

Report of the Director of Social Services 2008/09

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Introduction

You might be receiving social services, you might not, but you will have your own views, perhaps as a result of the experiences of your relatives, friends and neighbours. I hope this report matches your views and experiences and helps us all to understand how we can continue to improve services for you, your family and your neighbours.

While this is a report for the people of Torfaen and members of the council, it will also be used by the Care and Social Services Inspectorate for Wales (CSSIW) in determining their activity in Torfaen over the next year.

This is a new approach for evaluating social services – a report by the person holding the post that carries the responsibilities of the ‘director of social services’, rather than a report by CSSIW evaluating our services and relying heavily on management information and commentary from the council. Torfaen County Borough Council, along with Wrexham County Borough Council, is piloting this approach in respect of our performance in 2008/09 and all other councils in Wales will follow suit in 2009/10.

In this report you will see that we have set ourselves ambitious priorities. This is because we have high expectations of the services that are delivered to you and the community. We will not do all this in one year and some priorities will take longer to complete but we need to start them now to meet our longer term aspirations.

Keith Rutherford

Acting Chief Officer, Social Care and Housing Services

June 2009

1. How do we make things work?

The council spends more than £45m on social services; we manage these resources well and have only done that through striving to be efficient. These efficiency savings are going to be increasingly important in the current economic climate. We managed to underspend in 2008/09 and this will help us manage the budget this year. It has created a reserve to deal with the many pressures that we face in 2009/10. We have already seen some efficiencies by working closely with other agencies, e.g. Gwent Wide Integrated Community Equipment Service (GWICES), intermediate care services for older people and services for children in independent foster care agencies.

Our culture is to work in partnership across the council and with outside agencies. Everyone knows that 'if you are doing it on your own, you are probably doing it wrong'. This is a constant theme throughout this report and increasingly is what we do.

We know we need to do more, e.g. overall our workforce management is good, we have little difficulty at present in recruiting staff to most posts, and training and development opportunities are widely available; however, there remains the real challenge of tackling sickness absence.

The analysis underpinning this report shows us that we need a more consistent approach in gathering first-hand experiences from our service users and their carers. We also need to make better use of what they tell us.

We are making better use of office accommodation and encouraging more staff to work from home and from other locations around the borough. This means staff are more accessible and flexible to service users and can plan their work alongside their family responsibilities.

Service users have needs outside of normal working hours, so we have a joint arrangement across the former Gwent councils to provide support to people in emergency situations through an Emergency Duty Team (EDT).

The quality of, and easy access to, information remains important as it allows us to concentrate our efforts in key areas and improve our performance. All members of staff understand their part in making a difference to performance and that is how we can expect to continually improve. However, there is always room for making better use of good information and it is unusual now for any member of staff not to be frequently using information technology to help them do their job.

These are our priorities:

- Finding ways to extend how we currently use the experience of service users and carers in improving services
- Reducing sickness absence and its associated costs to ensure that we deliver a consistent service
- Improving flexible working, so that members of staff can meet their other responsibilities as carers and parents, and hence develop a more balanced life
- Continually reviewing, monitoring and managing our budgets to ensure that we are delivering value for money services
- Improving the ways in which we plan, commission and buy services
- Improving our collaboration with other local authorities to make better use of public sector resources and make a difference to how people experience the services.

2. Children's Services

Providing services for children, young people and their families relies on us thinking about everything that affects their lives when assessing and meeting their needs. Children's Services cannot and should not provide services in isolation. We recognise the important role that agencies have to play in planning and delivering high quality services. Partnership working arrangements not only inform our policies and procedures but also have a real and positive impact on outcomes for children and young people. We do things together through a range of forums and with key partners including the Education Service, Gwent Healthcare NHS Trust, Torfaen Local Health Board, Gwent Police, the Probation Service and voluntary sector agencies.

a) Child Protection

We know that having safe systems and procedures are a key part of both protecting and safeguarding vulnerable children, but systems alone don't protect children and we have established quality assurance processes which challenge and inform practice. Information and inspections in Torfaen offer some reassurances, e.g. in 97% of referrals a decision was made within 24 hours on whether to take any further action. However, more important is the quality of practice and the quality of the judgements that are made and tested out by senior managers regularly reading case records and having frequent discussions with social workers about the risks they manage.

The council takes its child protection role very seriously; we regularly present information to scrutiny committee and we are holding a members' seminar to launch the recently updated *Corporate Parenting Handbook*.

The chief executive and members ensure we are doing everything we can to safeguard and support vulnerable children through regular contact with senior managers in Children's Services. In the event of something going wrong, we always carry out a comprehensive review to learn the lessons, involving all the agencies that play a part in safeguarding children. This offers further reassurance but no guarantees that allow for complacency. This is an area of our work where 'doing it on our own' brings enormous risks, and therefore we never act independently in safeguarding children.

We work and share responsibility with the police, schools and the NHS, and work closely with parents, families and neighbours. The training of staff in child protection is planned and delivered jointly and always includes people from a

number of agencies. This works well in ensuring the most vulnerable children are protected, but is less well-developed in the wider safeguarding of children and young people, e.g. in promoting and developing safer routes to schools.

These are our priorities:

- We will learn from the events in Haringey surrounding the death of the child known as Baby P to continually test our systems, procedures and practices and confirm they are safe
- We will continue to pursue the principle of shared responsibility with all key agencies in our efforts to protect the most vulnerable children and young people
- We will give further consideration to developing a Corporate Parenting Panel to build on our *Corporate Parenting Handbook* and re-enforce the role of members in supporting positive outcomes for young people
- We will continue to strengthen our relationship with schools and the Education Service in promoting 'safeguarding' as a key principle in all work with children and young people.

b) Looked After Children

There are some encouraging signs to suggest that children looked after by the council are receiving timely, well supported quality services. More than 95% of reviews are carried out on time, and there is independent confirmation that all looked after children are in appropriate placements, many with their own families. The number of times that children are moved to a new placement is less frequent than the average in Wales, offering greater stability, which is essential in helping children feel secure.

There are more children looked after by the council than we would like and expect. However, through our work with Barnardo's and Action for Children, we have important projects that are showing encouraging signs of reducing, and in particular limiting, the number of children being placed in residential care. In recent years we have seen as many as 13 children in residential care compared with between four and six for the last two years.

We are confident that we can now provide an increasing range of services locally for looked after children. However, we need to ensure that we continue to recruit foster carers across the borough and especially from neighbourhoods that don't traditionally provide many carers. We are working with and providing leadership

to the other nine councils in south east Wales to develop a regional approach to commissioning and already realising efficiencies and cost savings by negotiating as a group of ten councils with independent sector providers.

These are our priorities:

- We will improve planning for the transition to adulthood for disabled children
- We will increase our pool of foster carers to improve choice for our children and young people
- We will recruit five additional social workers to help to manage capacity issues
- We will further enhance the After Care Employment Scheme
- We will improve the education available to looked after children and other vulnerable children and young people through joint work with the Education Service
- We will continue to work alongside the other nine councils in south east Wales to develop a regional approach to commissioning children's services.

c) Children in Need

Our aim is to keep children in their own homes whenever possible. We intervene when it is clear there are risks to the children, to prevent those risks escalating and by targeting those children who have or are likely to suffer significant harm. While there are limited resources to support this group of children and young people, we still work closely with other agencies, regularly agreeing joint work or agreeing who is going to take the lead. 'Families First' is a project, developed with Barnardo's, which aims to take early action where there are risks to children; we will review how effective it has been after its first year.

We know that we need to improve how long it takes to complete an initial assessment and we are aiming for 75% to be completed within seven days from the date of referral. A core assessment, where we have been able to make a more thorough judgement about what we need to do to enhance the life chances of the children involved, should be completed within 35 days. We aim to do this with 80% of cases, but we are not reaching this target yet. The introduction of new IT systems is contributing to the delay and, notwithstanding this, we need to embrace new technology.

The use of new technology for case recording and other electronic forms of storing information means social workers now spend less time with their service users. We are putting a lot of energy into helping front-line staff make better use of technology and hope that this will improve as social workers become more IT-literate. The recruitment of five additional social workers for Children's Services will bring down the average caseload.

These are our priorities:

- We will work in partnership to become involved with families early enough to make a difference to a child's life
- We will develop the Integrated Children's System (ICS) to improve our performance
- We will continually check how our performance compares against other local councils across Wales.

d) Disabled Children

We provide a wide range of services to meet the needs of disabled children, as well as supporting parents/carers. We are aiming to identify clear outcomes from our services, e.g. young people gaining skills that will enhance their independence. Parents, children and young people are being encouraged to play a part in shaping the kind of services that are in place. We are pleased that the key worker scheme was recently judged to be a good example of best practice. Collaborative work with National Youth Advocacy Service ensures the voices of young people are heard and their views integrated into our future plans.

We have extended the range of short break services, including a residential service in partnership with Monmouthshire County Council. This is a good example of two small councils working together and providing a better service as a result. The families of disabled children now have use of Direct Payments, where they are given the money to make choices about how best to meet their children's needs. This has given parents increased power to make decisions and they have developed some really creative solutions to meet both their own needs and the needs of their children. Torfaen play-schemes do not exclude disabled children and, in partnership with the Education Service, we have widened the range and scope of schemes available.

There is, however, no room for complacency. We still need to develop and expand the range of services available, always with the joint aims of greater independence for the child or young person as well as supporting the family members as carers.

These are our priorities:

- We will develop a toolkit for communicating with disabled children without speech
- We will continue to find ways of capturing the views of children, young people and their families
- We will evaluate how well the feedback we receive about services influences their development
- We will monitor our performance against National Service Framework targets to ensure that we are not falling behind other councils in Wales
- We will work with colleagues to continue to improve our transitions practice for young people moving into adulthood..

e) Leaving Care

Most of the work done with young people leaving care is carried out by the 16+ Team, which is now part of Torfaen Young People's Support Service (TYPSS). A number of different agencies play their part, e.g. Careers Wales, Benefits Agency, Youth Service, Education Service, Children and Adolescent Mental Health Service (CAMHS) and the Homelessness Unit. TYPSS provides a service for all vulnerable 16 to 21 year olds as well as meeting the council's responsibilities to those young people who have been in 'in care'.

The 16+ team provides a consistently high level service, aiming to complete 100% of pathway plans for young people on time and it is likely to have done that with over 70% of the young people it works with in 2008/09. There are very few not completed on time and they usually centre around the young person's reluctance to engage. However, we are not complacent and are always looking for ways to improve.

All young people leaving care have a social worker to support them and, although only 77% have a personal advisor, in real terms it is a small number who fail to engage with us and this is often linked to their individual circumstances. The support TYPSS provides to tackle young people's mental health problems, through the community psychiatric nurse, has bridged the gap between CAMHS and mental health services for adults. The council is committed to offering training and apprenticeships, as well as full-time jobs, to young people leaving care. In 2008/09 there were 12 young people working in some capacity for the council. We aim to increase this number and widen the opportunities available.

These are our priorities:

- Improve the number of pathway plans completed on time
- Increase the number of young people supported by a personal advisor
- Develop accommodation options to address gaps in service provision
- Increase the number of young care leavers offered training, apprenticeships and jobs with the council and continue to pursue European funding for this purpose.

f) Youth Offending Service

The Youth Offending Service is a joint service, with Monmouthshire County Council as the managing authority. Its aim is to prevent offending and re-offending by young people through partnership working of those agencies which have an interest in those aims, i.e. Social Care and Housing, the NHS, Education Service, Probation Service and the Police, who are part of the Youth Offending Team (YOT).

Many of the interventions involve working closely with agencies and partners outside of the YOT – such as TYPSS and Careers Wales. All the YOT's work with young people is underpinned by the principles of assisting them to take 'Responsibility' for their actions, make 'Reparation' for their actions, and be 'Reintegrated' into their communities; hence community involvement is central to this work.

There is a local management board that ensures the team's performance is regularly monitored and action taken to put things right, when necessary.

The team's performance is regularly one of the best in Wales and overall compares favourably on many areas of practice. In particular, the number of young people coming into the criminal justice system is falling in Torfaen and Monmouthshire. A recent inspection confirmed that judgement.

These are our priorities:

- Work closely with the Education Service to ensure young people receive good quality provision to enhance their life chances
- Understand how recent trends and patterns of behaviour may suggest changes in planning for the future service
- Continue to ensure that performance is good and take action where necessary to improve our performance
- Monitor changes in the law and the impact of these changes on the workload of the team.

3. Adults (including older adults)

It is essential we work closely with the NHS as we have common concerns and challenges to meet the health and social care needs of adults. Therefore it is now unusual for the council to be commissioning services for adults and older people without doing it jointly with the NHS. We have developed joint commissioning strategies, with Outcome-Based Action Plans, for key groups of service users, ensuring a joined-up approach to prioritising investment across local government and the NHS.

This can be seen in the way additional resources were secured to meet the needs of people with long-term and chronic conditions through NHS Continuing Health Care resources. It can also be seen in the sharing of responsibility for reducing Delayed Transfers of Care (DTOC) by the chief executives of the council, the LHB and Gwent Healthcare NHS Trust. This joint approach to planning health and social care services has placed service users and carers at the centre of shaping future services. The re-design of health, housing, social care and well-being services in north Torfaen has also been tackled jointly, in turn creating efficiencies and breaking down professional and organisational barriers.

We have developed effective partnership working with CSSIW to ensure that our common aim to protect vulnerable people and improve service provision, overrides any organisational tensions.

a) Supporting Transition from Children's to Adults Services

We now start planning transition when the young person is in his/her 14th year, with a named link worker in the particular Adult Services team so that parents know who to talk to. Schools are an important part of this planning as they know the young person and his/her parents well. However, the aim is always to help young people to become as independent as possible, while recognising any risks for the young person and the worries of their parents. Direct Payments, where families receive the money to make their own arrangements, can make a real difference. Some families are already using Direct Payments and finding ways of using the money to make life much better for the young person and for their family, as well as offering them much more control.

We are working closely with our neighbouring councils to ensure all young people receive the best possible help in making the changes and that we learn about what others are doing elsewhere.

Young people still have to repeat their story to too many agencies and joint working between councils, schools and the NHS should prevent that from continuing to happen.

These are our priorities:

- Ensure each disabled young person in their 14th year has a named link worker in Adult Services who will attend annual reviews and work with the family to plan their future
- To implement the Gwent Transition Policy and make sure we learn from having transition workers, and develop better ways of planning and offering services
- Make more use of Direct Payments so that young adults can make choices about their future
- Support more young adults to secure local homes, offering support to maximise their independence and well-being and retain their local connections.

b) Older People

Over recent years we have developed a wider range of services to maximise people's independence and enable them to stay in their own homes, e.g. extra care housing for older people and extending intermediate care (including making much more use of telecare and new technology). Overall this has been successful. We have recently established a Falls Prevention and Support Service and developed step up/down intermediate care facilities in sheltered housing units, to prevent a hospital admission or support a safe discharge home.

People tell us that they would almost always prefer to stay at home with support rather than move to a residential home. Tenants at Ty George Lansbury (the first extra care scheme in Torfaen) say it is working very well for them, our telecare services are better than those in other parts of Wales and intermediate care and reablement services have been recognised in national awards. We are showing people can avoid hospital admission, even when they have complex health and social care needs.

The results of these developments can be seen in improved numbers of people helped to live at home and a reduction in the numbers of people delayed unnecessarily in hospital, from over 206 in 2007/08 to 117 in 2008/09.

To improve quality and efficiency, we have redesigned our in-house personal care team to focus on rehabilitation and supporting people with complex needs. It is still early days, but the in-house team is developing skills to support people with dementia and complex needs.

We have also developed a number of block contracts with domiciliary care providers to improve reliability and offer some certainty so that they can plan their business in line with what we need. While this process has been disruptive for some people we believe the indications are good and the contracted services will begin to demonstrate the improvements planned over the next year.

We recognise that there is a risk that the care home sector for older people is not able to provide consistent and sustainable quality. We are working in partnership with providers to find long term solutions and offering block contracts is one way to offer our providers commercial security.

People have sometimes encountered difficulties in accessing social care services quickly. We are improving this by placing a social worker in the customer care centre, so professional advice is available at the point of first contact. We are tackling sickness absence so we have more people available to respond to initial enquiries. We are making better use of new technology so our staff can work more effectively away from the office.

These are our priorities:

- We will focus on early intervention by helping people to regain their independent living skills
- We will manage the changes to people's domiciliary (home) care to reduce the disruption caused by moving to block contracts
- We will develop and encourage the use of telecare services, so that they are a core part of the services on offer to all older people and we will strengthen intermediate care services
- We will plan to increase the number of extra care housing schemes in the borough over the next five years
- We will work with neighbouring councils to achieve efficiencies in our commissioning activity and also deliver services that are fit for the future, based on what people will want and are likely to need in 20/30 years time
- We will improve customer services and make further changes where necessary.

c) Disabled People's Service

Like all other groups of people, disabled people find it a lot easier to access health and social care services if those services are coordinated and, ideally, integrated. We created a Disabled People's Service in 2007 to make it easier for people to access services without having to contact different departments and organisations. The service brings together occupational therapists, surveyors and social workers and they are now all based in one office. This means our response should be well-planned and delivered with the focus on the citizen. Some of the practices and policies have needed changing for some time and this is happening with the aim of avoiding unnecessary delays and complexities.

This new service, with a single manager, has allowed us to review what needs to change and expand it during 2009/10 with the approval of an updated policy on disabled facilities grants. In addition, the service is going to test out alternative working practices, having already shown improvements in performance through better use of new technology. We are reviewing our capacity to deal with the issues that are affecting how long people have to wait to receive equipment and/or adaptations to their properties, acknowledging that waiting lists have risen.

There are still limited options available for respite care and a lack of services for people with complex needs. It is no longer cheaper to support someone at home than in a residential or nursing home and this will present a challenge due to limited resources even though our intention is to avoid people having to leave their own home. There has been an increase in the number of people using Direct Payments and this may provide the best option by allowing people to make arrangements to meet their own needs, however complex.

These are our priorities:

- We will review capacity and demand within the OT service to ensure that we are meeting the needs of service users
- We will ensure disabled facilities grants are maximised to support people to remain in the community
- We will continue discussions with providers to develop new services
- We will ensure that care plans are more 'outcome focused'
- We will review the accommodation and IT facilities available to the team.

d) People with Mental Health Problems

There have been far too many older people delayed in hospital when they are fit for discharge. The delay in some cases was due to a lack of appropriate accommodation. At the end of 2007, we commissioned a small number of residential places to enable older people with dementia and other forms of mental infirmity to be discharged from hospital and that has proven really successful and continued through 2008/09. In January 2009, there were no people delayed in hospital due to 'no appropriate placement available' and that is a real success. In April 2009, the block purchase went ahead with a local provider for 39 EMI registered beds across three care homes in the borough. This addressed the need to increase the number of registered EMI beds in Torfaen.

The Community Mental Health Team now shares accommodation with Gwent Healthcare NHS Trust staff and we are seeing the benefits of collaboration, e.g. NHS Trust staff now carry out the care co-ordinator role and the extended hours rota is shared across both teams.

Investment in community-based services, such as Assertive Outreach, and the First Access Service Team, and widening the availability of psychological therapies, has resulted in fewer hospital admissions.

The new Deprivation of Liberty Standards (DoLS) legislation, which potentially affects all adults who have problems with their mental capacity, was successfully implemented via a consortium of councils and mental health agencies across Gwent, with local practitioners attending and contributing to training programmes to ensure effective implementation.

These are our priorities:

- We will develop services to enable people placed far from their home, family and friends to return closer to home
- We will ensure care plans are focused on the outcome we have agreed with the service user
- We will consider how to help some voluntary sector agencies re-design and modernise their services or de-commission those services to meet new priorities
- We will ensure Deprivation of Liberty Standards (DoLS), the Mental Capacity Act and changes to the Mental Health Act are implemented
- We aim to move beyond co-location of teams towards an integrated service, with a shared budget, integrated IT and case file systems and single line management.

e) Learning Disabilities

In March 2009, the Learning Disabilities Team moved into shared accommodation with the Gwent Healthcare NHS Trust team. This had been planned for several years and marked the start of providing services through one telephone number. This is a strong theme of many of our services and we will 'strive to avoid doing things on our own'. This will sometimes be limited by the resources available.

We have improved the quality and range of day activities available and some people are now supported in their own flats, as tenants with their own 'front door'. We have relied on residential care too frequently in the past for people with learning disabilities, when, with support, they can lead quite independent lives.

We have inherited a legacy of very expensive services, developed following the closure of local long-stay hospitals. This leads to continuous pressure on the budget. These services need to be modernised and that can only be successfully achieved through working with providers, service users and their families, and neighbouring councils. An independent review in 2007 made several suggestions and moving people into their own tenancies from residential care was one such recommendation that we had already started to put in place. We need to do much more. We plan to work closely with our neighbouring councils in commissioning services for people with learning disabilities and making cost savings with the providers of those services.

These are our priorities:

- We will review longstanding care plans to ensure a person's independence is maximised, that support is cost-effective and that Direct Payments are offered whenever possible
- We will reiterate the aim of the service as maximising people's independence and well-being
- We will develop a strategy to meet the needs of people with Autistic Spectrum Disorder (ASD)
- We will ensure care plans are more 'outcome focused'
- We will develop much closer integration of the service with the co-location of the council's and the NHS Trust's teams, e.g. sharing information systems, aligned or pooled budgets and integrated management
- We will use new ways to cost support packages in collaboration with neighbouring councils
- We will continue to work with neighbouring councils to secure economies of scale through collaborative commissioning, e.g. Gwent Learning Disability Commissioning Advisory Group.

f) Protection of Vulnerable Adults

We have worked closely with other councils in south east Wales to put in place effective policies and procedures to protect vulnerable people/adults. We are able to identify some people at risk early on and find ways to reduce that risk. We have learned a great deal from our experience of protecting children and young people, particularly the need to bring people together from across all interested agencies to agree the action necessary to protect a vulnerable person under the age of 18 years and to share responsibility for the outcome.

We have had high numbers of adults needing protection over the past three years, but it is not clear whether this is mainly due to the impact of training and raising awareness among professionals and the public, rather than there being more people at risk locally. All referrals concerning a person's vulnerability and the associated risks are investigated and we always take action to reduce risks.

These are our priorities:

- We will establish an integrated Safeguarding Team across Children's and Adults Services, although the responsibility will be shared respectively between the Head of Children's Services and the Joint Director/Head of Integrated Services – the aim is to share best practice and create efficiencies through pooling resources
- We will use evidence from effective interventions to develop new and improved service models
- We will monitor how many people need protection to understand if there are special circumstances locally that produce high numbers
- We will press key agencies to always send representatives to meetings where decisions are being made about action taken to remove/reduce risks for vulnerable people
- We will review and improve working practices and documentation to ensure best use of resources
- We will continue to provide training for internal and external practitioners and managers to promote best practice.

g) Support for Carers

Carers are an essential part of the system that sustains disabled and older people, as well as disabled children and young people within their families and communities. We have developed a range of services and support for carers, including support for Torfaen Carers' Centre. Carers are in a unique position to understand the needs and preferences of the person for whom they are caring, offering an intelligence that is essential in informing future plans for improving services.

Carers also have their own needs which need to be assessed. Torfaen Carers' Centre in Pontypool is recognised as best practice in providing good information and constructive support to carers in a safe environment, while their loved ones are supported elsewhere. The council received recognition from Excellence Wales for its innovative carer support services, including promoting the health and well-being of carers, offering Moving On from Caring courses and negotiating bargain holidays for carers with major holiday companies.

The Carers' Support Worker completed almost 400 carers' assessments during 2008/09 and substantially reduced the backlog with the support of an additional member of staff. The Carers' Centre signposted 250 carers to support services and offered practical support to more than 500 carers during 2008/09. Seventeen carers went on a four-day respite break to Southern England and 10% of Direct Payments are taken up by carers, one of the best take-up rates by carers in Wales.

A number of courses have been developed to support carers. 68% of new carers attended one of the courses during the year, totalling 100 carers during 2008/09. More than 6,000 hours of respite care is provided annually throughout the borough to carers.

These are our priorities:

- We will increase capacity by employing a further Carers' Support Worker
- We will identify new carers and ensure they know what support is available to them
- We will identify innovative solutions to support carers
- We will give priority to carers receiving assessments in their own right
- We will work with education and other agencies to identify and support young carers.

Conclusion

There remains much to do and there can never be any room for complacency in a business where we have to manage and take risks. The people we work with bring all their human frailties, as do our staff at times, and therefore there can be no guarantees about things never going wrong.

However, we have shown over a number of years that we do have safe systems in place, systems that require all agencies to be involved towards our goal of sharing responsibility for protecting and safeguarding children, young people and adults.

The theme of 'not doing anything on our own' runs throughout this report and has a strong flavour in our work with other councils, particularly in developing a regional approach to commissioning services for children and adults.

We have referred on several occasions to shifting the focus to 'outcome-based' planning. It will continue to be a priority, highlighting the outcome of our work needs to offer real tangible benefits for both users and carers, particularly when we have to take action to protect and safeguard people.

We welcome your views. If you would like to comment on this report, please email me at DOSC@torfaen.gov.uk

Keith Rutherford

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June 2009

