

# Health & Social Care Director's Report 2024 – 2025

## Contents

Directors Summary.....	2
------------------------	---

Priority Actions for 2024 – 2025.....	7
Summary of Priority Actions for 2025 / 2026 .....	9
Context Section.....	11
Overview of Performance .....	11
Leadership.....	13
Workforce .....	16
Financial Resources .....	19
Performance Assessment .....	21
People .....	22
Prevention .....	31
Partnership and Integration .....	43
Wellbeing.....	53
Other Information Section .....	63
Complaints and Representations.....	65
Other Sources of Information.....	68

## Directors Summary

Our guiding principles within the Social Care and Health Directorate are founded on the Social Services and Well-being (Wales) Act 2014. Using person-centered practice, we strive to help people shape their own lives and remain committed to delivering high-quality care and support to those who need it most.

We hear much about some of the acute and deep-rooted challenges across the health and social care sector. This report describes the ways we are addressing these challenges, the progress we have made so far and our plans for further development and improvement.

Stability within the social care leadership team has allowed us to pursue deep-rooted programmes of change aimed at increasing the sustainability of social care in the face of increasing complexity within a resource constrained context. Achieving lasting change requires both a learning mind-set and a systemic approach, concepts which hold particularly true in the dynamic and interdependent world of social care. Within adult services this has led to some ambitious programmes around how we organise and deliver services – particularly in respect of domiciliary care, reablement and working with partners to support hospital discharge. Similarly, within children's services we continue to expand our family support teams, safely reducing the numbers of children in care, and changing the way that we provide children's placements.

Changing a whole system requires both time, and attention to the wellbeing of the workforce. We want our workforce to feel confident about their practice - using strengths-based, preventative approaches in assessing and planning care and support for people in a consistent, equitable way. We are introducing structured approaches to professional development and learning to ensure that through shared knowledge, skills and practice we are equipped to respond to the increasingly complex needs of our residents. Equally, promoting engagement and communication across the workforce is something that we want to continue to pay attention to this next year.

There are several key risks and challenges that we currently face. From a financial perspective the directorate ended the year with a budgetary overspend which has an impact on other parts of the council. Ongoing attention to how we mitigate against spend and ensure our change programmes result in better outcomes for people as well as the potential to reduce cost is required. Added to this is the uncertainty created by the reliance on a range of Welsh Government grants which support both core services as well as many aspects of our change programmes agenda.

The aging demographic within the county, together with the complexity of need presents a risk in terms of the pressure this creates on services across the council, but particularly within social care. This year we want to review our overall preventative offer, joining up with partners to ensure that people have early access to community wellbeing services that help to promote better health and wellbeing outcomes.

Demand pressure, and other imperatives can impede progress around more strategic changes. At some level, all services are having to change and respond to the current circumstances – doing so ‘on the go’, whilst simultaneously dealing with intense operational pressures. This year moving forward with implementing the newly procured social care management system, with the associated risks this brings, will require considerable resources and leadership attention.

The process of change can be impactful and unsettling, particularly when it affects how individual people receive their care. We will continue to plan ahead, communicate and mitigate the impact of any changes we make.

Operational pressure is felt acutely by the workforce. It is the workforce who carry the reality of how the various pressure points and challenges within the wider system impacts the residents they encounter day to day. I am only too aware of the extent to which this can take both an emotional and physical toll on people. Ensuring that the workforce feels supported and valued remains a priority for the year ahead. I am continually grateful for the resilience and resourcefulness of the workforce - their on-going commitment, heartfelt motivation, professionalism and dedication is a true inspiration.

The commitment to providing high quality services and working with people to achieve good wellbeing outcomes remains the driving force and is the basis for an optimistic outlook. I am proud of the way the service is addressing the challenges we face and confident that together with our partners, our skilled workforce, our commitment to delivering good quality sustainable services to people we have what we need to navigate the year ahead and beyond.

# Social Care for Children | 2024-25

## About Children's Services



The budget for children's services is **£22** million



We employ **241** FTEs in children's social care



We received **5,819** contacts about **2,612** children

## Who we Support



**79** children on the child protection register



**190** children in the care of the local authority



**39** carers who provide placements for children

## Supporting People Earlier



**100%** of families supported with what matters to them by early help services



We provided advice or assistance to **3,223** contacts for children



**68%** of children were supported to remain with their families

## How we Work



**97%** of children's assessments were completed on time



**98%** of reviews of children on the child protection register were completed on time



**100%** of reviews of children in care were completed on time

## What Difference Did we Make?



**585** children supported with care and support plan



**33** children left care for permanent homes with adoptive families or special guardians



**74%** of care leavers were in education, training or employment



monmouthshire  
sir fynyw

# Social Care for Adults | 2024-25

## About Adult Services



The budget for adult services is **£43** million



We employ **421** FTEs in adults' social care



And completed **2,340** assessments for adults

## Who we Support



**309** packages of reablement completed



**477** adults were supported with care at home



We received reports on **490** adults at risk

## Supporting People Earlier



We provided advice or assistance to **3,626** contacts



**78%** of adults feel they had the right information or advice when needed



**120** adults arrange their own support with direct payment

## How we Work



**76%** of adults felt involved in decisions about their care



**87%** of adult safeguarding enquires completed within 7 days



**71%** of adult's care plan were reviewed during the year

## What Difference Did we Make?



**48%** of adults felt able to do things they consider important



**56%** of people need no ongoing support following reablement



**85%** of people were happy with their care and support



monmouthshire  
sir fynyw

## Priority Actions for 2024 – 2025

Action Set	Progress
Maintain focus on recruiting into child protection social work posts in Children's Services; and therapy and adult mental health practitioners in Adult Services.	We are seeing a general improvement in our ability to recruit to key roles. On average there were 23/540 vacancies in adult services and 6/280 in children's services.
Implement the outcomes of the Children's Services CIW inspection (Feb 2022).	We have responded to the findings by reviewing processes at the front-door and taking steps to mitigate the volume of work to help focus on practice. We have significantly improved our recording of child protection statutory compliance data. Maintaining these improvements is now the priority.
Implement the relaunched training in 'Keeping Children Safe'.	An updated training programme was implemented and will continue as a rolling programme.
Prioritise training to undertake Mental Capacity Act and Best Interest Assessing in Adult Services.	4 people were trained this year as best interest assessors which remains an insufficient number according to expected demand. This remains a training priority.
Design and implement a finance module for adult care practitioners.	A finance module was designed and has been implemented – improving the provision of information regarding financial assessments and charging is the next step.
Procure and begin to implement a new Social Care Management System to replace FLO and PLANT within a Gwent partnership.	A new system has been procured in partnership with the 4 other Gwent LAs. Implementation is at an early stage with a completion date of summer 2026.
Deliver system redesign in 3 key areas of adult's services:	
Develop the front-door response, including pathways into community-based wellbeing support, with the aim of increasing effective Information,	This is in progress with a new IAA role being designed. Pathways are being developed into early help including "community conversations". The teams are reviewing

Advice and Assistance and decreasing the number of people waiting for social work and therapy assessments	and prioritising waiting lists and there has been a gradual decrease in waiting times for assessments.
Design the reablement pathway including access to specialist home carers, so that more people receive reablement services and the demand for longer term care and support is mitigated	Linked with the Domiciliary Care Commissioning strategy, the reablement pathway is at early stages of implementation. There is a gradual increase in the numbers of people benefitting from reablement. The priority actions for 25/26 are to continue to increase reablement capacity and pilot the START (Short Term Assessment and Reablement Team) pathway
Implement the initial stages of the Domiciliary Care Commissioning Strategy.	The strategy was endorsed by Cabinet in May 2024, and the procurement process is underway in the south of the County. Ensuring a smooth transition to new providers and reviewing the process are key areas for action in 25/26.
Accelerate the use of assistive technology within care planning for adults.	The increasingly strong connection between care planning and assistive technology has seen positive benefits to supporting people's independence. The assistive technology room in Chepstow hospital was opened with plans to open a similar room in Monnow Vale in 25/26.
Work in partnership with health to expand community-based health services for frail older people in the central and north parts of the County to avoid any unnecessary hospital admissions and keep people safe and well at home.	The strength of the integrated partnership in MCC supported a successful bid for funds to allow for the expansion of services supporting people living with frailty in the north and central teams. New posts have been agreed, and the expanded service will be implemented during the next year, helping us keep people safe and well at home wherever possible.
Implement a system for ensuring that adult care and support plans are reviewed at least annually.	We have increased capacity to ensure that care and support plans are reviewed within timescale and figures have improved.
Fully implement the new Individual Support Service including the completion of accessible bases in Abergavenny and Monmouth.	Accessible bases for the My Support Service were completed in Nov 2024 (Melville Centre) and Sept 2024 Over Monnow Family Learning Centre. This has



	supported the development of the My Support Service giving people increased choice and opportunities in how they receive support.
Deliver the objectives of the placement development strategy for children to increase the number of in-house residential and supported accommodation placements.	This is in progress with the first new provision (supported accommodation) opening in Nov 2024. 2 residential children's homes schemes are in the pipeline and expected to open during 25/26
Develop an in-house residential children's workforce.	A service manager and team manager are in place, and plans are being prepared to ensure that the residential workforce will be ready for the opening of the first children's home in summer 2025.
Review the foster care offer to Monmouthshire carers to support the recruitment of new carers.	This was achieved – in May 2024 Cabinet agreed to a 30% reduction of council tax for Monmouthshire Foster Carers and in March 2025 cabinet agreed to an uplift in the fees and allowances for carers. Increasing the number of in-house foster placements is a goal for 25/26.

## Summary of Priority Actions for 2025 / 2026

- Work with partners to ensure that people have access to preventative community wellbeing services that help to promote better health and wellbeing outcomes.
- Implement changes at the front door of adult services including the introduction of specialist IAA roles to help provide clear and consistent advice and strengthen pathways into community-based support. Evaluate the impact on people of community conversations.
- Improve the provision of information regarding financial assessments and charging.
- Continue to increase in-house reablement capacity and pilot the START pathway.
- Take the commissioning strategy forward by completing the procurement process in the south, ensuring a smooth transition to the new providers and undertake a review of the process to inform next steps.

- Together with partners, expand frailty services in north and central teams. Reflect on learning from 2024 and continue to put in place mechanisms for avoiding unnecessary admissions to hospital and achieving timely discharge.
- Take forward the outcomes from the Adult Services inspection undertaken in April 2025 particularly the work to support good outcomes for carers.
- Open an Assistive Technology room in Monnow Vale hospital
- Ensure that the optimal workforce structures are in place within direct care services to deliver good quality services and ensure staff wellbeing
- Continue to deliver the placement development strategy for children including completing the current pipeline projects
- Increase the number of in-house foster placements
- Maintain effective family support and mitigate against the risks associated with grant funding
- Maintain improvements in adherence to statutory timescales for child protection.
- Implement new Case Management System to replace Flo and Plant
- Ensure the supervision policy is fully embedded across the service
- In partnership with the Workforce Development Team develop and implement the START project reablement competency framework, implement the children's residential services training programme and increase training numbers for Best Interests Assessors
- Work in partnership across the council to progress recommendations regarding the delivery of anti-racist social care

## Context Section

## Overview of Performance

The tables below provide an overview of some of our core metrics across social services. 2024/25 is the fifth year of reporting metrics as part of the *measuring activity and performance* framework and therefore trend data is becoming more meaningful. This makes it easier for us to identify where improvements can be made as well as to see if changes we have made are making a difference to how social care in Monmouthshire performs. The metrics contained below are those recommended within Welsh Government guidance through which to present the overall level of activity and provision by the local authority throughout the year.

[illegible]

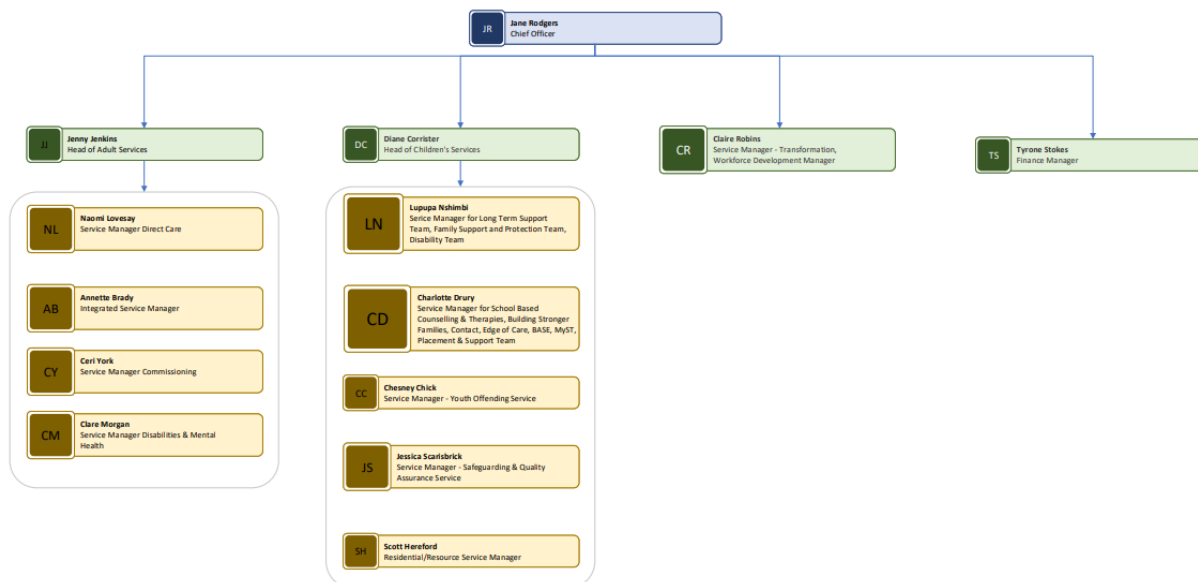


CH/015a	The number of children with a care and support plan at 31st March	515	518	542	502	585
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	48	54	51	55	57

## Leadership

Monmouthshire County Council is overseen by an elected political leadership comprising the Council Leader, Cabinet Members, and committee chairs, supported by a Chief Executive and a team of Senior Leaders. This leadership framework ensures clear strategic direction and effective decision-making, with the Chief Executive working closely with political leaders to implement policies and manage the delivery of services. Key decisions regarding social care are made within formal Cabinet meetings.

The social services department is headed by a Chief Officer for Social Care, responsible for the strategic direction and operational management of the service. The Chief Officer is supported by Heads of Service and Service Manager leads for children's and adults' services, enabling strong governance and integrated working across the directorate. The stability of the social care leadership team has enabled the strategic direction and implementation of plans over the longer term. Directorate leadership meetings are held on a fortnightly basis ensuring that Chief Officer decisions are not taken in isolation and are assessed for impact across the directorate.



The Chief Officer meets weekly with the Cabinet Member for Social Care, Health and Accessible Services, monthly with the Leader of the Council and reports regularly into Cabinet. These meetings ensure proper oversight and accountability. The Cabinet Member has held their position since 2023 and over that time has developed a deep understanding of the service – its relative strengths weaknesses – allowing constructive challenge and driving the focus on outcomes for people.

The Chief Officer works within the framework of the Council's Community & Corporate plan 2022/28. The objective set within '*A Connected Place Where People Care*' aims to achieve:

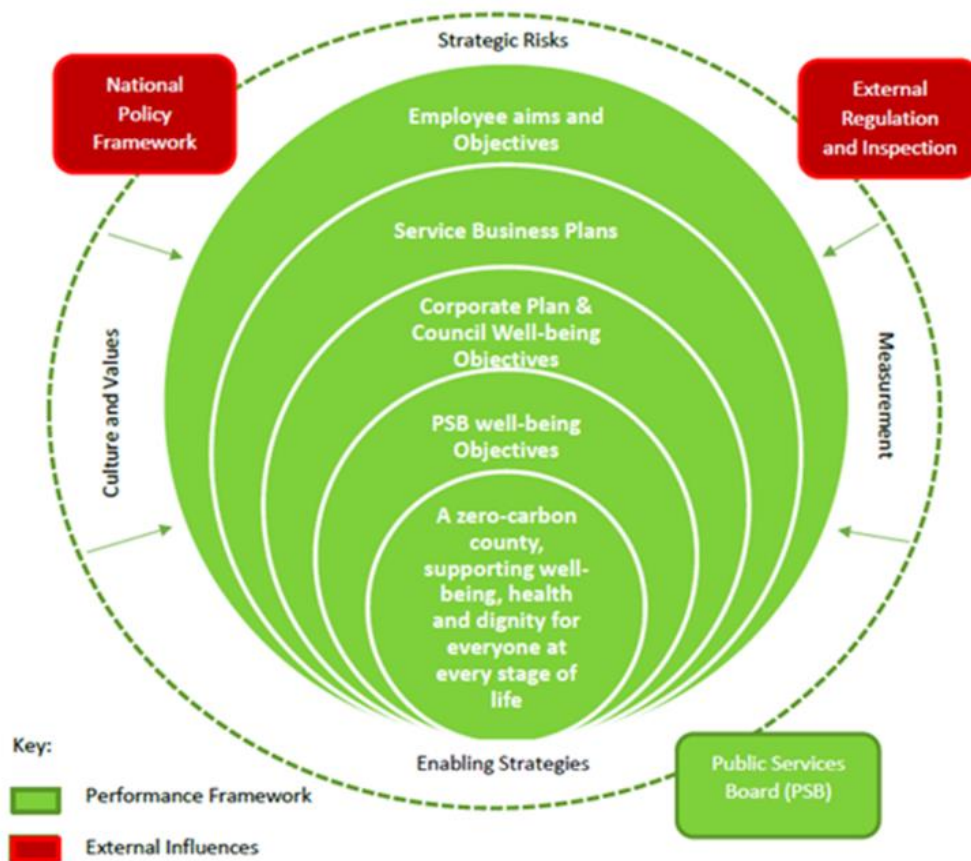
- High quality social care which enables people to live their lives on their terms
- A healthy and active Monmouthshire where loneliness and isolation are reduced, well-being is promoted, and people are safeguarded
- A professional and passionate social care workforce.

The Council's annual whole authority self-assessment process evaluates progress and performance against the objectives set in the Community and Corporate Plan. The report is available here [Council Performance - Monmouthshire](#)

Scrutiny plays a vital role in ensuring transparency, accountability, and continuous improvement within Monmouthshire County Council. The People Scrutiny Committee focuses on social care, education, and public health, reviewing service delivery and outcomes for residents, and making recommendations for enhanced quality and effectiveness. Wherever possible, key decisions affecting people receiving social care

services are taken to People Scrutiny. The Performance and Overview Committee scrutinizes the Council's strategic objectives and corporate performance, monitoring progress against key targets and plans, including the Community & Corporate Plan. Reports taken into scrutiny committees this year have included: The Director's Annual and Annual Safeguarding Reports (2023/2024); Updates on the Placement Development Strategy for Children; the outcome of CIW Children's Services Inspection Report and pre-decision scrutiny regarding proposed measures regarding Care Experienced People.

### Monmouthshire Council Performance Management Framework



## Workforce

The number of people employed within the social care workforce has remained consistent with approximately 820 colleagues. The workforce comprises 86% females and 14% males with a large part being part-time with an average of 23 weekly contracted hours across the whole service.

Adult Services has around 540 colleagues across all teams. There have been on average 23 vacancies throughout the period. This is a mixture of social work posts, occupational therapist and home care posts. The service has employed on average 3 colleagues through agencies during the year, usually occupational therapists and social work posts. Agency workers are used for critical cover to ensure that people's needs continue to be met in as timely a way as possible. The labour turnover for Adult Services is 15.37%.

Children Services has an average of 280 colleagues working across multiple teams. There have been an average 6 vacancies. These are mainly social work posts. The Memorandum of Understanding between all the Welsh Local Authorities, regarding how agency workers are deployed, has made a positive difference in achieving a more stable workforce. There have been on average 6 agency workers during this period to cover both social work posts and business support. The labour turnover for Children Services is 10.71%.

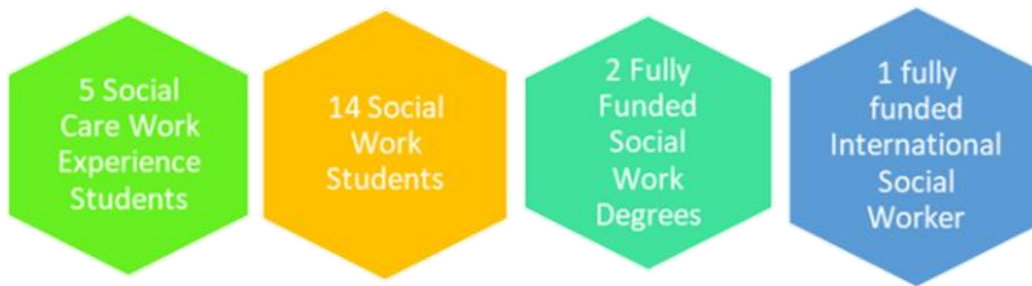
Overall, management and leadership posts have been successfully covered from within the service reflecting the emphasis that remains on succession planning and supporting people's professional development. The demography of the workforce, however, indicates that encouraging people to enter the care sector as a positive career of choice remains a priority. We continue to work in partnership with local colleges and universities as well as remaining committed to supporting 'growing our own' social workers and practitioners.

### **Qualifications & Education**

The workforce development team continues to support both existing and prospective employees with their education and learning, helping with the attraction and retention of people who have an interest in working for Monmouthshire.

In year 24-25 we have hosted and supported:



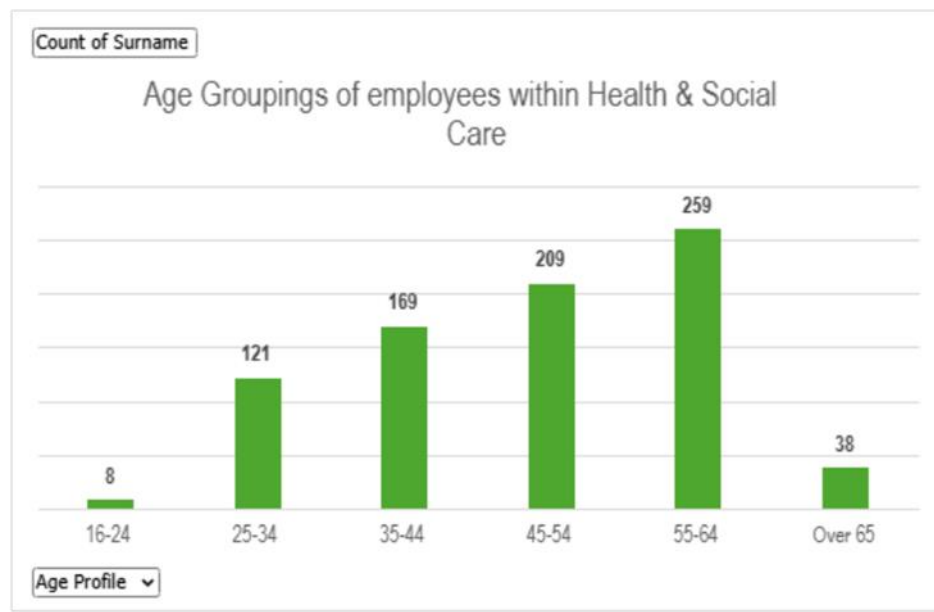


**Further qualification opportunities across the directorate this year are as follows:**



### **Workforce Planning**

We take a strategic approach to workforce planning in response to population need and service changes. Understanding the demographics of the workforce is key to aid planning and identify workforce risks. Having a robust workforce data capture system and keeping the establishment up to date is crucial to understanding workforce issues, managing budgets, recruitment processes and forward planning.



Absenteeism across the directorate remains higher than we would wish it to be. To manage workforce absence in a fair and consistent way we are seeking to increase the focus on individual case management using a partnership approach between HR colleagues and line managers. This year, particularly within Direct Services, we are seeking to ensure that the optimal workforce structures are in place, both to deliver good quality services and promote staff wellbeing.

### **Wellbeing of the Workforce**

Psychological illnesses, stress and mental ill-health are the highest reasons for absenteeism. There are several pathways in place to support colleagues with their welfare including Occupational Health, Counselling and financial advice. There are a range of peer networks in place for people affected by specific issues including peer groups for the menopause, people who are neurodivergent and people with disabilities. Support available is well signposted and detailed on our intranet.

The workforce development team have arranged for Human Resources colleagues to train in Connect 5 wellbeing training, as well as a train the trainer refresher session in preparation for the re-launch of the course for the workforce in 2025. Connect 5 is an Aneurin Bevan Health Board backed initiative which covers emotional, physical and mental well-being for self and others and provides sign posting to specialist resources through the Melo website.



**In the summer, Children's Services hosted an Olympic event. This was a great opportunity to celebrate and have fun whilst fostering teamwork and connection within the service.**

**The head of adult services produces a quarterly newsletter to keep people updated and involved.**

## Financial Resources

The overall budget for 2024/25 for social care was £68,088,000 split over Adult Services (£42,771,000) and Children's Services (£22,317,000). Savings mandates of £4,949,000 were applied for 2024/25 with savings of £3,627,000 being achieved. Both Adult and Children's Services experienced financial pressures during the year with Adult Services showing an overspend of £1,357,000 and Children's £2,393,000.

### Adult Services Pressures

Financial pressure within adult services arose through the cost of meeting existing and new demand for care provision, with increased demand and greater complexity reflecting the needs of an aging population. This contributed to overspending, particularly due to higher costs for care providers in line with changes in Real Living Wage and inflationary pressures. This year there was a £230K shortfall against the budgeted cost of in-year fee increases for provider services (including domiciliary care, residential care and support service contracts).

Another pressure arose through external care home placements which increased by 10% over the year increasing from 310 at the start of the year to 341 at year end. The service supports placements for older adults, dementia care and younger people with

complex learning disability or mental health support needs. Care home placements are not made without management oversight and where all other options for care provision have been explored. For non-residential care provision, there was an increase in the care provided towards the end of Quarter 2 and into Quarter 3 with a further increase in Quarter 4. At year end there 570 people supported and provided with 1,230 weekly care hours.

Additional financial pressures (£375,000) arose from the non-implementation of an expected care charging cap increase, partly offset by a small grant (£70,000).

On-going service development is aimed at achieving increased sustainability in the face of on-going demand. This includes the implementation of the reablement pathway; new approaches to commissioning; enhancing advice and support at the 'front-door'; and ensuring consistency around eligibility and the application of a strengths-based approach within assessments, care planning and reviews.

### **Children's Services Pressures**

Over recent years the number of children looked after by the Local Authority continues to maintain a slight downturn. At year-end, numbers reduced from 200 (23/24) to 190 (24/25). There is considerable movement under these top-level figures with children leaving and exiting care. This year 70 children left care and 60 children entered care. The children who enter the care system tend to have more complex care and require more costly placements than the children stepping down from care.

A shortage of placements for children remains a significant challenge within the service with ongoing instability and uncertainty within external providers of both residential and IFA placements. The complexity of children's needs, together with on-going shortages in placements, continues to drive up the cost of children's care.

The £2.4mil overspend within children's services relates predominantly to the cost of new children coming into care (including those on a temporary basis) or where new placements have had to be sought following placement breakdowns. There was an added pressure this year because of the number of children requiring "Parent and Child" assessment placements. Although these placements are temporary, they are at extremely high cost.

The service has a well progressed placement development strategy which is starting to support the ambition to achieve better outcomes for children using in-house placements whilst representing better value for money. The recruitment of in-house foster carers

remains challenging. This year has seen an increase in the financial offer extended to foster carers to help recruit new carers and retain existing carers.

There is a range of family support services in place to manage risk in the community and work directly with parents to ensure that all opportunities for children to remain in family care or return to family care are maximised. The on-going success of this approach is illustrated by the ability to generate savings of £1.2mil through effective care and progression planning for children (a deficit of just of £100K against the mandate).

## **GRANTS**

As in previous years, the directorate benefited from several Welsh Government revenue grants amounting to approximately £3mil including a Workforce grant, Regional Integration Fund and children's Radical Reform and Eliminating Profit grants. These grants were utilised in full and supported the development of core service provision in line with the relevant terms and conditions. In particular, the children's grants were used to further enhance and extend the suite of family support available to children and families with care and support needs. Family support has been the bedrock of the service achieving good outcomes for children, enabling children to remain with their families wherever possible and safely reducing the numbers of children in care. The fact that these services are funded through grants creates instability and uncertainty. Addressing this issue and maintaining effective family support is a key priority for 2025/26.

## **Budget for 2025/2026**

The budget setting process for 2025/26 allowed for pressures of £7.8M to be introduced into the social care budget accounting for the full effect of new care provision, increases to employee National Insurance, enhanced payments to foster carers and potential uplifts to external provider fees. The pressure on social services budgets has a knock-on negative effect on other parts of the council's services. On-going attention at both a national and local level is required to ensure social care is on a sustainable financial footing. The directorate's performance around budgetary control, and its ability to meet further savings mandates, will remain under scrutiny during the year ahead.

## **Performance Assessment**

## People

**“All people are equal partners who have choice, voice and control over their lives and are able to achieve what matters to them”**

**“Effective leadership is evident at all levels with a highly skilled well qualified and supported workforce working towards a shared vision”.**

Across the service, we adopt a strength-based approach to working with people, listening to people's stories, exploring their experiences and learning about what matters to them. To help people achieve their personal outcomes we use partnership approaches - building on people's own strengths, assets and connections as well providing a range of formal care and support services. We train all staff in collaborative communication techniques to support these assessment conversations. A central objective is to help people feel independent and have control and agency over their own lives. We encourage people's involvement and participation so that people's voices help shape and influence the services we provide.

### **Children's**

Social workers use core skills to establish relationships with children independently from their parents / carers wherever possible, including seeing them alone. Seeing children alone as part of an assessment was achieved in 98.8% of cases. This ensures that children have the opportunity to talk openly about anything that is worrying them.

## Case Study: Family Group Conference

H was referred after discovering she was pregnant. Verified by drug tests, H was using Class A substances and stopped immediately upon confirmation of pregnancy. H lived with her mother and had no ongoing relationship with the child's father. FGC's goals were to identify and strengthen H's family support, plan for contact with the paternal family as well as keep H and her baby safely within the family network and reduce reliance upon formal care. 3 FGC's were held. The first created a robust birth support plan. Despite this, H was placed in a parent and baby unit post-birth where she thrived. The subsequent FGC's enabled supervised contact with the paternal family. H was supported through housing transitions and remained engaged throughout. H is now settled in permanent housing near her support network. The child has safe contact with his paternal family and his care order has been revoked.

Family Support Practitioners are skilled at establishing relationships with parents, helping motivate and engage parents in working towards outcomes that matter to them and that will make a positive difference to their children.

We support some children with a care and support plan through a Direct Payment. 57 children were in receipt of a direct payment last year, which is similar to previous years. Direct Payments allow choice in how people access the care and support they need to achieve their personal outcomes.

Advocacy ensures that children's views and feelings are considered in their care planning. The number of "Active Offers" of advocacy for children decreased during the year. The number of Independent Advocates that were provided increased slightly.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
---------------	--------	---------	---------	---------	---------	---------

Advocacy and Direct Payments						
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	48	54	51	55	57
CH/056	The total number of "Active Offers" of advocacy for children during the year	-	105	98	98	69
CH/057	The total number "Active Offers" of advocacy for children during the year where an Independent Advocate was provided	-	43	42	24	29

Children's Services has a participation strategy in place. Over recent years this has served to encourage teams to develop ways of involving and engaging with children and young people. Here are some of our key highlights:

- The service organises an annual event to allow children and their social workers to have fun together. This is something children told us they value highly. It supports relationship building and rapport and helps children gain confidence in expressing themselves. This year saw a trip to Chessington World of Adventures.
- The Children with Disabilities team has collaborated with the Digital Team and SRS to develop an innovative app aimed at supporting children with disabilities. The goal was to create a tool that gives children with disabilities a voice and enables meaningful communication. After a thorough process of research, design, and development, the team successfully launched the app - VoiceMates. VoiceMates is a license-free, device-independent AAC (Augmentative and Alternative Communication) app that empowers non-verbal children to communicate through symbol-based sentence building and audio playback.
- The Council's Corporate Parenting panel operates with the active involvement of young people with care experience. Young people regularly attend panel meetings and there is an annual engagement workshop between care experienced people and corporate panel members. This helps to develop actions around areas of joint concern. As a result of the workshop a report was taken through Council on 19<sup>th</sup> September 2024, where the decision was taken to add *'care experienced people' to the Council's Integrated Impact Assessment, 'so that any impact of policy decisions on people with care experience is identified and taken into account when those decisions are made.'*

## **Adults**



Adult social care practitioners focus on listening to people who need care and support to understand their views and enable them to achieve what matters to them.

This year we have fully implemented My Support Services – with a focus on individual choice and wellbeing. The service helps to reduce isolation, supporting people to access the community and do the things that matter to them. The fully developed hubs in Abergavenny and Monmouth are supporting this aim. Here are some examples of people's achievements.

## Case Study: My Support Services

X's goal was to travel by bus on their own to meet their friends at a bowling group.

As part of the My Support Care plan, a step by step plan was created with staff slowly reducing the level of support. X achieved their goal.

X said "I feel confidence and independence for travelling by bus to Cwmbran on my own. Doing it totally on my own."

S aims to access the community and live independently. They currently attend a college in Usk. With travel training to and from college, they have become more willing to try tasks on their own and build confidence in other areas besides travelling. The support staff are now working to help S keep safe at home, for example while cooking. The support helps to motivate S to put in extra effort to reach their goal of becoming independent.

We continue to develop innovative ways of helping people increase their independence and sense of control in their lives. During the year, we have continued to support people using assistive technology, building on strong partnership between social care, housing colleagues and health. Assistive technology has the potential to significantly improve people's quality of life and sense of agency and control. The Assistive Tech service supports 996 clients and provided 310 new care line installations in 2024/25. There was a steady increase of people accessing digital support during the year (941 – 996).

## Case Study: Assistive Tech

The assistive technology team received a referral for P. The referral stated that P had difficulties moving around the property in their wheelchair as well as remaining independent to carry out everyday tasks.

It was established that P was unable to open and close the curtains on their own. It was difficult for P to answer the doorbell. Additionally, P had difficulty independently managing light switches.

The doorbell was linked to an Alexa Show, so that when the doorbell is rung, the person can be viewed and a two-way conversation can be had with the visitor from an armchair.

Switchbot Curtain Openers were installed allowing P to open and close the curtains using voice commands.

Smart bulbs were installed around the property which can also be turned on and off using voice commands.

P said the technology has not been complicated to learn and it has made a significant difference to everyday tasks. They said it has been a godsend. P is very thankful for all the help and helping them remain independent at home.



In February 2024  
the Chepstow  
Assistive Tech  
room was officially  
opened.

Micro Care within Monmouthshire continues to grow providing opportunities for people to access community-based self-employed carers and provide flexible, personalised support to individuals in their local area. The number of micro-carers operating within

Monmouthshire increased over the year and to date there are 60 micro carers operating.

# Case Study: MicroCare

C lives in Monmouth and has MicroCarer U as their carer.

C has physical disabilities.

"U takes me out, we go to different places, sometimes we do some gardening or cooking and U has helped my confidence and speech. The service for me has been life changing. U is more like my friend and we do have fun together. This project has changed my life, I now have something to look forward to every week."

F lives in Chepstow, their mother has dementia and support was needed to sit and chat with her and go for walks etc. The MicroCarer B chats about their mutual interests and complete word searches together. "B has been brilliant – responsive and caring. She has supported me to work knowing mum is safe."

Here are 2 recent client case studies illustrating the positive difference micro-care can make and the sense of choice and control it can provide.

Direct payments give people more choice and control over their own care and support. The number of people arranging their own care through a direct payment has decreased during the year from 140 – 120 people.

The number of people receiving the aid of an independent professional advocate has also decreased during the year, however, the circumstances of those requiring advocacy are increasingly complex.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
Advocacy and Direct Payments						

AD/013	The total number of adults with a care and support plan where needs are met through a Direct Payment at 31 March	123	139	149	140	120
AD/032	The total number of adults during the year where the need for an independent professional advocate was identified	-	-	39	29	21
AD/033	The total number of adults during the year where the need for an independent professional advocate was identified and an independent professional advocate was provided	-	-	38	28	20

### Waiting Times

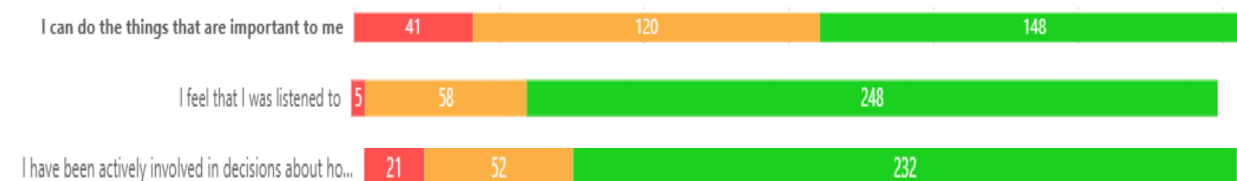
There remain challenges in responding to people's care and support needs as timely as we would want. This is due to continuing pressure across adult social care with referrals from the community as well as from hospitals. Delays in responding to people's needs can be extremely frustrating for people and in some cases can reduce the opportunity for preventative measures to be implemented.

People's presenting needs are becoming increasingly complex to resolve, which means more practitioner time spent on individual cases. We have worked hard to reduce waiting times for assessments and for domiciliary care. Although it is an improving picture there is still more to do. We are working to improve responses at the front-door and have implemented increased oversight of waiting lists.

	<b>2024</b>	<b>2025</b>
Number of people waiting for domiciliary care	33	13
Number of people waiting longer than 30 days	19	6
Number of hours of domiciliary care not filled	306	132

Number of people waiting for an SSWBA assessment	194	128
--	-----	-----

Our service user questionnaire helps us understand how well we are achieving our aims. This year, a lower percentage of people feel involved in decisions about their care; feel listened to; and able to do the things that are important to them compared to the previous year.



Adults Questionnaire	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual
I can do the things that are important to me	51.3%	48.3%	48.7%	49.5%	47.9%
I have been actively involved in decisions about how my care and support was provided	83.0%	77.4%	76.6%	78.1%	76.1%
I feel that I was listened to	85.9%	81.4%	79.9%	80.4%	79.7%

## Workforce

The strength of the service lies in our skilled and dedicated workforce. Practitioners work under significant demand pressures supporting vulnerable people and families through critical times in their lives. The job can be demanding and exhausting with high expectations around professional competence and performance. Ensuring that colleagues have access to effective professional and psychological support is an area of on-going attention.

Quality assurance processes are in place which helps support professional practice and we have developed bespoke training modules around specific areas of practice, for example Keeping Children Safe and the finance module (in Adult Services). We have re-launched our supervision policy but need to do more to ensure that this is fully embedded over the coming year.

In light of the scope and breadth of change programmes across the service, and within the sector as a whole, communicating and engaging so that colleagues feel listened to and supported remains a priority.

The social care workforce team is pivotal in ensuring that we have relevant training programs in place based on the needs of the service.



During the 24-25 year the social care Mon Workforce Development Team (MONWDT) have offered bespoke learning and development to Social Care staff, foster carers, connected carers and partners under the Social Care Wales Workforce Development Programme (SCWWDP) grant arrangement. The team has capitalised on the full implementation of the THINQI learning platform within the directorate to increase access to training. Face to face learning and development capacity has also been increased due to temporarily moving to Innovation House Magor in January 2025 where there is access to larger training rooms.

Core Training offer over 24-25 included:



Alongside of these, specific areas of work for the team included:

- Developing a training plan to support the service objective in the implementation of reablement pathway (Short Term Assessment and Reablement Team - START). This was undertaken in partnership with the integrated teams involving subject matter experts including occupational therapy, physiotherapy, falls practitioners, assistive technology and sensory impairment. Ensuring there is a training plan in place to support practice development during implementation will be critical to its success. Ultimately, this will help to reduce waiting times for assessments and maximise opportunities for people to remain as independent as possible.
- The team have been working in partnership with Children's services to develop a bespoke induction programme for the first cohort of children's residential workers in readiness for the first residential setting to open in summer 2025. The learning focus is developing the skills needed to support children effectively using trauma informed and attachment practice models within a residential children's home

environment. This will help children to develop personal resilience, social skills and support their pathway to increased levels of independence. This links to our placement development strategy - supporting children to live in Monmouthshire close to their homes and communities, feeling safe and supported whilst having opportunities to learn life skills.

Workforce Development priorities for 25/26 include:

- Implement the START project reablement competency framework
- Implement the Children's Residential Services training programme
- Increase training numbers for Best Interests Assessors - aiming to get all suitable practitioners qualified as Best Interests Assessors.
- Work alongside children's services and legal experts to develop and roll out a bespoke training plan to ensure the practitioners have the most up to date knowledge and experience in court matters.
- Upskill internal trainers to deliver training in line with the National Safeguarding Learning and Development Standards across the directorate.

## Prevention

**“The need for care and support is minimised and the escalation of need is prevented whilst ensuring that the best outcomes for people are achieved”**

**“Resilience within communities is promoted and people are supported to fulfil their potential by actively supporting people who need care and/or support including carers to learn develop and participate in society”**

Providing early support and working to help promote individual and community resilience remains central ethos of the service. We have established a coordinated approach to early intervention in children's social services. The SPACE Wellbeing and Family Support Panel supports effective partnership working and continues to be a hub for early intervention and coordinated support for children, young people and their families. Although the total number of referrals into the service has steadily declined over the past 3 years (from the peak demand seen during and post Covid) the complexity of the presenting issues has increased. This has led to some families having to wait longer than we would want to receive the support they need. Primary referral themes relate to emotional, behavioral and psychological wellbeing issues for children.

Evaluation and feedback of family support services provides clear evidence of positive outcomes for families. During 2024/25, 100% of families reported a positive outcome

following a Building Stronger Families team intervention. This illustrates that supporting families in the right way, early on, can make a real difference in ensuring parents and children feel empowered and develop the strategies and tools they need to achieve what matters to them.

Early help services form the foundation of our long-term strategy to prevent and reduce the need for children requiring care.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Prevention and early intervention (Children)</b>						
Local	Percentage of families supported by early help services who report being helped with matter to them (pre statutory services)	84%	84%	87.5 %	100%	100%



## Case Study: Building Stronger Families

The family self-referred due to concern's about their child 's difficulties managing emotions and anger at home which was affecting relationships with siblings and overall wellbeing. The goal was to support their child in developing emotional regulation and coping strategies, equip parents with Non-Violent Resistance (NVR) techniques, and improve overall family wellbeing through the Building Strong Families intervention.

11 direct work sessions were delivered using both therapeutic and solution-focused approaches. The child was supported in recognising emotions utilising games and taught coping strategies including, mindfulness, deep breathing and sensory activities.

Emotional support was promoted for all children and improved communication within the family. The child now confidently uses calming strategies whilst the parents manage challenging behaviours using NVR techniques and consistent boundaries. All outcomes from the Families First Plan were achieved and family dynamics have improved.

### **The Front Door**

In 23/24 we saw a significant spike in contacts received by Children's Services. We undertook an audit to understand why this was. The audit highlighted strengths in statutory compliance, assessing risk across sibling groups and decision-making. However; the audit also highlighted challenges including inappropriate referrals from partner agencies, inconsistent thresholds and pathways, and high workflow pressures affecting staff wellbeing. As a result, we reviewed the resources and processes within the Early Help and Assessment Team and engaged with partners to align thresholds and improve understanding.

This year we have seen an expected decrease in the number of contacts received by children's services. In total, we received 5,819 contacts for children regarding statutory social services, a decrease of 17.7%. Less volume means that we can focus more on strengths-based practice and risk management early on, ensuring that each referral is responded to in the best way. Over two thirds of the total contacts were received from police, education and health.

We are expected to make a decision on how to progress a contact by the end of the next working day and during 2024/25 this happened in 100% of contacts.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Front Door (Children)</b>						
CH/001	The number of contacts for children received by statutory Social Services during the year	4329	5776	5825	7071	5819
CH/002	The number of contacts for children received by statutory Social Services during the year where advice or assistance was provided	2700	3379	3508	3879	3223
CH/003	The number of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day	3042	5769	5698	7065	5818
Local	<i>The percentage of contacts received by statutory children's social services during the year where a decision was made by the end of the next working day</i>	70.3%	99.9%	97.8%	99.9%	100.0%
<b>Front Door (Young Carers)</b>						
CA/011	The total number of contacts to statutory social serviced by young carers or professionals contacting the service on their behalf received during the year	143	233	259	282	224
CA/012	Of those identified, the number where advice and assistance was provided	61	86	106	157	124

## Assessments

In line with the reduced number of contacts received for children at the front door of children service in 2024/25, there has been a corresponding 20% decrease in the number of completed assessments. Following the completion of an assessment, 33% of

these assessments recommended the need for a care and support plan which is proportionately comparable to previous years.

We are expected to conclude assessments within the statutory timescales of 42 working days and during 2024/25 we achieved this for 97.1% of assessments. This means that children and families are receiving the support they need in a timely way.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Assessments (Children)</b>						
CH/006	The total number of new assessments completed for children during the year	828	884	907	1088	872
Local	<i>The percentage of new assessments completed for children during the year where:</i>					
Local	<i>Needs were only able to be met with a care and support plan</i>	30.1%	29.9%	27.9%	34.4%	33.3%
Local	<i>Needs were able to be met by any other means</i>	54.1%	48.0%	54.4%	48.0%	49.9%
Local	<i>There were no eligible needs to meet</i>	3.1%	1.9%	1.8%	3.2%	3.9%
Local	<i>The percentage of assessments for children completed during the year where there is evidence that the child has been seen</i>	95.1%	96.9%	98.3%	98.3%	98.8%
Local	<i>The percentage of new assessments completed for children during the year that were completed within statutory timescales</i>	87.1%	91.2%	92.3%	95.9%	97.1%
<b>Assessments (Young Carers)</b>						
CA/014	The total number of young carers needs assessments undertaken during the year	36	40	29	16	25
CA/015	The total number of young carers needs assessments undertaken during the year where:					
CA/015a	Needs could be met using a young carer's support plan or care and support plan	16	18	10	12	10
CA/015b	Needs were able to be met by any other means	13	11	11	4	11
CA/015c	There were no eligible needs to meet	0	0	1	0	0

**Adults**

One of the prime drivers for increased demand in adult social care is the county’s demographic with is seeing an increasingly ageing population. The proportion of residents aged 65 and over is expected to increase to 33.6% by 2043, compared to 25.7% across Wales. Ensuring the sustainability of adult social care requires on-going strategic attention. We want our services to work preventatively and focus on supporting people, especially our more vulnerable and deprived residents, so that people can live well and independently for as long as possible. We feel there is more that we can do across the council to facilitate a coordinated and targeted approach to prevention, strengthening and promoting the vibrant network of community-based support (both formal and informal) which currently exists. This will be a key area of focus over the coming year.

**Front Door**

When people contact social care, multi-disciplinary professionals are available at the first access point. During 2024/25, the front door of adult services received 8,119 contacts, almost three quarters (5,945) were from people not already in receipt of care and support. Health colleagues continue to be the main source of contacts received.

Of the new contacts received, 3,626 were provided with advice or assistance. Feedback from our customer questionnaire shows 78% (234 / 300) of adults receiving care and support feel they have had the right information or advice when they needed it. Although this relates to people right across the social care system, we would like to see that figure improve.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
---------------	--------	---------	---------	---------	---------	---------

Front Door (Adults)						
AD/001a	The total number of contacts for adults received by statutory Social Services during the year	-	-	8806	8085	8119
AD/001b	The number of contacts for adults received by statutory Social Services during the year which were new contacts	5787	6633	6437	5951	5945
AD/002	The number of contacts for adults received by statutory Social Services during the year where advice or assistance was provided	3961	4215	3808	3635	3626
Front Door (Carers)						
CA/001	The total number of contacts to statutory social services by adult carers or professionals contacting the service on their behalf received during the year	226	272	351	352	288
CA/002	The number of contacts by adult carers received by statutory Social Services during the year where advice or assistance was provided	88	92	128	129	84

Adults Questionnaire	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual
I have had the right information or advice when I needed it	82.5%	77.4%	75.1%	77.6%	78.0%

We are seeking to strengthen the front-door of adult services to help improve the quality of the information, advice and assistance we provide when people first contact us. We are currently developing a small team of specialist IAA roles to help provide clear and consistent advice and strengthen pathways into community-based support. We are confident that by providing good quality front-door services we reduce the demand and overall waiting times for people who require a more in-depth assessment.

### **Carers and Young Carers**

Providing helpful information to carers is an important element of prevention. 288 contacts were received regarding carers during 2024/25, of which 84 were provided with advice or assistance. The strategic direction of the Carers remit has been to develop and provide relevant information that supports both unpaid carers and professionals alike. To that end, the Monmouthshire Carers Network page has had a refresh, which includes useful signposting links, handbooks and easy to use sign up forms.

## Welcome to Monmouthshire Carers Network - Monmouthshire

Welcome to Monmouthshire Carers Network  
Article last updated: 30th April 2025



The content is based on common queries we receive and aims to help readers decide their next steps and where to go for support.

Carers' support can often be less formal, such as offering a range of free events and activities. Events remain popular, for both adult and young carers alike. Young carers' attendance increases when parents—and sometimes siblings—can join. Parents say they value time out with their child, away from the caring environment. For many, it's a rare chance to enjoy quality time as a family. Ensuring that carers are actively sign-posted to informal support can be of real benefit in developing peer networks and in helping people sustain their caring roles. This year the numbers of carers registered with the carers team increased from 900 (23/24) to 1,100 in (24/25). Whilst it is a positive that more carers are accessing support, we would like to do more to integrate how the core teams work collaboratively with carers in achieving their personal wellbeing outcomes.

Attendance Numbers	
YC's	190
Adult Carers	411
Number of YC Events	5
Number of Adult Carer Events	12

### Feedback from Events

"Great fun and a chance to meet other young carers." (Young Carer, Drayton Manor Park & Zoo)

"Thank you for giving us a break from everyday caring. It was a real treat." (Adult Carer, Forest of Dean Railway Trip)

## **Community Conversations**

For people who need additional help to access support we are looking to implement a standard process for accessing “community conversations” within each of the integrated teams. Community conversations are designed to empower residents to share what matters most to them, identify what support they need and work collaboratively to find solutions. Community Conversations are one way in which we want to promote well-being and resilience, helping people connect with community-based activities that prevent, delay, or reduce the need for formal care.

### **Case Study: Community Conversations**

Mrs X is living with dementia and was supported by her husband Mr X in their own home. He provided constant support, reassurance and orientation to Mrs X. Sadly Mr X died suddenly. The family stepped in, but there was a lot to juggle. The family contacted the Integrated Service to ask for support and felt that the only outcome would likely be for Mrs X to enter a care home placement. The social worker brought the family situation into a community conversation. Through discussion within the group a package of support was designed to complement and underpin what the family could do. The support that was offered included a day-centre space for Mrs X with help from Bridges Community Car Scheme to travel there; a befriender for Mrs X; a ‘sitting service’ for additional respite for the carers; access to the memory loss group for Mrs X and her daughter and a visit from The Alzheimer’s Society to give advice to the family about living with dementia. Mrs X was able to remain safely in her own home – an outcome that everyone wanted.

The social worker said: “Meeting regularly with these core members of the Community Conversation means we have strong links as workers, and can therefore discuss people and their situations together in confidence and act quickly, without having to fill in multiple referral forms which don’t represent the full story for a person and their families. It also avoids residents and their families having to repeat their story to every agency who receives a referral, as the workers are far more informed at the starting point.”

Our aim for 25/26 is to ensure that community conversations become fully fledged across north and central teams and that we evaluate the impact on people.

## **Reablement**

The mainstay of prevention within adult services is reablement. Reablement aims to support people to relearn how to do daily activities and increase their independence and confidence. During 2024/25, we provided 309 packages of reablement, with 55.7% of these mitigating the need for further support and 13.3% reduced the need for support.

Although we have been heading in the right direction, there is still more we want to do to increase the number of people accessing the opportunities that reablement provides. Using our integrated structures with health, we are re-designing the reablement pathway including the way we undertake assessments and deploy specialist home carers using our existing workforce. We will be trialing the new approach to reablement in the south of the County during 25/26 aligned to the work we are doing to commission long-term care differently.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Early Intervention and Prevention</b>						
AD/010	The total number of packages of reablement completed during the year	291	240	184	331	309
AD/011	Of which:					
AD/011a	Reduced the need for support	50	54	32	47	41
AD/011b	Maintained the need for the same level of support	45	36	35	74	69
AD/011c	Mitigated the need for support	171	122	106	183	172
AD/011d	Neither reduced, maintained nor mitigated the need for support	25	28	11	27	27
Local	<i>The percentage of packages of reablement completed during the year that mitigated the need for support</i>	58.8%	50.8%	57.6%	55.3%	55.7%



## Case Study: Reablement 1

J was referred for emergency reablement via the Duty Social Workers after involvement in a severe accident. They were discharged from hospital reporting they had friends who would support them once home. Once home, J began struggling and realised there were things their friends could not help with. Initially a single reablement call was put in place. On the first day it was noted that J presented as very upset, hungry and thirsty. It was apparent that J was feeling traumatised from the accident and needed help to build their confidence, strength and stamina. Initially, J required full assistance with all personal care and meal/drink preparations. After 2 -3 weeks with the Reablement Team they showed improvement in themselves, appeared less traumatised and their injuries were healing with less pain present. J now has visits twice daily and is engaging with making meals and drinks as well as helping more with personal care. With the determination and support of the Reablement Team J is well on her way to independence and achieving what matters to them.

Reablement maximises people's independence and will help to mitigate demand pressures. Here are a couple of good examples of the difference reablement practice can make for people.

## Case Study: Reablement 2

D was referred to the reablement team following a prolonged period of being bed-bound. Whilst D had a care agency assisting them the care only allowed D to sit out of bed for a maximum of 15 minutes. D's goals were focused on improving her daily quality of life by spending more time out of bed. Sitting tolerance needed to be built up incrementally and a collaborative care plan was developed involving the reablement team, social worker, physiotherapist, GP and occupational therapist.

A person-centered flexible approach was maintained and the team ensured that D's progression schedule was aligned with their physical condition and comfort.

Over an 8 week period, D's outcome was achieved reaching 4.5 hours in week 6. D regained the ability to eat upright, watch television and their social engagement has improved significantly.

### Assessments and Care & Support Plans

We have been implementing a renewed focus on assessment and review of care and support needs for adults requiring social care support to ensure residents receive the right support to meet their outcomes.

The number of assessments for adults we completed during 2024/25 has increased compared to the previous year, with 2,340 completed in total. Almost one third of those we assessed had needs that require a care and support plan. This is similar for assessments of carers, with an increase in assessments and a similar proportion requiring support.

Regarding carers there was a steep increase in the number of carers assessments undertaken and the number of formal carers' support plans in place.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
---------------	--------	---------	---------	---------	---------	---------

Assessments (Adults)						
AD/004	The number of new assessments completed for adults during the year	2035	2177	2205	1929	2340
AD/005	Of which:					
AD/005a	Needs were only able to be met with a care and support plan	721	826	671	486	689
AD/005b	Needs were able to be met by any other means	630	542	583	482	557
AD/005c	There were no eligible needs to meet	627	506	553	573	522
AD/012a	The number of adults with a care and support plan at 31 March	1813	1728	1651	1580	1378
Assessments (Carers)						
CA/004	The total number of carers needs assessments for adults undertaken during the year	132	196	192	147	299
CA/005	Of which:					
CA/005a	Needs could be met with a carer's support plan or care and support plan	39	48	58	34	83
CA/005b	Needs were able to be met by any other means	32	43	63	24	30
CA/005c	There were no eligible needs to meet	55	25	27	44	40

## Partnership and Integration

### Quality Standards:

**“Effective partnerships are in place to commission and fully deliver fully integrated, high quality sustainable outcomes for people”**

**“People are encouraged to be involved in the design and delivery of their care and support as equal partners**

### Children's

Partnership arrangements within the directorate remain strong. Within children's services, care and support plans depend on solid partnership working across teams and with our various partners including health, education, housing and probation amongst others. At the end of the year, 585 children had a care and support plan in place. This is an increase of 83 from the number of children that we were supporting at the same point last year.

The number of young carers with a care and support plan that includes support for their caring role has remained relatively stable.

Targeted family support is the bedrock of achieving good outcomes for children. It is deeply embedded within the service, founded on an integrated approach between therapists, psychologists, foster carers, family support practitioners and social workers. Over recent years we have continued to develop family support tailored to the needs of children and families. This means that we can support families according to the specific risk factors and issues that are affecting them. Access to family support can be on a voluntary basis following an assessment; during a period of child protection registration; if a child needs additional support because of their disability or if a child is looked after.

This year we supported 67.5% of children with a care and support plan to remain at home. The proportion of children supported to remain at home shows a gradual upward trend which correlates with our objective of safely reducing the numbers of children in care.

With the help of Welsh Government grants, we have expanded family support services further this year including:

- Family Resolutions Team – providing a holistic and intensive interparental conflict and domestic abuse service
- Families Reconnect Team – supporting Children Looked After to return home to their family through assessing and managing risk in the community.
- The Out of Hours Support Service - providing supervision and support for children to remain at home during Child Protection investigations or Court ordered assessments.

All of our family support services work collaboratively to reduce need and support families to live lives on their own terms - promoting resilience and helping people to learn, develop and define their own best outcomes.

## Case Study: Family Support & Protection Team

Prospective parents with learning difficulties were referred to the Family Support and Protection Team (FSPT). The parents completed both pre and post baby parenting work as well as Circle of Security. After the birth, mother, father and baby were all placed into a parent and baby foster placement. The

FSPT found that the parents were struggling with their relationship and there was some conflict present and so the Family Resolution Team became involved.

This was extremely positive and enabled them to communicate more effectively and become a better team as parents.

With the nature of the foster carers, social worker, family support worker and the work that the family did the family are now thriving in the community.

## Case Study: Family Resolution Team

The family had a domestic abuse relationship within a household with 3 children. The parents were still cohabiting despite being separated for a year and were referred to Social Services following an incident of domestic abuse.

The mother was enrolled in the Freedom Programme for Women and the father completed the Healthy Relationship for Dad's based on the Freedom Programme for Men. Both completed the work and the mother decided she needed to leave the home and the relationship.

The Family Resolution Team collaborated with housing for emergency housing and furniture.

To enable successful co-parenting mediation was initiated and agreements were met and this enabled the family to reach a place where they closed to children's services.

Diverting children from coming into care and helping children safely exit care is intensive work. It can require multi-agency involvement and careful care planning and risk management to ensure that the right outcome is achieved. In this respect it is critical that social workers and managers are supported in their practice and decision making. Supporting children to live safely within their homes and communities remains the central objective of the service.

## **Reviews**

Reviewing care in a timely way helps us ensure children are receiving appropriate support and protection. In the last year, we undertook 97.9% of child protection reviews on time, this is a significant increase on previous years. We completed all the reviews of children looked after within statutory timescales with 100% being completed on time. During 2024/25, we focused on increasing the timeliness of reviews of children requiring care and support, we achieved this by increasing the reviews completed in statutory timescales to 88.7%.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Plans (Children)</b>						
CH/015a	The number of children with a care and support plan at 31st March	515	518	542	502	585
Local	<i>The percentage of children supported to remain living within their family</i>	58.6%	59.8%	61.1%	60.2%	67.5%
CH/016	The total number of children with a care and support plan where needs are met through a Direct Payment at 31st March	48	54	51	55	57
CA/017b	The number of children or young people with a care and support plan who also have carer responsibilities	22	34	32	28	35
Local	<i>The percentage of reviews due during the year that were completed within statutory timescales, which were:</i>					
Local	<i>Child protection reviews</i>	94.2%	96.0%	84.0%	81.7%	97.9%
Local	<i>Looked after reviews (including pathway plan reviews and pre-adoption reviews)</i>	99.8%	98.6%	99.0%	99.6%	100.0%
Local	<i>reviews of children in need of care and support (including children supported by a direct payment)</i>	67.3%	66.3%	65.4%	77.1%	88.7%

## **Adults**

Within adult services partnership working is brought together under the Integrated Services Partnership Board (ISPB), which is co-chaired between the Head of Monmouthshire Borough, Primary and Community Care Division and The Chief Officer. The Board represents the integrated leadership structure between primary and community health and social care within Adult Services. The County's Neighborhood Care Networks are represented via the 2 GP leads (north and south) and the voluntary sector has a clear voice, represented through GAVO.

At a strategic level the partnership is developing a shared understanding of the county's population needs, gaps in services and how resources can be best aligned to improve outcomes. Operationally, strong relationships engender shared problem-solving and flexibility across the workforce. Examples of this include the development of community links workers, the expansion of frailty services in the north of the county, shared commissioning approaches to supporting people living with dementia and the partnership approach to improving hospital discharge arrangements.

Over the next year, a central objective for the partnership is to continue to focus on preventative approaches to responding to local needs aligned with ABuHB model of Place Based Care. Wherever possible, we will advocate for increased autonomy at a local level so that as a partnership we can use resources to build on existing strengths and tailor services to local communities.

## **Care and Support Plans and the Provision of Services**

We supported 1,378 adults with a care and support plan which is a decrease on the previous year. [There has been a renewed focus on data cleansing and validation which has exaggerated the apparent difference.] We are seeing an increase in the complexity of people's support needs, linked to the county's aging demographic.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
---------------	--------	---------	---------	---------	---------	---------

Care and Support Plans (Adults)						
AD/012a	The number of adults with a care and support plans at 31 March	1813	1728	1651	1580	1378
Care and Support Plans (Carers)						
CA/008a	The number of adult carers with a support plan at 31 March	68	105	86	70	32
CA/008b	The number of adults with a care and support plan who also have carer responsibilities	41	64	50	50	30

Supporting people effectively requires a partnership approach, just as it does within children's services. Our integrated structure within adult services facilitates this and helps achieve flexibility through a shared approach across social care, Occupational Therapists and Physiotherapists.

### Case Study: Occupational Therapy

E was identified as a functional alcoholic with depression and anxiety whose goals included regaining functionality and to improve their quality of life after experiencing self-neglect, malnutrition and frequent falls.

E was discharged from hospital with reablement services but initially refused to engage.

An OT technician visited E and using an activity analysis and a graded approach, tasks were broken down into manageable steps. They also worked on helping E to leave the house with family members and interact within the community.

E has since reconnected with key people, and is developing meaningful relationships. Their quality of life has significantly improved and they have managed to leave the house and interact in the community. Anxiety has been reduced and confidence has increased.

### Supporting Carers through partnership approaches

Under the auspices of the Regional Partnership Board, this year has seen the introduction of Dementia Hubs across the five Gwent local authority areas. The hubs



function as a one-stop shop offering information, advice, and support for individuals living with dementia and their caregivers. Services include dementia cafés, support groups, and signposting to local resources. The Monmouthshire pilot is currently located at the Wellbeing Information Centre (WIC) in Abergavenny and is operated by the Alzheimer's Society.

For carers who have been assessed as requiring more formal care and support the Bridging the Gap Gwent service is making a real difference. The Bridging the Gap service in Monmouthshire is a preventative respite scheme designed to support unpaid carers both adults and young carers - by offering them short breaks from their caring responsibilities. This initiative is coordinated by the carers team in partnership with NEWCIS, the North East Wales Carers Information Service. Bridging the Gap Gwent has provided vital opportunities for both Young Carers and Adult Carers in Monmouthshire to take a break, recharge, and reconnect with themselves and others. Over the last year, there has been an increased awareness about the service reflected in a significant increase in referrals from 44 in 2023/24 to 146 in 2024/25.

### **Domiciliary Care (Care at Home)**

Over the year we have continued to improve access to care at home for those who need it. A combination of our activities and external factors has seen the market for care at home stabilise. As a result, we have been able to significantly reduce the number of unmet care hours from 804 in March 2023 to 132 hours in March 2025, with 98.2% of hours of long-term domiciliary care now being fulfilled.

We provide care at home through a mixture of in-house provision and through commissioning with external provider agencies. We have developed a long-term strategy for commissioning domiciliary care through awarding longer-term block contracts and moving away from the current spot-purchase / brokerage model. One of the aims is to provide high quality, sustainable domiciliary care across the county and to foster an integrated partnership approach with our providers. This strategy aligns with the tenets of place-based care and will help to ensure that we have sufficient in-house provision to focus on reablement. The Domiciliary Care Commissioning strategy was approved in May 2024, and the first stages are currently being implemented. Taking the commissioning strategy forward is a priority action for 2025/26.

### **Hospital Discharge**

We work with partners in both primary and secondary health to prevent unnecessary admissions to hospital and support timely discharges. We are expanding our specialist integrated services aimed at supporting frailer people to get the acute help they need at

home and avoid any unnecessary admission to hospital. We want to use shared data so that we can offer high level preventative services to those people who are the most at risk of hospital admission. When they are admitted to hospital, frailer people potentially encounter longer stays. These ideas are at early stages and will continue to form the basis of partnership discussions over the year ahead.

Managing the pressure within the hospital system and ensuring well-coordinated, timely discharges for people remains challenging and forms a significant proportion of our work in adults' services. The impact on social care is exacerbated during periods when the health board is experiencing pressure within their acute sites.

There are risks associated with people remaining in hospital longer than necessary. To tackle this, we convene weekly multi-disciplinary meetings to identify and unblock delays when they arise. The main reasons for social care delays include waiting for assessment, capacity in care homes and capacity within reablement and domiciliary care.

Our performance is closely monitored and measured on the basis of the number of delays (people) and the total number of days delayed. The number of patients awaiting discharge varies during the year. Throughout 2024/25 our performance demonstrated that the number of Monmouthshire residents delaying in hospital ranged from 49 to 63 per month. At year end (March 2025) it had reduced to 41 patients, 26 of whom were awaiting discharge for social care reasons. More significantly, at year end (March 2025) the total number of bed days taken up with medically fit Monmouthshire residents had reduced from its highest at 3392 in November 2024 (55 people delayed) to 1325 (41 people delayed) demonstrating a significant improvement in the length of time individual Monmouthshire residents were delayed in hospital beds waiting for adult care services to support their safe discharge.

During 2025/26 we want to use the framework of the ISPB to reflect on learning and continue to put in place mechanisms for avoiding unnecessary admissions to hospital and achieving timely discharge.

### **Care home placements / residential care**

Whilst we have seen a gradual reduction over the year in the number of adults in receipt of home care, from 535 in April 2024 to 475 in March 2025, correspondingly there has been an increase in the number of adults in receipt of residential care over the same period, from 319 in April 2024 to 357 in March 2025. The increasing need for residential

care is a trend nationally, in Monmouthshire this increased demand is mainly due to an ageing population and increasingly complex needs requiring increased support.

## **Reviews**

Our continued focus is on ensuring we have the capacity and support available to review and assess care requirements to provide support that meets needs with the right services, allowing choice and consistency including the provision of reablement to try to reduce further needs. 70.5% of adult's care was reviewed in the year, an increase from previous years.

Feedback from adults' social care services users shows continued high levels of satisfaction with their care and support; 84.7% of adults were happy in 2024/25, the same as the previous year.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Provision of Services and Reviews</b>						
AD/012a	The number of adults with a care and support plan at 31 March	1813	1728	1651	1580	1378
AD/016	The number of care and support plans for adults that were due to be reviewed during the year	-	2094	1717	1580	1296
AD/017	The number of care and support plans for adults that were due a review in the collection year and were reviewed at least once during the collection year	-	1123	987	856	914
Local	<i>The percentage of care and support plans for adults that were due a review in the collection year and were reviewed at least once during the collection year</i>	-	53.6%	57.5%	54.2%	70.5%
AD/030	The total volume of services provided on 31 March	-	-	1,380	1,368	1,163

Adults Questionnaire	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual
I am happy with the care and support I have had	89.0%	86.9%	83.5%	84.6%	<b>84.7%</b>
The service I get is reliable and I'm told about any changes in good time	82.1%	75.8%	79.1%	78.4%	<b>73.5%</b>

I usually get assistance from the same staff	70.1%	68.4%	71.3%	70.3%	65.3%
Do you think that the care and support you get still meet your needs?	91.2%	87.9%	87.0%	89.4%	86.4%

## **Partnership approaches to support the development of placements**

### **Ty Castell**

In November 2024 the council opened its first bespoke supported accommodation Ty Castell for young people aged 16 and over. The provision is aimed at young people who are stepping down from residential care or foster care or emergency and requiring a stable environment to work toward independence plans. Ty Castell is operated in partnership with an independent provider, with whom MCC has developed a strong working relationship. The project was enabled through capital money working through the Regional Partnership Board and depended on a close partnership approach between children's services, estates and commissioning teams. Whilst not without its teething problems, the project has been operating at full capacity in line with its intended aims, supporting young people to remain in, or return to Monmouthshire, and develop their independence.

### **Severn View Parc**

July 2024 saw the official opening of Severn View Parc, which has been acclaimed as a pinnacle of partnership working between health, housing, Welsh Government and social care. Severn View Park is a specialist care home for people living with dementia. The home provides 32 bedrooms for long-term support, using a relationship-centered household model of care. There are 8 short-term beds to support access to both respite and reablement. The new care home aims to maintain connections with the surrounding community and is proving its worth in supporting great outcomes for people.

## Case Study: Severn View Parc

Elderly couple Mr and Mrs D, had been together for nearly 6 decades. Mrs D, is living with advanced dementia and Mr D is her main carer despite being in his 90s with his own significant health challenges. Mr D was determined to continue caring for his wife at home but it was becoming increasingly difficult for him to manage her personal care needs alone.

The couple were supported by professionals through reablement with twice daily personal care which enabled Mr D to rest more and to maintain his caring role for longer. A short-term respite was arranged at Severn Park to enable Mr D to have a much needed break.

Over time as their health needs increased it became clear that long-term residential care would be required. Mr Ds positive experience with respite at Severn View gave him the confidence and reassurance that his wife would be well looked after.

Mrs D is now a settled resident in Severn View and is visited by her husband almost daily using his mobility scooter.

Mr D can't speak highly enough of the staff - "they are beyond brilliant"

## Wellbeing

### Quality Standards:

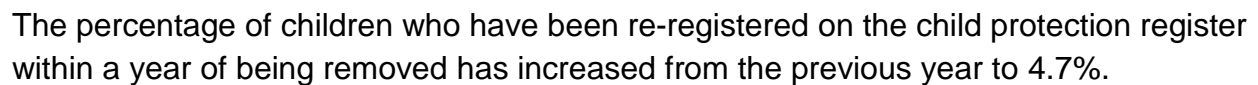
**"People are protected and safeguarded from abuse and neglect and any other types of harm"**

**"People are supported to actively manage their well-being and make their own decisions so that they are able to achieve their full potential and live independently for as long as possible"**

### Children

We have robust processes in place to ensure that children are protected from abuse and neglect. All new contacts into the service are screened through the safeguarding hub where decisions are made about any next steps required. During the year we undertook 697 safeguarding, Section 47 (child protection) enquiries, a 4% decrease on

The number of children on the child protection register at the end of the year has also decreased from 89 in 2023/24 to 76 in 2024/25. The rate of 45 children on the child protection register per 10,000 child population in Monmouthshire is in line with the most recently published Welsh rate from the previous year, 2023/24.



Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Safeguarding Children</b>						

CH/021	The number of Strategy Meetings held during the year that progressed to Section 47 enquiries	453	630	641	729	697
CH/022	The total number of Section 47 enquiries completed during the year that progressed to Initial Child Protection Conference	113	176	145	153	116
Local	<i>The percentage of initial child protection conferences held during the collection year that were held within statutory timescales</i>	42.6%	23.6%	79.3%	79.7%	83.6%
CH/026a	The total number of children on the child protection register at 31 <sup>st</sup> March	60	123	113	89	76
CH/027	The total number of initial core group meetings held during the year	78	131	127	134	103
CH/028	The total number of initial core group meetings held during the year that were held within statutory timescales	72	120	112	120	98
Local	<i>The percentage of initial core group meetings due during the year that were held within statutory timescales</i>	66.7%	76.4%	86.8%	87.6%	92.5%
CH/029	The total number of visits to children placed on the child protection register that were due during the year	2115	2161	2566	2533	1940
Local	<i>The percentage of visits to children placed on the child protection register that were due during the year that were completed</i>	-	-	65.0%	94.6%	98.2%
Local	<i>The percentage of visits to children placed on the child protection register that were due during the year that were completed within approved timescales</i>	66.6%	58.1%	37.5%	63.6%	81.4%
Local	<i>The percentage of re-registrations of children on local authority Child Protection Registers (CPR)</i>	5.6%	0.6%	4.7%	0.7%	4.7%
Local	The average length of time for all children who were on the CPR during the year	302	215	263	283	255

A specific area of focus this year was to improve the timeliness of statutory visits to children on the child protection register. We did this through practical support, training and mentoring and increased management oversight of data. In the last year we completed 81.4% of visits within the required timescales. Where children are at risk of

harm or abuse, statutory visits are one of the ways in which we ensure children's safety and welfare.

We also increased the timeliness of initial child protection conferences, with 83.6% completed within statutory timescales. Following registration, core group meetings are held to implement and review the multi-agency child protection plan. The percentage of initial core groups undertaken within 10 working days from conference has increased to 92.5%.

These figures show a significant improvement compared to previous years, with our aim now to ensure this improvement is maintained.

A period of child protection triggers intensive family support work and monitoring usually on a multiagency basis. A care, support and protection plan is put in place to focus on what outcomes must be achieved in order to keep the child / children safe. The majority of families access support effectively and are able to reduce risks so that children can be de-registered.

## Case Study: Myst

X was removed from their birth mother's care as a baby and subsequently spent time in foster care before adoption. X was referred to MyST to help stabilise the family system and enable X to remain at home. X presented with psychological needs and risk of exploitation. MyST intervention included using attachment theory, behavioural theory, and systemic practice as well as a 24 hour on-call service. X had weekly sessions with his Young Persons Practitioner and engaged in direct therapeutic work to develop emotional literacy, distress tolerance and emotional regulation skills. MyST worked with X intensively for almost 2 years and now X has developed more confidence and reduced anxiety when out in public. X successfully passed all of their G.C.S.Es and at the point of closure was attending sixth form. X's risk of exploitation has been significantly reduced and they have been removed from the Child Protection Register.

X - "I'm a much happier person now, more excitable"

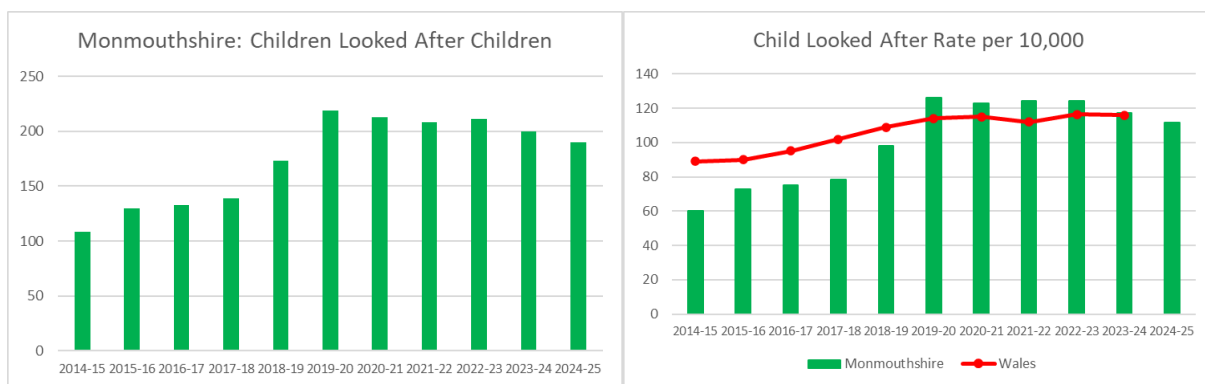
Some families need support over a considerable period of time in order to sustain the positive changes they have made.

This case study from MYST is a good example of the difference that can be made through being able to maintain support over a longer period.

## Children who are Looked After

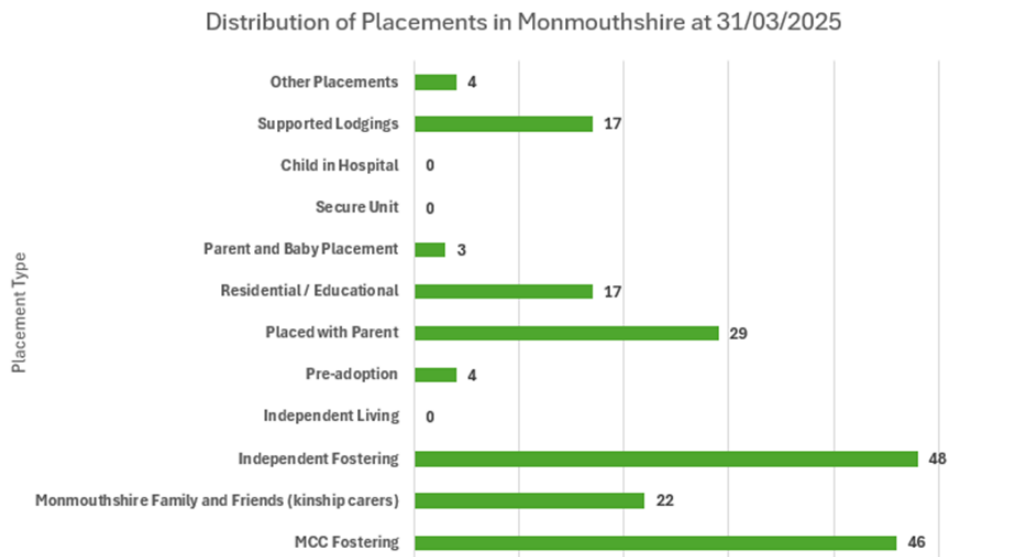


When the risks of remaining within their families or communities cannot be mitigated, some children need to enter care to ensure that they are safeguarded. Monmouthshire is supporting 190 children who are looked after (31st March 2025) 12 of whom were Unaccompanied Asylum-Seeking Children. The number of children looked after has dropped below 200 for the first time in five years. The rate of 112 children looked after per 10,000 child population in Monmouthshire is below the most recently published average rate of children who are looked after across Wales in 2023/24. This is keeping with our objective of supporting children to remain with their families wherever it is safe to do so.



During the year 60 children entered care, and 70 children left care. Of these 70 children, 23 left care by virtue of turning 18. The service supported 47 children to leave care through developing an alternative pathway for them, drawing on the close working between social workers and family support services. During 2024/25, 11 children were supported to return to their families (5 following discharge of an interim care orders); 27 children were supported to be placed with Special Guardians and 9 children were adopted.

The distribution graph of where children are placed is gradually changing in keeping with our strategic intentions. Of note is the reduction in the numbers of children living under Placement with Parent Regulations; the reduction in numbers of children living in kinship care arrangements under Care Orders and the closing gap between IFA and in-house foster care provision.



## **Children's Placements**

Children who become looked after can present with complex needs due to the adversity they have experienced. Although it is slowly improving, there remains a shortage of suitable placements for children requiring support, particularly those children whose needs are such that they cannot be placed with foster carers.

We have analysed demand and set an ambitious strategy to develop children's residential and 16+ supported accommodation placements within the county. This aligns with the Welsh policy objective to transition to *not-for-profit care*. Developing our own in-house placements will secure better outcomes for children and help in achieving high quality, sustainable social care services for the Council.

Developing placements requires a partnership approach. We have completed one project providing aged 16+ supported accommodation with a further three projects, two children's residential homes and one further aged 16+ supported accommodation. This will improve availability of placements and help to ensure children and young people can remain close to their communities. Progressing the Placement Development Strategy is a priority action for 2025/26.

## **Foster Care**

The recruitment and retention of foster carers remains a significant challenge across Wales and the rest of the UK. We have an unfailing commitment to the recruitment and retention of in-house foster carers. Our fostering strategy has helped us achieve a small

increase in fostering households and whilst our foster carer retention is generally good; we have an aging population of foster carers, with the potential for some of our fostering households to retire in the next few years.

Overall, the total number of Local Authority foster carers has not increased sufficiently to meet our needs. We still have a reliance on commissioning “for profit” foster placements for children from independent fostering agencies.

As of March 2025, 35.8% of placements of children looked after were made with in-house foster carers, with a net increase of one fostering household. We have reviewed the foster care offer to Monmouthshire carers to support recruitment and retention and agreed a case for investment in generic in-house foster carers [agreed May 2025]. This includes increasing the fees paid to Monmouthshire (in-house) foster carers, and a 30% reduction in Council Tax. Being able to place children with Monmouthshire carers, where we can support the quality and integration of the care provided, improves outcomes for children and helps to reduce costs.

Communicating and engaging with foster carers helps the service to listen and understand what makes a difference to them. We have been working this year on improving the connection between foster carers and the children's social work teams and ensuring that they are actively involved in care planning wherever possible. Our in-house carers are skilled, caring and generous people who are a tremendous asset to the Council. We continue to celebrate their invaluable contributions to children through our annual foster carer appreciation event.

In 2025/26 we have a target to recruit more in-house foster carers.

### **Working with care leavers**

When children are in care, we work in partnership with the carers to promote the development of personal and emotional resilience in children and increase their independence. We have a specialist service (BASE) so that foster carers (both generic and kinship carers) receive the support they need to navigate the care of children who will have experienced adversity, disruption, loss and broken relationships.

This support extends when children leave care. A care leavers group is in place to facilitate peer support, prevent feelings of isolation, have fun and develop confidence and independent living skills. The young people play an active part in what the groups discuss and in planning social trips. The young people really value the social aspect of getting together and through it some valuable friendships have been made and maintained. Young people benefit from hearing what their peers have to say about their

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Children Looked After and Care Leavers</b>						
<b>Children Looked After</b>						
CH/039	The number of children looked after at 31 March	213	208	211	200	190
Local	<i>Number of Children Adopted during the Year</i>	1	9	10	7	8
Local	<i>Number of Children Leaving Care with Special Guardianship Orders during the Year</i>	11	13	9	23	25
Local	<i>Number of Generic Foster Carers at 31 March</i>	38	40	39	38	39
Local	<i>Percentage of Looked After Children placed with MCC generic or kinship foster carers at 31 March</i>	41.3%	41.3%	42.2%	36.5%	35.8%
CH/043	The total number of children looked after at 31 March who have experienced three or more placements during the year	9	14	16	22	Not available
CH/044	The total number of children looked after on the 31 March who have experienced one or more changes of school during the year (excluding transitional arrangements, moves associated with adoption or moves home)	15	8	17	11	18
<b>Care Leavers</b>						
CH/052	The total number of care leavers who experience homelessness during the year (As defined by the Housing (Wales) Act 2014) within 12 months of leaving care	4	4	5	8	8
CH/053	The total number of care experienced young people in categories 1 to 6 at the 31 March	64	60	73	77	88

experiences of leaving care, moving into their own accommodation and building their futures as young adults on their own terms.

## Adults

Adults are referred into safeguarding where they are vulnerable or lack of capacity and where there are concerns about the risk of abuse, neglect or exploitation. Adult safeguarding has seen an increase in the volume of reports received during the year.

During 2024/25, 640 reports were made regarding 490 adults. Most reports are from care providers and the highest reason for referral is under the category of neglect.

The number of reports leading to enquiries has decreased during the year, despite there being an increase in reports. During 2024/25, 86.5% of enquiries were completed within 7 working days.

80.3% of adults tell us they feel safe, which is in line with the longer-term trend of responses. Where people do not feel safe, comments often refer to concerns about mobility and fear of falling.

Metric Number	Metric	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Adult Safeguarding</b>						
AS/001	Number of adults suspected of being at risk of abuse or neglect reported during the year	463	528	438	441	490
AD/020	The total number of reports of an adult suspected of being at risk received during the year	680	799	577	586	640
AD/022	The total number of reports received during the collection year where it was alleged that there was abuse under the primary category of:					
AD/022a	Neglect	258	344	242	286	337
AD/022b	Physical abuse	260	269	229	210	225
AD/022c	Sexual abuse	35	56	27	41	38
AD/022d	Emotional or Psychological abuse	176	214	145	160	158
AD/022e	Financial abuse	106	97	114	102	87
AD/023	The total number of reports of an adult suspected of being at risk where it is necessary for enquires to be made	509	583	418	396	347
AD/024	The total number of enquiries completed within 7 working days from the receipt of the reported alleged abuse	262	382	361	334	300
Local	<i>The percentage of enquiries completed within 7 working days from the receipt of the reported alleged abuse</i>	51.5%	65.5%	86.4%	84.3%	86.5%
AD/026	The total number of enquiries where it was determined that additional action should be taken	336	440	282	329	296

Adults Questionnaire	2020/21 Actual	2021/22 Actual	2022/23 Actual	2023/24 Actual	2024/25 Actual
I feel safe	78.8%	78.3%	81.3%	80.6%	<b>80.3%</b>

Over the year, there were 296 adults where it was felt that additional actions needed to be taken to ensure that the individual was safeguarded. Actions will vary depending on the situation and require a partnership approach.

## Case Study: Adult Safeguarding

X suffers from depression and anxiety. She is an informal carer for her mother. X's brother misuses substances and has a history of antisocial behaviour and criminal activity. X was referred to Adult Safeguarding as her brother's substance misuse increased, escalating risks at home. X reported physical assaults and financial and emotional abuse by her brother. An urgent strategy discussion with Gwent Police led to immediate safeguarding actions. The case was referred to MARAC, and X was allocated an Independent Domestic Violence Advocate (IDVA). Additional safeguards were put in place to protect X and her mother at home. Through a multi-agency approach, X now lives safely with her mother and continues to receive support from various services, helping her to protect herself from her brother and rebuild her life.

Aside from formal safeguarding processes, many cases across the service require a sensitive approach balancing the rights of individuals to make their own decisions and choices.

## Case Study: Adult Safeguarding 2

X is an elderly gentleman who has lived in Monmouthshire all his life, running his own business. He has lived alone in a privately owned bungalow for over 30 years and has no relatives living in the UK. X was experiencing significant self-neglect, both personally and within his home environment. Concerns were raised about poor hygiene, unclean living conditions, and safety risks due to clutter and disrepair. X expressed a strong desire to remain in his own home, where he feels safe and comfortable, but he was worried about falling and acknowledged difficulties with dressing and maintaining hygiene. The practitioner listened carefully to what was important to X and took time to explore risks and options with him. Support was gradually introduced including meal deliveries, care line to assist in the event of falls and access to specialist reablement. X has now accepted support with hygiene and dressing and his home environment has improved significantly reducing his risk of falls. X has regained confidence, reduced self-neglect behaviours, and has restarted using public transport independently. Despite the initial concerns X has remained at home, aligning with his expressed wishes and wellbeing goals.

## Other Information Section

### **Inspections and reviews**

We work closely with Care Inspectorate Wales inspectors and value their involvement and feedback to help drive service improvements. In April 2025 Care Inspectorate Wales carried out an improvement check of Monmouthshire's adult services. The improvement check letter was received in June 2025 and taken into scrutiny committee. The improvement check was a follow up to their Performance Evaluation Inspection (PEI) conducted in July 2022. The inspection assessed the progress made in addressing previously identified areas for improvement, full details are available here [Local authority improvement check letter: Monmouthshire County Council adult services | Care Inspectorate Wales](#)

The inspection identified a number of areas that represented good practice in Monmouthshire. They found a dedicated workforce who are 'passionate about supporting people' and recognised positive strategic planning to address what is recognised as a challenging operating context for adult social care.

- Specific areas of positive practice included:
- Person centered biographies in assessments
- People who lack capacity are well supported
- Expansion of assistive technology
- Developing the micro carer economy
- Our strategic plans to develop the service
- Safeguarding procedures
- Staff communication significantly improved
- Staff receiving good line management support
- Effective partnerships
- Integrated structures and relationships with health colleagues

Areas requiring further development included:

- Further development of a quality assurance framework for the service and how that can be used to support good assessment practice and consistency in decision making across the service
- Provide additional focus on case recording and implementation of Mosaic (new case management system)
- Further extend and implement the bespoke practitioner training and support programme including mandatory risk management and contingency planning training
- Fully implement and monitor compliance with the service supervision policy
- Review how we integrate carers' assessments within the service and that the carers offer aligns with the new information, advice and assistance approach at the 'front-door'

The outcomes from the inspection are being developed into a more detailed set of actions, cross-referenced against existing programme implementation plans in the service. Further details are available here [Template \(with notes\) - Cabinet Report and exempt certificate](#). Taking forward the outcomes from the inspection will be a key focus over the year ahead.

Each year, Audit Wales publishes an Audit Plan setting out the work they plan to undertake at the council. As part of the plan, they have undertaken a range of audits during the year. This included a regional review examining whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital.



The report, available here [Aneurin Bevan University Health Board – Discharge Planning Progress Update | Audit Wales](#), sets out the findings from the Auditor General's review of the arrangements to support effective flow out of hospital in the Gwent Region. The report makes several recommendations for both the health board and local authorities to respond to and a collective response to address these has been developed and is contained within the report.

## Complaints and Representations

### Children

28 complaints were received about Children's Services in the year ending 31 March 2024 compared with 33 in 2023/24. Llais Advocacy service assisted 3 people to raise a complaint about Children's Services. No complaints were linked to a protected characteristic.

#### Stage 1

23 stage 1 complaints were registered, 17 of which were resolved at Stage 1, the local resolution stage.

Stage 1 complaints were received from parents with the most discernible trend being a perceived lack of communication, alleged failure of processes, staff conduct, disagreement with decisions made, lack of support and concern over standards. More complaints were received within the front-door of the service than with other teams. This is reflective of the volume of referrals that the team deals with as well as the fact that the majority of new child protection enquiries are undertaken by this team. We have taken steps to address volume and resource issues with the front door.

#### Stage 2

8 complaints were dealt with at the formal investigation stage. 6 complaints escalated from stage 1 and there were 4 complaints that proceeded directly to Stage 2.

Most stage 2 complaints were from parents/carers. For this reporting period, we did not receive any complaints directly from young people. However, we received 2 from NYAS Advocacy service who advocated on behalf of 2 young people.

Stage 2 Complaint	Concern	Outcome
1	Lack of compassion, errors in the process, miscommunication, misrepresentation and inaccuracies in documents	19 elements not upheld 4 partially upheld 2 were upheld 2 withdrawn

2	Inaccurate and incomplete assessment, not following procedures	6 elements upheld 1 element not upheld 1 element inconclusive
3	Inappropriate response to a referral; lack of information regarding timeframes; lack of communication and staff conduct	8 elements upheld 5 elements not upheld 2 elements partially upheld.
4	Misinformation; issues with contact arrangements; poor communication	0 elements upheld
5	Poor handling of a Section 47 investigation; lack of support offered with any care or support; flawed Court report	3 elements upheld 8 elements partially upheld 4 elements inconclusive 6 elements were not upheld.
6	Mistakes in process; poor communication; incorrect reports; delays in support	4 elements not upheld 1 element partially upheld
7	Staff conduct; lack of continuity, failure to conduct statutory visits; receiving correspondence late; issues with contact sessions; lack of communication	6 elements upheld 3 partially upheld 8 were not upheld
8	Issues with a social worker's visits to their child; lack of responses; issues regarding Child Looked After reviews, staff conduct.	2 elements upheld 8 were not upheld

All the stage 2 complaints relate to families who are (or had been) within formal child protection processes. Complaints are becoming increasingly detailed and reflect some of the challenges in working with families either where there are already high levels of parental conflict; or where parents fundamentally disagree with the outcomes of child protection processes. Themes that arise include ensuring that practitioners understand the importance of working with parents who have Parental Responsibility but who do not have the direct care of their children; skills in working with conflicting parents; working on the accuracy and timeliness of reports and maintaining clear communication about the child protection framework / process. These issues are being addressed through core training.

## Adults

22 complaints were received regarding Adult Services in the year ending 31 March 2025 compared with 18 in 2023/24. Llais Advocacy service assisted 3 people to raise

their complaints about Adult Services. No complaints were linked to a protected characteristic.

### Stage 1

19 complaints were registered at Stage 1. 1 Stage 1 complaint from 2023-2024 was also started in this period. 16 of the complaints were resolved at Stage 1 (the local resolution stage).

The most discernible trends within stage 1 complaints included a perceived lack of communication e.g. complaints that staff do not return calls or update them on their cases. Other topics of complaints include alleged failure of processes, staff conduct, reduction in services, concerns with transfer of care as well as the standard Stage 2

### Stage 2

5 complaints were dealt with via the formal investigation (stage 2). 2 complaints escalated from Stage 1 and there were 3 complaints that proceeded directly to Stage 2.

<b>Stage 2 Complaint</b>	<b>Concern</b>	<b>Outcome</b>
1	Lack of communication / failure to take action / inaccurate information	2 elements of the complaint were upheld 1 element not upheld.
2	Reduction of direct payments / issues concerning the assessment.	2 elements upheld
3	Issues regarding a financial assessment and deprivation of assets.	2 elements not upheld
4	Disagreement with the decision made regarding the financial assessment	1 element upheld 4 elements not upheld 1 element partially upheld
5	No annual review of need being undertaken and the inadequate support	2 elements not upheld

Alongside of ensuring clarity in our communication regarding processes and decision making within adult services, there is an emerging theme within complaints regarding financial assessments and charging. In response we have introduced a finance module to support practice knowledge regarding financial assessments and charging and are looking to review how we provide early information and advice to people around social care finance.

## Other Sources of Information

### **Equality and Diversity**

The council has a long-standing commitment to equality and diversity. Our fourth Strategic Equality Plan, produced under the Equality Act 2010 sets the council's objectives to ensure we deliver better outcomes for people with protected characteristics. We produce annual monitoring reports that provide updates on progress on the action plan in the Strategic Equality Plan and evidence of good practice being carried out across the council departments. These can be found [here](#).

In July 2024 and September 2024 ADSS Cymru published 2 reports specifically addressing racism withing social care across Wales.

The first Recruitment and Career Progression for Staff from Ethnic Minority Backgrounds raised issues regarding potential bias within recruitment practices and potential gaps in data. <https://www.adss.cymru/en/blog/post/delivering-social-care-in-an-anti-racist-wales-report>

The second report Delivering Social Care in an Anti-Racist Wales reported on the lived experiences of people from ethnic minority backgrounds working in the second. The report found many instances where staff from ethnic minority backgrounds were subject to racism by colleagues. <https://www.adss.cymru/en/blog/post/delivering-social-care-in-an-anti-racist-wales-eliminating-racism-in-the-workplace-report>

The reports contain a number of recommendations for Local Authorities. The service is starting to respond to these in partnership with HR colleagues and linked closely with the strategic equalities action plan. This includes implementing mandatory cultural awareness training for all social care practitioners, managers and leaders. Progressing some of the recommendations in the report is a priority action for 2025/26.

### **The Welsh Language**

The Welsh Language (Wales) Measure 2011, and accompanying Welsh Language standards, place a legal duty on councils to treat Welsh and English equally, to promote the Welsh Language and provide services to the public through the medium of Welsh. We have a Welsh Language Strategy for 2022-2027, which identifies a vision of how the language will look in Monmouthshire in five years and is accompanied by targets to help achieve it. We produce annual monitoring reports that assess our progress against our Welsh language commitments under the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards. These can be found [here](#).

Our Welsh Language Officer plays a crucial role in supporting all workforce plans for the Welsh language. These plans are bespoke for social care and offer more self-study courses for greater flexibility. We are utilizing Thinqi LMS platform for recording induction, and work is in progress on the reporting framework. All staff have access to the SCW Welsh Language Awareness course, which is also incorporated into our corporate induction.

In terms of recruitment, we have advertised a total of 384 Local Authority posts. Of these, 9 posts are assessed as Welsh Language Essential, and 375 are assessed as Welsh Language Desirable. All vacant posts are assessed for the level of Welsh language skills required. As a minimum, every role is advertised as Welsh Language Desirable, in line with the Council's commitment to bilingual service delivery. Each job advertisement includes the Welsh Language Skills Framework, and all postings are published bilingually to ensure accessibility and compliance with the Welsh Language Standards.

Additionally, we have implemented a marketing plan to promote Camau courses to social care staff across the authority. Social care career events are coordinated via the regional team, including attendance at our Gwent Welsh Language Schools.

We have established a dedicated Teams Channel for Welsh-speaking and Welsh-learning staff, providing a space to practice the language and access information and support from the Welsh Language Officer. We also provide Iaith Gwaith and 'Dysgwyr' lanyards to Welsh-speaking and Welsh-learning staff. Teams backgrounds with the Iaith Gwaith logos indicate if they are a Welsh learner or a Welsh speaker. Additionally, a "More Than Just Words" specific Teams background has been created for social care staff to use. Staff are provided with text and logos to include in their email signatures to indicate if they are a Welsh speaker or learner.

Currently, Welsh language skills data is collected by our HR system. We are reviewing this process with the aim of integrating Welsh language reporting into our learning platform, Thinqi. This integration would help streamline data collection and significantly improve the accuracy and quality of the information we hold. At this stage, we're actively exploring the functionalities within Thinqi to support this integration.

## Glossary of Terms

Term	Description
Reablement / Rehabilitation / Interim care	This short-term care is sometimes called intermediate care, or aftercare. Reablement is a type of care that helps people relearn how to do daily activities, like cooking meals and washing. It is provided by local authorities with the aim of mitigating the need for long term care and support.

Domiciliary Care / Domiciliary Support Service / Home Care	Domiciliary care, also known as "care at home", refers to a broad range of care services provided in a person's own home. It can include assistance with day-to-day living and certain health care issues for the elderly.
Residential Care Home / Nursing Home	A residential care home provides accommodation and 24-hour personal care and support to the older people and others who may find it difficult to manage daily life at home. Both a residential care home and nursing home provide care and support 24 hours a day, however the main difference is that a nursing home is able to provide a higher level of care. Nursing homes have qualified nurses on-site around the clock to provide medical care as needed whereas residential homes help people with personal care and support them to engage in physical activity.
Care Experienced Children	Care experienced is an umbrella term which can mean children / young people who are: Looked after at home through a Care Order; Looked after away from home in a residential children's house, in a foster placement or in a kinship placement (Looked After or Non-Looked After); Previously looked after, where at some point in their lives they have had any of the above experiences. The child / young person may never have been formally looked after.
Care Leaver	In Wales, care leavers are individuals who have been in the care of the local authority for at least 13 weeks since the age of 14 and have left care on or after their 16th birthday. The support provided to care leavers is intended to be equivalent to what a child who has not been looked after might reasonably expect from their parents.
Children looked after (CLA)	Children and young people who are 'looked after' don't live with their parents, either temporarily or permanently, because for many reasons they can't safely take care of them.
Safeguarding	Safeguarding is about protecting children and adults from abuse or neglect and educating those around them to recognise the signs and dangers.
Wales Safeguarding Procedures	They detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect. Provides a useful glossary of safeguarding terms: Safeguarding Wales.
Performance and Improvement Framework: Measuring	This sets out a framework of metrics covering adults, children, and carers, which must be collected and submitted to Welsh Government together with anonymised person-level data and aggregated data on specific aspects of social care. It states local authorities should also gather their own data to understand better how the local delivery of social care is working according to local priorities.

activity and performance data	
Care Inspectorate Wales (CIW)	CIW is the social care provider regulator. They will register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales.
Social Care Wales (SCW)	SCW is the workforce regulator. As part of this they register and set standards for the care and support workforce and develop the workforce. SCW also has an improvement remit, by which they will share good practice, set priorities for research and provide information for the public and other organisations.
Resident / Citizen	A person whose usual residence is within the local authority boundary.
Service User	A person who is accessing social services.
Shared Lives / Adult Placement Scheme	Shared Lives Schemes – also known as adult placements – are a family-based way of supporting a vulnerable person’s housing needs. This type of supportive accommodation can be the ideal stepping stone on the way to independent living. This sharing arrangement is often referred to as ‘shared lives’.
Direct Payments	Direct payments are issued to individuals to allow them to pay for their own care. They are a way that local authorities can help to meet individual’s eligible need for care and support, or a carer’s need for support. They are a way for people to arrange their own care and support.
Supported Living / Accommodation	Supported living accommodation is a type of housing that provides personal care, support or supervision to help people live independently. The care and support are separate from the housing contract. The accommodation can be shared or single, depending on the needs and preferences of the occupants.
Unpaid Carer	An unpaid carer is someone who provides care and support to family members, friends, or neighbours who are affected by disability, physical or mental ill-health, frailty, or substance misuse. The carer does not need to be living with the person they care for.
Young Carer	A young carer is an unpaid carer who is up to the age of 18. They may be providing care and support to parents, siblings or other family members.
Care and Support Plan	A care and support plan is a document that sets out what has been discussed during a social care needs assessment and what is going to happen as a result. It is a plan which a local authority is required to prepare and maintain under section 54 (1) of the Social Services and Well-being (Wales) Act 2014.

Carer's Support Plan	If unpaid carers have needs that are eligible for support, the local authority has a statutory duty to plan for and meet those needs by providing a 'Carer's Support Plan.' Where eligible needs for support are identified for the unpaid carer, local authorities must ensure these needs are met.
Advocacy	Advocates in social care are independent from the local authority (local council) and the NHS. They are trained to help people understand their rights, express their views and wishes, and help make sure their voice is heard.
Prevention and Early Intervention	Prevention and early intervention are forms of support aimed at improving outcomes for people or preventing escalating need or risk. They are also sometimes referred to as early help or preventative services.
The Social Services Complaints Procedure (Wales) Regulations 2014	The Regulations which introduced a new two stage process to deal with complaints and representations about local authority social services. It brings the process for social services in line with the Model Concerns and Complaints Policy and Guidance and the NHS Complaints Procedure Putting Things Right.
Deprivation of Liberty Safeguards (DoLS)	The Deprivation of Liberty Safeguards (DoLS) is a legal procedure in the UK designed to protect vulnerable people in care settings. It applies to adults who lack the mental capacity to give consent to their care arrangements and need to be deprived of their liberty. DoLS ensures that those who cannot consent to their care are protected when their arrangements deprive them of their liberty. It will be replaced by Liberty Protection Safeguards (LPS) in the future.
Mwy Na Geiriau / More than words	More than just words is a strategy and delivery plan to aim to improve the quality of care for individuals living in a bilingual country.
Extra care	The provision of a domiciliary care package to an individual living in supported living/accommodation.
Anti-Racist Wales Action Plan (ARWAP)	The Welsh government plan to tackle racism and make 'meaningful and measurable changes' to the lives of BAME people in Wales. The plan aims to make Wales an anti-racist country by 2030.
Information, Advice and	Refer to contacts and referrals – consent and level of information recorded – link to proportionate assessment.



Assistance (IAA)	
Not in education, employment or training (NEET)	NEET stands for "Not in Education, Employment, or Training". It refers to young people who are neither engaged in education or vocational training nor in paid employment. NEET individuals may experience social and economic disadvantage.
Social Services and Well-being (Wales) Act 2014	The Social Services and Well-being (Wales) Act 2014 is a law that aims to improve the well-being of people who need care and support, and carers who need support, and to transform social services in Wales.
FGC	Family Group Conference
BSF	Building Stronger Families
FSPT	Family Support and Protection Team
OT	Occupational Therapy