

# Local Authority Social Services Annual Report 2024/25



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### Governance Arrangements

- DMT - 11<sup>th</sup> April 2025
- Scrutiny – 9<sup>th</sup> June, 2025
- Cabinet – 30<sup>th</sup> June 2025
- Council – 23rd July 2025

## Introduction by the Director of Social Services



This is my **twelfth** annual report as Statutory Director of Social Services in Carmarthenshire and my **fifteenth** as a Director of Social Services in Wales. There is a statutory requirement for me to report on the performance annually to demonstrate the improvements and the significant challenges we faced during 2024/25. I also set our priorities for the current year 2025/26. As always, the report remains in draft as we engage with staff and elected members. This enables me to take on board feedback as it progresses through to final sign off.

### a) Director's Summary

After nearly 11 years as the Statutory Director of Social Services in Carmarthenshire (following 3 years in the role with Pembrokeshire) this will be my last as a Statutory Director of Social Services as I move to a new role in South Wales. Carmarthenshire has had a remarkable level of continuity in Directors of Social Services, and I am only the third Director since the formation of Carmarthenshire in 1996. The reason we stay is the people we work with, and the opportunity Carmarthenshire gives to be creative in facing the many challenges in running one of the most challenging services in local Government. The corporate management team is supportive and collaborative, essential elements for any Social Services department to thrive.

This year has seen us build upon the post pandemic recovery making progress in most areas of practice. In 2023/24 we launched an ambitious programme to address a crisis in the recruitment of Social Work that impacted on authorities across the country. A comprehensive action plan saw us embed our Care Academi and recruit into a range of traineeships. We now have dozens of traineeships at University in Cardiff, Swansea and with the Open University. Later this year it will be great to see our first Care Academi recruits graduate with degrees and take up posts. Retention is now excellent with a new grade structure that better values experience. By August this year we anticipate having no agency workers ending the casualisation of this workforce that posed such a risk to Local Government last year. In addition, recruitment is very strong in Residential Care across Children and Adult Services with Homecare improving, but still a challenge.

Huge financial pressures have dominated Children's Services activity, and I have continued to chair an oversight board to enable us to build on the progress already made. There has been significant progress in this area with key improvements including: A stable workforce; One of the best inspections of Children's Services in Wales demonstrating consistently good practice outcomes and strong leadership; The ending of all homes operating without registration; The registration of our first new in-house residential home; The stabilising of our looked after population maintaining it as the lowest rate in Wales; The rating of our Youth Justice Team as 'Outstanding' and amongst the best in the UK.

The principal challenge for the coming year will be to reduce the number of looked after children (from 239 at time of writing) it is still trending higher than our long-term average and has risen slightly this calendar year. Driving the culture of prevention and effective risk management has avoided Carmarthenshire separating children from their birth families. This is an approach that has been in the DNA of the service for 20 years and it is this that has enabled us to also be amongst the most cost effective in Wales and consistently bucking the trend of unacceptably high rates of looked after children in Wales. We saw in 2023 the risk of rapid change in this area where numbers rose 20% in just 4 months. Constant performance management and vigilance will be required to make further progress in this area.

Completing the restructuring of our residential and fostering offer moving away from the private sector provision that, at times exploited the shortfall in placements is essential to deliver local placements at a predictable and consistent cost and quality. Integrating performance management across children's and adults will be essential to bring children's services to a position where front line managers have access to live dashboards that they can use to influence practice.

Services for older people have seen huge success this year in bucking the demographic trend and substantially reducing the number of older people in residential care. We are preparing for growth that will see a substantial increase in the need for residential nursing beds and now have well developed plans to deliver new in-house units in Pentre Awel, Crosshands and Carmarthen if funding can be secured. This will supplement a vibrant market which has recently seen a 72-bed residential nursing home opening in Llanelli. We will work with the sector to deliver the extra capacity we need and explore block contracting as a way we can give greater certainty to good providers. Extensive refurbishment is still needed in our existing residential homes.

Home care is also stable. Reablement needs more capacity as we route more older people through this pathway of care. We have maintained our ambition to increase the share of the market for in-house Homecare but have not made progress this year as, despite paying the highest hourly rate in Wales, retention and sickness levels have remained a challenge. Fortunately, the private sector remains stable and delivers consistently.

Establishing a model of further integration with Health, possibly at a locality level will be important this year with the Health Service under severe stress and a substantial reduction in investment in community services over the last ten years. Inexplicably low levels of investment in funded nursing care and Continuing Health Care (by far the lowest in Wales) are, in my view, putting pressure on the Hospital and Social care system and cannot be sustained.

The multiple award winning Llesiant Delta Wellbeing remains a market leader in technology, and we are rolling at an exciting new development of preventative technology that will seek to deliver health promotion and call centre support to more people than ever before.

For adults with a learning disability the pace of developing supportive accommodation has increased and has contributed to an improved budget position. This pace will need to increase further (in particular around transition from children's residential care) and will be a key for the new Head of Service in this area to focus on. Congratulations to Avril Bracey, our soon to retire Head of Adult Services who was Nationally recognised for her 'Inspirational Leadership' at the most recent Social Care Accolades.

Mental Health remains a priority with outstanding work completed on suicide prevention. This area is a real concern with growing rates in the county. The reduction in those waiting for assessment is a significant success across all areas of adult social work and it is pleasing to see a stabilising of the approved mental Health practitioners' group for the first time in many years.

Finally, I would like to thank the workforce who deliver the outcomes to the people of Carmarthenshire. The staff and teams they work in are the backbone of any Social Services Department and represent the best of this fantastic county. It has been the highlight of my career being the Director here and I look forward to seeing the new phase of development that will now emerge under new leadership.

***Jake Morgan***  
***Statutory Director of Social Services***

## b) Leadership

Carmarthenshire County Council is structured into several departments, each responsible for different areas of service. These departments include:

1	<b>Chief Executives:</b> Handles corporate strategy, democratic services, legal services.
2	<b>Education, Children &amp; Family Services:</b> Focuses on education, schools, children's social care, fostering, and youth services.
3	<b>Corporate Services:</b> Manages finance, procurement, payroll, and pensions.
4	<b>Communities:</b> Covers adult safeguarding, housing, public protection, mental health, integrated social care and health, leisure and cultural services.
5	<b>Place, Infrastructure, and Economic Development:</b> Deals with planning, transport, waste management, property assets, highways and regeneration.

Carmarthenshire County Council is made up of 75 elected Councillors, representing 51 electoral Wards. These Councillors are responsible for making decisions about local services, budgets, and policies.

The Cabinet is made up of 10 members, including the Leader of the Council. Each Cabinet Member oversees a specific portfolio, such as education, health, transport, or climate change. The Lead Member for Social Services is Councillor Jane Tremlett.

Social Services in 2024/25 was led by a Head of Integrated Services (Joanna Jones) this is a post that is joint funded with Health; A Head of Adult Services, Avril Bracey; A Head of Children's Services, Jan Coles and a shared Head of Commissioning (Jointly funded with Pembrokeshire) Chris Harrison:

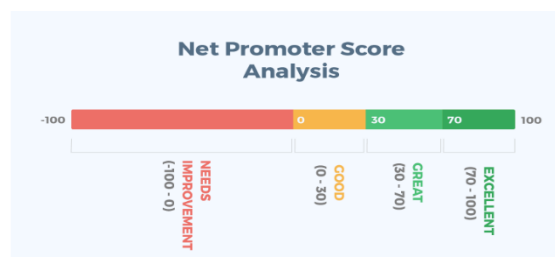
## Management Structure of the Department for Communities



## c) Workforce

As highlighted in my introduction the workforce has now stabilised across most service areas. We utilise the methodology

of a Net promoter score in an annual survey to all staff. It supplements the corporate process and seeks to understand employees' experiences working in their respective divisions is conducted annually,



by asking a single powerful question: "How likely would you be to recommend your division as an employer to someone you know?" The response rate for the 2024 survey received 674 responses. Based on a NPS scoring the overall score for the Department for Communities was **Good**.

**Learning and Development:** A comprehensive training programme was delivered in 2024/25, including topics such as the Mental Capacity Act, Best Interests decision making, autism, and legal updates for AMHPs, with both online and face-to-face formats. Additionally, it lists professional development training for Children's Services, covering areas like child exploitation, trauma-informed practice, and support for asylum seekers, emphasising the comprehensive nature of the training offered. Our new corporate safeguarding group has overseen substantial training across all directorates.

**Recruitment and Retention:** Recruitment and retention is now good in almost all areas. Our in-house home care service faces challenges in recruitment and retention with a range of initiatives targeted to address this. Building a sustainable workforce remains a key priority. Our 'grow our own' strategy is proving successful and we are currently supporting individuals to pursue part-time Open University Social Work Degrees and full-time Master's Programmes at Swansea and Cardiff Universities, with 40 expected to complete their studies within the next three years.

The Care Academi, which is the first of its kind in Wales, is now well established and we currently have twelve individuals on this programme. The individuals are on placement in care settings, thus gaining experience whilst undertaking their care qualifications. They will go on to be supported to follow a career in management or social work. We expect a number to graduate as Social Workers later this year.

## d) Financial Resources

Children's Services saw massive investment to address shortfalls in capacity and residential care costs. Whilst we have always spent less than most authorities on children's services (because of low numbers of looked after children) this rate of increase is not sustainable and there is considerable focus in the coming year where the service must control spend.

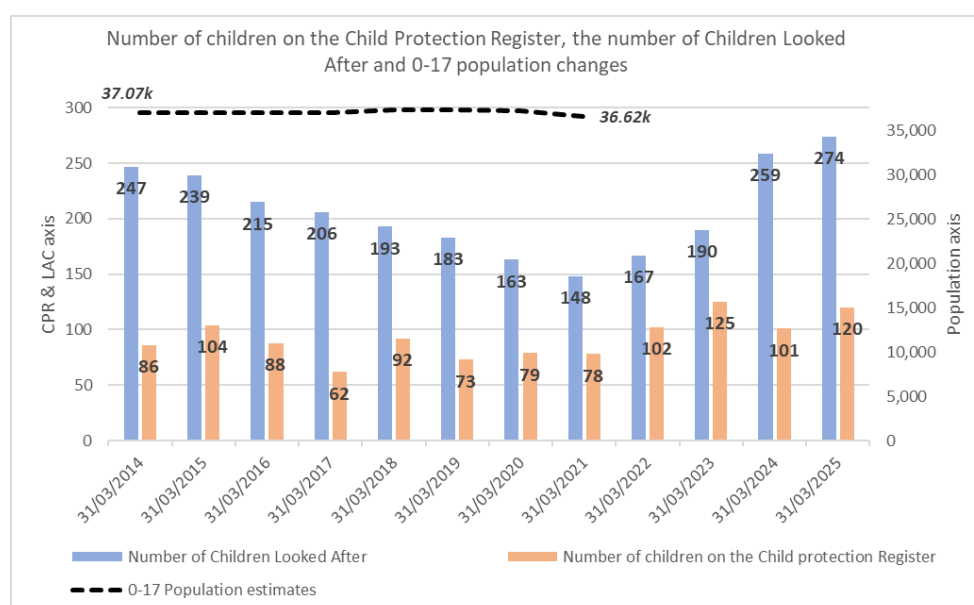


Adult services has seen increases to reflect demographic growth, an increase in NI and real living wage costs internally and for commissioned services.

	2023-24 budget	2024-25 budget	Movement
Children and Families Services	31,889	41,186	9,297
Service strategy - adults social services	872	892	20
Older people (aged 65 and over) including older mentally ill	65,048	66,470	1,422
Adults aged under 65 with a physical disability or sensory impairment	6,832	7,480	648
Adults aged under 65 with learning disabilities	40,128	45,443	5,315
Adults aged under 65 with mental health needs	8,174	8,855	681
Other adult social services	1,253	1,376	123
	<b>154,196</b>	<b>171,702</b>	<b>17,506</b>

## e) Performance

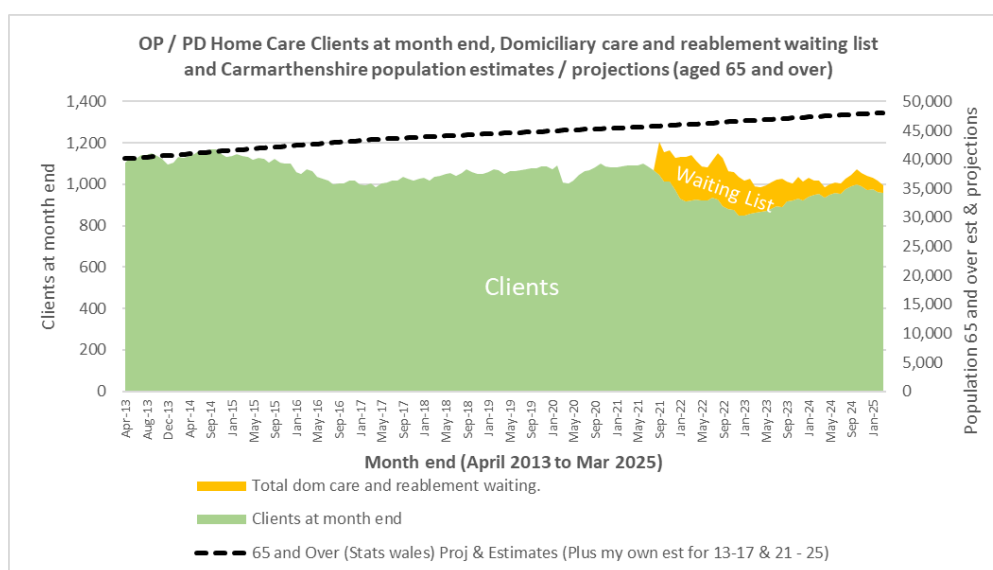
The data below presents the overall level of activity in key areas of the service. The below chart illustrates the number of children on the Child Protection Register and Children Looked After.



The rate of looked after children includes Unaccompanied Asylum Seekers (up to 37) who historically were not looked after in Carmarthenshire. At the time of writing, the number excluding these is 239 and has risen slightly since January whilst still being by far the lowest rate in Wales. Reducing this is the priority for the service with the need for more rapid exits from the care system. This challenge remains.

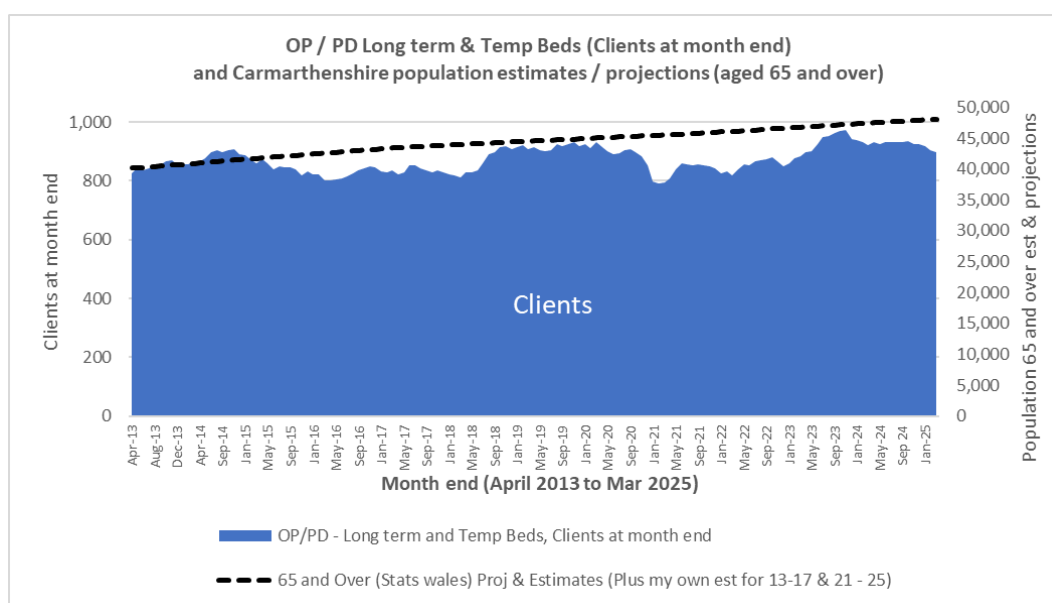
The child protection register is low compared to most authorities, in line with long term trends although rises in April of this year, this needs to be monitored closely. Re-registrations remain low.

The chart overleaf illustrates the number of people in receipt of home care and waiting for home care with the estimate population increase.



Despite demographic growth the managing of demand with alternatives has been a huge success. Waiting lists for care are at an all time low.

The chart below illustrates the number of people in receipt of residential care and the estimated population increase.



We still have too many older people in residential care although the team has had considerable success at reducing this over the last 6 months. At the time of writing, the rates are now back to 2023 levels. The reduction in funding for nursing beds by the Health Board of nearly 50% has put significant pressure on the residential sector and will need to be addressed moving forward.

#### Social Services Performance Framework Adult Services.

Measure Ref	Measure	End of Year Figure
AD/001a	The number of contacts for adults received by statutory Social Services during the year.	20,623
AD/001b	The number of new contacts received for adults by statutory Social Services during the year.	16,411
AD/002	The number of contacts for adults received by statutory Social Services during the year where advice or assistance was provided.	2,395
AD/004	The number of new assessments completed for adults during the year	4,918
AD/005a	Needs were only able to be met with a care and support plan	1,484
AD/005b	Needs were able to be met by any other means	2,951
AD/005c	There were no eligible needs to meet	483
AD/012a	The number of adults with a care and support plan on 31 March	3,222
AD/012b	The number of adults with a care and support plan on 31 March and a carer support plan where the adult has both their own care and support needs and responsibilities as a carer.	100

## Social Services Performance Framework Children and Families Services

Measure Ref	Measure	End of Year Figure
CH/001	The number of contacts received for children by statutory Social Services during the year	18695
CH002	The number of contacts for children received by statutory Social Services during the year where advice or assistance was provided	7512
CH/006	The number of new assessments completed for children during the year	1320
CH/007	The number of assessments completed for children during the year where: <ul style="list-style-type: none"> <li>a. Needs were only able to be met with a care and support plan</li> <li>b. Needs were able to be met by any other means</li> </ul>	613 649
CH/015	The number of children with a care and support plan on 31st December 2024	1623
	The performance of children subject to a completed re-assessment during the year.	4.5%

## Overview of Services Provided

### Adult Social Care

Adult Social Care is a large diverse division comprising a range of teams and services: Learning Disability, Mental Health, Substance Use and Recovery, Safeguarding, Day and Respite Services and Home Care.

Over the last year we have seen an increase in demand and complexity across all services. These challenges, against the backdrop of financial austerity has resulted in unprecedented challenges for Adult Social Care. Furthermore, we have experienced recruitment and retention challenges, particularly in relation to social work and home care. Building a sustainable workforce remains a key priority and our 'grow our own' strategy is proving successful.

Recruitment to social work posts in some areas continues to be a challenge we are addressing through creatively changing posts to Social Work Assistants and supporting existing staff to train as Social Workers. Currently within Adult Social Care we have 8 staff members undertaking social work training, studying either through the OU or Masters route, six will qualify in 2026 and two in 2027. This will assist our workforce planning in the future.

Three Social Work Assistants seconded to Swansea University have returned to work in Adult Social Care following successful completion of the master's in social work. We have

recruited a further cohort of individuals to the Care Academi this year, and three of the Academi trainees are undertaking the Social Work qualifications much sooner than anticipated. For the first time in many years, we have fully recruited to the out of hours Approved Mental Health Professional (AMHP) team. In Adult Social Care, the development of staff is a priority, staff across the division are engaged in training opportunities, and there are several examples of distinctions achieved in management awards, professional social work qualifying training and post qualifying training.

We have established a Progression Framework for Social Workers. This enables experienced social workers to progress to a Senior Practitioner Grade following submission of a portfolio of evidence. Approximately 70 Social Workers have progressed through the framework to date which is impacting positively on retention rates.

A pilot project for an in-house agency has also proved successful in addressing recruitment challenges in residential care, and reduced agency costs. This pilot is to be rolled out to other areas this year.

Recruitment in home care remains a challenge which is impacting on our key objective to grow the in-house share of the domiciliary care market. A new Responsible Individual was appointed to the home care service in October 2024 and is already introducing initiatives to enhance recruitment. It has been a very challenging winter with several storms including Storm Darragh, the home care team all worked tremendously well under very difficult circumstances and ensured the service was still delivered to a high standard. The service has introduced a successful induction programme which is being positively evaluated by new recruits. A restructure has taken place within the system support team to enable a more effective, prompt service and to support the out of hours team. The service is also working closely with social work teams to enable those individuals at end-of-life care to remain at home. Below are some compliments demonstrating the staff's hard work, passion and dedication to the job role.

“

Mum set a 'very high bar' for everything in her life. So did her carers. To have people who would remember to wash her hair on a particular day each week, help her to dress appropriately if she was meeting a friend for morning coffee (even down to adding small items of jewellery) may sound trivial but were so important to mum. At that time of her life, it made a huge difference

”

In relation to reablement, we have successfully established a triage arrangement for intermediate care with health colleagues; the Home First team. This is having an impact on hospital flow and reducing waiting lists.

Shared Lives adult placement has increased its services across the region, offering various support options. We are currently working towards transitioning individuals from residential placements to Shared Lives, this supports our key objective to reduce reliance on residential care. Improvements have continued in operational practices and procedures. We have established pathways and processes for individuals transferring from fostering to adult Shared Lives. We have worked with Social Care Wales and the Learning & Development team to provide training resources for Shared Lives Carers

Our transformation journey in learning disability day opportunities has been wholeheartedly embraced by the staff team who are constantly being innovative. Over the last year we have been working with local community projects, with leisure services, and third sector e.g. Arts Gofal Celf. Our key objective is to develop and extend day opportunity hours to provide more opportunities for people with a learning disability and mental health issues.

The skills hub is going from strength-to-strength, we are collaborating with leisure services to increase volunteer and employment opportunities. Currently, seven individuals are volunteering at Llyn Lech Owain café, where they gain experience in food hygiene and customer care. Our aim is to offer work experience, maximise individual potential and provide opportunities for supported and paid employment in the future.

**Comment from a volunteer:**

“

**I really like being at Llyn Llech Owain.  
I work really hard. I have got a good qualification.  
I like the regular customers and their dogs; I have  
made lots of friends and have  
more confidence. I am more confident at  
making the drinks and using the machines by myself.  
I can make an Americano, Tea, Latte, and  
Hot Chocolate. I use the card machine and till like the  
staff too. I really am happy.**

”



Tir Einon Residential Respite continues to provide support for individuals with complex needs and has been able to respond to emergency placements. Our key objective is to increase and develop additional in-house respite accommodation. We are collaborating with the Health Board and leisure services to develop a range of respite options from low level to those with the most complex needs.

A key objective in Adult Social Care has been to develop a range of supported accommodation to reduce the reliance on residential care. This improves outcomes, promotes independence and choice for individuals. We have established a new governance structure for this work which was identified as an area of improvement last year. Good progress has been made with stepping down individuals from residential care to supported accommodation. We have developed 9 new settings in the past 3 years. 7 are currently under development. In the last 2 years, 45 people have moved into supported living.

We are improving our planning mechanisms for those young people in transition and collaborating with children's services, housing, and commissioning to ensure that young people will be able to remain in their home area. We have recently established several supported living schemes which will provide more independent settings for young people in transition. The 0-25 Team have continued to support increased demand for their service. They have introduced a 4<sup>th</sup> POD providing increased capacity and oversight of their caseload. The Team have managed to reduce the number of children and young people who require planned support despite increased demand for assessment.

The mental health wellbeing pathway across Carmarthenshire is well established. The Service continues to provide early intervention and prevention support as well as supporting individuals with eligible care and support needs under the SSWBA.

**“ My worker has been exceptional... he is professional, inventive, and helpful. I am extremely grateful ”**

A new hoarding group was set up in the Autumn of 2024 in collaboration with third sector partners, this has been very successful. The creation of two transition social workers who support young people with complex mental health needs as they transition from children's services to adult services is proving to be a positive initiative. We are already seeing the benefits of this role in its early days as a model for collaborative working.

The substance misuse team changed its name in 2024 to the Substance Use and Recovery Team (SURT) following consultation with service users, carers and partnership agencies. The change will reduce barriers to engagement and reflects the positive work of the team. Examples of the team's work over the last year include successful step down from residential care of individuals with ARBD through innovative use of accommodation. Continued partnerships with housing and third sector colleagues to offer a community recovery house in Carmarthenshire working towards tailored step-down options based upon need.

The SURT team continue to participate in the groundbreaking Alcohol Change UK Working Group for accommodation for change resistant drinkers, they are the only Welsh team to participate in this initiative.

The progression and review team have made progress in stepping people down from residential care and ensured that we are maximising the independence of individuals, not over providing. This has had a significant impact on the division's savings targets. Overall, there is a positive "can do" culture across the teams, morale is good, and turnover is low. Relationships within and outside of the team are positive and we have seen evidence of excellent collaborative responses to crisis and emergencies, staff go above and beyond to make sure that risks are managed, and the individuals are safeguarded. It is during these times that we see barriers have been removed and services are not working in silos.

In 2023 we established a rapid response to suspected suicide which enables us to reach out immediately to those affected and offer support. This is now established in Carmarthenshire. We have also re-established the suicide prevention delivery group which is working on a suicide prevention strategy and action plan for the County. Grant funding has been obtained to employ a suicide prevention officer for two years to continue to identify support and services, as well as the barriers for those seeking help. This work will inform our developing prevention strategy, and the officer will play a critical role in implementing the new suicide prevention strategy which will be published this year.

In relation to the Safeguarding of Adults, we have seen an increase in safeguarding activity and an increase in the complexity of referrals, but we continue to deliver a robust service, lead on many of the regional projects. The Senior Manager (Safeguarding) is the lead for Corporate Safeguarding which is an acknowledgement of the high standards of practice attained in this area of Adult Social Care. This has been a significant focus over the last year to ensure robust governance arrangements and ensure that safeguarding is everyone's business. Within the adult safeguarding team, there have been structural changes to ensure we are able to respond to the increasing complexity and demand and lead on several multi agency forums such as MARAC/Channel, Suicide prevention, APR, MAPF and VAWDASV.

Within Learning Disability- a newly established joint funding process following a pilot project is working well, there are better working relationships and Carmarthenshire is hosting a regional good practice workshop to showcase the work we have done in this area.

Supporting carers to continue in their caring role is a priority for the division, there are Carers leads in all social work teams and all teams have either completed or are completing the Investors in Carers Awards. The leads arrange activities to share information with carers and promote carers issues within their teams. Last year we recognised the need to improve our engagement with carers, so we hosted a conference to ensure a co productive approach to inform this work. The conference identified several areas for improvement and an action plan is being progressed to respond to these areas. This summer we plan to host a follow up event to inform participants what we have done since last year's conference. We also commissioned an internal audit this year on carers



assessments. I am pleased to confirm it was a positive report with only two recommendations which we are implementing.

Our progression and review team have made progress in stepping people down from residential care and ensured that we are maximising the independence of individuals and not over providing. This has also had a significant impact on our savings targets. Whilst we have made progress in achieving our key objective to reduce reliance on residential care, developing alternative accommodation options has been slower than anticipated so we will need to progress this programme of work at pace during 2025.

We have an ambitious programme to grow our in-house home care service, but we will need to address our recruitment challenges and ensure we are operating an efficient and effective service to attain this objective.

To ensure a sustainable Adult Social Care service and manage demand going forward, we must ensure that we have a robust prevention strategy to provide advice, information, assistance, early intervention, carer support and a timely response to those in crisis. This will allow us to help people to maintain their independence for as long as possible, improve outcomes and prevent escalation. Collaboration with statutory partners, third sector colleagues, and service users will help validate priorities. Despite financial austerity and increased demand, staff need training, acknowledgement and support to respond to upcoming challenges. Staff wellbeing is therefore crucial to effectively assist those in need of care and support.

## **Integrated Services**

Integrated Services deliver community-based Health & Social Care services across the Local Authority and Hywel Dda University Health Board for Older People and People with a Physical Disability or Sensory Impairment. This integration aligns with the principles outlined in the Social Services and Well-being (Wales) Act 2014, which emphasises collaborative working between health and social care to improve well-being for individuals. We recognise that “all people are equal partners who have choice, voice and control over their lives and are able to achieve what matters to them.”

There is significant partnership working with Delta Wellbeing, the Council’s arms-length trading company, which provides proactive technology-based care; Information, Advice and Assistance (IAA); acute hospital ward-based IAA, and a rapid falls response in the community along with our Out of Hours service; our third sector partners, who play a vital role in developing and delivering community preventative services as well as long-term care services. Their role in prevention will be expanded in the coming year.

Carmarthenshire has had a Section 33 agreement in place since 2009, forming the bedrock of integrated management structures across Health & Social Care. This agreement is in keeping with the Well-being of Future Generations (Wales) Act 2015, which promotes an integrated approach to service delivery. The development of service-specific schedules has commenced, detailing the specific services within Integrated Services, their interactions, and the financial calculations and management procedures.

We have demonstrated remarkable progress in addressing the needs of our community, particularly the aging population, commitment to meeting legislative priorities, and strategic focus on four key areas: Proactive and Planned Care, Long Term Care, System Flow and Urgent Care, and Prevention. Waits in hospital and the community for assessment are at an all-time low.

Carmarthenshire has witnessed significant growth in its aging population, with projections indicating a continuous upward trend. Currently, over 20% of the population is aged 65 and above, and this figure is expected to rise to 25% by 2035 and continue to rise at a rate of 3.5% a year until 2044. Such demographic changes necessitate robust and adaptive integrated services to cater to the increasing demand. Despite these challenges, we continue to innovate, seeking new methods to manage the demand and mitigate risks while ensuring the safety of our clients. As an integrated division between Carmarthenshire County Council and the Hywel Dda Health Board, partnership working is crucial.

Our proactive and planned care initiatives emphasise early intervention and the creation of coordinated care and support plans tailored to individual needs. We have successfully implemented personalised care plans for over 5,000 residents, significantly reducing hospital admissions and enhancing overall health outcomes. The comprehensive approach has also contributed to decreasing the length of hospital stays, allowing patients to return home sooner and with more tailored support.

Using advanced technology and community-based resources has been pivotal in achieving these results. We focus on integrating digital solutions, such as telehealth and remote monitoring, to provide continuous care and ensure timely intervention. This integration not only improves the efficiency of service delivery but also empowers our residents to manage their own health more effectively.

Considerable work has been progressed at the Carmarthenshire Integrated Community Equipment Store following a whole service review. The service works effectively across Health and Social Care to ensure that individuals are provided with the equipment they need to live as independently as possible and minimise the risk of increased dependency and hospital admissions. A project plan is being implemented to further develop the service to maximise efficiencies and streamline processes. Work is progressing in Partnership with colleagues in Pembrokeshire and Ceredigion and the Regional Partnership Board in the Regional Alignment of Community Equipment Services (RACES).

Furthermore, we are committed to promoting the rights of unpaid carers, ensuring they receive adequate support in their critical roles. By offering training, respite services, and financial assistance we acknowledge and enhance their invaluable contribution to the well-being of our community working together with the West Wales Regional Partnership in line with our Carers Strategy. We are currently working toward our Investors in Carers Bronze and Silver awards. A partnership with Leisure is giving carer breaks in Pendine at our council run hotel.

To obtain greater service user engagement, the local authority now surveys all individuals who receive assessments of their care and support needs, as well as their carers. This survey was co-produced with service user advocacy groups to make sure that information requested was as relevant as possible, they are sent out on a half yearly basis. Thereafter, a report is prepared containing the results of the survey which are presented to the local authority's Practice and Process board made up of senior managers across both divisions of adult social care. This information is used by the board to promote good practice and to look at any actions that need to be taken to address any concerns raised and to improve practice across the service. In addition, as part of social work staff supervision, the supervisor contacts at least one service user of each supervisee per year to obtain feedback, as well as undertaking joint visits to obtain service user feedback.

The local authority also holds formal engagement events with service users and their carers such as the Carers events on 9th May 2024. In addition, the local authority, through its carer leads also holds more informal events to get feedback such as carers coffee mornings.

Carmarthenshire is dedicated to supporting individuals living with Dementia with a focus on delivering tailored care, raising awareness, and providing resources to improve the quality of life for those affected by dementia and their families in line with the West Wales Regional Partnership Dementia Strategy. A review of Dementia Services has been recently commissioned to evaluate the services we currently have available in Carmarthenshire, to identify the gaps in service delivery and to provide an action plan to focus our future work.

Long term care services have been strengthened through collaborative efforts across various sectors. With an aging population, our commitment to expanding these services is unwavering. The emphasis is on managing short-term demand to ensure long-term viability. Pathways are designed to incorporate a preventative strategy to guarantee balanced commissioning of any long-term social care, safeguarding our limited social care resources.

We strive to maintain older people's independence, ensuring they enjoy as many healthy days in their homes or nearby as possible. One of our long-term objectives is to keep individuals out of formal services for as long as feasible, allowing them to retain their own voice, choice, and control, thus avoiding dependency on services. We implement a "releasing time to care" focus ensuring that we promote independence whilst providing the least intrusive care package which in turn frees up domiciliary care capacity for others who are waiting. During the last year we have released 851 hours of care which has resulted in waiting lists for domiciliary care being at their lowest for many years and we have thirty less people in residential care despite increasing demand demonstrating the benefits of this service.

Our leadership team is dedicated to fostering a culture of continuous improvement and innovation. Through regular training, development programs, supervision and reflective practice sessions, staff are empowered to enhance their skills and adapt to the evolving demands of social care. This commitment to professional growth not only boosts morale but also ensures that our workforce remains at the forefront of best practices in care delivery.

There is a focus on recruitment within Integrated Services currently having no social work vacancies. We have invested in a “Grow your Own” model of recruitment, and we currently have nine trainee social workers whose fees are paid by the Local Authority, and they maintain their substantive posts whilst on placements. This has proven a remarkable success with all previous sponsored students having qualified and taken up permanent positions within the authority, resulting in a stable and motivated workforce that is well-equipped to deliver high-quality services.

Considerable efforts have been made in terms of staff retention, with the Social Work Progression Framework being a pivotal focus. This framework offers an opportunity for experienced social workers to apply for a grade increase without necessitating a move into management roles. Social workers from the division have successfully advanced and have expressed how this has positively affected their morale and sense of being valued. This proactive approach has enabled us to surpass other Local Authorities in Wales regarding our pay and retention is no longer a substantial challenge for the service.

The Occupational Therapy service has a fully integrated workforce delivering a seamless service across Health and Social Care. The team have worked tirelessly to address recruitment challenges with the outcome that the team currently has no Occupational Therapy vacancies and individuals requiring the service have seen a reduction in waiting time for assessment from 15 weeks to 5-6 weeks. A new Occupational Therapy post has been developed at the Carmarthenshire Integrated Community Equipment Store which is an exciting addition to the team.

We strive to ensure that 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 by ensuring that we have an efficient system flow and urgent care to manage the increasing healthcare demands. We have optimised patient pathways, ensuring timely access to urgent care services while minimising unnecessary delays. This has been achieved through enhanced coordination between primary, secondary, and tertiary care providers, resulting in no one waiting for a social work allocation in our Acute Hospitals.

Central to this is the Intermediate Care Team who triage all referrals for assessment or support on discharge. They use six pillars of ‘Home-based or Bed-based’ Reablement for a period of up to 6 weeks. The main goal of ‘Home First,’ & regularly question; Can they go home today, if not, why not? The Intermediate Care Team facilitate discharge from hospital timely and very efficiently.

Assessment in the person’s own home or more relaxed settings for bed-based reablement mean that the person is much more independent and therefore often does not need as much or any formal care & support. It is only the complex referrals that need to be assessed in hospital prior to discharge that are directed to the hospital Social Work Teams.

Prevention remains a cornerstone of our strategy to address the aging population's needs. The Living Well in Carmarthenshire – A Life Course Prevention Strategy is going through the final sign off stages and will go to Cabinet on 29<sup>th</sup> September 2025. The strategy includes five key opportunities that Carmarthenshire will take forward – Improving access to information and services; Empowering the public; Smarter Prevention; Collaboration

and Innovation and ensuring people receive support at the right time to prevent escalation and improve outcomes. The strategy recognises the interdependencies that can impact on health and well-being and will challenge us to think prevention at every stage.

Initiatives focusing on health education, lifestyle changes, and community engagement have yielded positive results. For instance, our fall prevention programs have reduced incidents by 30%, demonstrating the effectiveness of proactive measures. Our social prescribing service is an essential component of our preventative strategy, linking patients with community resources to support their health and well-being. The Social Prescribers work as integral members of the locality Community teams with the role designed to work closely with individuals that either self-refer, are identified by the GPs, or members of the Community Resource Team and wider primary care contractors as needing support to connect with their communities in order to promote self-worth and integration; providing a patient focused service, which promotes health and well-being among the population of Carmarthenshire. Outcomes of the service include enabling people to maximise their own potential, promoting self-management, supporting individuals to take greater control of their own health thereby delaying or preventing the requirement for statutory services and to reduce demand on general practitioners by addressing and resolving underlying isolation issues that are the root cause of multiple and regular contacts with the practices.

Carmarthenshire is committed to adhering to legislative priorities, ensuring that our integrated services align with national standards and policies. This includes safeguarding vulnerable populations, promoting health equity, and maintaining transparency in service delivery.

This report highlights the significant strides made by Integrated Services in serving the aging population. Through our focus on Proactive and Planned Care, Long Term Care, System Flow and Urgent Care, and Prevention, we are steadfast in our commitment to delivering high-quality, sustainable healthcare solutions that meet legislative priorities and address the evolving needs of our community.

## **Children and Families Services**

There are approximately 189,000 people living in Carmarthenshire. Of these, 49,200 are children and young people aged 0-24 years old.

Most children and young people live with families who are happy, healthy, safe and have loving relationships. However, there are children who will experience challenges in their day to day lives which will make growing up and reaching their full potential more difficult.

The past decade has seen increased pressure on public services due to national issues such as the COVID pandemic and reductions to public service funding. This has affected Carmarthenshire's families, particularly in the most deprived areas and has had a consequential impact on the demand on Children and Families Services.

The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation that looks at small areas - known as Lower Super Output Areas in Wales. Carmarthenshire has 112 Lower Super Output Areas (LSOAs). In the

most recent (2019) WIMD findings, 25 of these areas are among the 30% most deprived areas in Wales. This is a 25% increase in areas since the previous WIMD in 2011.

Most of these areas (60%) are in the Llanelli region (15 LSOAs) with 20% in the Amman area (5 LSOAs), 12% in the Gwendraeth area (3 LSOAs) and 8% located in the Carmarthen area (2 LSOAs).

Carmarthenshire has the 8th highest poverty level among all local authorities in Wales and poverty levels remain higher than the Welsh average by 1.1%. 34.6 % of households in Carmarthenshire are living in poverty.

We know that rising poverty leads to rising demand on services.

Children and Families Services offers a wide range of support to enable children and young people to have the best possible start in life, working with families via universal early years support in our children's centres, information, advice and assistance, right through to statutory intervention to protect children from harm.

Service area	Team	Summary
<b>Early Help &amp; Assessment</b>	Early Help Hub	Providing help and support at an earlier stage as well as the front door and assessment team functions.
	Central Referral Team	
	Carmarthen & Dinefwr Assessment Team	
	Llanelli Assessment Team	
<b>Support &amp; Safeguarding</b>	Children's Social Work Teams: Llanelli East Llanelli West Carmarthen Dinefwr	Work with children and young people in need of care and support, protection, and accommodation across the county.  Support for care experienced young people, including unaccompanied asylum-seeking young people.
	Unaccompanied asylum-seeking young people (UASC) Team	
	Next Step (support for care experienced young people)	

Service area	Team	Summary
<b>Family Support &amp; Resources</b>	Maethu Cymru Sir Gar Foster Wales Carmarthenshire	Work with children in foster care, support for foster families.
	Adoption Mid and West Wales (Regional Adoption Collaboration)	Facilitate the adoption process and support adoptive families.
	Integrated Family Support Team	
	Supported Lodgings	Help families address issues that led to separation and work towards safely reunifying children with their families
	Family Time (Supervised Contact)	
	Children's Homes	
	Children's Short Breaks (Respite) Homes	Residential care for children and young people, including short breaks.
<b>Children &amp; Education Integrated Services</b>	Emotional Health	These teams focus on supporting educational and placement stability, through the work with Foster Carers, Children and Young People, Schools, Social Workers, Educational staff and Local Authority Officers.
	Children Looked After Education Support	
	School Safeguarding and Attendance	
	Educational and Child Psychology Service	
<b>Complex Needs &amp; Transition</b>	0-25 Disability	Providing help, care and support for disabled children, young people and their families. Strategic responsibility for accommodation development and transition planning for disabled young people. A shared role with Adult Social Care.
	Camau Bach	
	Early Help for disabled children	
	Integrated Children's Centres	Early years programme and central systems and functions which support the work of the whole division including strategic commissioning, programme management and
	Family Centres	
	Family Information Service	
	Flying Start and Childcare	

<b>Strategic Commissioning &amp; Service Planning</b>	Cwm Gwendraeth Pathfinder	grant administration and compliance.
	Early Years	
	Children and Families Commissioning	
	Children and Families Finance	

Service area	Team	Summary
<b>Strategic Safeguarding &amp; Quality Assurance</b>	Child Protection Case Conferencing	Strategic safeguarding and partnerships, quality assurance and practice standards, performance management, and workforce planning and development across the division.
	Independent Reviewing	
	Care First/ Eclipse	
	Business Support	
	Performance Management	

Our focus is on early intervention and prevention. This includes reducing inequalities faced by disadvantaged children, supporting families in challenging situations create safe and stable home environments and helping them to access local health and well-being services.


We want to prevent the need for statutory involvement and for children and young people to remain with their families and communities whenever it is safe to do so.

Should statutory support be needed, protecting children who are at risk of, or are experiencing, abuse, neglect, or other harm is a priority.

### **Transformation Programme**



Children and Families Services across Wales are under pressure to respond to unprecedented demand. This has coincided with national workforce shortages, a collapse in the availability of placements for children and a reduction in funding to the Local Authority.

Investment						
		An additional £5.5m budget (growth) and £2m earmarked from reserves to support the recruitment of new posts and development of services		<b>Transformation Programme</b> Establishment of a transformation programme. This will help to achieve the vision for Children and Families Services and provide support to ensure sustainable change moving forwards.		
Capacity	Children's Homes	Fostering	Disabilities	Unaccompanied asylum seeking children (UASC)	Retention	Traineeships
Additional social work, practitioner and reviewing officer capacity.	Development and investment in 3 new local authority run children's homes	Investment in fostering recruitment and the wider placement service.	Investment and development in our offer for our disabled children	Creation of a specialist team to better support unaccompanied asylum-seeking children	Full implementation of the Experienced Social Work Progression Framework to ensure for newly qualified and experienced social workers, we pay amongst the top 20% in Wales	The creation of 14 additional social work traineeships, providing crucial additional capacity and ensuring we stop using agency social workers by 2027.
GOALS						
Low re-referral rate to Children Services for Assessment for Care And Support	Eradicate use of 'for profit' placements by March 2026	Reduce the use of IFAs by March 2026	% of support packages / payments agreed made in line with approved disabilities policy framework from Jan 2025	Support UASC within Home Office resource	No agency workers by March 2027	

To address the service has seen an unprecedented investment in workforce, prevention and care costs. This investment has been co-ordinated by a corporate group chaired by the Statutory Director of Social Services.

Responding to this is vitally important and a Transformation Programme for Children and Families Services has provided £7.5 million additional revenue funding for services improvements and efficiencies alongside £2million investment in capital investment in new Children's Homes.

A Transformation Plan and workstreams focus on the areas identified for investment within Children and Families Services. This will help achieve the vision for Children and Families services and provide support to ensure sustainability in the future.

The programme is overseen by a board Chaired by the Statutory Director of Social Services with attendance of the Children's Senior Management team who lead the workstreams. Also in attendance are senior leads for HR and Finance and the Director for Education and Children. Progress is reported through the Corporate Management Team (CMT) and to the Cabinet with at least fortnightly updates to the Lead Member for Social Services.

The focus for the Children and Families Division this year has been delivering the first year of our transformation programme.

**Early Help and Assessment** - this area is on track.

The work is progressing well and is on target to establish an Early Help approach where statutory and third sector partners work closely together to support children, young people and families with the right help at the right time for them. This shared approach will minimise duplication and gaps in support.

**Key achievements:**

- The Early Help Hub has been established using existing Children and Families Services resources.
- The Step-Up, Step-Down Team established using growth.
- 14+ multi agency team pilot is progressing using existing resource from Children and Families, Housing and third sector partners
- Staffing is stabilised in the Assessment Teams and agency Social Worker usage is down.
- Re-assessment rates have reduced and remain low.

**Family Support and Resources** - good progress being made in this area with most elements on track.

This area is on track to deliver a set of co-ordinated, responsive services that provide an effective resource for Social Workers to draw on.

**Key achievements:**

- The new structure for the Family Support Service has been designed through the completion of the Systems Thinking Review.
- New posts created and people appointed to improve our fostering practice and performance, including Panel Adviser, Marketing and Communications Officer and Fostering Independent Reviewing Officer.
- We continue to perform well against national targets for foster carer recruitment although there is still a significant shortage of foster placements.
- The fostering marketing strategy has been developed and is being implemented. A recruitment campaign is currently underway.

**Children's Homes** - this area is making good progress.

This is an area with multiple complex challenge and holds considerable risk all of which change quickly and require urgent, creative responses.

**Key achievements:**

- Commitment to ensure all residential care is provided within Carmarthenshire by 2026. Capital funding has been identified.

- Our Placement Commissioning Strategy sets out our strategic intent and detailed plan for implementation including forecast of costs for each element of the plan.
- 75% of posts for our new children's homes (Hafan and Ross Avenue) are in post.
- Team managers appointed for both homes, one internal appointment is in post, one external appointment to take up post in October.
- The staffing structure at Garreglwyd has been reviewed and confirmed and recruitment to additional posts complete with agency staff now dramatically reduced.
- Three children moved from emergency 'operating without registration' (OWR) arrangements, to registered children's homes and there are none operating without registration arrangements
- Hafan children's home is now registered with Care Inspectorate Wales with occupancy above 90%.
- Maximising our in-house capacity – Both Hafan and Ross Ave children's homes are fully occupied.
- Use of agency care staff has reduced significantly
- The design for a new-build children's home has been agreed. Two designs (for one and two storey buildings) provide templates for the whole region to assist in the implementation of the elimination of profit policy and a clear timeline of two years for our new build children's homes has been established.

Unaccompanied Asylum-Seeking Children and Young People - this area is on track.

#### **Key achievements:**

- Created a specialist team of social workers, support workers and personal advisers
- Five properties in Carmarthenshire set up from scratch with 10 young people living in them.
- No commissioned placements being used for any new referrals from the national transfer scheme. This has been an enormous challenge, but the teams are delivering.
- Practice guidance and processes are in place to support the work of the teams.

Support for Disabled Children and Young People - this area is on track.

#### **Key achievements:**

- Additional POD in the 0-25 Social Work team established and operational
- Additional posts in Tim Camau Bach (early help for disabled children) to ensure children and their families get the right help at the right time

- New post so that carers assessments are undertaken in Tim Camau Bach is operational
- Recruitment underway to new posts to support the development of a neuro diverse (ND) pathway

**Workforce and Business Enablers** - good progress being made in this area with most elements on track.

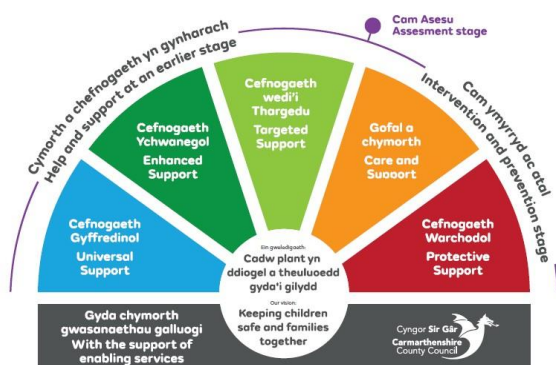
### **Key achievements:**

- Staffing in the Social Work teams has been stabilised. Retention of Social Workers is now very good.
- Social Work Staff regraded into progression scheme with newly qualified and experienced social workers now paid in line with the top 3 authorities in Wales.
- Grow our own Social Workers initiative is on target to deliver 5 newly qualified social workers this year and a further 31 over the next 3 years.
- We have appointed to 10 Master's degree and 3 OU route, Trainee Social Worker posts.
- The plan to reduce use of agency Social Workers in place and on track – expenditure on agency Social Workers is in line with the forecast made during the budget work. At the time of writing there are only 6 agency staff remaining with these utilised to support newly qualified staff and scheduled to leave later this year.
- File audit plan for the year in place and continues to be monitored
- Review of the Carmarthenshire social work model complete.
- Migration of our casework electronic system from CareFirst to Eclipse completed successfully and an AI recording pilot using 'Magic Notes' now underway.
- Some progress made on developing the data available to managers to enable them to better manage performance. This will improve further following migration to Eclipse and establishment of a new performance team across adult and children's social care.

The service has developed a vision and principles which are essential for the delivery of a modern children's social services function, and which will support the success of the Transformation Programme.

## Vision and Principles

### Gwasanaethau Plant a Theuluoedd Children and Families Services



## Our Vision

The vision of Children and Families Services is to keep children safe and families together.

## Our Principles:

To achieve our vision, we will:

1. Ensure children, young people and their families can access the support they need, when and where they need it, preventing the need for statutory intervention.
2. Work alongside children, young people and their families rather than 'do to', to co-produce plans which will bring about the change children need as quickly as possible.
3. Focus on family - addressing challenges by working with a family's strengths and in partnership with the whole family to find solutions and keep families together, where possible and children safe.
4. Ensure an effective, stable workforce who are qualified, equipped, supported, and valued as they deliver high quality services to children and young people in Carmarthenshire.
5. Enhance connections between community services, education, health, and statutory social work to develop new ways of working together to deliver better and more seamless services to the families of Carmarthenshire.

## Children's Social Work Model of Practice

Children and Families Services have historically embraced a mixture of social work practice models, recognising that no single approach suits every situation. Over time, both the Systemic Practice and Signs of Safety Practice models have been employed, with a current emphasis on integrating Trauma-Informed practice.

With changes in the Senior Management Team, Team Managers and new social workers, this year has been the right time to ensure that the social work practice model is understood by everyone. This is important so that children, young people and families in Carmarthenshire have a consistent and equitable response.

To support the Transformation Programme currently underway, a focus group consisting of key Senior Managers and Learning and Development representatives was established to ensure a clear understanding of the model and agreement around associated training.

## **Theoretical Underpinning**

Children and Families Services employ a blend of practice models that incorporates elements of Systemic Practice, Signs of Safety, and Trauma-Informed Care.

### **Systemic Practice**

Our practice focuses on understanding and addressing the complex relationships and dynamics within families and communities. It emphasises viewing individuals within the context of their family systems, considering how interactions and behaviours are influenced by these relationships. Key principles include collaboration with families, recognising patterns and connections, and using these insights to promote positive change and resilience. This approach seeks to create sustainable solutions by engaging and empowering all members of the family system.

### **Signs of Safety**

Our practice takes a strengths-based, solution-focused approach to child protection work. It aims to build partnerships with families and professionals to ensure the safety of children. The goal is to balance risk assessment with recognition of family strengths to create a safer environment for children.

Key elements include:

- **Collaboration:** Engaging families, children, and professionals in a joint effort to identify concerns and solutions.
- **Strengths-Based Assessment:** Focusing on the strengths and resources of the family to address risks and ensure child safety.
- **Clear Safety Planning:** Developing clear, practical safety plans that are understandable and actionable by all involved.
- **Constructive Working Relationships:** Building trust and respectful relationships between social workers and families.

### **Trauma Informed**

This model is an approach that recognises the widespread impact of trauma and integrates this understanding into all aspects of service delivery.

Key principles include:

- **Safety:** Ensuring physical and emotional safety for children, young people and their families.
- **Trustworthiness and Transparency:** Building trust through clear, consistent, and transparent communication.
- **Peer Support:** Encouraging and facilitating peer support to promote healing and recovery.
- **Collaboration and Mutuality:** Fostering collaboration at all levels, recognising that healing happens in relationships and shared decision-making.
- **Empowerment, Voice, and Choice:** Empowering individuals by prioritising their strengths and experiences and allowing them to have a voice in their care and support.
- **Cultural, Historical, and Gender Issues:** Recognising and addressing cultural, historical, and gender contexts that may impact trauma and recovery.

Integrating Systemic Practice, Signs of Safety, and Trauma-Informed Practice into the model of practice in Carmarthenshire offers social workers a comprehensive framework. This combined approach enhances holistic understanding, leverages strengths and promotes trauma sensitivity. It fosters improved outcomes, collaboration, empowerment, resilience, and personalised care and support.

By adhering to this practice model, social workers can provide high-quality services that effectively meet the needs of individuals and families.

## **Psychology input and the POD model**

In Carmarthenshire, our case supervision adopts a POD model, integrating the expertise of social workers, practitioners, and psychologists. This model is pivotal for embedding psychology within social work, enhancing our understanding of family dynamics, child development, motivation, and a range of psychological processes. Such integration is vital to gaining a deeper understanding of the family's systems, leading to the development of effective interventions.

The psychologist's role within systemic social work teams is multifaceted and integral to our holistic approach. They provide additional consultation to support the planning, systemic understanding and formulation regarding children and families. This includes supporting the care planning for children and young people as well as interpreting and responding to psychological assessments carried out as part of court proceedings or educational placements.

Psychologists can liaise with educational colleagues to support school placement stability and provide consultation to professionals, parents, and carers to meet the psychological needs of children and young people. Additionally, they offer further consultations to social workers around complex or 'stuck' cases and deliver training in systemic techniques and practice to develop their skills.



A lead psychologist oversees the planning and delivery of some therapeutic interventions or direct work to support children and young people who are in emotional or psychological distress. Furthermore, they contribute to induction and training programs for newly qualified or newly employed staff, ensuring they are equipped with the necessary understanding and abilities to support families effectively.

Performance management will be addressed directly through the merging of adults and children's performance teams with children's services aligning with the approach in adult social care to give live data to front line managers.

Finally, our approach to Children's services was endorsed earlier this year with an excellent full inspection of our Children's services by the CIW. There is much still to do to deliver financial stability, but the service has risen admirably to the challenge with the substantial corporate support on offer.

## Welsh Language

### **The More Than Just Words framework**

The framework is a strategic plan to mainstream the Welsh language into health, social services and social care in Wales. Initially, the framework covered a three-year period from 2016 to 2019 and had seven key objectives. It also outlines the legal and policy context for providing Welsh language services, such as the Welsh Language Standards and the Social Services and Well-being (Wales) Act 2014.

The framework requires social services departments to appoint a senior officer as a Welsh Language Champion and Health Boards and Trusts to protect and promote the post of Welsh Language Officer. These roles are responsible for leading and monitoring the implementation of the framework and ensuring that Welsh language needs are met across all services.

The framework sets out several actions for NHS and social services to assess the current and future demand for Welsh language services, as well as the capacity and skills of the workforce to provide them. These actions include mapping the provision and making an Active Offer of Welsh language services, recording the language needs and choices of individuals in their records, capturing and reporting the Welsh language skills of staff and the community profile, and conducting research on the impact of language on health and well-being outcomes.

The framework requires NHS and social services to use the information from the mapping, auditing, data collection and research to plan, commission and deliver Welsh language services that meet the needs of the population. This includes reflecting the Welsh language community profile in service plans, contract specifications, service level agreements and grant funding processes, developing plans to maximise the use of Welsh-speaking staff, and reporting on the progress and targets in the annual reports.

### **Our progress so far**



- Appointment of the Head of Adult Services as lead Welsh Language Champion.
- An exercise has been undertaken to assess staff language skills and the numbers of Welsh speaking service users. The aim of this is to determine how well we can deliver services in the preferred language at all levels (departmental, divisional and team). This exercise was updated in 2023 and the workforce data cleansed to ensure accuracy.
- All person records created on CareFirst / Eclipse have the option to include details of that person's first/preferred language (includes Welsh).
- Our Commissioning Services take account of the Language in the planning and delivery of services. *"The Service Provider must use care workers who can meet the specific needs, or cultural and/or religious needs of Service Users as identified in the support plan. This includes the Service User's choice of language i.e. Welsh speaking."*
- Staff are encouraged and supported to learn and improve their Language skills through Cymraeg Gwaith and intensive learning opportunities.
- A network of Welsh Language Champions has been developed within the Communities department; however, capacity to support from the Corporate Team within CEX is currently limited.
- Welsh language promotional elements are all in place – such as posters, language badges, Teams language profile, the use of the Language in Technology, language symbols on client files.
- Our Care Academi considers Welsh language skills within recruitment and within professional development.
- Pentre Awel has developed an assessment of the potential impact on the Welsh language and an action plan to mitigate some impacts / further maximise the contribution.

## Potential actions

- Third and independent sector care organisations to promote awareness of people's Welsh language needs and share best practice and resources on providing care in Welsh to service providers.
- Undertake analysis of data on the Eclipse platform in terms of Language choice / need – are we capturing all data and do we have any gaps in information? Do we hold the data in terms of children and their families?
- Undertake mapping of other Communities based CRM systems to establish if language choice is recorded.
- Relook at the Learning and Development opportunities for the Social Care workforce to ensure that the principles of the More than Just Words framework, specifically the Active Officer, are embedded in all opportunities. Training and professional development programmes to include a module/strand on the impact of language sensitivity on the effectiveness of assessments and care, the Active offer; and the responsibility of public bodies to provide services in both English and Welsh.
- Consider targeting key teams to complete [Mwy na Geiriau: Cyfathrebu mewn lechyd a Gofal \(porth.ac.uk\)](https://www.porth.ac.uk/mwy-na-geiriau-cyfathrebu-mewn-lechyd-a-gofal)
- Reflect on the Population Needs Assessment and the Local Area Plan, to ensure that due diligence is given to the Language as part of the identified needs.

- Develop a brief communication plan to remind and encourage staff of the principles and the support available to them.
- Consider our workforce planning areas of concern and opportunities to promote Welsh language skills (in context of recruitment challenges).

### For consideration

The Welsh Government 'More than Just Words' Annual Report 2022-23 focuses on the work undertaken within the Health Boards, however, we have been made aware that the Board are due to correspond with Local Authorities to seek an update on their work in relation to the Framework.

### Performance

Social Care services are consistently delivering in the individual's language of choice across both Adult and Children's services. Whilst further Welsh language training is ongoing across the services, the tables below demonstrate that we are currently in a strong position.

Written Achieved	
Welsh Language Level	No. of Employees
0	62
Level 1	462
Level 2	184
Level 3	109
Level 4	88
Level 5	95
None	151
<b>Grand Total</b>	<b>1151</b>

Spoken Achieved	
Welsh Language Level	No. of Employees
0	59
Level 1	447
Level 2	200
Level 3	143
Level 4	82
Level 5	164
None	56
<b>Grand Total</b>	<b>1151</b>

## Council Direct Care Provision and Commissioned Care

Since the launch of the Connect Carmarthenshire Community Hubs, (a collaborative of third sector providers in 2023) confidence in service awareness continues to grow, evidenced by over 4,500 referrals in 2024/25. Referral levels for individuals living in more rural areas have also improved, following coproduction activities with targeted communities to improve the success of initiatives in those areas. Development of the platform, [Connecting Carmarthenshire - Find information and support in Carmarthenshire](#) has continued through 24/25, with additional software developments to increase functionality, improve the user experience and tailor the site in line with feedback from residents. The platform currently shares 213 activities and has 1341 members.

Service Satisfaction remains high (>95%) with both performance and quality Key Performance Indicator met consistently through the year. Community Preventative Service partners have secured over £1 million in additional grant funding to further support the preventative agenda, targeting important issues such as improving the accessibility of services for a diverse community, tackling transport gaps and improving community safety through the provision of tailored technology packages.

The partnership's collaborative approach has been recognised at four award ceremonies, awarding bodies have included the Social Care Wales Accolades, the West Wales Regional Partnership Board, and two third sector organisations. Furthermore, The Partnership has commenced a Bevan Exemplar project, seeking to learn from delivery and collaboration with partners and citizens to improve Early Intervention Housing Related Support Services. [www.bevancommission.org](http://www.bevancommission.org). Preventative Service Staff were asked, which elements of the service they think matter most to the individuals. Staff said:

**“ What matters most to citizens is often the feeling that they are recognised and have not been forgotten. Home visits are very important for this as many citizens have transport and mobility difficulties, which has led to social isolation so the idea of somebody taking the time to come and see them provides a huge boost to their confidence and self-esteem. Making sure that the support is tailored to the individual needs of each citizen by getting to know them personally and listening to their specific aspirations is paramount. Using creative activities such as arts and music is often a good way to create a sense of accomplishment. ”**

The preventative service is also valued by not only people who have accessed support, but by professionals also:

**“ Thank you so much. You don’t realise the difference you made; the last time you called me when I was at a very low point. The chat with you made the whole world of difference to me. ”**  
– Unpaid Carer

**“ You explained the process clearly to my client and the support that would be available, and I liked your approach, which was straight forward and realistic and didn’t make false promises. ”**  
– Professional

**“ Wonderful service – so helpful and had follow-up call back to see how progress going. ”**  
– Citizen

Since the implementation of Community Preventative Services, Micro Commissioning has been an important feature in the service model, in recognition to the significant value of smaller organisations and the positive impact they have had. Micro Commissioning has enabled us to support the work of the 19 community organisations who are able to offer important services for the community. The overall value of these funded projects has been £152,750.

As with all commissioning developments we will be undertaking a commissioning review over the next 18-24 months with our community/ third sector providers and other key stakeholders to consider what is working well and areas of development which will inform our future commissioning arrangements.

## Unpaid carers

Unpaid carers are also supported by the community hubs with 660 Carers accessing the service in Q1-3 24/25. Sonia was just one of those carers.

- Sonia had been caring for her son for 18 years, while also working full time and managing her own health condition. Sonia loved her job but couldn't continue both as the caring role increased and become more demanding. Sonia had to give up her job.
- Over the months that followed, Sonia's financial wellbeing deteriorated rapidly, and at the point of accessing the service, Sonia was in crisis. She was regularly going without essentials, and she was spiralling into debt. The impact on her physical, emotional and financial wellbeing was causing significant distress.
- Accessing the money matters service was **life changing** for Sonia. Following comprehensive, personalised, whole family support, Sonia's income was increased by **£11,114.16** a year. She saved **£836** on her bills each year. Has accessed **£234** in grants and now knows where to go for **support** with her caring role.
- This change means Sonia can focus on her caring role as her financial strain has been eased.
- Sonia and her disabled son are happier and feel supported within the community.

The Passport to Leisure scheme has empowered 78 carers to access CCC leisure services, resulting in over 700 visit sessions in 2024. Some carers explored new activities, while others made significant, long-term lifestyle changes. 100% of participants reported improved wellbeing, reduced isolation, and complete satisfaction with the offer. Carmarthen was the most popular location, followed by Llanelli, Ammanford, Llandovery, and St Clears. Short breaks and carers respite continues to be a key priority: The Carers Exceptional Circumstance Direct Payment continued to offer personalised support to individual carers throughout 2024/25. A total of 79 carers received payments, which were used for a wide range of purposes, including tailored breaks and days out, equipment for hobbies and exercise, educational classes such as driving lessons, and funding to participate in community activities. Additionally, some carers utilised the fund to purchase equipment or white goods that eased their caregiving responsibilities, allowing them more time to focus on their personal wellbeing.

The Carers Coproduction project, delivered by Carers Trust Crossroads West Wales, aimed to highlight the importance of short breaks for carers and encourage them to share their views and experiences. The project empowered carers to evaluate available options and influence future funding priorities. Engagement methods included online surveys, face-to-face consultations, and targeted sessions for young carers and minority groups. A total of 165 carers participated online, and 248 in person.

Commissioning arrangements for independent professional advocacy have been transformed in West Wales over recent years, applying a sustainable and strategic methodology. This has led to a significant shift away from competitive bidding towards a person centred, quality-based approach saw the strengths of third sector partners come to the fore, combining their expertise and assets into one consortia partnership to meet diverse regional need.

The regional contract branded as 3CIPA (Three County Independent Professional Advocacy), represents the delivery partners who have the knowledge and expertise to deliver advocacy services in West Wales. The services offered is an Independent Professional Advocacy (IPA) service for those who meet eligibility as set out within Part 10 of the Act.

The model in which 3CIPA are delivering on includes a single point of contact, a feature that aims to reduce complexity and confusion for the user by providing an easy access route into services. It also provides a gateway for ensuring that appropriate referrals are progressed to an IPA.

Since implementation, the number of referrals received by the 3CIPA have increased year on year with a 7.2% increase being reported. This represents the demand for services as well as the changing needs and demographics that aligns with the population needs assessment. Furthermore, the complexity of referrals means that case workers have an increased workload and cases tend to take longer to close.

Direct Payments are cash payments made to individuals who are eligible for care and support services who choose to receive Direct Payments to meet their assessed need. By receiving these payments directly, individuals have the flexibility to choose their care providers and tailor their support arrangements to meet their unique needs.

The Direct Payment Support Service aims to provide individuals with the information, tools and support they need to make decisions about their care and support, establish their arrangements in a manner that sets them up for success, to build understanding for appropriate delivery of roles and responsibilities and to provide support to manage budgets successfully to achieve their personal goals and desired outcomes.

Since the service was brought in house in 2021, we have experienced a 51% increase in take up and currently have 527 service users operating a direct payment. As such, the Support Service is under constant development, to ensure that best practice is followed and that service arrangements are innovative, achieving what matters for the individual, in addition to ensuring value for money and legal compliance.

Two milestones for 2024 include the implementation of a refreshed Direct Payment Policy and the commencement of Micro Enterprise services. The updated policy provides a clear framework for DP administration, outlining roles, responsibilities, and guidelines to support consistency and transparency across the service. The new policy ensures that our practices align with current best practices and regulatory standards, fostering a stronger foundation for DP delivery. The commencement of DP funded Micro Enterprise services has provided an opportunity to continue the diversification of the market and enable more people to exercise choice and control over how their care and support needs are met.



We received positive feedback from Care Inspectorate Wales (CIW), following their engagement visit in August'24 to understand people's experiences of receiving a direct payment (DP) in meeting their well-being outcomes.

**“ I feel like [person] has a life outside the house, before [person] was just existing. (Person / representative) ”**

**“ Feels we are transparent as a Local Authority and embrace a culture of learning. (Staff) ”**

The **Catalysts for Care Project** supports people to set up and develop their own small, independent care / support services – called 'micro-enterprises'. The project began in Carmarthenshire from March 2023. We have seen significant growth since the launch and there are now 63 micro enterprises operating within Carmarthenshire, 73% of which are offering personal care. The micros are supported by a community catalyst hosted by PLANED and is part of a West Wales approach to developing & supporting micro enterprises across the region.

The development of social enterprises is supported by a designated post hosted by CAVS and is instrumental in working with local communities and groups to develop social enterprises which is a requirement under Section 16 of the Social Services and Well-being Act. Many of the community groups are being supported to develop into social enterprises for example:

*People Speak Up is a community group based in Llanelli*

**“ Connecting people and creating healthy, resilient communities through storytelling, spoken word, creative writing and participatory arts. They offer creative workshops,volunteering, training, events and conversations. ”**

The social enterprise lead is supporting them to develop a social enterprise for their youth and LGBTQ+ cohorts where we are able to produce goods for sale and put on events which benefit people's health and wellbeing – especially mental health – and that raise money for more health and wellbeing activities and services. Importantly there is a small allocation of funding that the social enterprise lead is able to utilise to pump prime community initiatives.

The Market Stability Report (MSR) is a statutory requirement under the Social Services and Wellbeing Act. A regional document, the first was produced in 2022, following significant preparatory work. The purpose of the Report is to assess current and future demand for Care and Support, alongside the sufficiency of services (including preventative) and the stability of Regulated Care and Support services now and into the future. The report made the following key recommendations:

#### Children

- Review and enhance foster care 'offer'
- Independent Fostering Agency soft block contracts
- Expand in-house and 3<sup>rd</sup> sector care home provision
- Investment in preventative, respite and edge of care services

#### Working age adults

- Shared lives to be expanded as an excellent fit with challenges and opportunities.
- Care homes: increase availability of local provision, including direct provision.
- Further expand community provision (including supported housing and other models)

#### Older adults

- Care homes: increase availability of specialist local provision (Dementia and Nursing), including via direct provision.
- Domiciliary care to be bolstered.
- Further expand community provision (including *supported housing and other models*)

The Local Authority has taken action to address these recommendations, using core and regionally available capital and revenue resources. Investment has supported capital schemes, through participation in the regional Strategic Capital Board. The Local Authority has also participated in the Market Stability Programme Board, which agreed and has driven forward four priority projects:

- Investigating the sufficiency of strategic commissioning capacity in responding to challenges arising from supply shortages. This has resulted in increased strategic commissioning capacity.
- Work to establish improved approaches to the commissioning of children's care and support.
- A project to develop a regional policy position in relation to Transitions, together with investigating the desirability of establishing a regional Complex Needs Panel.
- A study examining the legality, and feasibility, of the development of public sector nursing provision in the Region.

The MSR continues to be a spur to deliverable impact. Work is now underway to review the original document, with updated data, an assessment of progress made, and an evaluation of whether the challenges identified remain the highest priorities.

The National Framework for Commissioning care and support in Wales came into force on 1<sup>st</sup> September 2024 and is a statutory requirement under the Social Services and



Wellbeing (Wales) Act 2014. The Code of practice applies to the commissioning of 'care and support' services, including early intervention and prevention services and outlines principles and ten standards of compliance for commissioning authorities.

Compliance against the code is via a national self- assessment framework, which is currently being worked through both locally and regionally.

Recognising that there is now a statutory Code of Practice, the importance of investing in our commissioning workforce is more important than ever. A commissioning conference for West Wales was held in March '25 which provided an opportunity to reflect on progress & network, share good practice across the region and to also launch a draft career workforce pathway for our commissioning teams.

### **West Wales Pre Placement Agreement**

A single West Wales (HDUHB footprint) pre-placement agreement (contract) for Older Adult care home placements has been under development throughout the year. The provider sector and Care Forum Wales have been engaged extensively in its development. A recent consultation exercise has gathered further perspectives on key issues which will inform the production of a full and final document, ready for implementation, expected before the end of May 2025.

As previously referenced, the PPA takes account of learning to ensure providers engage in safeguarding learning events/ investigations and the clauses have been considered by the Regional Safeguarding Team.

Furthermore, it is the intention to regularly review and refresh provisions within the contract, to retain accuracy/ relevance over its term.

### **Quality Assurance Framework (QAF):**

This development has concluded and following a successful pilot and the development of supporting tools/ templates, the QAF (Older People Care Homes) is now ready for Regional Commissioning Board sign off.

The next phase of this work will involve producing a QAF for other regulated services (i.e. Care Homes for Working Aged Adults, Home Care and Supported Accommodation/ Living).

A similar framework will be needed for Children's Services.

## What People Say

### Awards

Delta Wellbeing has truly shone in the past year, earning recognition across multiple prestigious platforms. Their dedication to excellence and innovation in social care has been celebrated with numerous awards:

At the **Great British Care Awards Wales Region 2024**, Delta Wellbeing emerged victorious in several categories:

- **Workforce Development Award – WINNER**
- **Dignity in Care – WINNER**
- **Home Carer Worker Award** – Mark Burt received a Highly Commended accolade
- Their collaborative efforts were acknowledged at the **MediWales Innovation Awards 2024**, where they won the **Social Care - Innovation through Collaboration** award.
- The **Swansea Bay Business Awards 2025** honoured Delta Wellbeing as the **Not-for-Profit Business of the Year**.
- At the **TSA ITEC Awards 2025**, they triumphed with the **Service Transformation** award.
- National recognition came at the **Great British Care Awards Nationals 2025**, where they won the **Dignity in Care** award.

Delta Wellbeing and the integrated care team were winners of **Working in Partnership** accolade at the **Social Care Wales Accolades 2025**, with winners to be announced on May 1st. They received the Award alongside our Head of Adult Services Avril Bracey for Inspirational Leadership.



## Team Achievement Awards

Cllr Jane Tremlett, the Cabinet Member for Health & Social Services, acknowledged the exceptional efforts of the Adult Social Care & Children Social Care Services Teams during 2024/25. Teams consistently went beyond their regular duties to deliver outstanding performance and overcame challenges to achieve positive outcomes for the people of Carmarthenshire.

Despite increasing challenges in health and social care, these teams continued to innovate and diversify their approaches to improve the lives of the most vulnerable individuals in Carmarthenshire. Special recognition was given to teams that made a significant impact on outcomes for the community.



## Care and Support Survey

A Care & Support survey was conducted during April and September 2024 targeting service users that had received a Care and Support Plan during that period.

Responses included 42 from service users, 56 from carers or representatives expressing the service users' views, and 29 from carers or representatives expressing their own, shown in the graph below:

1	Total Surveys Sent: 414
2	Responses Received: 98
3	Response Rate: Approximately 24%
4	Awareness: 41 Service Users knew why they had been contacted by Social Care Services.
5	Listening to Views: 33 Service Users felt their views were listened to.
6	Advice and Information: 31 Service Users felt they were given the right advice and information when they needed it.
7	Dignity and Respect: 39 Service Users felt they were treated with dignity and respect.
8	Satisfaction with Care: 40 Service Users felt happy with the care and support they had.
9	Webpage Visits: 35 Service Users had not visited the Social Care and Health Webpage.

## Inspection and Reviews

We have had an excellent inspection of Children's Services:

### Care Inspectorate Wales December 2024 Children Services Performance Evaluation Inspection Report

"Partners work to a shared ethos of safeguarding children. Senior leaders in the local authority articulate a shared vision with a positive approach to working together across directorates. Managers promote a positive working together culture."

"Leaders have a clear line of sight of front-line practice and operational pods (comprised groups of staff working collaboratively to address family situations) work effectively to ensure the safety and well-being of children using evidenced based interventions. Staff receive regular supervision, opportunities for training and there is clear communication between strategic and operational staff about changes and service development."

"Mostly, collaborative working is good across the local authority. There is positive strategic partnership working with corporate support for joint aims. Operationally, partners work well together to meet the well-being needs of children as well as keeping people safe. There are examples of practitioners across agencies working meaningfully with children."

"Peoples' voices are heard, and their choices respected. Practitioners are focused on developing supportive and trusting relationships with people. There is evidence of many people achieving what is important to them."

"The local authority is focusing on ensuring the need for care and support is minimised and escalation of need is prevented with improvements being made to ensure children and their families are getting the right help at the right time."

"The local authority responds to safeguarding matters promptly and effectively. They take concerns seriously and act swiftly to assess and address risks. Their clear protocols and collaboration with relevant agencies ensure that safeguarding issues are managed with a high level of professionalism and care. Additionally, they maintain open communication with all parties involved, which helps ensure that the safety and well-being of individuals are prioritised throughout the process."

'Don't know where we would be as a family without the input of children's services. They have improved my life and my children's lives for the better. I have happier children and a happier home. They work with me, for example the safety plan. We read it together, I can add to it, and then I sign it off.'



Performance Evaluation Report – Children's Services

## The CIW and TSA also inspected Delta Wellbeing:

### Llesiant Delt Wellbeing Connect July 2024

“People receive a high-quality time limited service delivered through a dedicated and passionate Responsible Individual (RI), manager and staff team. The manager is well supported by the RI and between them are the driving force in developing and delivering the multi-disciplinary services provided through Delta Wellbeing. There are a range of quality audit tools and through their presence in the service and Regulation 73 visits, the RI has strong oversight of the service.”

“Staff speak passionately about the value of working for Delta Wellbeing and their role in supporting people often at difficult times. The dedication, care and compassion shown by care workers are greatly valued by those who receive the service and their representatives.”

Care staff speak passionately about working for Delta Wellbeing and the positive impact on the people they support. Care workers told *us*!

*“I enjoy all aspects of my job, but my favourite part is seeing the impact the service has on everyone we visit. It is such a rewarding job”, “I absolutely love it. I love what we do and helping people in need, it’s so rewarding” and “working as a responder is a very fulfilling role where I am able to use my knowledge and skills to help the most vulnerable”.*

The manager has an open-door policy, and the staff team greatly value their availability and guidance. Care workers receive an exemplary six-month induction to the service.

Supervisions take place quarterly and additional welfare meetings are arranged with staff whenever needed. The overwhelming feedback about the leadership at the service is positive, staff feel valued, are highly motivated and are encouraged to do their best for people. A care worker told us,

*“[Manager] is always there to take a phone call or answer any queries that I have. If she doesn’t answer a call right away, she will always contact me back. She will always find a solution to solve any issues or queries that I have”.*



**After substantial challenges we have turned around the inspection outcome on Children's Services disability residential home:**

**Care Inspectorate Wales  
Inspection Report on Garreglwyd  
November 2024**

At the previous inspection we identified non-compliance, and the service is open to the Care Inspectorate Wales (CIW) improvement and enforcement pathway. We found at this inspection significant improvements have been made to address shortfalls in relation to provider assessments and requirements in relation to the responsible individual. Two priority action notices identified at the last inspection have now been achieved. An area for improvement for the appropriate use of control and restraint has also been met.

Young people like living at the service and get to do the things most important to them. Care staff treat young people with dignity and respect and are committed in promoting positive outcomes. Personal plans provide clear guidance on how to support young people to achieve their goals and aspirations. They are supported to attend education provisions and work experience is sought if they are no longer attending school.

Care staff are knowledgeable and receive suitable training to enable them to deliver effective support. They feel supported within the roles by the manager and receive regular supervision and appraisal.

The environment is warm, comfortable and designed to meet the needs of young people living at the service.

"Young people are supported to spend time with people who are important to them. Arrangements are in place for young people to spend meaningful time with family members on home visits and visits to the service. "

One family member told us; *"We are really happy; the staff team are excellent"*.

"Young people's daily diaries are completed consistently by care staff and provide detailed accounts of day and night routines. Food diaries and weight charts are completed and evidence young people having a balanced lifestyle. "

Care staff are kind and have good knowledge and understanding of the young people they are supporting. One told us; *"I love coming to work and making a difference, it's nice to see young people progressing"*.



All of our adult services regulated provision has been at least judged to be good:

**Care Inspectorate Wales  
Awel Tywi Home  
February 2025**

Care staff receive a wide range of mandatory and specific training opportunities. They are knowledgeable about the people they care for, and this is corroborated by those living in the service and their relatives.

Care records provide a sense of the individual, but additional details are required to better reflect how their current care needs are to be met.

The manager, deputy manager and senior carers make a strong leadership team. They are well supported by the Responsible Individual (RI) to deliver a service which is greatly valued by the people living in Awel Tywi, their relatives and visiting professionals.

The RI visits the service regularly and uses these and a range of quality audit tools to ensure they have a thorough overview of the service.

The environment is clean with an ongoing programme of painting and upgrading in place.

Further consideration could be given to Internal decorations to better support people living with Dementia. The communal gardens offer attractive and safe places for people to use and socialise.

Health and medical professionals are proactively involved in the care and support of people. There are excellent communication links with the local GP practice who operate a weekly GP surgery at the service.






A visiting GP told us "This is an excellent service, with a very competent manager, the carers are very caring. They report issues correctly and follow medical directions well. There is a very good working relationship between the home and the GP Practice. We hold a weekly surgery in the home, the manager and staff are always prepared for this, and it works very well".

People and their relatives speak highly about the care and support they or their loved one receives and the care staff. They told us "The carers are very good to me, everyone is so kind", "the home provides excellent care and support to my mother and the staff always show patience and respect to her at all times. My mother is very content to be at Awel Tywi", "I cannot fault the care that my brother gets. He is well looked after, treated with respect and dignity at all times. The staff are so kind and caring not only to [X] but to us his family".

For some adult care provision, refurbishment will be needed to achieve an excellent rating and match the quality of care with the physical environment.

### **Commissioning activity undertaken**

We have undertaken the following commissioning activity which demonstrates our ongoing commitment to coproduce new services with people with lived experience, based on what matters to them:

	Community Based Services – encompassing Community and Accommodation Based (Supported Living) Services. Service implemented Autumn 2024. Framework Agreement.
	Domiciliary Care – refresh of existing framework. Completed 2024
	VAWDASV – encompassing Floating Support and Refuge Provision. Contract delivered by Consortia. Service Commenced Summer 2024.
	Housing Related Support – a new HRS model, incorporating In House provision and third sector specialist services. Tender evaluation completed Spring 2025. Framework. Service will commence in Summer 2025.
	Financial Wellbeing Support Service – New model of service including in house, commissioned and community led initiatives. Tender evaluation completed Spring 2025.

**“ To all the carers who used to care for mum who passed away. We’d like to express our gratitude for all the care, kindness & friendliness that they gave, they went above and beyond, always be very grateful as I know she was as well.  
Huge big thank you all. ”**

**“ You have been so lovely through all of this and we really appreciate it! ”**

**“ Thank you again for your support you have been amazing!  
Best Wishes ”**

**“ Thank you again for everything you have done for our daughter. She has made huge progress over the last few years. There are many reasons for this but it is due in no small part to your support and we have valued your work and commitment to her greatly. Knowing you are there supporting her and us has given us considerable reassurance. ”**

**“ You treated me like a person and added a bit of light humour, when you knew I needed a bit of moral support to get me through that meeting. So, we both can't thank you enough for that support when we most needed it! ”**

**“ Just a little thank you, applied for a BB my mum’s partner and then had an email yesterday to say it’s in the post!! We’re all super impressed as I did warn them it could be up to 3 months! ”**



## Compliments from the “In house Home Care service”

“

Our family member received the highest standard of care, you were empathetic you took time and you showed dignity and respect

”

“

As a family we cannot speak highly enough about the care team. Under the guidance of N and K who always offered practical solutions to our problems, empathising and sympathising but with a professional reassurance. If they said they would facilitate something we knew it would happen. Behind Nicola and Kim were a team of truly dedicated carers. The name said it all. They cared. Such lovely people.

”

“

The carers you have are phenomenal

”

“

I cannot thank you all enough for the care that you have shown K today during extreme weather conditions and testing circumstances. Your commitment to ensuring that K was kept safe and comfortable during a power outage is exemplary.

”

## Adult Services Compliments

Compliments received  
**123**

### Top 3 Teams

**29** System Flow and Urgent Care  
**28** Home Care  
**22** Long Term Care

## Adult Services Complaints

Complaints received  
**61**

**51** Stage 1  
**10** Stage 2  
**91** Redirect/NFA/On Hold

2 complaints were accepted outside the 12 months timescale  
5 were declined

6 complaints went to the Ombudsman  
1 Accepted  
3 Declined  
2 Early Resolution

### Stage 1

#### Nature of Complaint - Top 3

**22** Quality of Service  
**13** Lack/Delay of service  
**11** Lack of Info/ Communication

Acknowledged within timescale

**100%** Statutory **Corporate** **100%**

Responded to within timescale

**67%** Statutory **Corporate** **100%**

### Stage 2

#### Nature of Complaint - Top 3

**8** Quality of Service  
**3** Lack of Info/ Communication  
**2** Lack/Delay of service

**3** Upheld

**4** Not Upheld

**86%** Responded to within 6 Months

## Training



**8** Training sessions delivered

**126** Staff attended

## Children and Families Compliments

Compliments received  
**12**

### Top 3 Teams

- 5 Support and Safeguarding
- 4 Early Help and Assessment
- 3 Family Support and Resources

## Children and Families Complaints

Complaints received  
**83**

- 66 Stage 1
- 17 Stage 2
- 48 Redirect/NFA/On Hold

0 complaints were accepted outside the 12 months timescale  
2 were declined

11 complaints went to the Ombudsman  
2 Accepted  
8 Declined  
1 Early resolution

### Stage 1

#### Nature of Complaint - Top 3

- 19 Quality of Service
- 16 Staff Conduct
- 9 Response to concerns

Acknowledged within timescale

95% Statutory Corporate 78%

Responded to within timescale

45% Statutory Corporate 89%

### Stage 2

#### Nature of Complaint - Top 3

- 7 Quality of Service
- 4 Outcome of Assessment
- 3 Response to concerns

Stage 2 Concluded

8 Statutory Corporate 1

3 Upheld 1

5 Not Upheld 0

88% Responded to within 6 Months 100%

## Training



2 Training sessions delivered

49 Staff attended

### Examples of Statutory Stage 1 Complaints/Representations:

<b>Complaint/Representation</b> Regarding outcome of assessment.
<b>Outcome:</b> Reassessment of need to be undertaken along with a carers assessment.

<b>Complaint/Representation</b> Regarding the sharing of information about them.
<b>Outcome:</b> Explanation and reassurance offered.

### Example of Stage 2 Complaint/ Representation:

<b>Complaint</b> Regarding the care received in the local authority care home and the subsequent safeguarding enquiry
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## Next Steps 2025/26

The key actions and measures outlined in the business plan set out how we propose to do this in practice. This year we will focus on strategic objectives:

### Children and Families

1	Contribute to the Regional Partnership work to agree priorities and access investment to develop innovative practice and integrated services through a social model of intervention particularly in relation to 1. a NDD pathway and 2. the children and young people in the mental health 'missing middle'.
2	Introduce a new short break offer for disabled children.
3	Ensure an effective early help service that supports families to make the changes children need so that fewer children progress to a child protection pathway, and children can remain/ return safely home.
4	Increase the capacity of the fostering service to manage current and future demand, improve recruitment and retention rates and support for Foster Carers, to ensure a sufficient supply of in-house foster placements to meet the range of needs of children looked after in Carmarthenshire.
5	Implement a strategic programme for residential services including the acquisition, refurbishment, and development of two new children's homes, to meet the range of needs of children looked after in Carmarthenshire.
6	Develop a Corporate Parenting Strategy promoting ownership and accountability across the council as a Corporate Parent to ensure our looked after children and care leavers have every opportunity to reach their full potential.

## Adult Social Care and Integrated Services

1	We will continue to work with housing and other partners to develop a range of accommodation offers to support people to live well, with models of care & support which has promoting independence & outcomes at its core.	CBS
2	We will actively contribute to the development of a regional carers strategy and associated local action plan of implementation	CBS
3	We will actively contribute to the development of a prevention Strategy for Social Care by continued implementation of the third sector framework which has created five community hubs. This will include development of community transport.	CBS
4	To develop a single point of access for urgent care and crisis response, that will be available 7 days a week. (8am - 8pm)	IS
5	To work with Hywel Dda, CGI & Delta Wellbeing to create a platform to have a 360 view of a person to support information gathering to respond effectively.	IS
6	We will develop a robust Workforce Development Plan across Health and Social Care.	IS
7	We will increase the number of accommodation units by 15% within the next 12 months to meet our new demand and support people stepping down from residential care.	AS
8	We will establish 6 new supported living facilities by the end of March 2026 providing additional accommodation, care and support for a further 25 people.	AS
9	We will grow a sustainable In-house Home Care Provision across population groups by recruiting and training 25 new home care workers by Sept 2025.	AS

## Case Studies

### Case Study – Older Adults

Mr P, aged 76 years has a diagnosis of Dementia and was living with his wife in the community. Following an incident at home he was placed in a short-term residential placement where he remained for circa 4 months. I was allocated the case when his wife expressed her wish for him to return home. There were concerns about this because of the episode of physical aggression that led to his placement and in the care home he was showing behaviours that may have been difficult to manage in the community. However, it was felt that the only way to discover whether he and his wife would be safe and have their needs met would be to arrange a trial at home.

I took Mrs P to the care home to visit and spend some hours with her husband. This enabled me to collect collateral information and observe their interactions. Despite Mr P having difficulty with speech and forming understandable sentences because of his Dementia; when I asked who this lady was, indicating Mrs P, he stated 'she is my love 100%'. From collateral history I understand they have had a very happy and loving marriage of about 34 years.

An assessment of his mental capacity was completed, and he was deemed to lack capacity to make decisions about his care needs and residence. Best interest discussions ensued and despite some reservations from the care home and the mental health community psychiatric nurse, it was decided it was in his best interests to undergo a trial at home.

There were concerns about whether Mr P would be able to manage the stairs at home, it was not possible to ascertain this prior to his return home so a contingency plan was made. This was that if he was unable to manage the stairs, he would be able to sleep in the living room on a bed settee for a short time until other arrangements were made. He has been referred to the Housing Department and is on the list for a stair lift assessment.

Arrangements were made for a substantial package of care including domiciliary care (double carers) to meet personal and continence care needs, replacement care to enable his wife to have some time to herself without worrying unduly and respite care to be used in the event of an emergency and/ or in a planned way. This was developed in line with the behaviours Mr P was manifesting and interventions required by staff in the care home from their records and speaking with staff.

Mr P returned home to the delight of his wife, who had been grieving for him, having told me that she had missed him terribly during the time he was away. When I visited, he also appeared very comfortable and relaxed in his own environment.

I was able to cease the domiciliary care support as it was no longer required.

I monitored frequently during the initial stages in case any swift response was required, should the aggressive behaviour occur. Surprisingly, following a short period in hospital in the first few days of his return home due to Covid 19 and an ear infection he settled remarkably well. The care agency was able to be flexible in relation to the morning call to enable Mr and Mrs P to continue their religious needs by watching a religious service every morning. In fact, Mr P settled so well into his pre-placement routine that he was able to return to independent bathing daily, requiring minimal support from his wife and ultimately, I was able to cease the domiciliary care support as it was no longer required.

In relation to the replacement care, which was arranged to enable Mrs P to go shopping on the bus two mornings a week. Mr P was able to resume this activity also, he was reported to be greeted by the regular bus goers on his return and happy to go around the shops with his wife with no issues occurring. They take regular long walks around their housing estate to regain physical fitness which had declined during the placement because of lack of physical exercise.

During the short period of close monitoring the Community Psychiatric Nurse and Independent Advocate visited and were happy with the situation and ended their involvement. I had also made a referral for the Admiral Nurse to support Mrs P in relation to the best way for dealing with any behaviours and after a short intervention this service has also concluded. At the present time Mr and Mrs P are now living independently of services in their own home and Mrs P is aware of how to re-refer when/ if the need arises.

### **Case Study - Mental Health Wellbeing team in Adult Social Care and the new hoarding project**

The wellbeing team has been assisting an individual who was facing the repossession of his home. With the support provided, the repossession was successfully prevented, as it was having a significant negative impact on his mental health. Moving forward, the individual was supported in communicating with his mortgage company and ultimately decided to place his home up for sale. The individual also has hoarding tendencies, and his home, including spare rooms, was overwhelmed with belongings. At times of support, he required additional mental health support, which the Wellbeing Team facilitated by arranging short term intervention from the local crisis team.

Through both practical and emotional support, the team helped him organize and sort through his possessions. Some items were donated to charity, while others were taken to a refuge centre. This process was particularly challenging for him, as many items carried deep personal significance and memories. More recently, the individual received funds from the client needs fund, which enabled him to hire an 8-yard skip. This allowed him to clear garden waste, addressing complaints from environmental health.

Ongoing support has been provided by the Wellbeing Team, and the individual has also attended a hoarding support group at MIND. There, he has received peer support from others in similar situations, as well as guidance from professionals facilitating the group. This has empowered him to leave his home regularly to attend these sessions, where he connects with others and continues to make progress in his journey.



**Janine – Case Study**

**West Wales Regional Partnership Board**



**Moyna – Case Study**

**West Wales Regional Partnership Board**