

- the Council
- Neath Port Talbot Carers Service
- staff
- those with lived experience

Appendix 10 – Evidence from other bodies

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Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

**NEATH PORT TALBOT COUNCIL
SOCIAL SERVICES, HOUSING AND COMMUNITY SAFETY
SCRUTINY COMMITTEE**

23rd January 2025

MATTER FOR INFORMATION

Wards Affected: ALL

NPT Biennial Safeguarding Report 2022 - 2024

Purpose of the Report

The purpose of this biennial safeguarding report is to provide a comprehensive assessment of the measures and actions taken to protect the safety and well-being of children and adults across Neath Port Talbot (NPT). This report encompasses the efforts and outcomes related to practice across Children's Social Care (CSC), Adult Social Care (ASC) and Corporate Safeguarding, ensuring a holistic approach to safeguarding across all departments and services.

By consolidating information from CSC, ASC and Corporate Safeguarding this report aims to present a unified and detailed account of our safeguarding efforts. The insights and findings from this report will guide future policy and practice development, training initiatives, and operational improvements, reinforcing our commitment to creating a safe and protective environment for all individuals living and working in NPT.

Executive Summary

The Neath Port Talbot (NPT) Biennial Safeguarding Report for 2022-2024 highlights the significant efforts and challenges faced by the NPT County Borough Council in safeguarding children and adults. The report underscores the resilience and commitment of the safeguarding teams amidst increasing demands and complex challenges. It details the comprehensive measures taken across Children's Social Care (CSC), Adult Social Care (ASC), and Corporate Safeguarding, emphasising a strengths-based approach and collaborative efforts with various stakeholders to ensure the safety and well-being of vulnerable individuals.

The report provides a thorough analysis of safeguarding practices, including case management, inter-agency collaboration, and preventive measures. It highlights key issues such as the prevalence of child sexual abuse, domestic violence, and the impact of socio-economic factors on safeguarding. The report also addresses the challenges posed by an aging population, resource constraints, workforce shortages, and the need for improved data metrics and analysis to better understand and respond to safeguarding concerns. Additionally, it emphasises the importance of public awareness, training, and the integration of safeguarding principles into all organisational processes.

Looking forward, the report outlines the ongoing and future initiatives aimed at enhancing safeguarding practices, such as the development of a Multi-Agency Safeguarding Tracker (MAST) and the implementation of trauma-informed approaches. It also stresses the need for continuous improvement in inter-agency collaboration, technology use, and the adaptation of safeguarding strategies to address emerging risks and challenges. The report concludes with a call for a balanced approach that not only addresses immediate safeguarding concerns but also focuses on preventive measures and the overall well-being of the community.

Background

This report will cover the period 1st March 2022 and 31st March 2024. Data will be referred to from previous years where it is felt necessary to illustrate trends. The three areas of practice covered by this report are:

CSC - CSC is dedicated to protecting children from harm, abuse, and neglect. This report details the specific actions taken to safeguard children across NPT, including case management, inter-agency collaboration, and preventive measures. It highlights the successes and challenges encountered in providing a safe environment for children and outlines any strategic improvements implemented to enhance service delivery.

ASC - ASC focus on the protection and support of adults, ensuring their safety and well-being. This section of the report provides an analysis of the safeguarding measures in place for adults at risk, including response to incidents, support mechanisms, and inter-agency coordination. It also reviews the effectiveness of risk assessment procedures and the implementation of protection care and support plans tailored to individual needs.

Corporate Safeguarding - Corporate Safeguarding involves the integration of safeguarding principles into all aspects of organisational operations. This section of the report evaluates the effectiveness of policies, procedures, and training programs designed to ensure that all employees and stakeholders understand their roles and responsibilities in safeguarding vulnerable individuals. It also examines the governance structures and accountability mechanisms in place to oversee and enhance safeguarding practices across the organization.

This report, whilst referencing the work of the Regional Safeguarding Board, referred to hereon in as 'the Board' will not report on the work of the Board. To understand the work of the Board, the West Glamorgan Safeguarding Board Annual Report (2023 – 24) can be

accessed via https://www.wgsb.wales/ and will be presented to Scrutiny in March 2025.

Financial Impacts

Not applicable.

Integrated Impact Assessment

Not applicable.

Valleys Communities Impacts

Not applicable.

Workforce Impacts

Not applicable.

Legal Impacts

Not applicable.

Risk Management Impacts

Not applicable.

Consultation

Not applicable.

Recommendations

Following Scrutiny, members to note report.

Officer Contact

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Appendices

NPT Biennial Safeguarding Report 2022 – 24 to be attached

NPT Biennial Safeguarding Report 2022 – 24

Foreword

Welcome to the Biennial Safeguarding Report for Neath Port Talbot County Borough Council.

As Director of Children and Adult Services, Housing and Communities I am pleased to present this biennial safeguarding report. The past two years have brought unprecedented pressures across the board, from increasing demand on services to the complex challenges faced by our most vulnerable in our communities, Despite these hurdles, our teams have demonstrated remarkable resilience and commitment, covering vast ground in both preventative and responsive safeguarding measures. We continue to uphold our responsibility to protect children and adults at risk and this report highlights the achievements, challenges and vital steps we are taking to ensure their safety and well-being.

Andrew Jarrett (Director of Social Care, Housing & Communities and Chair of the West Glamorgan Safeguarding Board)

As Head of Children's Services and Chair of the Corporate Safeguarding Group, I am delighted to introduce this biennial safeguarding report, which reflects our ongoing commitment to a strengths-based approach. Our approach to practice not only recognises the capabilities and potential of individuals but also deepens our understanding of the communities we serve and the complex dynamics within our organisation. In facing the significant pressures of societal and systemic challenges, we understand that safeguarding is not a task we can achieve in isolation. It requires strong, relational working – both within our teams and in collaboration with children, adults, parents, partners and our communities. Together, we aim to build on the strengths of our collective knowledge and resources to foster a safer, more resilient environment for all.

Keri Warren (Head of Children's Services & Chair of Corporate Safeguarding Group)

Introduction

The purpose of this bennial safeguarding report is to provide a comprehensive assessment of the measures and actions taken to protect the safety and well-being of children and adults across Neath Port Talbot (NPT). This report encompasses the efforts and outcomes related to practice across Children's Social Care (CSC), Adult Social Care (ASC) and Corporate Safeguarding, ensuring a holistic approach to safeguarding across all departments and services.

By consolidating information from CSC, ASC and Corporate Safeguarding this report aims to present a unified and detailed account of our safeguarding efforts. The insights and findings from this report will guide future policy and practice development, training initiatives, and operational improvements, reinforcing our commitment to creating a safe and protective environment for all individuals living and working in NPT.

Scope and structure of the report

This report will cover the period 1st March 2022 and 31st March 2024. Data will be referred to from previous years where it is felt necessary to illustrate trends. The three areas of practice covered by this report are:

<u>CSC</u>

CSC is dedicated to protecting children from harm, abuse, and neglect. This report details the specific actions taken to safeguard children across NPT, including case management, inter-agency collaboration, and preventive measures. It highlights the successes and challenges encountered in providing a safe environment for children and outlines any strategic improvements implemented to enhance service delivery.

<u>ASC</u>

ASC focus on the protection and support of adults, ensuring their safety and well-being. This section of the report provides an analysis of the safeguarding measures in place for adults at risk, including response to incidents, support mechanisms, and inter-agency coordination. It also reviews the effectiveness of risk assessment procedures and the implementation of protection care and support plans tailored to individual needs.

<u>Corporate Safeguarding</u>

Corporate Safeguarding involves the integration of safeguarding principles into all aspects of organisational operations. This section of the report evaluates the effectiveness of policies, procedures, and training programs designed to ensure that all employees and stakeholders understand their roles and responsibilities in safeguarding vulnerable individuals. It also examines the governance structures and accountability mechanisms in place to oversee and enhance safeguarding practices across the organization.

This report, whilst referencing the work of the Regional Safeguarding Board, referred to hereon in as 'the Board' will not report on the work of the Board. To understand the work of the Board, the West Glamorgan Safeguarding Board Annual Report (2023 – 24) can be accessed via https://www.wgsb.wales/ .

Legislative and policy framework

<u>Children</u>

In Wales, the safeguarding of children is underpinned by robust legislation and policy frameworks aimed at protecting their welfare and rights. The Social Services and Well-being (Wales) Act 2014 places a duty on local authorities to safeguard and promote the welfare of children within their jurisdiction. In addition this act also sets out the responsibilities of local authorities and their partners to provide care and support for children in need, including those at risk of harm. Underpinning this statute is the Children Act 1989 and in addition to this the Welsh Government has issued statutory guidance such as, 'Working Together to Safeguard People Volume 5 – Handling Individual Cases to Protect Children at Risk'[1] and

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[1] Working Together to Safeguard People Volume 5 – Handling Individual Cases to Protect Children at Risk https://www.gov.wales/sites/default/files/publications/2019-05/working-together-to-safeguard-people-volume-5-handling-individual-cases-to-protect-children-at-risk.pdf

the Wales Safeguarding Procedures (2019)[2], which outline procedures for multi-agency cooperation and the roles and responsibilities of professionals involved in safeguarding children.

<u>Adults</u>

Safeguarding adults in Wales is governed by the Social Services and Well-being (Wales) Act 2014, which establishes a comprehensive framework for the protection and support of adults. This Act mandates local authorities to conduct assessments and provide necessary interventions for adults at risk of abuse or neglect. It also emphasizes the importance of person-centred care and the involvement of adults in decisions affecting their well-being. The Wales Safeguarding Procedures (2019)[3] provide detailed procedures for identifying, reporting, and responding to adult safeguarding concerns, ensuring a coordinated approach among agencies. These procedures are supported by Working Together to Safeguard People Volume 6 – Handling Individual Cases to Protect Adults at Risk[4].

<u>Corporate Safeguarding</u>

Corporate Safeguarding in Wales involves integrating safeguarding practices into all organizational processes and ensuring that all employees and stakeholders are aware of their responsibilities. The legislative framework is primarily supported by the Social Services and Well-being (Wales) Act 2014, which imposes a duty on organizations to collaborate and share information to protect individuals at risk. The Welsh Government's Corporate Safeguarding Good Practice Guidance[5] outlines the obligations of public bodies to embed safeguarding into their corporate governance structures, training programs, and operational practices. The Corporate Safeguarding Good Practice Guidance is incorporated into the NPT Corporate Safeguarding Policy[6] and ensures that safeguarding is a priority across all levels of the organization, promoting a culture of vigilance and accountability.

Demographics

Approximately 142, 300 people live in NPT[7] of which approximately 28,000 are Children. The age profile of NPT is in line with the average for Wales: Aged 0-15: 17.5% compared to an average of 17.9% in Wales; Aged 16-64: 61.5% compared to an average of 61.1% in Wales; and Aged 65 and over: 20.9% compared to an average of 21.0% in Wales[8]. NPT is less ethnically diverse than the average for Wales. NPT has: A greater proportion of white residents (98.1% compared to 95.6%); Fewer residents with mixed/ multiple ethnic groups (0.7% compared to 1.0%); Fewer Asian/ Asian British residents (1.0% compared to 2.3%); Fewer Black/ African/ Caribbean/ Black British residents (0.2% compared to 0.6%); and Fewer residents with other ethnicity (0.1% compared to 0.5%)[9].

NPT has a greater proportion of residents with poorer health and greater disability than the Welsh average: 75 fewer residents report 'very good or good health' (73.7% compared to 78.1%); a greater proportion report 'bad or very bad health' (10.3% compared to 7.5%); and a greater

[2]Wales Safeguarding Procedures (2019) – Children https://www.safeguarding.wales/en/
[3]Wales Safeguarding Procedures (2019) – Adults https://www.safeguarding.wales/en/
[4] https://www.northwalessafeguardingboard.wales/wp-content/uploads/2019/10/Handling-Individual-cases-to-Protect-Adults-at-Risk.pdf
[5] https://safeguardingboard.wales/wp-content/uploads/sites/8/2022/05/WG-Corp-Safeguarding-Policy-Guidance.pdf
[6] https://beta.npt.gov.uk/health-and-social-care/safeguarding-adults-and-children/corporate-safeguarding-policy/#:~:text=The%20Board%20works%20to%20protect,or%20other%20kinds%20of%20harm
[7] ONS Census, 2021
[8] ONS Population Estimates, 2019
[9] ONS Census, 2011

proportion have their day-to-day activities 'limited a lot' (15.7% compared to 11.5%) and 'limited a little' (11.8% compared to 10.8%).[10] A greater proportion of residents in NPT are providing unpaid care than the average for Wales (14.6% compared to 12.1%) and a significantly greater proportion (41.2%) are providing more than 50 hours unpaid care a week[11]. In terms of economic activity, compared to the working age resident average for Wales: NPT has a lower proportion who are economically active (71.2% compared to 75.7%); Similar proportions are unemployed (3.8% compared to 3.7%); A lower proportion are long-term sick economically inactive (23.5% compared to 28.3%); A similar proportion of economically inactive working age residents are students (26.5%); and A greater proportion are economically inactive and looking after family/ home (18.0% compared to 15.2%)[12]

In terms of income and poverty: NPT full-time equivalent gross weekly earnings is less than the average for Wales (£534 compared to £542). The Welsh Index of Multiple Deprivation (WIMD) identifies deep rooted areas of deprivation around the Sandfields, Neath and Briton Ferry areas and more generally shows high proportions of Lower Super Output Areas (LSOAs) as shown on the map below.
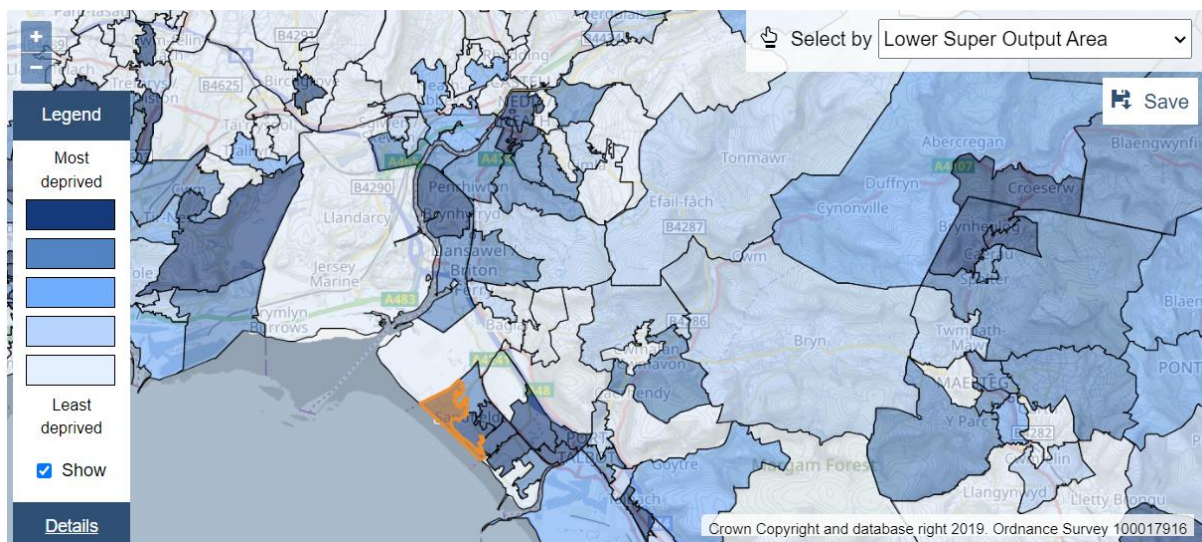
NPT has lower rates per 10,000 households of homeless households,[13] however this has likely changed post Covid and as a result of the cost of essentials crisis. The Census data identifies 47 Gypsy and Traveller households within NPT, out of a total of 1,004 in Wales[14]. Whilst the number of lone parent households across NPT sits above the national average, see Table 1.

Lone Parent Households	NPT	Wales
Percentage of lone parent households	12.2%	11.4%
Percentage of lone parent households with dependent children	62.5%	66.3%

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[10] ONS Census 2011
[11] ONS Census 2011
[12] ONS Annual Population Survey 2020
[13] Welsh Government 2020
[14] ONS Census 2011

Percentage of lone parent households with non-dependent children	37.5%	33.7%

Table 1.

Demographic changes impacting safeguarding

In 2023 Age UK in their report, 'The State of Health and Care of Older People'[15] captured the harsh reality that looms for Social Care and therein Adult Safeguarding,

'When the NHS was founded and our adult social care system established 75 years ago, one in two people died before the age of 65. Now, fewer than one in seven people do so. Today, a 65 year-old man can expect to live another 18.5 years, and a 65-year-old woman 21. In 2023 there are 11 million people aged over 65 in England. This is projected to increase by 10% in the next five years and by 32% by 2043 (1.1 and 3.5 million people respectively). The population aged 85+, the age group most likely to need health and care services, is also projected to rise rapidly, increasing by 8.2% in the next five years and by 62.7% by 2043 (126,000 and 956,000 people respectively). This level of growth is not new. Between 2010 and 2020, the population in England over 65 grew by over 22%'.

The impact goes without saying, an increased ageing population will result in an increase in safeguarding activity and whilst Wales has an 'Age Friendly Wales Strategy' and more recently has published a national action plan to prevent older person abuse, which is to be lauded, without radical systems change and investment it is likely that more older people will be at risk of abuse and that local authorities across Wales will need to revisit how it prioritises the response to abuse and neglect across the life-course, which could see other risk and harm and responses to these, such as, Domestic Violence and Abuse (DVA), Exploitation, Sexual Abuse remaining under-developed post 18 years of age.

Furthermore, as the level of child poverty and inequalities grow across society there remains, for this and many other good reasons, a need to continue to shift practice away from a late and costly interventionist response and to better understand context (Poverty and Inequalities) when considering matters pertaining to safeguarding. Why? The current system preoccupation with the reactive over the preventative and proactive will remain costly to the LA, a LA faced with a fiscal future of uncertainty. And there is evidence already to suggest this is not a pipe dream. The Scottish Government have modelled the potential savings of prevention and conclude, '…early years interventions from pre-birth to age five…' suggested there are potential net savings '…of up to £37,400 per annum per child in severe cases and of approximately £5,100 per annum for a child with moderate difficulties in the first five years of life'[16]. In the long term, this model suggested that 'failure to effectively intervene to address the complex needs of an individual in early childhood can result in a nine-fold increase in direct public costs, when compared with an individual who accesses only universal services'[17]. I will return to key issues and challenges in more detail under the sections covering child protection and adult safeguarding.

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[15] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age-uk-briefing-state-of-health-and-care-july-2023-abridged-version.pdf

[16] Sturgeon, N., Swinney, J., Russell, M., and MacAskill, K. (2010) The financial impact of early years intervention in Scotland. Available from: http://www.gov.scot/Topics/Research/by-topic/children-and-young-people/EarlyYears

[17] Sturgeon, N., Swinney, J., Russell, M., and MacAskill, K. (2010) The financial impact of early years intervention in Scotland. Available from: http://www.gov.scot/Topics/Research/by-topic/children-and-young-people/EarlyYears

Child Protection (CP)

The LA is well furnished with policy, procedures, practice guidance and pathways for responding to risk and harm: in families and that which occurs outside the family home across CSC and ASC. However, further work is required to develop practice guides for: Child Criminal Exploitation, specifically how to effectively intervene with debt-bondage; how to effectively respond to online abuse and harm; matters of gender identity; child on parent abuse.

Statistics on CP response

Over the past year the LA has seen a significant increase in the number of Contacts[18] received by the Single Point of Contact (SPOC) (Table 2)
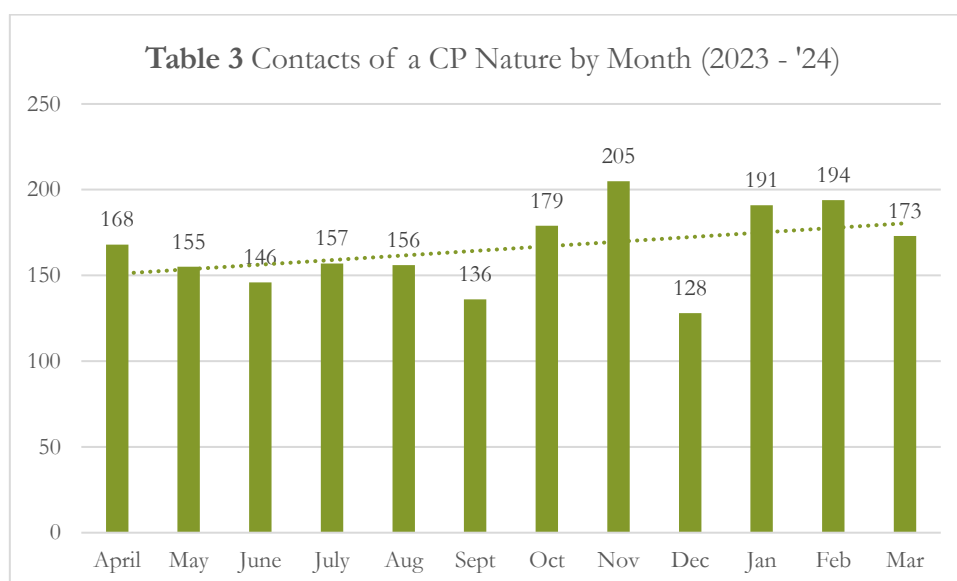

Table 2: Referrals received into SPOC
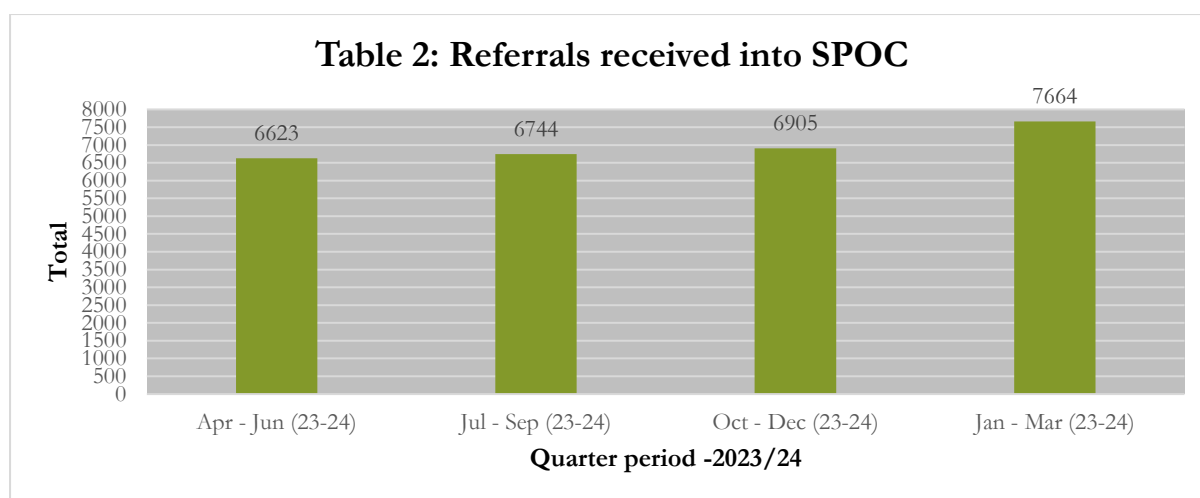
Of note, the LA has seen a significant increase in the number of Contacts received from Probation over the past 4 years, (206 in 2020 to 806 pa in 2023) with other notable increases seen from: Police (1000 more year on year over the past five years, going from 5700 p/a in 2019 to 7690 in 2023); Hospitals – from 144 in 2019 to 778 in 2023); and, schools – from 216 in 2020 to 1090 in 2023. Over the course of the year 2023-24 only 25% of Contacts progressed to action (EiP, TAF, Care and Support, CP, CLA). This rightly gives rise to the question have we got our thresholds right across the partnership and it is proposed that an in-depth analysis be undertaken to better understand both the increase and the conversion rate. It is not enough to suggest this increase is due to complexity alone, rather we need to understand what complexity looks like in a bid to address and effect meaningful and sustainable changes. Whilst the number of re-referrals[19] was on average 30% month-on-month for 2023-24, a piece of work is required to understand this re-referral rate and whether this is contributing to the increase in the number of Contacts i.e. How effective are interventions and services pre-contact; could the number of re-referrals be reduced if received, screened or assessed in a different and more robust manner?

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[18] A 'Contact' is the initial point of engagement with Social Care. It is the first instance when information is received about a child or adult who may need support or protection. Whereas a 'Referral' occurs when the initial 'Contact' reveals that there is a need for further assessment or intervention by Social Care.

[19] A 're-referral' is recorded when a child who has been referred for assessment by social care services is referred again within 12 months of the initial referral.

During 2023 – 24 the local authority received 1988[20] CP contacts as shown in Table 3.

Table 3 Contacts of a CP Nature by Month (2023 - '24)

Month	Value
April	168
May	155
June	146
July	157
Aug	156
Sept	136
Oct	179
Nov	205
Dec	128
Jan	191
Feb	194
Mar	173

Police report the most CP concerns, followed by Education, Internal SW team and Health. Few CP reports are received from individuals: 6 from Mothers or Fathers or 89 from Relatives or 9 from Friend or Neighbour, and these numbers have dropped by more than half on 2022 – 2023 numbers, suggesting possible distrust of social work/LA; or unable to identify risk and harm or not knowing how or who to report to. But for whatever the reason there is clearly a need to engage more with our communities. What is however pleasing to note is a significant increase in the number of requests made by mothers, fathers and relatives over 2023 - 24 for support, which may well suggest families do have confidence in social work and the LA more generally?

The most prevalent harm and risk is Child Sexual Abuse (CSA), which includes Harmful Sexual Behaviour (HSB), Child Sexual Exploitation (CSE) and Online abuse, followed by Physical Abuse and Neglect. However, it should be noted that Domestic Violence and Abuse (DVA) can be found in just under two thirds of the CP Contacts, which are then categorised Physical Abuse or Neglect. The Local Authority (LA) with partner agencies has recently concluded a Review of the response to DVA across NPT Social Care, one of the key recommendations of this review was to develop a suite of data to better understand DVA across the life-course. Other recommendations made are being taken forward by the partnership to further develop our response to DVA.

In response to the most prevalent concern: CSA the LA partnered with the Centre of Expertise for CSA in 2023-24 and identified a practitioner from each of the CSC teams to undertake a ten month training programme on CSA. These practitioners are now Practice Leads for CSA across the LA and will continue to develop practice across their respective teams and the wider service. This investment will serve the LA well as the next iteration of the CSA National Delivery Plan is launched in 2025.

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[20] This number reflects only those risks and harm captured with some omitted from the current data return.

Whilst this report focuses on the response and identification of safeguarding concerns the LA has recently (February 2024) concluded a review of Care and Support. The reason for this being, the majority of children and families receiving a service from CSC, do so under the threshold of Care and Support (C&S). National data collected by both Wales and England, indicates this is the case in all LAs. However, despite the C&S population representing the largest cohort of 'cases' open to the LA, there is little to no research exploring this key area of social work. Whilst Welsh government has collated a C&S census data since 2017, there has been no published research addressing good practice or what works in this arena. Similarly, in England until the charity What Works In Children's Social Care published its report *Understanding Service Provision For Children In Need In England* (2022), this area of practice was fundamentally neglected. Like all LA's, NPT invests significant time and resources focusing on the safe reduction of the Children Looked After (CLA) population and the development of effective outcome focused responses to safeguarding matters. The review was undertaken to raise the profile of C&S practice across NPT and offer insight into the demand and context of C&S work in the LA. The recommendations of this review will be taken forward during this financial year.

Upon receipt of a CP Contact consideration is given to next steps. Following lateral checks with partner agencies and families, when appropriate, the LA may decide to progress to a strategy discussion or meeting[21]. During 2023 – 24 the LA held 1194 strategy discussion or meetings (See Table 4), this number also includes review strategy meetings and is likely increasing owing to the local authority's increase in activity responding to harm outside the family home.

2021-22	2022-23	2023-24
776	1004 (+418)	1194 (+190)

Table 4 No. of Strategy Discussions/Meetings held

Similarly the number of S47 enquiries[22] undertaken has increased over the past three years (Table 5). However what is reassuring to note is that the percentage of S47 enquiries that find risk has increased from just over 50% in 2019 to nearly 80% in 2023 - 24. This is important in so far we would not wish to put families through these intrusive enquiries without reasonable cause.

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[21] A strategy discussion or meeting is a multi-agency meeting convened when there is a reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm.
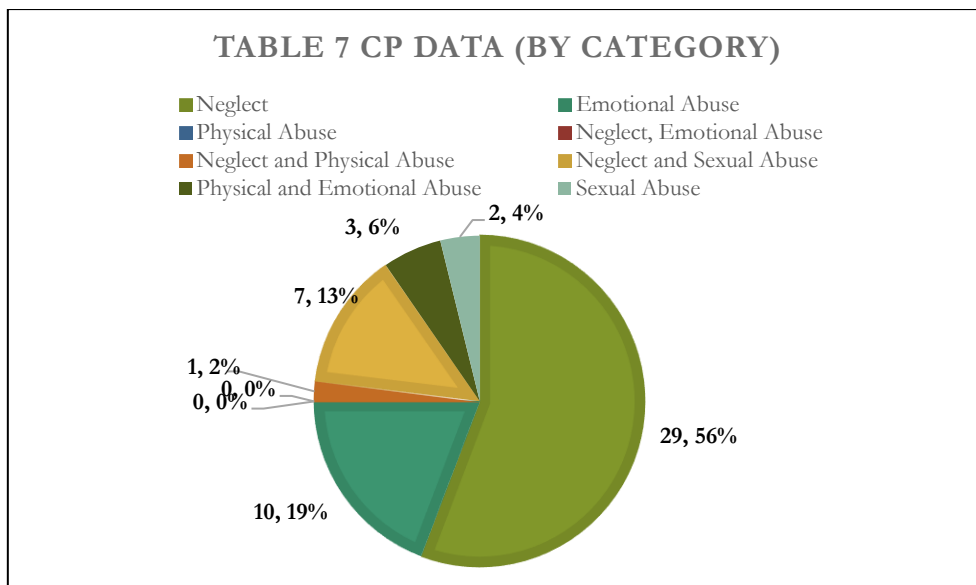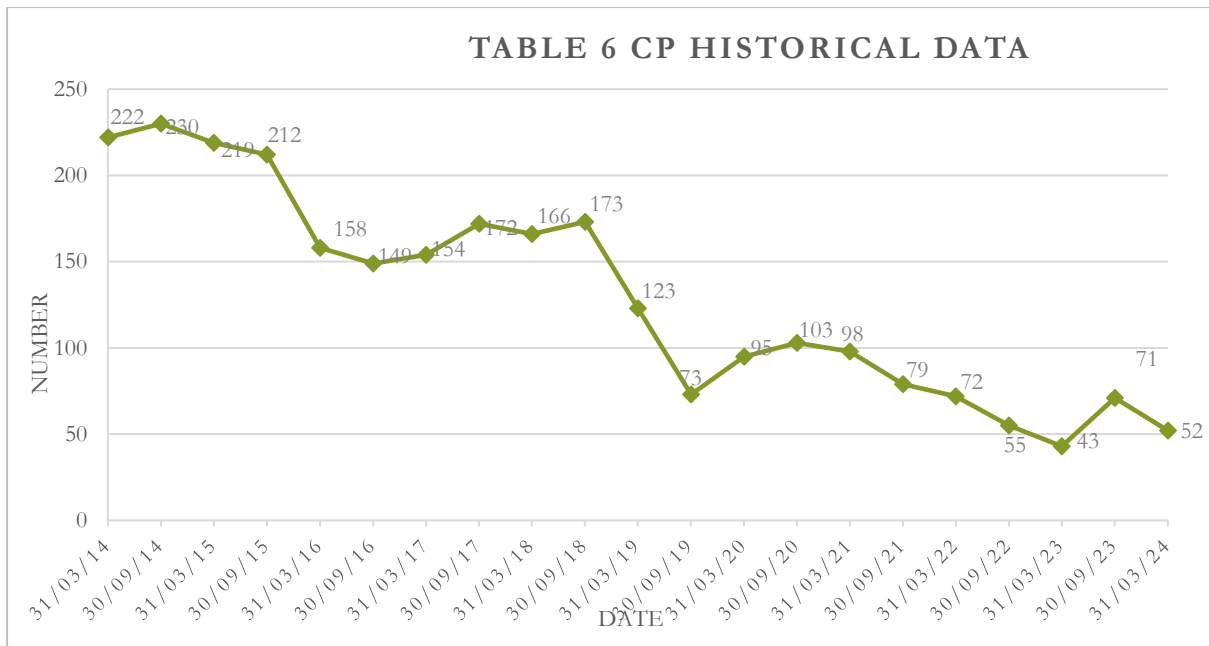
[22] A Section 47 enquiry (Children Act 1989) places a duty on local authorities to make enquiries when they have reasonable cause to suspect that a child in their area is suffering, or is likely to suffer, significant harm. The purpose of the S47 enquiry is to determine whether any action is needed to safeguard or promote the child's welfare.

2021-22	2022-23	2023-24
256	348 (+92)	415 (+67)

Table 5 No. of S47 enquiries undertaken

At the end of 2023 – 24 there were 52 children on the CP register. The increase in numbers in the September, as highlighted by Table 6 related to large sibling groups, one of which comprised of eleven children. It will be observed that the CP registration number has decreased over the years and it is important to offer some reassurances in respect of this number: a multi-agency decision determines whether a child's name is placed on or removed from the CP register; the LA has strengthened multi-agency oversight at the conclusion of the S47 enquiry, thus offering an opportunity for healthy challenge at that juncture; the partnership is mature and there is no notable increase in challenges raised as a result of the lower number of children on the CP register; there is no increase in the number of internal learning reviews owing to near-misses and nor is there an increase in the number of child practice review referrals or reviews more generally. Further, there were no re-registrations in 2023-24 and a paper was presented to Scrutiny during 2023 - 24 setting out the reasons for statutory reviews: CP Case Conferences and CLA reviews, falling out of statutory timescales – the report found no cause for concern.

Neglect is the most common reason for CP Conference registration as is illustrated by Table 7 and again there is a large proportion of DVA found in such cases, but no sub-categories are currently captured. As the Local Authority moves to a new IT system there is a need to develop data metrics to ensure a more granular understanding of presenting concerns, for example, the typologies of DVA, CSA and Neglect are only three example areas, which would enhance both understanding of future challenges, effectiveness of response whilst informing decision-making, intervention(s) and training etc.

TABLE 6 CP HISTORICAL DATA

Chart: X-axis labelled DATE, Y-axis labelled NUMBER (0 to 250)

Data points by date:
- 31/03/14: 222
- 30/09/14: 230
- 31/03/15: 219
- 30/09/15: 212
- 31/03/16: 158
- 30/09/16: 149
- 31/03/17: 154
- 30/09/17: 172
- 31/03/18: 166
- 30/09/18: 173
- 31/03/19: 123
- 30/09/19: 73
- 31/03/20: 95
- 30/09/20: 103
- 31/03/21: 98
- 30/09/21: 79
- 31/03/22: 72
- 30/09/22: 55
- 31/03/23: 43
- 30/09/23: 71
- 31/03/24: 52

TABLE 7 CP DATA (BY CATEGORY)

Legend:
- Neglect
- Emotional Abuse
- Physical Abuse
- Neglect, Emotional Abuse
- Neglect and Physical Abuse
- Neglect and Sexual Abuse
- Physical and Emotional Abuse
- Sexual Abuse

Pie chart data:
- 29, 56%
- 10, 19%
- 7, 13%
- 3, 6%
- 2, 4%
- 1, 2%
- 0, 0%
- 0, 0%

It is pleasing to note that following research published to understand the rates of babies being taken into care across Wales and the UK more generally: Recurrent care[23] and Born into Care[24] that the LA paid particular attention to this area of practice and as a result the number of Pre-Birth Conferences (Table 8) have reduced over the past three years.

Number of pre-birth child protection conferences convened during the year	2021/22	2022/23	2023/24
	15	13	8

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[23] Recurrent care proceedings: five key areas for reflection from research (2021) https://www.nuffieldfjo.org.uk/resource/recurrent-care-proceeding
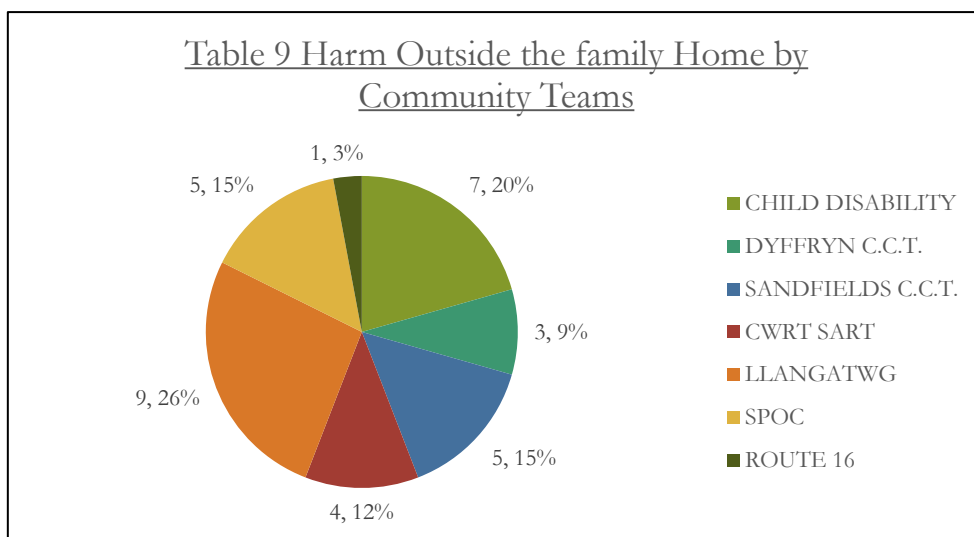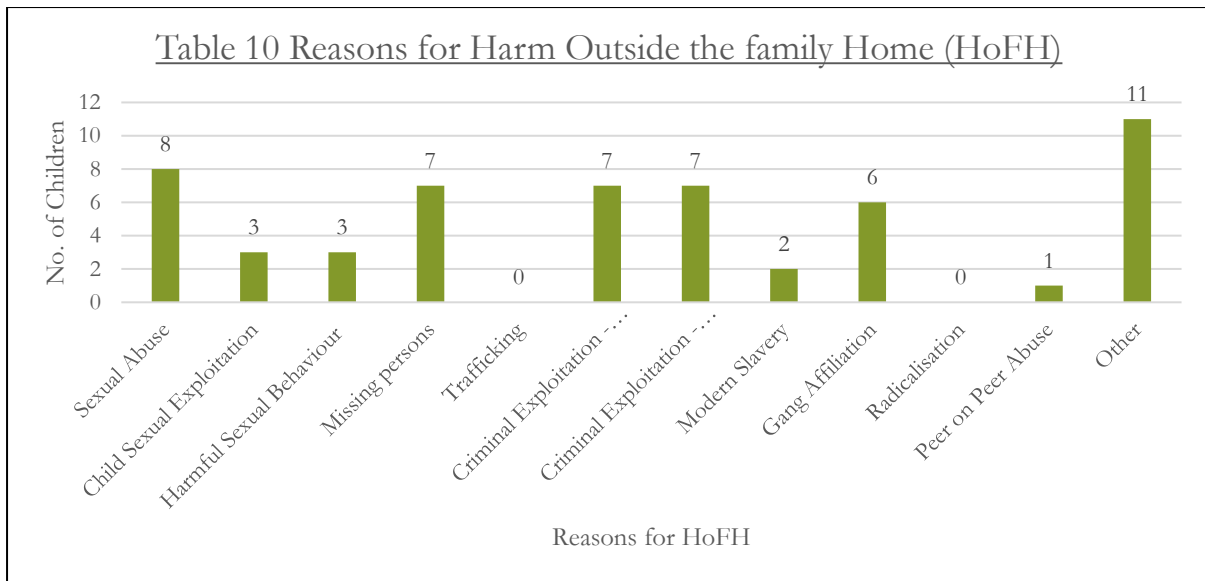[24] Born Into Care: Wales (2019) https://www.nuffieldfjo.org.uk/resource/born-into-care-wales

Table 8

The above data illustrates practice relating to intra-familial harm, however the LA has an established response to Harm outside the Family home. Such risk and harm includes, Child Sexual and Criminal Exploitation, Missing Persons (MISPER), Peer on Peer abuse, Gang related and Serious Youth Violence and the identification of Places and Persons of Interest.

At the end of 2023-24 the Local Authority was working with 34 children who had been harmed or were at risk of harm outside the family home, see Table 9. The types of harm and risk are shown below in Table 10. The LA must develop its data moving forward to be able to differentiate between those harmed and those at risk of harm as the numbers are currently conflated and each commands a different response. Furthermore, whilst places of concern are now captured and responded to by the LA and wider partnership there is a need to build functionality to map out such places and overlay against other metrics to build a more sophisticated understanding of vulnerability, risk and harm across the LA.

Table 9 Harm Outside the family Home by Community Teams

Segment	Value
CHILD DISABILITY	7, 20%
DYFFRYN C.C.T.	3, 9%
SANDFIELDS C.C.T.	5, 15%
CWRT SART	4, 12%
LLANGATWG	9, 26%
SPOC	5, 15%
ROUTE 16	1, 3%

Table 10 Reasons for Harm Outside the family Home (HoFH)

No. of Children

Reason	Value
Sexual Abuse	8
Child Sexual Exploitation	3
Harmful Sexual Behaviour	3
Missing persons	7
Trafficking	0
Criminal Exploitation - …	7
Criminal Exploitation - …	7
Modern Slavery	2
Gang Affiliation	6
Radicalisation	0
Peer on Peer Abuse	1
Other	11

Reasons for HoFH

[25]

Key issues and challenges in child protection

Child protection covers a broad spectrum of harm and risk: intra-familial through extra-familial (harm outside the family home). It is often reactive and late intervention and the challenge for the Local Authority is to press harder and move to a more preventative space. The latter should not be read to infer that the current response is not holding, rather serves to prompt reflection and discussion for future change and reform. In response to HoFH the LA has, with the partnership, already occupied such a space in responding to emerging gangs and serious youth violence across the Borough, however there is more to be done and the starting point is the development of a more sophisticated suite of data. The current data are primarily lag indicators, allowing for patterns, trends and themes to be identified and acted upon after an event(s), however there is a need to better capture lead indicators to influence the future, to serve as possible predictive measures.

The pathway for responding to harm outside the family home is currently being considered to include a more natural step post-section 47 enquiries, one more akin to a CP case conference but specifically for harm outside the family home, the distinct difference being that such harm is not attributable to the care a child receives, hence the CP Conference is not appropriate for this type of abuse and harm, whilst also recognising the need to forge better relationships with parents – relationships that recognise parents as partners and not pariahs. On this point, it is pleasing to share that as a region we are leading on Parent Peer Advocacy and will have the first Parent Peer Advocacy Support Service (PPASS) launch in July 2024. This service will

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[25] The total number of risks or harm is higher than the number of children identified as HoFH as there have been several risks identified for each child.

see parents with experience of the child protection (CP) system supporting those parents involved in the CP system and it is hoped that as a region practice in this space will evolve as it has done in other parts of the world[26] to ensure a more humane response to matters pertaining the child protection. The intra-familial harm pathway is also being revised to strengthen collaboration across the partnership and to ensure children, parents and families are fully engaged. For example, the LA has an offer of Family Group Conferencing post-S47 enquiries to allow families the opportunity to develop their own plan to mitigate risk(s) identified.

Whilst the LA has a low number of Children Looked After (CLA) 234 at the end of 2023 – 24, placement sufficiency across Wales makes it increasingly more difficult for the LA to identify suitable placements for children first time. Placement sufficiency also increases the risk of using unregulated placements. The Local Authority has stringent measures in place to manage what is essentially a national issue, however it is anticipated that the situation will get worse before it gets better as Welsh Government move to a not for profit agenda for Care (an initiative supported by the LA notwithstanding the pressures this is likely to have on the LA over the forth-coming years). There are also risks inherent in the identification and subsequent placement of Unaccompanied Children, which the local authority is instructed by the Home Office to accommodate despite the context noted above in relation to placement sufficiency.

To bring this section to a close, child protection here in NPT and indeed across Wales face several key issues and challenges in the coming years, shaped by socio-economic factors, policy changes, and emerging risks. What follows are the primary challenges:

Impact of Socio-Economic Factors

High levels of poverty and economic deprivation can lead to increased risk of abuse and neglect. This includes inadequate housing and homelessness, which can exacerbate vulnerabilities and impact children's well-being. This likely to become more acute across the Borough by the uncertainty of TATA steels future. The LA must better understand the communities across NPT and consider embedding a poverty aware approach to practice as proposed by the likes of Featherstone[27]

Policy and Legislative Framework

Whilst the LA works to identify key local drivers to enhance and develop the Child Protection response across the Borough, there are significant pressures to deliver on national policy

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[26] Tobis, D. (2013) From Pariahs to Partners: How Parents and their Allies Changed New York City's Child Welfare System.

[27] Featherstone, B., Gupta, A. and White, S. (2018) Protecting Children: A Social Model. Policy Press. Bristol.

drivers with no additional financial support or resources to support implementation. For example, National Delivery Plans on Child Sexual Abuse, responding to serious youth violence, the not for profit agenda etc. Each of these drivers is understood and deemed necessary, however they do add to the significant pressures experienced by the LA, for example, the need to join-up the existing silo partnership boards.

Resource and Workforce Challenges

Following on from the above point, limited funding for child and family services can affect the quality and availability of support for vulnerable children. This year the LA was able to train up a practitioner from every child and family team to become a practice lead for child sexual abuse, however as the LA faces significant financial cuts over the forthcoming years its capacity to develop practitioners will be constrained.

Whilst the LA has a stable workforce across Child and Adult Services, there is a shortage of trained social workers across Wales and this increases the risk locally of increased caseloads and potential burnout.

Furthermore, should demand continue to increase at the Children's front-door there is a risk of missing critical information and failing to respond to risk and harm in a timely and effective way, or put differently, as the haystack gets bigger the needle becomes more difficult to find. There is also a risk of staff burn-out, which may result in staff sickness and thus exacerbating the pressures faced by the Single Point of Contact (SPOC) and the other teams across CSC.

Mental Health and Well-being

Increasing prevalence of mental health problems among children and adolescents, exacerbated by the COVID-19 pandemic require a change of approach to mental health and well-being more generally and as is noted above, in the absence of any suite of data it is not possible to properly understand this issue across NPT to inform services and interventions. For example, in the absence of data there is anecdotal evidence to suggest that children require more timely access to mental health services and well-being services.

Technology and Online Safety

The rise of online grooming, cyberbullying, and exploitation poses significant challenges for safeguarding across the LA and beyond, for such types of abuse know no boundaries (geographically speaking). Ensuring that children, parents, and professionals have the skills to navigate and safeguard against online risks is a priority for the LA and Regional Safeguarding Board.

Complex Family Dynamics

Addressing the impact of poverty and inequality, DVA, substance use and parental mental health and abuse on children, which has seen increased reporting during the pandemic remains a daily challenge.

Education and Schools

Ensuring that schools are equipped to identify and respond to safeguarding concerns, intra-familial and also harm outside the home: peer on peer abuse (Estyn, 2021[28]), gang related violence and serious youth violence. There is a need to address the safeguarding of children who are excluded from school or frequently absent. Consideration might be given to pupils excluded from school or have poor attendance being automatically referred to the LA Children's Services teams as a Safeguarding concern given the increased risks associated.

Inter-Agency Collaboration

Given the reported complexities of need, risk and harm, coupled with the growing safeguarding backdrop there is a need to ensure seamless information sharing and collaboration between different agencies involved in child protection. The LA is due to roll-out, with partner agencies, a Multi-Agency Safeguarding Tracker (MAST) in a bid to ensure vulnerability is made visible across the partnership, however this will merely aid identification and the LA must consider how it could strengthen multi-agency (MA) arrangements, for example, the development of MA teams across all areas of practice and not falling short at the front-doors. Such teams could serve to promote integrated service delivery, provide holistic support to children, families and communities and likely improve outcomes for children, families and communities.

Emerging Risks

Child Criminal Exploitation (CCE), the issue of children being exploited by criminal gangs involved in drug trafficking (county lines) is woefully under-developed at a national level in the absence of a national strategy/plan. Until such time as the LA and partners have a statutory definition of CCE; a specific offence relating to CCE; gender bias and the criminalisation of predominantly young boys is recognised we will continue to fail to address the pressing issue. It must be recognised that CCE aligns more to modern slavery and human trafficking yet this legislation is seldom applied or arguably is not fit for purpose when applied to safeguard boys exposed to CCE. It follows that tackling the risk of child trafficking and ensuring appropriate support for victims remains a significant gap.

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[28] Estyn (2021) We don't tell our teachers – Experiences of peer –on-peer sexual harassment among secondary school pupils in Wales https://estyn.gov.wales/improvement-resources/we-dont-tell-our-teachers-experiences-of-peer-on-peer-sexual-harassment-among-secondary-school-pupils-in-wales-2/

Climate Change and Environmental Risks

Preparing for and mitigating the effects of climate change on children's health and safety, including increased natural disasters and displacement is not yet a challenge being considered or fronted, but illustrates the forth coming challenges faced by the LA.

Adult Safeguarding

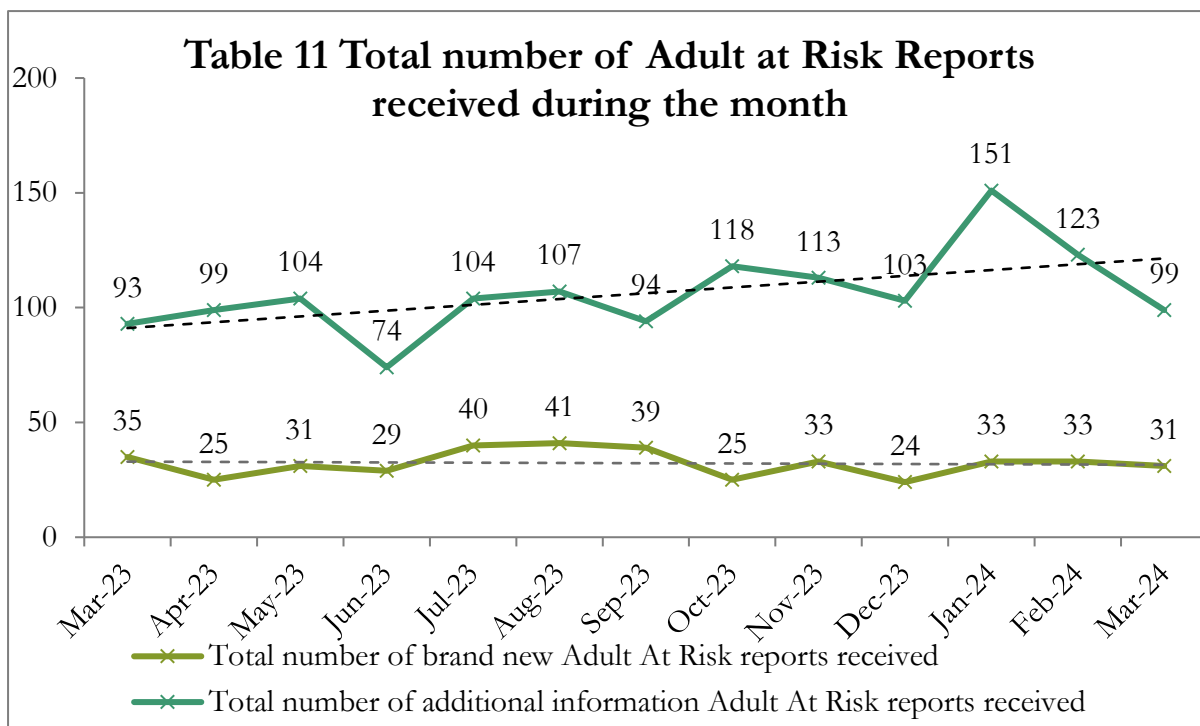Overview of adult safeguarding policies and procedures

Adult Safeguarding is the poorer relation to child protection in respect of policies and procedures, for example, the Wales Safeguarding Procedures have a Section 6 for Children, which contains supplementary guidance on different types of abuse and harm, thus supporting practitioners to navigate these often complicated, uncertain and unpredictable matters. There is no Section 6 to help Adult Social Care navigate matters arising in respect of Adult Safeguarding. However, the Local Authority has developed a Decision Making Tool[29] to plug this gap. Furthermore Adult Social Care has developed a 'Sound Judgement Analysis Tool' and a 'Positive Risk Taking' Policy to support decision-making and intervention in respect of adult need, risk and harm. The Local Authority also has a Self-Neglect Policy to support practice in this growing area of concern. Broadly speaking the Wales Safeguarding Procedures for Adult Safeguarding have been well received and embedded across practice here in NPT.

Statistics on adult safeguarding cases

Table 11 reflects the number of Adult at Risk reports received by the Local Authority over the course of the last year. 'Brand new' cases means those individuals not open to the Local Authority, which includes those subject to NHS Continuing Health Care[30] (CHC), those placed across NPT by other LAs and those self-funding care arrangements. Whilst 'additional information' relates to Adult at Risk reports received on open cases to Adult Services. The number of brand new reports has remained broadly consistent over the year, whilst the fluctuations in reports on open cases has increased. Table 12 shows reports by type of risk and harm.

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[29] Found on the West Glamorgan Safeguarding Board webpage under 'Policies, Procedures and Practice Guidance' https://www.wgsb.wales/36503

[30] Some people with long-term complex health needs qualify for free health and social care arranged and funded solely by the NHS. This is known as NHS continuing healthcare or CHC.

Table 11 Total number of Adult at Risk Reports received during the month

Legend:
- Total number of brand new Adult At Risk reports received
- Total number of additional information Adult At Risk reports received

Data points (additional information): Mar-23: 93, Apr-23: 99, May-23: 104, Jun-23: 74, Jul-23: 104, Aug-23: 107, Sep-23: 94, Oct-23: 118, Nov-23: 113, Dec-23: 103, Jan-24: 151, Feb-24: 123, Mar-24: 99

Data points (brand new): Mar-23: 35, Apr-23: 25, May-23: 31, Jun-23: 29, Jul-23: 40, Aug-23: 41, Sep-23: 39, Oct-23: 25, Nov-23: 33, Dec-23: 24, Jan-24: 33, Feb-24: 33, Mar-24: 31

The most prevalent risk and harm is neglect, which includes self-neglect. Followed by Physical, Emotional, Financial and Sexual. This pattern is evident over the last three years. Care homes are the highest referral source over the last year, followed by Health settings, other Local Authorities. Self-reports, reports from family and reports from neighbours are low and require attention – both data capture and raising awareness of what might constitute risk and harm and how to report such concern need to be developed across the LA i.e. Campaigns, accessible material about safeguarding etc. In relation to those alleged to have perpetrated abuse against an adult it is professionals who occupy the top spot (See section on Professional Abuse below), followed by not known, family member and other. Again the data capture across this domain needs to be developed to better understand the profile of those who prey on adults. Two thirds of the Adult at risk reports received were for individuals over 55 years, however there has been a notable increase in the number of adult at risk reports received for those between 18 and 34 years and this would reflect a change in practice in a) in response to children who transition to adulthood where harm outside the family home concerns still remain and b) the response to suspected suicide and significant attempted suicide. As has already been noted the Local Authority continues to develop its response to Adult Safeguarding in line with emerging trends, for example, the Local Authority is currently

revisiting its response to adult survivors of domestic abuse and sexual abuse, whist work will begin in 2024-25 to consider the National Action Plan to Prevent Abuse of Older People[31].
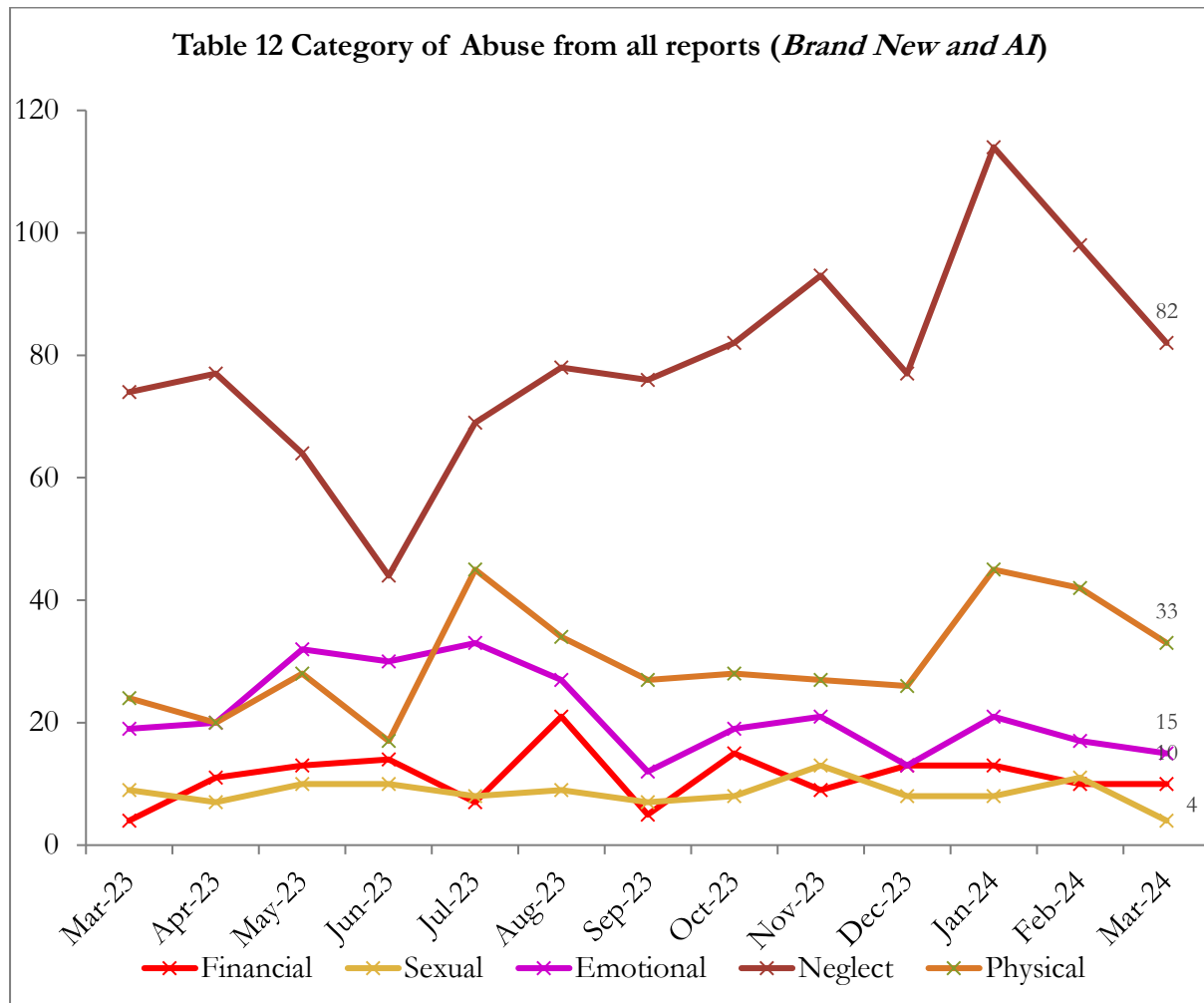
Table 12 Category of Abuse from all reports (*Brand New and AI*)

Table 13 shows the outcome of Safeguarding Reports received by the LA. A significant number of reports do not proceed to S126 enquiries[32] largely due to the robust screening response post contact and within 24 hours of receipt of report.

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[31] National action plan to prevent the abuse of older people. https://www.gov.wales/national-action-plan-prevent-abuse-older-people-html#:~:text=There%20are%20actions%20to%20be,risk%20of%20abuse%20or%20neglect

[32] Section 126 enquiries (Social Services and Well-being (Wales) Act 2014) mandates local authorities to make enquiries, or cause others to do so, to determine whether any action should be taken to safeguard an adult at risk who is suspected (reasonable cause) of being abused or neglected.

Table 13 Outcome of Report
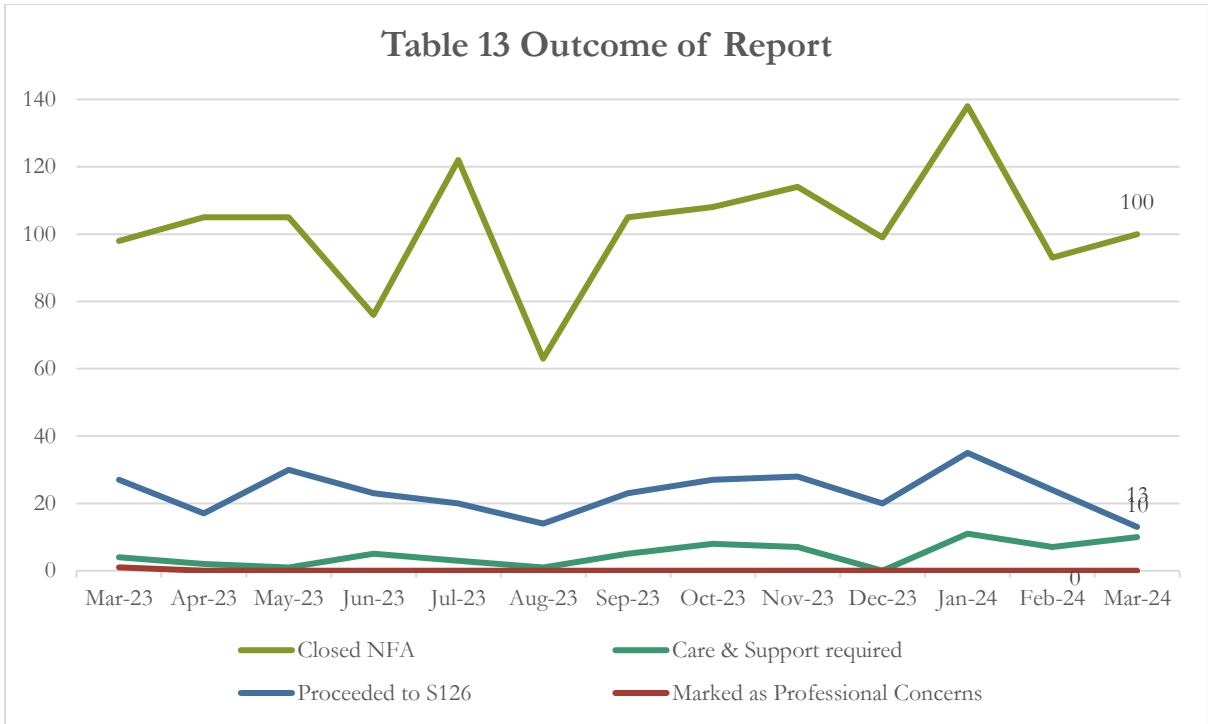
Of the S126 enquiries undertaken, on average over 85% are completed within 7 days (Table 14). Practitioners are permitted to go over the 7 days with good reason, such as, complexity of risk and harm etc. and all cases that do go over the 7 days have a clear rationale for doing so.

Table 14 S126 Enquiries and Decision Timeframes
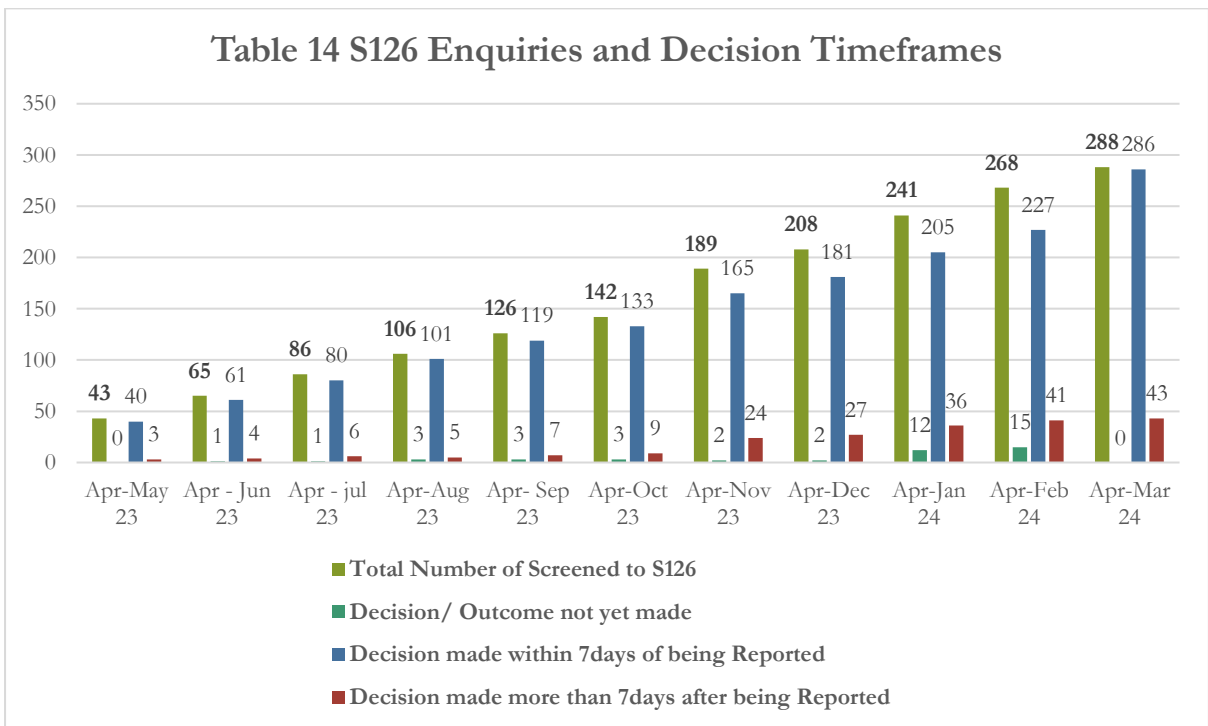
In addition to what might be described as the bread and butter of Adult Safeguarding the LA has developed, with partner agencies, a rapid response forum for responding to suspected

suicide, significant attempted suicide and the sudden death of a person under 25 – see Table 15.

Table 15 - No. of Suspected Suicide and Significant Attenmpted Suicide
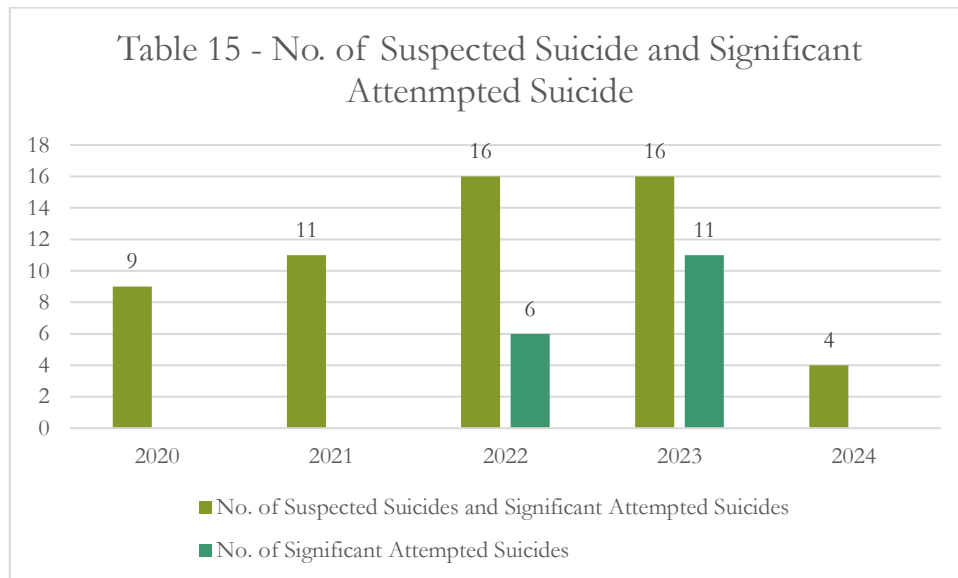
Whilst Table 15 shows an increase in suspected suicides between 2021 and 2022 it is important to note that only a Coroner can determine whether or not the death was a suicide so this number is likely to change. These numbers are sadly in keeping with national trends. Not content with responding only to suspected suicides, in August 2022 the LA extended this response by including individuals judged to have made a significant suicide attempt, thus locating the LA in a more preventative space with the aim to reduce the number of suspected suicides.

Of the 79 incidents over the past 4.5 years the main location for such incidents is 'Home address' or 'Private residence' (n43). Males are over-represented in this data 61 males to 18 females. Males between 28 years and 40 years account for the most at risk group, with the female at risk groups sits between 30 years and 42 years.

Whilst we want this number to reduce, there are no discernible patterns, trends or themes of note. Following a suspected suicide the rapid response forum now ensures the family, friends and communities are offered support by agencies across the region and to date there is no evidence that others connected have gone on to attempt or complete suicide. Furthermore, it is promising to note that of those who have been responded to by the significant attempted suicide pathway none have gone on to complete suicide – may long this trend continue.

<u>Key issues and challenges in adult safeguarding</u>

Adult safeguarding in NPT (Wales) faces several key issues and challenges in the coming years, which are influenced by demographic changes (noted above under the section on Demographics), policy developments, and evolving societal needs. These challenges can be broadly categorised as follows:

Aging Population

An increasing demand owing to the growing number of older adults, particularly those over 85, increases the demand for safeguarding services, coupled with the complexity of needs. Older adults often have complex health and social care needs, including dementia and other chronic conditions, which complicate safeguarding efforts.

Resource Constraints

Funding pressures stemming largely from public sector austerity measures have led to reduced funding for social care services, impacting the capacity to provide adequate safeguarding. With no manifesto commitments to social care by the incoming government this issue will likely remain and become more acute, particularly as Local Government budgets are further cut and savings are needed. It is highly likely that over the coming years the Local Authority will need to make difficult decisions and may well need to increase thresholds for adults in need and at risk and default to meet only statutory safeguarding duties.

Workforce Shortages

There is a shortage of trained professionals across the social care sector, leading to increased workloads and potential burnout among existing staff.

Policy and Legislative Framework

The response to safeguarding adults on a day-to-day basis commands a proactive, reactive and preventative approach to ensure risk and harm is reduced and mitigated. However, the policy backdrop in respect of Deprivation of Liberty Safeguards (DOLS), a National Action Plan to Protect Older People increases financial pressures on an already cash strapped LA. There is no additional monies to manage for example the DoLS demand (including and more pressing Community DoLS), the latter is over-looked by the Care Inspectorate Wales and Welsh Government, and nor is there any additional monies to effectively respond to a National Action Plan to Protect Older People. The proposed policy initiatives are of course warmly welcomed developments, however they do significantly increase the pressures to an already laden Adult Safeguarding agenda and given the dearth of national metrics relating to Adult

Safeguarding it is difficult to follow how policy decisions marry demand locally and regionally. At best it might well be described as guess work.

More effective coordination and integration between health and social care services are crucial but often challenging to achieve.

Awareness and Training

There is a need to increase public awareness of adult safeguarding issues to ensure that abuse and neglect are reported and addressed promptly, thus positioning Adult Safeguarding into a more preventative space.

Technology and Digital Safeguarding

As more services move online, safeguarding adults from cyber abuse and financial exploitation becomes increasingly important and there is currently no strategy across either children's services or adult services to move with this fast evolving technological era. One solution to this fast approaching risk is to ensure that both adults and providers are equipped to use digital tools safely and effectively.

Mental Health and Well-being

Addressing the safeguarding needs of adults with mental health issues, who are often at higher risk of abuse and neglect must be a priority for both the LA, Health Board and Safeguarding Board. Data from both Primary and Community Mental Health is poorly developed to understand this cohort of individuals across the life-course more generally.

Isolation and Loneliness

There is a need for the LA to continue to work on how it and partner agencies combat social isolation, which can exacerbate vulnerability and increase the risk of abuse.

Cultural and Social Diversity

Whilst the majority of adult at risk reports relate to individuals of white Welsh backgrounds across NPT there is a need to continue to deliver tailored approaches, thus developing safeguarding approaches that are sensitive to the cultural, linguistic, and social diversity of the population. The LA has already commenced work on an Intersectionality[33] practice guide.

Additionally the LA needs to engage with diverse communities to build trust and ensure that safeguarding measures are inclusive and effective. There is a good example of how the LA

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[33] Intersectionality is a way (provides a framework) of understanding how different parts of a person's identity, like their race, gender, and other factors, mix together to create unique experiences, especially related to discrimination and privilege.

has engaged with the Gypsy Romany Travellers (GRT) located across NPT to build trust with this community.

Responding to Emerging Issues

Addressing the safeguarding needs of adults experiencing domestic violence and abuse (DVA), which has seen increased reporting during the COVID-19 pandemic and tackling financial abuse and exploitation, particularly among vulnerable older adults are additional challenges that need to be considered over the coming year. There is also a need to join-up the multi-agency partnership board landscape through a better understanding of how vulnerability cuts across the work of these groups to drive forward work more cogently.

Evaluation and Improvement

Whilst the LA regularly evaluates the effectiveness of safeguarding practices across Adult Safeguarding to make the necessary improvements, as is reported on a Quarterly basis by the Research, Development and Innovation (RDI) team, it remains a challenge getting feedback from service users to enhance the relevance and effectiveness of safeguarding measures.

Professional Abuse and Persons in a Position of Trust

The following tables cover the LA's response to allegations made against professionals or persons in a position of trust during 2023-23. The LA is unique in its response to such allegations as all activity is overseen by a Designated Safeguarding Manager (DSM) who sits across Children and Adult Services, thus demonstrating the LAs commitment to ensuring the fullest of oversight is given to such matters, whilst having a manager dedicated to this area of practice means relationships are well established with partner agencies, regulatory and registering bodies and all Directorates across the LA are fully supported in the event allegations of professional abuse arise.

<u>Overview of Professional Abuse and Persons in a Position of Trust procedures</u>

Section 5 of the Wales Safeguarding Procedures (2019)[34] set out arrangements for responding to safeguarding concern about those whose work, either in a paid or voluntary capacity, which brings them into contact with children or adults at risk. It also includes individuals who have caring responsibilities for children or adults in need of care and support and their employment or voluntary work brings them into contact with children or adults at risk.

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[34] Section 5, Wales Safeguarding Procedures (2019) https://safeguarding.wales/en/adu-i/adu-i-a5/a5-p1/

Table 16 shows the number of referrals received across CSC and ASC relating to allegation made against professionals and persons in a position of trust. For those concerns relating to children; teachers and teaching assistants account for the highest number of referrals by profession, followed by residential care home staff. For those concerns relating to adults; care home staff account for the highest number of referrals. However, what is assuring to note from the data is the variety of different professionals referred for consideration under this process: health, passenger transport, local sports clubs, charities etc., which suggests agencies and organisations understand what is expected of them should a concern be raised about a professional or person in a position of trust. It is concerning to note so few referrals being received for police and fire service in light of the concerns raised in respect of these professions over the past year and the Regional Safeguarding Board will need to seek assurances from partners that such matters are being raised with Local Authorities who lead on safeguarding in the broadest of senses.

Table 16 Total No. of Children and Adult's PC Referrals 23-24

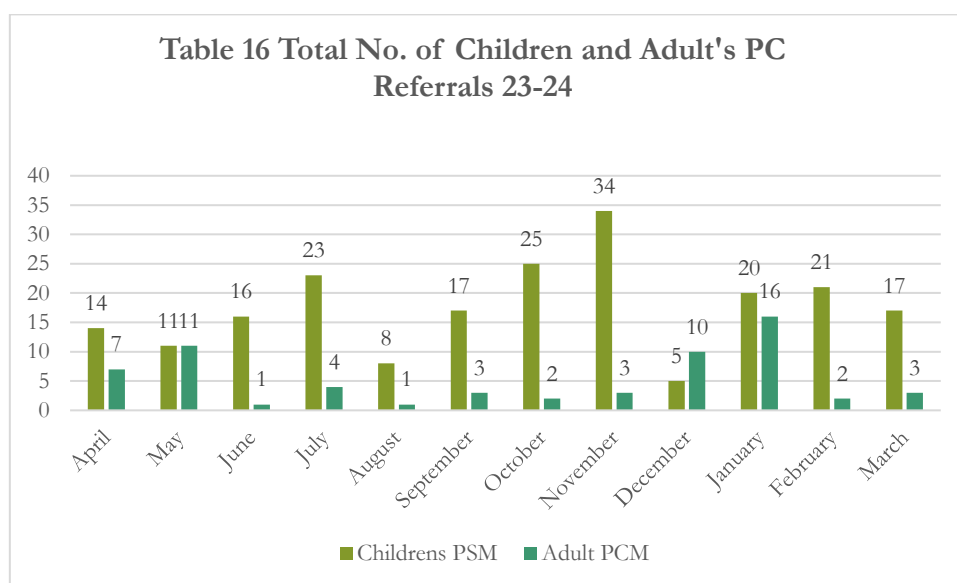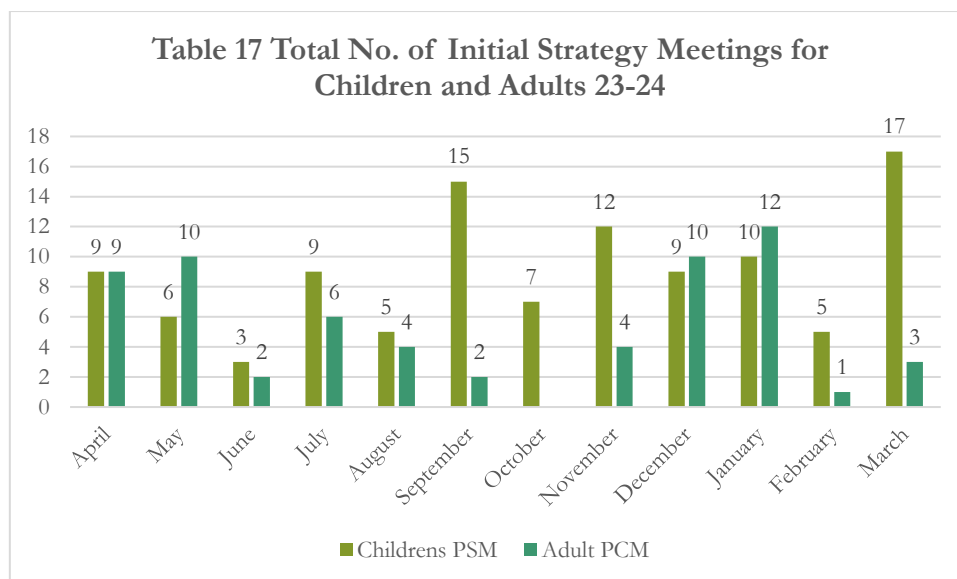| Month	Childrens PSM	Adult PCM
April	14	7
May	11	11
June	16	1
July	23	4
August	8	1
September	17	3
October	25	2
November	34	3
December	5	10
January	20	16
February	21	2
March	17	3

Table 17 illustrates the number of meetings held upon receipt of a referral. This number is lower as not all referrals progress to a strategy meeting as a number of reports are passed back to the employer's or governing bodies to address in line with their own disciplinary processes and codes of practice.

Table 17 Total No. of Initial Strategy Meetings for Children and Adults 23-24

Chart data (Childrens PSM, Adult PCM):
- April: 9, 9
- May: 6, 10
- June: 3, 2
- July: 9, 6
- August: 5, 4
- September: 15, 2
- October: 7
- November: 12, 4
- December: 9, 10
- January: 10, 12
- February: 5, 1
- March: 17, 3

Legend: ■ Childrens PSM ■ Adult PCM

Key issues and challenges in addressing professional abuse

i. The professional strategy process is dependent upon positive communication and partnership working across all agencies. This continues to be work in progress.

ii. Professional Strategy Meetings continue to be remote via Teams. This ensures attendance is maximised regardless of distance and is especially useful when dealing with providers in England.

iii. There remains inconsistency in the quality of referrals [using the Integrated referral form(IRF)]. To assist referrers a checklist has been produced detailing the information that is required to ensure that relevant information is provided.

iv. There are a number of ongoing challenges that sit outside of the professional strategy process including the timeliness of minutes. It is acknowledged that this has been a difficult time for 'safeguarding meetings' and it is recognised the continued work undertaken by the secretaries given the volume of work. The Chair ensures that Actions are made available as soon as possible following the professional strategy meetings and that agencies are aware that the minutes will follow.

v. There are a number of areas that have been raised relating to DBS checks in particular how often DBS checks are undertaken by schools. Given that in the care sector there is a requirement for DBS checks every 3 years, there appears to be inconsistencies across the LA.

vi. The unregulated sector, in particular Direct Payments, where the employer is the vulnerable individual. The Chair recognises the work undertaken by the Direct Payments team. There is an anomaly as currently Domiciliary Care Workers are required to be registered [or progressing to registration] with Social Care Wales. This

is not a requirement for those workers providing care within the Direct Payments scheme.

vii. The Chair has undertaken a piece of work for the Local Operational Safeguarding Group (LOSG) together with Thrive/Women's Aid Manager following a case that highlighted concerns regarding ''Self-referral agencies such as Alcoholics Anonymous, Gamblers Anonymous and Cocaine Anonymous' . The key themes relate to the lack of meaningful Safeguarding Policies and lack of oversight regarding the provision of venues given the degree of vulnerability of those attending these groups. This was presented to LOSG for consideration and was shared more widely across agencies to raise awareness of this issue and specifically with those working across drug and alcohol services here in NPT.

Training and support for professionals

- E learning - external providers in the care sector where there continues to be a reliance on the use of e-learning for Level 2 Safeguarding Training and Domestic Abuse.
- Unregulated Agencies - Limited understanding of purpose of the Professional Strategy Meeting (PSM) process this is particularly noticeable in respect of those providers not subject to regulation, or, those providers who are based in England.
- Ongoing training for Managers /Multi professional training in relation to PSMs.
- Work with the Disclosure and Barring Service (DBS) ongoing.
- Availability of training for Designated Safeguarding Manager (DSM) and Local Authority Designated Officer (LADO) in key areas to improve practice.

Escalating Concern

Overview of the process for escalating concerns

Escalating Concerns is an elevated performance management process designed to support regulated service providers in reducing the risk of significant harm when there has been a service-wide failure in supporting individuals. This process is managed based on risk through an agreed action plan and a Joint Interagency Monitoring Panel (JIMP), which meets regularly to update the risk assessment based on improvements made by the provider according to the action plan.

JIMP is a multi-disciplinary panel that collectively oversees progress against key actions in the plan and benchmarks the provider's risk. JIMP oversees progress until risks have lessened to a threshold where the provider can either be removed from the Escalating Concerns process or deescalated to a lesser provider performance process.

The Adult Safeguarding team is set up to ensure that each area is covered by a Safeguarding Lead Co-Ordinator (SLC) and that SLC oversees safeguarding reports in respect of those care homes across a particular area.

Statistics on cases involving escalating concerns

The following figures show the activity undertaken across the last year in respect of the Escalating Concerns process.

Provider/Service	In Escalating Concerns	Out Escalating Concerns	Outcome
Plas Cwm Carw	09.12.22	25.04.23	
The Hollins	27.09.23	31.10.23	Decommissioned
1st Grade Care	01.08.23	29.09.23	
1st Grade care	18.01.24	31.01.24	Decommissioned
Lifeways Support Options	03.05.24		Ongoing
Spring Lily	24.05.24		Ongoing
Brynsiriol	05.07.24		Ongoing

* Maes Y Bryn moved directly to HOSG[35]

Analysis of common themes and issues

Reviewing the concerns raised with providers placed in escalating concerns for 2023/24, common themes were:

- Lack of adequate management and governance in the service resulting in poor hands on care
- Staffing levels and staff distribution
- Medication Management
- Skin integrity and wound management
- Lack of adequate back office processes such as auditing and reviewing individual's needs.
- Lack of robust induction, training and competency assessments.

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[35]Home Operational Support Group (HOSG): Commissioners are required to establish a HOSG to directly manage either voluntary or enforced closures. The purpose of the HOSG is to ensure the needs of residents are met during the period of closure and to ensure the safe transition of residents to alternative accommodation.

<u>Recommendations for improving the escalation process</u>

At the time of writing this biennial report the LA was undertaking a lessons learning exercise following the closure of the Hollins last year and this included broader consideration to the Escalation process, therefore a more detailed report will follow in respect of this matter, which will include recommendations for future practice, policy, guidance etc.

Deprivation of Liberty Safeguards (DoLS)

<u>Overview of DoLS policies and procedures</u>

Designed to ensure that individuals who lack the mental capacity to consent to their care arrangements are not inappropriately deprived of their liberty. The primary objective of DoLS is to protect the rights and freedoms of vulnerable individuals, ensuring their care is provided in their best interests and the least restrictive manner possible. What follows is the data relating to those requiring DoLS in Care Homes and Hospital settings, the latter are assessed and authorised by hospital staff. However, there are a significant number of individuals residing across our communities who also need to be safeguarded, however there is no capacity in the current system to ensure all are safeguarded a matter I will return to below.

<u>Statistics on DoLS applications and authorizations</u>

Whilst Table 18 suggests a marked improvement in unallocated DoLS cases per month, what it does not reflect is an under-resourced team. Simply put, our current DoLS Team cannot meet this ongoing level of demand, a demand likely to increase with an ageing population. We rely heavily on agency to carry out assessments, however this in itself brings more work to the team who are required to quality assure this work through regular auditing and dip sampling. We have only three Best Interest Assessors (BIAs) and four Signatory Bodies (SBs). The team is currently considering solutions for how best to respond to this area of practice with what little and miss-configured funding we receive from Welsh Government. A matter illustrated when looking at the funding NPT receive compared to our neighbouring local authorities and based on the Care Inspectorate Wales (CIW) *Annual DoLS Report, 2020-21.* We note that NPT receive less funding per DoLS application, for example, Swansea Local Authority receive £87,700 more than NPT, albeit their DoLS applications are 1,016, only 176 more than NPT's 840. When comparing funding correlating to DoLS applications it seems that Swansea receive £232.99, Bridgend £259.52 and NPT receive £177.40. Furthermore, when considering authorisations of standard and urgent DoLS, NPT completed 93% and 85% respectively where Swansea had lower figures of 60% and 69% possibly suggesting less DoLS proceeding to authorisation/meeting the threshold for a DoLS authorisation.

We understand there are other factors to consider when allocating funding. However, when exploring how we can strengthen our DoLS team, improve monitoring and reporting, and take forward necessary work to improve the application of DoLS, the right funding is key. Our focus going forward is how we meet ongoing, projected increase in DoLS applications, whilst also focusing upon Community DoL Order applications and the need to develop our response to those young people under the Mental Capacity Act.

Table 18 Number of DoLS unallocated cases as at the end of the month

Month	Value
Mar-23	130
Apr-23	146
May-23	163
Jun-23	114
Jul-23	71
Aug-23	23
Sep-23	18
Oct-23	29
Nov-23	15
Dec-23	26
Jan-24	11
Feb-24	27
Mar-24	15

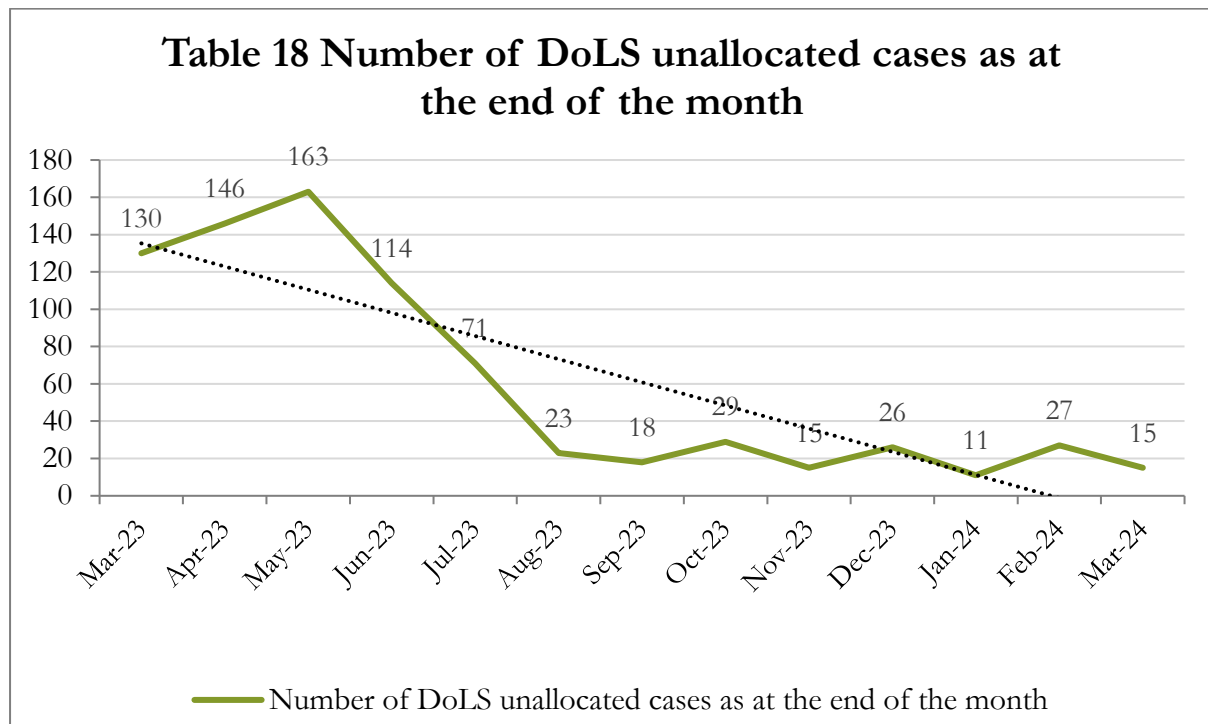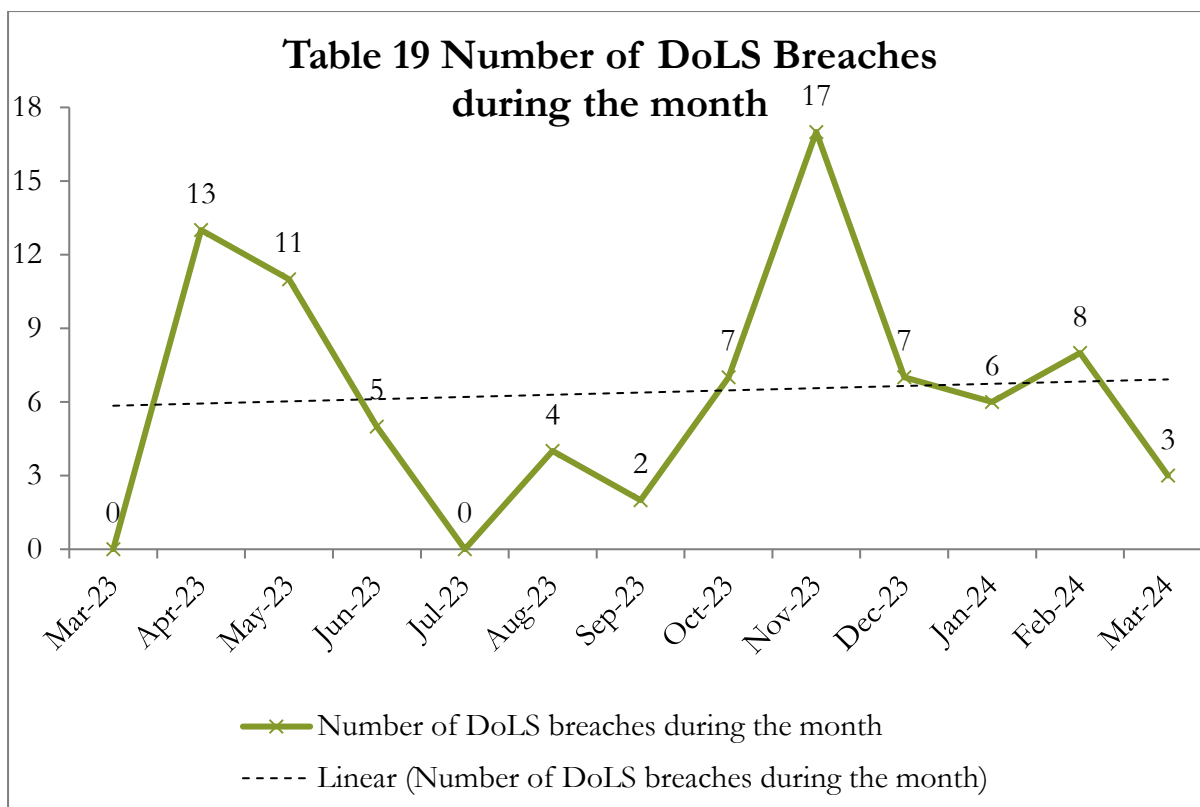Number of DoLS unallocated cases as at the end of the month

Table 19 shows DoLS Breaches. A breach in DoLS occurs when someone is deprived of their liberty without lawful authorisation. This can occur with a delay in receiving assessments from BIA's. The challenge we face in NPT around this follows on from what is mentioned above, that is, a reliance on agency workers to manage the shortfall. Whilst there are systems in place to set deadlines there is an element of chasing agency workers for assessments, which can on times mean there are lapses in individual's authorisation. Such matters are flagged with agencies and some are no longer used by the LA. Again, this is not only an issue for NPT but one that is felt regionally and nationally. Unfortunately delays in the implementation of Liberty Protection Safeguards (LPS) has meant that the existing challenges across the DoLS system will likely continue unless short-to-medium term changes are introduced.

Table 19 Number of DoLS Breaches during the month

A line graph titled "Table 19 Number of DoLS Breaches during the month" showing the number of DoLS breaches per month from Mar-23 to Mar-24. Values: Mar-23: 0, Apr-23: 13, May-23: 11, Jun-23: 5, Jul-23: 0, Aug-23: 4, Sep-23: 2, Oct-23: 7, Nov-23: 17, Dec-23: 7, Jan-24: 6, Feb-24: 8, Mar-24: 3. A dashed linear trend line is also shown.

Legend:
—✕— Number of DoLS breaches during the month
----- Linear (Number of DoLS breaches during the month)

Not all is doom and gloom however, we are building on our pool of external workers and have a number of reliable and experienced BIAs that complete assessments for the team from across our own LA and also neighbouring LA. This has increased to seven workers currently with more interest from other workers shown of late. We have also recently trained five staff in the Hospital discharge team who will be looking to complete the BIA work for those who are going from hospital to a care home and whilst alleviating some pressures on the team this also ensures a continuity of care for the patient.

Training for our managing authorities is being developed within NPT and we have also devised a crib sheet to support applications in a bid to embed some efficiencies in the process and highlight legal responsibilities. This will also assist in a timelier request for further authorisations and individuals not having periods of lapsed authorisation.

Prior to August 23, the monitoring of DoLs was completed on an excel workbook. The new manager for the team has introduced a new Case management system to capture quality DoLS data and this is now live on the SSIS system. We will be looking to replicate and enhance this system when we move to MOSAIC, our new IT system. DoLS data is also being developed to be a stand-alone dashboard to enable better tracking and oversight of such cases.

Regional BIA training is being delivered by the Board through in-house trainers to widen the range of workers we are able to train to complete the work, whilst reducing spend on expensive external training.

The Signatory body work is all completed by the DoLS team and Part 8 reviews[36] by in house staff as are any request for urgent authorisations and any within the Court arena for S.21a appeals[37].

There have been additional Signatory Body authorisers to support authorisation process.

Community DoLS

The postponement of the LPS reforms means that deprivation of liberty outside of a care home or hospital will continue to require a court authorisation, as those settings are not included within the scope of DoLS in the general sense. Community DoLS specific workshops have been held and leaflets, including an easy read version, have been developed to explain the process to individuals and families.

Whilst preparing to implement LPS the LA has reviewed case-loads across ASC to understand how many individuals known to service might meet the criteria for a Community DoLS. Each ASC team has engaged in this work ensuring that the relevant mental capacity assessments and best interest decisions are documented in relation to any restrictions that may be in place for those individuals that meet criteria for a community DoL. There has been joint working with the legal department who, with the DoLS team have developed a legal gateway and guidance for Court of Protection (CoP) applications. This process is lengthy and CoP backlogs have meant that applications processed are still relatively low but with clear plans in place. Fortnightly meetings are being held to oversee this plan and DoLS is included in our Directorate Risk Register and mitigating actions are monitored by the Quality Strategic Practice Group.

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[36] A Part 8 Review under the Deprivation of Liberty Safeguards (DoLS) is a mechanism to review and, if necessary, amend or terminate a standard authorisation that has been granted to deprive a person of their liberty. The process is intended to ensure that the deprivation of liberty remains in the best interests of the individual and is still necessary and proportionate.

[37] A Section 21A review under the Deprivation of Liberty Safeguards (DoLS) is a legal process allowing individuals or their representatives to challenge the lawfulness of a DoLS authorisation. This process takes place in the Court of Protection and provides a crucial mechanism for safeguarding the rights of individuals deprived of their liberty.

Corporate Safeguarding

The Corporate Safeguarding Group is made up of Officers from across each council Directorate. Over the course of the last year the Corporate Safeguarding Group has met at regular bi-monthly intervals (occurring every two months). A Safeguarding Self-Assessment was administered across all Directorates and looked at three standards:

1. **Policy & Practice (P&P) (Robust) - How robust are your safeguarding practices in your service area?** (P&P's adopted and in use/ safe recruitment/ compliancy/training/ audits and inspections/ reporting)

2. **Environment (Safe)** - How safe does your service area feel to citizens that access your services, and to your staff working in your service area?(Atmosphere/ buildings/ e-safety/online or hybrid working arrangements/ information sharing/ complaints and compliments)

3. **Culture (Effective) - How effective is your service area approach to safeguarding?** (Effectively working with others to prevent and protect children and adults from risk and harm and to generally promote the wellbeing of citizens, i.e. through commissioned services/ effective communication and engagement with staff and volunteers to embed safeguarding into practice and service area planning).

The findings of the Safeguarding Self-Assessment can be found below by Directorate in table format under Appendix A. Broadly speaking the Safeguarding Audit was reassuring and all Directorates fully embraced the request, which was a significant shift from when a Safeguarding Self-Assessment was first administered in 2021 - 22. Of those areas identified as requiring action, none would be described as significant service failures leaving the Local Authority at risk. Against those actions identified, each Directorate has an Action Plan to address and updates will be reported into future Corporate Safeguarding Group meetings.

Over the course of the last year the Corporate Safeguarding Group has continued to have oversight of the response to the Gypsy Romany Traveller Community. In addition to this the Corporate Safeguarding group has tracked the roll-out of mandatory Safeguarding Training across all Directorates and it is pleasing to note that the increase in the number of staff members across all directorates who have received this training continues to increase.

Safeguarding Training

Group A (basic awareness launched in Nov 2021) is mandatory for all staff working in social care (Wales Safeguarding Procedures and P7 SSWBWA), to be refreshed every 3 years. Safeguarding is mandated for all council staff from the Corporate Safeguarding Group (Recommendation from WAO Audit). Targets are based on previous completions, accommodation changes, access to online learning. Any training, learning and development carried out in a higher group will mean there's no need to refresh training, learning and development in the groups below it. The following table shows completion from 1st April 2023 – 31st March 2024. Three year rolling compliance is at 70%. A virtual/face-to-face equivalent has been developed as an alternative to eLearning, for those who have difficulties with access.

	Headcount	Percentage
Chief Officers	3	13%
Education Leisure & Lifelong Learning	1992	53%
Environment & Regeneration	333	28%
Social Services Health & Housing	412	35%
Strategy & Corporate Services	134	41%
Total Workforce	**2871**	**44%**

The National Safeguarding, Training, Learning and Development Framework was launched in November 2023 as an appendix within the Training Standards. The focus in 2023-24 has been on promoting the Framework to support the implementation of the Standards. Together with partners from the West Glamorgan Safeguarding Board, NPT are leading the way on Group B safeguarding children and adults training. We are the first Welsh Safeguarding Board to develop and roll out a safeguarding Group B training package together with a train the trainer and opportunity to complete a City and Guilds Level 3 Education and Training Award for

accreditation. Group B training has been reviewed and a refresher was run in April 2024 together with the opportunity for an additional 15 staff across regional organisations to complete the Train the trainer qualification. This Group B training has been adopted nationally by Social Care Wales.

Development of Group C resources for both adult and children's multiagency safeguarding are in development. Forward plans are to develop multi agency training days in 2024 – 25. These will focus specifically on operational safeguarding staff, to understand each other's roles and responsibilities; consider the voice of the individual and to explore decision making.

Further training has been provided in response to recommendations around work with child sexual abuse, sessions have been provided on women who sexually abuse, understanding and preventing online child sexual abuse, sibling abuse, and understanding and assessing the protective carer in the context of child sexual abuse. Specific sessions have been delivered directly to parents. 4 trainers have been accredited to deliver the Brook Traffic Light tool and roll out of the tool for sexual behaviour in children and young people will commence following additional specialist training for 12 practice leads from the Centre of Expertise for Child Sexual Abuse. This training will be reinforced with access to the electronic tool and further e-learning.

A suite of Lucy Faithful Stop it Now "practitioners protect" training has been delivered to 113 regional multiagency partners. The outcome has been to support both parents and practitioners in understanding the issues around child sexual abuse provide information and resources to help in confidently protecting children. Also, to explore how to engage families in abuse prevention develop knowledge of conversation starters for parents and carers to use with increased confidence in giving prevention advice encourage practitioners to effectively use the toolkit in their role. 9 professionals were trained to deliver the "parents protect" programme to parents within their communities. Training has also been delivered in Digital resilience – 5; Understanding Harmful Sexual Behaviour – 10; Child Sexual Exploitation Awareness – 10; Preventing Child Sexual Abuse – a toolkit for practitioners.

We have also made significant progress in developing Children's Services as a trauma informed workforce. 48 members of staff attended an event on Trauma and Mental Health Informed Schools and Communities. 8 experienced Children Service's workers have been trained by Dr Sheena Webb of the Tavistock Institute to deliver workshops on "Working with trauma experienced parents". This was developed as a structured reflection to support practitioners working with parents who have experienced complex and/or sustained trauma.

Training on Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) is delivered in line with the Welsh National Training Framework. All staff must complete Group

Neath Port Talbot:

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
(VAWDASV) Group 1	313	455	653	381
(VAWDASV) Group 2	186	15	28	24
(VAWDASV) Group 3	30	13	1	0
(VAWDASV) Group 4 and 5	88	0	0	0

The roll out of our Safeguarding Adults and Children from Exploitation interactive training pack continues, raising awareness of county lines, criminal and sexual exploitation, trafficking, radicalisation, and hate crime for both adults and children.

E-learning only	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Exploitation	113	10	0	18

141 members of staff have completed Exploitation eLearning this year. Multiagency training on Exploitation and Modern Slavery First Responders has been delivered jointly with Swansea. Three regional sessions on Exploitation of Children and Adults were delivered with 28 attendees from NPT. One multi-agency First Responder session was offered and attended by 8 staff from Swansea and NPT local authorities, HMP Prison & Probation.

In NPT, Safeguarding training has been provided for licenced premises including: 31 staff from Blancos, The Castle, The Grand, Afan Lodge and Towers. A selection of staff from these hotels have been trained: Supervisors, Managers, and operational heads – reception/ bar/ housekeeping to help them spot the signs of exploitation in the nighttime economy.

- NPT as part of the West Glamorgan Safeguarding Board, are collaborating with One Step North to create an interactive 360-degree e-learning resources to enhance existing training videos on self-neglect prevention and safeguarding . This will provide trainers with resources to enhance learner engagement through immersive technologies and provide learners with the opportunity for to practice skills and decision-making using scenario-based learning.

Data is shared with the group, specifically in response to Child Protection and Adult Safeguarding. At the partnership level there is currently a piece of work being undertaken across Social Care, Housing, the CSP, APB and VAWDASV to look at better linking data up across these areas to develop a richer picture of vulnerability across NPT. This work is currently focusing on DVA and Substance use, it will start with small data sets with the intention to grow into the data sets of other Directorates, for example, Youth Justice, Education etc.

The group has been sighted on the work undertaken by colleagues in Education in response to the Estyn Thematic Review into Sexual Harassment in Schools[38] and a further update will be due this year to understand scale, prevalence and the response to this issue across NPT. In addition to this Education continue to address those issues that increase the risk of harm to young people across NPT: exclusion, reduced timetables and low school attendance and this will be a further area that the group will consider over the coming year.

The group has requested that a Low Level Concerns[39] Policy be considered for implementation across the LA to further strengthen safeguards. This matter currently sits with our HR department. The group has also received regular feedback on the progress of the Multi-Agency Safeguarding Tracker (MAST). MAST is a digital solution to resolve the information-sharing issue that has bedevilled practice for decades. Essentially high level data from police, social care and health is fed into MAST, which then matches data and displays interactions by address or person across those mentioned agencies. Following a successful proof of concept stage MAST will now be deployed for live testing across agencies and it is anticipated that this will significantly enhance the safeguarding response to children, adults, their families and communities. It is proposed that a separate paper and presentation be brought to the Corporate Directors Group and Committee to share the findings of the ongoing work.

The group is now well established and continues to evolve with the ever changing safeguarding landscape.

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[38] "We don't tell our teachers" Experiences of peer-on-peer sexual harassment among secondary school pupils in Waleshttps://www.estyn.gov.wales/system/files/2021-12/Experiences%20of%20peer-on-peer%20sexual%20harassment%20among%20secondary%20school%20pupils%20in%20Wales_0.pdf

[39] Low Level Concerns Policy https://www.farrer.co.uk/globalassets/clients-and-sectors/safeguarding/developing-and-implementing-a-low-level-concerns-policy.pdf

Conclusion

As this report illustrates, safeguarding is a vast, complex, multi-layered, uncertain and unpredictable business, more so than ever in today's rapidly evolving digital landscape, safeguarding children and adults has become increasingly complex. But as technology evolves so too must practice to harness the advancements of the digital age for we as a LA, are lagging behind the curve in this digital space. As this report references and indeed makes the case for - across multiple fronts – there is a need to use technology to our advantage, to better understand the problems, or rather the challenges, we face to safeguard our most vulnerable. Technology one hopes will also support us to predict and forecast more accurately risk and harm across NPT.

Data coupled with stories told by children, parents, families, adults, practitioners and partners and our communities will support us to develop a richer understanding of what difference we are making and how effective we truly are at safeguarding as is illustrated by two stories captured at Appendix B and C. This report features heavily the prevailing reactive front but a balance is required. A balance that reflects all of those children and families, adults and their carers and communities who have been supported by the LA and partner agencies to live a safer and more prosperous life owing to care and support received. For it is arguably more important to understand and to do more of what has worked to keep children and adults safer in their communities than it is to only bear down on what is wrong.

As complexities seemingly continue to multiply across practice it is important that the system is re-designed to be less complicated so as not to add to, or reflect, the complexities experienced in the outside world and to do this there is a need to ensure we return back to basics to ensure they are done right and done well. In the words of Shakespeare, "uneasy lies the head that wears a crown," especially for those tasked with the duty of safeguarding today yet despite those key challenges faced we continue to respond to safeguard those most vulnerable across society and as we do we continue to learn and adapt to get better.

This report has laid bare the key challenges faced by the LA, coupled with the current response across the Directorate and partnership landscape, which one hopes offers reassurances to the reader. To summarise, the challenges we have encountered over the past two years that we will continue to face head on into 2024 and 2025 are:

- Increased Contacts and Referrals: There has been a significant rise in the number of contacts and referrals to Children's Social Care. This increase puts pressure on resources and necessitates efficient management and prioritisation of cases.

- Increased pressures to ensure those deprived of their liberty are safeguarded. This extends beyond Care Homes and Hospitals as more individuals reside in the community without the necessary safeguards. However with no additional monies it is hard to see how this challenge will be resolved in the short-term, beyond the existing interim measures to identify, monitor and prioritise on a case-by-case basis.

- Prevalence of Child Sexual Abuse and Domestic Violence and Abuse: The report identifies Child Sexual Abuse and Domestic Violence and Abuse as prevalent issues. Addressing this requires ongoing specialised training, awareness programs, changes to service delivery across CSC and ASC and a robust response mechanism to support affected children and adult survivors.

- Data Metrics and Analysis: There is a need for a better data model to accurately measure outcomes and the effectiveness of safeguarding interventions. Improved data collection and analysis can help in both identifying trends and areas for improvement.

- Economic Deprivation: Economic factors and deprivation can exacerbate safeguarding risks. The report suggests that safeguarding strategies must consider the socio-economic context to be effective, including future disasters (Environmental breakdown).

- Demographic Changes: An aging population presents unique challenges for adult safeguarding. The report stresses the importance of adapting safeguarding practices to cater to the needs of older adults.

- Emerging mental health crisis amongst children and a better understanding of adolescence to inform practice and bridge the gap between CSC and ASC.

- Interagency Collaboration: Effective safeguarding requires collaboration across various agencies, including the Partnership Boards (Community Safety Partnership (CSP), Violence Against Women (and girls), Domestic Aduse and Sexual Violence (VAWDASV), Regional Safeguarding Board, Area Planning Board (APB), Serious Organised Crime Board etc.). The report highlights some of the challenge of ensuring cohesive and coordinated efforts among all stakeholders.

Chris Frey-Davies
PO Safeguarding & RDI
July 2024

APPENDIX A – NPT Safeguarding Self-Assessment

NPTCBC Safeguarding Self-Assessment

The table to follow highlights, by color coding, each of the standard safeguarding measures by Directorate:

Green	Means everything is in place, up to date, and meets the required minimum standard
Amber	Means that something requires review or improvement
Red	Means something needs to be developed as a matter of urgency or the measure needs to be addressed urgently

Standards	Social Care	ELLL	Hillside	Environment	Legal & DS	CSP	APB
1.1 Up to date safeguarding policies in place	Green	Green	Green	Green	Green	Green	Green
1.2 Up to date safeguarding training in place and accessed by your service area	Green	Green	Amber	Amber	Green	Amber	Green
1.3 Is your service area compliant with the basic safeguarding training requirements for new Starters, existing staff and volunteers?	Green	Green	Amber	Green	Green	Amber	Green
1.4 Do you have safe recruitment processes in place? (In line with the NPT Safe Recruitment Policy)	Green	Green	Green	Green	Green	Green	Green
1.5 Are up to date safeguarding checks for employees (e.g. DBS checks, registration) in place for all required roles/ posts within your Service area?	Green	Green	Green	Green	Green	Green	Green
1.6 Does your service area utilize non-employees such as volunteers; chaperones, mentors, agency workers or contractors (paid or unpaid)? If yes, are all of these up to date with their basic safeguarding training and safeguarding checks?	Amber	Green	Green	Amber	Green	**n/a**	**n/a**
1.7 There is a named Designated Safeguarding Officer/ Lead/Champion in every required site/ location across the Service Area whose training is up to date and all staff know who this person is and how to contact them.	Green	Green	Green	Amber	Amber	**n/a?**	Green

Question							
1.8 The Safeguarding Champion for the service area disseminates safeguarding communications across the service area.	green	green	green	yellow	green	**n/a?**	green
1.9 Handling allegations against professionals and persons in a positon of trust - managers and staff alike know how and who to report concerns to.	green	green	green	yellow	green	**n/a?**	green
1.10 Staff are able to recognize when children or adults are at risk or in need of additional support and can make appropriate referrals to services (i.e. Early Help; Team Around the Family: Adult & Children Services etc.)	green	green	yellow	red	green	green	green
1.11 Have any audits been undertaken in your service area within the last 12 months, which have included any focus on safeguarding? What was the outcome of the audit and how have you applied this to your service planning?	green	green	green	red	green	yellow	green
2.1 Citizens using your service are made aware of all safeguarding policies and procedures and how these are applied within your setting(s)	yellow	yellow	green	red	green	green	green
2.2 The named Designated Safeguarding Officer/ Lead for each site where citizens access to attend for services or information, is clearly displayed or is accessible.	green	yellow	green	green	yellow	**n/a?**	**n/a?**
2.3 In every site across the service area the staff (including volunteers) would know what to do and who to contact in case of an emergency involving a child (up to the age of 18 years old) or an adult, and would know who to seek advice from in the service area regarding safeguarding information	green	green	green	green	green	green	**n/a**
2.4 Monitoring Public Access Points on site- Do you know who is in and out of the building at all times?	green	yellow	green	green	green	green	**n/a**
2.5 How do staff and citizens feel assured by the safety measures in place?	green	yellow	yellow	green	green	**n/a**	yellow
2.6 When services/ contractors attend your properties there is a policy/ procedure in place which is routinely followed regarding supervision whilst on site and/ or a risk assessment in place if working in areas unsupervised?	green	green	green	green	green	green	**n/a**
2.7 Do you risk assess for safeguarding and general safety when using premises other than your own and have a reporting system in place for any issues identified? (For example: NPT youth worker facilitating a session on- site at SBUHB premises; NPT solicitor working out of law courts in another district- risk assessment of rooms for consultation etc.)	green	green	green	red	green	green	green

Question							
2.8 Information about a child or adult OR concern about a professional/ volunteer when shared either by a citizen or staff member is done so safely, securely and maintained confidentially (e.g. Stored and shared in line with GDPR and council requirements)	orange	green	orange	green	green	green	**n/a**
2.9 E-Safety: Do you have and implement a policy for the safe use of internet access by service users (including children and young people)?	green	green	green	green	green	**n/a?**	**n/a**
2.9 Complaints and Compliments (last 12 months): How many complaints within your service area linked to safeguarding? (Think about- professional abuse; safety in buildings: including unsupervised access; anti-social behaviour; low level concerns, staff concerns for safety)	green	green	green	green	green	**n/a?**	green
2.10 How many compliments within your service area linked to safeguarding? (Think about- feedback from citizens about services received from staff/ volunteers; feedback via engagement/ consultation surveys or forms at site)	green	green	green	green	green	green	green
3.1 Commissioned services- Do you commission services for your service area. How can you evidence that every service commissioned delivers a safeguarding standard consistent with our own service (i.e. In line with our corporate safeguarding policies/ expectations)?	orange	red	green	orange	green	**n/a**	green
3.2 All staff/ volunteers receive appropriate training (at the relevant levels) to understand to whom they are directly accountable with regards to the wellbeing of children and adults at risk, and to enable them to fulfil safeguarding responsibilities proportionate to their role	green	green	green	orange	green	green	green
3.3 All staff/ volunteers are made aware of updates and changes in safeguarding legislation/ policy/ practice and how this may have a direct impact on your specific service area.	green	green	green	red	green	green	green
3.4 Working with others: How is guidance and training regarding information sharing made available to staff (both at induction and existing staff)? Are staff aware of what can and can't be shared with others (e.g. Agencies such as police/ solicitors) and in what formats (e.g. Redacted records)?	green	green	orange	green	green	green	green
3.5 Consent to share information and when consent is not required is covered in training/ guidance and in supervision/ appraisals as standard practice.	green	green	green	red	green	green	green
3.6 All strategic planning takes into account the need to safeguard citizens and to promote their welfare; as a service area we reflect on what has gone well and areas for improvement and ensure that new learning is embedded into our practice and in service area planning	green	green	green	red	green	green	green

> "Knock the
> door and keep
> trying".

NIHR | School for Social Care Research

Background:

Siobhan is a highly experienced social worker within adult services. She enjoys her work and is passionate about ensuring that the service she provides to citizens is outcomes focused and safe. This most significant change story reflects on a recent case that caused Siobhan to consider her practice interventions and reflect on her values. The story is focused on working with a citizen who was experiencing extreme self-neglect, but who had capacity. This work was demanding on Siobhan's time but also on her values as a social worker. Siobhan looks at what supported her to continue to offer this citizen support and to feel that she was being held by research to ensure her practice was the best it could be.

Over the last 6 months, what good or bad feelings have come about as a result of working with this complex citizen in a busy adult team.

I felt and feel sadness. This was and is a sad story. The sadness came as this was chronic self-neglect with no obvious solution. This citizen was of the neediest within the borough identified by daily referrals from all professionals. It felt like a quagmire of deprivation. We (social workers) get called out to people when they are at the most vulnerable and this citizen presented me with one of the most challenging cases I have worked.

But it was a rewarding piece of work. Social work principles from the 1948 National Assistance Act through to the Wellbeing Act (Wales) 2014 compel us to reach out to those who can't care for themselves. The nature of social work is to support humanity and yet still be accountable for your interventions.

I reflected on my interventions as I could not walk away. The human need was apparent. It was on my watch and so I needed to ensure all my actions were endorsed by research and practice guidance to ensure that I was accountable and acting in my role, not as a rescuer.
I was fearful that if I took a strong formal approach focusing in capacity he would object and stop answering the door as he had to other people. I was duty bound to engage him and change my approach to his needs. I used their preferred name and although they spoke little I managed to get in and interact with them. As a social worker you don't complete a singing module, but having found out about his favourite music I ended up singing "Stand by me" with them accompanying me. I think this helped build a relationship and ensure that I and others saw their humanity.

Record a list of changes (good or bad)

Questions over my role. Not from managers but within myself.
Questions over how to reach this person, how to have positive engagement when all other interventions have failed.
I felt I was floundering between Mental capacity and Court of Protection concerns whilst all the time seeing and knowing their health was deteriorating and wrestling over how to get this addressed when they were refusing care.

We are seeing higher numbers of people living alone and experiencing self-neglect. This citizen hit every indicator, alcohol use, hoarding, deprivation. They would and had fallen through gaps and floundered in systems.

Guidance came in the form of the WGSB Self neglect policy. I centred my practice on this policy. The policy gave guidance and practice tools which helped me with my interventions and communication with partners.

Which *one* of these changes is the most significant to you and why?

I hung my practice on the Self neglect policy and I felt I was validated in my interventions. I did feel like a lone voice though saying *" We can do more than this, we don't leave people alone. And if there is no right solution we don't just opt out".*

The guidance gave me structure, validated the safeguarding concerns and identified the escalating risk to life. I used the practice tools especially appendix A of the Self Neglect policy to structure my interventions and record my findings. Also the spirit of the policy to engage and work to core social work values.

Things changed once the Paramedics submitted a report. They reported all the concerns and that all of our interventions and actions were evidenced based. This report validated everything I had raised about health concerns and validated the work we had undertaken.

Regarding this change - what it was like before?

Before focusing my attention on the policy I felt like I was floundering. This highly vulnerable citizen was 61, yellow and in deteriorating health. Their environment was shocking and everyone wanted a solution. My social work values and human conscience wanted a solution as well. But I was floundering between mental capacity and the court of protection and not wanting to frighten this person away. I wanted to keep being allowed in, but how to ensure that I was making the most of the time I was allowed in? The policy gave me that structure and the defendable position for my interventions.

What it is like now?

Now I can look back and know that I upheld all of his humanitarian rights. He had his fair dues and received a service and intervention that gave him dignity and options.

What do you think made the changes come about?

I feel that the combination of social work core values and structured policy guidance gave me the insight to manage this case. This gave me the drive to do what all social workers do, to keep knocking that door and keep trying.

"To new beginnings"

19.05.2023

Background – a little bit about the person who is sharing their story

I'm nearly 40, got 3 beautiful boys and one on the way, I'm a Romany Gypsy and proud, I've been through a lot but I'm still here to tell me story. I thought you were there to take my kids, but now I know you are there to support me.

C is a domestic abuse survivor.

Opening question: Over the last 6 months, what good or bad *changes* have come about as a result of *social work intervention*

- You have given me a lot more confidence
- You have made me feel its ok to ask for help when I need it
- The good thing is he's been sent down and I wouldn't have done it if you didn't give me a kick up the arse, without the support around me I wouldn't have been able to do it, I would have still been bullied by him, there's no shame in asking for help,
- I'm getting the children to school, if ones poorly I still take the other ones where I wouldn't before, I would have let them all stay home
- I'm getting my confidence back
- The boys really are happy now
- I'm doing more with the boys, we are going to the park
- I'm enjoying the talking, doing that game with you (Kids needs cards)

Second question: Which *one* of these changes is the most significant to you and why?

The most important thing for me is that I've got a perpetrator away from me. I feel a lot safer. I'm not walking on egg shells, I'm not lying, I'm not hiding away. It's made me more confident, made me feel good about sticking my ground. He's staying away from my family.

Regarding this change - what it was like before?

It was a nightmare. I was depressed. I didn't know which way to turn. I was bullied. I felt I was in the situation that I couldn't get out of. I felt like he put everything on me and I didn't know what to do. I never want to feel like that again. I wanted to end my life, honestly, I wanted to end my life, I couldn't take it anymore. I stopped having contact with my family, I pushed people away from me. That will never happen again, it won't.

Before, I was a scared frail person, who was too scared to open their mouth.

What it is like now?

Amazing, absolutely amazing, I've got to so much confidence, I can be honest, I'm open, I feel like no one is going to judge me. I feel like I've got my life back. I feel so much happier in myself.

People will now see the bubbly C back, a girl who's ready to overcome anything, who's not ashamed to ask for help. I'm doing more for the children, we've gone back into a family.

What do you think made the changes come about?

Having the support to social services and other people giving me that push what I needed to realise what was happening to my life, to see what was happening in my life. Well, I could see it but I was too scared to do anything about it because of what he did to me before.

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CABINET Forward Work Programmes 24/25

KEY – Items marked in Green have been added to the Planner.

Meeting Date	Agenda Item	TYPE	Contact Officer	Purpose of Report	Called for Scrutiny	Cabinet Portfolio Holder	Relevant Scrutiny Committee
Cabinet **5th February 2025**	Social Services Directors Annual Report	For Decision (Commending to Council)	Andrew Jarrett			Report of the Director of Social Services.	Social Services, Housing and Community Safety
	Purchase of Council operated temporary accommodation.	For Decision	Mark Edwards		Yes 23rd January	Cllr. A Llewelyn Portfolio 8	Social Services, Housing and Community Safety
	Self Assessment 2023/2024	For Decision	Louise McAndrew/ Anita James	Moved to the 5th February Cabinet agreed in SLT 18th December 2024	YES 9th Jan	Cllr. S.Knoyle Portfolio 2	Community, Finance and Strategic Leadership
	Accessibility Strategy	For Decision	Hayley Lervy			Cllr N. Jenkins Portfolio 3	Education, Skills and Wellbeing
	Nomination Agreements for Private Sector Temporary Accommodation	For Decision	Chele Howard	Private Item – To request delegated authority to enter into a nomination agreement with a private landlord for the provision of up to 5 temporary accommodation properties	YES 23 Jan 2024	Cllr.A. Llewelyn Portfolio 8	Social Services, Housing and Community Safety
	Use of Containers on Safari Collections	For Decision	Mike Roberts	To establish policy regarding the use of containers as storage on black bag waste collection rounds.	Yes 31st January	Cllr.S.Jones Portfolio 10	Environment, Regeneration and Streetscene Services
	Permission to Proceed with Remodelling of Care and Support at Trem y Glyn	For Decision	Angela Thomas		23rd January 25	Cllr. J. Hale Portfolio 7	Social Services, Housing and Community Safety
	Strategic Schools Improvement Programme Proposal to reorganise ALN Provision at Cwmtawe Comprehensive School	For Decision	Rhiannon Crowhurst	Results of Consultation and permission to advertise Notice for Objections		Cllr.N.Jenkins Portfolio 3	Education, Skills and Wellbeing
	Strategic Schools Improvement Programme Proposal to re-organise ALN Provision at Cefn Saeson Comprehensive School.	For Decision	Rhiannon Crowhurst	Results of Consultation and permission to advertise Notice for Objections		Cllr.N.Jenkins Portfolio 3	Education, Skills and Wellbeing
	EVOLUTIVE CRM Contract	For Decision	Sarah Fowler/ Julie Davies	Evolutive is a CRM system by Alcium Software Ltd and developed to support the delivery of project activities for local businesses by the Economic Development Team.	To be Confirmed		
	Neath Port Talbot Events Strategy	For Decision	Chris Saunders		YES 16th Jan	Cllr.C.Phillips Portfolio 5	Education, Skills and Wellbeing
	Aberavon Seafront Masterplan	For Decision	Chris Saunders	To adopt the Seafront Strategy	Scrutiny 16th Jan	Cllr. Cen Phillps Portfolio 5	Education, Skills and Wellbeing
	Permission to proceed with the remodelling of supported lodgings for young people.	For Decision	Gemma Hargest/ Keri Warren		Scrutiny 23rd Jan To be Confirmed	Cllr.S.Harris Portfolio 6	Social Services, Housing and Community Safety
	Various Traffic Orders (Detail not available)	For Decision	David Griffiths			Cllr W.Griffiths Portfolio 9	Environment, Regeneration and Streetscene Services
	Various Land Disposal Reports (If Needed)	For Decision	Simon Brennan			Cllr J.Hurley Portfolio 4	Environment, Regeneration and Streetscene Services

Meeting Date	Agenda Item	TYPE	Contact Officer	Purpose of Report	Called for Scrutiny	Cabinet Portfolio Holder	Relevant Scrutiny committee
Cabinet **26th February** <u>**BUDGET 25/26**</u>							
	Revenue Budget Monitoring 24-25	For Decision	Huw Jones			Cllr.S.Knoyle Portfolio 2	Community, Finance and Strategic Leadership
	Capital Budget Monitoring 24-25	For Decision	Huw Jones			Cllr. S.Knoyle Portfolio 2	Community, Finance and Strategic Leadership
	Treasury Management Outturn 24-25	For Decision	Huw Jones			Cllr. S.Knoyle Portfolio 2	Community, Finance and Strategic Leadership

Meeting Date	Agenda Item	TYPE	Contact Officer	Purpose of Report	Called for Scrutiny	Cabinet Portfolio Holder	Relevant Scrutiny committee
Cabinet (Special) **12th March 2025**	Appointment and Removal of Local Authority Governor Representatives	For Decision	John Burge	Information on the Appointment and Removal of Local Authority Governor Representatives		Cllr. N.Jenkins Portfolio 3	Education, Skills and Wellbeing
	Purchase of Emergency Accommodation to Elevate Homelessness	For Decision	Chele Howard	In light of the ongoing need to utilize B & B/Hotels as emergency accommodation to elevate homelessness, it is requested that the Head of Housing and Communities continues to receive delegated authority to purchase B&B/Hotel placements.		Cllr A.Llewelyn Portfolio 8	Social Services, Housing and Community Safety
	Report on HWRC Feasibility	For Decision	Mike Roberts	To inform Members on the outcome of feasibility work into suitable sites for a new HRWC in the Afan Valley area, and seek a decision regarding further work or not (further to Measure 17 of the approved Waste Strategy Action Plan)	To be Confirmed	Cllr. S.Jones, Portfolio 10	Environment, Regeneration and Streetscene Services
	Regional Transport Plan	For Decision	David Griffiths/Brennan Griffiths/Amanda Phillips		NO	Cllr W.Griffiths	Environment, Regeneration and Streetscene Services
	Management of Japanese Knotweed	For Decision	James Davies	Update on the treatment policy and operational plan.		Cllr. W. Griffiths Portfolio 9	Environment, Regeneration and Streetscene Services
	Quarter 3 Corporate Plan Performance Monitoring Report	For Monitoring	Louise McAndrew			Cllr S.Hunt Portfolio 1	Cabinet
	Various Traffic Orders (Detail not available)	For Decision	David Griffiths			Cllr W.Griffiths Portfolio 9	
	Various Land Disposal Reports (If Needed)	For Decision	Simon Brennan			Cllr J.Hurley Portfolio 4	

Meeting Date	Agenda Item	TYPE	Contact Officer	Purpose of Report	Called for Scrutiny	Cabinet Portfolio Holder	Relevant Scrutiny committee
Cabinet **19th March**	**Updating the Missed Bin Policy**	**For Decision**	**Mike Roberts**	To seek Member approval for an updated Missed Bin Policy (further to the implementation of Measure 1 of the approved Waste Strategy Action Plan, once completed)		**Cllr.S.Jones** **Portfolio 10**	**Environment, Regeneration and Streetscene Services**
	Fleet and Heavy Plant Renewals	**For Decision**	**Kevin Lewis**	This report seeks approval to procure new and replacement vehicles and heavy plant in 2025/2026 that has reached the end of their economic life cycle and require replacement in line with the Authority's Fleet Renewals Programme.	**YES** **14th March**	**Cllr. W.Griffiths** **Portfolio 9**	**Environment, Regeneration and Streetscene Services**
	Healthy Relationships for Stronger Communities Strategy	**For Monitoring**	**Chele Howard/Elinor Wellington**	**12 Month Update** **This has to be seen its part of our Statutory Duties.**		**Cllr. A.Llewelyn** **Portfolio 8**	**Social Services, Housing and Community Safety**
	Report on HWRC Feasibility	**For Decision**	**Mike Roberts**	To inform Members on the outcome of feasibility work into suitable sites for a new HRWC in the Afan Valley area, and seek a decision regarding further work or not (further to Measure 17 of the approved Waste Strategy Action Plan)	**14th March**	**Cllr. S.Jones,** **Portfolio 10**	**Environment, Regeneration and Streetscene Services**
	Library Strategy	**For Decision**		To approve the Library Strategy	**Scrutiny 6th March To Be Confirmed**	**Cllr.C.Phillips** **Portfolio 5**	**Education, Skills and Wellbeing**
	Permission to Proceed with the Remodelling of Supported Lodgings for Young People	**For Decision**	**Keri Warren, Maria Selby and Gemma Hargest**		**To be Confirmed**	**Cllr. S.Harris** **Portfolio 6**	**Social Services, Housing and Community Safety**
	Permission to Tender for Emergency Accommodation for Women – Violence Against Women, Domestic Abuse and Sexual Violence.	**For Decision**	**Chele Howard/ Hayley Short**	To feedback on the outcome of the consultation for the proposed remodel of emergency accommodation and seek permission to retender VAWDASV Emergency Accommodation on the feedback.	**To be Confirmed**	**Cllr. A.Llewelyn** **Portfolio 8**	**Social Services, Housing and Community Safety**
	DFG Proposal to reinstate Means Test for Small to Medium DFG's	**For Decision**	**Chele Howard/ Rob Davies**		**To be confirmed**	**Cllr. A. Llewelyn** **Portfolio 8**	**Social Services, Housing and Community Safety**
	Revised Consultation and Engagement Strategy and Toolkit	**For Decision**	**Sheenagh Rees**		**To be confirmed**	**Cllr. S. Knoyle** **Portfolio 2**	**Community, Finance and Strategic Leadership**
	Third Sector Application Approval	**For Decision**	**Noelwyn Daniel**	This is the return report asking for the applications to be approved .	**To be Confirmed**	**Cllr. S. Knoyle** **Portfolio 2**	**Community, Finance and Strategic Leadership**
	Commissioning Intentions for a Housing First Service	**For Decision**	**Chele Howard/ Hayley Short**		**No**	**Cllr. A. Llewelyn** **Portfolio 8**	**Social Services, Housing and Community Safety**
	UK Shared Prosperity Fund 2025-26	**For Decision**	**Lisa Willis**	**Updated Criteria for the Scheme**		**Cllr.J.Hurley** **Portfolio 4**	**Community, Finance and Strategic Leadership**
	Various Traffic Orders (Detail not available)	**For Decision**	**David Griffiths**			**Cllr W.Griffiths** **Portfolio 9**	
	Various Land Disposal Reports (If Needed)	**For Decision**	**Simon Brennan**			**Cllr J.Hurley** **Portfolio 4**	

Meeting Date	Agenda Item	TYPE	Contact Officer	Purpose of Report	Called for Scrutiny	Cabinet Portfolio Holder	Relevant Scrutiny committee
Cabinet **9th April**							
	Social Services Complaints Annual Report	**For Monitoring**	**Leighton Jones**			**Cllr.A.Llewellyn Portfolio 8** **Cllr S.Harris Portfolio 6** **Cllr J Hale Portfolio 7**	**Social Services, Housing and Community Safety**
	Community Safety Strategic Intent Document	**For Monitoring**	**Chele Howard/ Elinor Wellington**	**12 Month Update** **Part of Statutory Requirements**		**Cllr. A. Llewelyn Portfolio 8**	**Social Services, Housing and Community Safety**
	Permission to Consult and Pilot an Alternative Night Time Support Report	**For Decision**	**Keri Warren/ Hayley Short**		**Yes, 13th March 2025**	**Cllr.S.Harris Portfolio 6**	**Social Services, Housing and Community Safety**
	Young People Housing Support Grant Funded Services (Permission to Re-tender).	**For Decision**	**Hayley Short/ Chele Howard**	**Proposal for the recommissioning of Young People Housing Support Grant Funded Services** **This now incorporates the Permission to Tender Accommodation Models for Young People and moved to the April Cabinet**	**Scrutiny** **13th March**	**Cllr. A.Llewelyn Portfolio 8**	**Social Services, Housing and Community Safety**
	Highways and Engineering Works Programme	**For Decision**	**Mike Roberts**		**Yes** **4th April**	**Cllr Scott Jones Portfolio 10**	**Environment , Regeneration and Streetscene Services**
	Policies for the use of artificial grass and installation of honeybee hives on NPT Council / managed land.	**For Decision**	**Ceri Morris/ Lana Beynon**		**Awaiting Confirmation** **31st Jan**	**Cllr. S.Jones Portfolio 10**	**Environment, Regeneration and Streetscene Services**
	Regeneration Strategy	**For Decision**	**Andrew Collins**		**14th Feb 25**	**Cllr.J.Hurley Portfolio 4**	**Environment, Regeneration and Streetscene Services**
	Various Traffic Orders (Detail not available)	**For Decision**	**David Griffiths**			**Cllr W.Griffiths Portfolio 9**	
	Various Land Disposal Reports (If Needed)	**For Decision**	**Simon Brennan**			**Cllr J.Hurley Portfolio 4**	

Meeting Date	Agenda Item	TYPE	Contact Officer	Purpose of Report	Called for Scrutiny	Cabinet Portfolio Holder	Relevant Scrutiny committee
Cabinet 30th April							
	Hillside Managers Report	For Monitoring	Keri Warren			Cllr.S.Harris Portfolio 6	
	Hillside Responsible Individuals Report	For Monitoring	Keri Warren			Cllr.S.Harris Portfolio 6	
	Electric Vehicle On-Street Home Charging	For Monitoring	David Grifftihs	To provide Members with an update on the current position regarding on-street electric vehicle charging from home electrical supply and actions required.	Awaiting Confirmation 14th March	Cllr W.Griffiths Portfolio 9	Environment, Regeneration and Streetscene Services
	Policies for the use of artificial grass and installation of honeybee hives on NPT Council / managed land.	For Decision	Ceri Morris/ Lana Beynon		No	Cllr. S.Jones Portfolio 10	Environment, Regeneration and Streetscene Services
	Various Traffic Orders (Detail not available)	For Decision	David Griffiths			Cllr W.Griffiths Portfolio 9	
	Various Land Disposal Reports (If Needed)	For Decision	Simon Brennan			Cllr J.Hurley Portfolio 4	

Meeting Date	Agenda Item	TYPE	Contact Officer	Purpose of Report	Called for Scrutiny	Cabinet Portfolio Holder	Relevant Scrutiny committee
Cabinet **21st May**	**Strategic Schools Improvement Programme Proposal to reorganise ALN provision at Cwmtawe Comprehensive School**	**For Decision**	**Rhiannon Crowhurst**	**Final Determination of the Proposal**		**Cllr. N.Jenkins Portfolio 3**	**Education, Skills and Wellbeing**
	Strategic Schools Improvement Programme Proposal to reorganise ALN provision at Cefn Season Comprehensive School	**For Decision**	**Rhiannon Crowhurst**	**Final Determination of the Proposal**		**Cllr. N.Jenkins Portfolio 3**	**Education, Skills and Wellbeing.**
	Regional Transport Plan	**For Decision**	**David Griffiths/ Laura Pack**			**Cllr. W.Griffiths Portfolio 9**	**Enviroment, Regeneration and Streetscene Services**
	Quarter 4 Corporate Plan Monitoring Report	**For Monitoring**	**Louise McAndrew**			**Cllr S. Hunt**	**Cabinet**
	Various Traffic Orders (Detail not available)	**For Decision**	**David Griffiths**			**Cllr W.Griffiths Portfolio 9**	
	Various Land Disposal Reports (If Needed)	**For Decision**	**Simon Brennan**			**Cllr J.Hurley Portfolio 4**	

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Social Services, Housing and Community Safety Scrutiny Committee

(All starting 2pm unless otherwise stated)

Meeting Date	Agenda Item	Contact Officer
2025		
23 January	Selected from Cabinet Forward Work Programme	
	Social Services, Health and Housing Directors Annual Report	Andrew Jarrett
	PRIVATE ITEM - Permission to proceed with remodelling of care and support at Trem y Glyn (Decision)	Angela Thomas/Hayley Short
	PRIVATE ITEM - Nomination Agreements for Private Sector Temporary Accommodation	Chele Howard
	PRIVATE ITEM - Permission to proceed with the remodelling of Supported Lodgings for Young People	Keri Warren, Maria Selby, Gemma Hargest
	PRIVATE ITEM - Purchase of Council operated temporary accommodation	Mark Edwards/Chele Howard

	PRIVATE ITEM – Hillside Managers Report (Information)	Keri Warren
	PRIVATE ITEM – Hillside Responsible Individuals Report (Information)	Keri Warren
	Requested by Scrutiny Committee	
	Housing Support Grant Mid-Point Strategic Review (Information)	Hayley Short/Chele Howard
	Performance Monitoring	
	Unpaid Carers Ombudsman Report (Information)	Sarah Waite/Angela Thomas
	Neath Port Talbot Biennial Safeguarding Report (Information)	Chris Frey-Davies
13 March	Selected from Cabinet Forward Work Programme	
	PRIVATE ITEM - Permission to consult and pilot an alternative night time support (Decision)	Hayley Short/Angela Thomas
	PRIVATE ITEM - Young People Housing Support Grant Funded Services Permission to re-tender (Decision)	Keri Warren/ Hayley Short/Gemma Hargest
	Permission to Tender for Emergency Accommodation for Women – Violence Against Women, Domestic Abuse and Sexual Violence (Decision)	Hayley Short / Chele Howard

		Commissioning Intentions for a Housing First Service (Decision)	Chele Howard/Hayley Short
		Requested by Scrutiny Committee	
		Area Planning Board Annual Report 2023/2024	Julia Jenkins
		Community Safety Update	Elinor Wellington/Chele Howard
		Western Bay Regional Partnership Board	Andrew Jarrett
		Update Report in relation to Single Point of Contact (SPOC) Service	Angela Thomas
		Performance Monitoring	
		West Glamorgan Safeguarding Annual Report	Chris Frey-Davies
		Corporate Plan – Performance Monitoring Q3	Louise McAndrew
1 May		Selected from Cabinet Forward Work Programme	
		Social Services Complaints Annual Report (Information)	Leighton Jones
		Requested by Scrutiny Committee	
		Youth Justice Service	Keri Warren
		Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Annual Report	Elinor Wellington/Chele Howard

	Performance Monitoring	
	PRIVATE ITEM – Hillside Managers Report (Information)	Keri Warren
	PRIVATE ITEM – Hillside Responsible Individuals Report (Information)	Keri Warren

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