Comisiwn Annibynnol ar Wasanaethau Cymdeithasol yng Nghymru

Independent Commission on Social Services in Wales

From Vision to Action

The Report of the Independent Commission on Social Services in Wales

November 2010

Report of the Independent Commission on Social Services in Wales

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Introduction by the Chair of the Commission

The work of the Independent Commission into Social Services in Wales has been undertaken in little more than ten months by a team of four commissioners, with a secretariat and support staff. Our findings are based on, and grounded in, what we have heard and learned from the real experiences of people in Wales. We have received written evidence from almost one hundred individuals and organisations, and have organised oral evidence sessions in Llandudno, Builth Wells, Cardiff and Carmarthen with a variety of service providers, managers, service users and carers.

In addition to these formal hearings of the Commission I and other members of the Commission have had many individual meetings with civil servants, politicians, researchers, and representatives of various organisations and lobbying groups – in a range that goes from Ministers of the Welsh Assembly Government to a six year old service user. I have also taken the opportunity to visit various parts of Wales to meet with frontline workers and service users. In Denbighshire, Newport, Cardiff, Merthyr Tydfil, Swansea, Ceredigion and Caerphilly, I have been struck by the commitment and energy of those people whom I have met, together with the warmth and hospitality with which I have been received. These people have given me numerous insights into the practicalities of modern social services in Wales.

I began my own working life as a social worker with Sheffield City Council, working with the families of children and adults with disabilities, and later I trained and worked as a psychiatric social worker. But the bulk of my working life has been spent in universities and polytechnics primarily in social work education and training, and also in the training of probation officers, youth and community workers, health visitors, and in the policy fields of criminology and drug misuse.

Over the years I have therefore become increasingly distant from the day-to-day business of social work and the planning and management of social services organisations. In this respect, the skills and experience of my colleagues on the commission - Julie Jones, Rhian Huws Williams and Phillip Robson - have been an immense contribution, not only to the work of the Commission but also to me personally. It would be immodest to say that they brought me 'up to speed', but they certainly ensured that I didn't slow the journey down too much or too often.

The work of the Commission would also not have been possible without our secretariat – at first David Rich, then Paul Webb, and for the bulk of the time Sarah Austin - who have smoothed the way for us and helped tie things together. We have also had the help of an admirable support team, at different times Matthew Gray, Leigh Davies and Rebecca Perez. Finally, we have received invaluable support from Mike Shanahan in helping to draft this report.

It has been a challenging but rewarding experience working with the commission. It is to be hoped that our report points some ways that will be of benefit to the citizens of Wales.

Social services unlike the NHS are not, and never have been universal services. They evolved essentially from the post war welfare state reforms of the National Assistance Act of 1948 and its provisions for 'Part III accommodation' for older people and from the Children Act, which themselves derived from the Poor Law institutions, orphanages and workhouses of an earlier age. It is to be hoped that the current UK Government's commitment to a 'Big Society' does not involve a return to Samuel Smiles and Self Help and the Dickensian Bleak House. Even so, the severity of the financial climate means that different ways of working will have to be found in all public services.

Wales has already set in motion its own public service transformation agenda, work that started after this Commission was established but we hope that the work of the Commission alongside other work in Education, Health and Local Government will contribute to that wider programme of change as well as set the specific agenda for social services and social care services.

Our proposals involve a more efficient means of collaboration, intelligent commissioning and an emphasis on preventive services built around the service user, their families and carers. Our report was drafted before the full extent of the austerity measures was known. But whatever difficulties might have to be faced in the future, my positive experiences of meeting with managers of social services and frontline workers across Wales, should give all of us every confidence that they will make the very best of what might prove to be an extremely difficult job.

Geoffrey Pearson

Executive Summary

The Commission's Work

The Commission started its work 10 months ago. We were asked to consider the provision of social services over the coming decade and to look particularly at: the development of professional practice; building inclusive social services; effecting a step change in collaboration and ensuring services are integrated and capable of meeting the needs of all client groups. This, with other work commissioned separately is to inform a White Paper to be produced by the Welsh Assembly Government in early 2011. We had written evidence from over 90 organisations and held over 150 meetings.

Building from Strength

In recent years social services have enjoyed a higher profile within national and local government and have seen notable improvements in leadership, the range of services, innovation, user satisfaction, collaboration, workforce qualifications and other improvements flowing from workforce regulation. These are real strengths to build upon going forward.

The New Realities

Outlook for Public Spending

The outlook for public spending is bleak. Investment decisions need to be about "whole systems". We note that social services are a key part of the work being taken forward by the Efficiency and Innovation Board.

Retrench or Reform

Retreating into core services and away from prevention and collaborative improvement would undo gains made in recent years and would quickly become unsustainable. Social services need instead to seize opportunities for efficiency and transformational change and assess the longer term impacts of investment decisions.

Experience of Service Users and Carers

We identify issues to be addressed for specific client groups including looked after children and children in need, people with learning disabilities, adults and children with mental health problems, older people, people with physical disabilities and carers. We highlight the problems of consistency and in transfers and transitions.

We touch upon other issues which, while important, were less prominent in the evidence we received including substance abuse, the diversity of the population and language needs.

All of these issues reinforce the crucial role of social services' in responding to inter-related areas of social difficulty and the importance of its place within local government alongside, housing, education and other local government services.

Responding to the Realities

The Role and Position of Social Services

We endorse the role of social services as defined in the Strategy *Fulfilled Live, Supportive Communities* as one of: promoting social inclusion and independence, supporting people through difficulty and vulnerability, protecting the vulnerable and championing within local government the vulnerable and those at risk. The analysis in the strategy remains valid. The task now is to translate the Strategy's vision into action at greater pace.

We emphasise the integrated nature of social services functions, in supporting and enabling people over life's course. This underlines the importance of strong links to other local government services including: housing, education, youth and leisure services, transport and community development. It is vital to keep adults and children under the same professional

leadership if the needs of children within families are to be properly addressed.

We are not persuaded that some social services should transfer to the NHS. This would undermine the integrated support, protection and inclusion for the vulnerable provided by the local government family. There are faster and less disruptive ways to address the issues encountered at the interface between health and social care. We recommend that social services and social care for adults and children should remain a local government responsibility.

Targeted Change

We heard concerns about the plethora of improvement initiatives and propose in this report a small number of priorities where most urgent action is needed and which are likely to have the greatest impact.

National Regional and Local

We recommend a national/regional/local model for the planning, commissioning and delivery of services to facilitate collaborative working between local authorities and between different public services. Most delivery would still be managed locally but more integrated thinking at higher levels would promote better joined up services locally. We suggest a number of areas suitable for attention at national level which will promote equity (e.g. entitlements for looked after children and care leavers) and/ or efficiency (e.g. national specifications for commissioned care services).

The greatest gains from collaboration are likely to be at regional level. We suggest where a regional approach should be pursued. Having examined different models for the geographical coverage of the regional level we recommend that the Local Health Board (LHB) footprint should be adopted.

To address concerns about the inefficiency of the multiplicity of local strategic partnerships in which social services are engaged we recommend aggregating these partnerships up to the LHB footprint area thereby reducing their number by two thirds.

Voice and Control

More personalised services promote better outcomes, greater user satisfaction and can often be more resource efficient. People require voice <u>and control</u>. We define the principles of good personalisation. We highlight the importance of responding to the Welsh language needs of service users and carers. We recommend that the Welsh Assembly Government should champion self directed support, work with partners to ensure people have good information and advocacy to inform their choices and that the Welsh Language toolkit developed by the Care and Social Services Inspectorate for Wales (CSSIW) should be adopted in planning, commissioning and delivering services.

Improved Assessment Systems – the Burden of Assessment

Current assessment systems for adults and children are overly-bureaucratic, too concerned with process, poorly served by IT and do not assist professional judgment about risk. We recommend that they are urgently reviewed taking into account ongoing work in this area. We also recommend that there should be a review of data collection and analysis to support evidence-based practice.

Entitlement and Portability

We note the Law Commission's proposals for the reform of adult social care law and the concerns about equity we heard in our evidence. We recommend that the Welsh Assembly Government and Welsh Local Government Association (WLGA) should lead on developing a national portable assessment scheme supported later by national eligibility criteria. We also recommend that all-Wales entitlements should be established for Looked After Children.

Transitions and Transfers

To respond to the many concerns we heard around the transition from children's to adult services, for care leavers and at other key points in people's lives, we recommend that the Association of Directors of Social Services

(ADSS) Cymru with the Care Council for Wales and the Social Services Improvement Agency (SSIA) should lead a review of transitions and transfers as a practice issue to improve the experience of users and carers.

The Mixed Economy of Care

Private providers are likely to remain predominant in a growing mixed market of care. We can also expect more "micro-providers" if more personalised models of support are adopted. Opportunities to shape the market to innovate and achieve efficiencies are being missed. We recommend that private and voluntary sector providers should be more constructively engaged in the planning, design and commissioning of services. We also recommend that micro-providers and user-led organisations should be encouraged to contribute to self directed support arrangements.

Using ICT to Modernise Social Care

Social services should be firmly in the digital age and fully engaged in the Welsh Digital Inclusion Strategy. Digital technology offers flexible and relatively cheap ways of supporting service users, enabling self help in local communities, transforming systems and processes and helping people to stay in control of their lives. Telecare, telehealth and assistive technology should be more rapidly developed with the NHS as a more integrated service supporting independence, prevention and early intervention.

We recommend that under Welsh Assembly Government leadership, local authorities and providers should effect a step change in the development, promotion and application of digital technology.

Putting up to date information into the hands of parents, young people, people seeking support and their families is critical to empowerment. Information needs to be high quality, accessible and sensitive to language needs. The third sector can play an enhanced role in supporting IT-based self help in the community.

We refer to the problems of data sharing as an obstacle to collaboration between public services and the burden of collecting data which is not properly used. We refer back to our recommendation to review data collection and analysis (see the section entitled Improved Assessment Systems – the Burden of Assessment above).

Leadership

The Welsh Assembly Government needs to be more focussed in its expectations of social services. Local politicians should promote understanding of social services and joining up across council departments to assist social services in supporting and protecting the vulnerable.

We recommend that the Assembly Government should concentrate on a small number of priorities for social services in a 5 year plan and that the social services and social care leadership across Wales should work together to enhance the reputation and public confidence in social services.

Professional Development in the Workforce

Workforce matters comprise a separate work strand informing the White Paper. We have shared the evidence we received on this with the Assembly Government.

We note the beneficial effects of workforce regulation and the considerable strides that professional development has made. Negative media coverage of social work has, however, promoted a risk averse culture and an over reliance on process. The need is to rebalance towards professional judgment and reflective practice, to assist, safe confident, evidence based-practice.

We suggest several areas that will contribute and recommend that the Assembly Government working with employers, the leaders of the profession and others should lead a change programme whereby career pathways and continuous professional development are valued and encouraged. We also recommend that ADSS Cymru, working with employers, should develop

a more effective leadership programme with an emphasis on succession planning.

Commissioning

We welcome recent developments to support improved strategic commissioning noting that social care represents the second largest area of public procurement after construction. We recommend that the Welsh Assembly Government should continue to provide central support for better commissioning including joint commissioning practice and capability taking into account commissioning by individuals through self-directed support.

Prevention, Early Intervention and Re-ablement

We note the initiatives in train and that the evidence of better outcomes and longer term cost avoidance is improving. We highlight children in need and carers as particular areas where more timely, flexible responses are needed. We recommend that schemes of prevention and early intervention should continue to be supported and that there should be a renewed focus on re-ablement so that people are well supported to recover their independence. We recommend a public-sector wide review of services to children in need and that carers' needs should be addressed.

Protection and Safeguarding

We note that the work in these areas is in train in the Adult Protection Advisory Board and the Welsh Safeguarding Children Forum. Safeguarding is a shared responsibility across several agencies. We heard of difficulties in getting some bodies to discharge their obligations, poor attendance and lack of resources. Part of the difficulty is that Adult Protection Committees and Local Safeguarding Children's Boards are not accountable in their own right, but only through their component organisations.

We recommend a review of the accountabilities of Local Safeguarding Children's Boards and Adult Protection

Committees. Earlier in our report (in the section under National, Regional and Local) we recommend that these should be among the partnerships that are scaled up to the LHB footprint level.

Regulation, Inspection and Improvement

We note current developments in inspection, workforce regulation and Directors of Social Services' annual reports as contributions to improvement. We suggest that inspection needs to move more quickly towards concentrating on outcomes and that the next set of annual reports need to be sharper about where improvement is needed.

We welcome the contributions of the Care Council for Wales, the SSIA and the Social Care Institute for Excellence (SCIE) to informing and fostering improvement.

We identify the need for better arrangements for analysing data and sharing evidence. We recommend that the Welsh Assembly Government works with the leaders of the profession to establish a work programme to support sector priorities. We also recommend setting up an Advanced Centre for Learning and Research managed as a virtual collaborative between Higher Education Institutes and closely linked to the National Institute for Social Care and Health Research (NISCHR), SSIA and SCIE.

Chapter 1
The Independent Commission on Social Services in Wales

1. Our Remit

1.1 The Deputy Minister for Social Services announced in July this year that the Welsh Assembly Government intends to publish a White Paper on Social Services early in 2011. The White Paper will set out a clear direction of travel for social services and social care drawing upon a number of work streams including;

- the work of this Independent Commission on Social Services (see our Terms of Reference below);

- the Social Work and Social Care Workforce Task Group;

- the Reports of the Adult Protection Advisory Board and the Welsh Safeguarding Children Forum and

- a Review of Regulation and Improvement.

Our Terms of Reference

1.2 The Deputy Minister asked us to consider the provision of social services and social care over the next decade and in particular how the Assembly Government can:

- support the further development of professional practice;

- build inclusive social services based on the contribution of all partners who work in social care;

- effect a step change in collaboration between social services and with other key services and

- ensure integrated social services capable of meeting the needs of children, young people, adults and older people in the most effective way.

1.3 While we had to concentrate in this report on addressing these questions, the wealth of evidence we received has given us insights way beyond these issues and we have attempted where appropriate to reflect and include this in the report.

1.4 In considering the four specific issues we were asked to have regard to the impact of changing public expectations, demographic changes and a range of resource scenarios that ensure a sustainable service. We were also asked to have regard to the wider policy context including:

- The principles set out in *Fulfilled Lives, Supportive Communities*

- the Assembly Government Green Paper on Paying for Care and the outcome of the consultation on the Green Paper

- Ministerial commitments to review the future funding of social care and social services

- The Task Group on the future of the social work and social care workforce

- The Assembly Government led public service reform programme, including the evolving arrangements for local government and health services

- The Primary and Community Health Strategic Delivery Programme.

1.5 The Welsh Assembly Government's further consideration of how to reform the current system of paying for care has been deferred following the establishment by the UK Government in July 2010 of an Independent Commission to consider the various options for reform. Any major reform of how care is paid for will need to be led by the UK Government as key areas such as taxation, National Insurance and welfare benefits are

non-devolved. The Commission has been asked to report by summer 2011 and to consider the implications for the devolved administrations in drawing up its recommendations. The review of funding of social care and social services is linked to this and to the implications for Wales of the Comprehensive Spending Review announced in October 2010.

Membership of the Commission

1.6 Biographical details of the members of the Commission are at Annex 1.

Acknowledgments

1.7 We received written evidence from over 90 organisations. In individual Chair's or full Commission meetings we met over 150 individuals and representatives of various organisations from the public, private and third sectors including organisations representing service users and carers and service users and carers themselves. We also met senior managers, front line workers, professional bodies, trade unions and senior civil servants.

1.8 We wish to record our gratitude to all those who contributed written and oral evidence to our review and gave so freely of their time.

1.9 A full list of those who gave written or oral evidence appears at Annex 2. At Annex 3 we list meetings and visits undertaken by the Chair and members of the Commission. Written submissions to the Commission are published on the Commission's website at www.icssw.org

1.10 We refer to a number of good practice examples during the course of this report. There will no doubt be many others but we can only use and quote from examples that have been provided to us. Some of those we refer to we came across only by accident. Elsewhere in this report we comment on the

need to ensure that good schemes are more widely shared and that successful projects are scaled up to programmes.

We and those we have spoken to have found it hard to keep pace with the "blizzard of initiatives" which is a feature of modern day social services. We hope that our work will help to give direction and pace.

Chapter 2

This chapter outlines the progress that social services have made in recent years as a basis for moving forward.

2. Building from Strength

2.1 Social services and social care are a major industry in Wales, with a total public investment currently of around £1,418 billion per annum (Welsh Assembly Government (WAG) forecast outturn for 2010-11). There are about 70,000 people employed within the sector, of whom the majority are working in care agencies for private and voluntary services. About 27,000 are directly employed by local authorities. These include about 4,500 registered social workers, together with other specialist staff such as occupational therapists and mobility and rehabilitation workers.

2.2 In addition there is a huge army of informal carers - estimated at nearly half a million people - who, although not part of the paid workforce, make an immense contribution to the care of older people, children and families and those with a range of disabilities. It has been estimated that families and communities provide 70% - 95% of care provision in Wales. Without this input of unpaid 'informal care' there would be even more fundamental challenges to the formal system of local government and health service provision.

2.3 The unremitting pressures facing social services and the media attention given to serious failures can lead to a perception of permanent crisis and irreversible decline. The reality is different. We therefore feel it important to acknowledge at the start of our report the considerable gains there have been in recent years.

Sustained Progress

2.4 The report on the lessons from joint reviews *Reviewing Social Services in Wales 1998-2008 – Learning from the Journey* (Care and Social Services Inspectorate for Wales (CSSIW) and the Wales Audit Office (WAO) 2008) noted:

on leadership:

> *"… there are welcome signs of improvement in the leadership of social care within councils since joint reviews began 10 years ago. Social care has been given a much higher profile within councils and there has been significant new investment. A strong emphasis on workforce development has yielded positive results with most councils showing consistent improvement in this area".*

on the range of services available the report said:

> *"There has been an overall improvement in the range of services available with more systematic matching of resources to needs and priorities. Better partnerships with the voluntary sector are also helping services to be delivered more effectively. Progress has been made in developing more focused approaches to promoting independence and rehabilitation with some good project based services now available."*

On innovation and service user satisfaction the *CSSIW Annual Report for 2008-9* (CSSIW, 2009) said

> *"… There are many examples of innovative and excellent practice throughout Wales, and people continue to report good levels of satisfaction*

with services. Social care services need to build on and further develop these opportunities in order to continue and increase the pace of change which is needed. With public services facing a challenging future, improved partnership working at all levels across services is needed to deliver effective citizen centred services".

2.5 During our review we saw and received evidence of number of innovative schemes working across organisational boundaries designed to sustain people in their communities and to encourage independence and improvements in the quality of life experienced in good care homes.

2.6 <u>On collaboration with other agencies</u> social services are probably doing more than most other public service areas in responding to the citizen-centred agenda of public service reform set out in *Making the Connections - Delivering Beyond Boundaries* (WAG, 2006). We note, for example, that nearly 60% of current priority projects overseen by Local Service Boards there is active social services involvement. There are clearly a range of staff including managers and frontline workers who have developed skills which that enable them to work across organisational boundaries.

2.7 The social services and social care workforce is <u>increasingly better qualified</u> and employers report increasing satisfaction with the quality of training available. Social work is a regulated profession, Wales has also seen the value of regulating residential child care managers and workers, managers for residential care for adults and for domiciliary care. Workforce regulation has been embraced in Wales by all stakeholders as part of the drive to improve standards and support professional development.

Higher Profile

2.8 The establishment of a Deputy Minister post with responsibility for social services and a Director level post within the Assembly Government civil service have also helped to raise the profile of the specific contribution made by and challenges facing social services and to signal the increasing importance accorded to social services by the Welsh Assembly Government.

2.9 Local government, for its part, has signalled its commitment to social services as an integral part of the local government family and part of the wider improvement and reform agenda. The WLGA has demonstrated its commitment over the last decade (9 Social Services Commitments, WLGA, 2004) and restated its continued support in its evidence to us. The establishment of a separate Association of Directors of Social Services (ADSS) Cymru has provided increasingly confident leadership and a strong representative body for the collective concerns of social services professionals. We are also aware that the Welsh Assembly Government Director of Social Services Wales has established a grouping of social services and social care leaders in Wales including ADSS Cymru, the Care Council for Wales, the WLGA, the Wales Council for Voluntary Action (WCVA), Care Forum Wales and Welsh Assembly Government social services civil servants.

2.10 Finally social services and social care have seen considerable new investment over the last decade although despite rising demand spending as a proportion of local authority budgets appears to have flattened off in recent years.

2.11 While there are undoubtedly major challenges ahead, we believe that social services are building from a base of considerable strength.

Chapter 3
The New Realities

This chapter sets out the context within which social services and social care will need to change and develop over the next decade.

3. The Outlook for Public Spending

3.1 At the time we were writing this report, the full implications for public services in Wales of the Comprehensive Spending Review announcement in October 2010 had yet to be determined. It is widely expected that social services and allied services within local government will face progressive, substantial, real terms reductions over the Review period. It will be very important that those taking budget decisions in this difficult climate think "whole systems". They will need to recognise that reductions in one part of the public spending system can have a knock on effect, at higher cost, elsewhere.

Retrench or Transform

3.2 An understandable social services' response to this bleak public spending outlook would be to retrench - to retreat into "core services", further raise eligibility criteria and abandon preventive strategies and collaborative improvement until the funding outlook begins to improve. Some of the evidence we took from and on behalf of local government asked whether such an approach was now unavoidable.

3.3 We believe that this would be short sighted and would quickly become unsustainable in the face of the demographic and societal changes which we refer to later in this chapter. Retrenchment would involve turning back after several years of investment in preventive services and encouraging independent living.

3.4 We believe that local government social services need to hold their nerve in the face of public expenditure cut-backs. They need to seize opportunities for efficiencies and transformational change, ensure that the available money is well spent, draw upon evidence to assess the longer term risks in investment decisions and maintain an appropriate balance between children and young people's and adults' services. The social return on investment should guide the way we think about the commissioning and de-commissioning of services.

> **"Only by constantly looking forward and learning from the present and the past can we ensure that vulnerable people in Wales can look forward to consistently high-quality services in the face of increased demand and fewer resources."**
>
> Gwenda Thomas AM,
> Deputy Minister for Social Services.

Efficiency, Productivity and Investing to Save

3.5 We have been kept briefed on the work of the Efficiency and Innovation Board (EIB). This is designed to provide leadership across Welsh public services to meet the challenges of rising costs, pressures on services, rising public expectations and year on year reductions in budgets in the aftermath of the recession. It embraces efficiencies that can come from improving the day to day running of organisations (for example better procurement and tackling duplication and complexity) and identifying opportunities for transformative change in the most challenging areas of public services.

It is a distinctly Welsh approach taking full advantage the compactness of Wales, short lines of communication and shared values across public services.

3.6 We welcome the fact that two of the priority work streams being taken forward by the (EIB) programme (families with complex needs and the frail elderly) have a central role for social services. We see this as due recognition of the role social services has to play in the transformation of public services.

Challenges from Demography, Social Change and Health Status

3.7 The essential context within which social services will need to operate over the next decade can be summarised as:

- a growing but clearly <u>ageing population</u> with the overall population rising by 5% to 3.14m and those over 84 increasing by 31% to 95,000 The number of children is set to fall by 1% up to 2013 but to start rising gradually thereafter. (WAG, 2010)

- a projected a rise in the numbers of people with <u>limiting life long conditions:</u> for example from 2006 to 2031 the numbers of people with heart disease will increase from around 230,000 to 330,000, with arthritis from around 310,000 to 420,000, with respiratory illness from 330,000 to 410,000. (National Public Health Service, 2009)

- a rise in the number of people over 65 with <u>dementia</u> from just over 39,000 to nearly 50,000 by 2020 (Daffodil, 2010)

- an increase in the population of <u>Looked After Children</u> (from 4635 in 2008 to 5160 in 2010) and <u>children in need</u> (from 23581 in 2008 to 25045 in 2010) and <u>children on the Child Protection Register</u> has increased by 10% from 2320 in 2008 to 2728 in 2010. (WAG, 2010)

- around 27,000 referrals for alcohol and substance misuse over the last 3 years. Around half of these referrals are new referrals. (WAG, 2010).

Challenges from Changing Needs and Expectations

3.8 The general view we heard from service users and carers was that services were generally good once people had gained access to them. Getting information and access were cited as significant barriers. We also heard concerns about the lack of continuity in relationships with social workers and social care workers due to high turnover of staff and that services are struggling to meet demand. Poor transitional and transfer arrangements such as from children's to adult services and at other critical points in a person's life were also a recurring theme.

> **"We think in boundaries. Children and vulnerable people don't."**
>
> The Police

3.9 From what we heard it is clear that service users and carers want to see a fairer system in Wales with common eligibility criteria. They want to see openness and transparency in decision making. They also want joined up services, avoiding the need to repeat their story for assessment purposes.

3.10 Despite the progress that there has been made in recent times, there remain striking variations in what service users can expect in different parts of the country. We note that the *Care and Social Services Inspectorate (CSSIW) Annual Report for 2008-09* said

> *"Authorities need to work together to tackle the wide variation in services. This has been highlighted in the annual report for the last four years. Set against a background of continued improvement in*

services, the degree of variability between services and authorities remains largely unchanged. Tackling variability requires a joint approach between local authorities and improvement agencies. Authorities need to agree to target some key areas of variability, and to take concerted action to improve them".

3.11 What we heard reflected the views and expectations of those already in the care system. Over time we can expect a new generation of service users who will be articulate, well informed, have a greater sense of being "consumers" and who will demand high quality services.

3.12 Some particular examples of current and emerging challenges identified during our work are discussed below:

Looked After Children and Children in Need

3.13 Between 2009 and 2010 there was a 12% increase in the referrals of children to local authority social services. The rate of Looked After Children in Wales has been rising on average by 3% a year in contrast to just under 1% in England.

3.14 Looked After Children services should be at the core of all local authorities and supported across the range of Council's responsibilities. Despite increased expenditure outcomes for Looked After Children, although improving, are still relatively poor. Those local authorities with a higher proportion of Looked After Children also have a higher proportion of children and young people receiving free school meals (which is a proxy for low family income).

3.15 Our own analysis, drawing on data from the Welsh Index of Multiple Deprivation, calculated that 51% of Looked After Children in Wales live in the 17% of neighbourhoods identified as the most deprived.

3.16 This disproportionate concentration of Looked After Children coming from the poorest neighbourhoods suggests that social services departments are well positioned to make a significant contribution to the Welsh Assembly Government's *Child Poverty Strategy – consultation document* (WAG, 2010). But as the Strategy pointed out, a single agency response will not meet the challenge.

3.17 The rate of children in care in Wales is substantially higher than England (75 per 10,000 compared to 55 in England) and the rate varies considerably between local authorities. The rate of children on the Child Protection Register also varies between local authorities from 60 to 9 per 10,000 (CSSIW and WAO, 2008).

3.18 While outcomes in terms of life chances are poorer for Looked After Children than the general population, the outcomes for children in need are a greater cause for concern. The approach to children in need has come to be seen as the sole responsibility of social services. A combined multi-agency response across health, education (particularly schools) social services, housing, youth services and leisure services is essential to achieving good outcomes.

3.19 There is emerging international evidence such as that from C4EO that good investment in prevention and early intervention can achieve better outcomes for children and families and avoid high end social costs later (C4EO, 2010).

3.20 Innovative projects are being developed in Wales to identify small numbers of the most vulnerable families. Between 30 and 300 families, according to the locality, are at high risk of becoming a concern for statutory services. In some areas a *Whole Area* approach is

being adopted similar to the English *Total Place* approach. In England, schemes (for example, the LIFE project in Swindon and the Family Recovery project in Westminster) target families with children who are 'on the edge of care'. These are not so different from the multi-disciplinary Integrated Family Support Teams (IFSTs) being developed in Wales.

Child and Adolescent Mental Health Service (CAMHS)

3.21 CSSIW, Health Inspectorate Wales, Estyn and the Wales Audit Office completed a review of CAMHS last year which identified significant shortcomings *Services for Children and Young People with Emotional and Mental Health Needs* (2009). This is clearly a service led by the NHS but as the report stressed it is everybody's business. The commissioning of CAMHS services would lend itself to service models based on regional approaches.

Learning Disabilities

3.22 The model adopted in Wales which has moved people out of institutional care to be supported in the community has been an unrivalled achievement. However now that people with learning disabilities are living longer some with more complex needs including early onset dementia, there is a need for a review recognising concerns about the experience at the transition from child to adult services and the fact that per capita costs are among the highest to be found. The model now needs to be re-visited and future-proofed to ensure sustainability.

Mental Health

3.23 Supporting people with mental health problems to live normalised lives in the community is much less developed than services for people with learning disabilities. It continues to be a largely health led model. However there are examples of good joint working in multidisciplinary teams and between agencies at a strategic level and also exemplar models of user and carer involvement in service planning and delivery. There is also some good third sector work related to mental health, work and well being. For example Hafal, a national third sector mental health organisation, has adopted the international model of recovery based on a whole-person approach including personal care and wellbeing, money, accommodation, caring relationships, treatment, work, education and social and cultural needs.

3.24 Difficult issues arise for children and families when a parent has a mental health problem. The Social Care Institute for Excellence (SCIE) publication *Think Child, Think Parent Think Family* (SCIE, 2009) points to research that adult mental health and children's social care services need to work together to meet better the needs of families. It encourages services which:

- are joined up at every point of entry
- look at the whole family when co-ordinating care and build on family strengths;
- and provide support tailored to these needs.

3.25 We welcome the establishment of the new All Wales Adult Mental Health Programme Board jointly chaired by a Director of Social Services and a Local Health Board Chief Executive. They will have a key role in providing leadership and direction to achieve high quality and best value for money services delivered to promote and protect the mental health and well-being of the people of Wales. This joint approach properly recognises the interdependency of social services and health and the role of the third sector, service users and carers in delivering whole person mental health services.

Older People

3.26 The fact that people are living longer and generally adding healthy years to their lifespan is something to celebrate. The Welsh Assembly Government *Strategy for Older People* 2003-2008 (WAG, 2003) was a landmark document in Wales and has received international recognition for its vision and scope. It recognised the considerable challenge posed by demographic change, especially in Wales where we have a high proportion of older people. Whilst many will remain fit, active and independent into their 70s and beyond, there is also an increase in the numbers of frail older people which means a bigger and different challenge for social care and for health. The success for older people maintaining their independence relies on a range of interconnected services including housing, leisure, transport and lifelong learning all of which are at the heart of the *Strategy for Older People*.

3.27 Significant progress has been made in developing new models of service which will benefit older people in Wales. *Setting the Direction* (WAG, 2010), *Improving Health and the Management of Chronic Conditions in Wales* (WAG, 2007) and the developing *Framework of Services for Older People*.

3.28 As ever, the challenge remains for organisations to work together to build services around the citizen. The evidence submitted to us focused on third sector initiatives to support independence and the social care and NHS interface which becomes crucial when responding to the needs of the most frail. There is a growing volume of international evidence which supports the economic and social case for new flexible models of service which allow older people to keep control and dignity to carry on living the life they choose. There is a need to better acknowledge the reality that increasing numbers of older people will be purchasing their own care.

3.29 Currently, work is being undertaken with local authorities by John Bolton, supported by the Institute for Public Care (IPC, Oxford Brookes University) and sponsored by the SSIA. Among other things, it has identified that earlier interventions and a re-ablement approach to supporting people with dementia, incontinence, podiatry, dental needs, strokes and falls can result in maintaining independence at home and delay the need for high end residential care.

3.30 This work will contribute to building a model of best practice in Wales for services for older people using resources more effectively. The Gwent Frailty Project is one of the key service transformation projects supported by the Public Service Efficiency and Innovation Board (EIB) and the Invest to Save programme. It provides an opportunity to focus on the service and workforce re-modelling implications for social services and for health.

Carers

3.31 Estimates of the proportion of all care that is provided by friends and family range between 70% and 95%. According to Census data 100,000 people in Wales regularly provide over 50 hours of care every week.

3.32 During the course of our review we heard about the particular needs of the carer spouses of frail elderly people and of young carers. We know that carers tend to have proportionately more long term conditions and mental health problems than the general population. It is likely therefore that we will see a continuing trend of carers with a long term condition caring for a significantly older population.

3.33 A recurrent theme was the need for responsive support available 24 hours a day 7 days a week to deal with crises such as when the carer becomes ill or goes into hospital unexpectedly. Supporting carers to maintain their caring role to work when they are able and choose to and to take a break when they choose to has to be a key part of service planning.

3.34 The Carers Strategies (Wales) Measure requires Local Health Boards (LHBs) and local authorities to work together to produce information strategies for carers. The Measure recognises that what carers need is good quality and accessible information.

> **"The business case is the carer who says 'look after me and I can care for 10 years. Don't and I can only manage 5'"**
>
> Third sector Manager

Physical Disabilities

3.35 We heard concerns from organisations representing those with physical disabilities concerns about the variability of support around Wales including in the assessment process and the lack of flexibility, choice and support to regain independence. There was a particular lack of coordinated focus on the needs of adults of working age with disabilities and people living in the areas of small local authorities which have difficulty commissioning services for low numbers of people with complex needs.

Transitions (all groups)

> **"Changing for children's to adults' services was a nightmare. For years they said they would make a plan, but they did nothing, and I pestered them and they did nothing. Eventually I had to make my son homeless to get them to make a plan ……I had to throw my son out on the street"**
>
> Mother of a young man with complex disabilities

> **"At 21 years it's a drop off point. After that you get nothing. There should be more support for 21 year olds."**
>
> Care leaver

> **"The transition for children's services to adult services is hopeless. First you've got to learn one system and then start all over again. Why can't they be joined up?"**
>
> Mother of a young woman with a physical disability

> **"It's mad. If you're at college or school, and you get to a certain age, foster care ends in the middle of an academic year … it's just crazy."**
>
> Care leaver

3.36 We heard much about problems in the transition from children's to adult social services (particularly for those with learning disabilities), from care leavers and at major events in people's lives such as moving into institutional care. Much more attention at national and local level needs to be directed to information, planning and assisting orderly transitions.

Other Issues

3.37 The foregoing discussion has covered those issues that were most prominent in the evidence that we gathered. Other issues that were less prominent are nevertheless important. For example, we received very little evidence on substance misuse although we know it is a matter of concern in Wales and what little evidence we received was scattered. We heard little from commissioners or service providers, practitioners or service users themselves about the diverse nature of Wales particularly in relation to Welsh Language needs and Black and Minority Ethnic group needs.

3.38 We received evidence from the Welsh Language Board and are aware that the Deputy Minister for Social Services chairs a Task Group on the Welsh Language in Health and Social Services to ensure that language needs are mainstreamed into service and workforce planning and delivery. One important development is the toolkit recently developed by CSSIW to address language need as part of quality care. It is a toolkit which should be adopted by those commissioning and delivering services as a way of mainstreaming language need into statutory responsibilities.

3.39 The diverse nature of Wales and the implications of language needs, religion, culture, ethnicity, age, disability, gender and sexual orientation have to be addressed in the planning and commissioning of services which are person centred and which maximise the community resources available.

3.40 These issues further reinforce the crucial role of social services in responding to the needs of some of the most vulnerable members of our communities and the importance of its continuing place within local government alongside housing, education, social regeneration and other aspects of local delivery. The overriding challenge for local government is to provide leadership and energy to ensure new service models are developed at regional and local levels which build services around individuals and families that are not constrained by geographical or organisational boundaries.

3.41 We note that the Welsh Assembly Government has published a Rural Health Strategy but that there is no equivalent strategy for social services and social care. One of the key challenges is how to ensure that people in these communities do not become further isolated.

Chapter 4
Responding to the Realities

This chapter describes the key areas where priority action is needed to meet the challenges set out in the previous chapter and includes our specific recommendations.

4. The Role of Social Services

4.1 *Fulfilled Lives, Supportive Communities* (WAG, 2007) described the role of social services as:

- promoting social inclusion and independence;

- supporting people through, difficulty and vulnerability;

- protecting children and vulnerable adults from abuse or neglect and

- acting as corporate champions within local government for the most vulnerable and at risk.

4.2 All four elements are fully interdependent. *Fulfilled Lives, Supportive Communities* identified the balance between care, control and empowerment as the defining feature of social work *"social workers confront difficult behaviour and manage danger and uncertainty. They … protect individuals or communities. They help to manage risk and the … consequences of things going wrong in people's lives."*

4.3 It also identified social services' championing role as needing to operate at three levels:

- *Influencing – informing national, regional and local policy and planning so as to support security and independence*

- *Developing – promoting community support and services to enable people to achieve their potential*

- *Enabling – assisting individuals and families to obtain the help they need when they need it."*

4.4 Our Terms of Reference require us to *"have regard to the principles set out in Fulfilled Lives, Supportive Communities"* and we revisited the strategy as part of our review.

4.5 We believe that this description of Social Services' role and much of the underlying analysis in that strategy hold good. The case for social services as a core service within the local government family remains valid. Social services' roles in the protection and support for vulnerable people are integral to local government's wider responsibilities to promote well being, social inclusion and community safety. Social services' work in influencing and developing requires close working with other parts of local government including housing, education, youth and leisure services, economic development, transport and community regeneration.

4.6 Some who put evidence to us argued that the NHS should become responsible for some or all of adult social care as a solution to longstanding problems between social services and the NHS. We gave this serious consideration. While it could be argued there is merit in this suggestion, we came to the conclusion that a merger of health with adult social care would not be the answer. There needs to be clear understanding of social services' full range of functions (as outlined above), the interdependence of those functions and their crucial relationship with other key responsibilities of local government.

4.7 We acknowledge that there can be fragmentation and poor co-ordination across health and social services and that this needs to be addressed with greater pace and more systematically building upon the many examples of good schemes and good practice that we encountered during our review. Later in this chapter we recommend a regional model and a rationalisation of partnerships which, among other things, will simplify relationships with the NHS and facilitate joint planning, commissioning and delivery, where appropriate, without disruptive structural change.

4.8 Social services enable people to live fulfilled lives at any point in their lives not just in isolated care episodes. Such a structural change would tend to define individuals only by their health status rather than to embrace their wider well being. It could seriously undermine the integrated nature of support, social inclusion and protection. It would still leave a difficult interface between care and these wider functions within local government. For these reasons we are not persuaded that the case for such a structural change has been made at this time.

4.9 We also believe it is vital that adults and children's social services should remain under the professional leadership of the statutory Director of Social Services. Many of the problems children face arise from the problems of the adults who are responsible for their care (for example: physical and mental ill health, disability, poverty and substance abuse). Social services and the wider local government family must be positioned to maximise the support given to children within families.

1   We recommend that social services and social care for adults and children should remain a local government responsibility to deliver the vision set out in *Fulfilled Lives, Supportive Communities*.

Targeted Improvement not Wholesale Change

4.10 We were told several times in the course of our review that Wales suffers from too many improvement initiatives which are not then linked or coordinated at any level. Many spring from Welsh Assembly Government strategies with implementation being left to local determination.

4.11 As a result, improvement tends to be patchy with pockets of good practice which are often not rolled out or replicated. The EIB work seeks to achieve better co-ordination and greater pace and ambition in the transfer of best practice across public services. Social services need to be in the vanguard of these reforms.

4.12 In this chapter we therefore propose a small number of priorities for action that go deep and should be led nationally.

Collaboration and Partnership

> **"Paralysed by partnership"**
>
> Children's Sector

4.13 Much of the current debate about collaboration and partnership concentrates on the interface between health and social care and between local authorities. As we note in chapter 2, considerable effort is going into joint approaches although we heard from service users and carers that they often do not experience a joined up service in practice.

4.14 There have been a number of fairly recent innovations such as joint NHS/ social services appointments, joint teams and integrated services. None of this is easy to achieve. These various initiatives will need to be evaluated for their impact and the learning shared across Wales. While we do not support radical structural change we do support

identifying what works and building upon it. We wish to acknowledge that partnership approaches are positive developments but that there are too many of them.

> **"Health and social services don't work together. Parents have to repeat their story, over and over again. And they always stress the negatives and not the positives. What you can't do, not what you can do"**
>
> Carers' group
>
> **"The problem with partnerships as they are is that you have to repeat the same process 3, 5, 6 times whatever, each time with a slight difference"**
>
> Senior NHS Manager
>
> **"When you go to meetings, you have to check the post-code first, to see what the agenda is going to be."**
>
> Health official with responsibility for liaison with social services

4.15 We have also considered how best to improve collaboration between local authorities. It was not part of our brief to consider local government reorganisation. However we found a large measure of agreement that the present arrangements for the planning, commissioning and delivery of services across the 22 local authorities are not sustainable. These arrangements are too heavy a drain on funding, managerial and change capacity.

4.16 *Local Public Services in Wales – Developing a Whole Area Approach* (SOLACE Wales, 2010) indicates a desire to move to a different distribution between national, regional or sub regional and local without the upheaval that would accompany local government re-organisation. The announcement in September 2010 by the Minister for Social Justice and Local Government indicated that the Welsh Assembly Government is looking for a step change in collaborative working between local authorities across the full range of their responsibilities. How this greater collaboration is achieved is a question we have considered a great deal. We agreed an approach that determined what needed to be done at national, regional and local levels.

National

4.17 At the national level there is a need to set clear priorities, determine the resources available, demonstrate joined up policies around people (rather than policies within silos), with clear outcomes and expectations across services. The key responsibilities for government and for national organisations are about direction, policy frameworks, national standards for services and practice to ensure equity of access and outcomes as well as public confidence in a mixed economy of care.

4.18 Reducing funding for social services also requires all of us to look for opportunities for reducing staff time and effort by adopting Wales – wide approaches wherever practicable. There is also an appetite within local government for some low volume, very specialist care services to be provided on an all-Wales basis – that is planned and commissioned nationally and delivered regionally or locally.

4.19 At the national level we believe that, for example, there is both need and opportunity for:

- national quality standards for Wales based on evidence of good practice (not minimum requirements);

- the establishment of national eligibility criteria linked to portable assessments;

- a national minimum data set to support workforce planning – a whole Wales system available locally;

- setting the expectations of providers in the mixed economy of care (through Wales-wide, clear consistent service specifications, model contracts etc);

- setting Wales-wide entitlements for looked after children and care leavers;

- providing the infrastructure for digitally-enabled services such as a national portal for information and advice linked to more local information and

- the establishment of centres of excellence for research and post qualifying training for social workers and national commissioning of some training.

Regional

4.20 What is best commissioned, planned or delivered on a regional basis should flow from careful consideration of, for example:

- the potential offered for improved capacity, leadership and the use of scarce resources;

- the potential to improve outcomes for service users and to raise public confidence (including the reduction of risk);

- efficiency gains which allow reinvestment in services;

- the strategic impact from whole-systems approaches and the achievement of greater consistency in performance.

4.21 Regional approaches could offer, for example:

- the advantages of scale particularly for specialised services;

- pooling of capacity and leadership to manage change;

- opportunities for better alignment with other public bodies, especially NHS organisations;

- better alignment of needs over a larger population;

- improved leverage in commissioning and service planning;

- greater opportunities for pooled funding across a wider area maximising public funding and community resources;

- greater consistency in performance and

- improved resilience especially for low volume, high cost services.

4.22 Working over a wider geographical area than a single unitary authority will clearly require high levels of trust, strong political leadership and close attention to governance and accountability. Several models have been used including lead director, lead chief executive, joint boards and lead cabinet members. The starting point must always be a clear vision of what is to be achieved and clear commitment by all the parties.

4.23 There is certainly scope for the further development of the regional model for highly specialist services e.g. for some learning disability services, some services for older people and services provided to relatively small numbers of service users. This also applies where there is a shortage of local expertise, local capacity and the high cost of the interventions indicate that this model is substantially more cost effective and produces better outcomes.

4.24 At regional level there is also scope for, for example:

- joint commissioning of community health and social care of services for people with limiting life long conditions;

- commissioning and delivering some learning provision;

- co-ordinating and supporting social work practice learning assessment and social care learning assessment;

- commissioning and providing adoption services;

- the management of high cost specialist placements;

- out of hours services;

- the joint commissioning and delivery with the NHS of CAMHS;

- the commissioning and delivery of support arrangements for care leavers;

- shared services - back office functions such as Human Resources and payroll;

- healthy schools initiatives and

- low volume high complexity work (for example, children 'on the edge of care').

These could lead to more efficient services and greater public confidence and satisfaction.

4.25 It is at a regional level that collaboration needs to be most forcibly addressed. We have considered three main models:

- Ad hoc collaboration between different parts of the 22 local authorities to suit different purposes. This is sometimes called 'variable geometry'. This has some attractions, since it offers greater flexibility to address local circumstances. However, it is at best a haphazard approach, can be confusing for partners and service users and typically depends much on personalities. While personalities can be important in effective collaboration, this form of collaboration can become collaboration in and for itself, with no clear outcome for the service user. Moreover, when personnel change, the collaboration is endangered.

- A different model is provided by the four Welsh Local Government Association Regional Partnership Boards, set up in 2006 in response to *Making the Connections. The Regional Collaboration Compendium* (WLGA, 2010) lists around 150 collaborative schemes for a wide variety of different public services, not all of which arise directly from the work of the WLGA Regional Boards.

  However, a close examination shows that many of these collaborations stray beyond strictly regional boundaries, different schemes overlapping different boundaries, producing their own version of 'variable geometry' - so that the collaborative geography of Wales looks like a jigsaw in which every piece belongs to a different set.

- The establishment 7 LHBs covering several local authority areas creates a different set of opportunities for collaboration over a wider area than the 22 local authority areas.

At the moment there is a messy series of multiple interfaces between the health service and local government services, which are costly in terms of time and effort. Adopting the LHB 'footprint' for collaborative effort would provide a single interface between health and social care and the range of local government services that contribute to the possibility of independent living in the community such as housing, leisure services and transport together with the independent sector. Although not specifically part of our brief it could be argued that other services such as education could easily fit this footprint.

While social services should form themselves into consortia based on the footprint of the LHB, for planning and commissioning of services and the delivery of some services, this will

present local and regional challenges. We recognise, for example, that in North Wales the six local authorities in the area covered by Betsi Cadwaladr LHB comprise a particularly large geographical area that might present difficulties of connection and integration.

Local

4.26 National and regional approaches will not work without a good understanding of local needs and local capacity. Around eighty per cent of all social services and social care are delivered locally. While planning and commissioning can be undertaken by combining effort in the larger areas of the LHB footprint, the management of most services needs to remain at local authority level. They might be commissioned regionally but delivered locally (such as the South East Wales Improvement Collaborative (SEWIC) for child placements) and might include, for example, a range of services for older people, domiciliary care, multi-disciplinary dementia care, supporting children in need, child protection services and models of self-directed support.

4.27 Some developing models of service are predicated on local delivery based on local neighbourhoods, drawing on knowledge of the local population and community resources including third sector organisations. Examples are emerging in the current work on the *Framework of Services for Older People,* the *Setting the Direction* model and the IFSTs. Some services could be wrapped around the areas of GP practices adding strength and depth to models of primary care.

4.28 Integrated thinking nationally and regional commissioning will assist local delivery that demonstrates the benefits of collaboration and is built around

the citizen so that citizens do not feel the join between organisations when they use services. The principle of local delivery will therefore need to be built on multi agency and multi disciplinary team working. For example IFST, co-location, joint re-ablement teams, may stimulate innovative delivery models such as social enterprise organisations.

Rationalising the Partnerships

4.29 In the course of our work we heard a great deal about the positive value of partnership working but we also heard concern about the cost, complexity and sustainability of maintaining the 154 or so strategic partnerships working at the local authority level across Wales that in some way involve social services e.g.:

- Adult Protection Committees;
- Children and Young People's Partnerships;
- Health, Social Care and Wellbeing Partnerships;
- Local Safeguarding Children Boards;
- Local Service Boards;
- Social Care Workforce Development Partnerships and sometimes
- Community Safety Partnerships.

4.30 The LHB footprint model which we recommend in this chapter as the regional level for planning and commissioning creates a new set of relationships and itself requires a fresh look at the number and geographical coverage of such partnerships.

4.31 If such partnerships were scaled up to cover the LHB footprint, the Local Service Board could become a Regional Service Board, making for more efficient collaboration between local government, health, the police, the private and third sectors and so on. Regional levels are currently often thought to add an extra layer

of cumbersome bureaucracy, but the model we are suggesting will replace, not add to existing arrangements. In the context of the complex political geography of Wales, they would offer a distinctively Welsh brand of streamlined efficiency in the form of a single interface between the various services and sectors.

2   We recommend that:

a.   to avoid the disruption and high cost of reorganisation, the LHB 'footprint' should be adopted across Wales as the basis for improved collaboration between local authorities and between local government and the NHS for the planning, commissioning and delivery of services.

b.   the Welsh Assembly Government should address the plethora of local strategic partnerships by streamlining them on the basis of the LHB footprint.

c.   the distinctive Welsh model for the future design, commissioning and delivery of social services should be built around the three tiers of national, regional and local to improve both quality and productivity.

Voice and Control

> **"People are experts in their own lives"**
>
> A service user
>
> **"People want a life not a service"**
>
> Third sector umbrella organisation
>
> **"I run the library and organise the book collection here. ……It keeps me very busy, but it's been the saving of me, that's what my dad says"**
>
> A service user

> **"It's frightening not knowing who is coming through your door"**
>
> Domiciliary care service user concerned about frequent changes of staff

4.32 Important steps have been taken in recent years to amplify the voice of the citizen in the way that social services are provided, but there is little evidence anywhere that that alone leads to transformational change. Children and adults using services and their families need not only to have a stronger <u>say</u> but greater <u>control</u> over how their own support and care is arranged, how services are designed, developed and delivered and how resources are used.

4.33 This requires a clear recognition that people have valued expertise and ideas to offer, and working with them as full partners can produce much improved solutions and interventions. It can enable them, for example, to make better use of local support networks, family and carers to supplement funded provision.

4.34 Implementing personalised care and support through voice and control is made easier through direct payments and personal budgets but that is not essential. Control can be exercised in other ways. It does, however, require substantial rethinking and change on the part of commissioners, service providers, social workers/care managers and people seeking and using support and care. It requires commitment at political and senior management level to significant culture change.

4.35 In the course of our work we found that expressions of commitment to principles of personalisation, and claims to be applying them, are not always accompanied by real changes in practice. This often reflects limited understanding and vision of what a personalised service looks and feels like.

4.36 In our view the core principles of good personalisation are:

- tailoring support to people's individual needs

- ensuring that people have access to information, advocacy and advice to make informed decisions about their care and support

- finding new collaborative ways of working (sometimes known as co-production) that support people to engage actively in the design, delivery and evaluation of services

- developing local partnerships to co-produce a range of services for people to choose from and opportunities for social inclusion and community development

- developing the right leadership and organisational systems to enable staff to work in creative, person-centred ways

- embedding early intervention, re-ablement and prevention so that people are supported early on and in a way that is right for them

- recognising and supporting carers in their role, while enabling them to maintain a life beyond their caring responsibilities

- ensuring citizens have access to universal community services and resources.

4.37 There is good evidence that increased involvement in the design of support arrangements improves user and carer satisfaction with outcomes and often makes better and more creative use of available resources – the resources go further because people are able to mobilise their own support.

4.38 Given a choice, many service users do not choose traditional forms of service, but options offering greater flexibility and independence. Even within existing services, people using services can often suggest improvements and better use of resources. The practice of including service users as part of management boards is to be commended, but they need to have proper involvement not mere tokenism.

> **'Personalisation means thinking about public services and social care in an entirely different way – starting with the person rather than the service. Although this shift will take time, it will ultimately mean change at every level throughout the whole local authority system to ensure that universal services such as transport, housing and education are accessible to all citizens. This means that commissioning must change to be more strategic and open, with a focus on the local community, its resources and the people who use the services. Approaches to early intervention and prevention need to develop further so that people are encouraged to stay healthy and independent.'**
>
> Extract from A Rough Guide to Personalisation: SCIE 2010

4.39 Although personalisation models and approaches have progressed further in adult community care services, they have much to offer the development of children's and families' services, particularly in supporting partnership working between parents and professionals.

> **"I've lived here for seven years. I used to have 24 hours support—cooking, cleaning, shopping—now I need only 7 hours. Mike and Robin my support workers put me in touch with a church. I became a Christian … it's given me a lot of self confidence. Now I do volunteer work at an old people's home, washing up and serving teas"**
>
> A service user

4.40 Helping to make service users co-producers in their own solutions wherever possible is also much more likely to help people to retain or regain whatever degree of independence is achievable rather than allow them to slip into avoidable dependency. Avoidable dependency is a poor outcome for individuals as well as a continuing drain on resources. A "recovery model" looks at what a person might be enabled to do for themselves, making use of their own support networks. It aims to reduce, or at least hold a person at the current level of need and plans for the orderly withdrawal, or the scaling down, of formal services to the fullest extent possible.

4.41 One particular consideration which needs to be addressed is the matter of service users exercising voice and control in relation to the Welsh language. Language needs must be embodied in service and workforce planning, commissioning and delivery. CSSIW has developed a *Welsh Language toolkit* (CSSIW, 2010) that offers guidance in these matters and provides a useful framework for commissioning and delivering language-sensitive services.

3   We recommend that:

a.   the Welsh Assembly Government should give a stronger commitment to seeing the principles of self-directed support adopted throughout Wales. This aligns with its stated commitment to promoting independence, prevention and early intervention

b.   the Welsh Assembly Government, local government and independent partners should work together to ensure that people have access to better information, advocacy and support to make informed choices about their own care and support

c.   the Welsh Language toolkit developed by CSSIW should be adopted in the planning, commissioning and delivery of services.

Improved Assessment Systems – the Burden of Assessment

> **"I spend so much of my time sitting looking at a computer in-putting data, that if I get a whole day just visiting families, at the end of the day I don't feel as if I've done any work."**
>
> Social worker
>
> **"In the future we need to enhance autonomy, professional judgment and discretion. We're too focussed on procedures and form filling … We've gone too far down the road of managerialism"**
>
> Social work teacher
>
> **"Too much social work time is spent on clumsy assessment systems and requirements"**
>
> Director of Social Services
>
> **"70 per cent of time is not value time"**
>
> Director of Social Services

4.42 We heard much from social workers and other frontline staff and service users about the bureaucratic burden in their work and the extent to which process and time spent at the computer was getting in the way of productive time with and for clients. The Integrated Children's System (ICS) was given as an example of an inefficient system that does not easily assist professional judgement about risk.

4.43 This mirrors concerns in England. The first report of the Review of Child Protection being undertaken for the

Department of Education in England by Professor Eileen Munro says of ICS:

"the assessment framework is inefficient and does not easily facilitate professional judgment about risk and safe next steps …"

and on ICT systems:

"social workers are required to spend too much time completing documentation …."

4.44 Proper assessment and proper records are important but it is about finding the right balance in professionals' workloads, particularly at a time of rising demand and shrinking resources. In our view there are important opportunities for streamlining the processes, what information is collected and for improving the ICT support to liberate staff time. The work being undertaken by Professor Munro, by John Bolton on assessment for older people and work in Neath Port Talbot County Borough Council in reviewing systems for children's services will all help to inform how such a streamlining are best achieved. There is however a risk that if these initiatives remain uncoordinated they may result in fragmentation. The Welsh Assembly Government needs to take a strong leadership role to ensure consistency.

4 **We recommend that:**

a. **the Welsh Assembly Government should urgently review assessment systems for both adults and children as a significant contribution to improved efficiency and the better use of professional time and skills, taking into account work already in progress in this area.**

b. **the Welsh Assembly Government, the WLGA and ADSS Cymru should review the data currently collected with a view to ensuring a shift away from an emphasis on inputs and processes to outputs and outcomes.**

Entitlement and Portability

4.45 In evidence we heard that service users wish to see common eligibility criteria for social services across Wales. The Law Commission's proposals for reform of adult social care law in England and Wales recommend that assessment of needs should be carried out against criteria determined at the national level and that there should be scope for self-assessment to be an integral part of the process – another important aspect of voice and control - but not a free-standing alternative to professionally-led assessment.

4.46 Under the proposals, meeting the national eligibility criteria would carry entitlement to support from local authority funds. Clearly the services offered may need to vary according to local circumstances (e.g. rurality). The proposals also consider the relationship between individual needs assessment and carers' assessments, including whether both should be part of a single integrated procedure.

4.47 Additionally, in Scotland there is a Charter for Looked After Children and in Wales the Children's Commissioner has work under way to clarify entitlements for Looked After Children - which we would support.

4.48 Setting and implementing a national assessment framework and eligibility criteria for adult services will assist the portability of assessments between local authorities. We understand that the WLGA is scoping a portable assessment approach across Wales and we would wish to support this.

5   We recommend that:

a.   the Welsh Assembly Government and the Welsh Local Government Association should lead the development of a national, portable assessment scheme in Wales ultimately supported by Wales-wide eligibility criteria

b.   standard all-Wales entitlements should be established for Looked After Children.

Transitions and Transfers

4.49 We noted in chapter 3 what we heard about the difficulties that individuals, families and carers encounter around the transition between adults' and children's services, as care leavers, when leaving hospital as an elderly person and at other key points in people's lives. Poor handover and ineffective planning can lead to poor outcomes and costly interventions later. In our view the Directors of Social Services have a pivotal role. It is not sufficient, for example to keep adults and children's social services under the same professional leadership. Those services must, in practice, work in a properly integrated way. Transitions and transfers are a practice issue that ADSS Cymru are well placed to lead on.

6   We recommend that ADSS Cymru with the Care Council for Wales and the SSIA should lead an urgent review of transitions and transfers, policy and practice to improve user and carer experience which remains unsatisfactory.

The Mixed Economy of Care

4.50 Over many years, social services have moved from being the main provider of services to a position where currently around 61% of domiciliary care hours, 85% of residential care for adults in Wales and 75% of residential care for children funded by local authorities are provided by the independent sector.

Voluntary providers account for only a relatively small proportion of that total. Further, the pattern has changed to there being a smaller number of larger providers for residential care and larger numbers of smaller providers for domiciliary care.

4.51 The preponderance of private providers is likely to remain the pattern over the next decade. Despite the cutbacks in public funding, the care market is likely to grow substantially over the next decade in response to demographic change and an increasing number of self funders. If more personalised models of support develop, we can also expect to see increasing numbers of "micro-providers". There will also be opportunities for innovative providers led by the third sector and there is increasing interest in, for example, social enterprise models.

4.52 From what we have seen, the market is currently not being managed sufficiently or appropriately. Opportunities to shape the market, to innovate and to achieve efficiencies across local government and the NHS are being missed.

4.53 In part this seems to be due to ambivalence towards the private sector provision of care. We heard from private providers that although they welcome initiatives such as the Memorandum of Understanding (ADSS Cymru, Care Forum Wales, Registered Nursing Home Association and the UK Home Care Association, 2009), their involvement in service planning is sometimes peripheral at best. This is in nobody's interest. A continuing dialogue with providers could, for example, identify areas of avoidable cost in service specifications. The reality of the current make up of the market needs to be acknowledged and both the private and voluntary sectors more fully involved in the planning,

commissioning and design of services at national, regional and local levels.

4.54 The Welsh Assembly Government *Commissioning Framework Guidance and Good Practice* (WAG, 2010) notes that:

"the commissioning decisions of local authorities also influence the range of services available to those who fund their own social care. It is not enough therefore for local authorities simply to be concerned with planning the services that they fund. They have a responsibility to ensure that social care services provided by a wide range of different agencies available to their area are well planned, designed and delivered".

4.55 We note that this document is to be followed up with a development programme to support the development and sharing of good practice.

7 We recommend that:

a. to meet the stated commitment to inclusion, the private and third sectors need to be more constructively involved by the Welsh Assembly Government, local authorities and the NHS in the planning, commissioning and design of services at all levels

b. at the local level, micro-providers and user led organisations should be encouraged to contribute to self-directed support arrangements.

Using ICT to Modernise Social Care

4.56 There is increasing use of online technologies in everyday aspects of our lives. The Welsh Assembly Government document *Delivering Digital Inclusion: A Strategic Framework for Wales – consultation document* (WAG, 2010) acknowledges that

"digital inclusion of citizens is central to individually and collectively embracing the opportunities and imperatives of this rapidly evolving world. Significant savings and efficiencies can be made through increased use of public services online."

4.57 Social services and social care services in Wales need to place themselves firmly in the digital age. New technology can assist in the design and delivery of services and can improve the engagement of service users and workers. It opens up the possibilities of high quality, innovative services that are also resource efficient.

4.58 There are some areas where the potential has already been grasped. For example in Anglesey there is a domestic violence telecare project and, in Powys, an online counselling service for adolescents has been established. Another exciting development is an online befriending service called Face 2 Face, run by Scope Cymru for the parents of disabled children. This can be accessed online, particularly useful for rural communities. An online spin-off is a social networking site that enables parents to offer mutual support, information sharing, and to combat the isolation often experienced by the parents of children with high care needs. Initiatives such as this, generated as much by the parents themselves, offer radically news ways of service delivery and can be applied to a range of provision.

4.59 We argue for a transformation in the use and application of digital technology as a direct means of supporting service users and in transforming systems and processes. Specific areas where expanding the use of digital technology would be a key component include:

- service user and carer information;

- service access including self assessment;

- redesign of assessment processes to reduce the time spent by social services staff at the computer screen;

- the development of hand held equipment for the care management process, improving the access of front line staff to information and reducing the burden of report writing and

- telecare, telehealth and assistive technology.

4.60 The use of telecare remains relatively underdeveloped in Wales compared to Scotland and some areas of England. It could however form a major part of a new service, designed to support independence, prevention and early intervention working closely with health and housing services and encompassing telehealth and wider assistive technologies.

> **"From aids to daily living to computer chips that monitor activity a range of equipment now exists that can either enhance people's quality of life in their own home or will make life safer for them. It will reduce the amount of direct personal care someone needs and enable them to remain in their own homes"**
>
> John Bolton, 2010

The Use of Information and Information Exchange

4.61 To promote their wellbeing and prevent problems developing, children, adults and families need advice, signposting and advocacy to help them make the best use of social care and services from other agencies.

4.62 Putting up-to-date information into the hands of parents, young people, people seeking support and

their families is a critical element in securing their empowerment and independence. Information needs to be readily available from a variety of sources, easily accessed, designed and produced in customer-friendly formats and responsive to language needs. Additionally, for many individuals and groups, advocacy may be necessary to help them make the best use of information to help them to achieve the outcomes they want.

Existing and innovative third sector services, including user-led and carer organisations, could play a lead role in developing cutting-edge information, advice and advocacy services, making full use of IT, information systems and widespread home access to web-based resources.

4.63 We have heard consistently about the difficulties of information transfer both within and between organisations. These difficulties require urgent attention if they are not to remain obstacles to collaboration between public sector services. We have also heard consistently about the quantity of data collected without analysis or clarity about its end use.

8   **We recommend that under Welsh Assembly Government leadership, action should be taken by local authorities and providers to effect a step change in the development, promotion and application of digital technology.**

Leadership

Political Leadership

4.64 The Welsh Assembly Government and the Welsh Local Government Association have demonstrated significant leadership in terms of the improvement in social services over the last decade.

4.65 As mentioned earlier, the creation of a post of Deputy Minister with responsibility for social services and Director level post in the Welsh Assembly Government civil service have helped to raise the profile of social services in Wales with some significant achievements over the past few years. However, we did receive evidence that argued that, in view of its size, importance and reach, social services should have a full Ministerial post and a Director General lead in line with Education and Health within the Welsh Assembly Government.

4.66 The evidence also wanted to see the Welsh Assembly Government do more to promote the importance and greater general understanding by the public, leaders and opinion formers about the role, importance, challenges and the successes of social services and in this way lead for the most vulnerable who struggle to be heard. There is a particular concern that high profile interventions on the back of inspection and regulation are eclipsing key messages about success and achievements. As mentioned in chapter 2 there is good evidence of improvement made in recent years.

4.67 We heard from many sources that, in their enthusiasm to improve services, the Welsh Assembly Government had caused a 'bombardment' of initiatives and projects which are not then scaled up to programmes. The Welsh Assembly Government needs to be more focussed in its demands and expectations of social services.

> **"It's like watching ants running across a page"**
>
> Commission member confronted by yet another unexpected jack-in-the-box Welsh Assembly Government initiative.

> **"WAG is a 'strategy factory'. Fulfilled Lives is an important strategy, but it is still just a strategy. They are lost on most people. Members do not read these things".**
>
> Local government sector
>
> **"There are lots of good things going on. There are building blocks which the Commission needs to identify, build upon and not explode. There are good connections: policy and infrastructure BUT we sometimes fail to bring these together to tackle an agreed 3 or 4 things so as to incrementally build up and progress."**
>
> Director of Social Services

4.68 A particular concern is the apparent lack of joining up across Welsh Assembly Government portfolios and divisions. This tension will become more problematic as new models of services are developed that involve service integration.

4.69 It is also important that the impact across sectors and services needs to have been properly worked though with a clear vision of both what is to be achieved and the means to achieve it. We heard that it is often left to local partners to do the joining up locally and to seek resolve any mixed messages.

4.70 Democratic accountability at the local level includes a role for local politicians, and especially cabinet members, in:

- promoting a thorough understanding of the nature and importance of social services across their local authorities and

- ensuring that social services, housing, education, community planning and so on are effectively joined up to contribute effectively to social services' roles in supporting and protecting the vulnerable and promoting social inclusion.

Professional and Service Leadership

4.71 Effective strategic planning and commissioning requires the role of the Director of Social Services to shift more decisively from service leadership with its main focus on managing designated social services resources and staff performance, to more strategic leadership with a requirement for significant investment in leadership, management and professional development, commissioning and skills in collaborative working. We consider that more concerted effort is needed to support the development of future leaders of the profession and the services in Wales.

4.72 This will place rising expectations of senior and middle managers and planners in social services departments. It is likely to require significant investment in leadership and management development, and skills in change management and negotiation at all levels. It will need improved IT back-up and analytical capability, but, over time, the associated costs could be offset by resulting efficiency improvements.

9 We recommend that:

a. the Welsh Assembly Government should confirm that the national leadership for social services with its specific focus on the most vulnerable is maintained and strengthened during these years of economic difficulty

b. the Welsh Assembly Government should focus on a small number of high level strategic priorities, captured in a 5-year rolling plan

c. the social services and social care leadership community (referred to in paragraph 2.9) in Wales should take more responsibility for working together to enhance the reputation of, and public confidence in, social services and social care.

Professional Development and the Workforce

4.73 Social work and social care will only ever be as good as the people who work in them. The workforce is the service. They are difficult and demanding jobs, involving emotionally challenging decisions about other people's lives and maintaining the sometimes difficult balance between care and control.

4.74 Social services and social care workforce issues, including workforce regulation, are part of a separate work stream which will inform the forthcoming White Paper. We were specifically asked in our terms of reference to consider how the further development of professional practice can be better supported.

4.75 We received a great deal of evidence on the workforce which set out considerable achievements to date including positive developments in workforce planning and the retention of staff. We heard about the positive benefits of regulation of social workers, social care workers and managers as a mechanism for sharpening the focus on practice standards and service improvement. The evidence also pointed up some of the key challenges which will need to be addressed going forward. With the Deputy Minister's agreement, we have shared the evidence received with those leading the work force work stream so that they can draw out the key priorities for action.

4.76 In Wales there is an agreed, well-established framework of practice standards and qualifications for most of the current job roles across the whole of the sector. Over recent years there has been considerable investment in the workforce and in the education and training of social workers. There is a long history of working in partnership to create better synergy between the qualifications and learning needs of the sector and the learning provided by the colleges and training providers

4.77 Social work is a regulated profession. The number of qualified social workers has increased by 10% in the past five years, guidance has been produced for social workers and their managers for the first year in practice and there has been a reduction in the churn, more confidence in the training and better information to inform forward planning for training.

4.78 The percentage of social care staff holding required or recommended qualifications has risen in the same period by 20% in residential care and 80% in home care. Residential child care managers and workers are regulated, managers of adult residential care will be regulated by 2011 and managers of domiciliary care by mid 2012. There is an appetite across the social care sector for new knowledge and skills to improve practice.

4.79 Against these positive developments, the negative impression of social work in the media and among the public has encouraged a risk-averse culture in social work. This has hindered professional development and been aggravated by cumbersome assessment procedures and by the emphasis on evaluation of process rather than the outcomes for service users.

4.80 The key question is what action needs to be taken to strengthen the profession so that social workers and social care staff further develop as accountable practitioners and are able to practise effectively and confidently, making well-informed judgments, based on up-to-date evidence and in the best interests of people they work with. The context for social workers and social care workers will be one where they will be working closely with other professions.

4.81 In our view, there is now a need to move beyond the minimum qualifications to a culture where ongoing professional development is encouraged, valued and supported by employers, commissioners of services and practitioners themselves.

4.82 This will require a re-balancing of assessment and reflective practice, with more emphasis towards reliance on professional judgement rather than ticking the right boxes. There needs to be a shift to a culture of practice governance. For social workers this will be helped by the development of a clear career pathway and, in particular, the consultant social worker role that will enable experienced practitioners to advance their careers while remaining in the frontline. The establishment of post-qualifying training for team managers and the creation of consultant social work roles will, together, provide important ways to improve professional practice further. Both are crucial in allowing staff to focus their energies and receive proper guidance and supervision.

4.83 The development of the new qualifications and credit framework, clearer career pathways and programmes to support continued professional development are equally important for social care workers to support them in their roles as accountable, regulated practitioners working in different models of service. Safe, up to date confident and evidence-based practice would also be enhanced by:

- attention to the right infrastructure to support continued professional development including learning materials, professional guidance, community of practice for practitioners to support excellence in practice (including the importance of the Welsh language);

- the establishment of national programmes of specific training such as child care at post qualifying level and more specialised training in, for example, positive behavioural management, dementia care, people with hearing challenges;

- more shared learning opportunities with allied disciplines in health e.g. occupational therapy, physiotherapy and nursing;

- involvement in National Institute for Social Care and Health Research (NISCHR) Research in Practice and the Social Care Institute for Excellence (SCIE);

- strong arrangements to advocate for the profession and for individuals – both social workers and social care workers and

- more emphasis on the responsibilities and accountabilities set out in the Care Council for Wales Code of Practice for Social Care Workers and the *Code of Practice for the Employers of Social Care Workers* (2009).

10 We recommend that:

a. Wales continues with a programme of workforce regulation as a mechanism for achieving improvement across the sector.

b. the Welsh Assembly Government, working with employers and the leaders of the profession should lead a programme of change focussing on securing career pathways, commitment and investment in continued professional development and research within a new culture of practice governance

c. the Care Council for Wales and the SSIA should work with employers across the sector to develop a leadership programme to support existing leaders and improve succession planning

d. the arrangements for delivering the workforce strand in the White Paper should include following up the suggestions in this section of our report as an ongoing work programme.

Commissioning

4.84 Good strategic planning looks ahead 5-10 years and starts with a vision of where we want to be immediately and in 10 years time The strategic assessment of needs should be undertaken jointly across local authorities, the NHS, housing organisations, education, employment and training and benefits systems. Assessment should take account of needs and capabilities of the whole population - children, adults and families - now and over the strategic period.

4.85 Since the launch of the *Commissioning Framework and Good Practice Guidance* (WAG, 2010) a commissioning development programme has been established to maintain the constructive engagement with the statutory, private and third sectors as the guidance is implemented.

4.86 The commissioning framework should respond to the strategic plan and needs/resources assessments for children, adults and families. It should identify the interventions, resources and services required to deliver the vision, priorities, support networks and safeguards set out in the plan.

4.87 Strategic commissioning moves the primary focus of the Director of Social Services and the social services department away from the management of social services resources to being much more one of planner/ enabler/ deliverer of outcomes, with social services' resources a part, but by no means all, of the picture. The Director of Social Services has a

crucial role to play within the wider local authority and allied agencies in advocating, promoting cooperation, creating alliances and negotiating joint local priorities and solutions.

4.88 Ensuring a sustainable managed mixed market of care requires local authorities to consider not only the services that they will directly purchase but the wider service needs of the community. The commissioning framework therefore needs to be broad enough to accommodate not only local authority commissioning but also individual commissioning using direct payments or budgets and self-funders. It is important that Welsh Assembly Government continues to provide central support to identify, promote and support improved commissioning practice and capability and thereby prepare both commissioners and providers for the challenges ahead. In our view the commissioning model contained within the *Commissioning Framework and Good Practice Guidance* will be a fundamental tool in transformational change.

4.89 Local authorities will need to examine all options to improve services and have a clear rationale for understanding cost and taking decisions which will face public scrutiny when some services are contracted out or are replaced.

4.90 The strategic commissioning process should also identify the scope for skilled decommissioning of outdated, underused or non cost effective services, better use of existing resources, gaps in provision and the identification of potential providers and change management resources to secure future provision.

4.91 Social care represents the second largest area of public procurement after construction. Work currently being undertaken by Value Wales on social care procurement is looking at

wider value for money considerations – seeking to achieve value added to those receiving the services not simply cost savings for commissioners.

> **Value Wales, a division with the Welsh Assembly Government, has supported commissioning and procurement through the production of the Social Care and Housing Related Support Procurement Route Planner. This is a web based tool which contains over 500 pages of practical information and has received over 80,000 page hits since its launch last year.**

11   We recommend that the Welsh Assembly Government should continue to provide central support to identify and promote improved commissioning, including better joint commissioning, practice and capability taking into account commissioning by individuals within the model of self-directed support.

Prevention, Early Intervention and Re-ablement

4.92 We encountered a number of schemes around Wales that are in some way aimed at prevention and early intervention including, for example, the established Wrexham Frailty model, the developing Gwent Frailty model, various schemes aimed at falls prevention, low level Care and Repair interventions, telecare, work in schools around substance misuse, work with vulnerable families and many more.

4.93 The developments that the EIB is monitoring on the frail elderly and families with complex needs will provide further evidence about what it takes to avoid people entering the care system. In chapter 3 we have underlined the importance of supporting carers to maintain their caring role, to avoid

their own health becoming impaired and the need for round the clock back up to cover for crises. Also in that chapter we have referenced poor outcomes for children in need. There are strong arguments that support early intervention for this group particularly when services are provided on a multi-agency basis.

> **"...expenditure on children should be regarded as if it were an investment portfolio, and be subjected to a continuous iterative process of evaluation, reallocation and further evaluation to ensure child well-being is actually improved ... Learning from international experience in particular can be invaluable in helping us to move forward, though, ultimately, tough decisions need to be taken at a national and local level in the best interests of children, families and, indeed, the long-term prosperity of the country."**
>
> *C4EO, 2010*
>
> **The Wrexham Frailty Project**
>
> **This project is a joint venture between the NHS, Wrexham Social Services, the Association of Voluntary Organisations in Wrexham and the CHC in Wrexham. It aims to ensure the appropriate early discharge from hospital of frail elderly patients by ensuring they receive rapid clinical interventions to minimise their lengths of stay in hospital and appropriate support and re-ablement to allow them to return to their normal place of residence. A dedicated 'navigator' role was created to coordinate the various elements of care and ensure they are provided at the appropriate stage of the patient journey and without delay and both voluntary and statutory services will be working together to support patients and their carers following discharge.**

4.94 The quality of evidence that prevention and early intervention pay off in avoiding costs downstream and provide better outcomes for people is improving all the time. There is, however, often a time lag between the investment and financial pay back. Moreover it is important to think "whole systems" as the cash savings often do not accrue to the budget of the organisation making the investment. Pooled budgets and resource transfers should become a more routine part of the design of these arrangements.

4.95 In chapter 3 we caution against responding to budget reductions by moving away from strategies of prevention and early intervention. All too often investment in preventive services is pulled back at just the wrong time without any proper sense of the risks for longer term costs and outcomes that such a course involves.

12   We recommend that:

a.   **the Welsh Assembly Government should restate its determination to support and encourage prevention and early intervention to improve outcomes and reduce long term costs**

b.   **there should be a renewed focus by commissioners and providers on re-ablement to ensure that people are well supported to recover their independence. This will reduce the need for high cost alternatives**

c.   **the Welsh Assembly Government should continue its commitment to children in need and the public sector in Wales should collectively review the effectiveness of all services provided for children in need**

d.   **the immense contribution of carers should be respected and placed more systematically at the heart of service development and commissioning.**

The proposed system of care will deliver an easily recognisable, highly organised model of integrated community services that will act as a bridge between primary care and the acute hospital. Services will be focused on the holistic needs of the citizen and delivered by the NHS, local authorities and other partner agencies working together.

The approach will change from reactive crisis management to a proactive, co-ordinated and preventive agenda, with a particular focus on high risk patient groups and those with increasing frailty. Such services will enable an increasing number of people to be managed effectively in their communities and localities, avoiding unnecessary and often debilitating hospital admissions. This system would replace the current "push" hospital-discharge model with one that actively pulls patients towards high quality organised services closer to home.

Extract from Setting the Direction - Primary and Community Services Strategic Delivery Programme: WAG 2010

Protection and Safeguarding

4.96 The Welsh Assembly Government is undertaking work via the Adult Protection Advisory Board and the Welsh Safeguarding Children Forum with a remit to report on this area and so we have not undertaken in-depth analysis of the issues.

4.97 The reputation of children's social services in Wales has been diminished by recent examples of systems failures where children have not been adequately protected from harm. We have heard examples of good safeguarding practice but this remains uneven.

4.98 The model for safeguarding children in Wales with its clear legislative framework and requirement for inter-agency working is sound but we are not persuaded that this approach can or should be transferable to adults. Managing risk and minimising harm to adults, who have the right to make choices about their own lives, poses different challenges. The Welsh Assembly Government needs to work very closely with those who are responsible for shifting the balance of care so that more people are able to continue to live in their communities. Future adult protection policies and responsibilities need to help identify "adults at risk", to provide support to them when they need it, and to provide the means to protect them from harm. Within residential care, more needs to be done to raise the profile of the *Code of Practice for Social Care Workers* and the *Code of Practice for Employers of Social Care Workers*.

4.99 Learning from mistakes and from good practice remains a priority but the current approach to Serious Case Reviews is no longer adequate. We suggest exploring other emerging models including *Learning Together to Safeguard Children* (SCIE, 2008). We are also aware of the recent review of Serious Case Reviews undertaken by CSSIW and the Welsh Assembly Government.

4.100 Safeguarding is not just a social services responsibility, although it is often assumed to be. It is intended to be a shared responsibility across the police, health and local government. However, we have heard of difficulties getting some bodies to discharge their obligations and in getting everyone around the table. We have heard about the difficulties in terms of finance, coordination, representation

and information exchange at Local Safeguarding Children Boards (LSCBs). Part of the difficulty appears to be that these boards are not accountable in their own right. Accountabilities are discharged through individual members of boards representing and reporting back to their parent organisations. We believe it would be beneficial for the Welsh Assembly Government to examine the accountabilities of LSCBs and Adult Protection Committees and, as previously mentioned, that both of these bodies be streamlined to fit the LHB footprint.

13   We recommend that the Welsh Assembly Government reviews the accountabilities of LSCBs and Adult Protection Committees.

Regulation, Inspection and Improvement

4.101 Creating a sustainable regulatory and improvement framework that provides protection and supports excellence is part of a separate strand of work that will inform the Social Services White Paper. We comment on them only briefly here.

Inspection

4.102 We heard a lot, particularly from local authorities, about the burdens that inspection is said to place on them and about other aspects of inspection. We recognise that there is currently work being undertaken by CSSIW in developing a new model of inspection and improvement linked to work that the SSIA is doing.

4.103 Regulation and inspection are important in maintaining public confidence, protecting the vulnerable, identifying where improvement is needed, supporting that improvement and providing opportunities for the transfer of best practice. They do not stand alone in maintaining standards

and driving improvement. Leadership, public service accountability, professional development and effective commissioning all have important parts to play.

4.104 In recent years inspection regimes have been adapting to focus more on the experience of the service users and on outcomes. The evidence we received suggests that there is a need to move more quickly in that direction. For example, the move towards more self-directed support which we advocate in this report will require inspection increasingly to adapt to concentrate on the achievement of the intended outcomes as set out in individuals' care plans.

4.105 The requirement for Directors of Social Services to produce an annual report as set out in the statutory *Guidance on the Role and Accountabilities of the Director of Social Services* (WAG, 2008) provides a potentially useful addition to the tools for improvement. In future years, the process needs to move up a gear, however we acknowledge that the new annual reporting regime is in its infancy. The reports need to be much more open about where improvement is needed and subject to sharper peer and other external expert review.

Regulation and Improvement

4.106 We acknowledge that the Welsh Assembly Government has used regulation of the workforce as a significant improvement lever. Workforce regulation has introduced a new and different focus on professional standards and professional accountability led by the Care Council for Wales. It has also begun to identify where further guidance or learning and development are required. This approach in Wales is commended by the sector as one which should be retained and further developed.

4.107 Compared to health and education, social services has only very modest dedicated resource to support improvement, innovation and service change. The creation of the SSIA has been an important development in providing a locus for social services improvement. We particularly commend the Agency's work to support frontline managers.

4.108 The improvement agenda is also supported by SCIE, an independent organisation funded by the Department of Health in England and the devolved administrations in Wales and Northern Ireland. It captures and co-produces material about good practice, extant research, evidence and innovation. It provides many on-line resources to support practitioners.

Social Care Research

4.109 Redesigning services to meet the new realities and supporting confident evidence–based practice requires good systems for capturing, evaluating and sharing knowledge about what works from within Wales, elsewhere in the UK and more widely.

4.110 We found that there is a large volume of data, but very little information, in the sense that the data remains un-analysed. We believe that to promote a smarter, evidence-based culture change for social services now requires an Advanced Centre of Learning and Research managed as a virtual, collaborative initiative between various Higher Education Institutes (HEIs) in Wales. The HEIs would be chosen through competitive bids to be centres for excellence in areas such as children and young people, older people, disability, substance misuse and mental health.

4.111 Such a centre would work closely with NISCHR whose development on the social care side of its work should now be accelerated by the Welsh Assembly Government. There would also need to be closer working between NISCHR and the SSIA, the Care Council for Wales and SCIE to maximise knowledge transfer to support improved services and well informed and confident practitioners.

14   **We recommend:**

a.   **the Welsh Assembly Government should ensure that NISCHR moves quickly to working with the leaders of the profession to agree and deliver a work programme to support the sector priorities**

b.   **the setting up of an Advanced Centre of Learning and Research for social services and social care to be managed as a virtual collaborative initiative between HEIs in Wales.**

Annex 1
Membership of the Commission

Professor Geoffrey Pearson, Emeritus Professor of Criminology, Goldsmiths College, University of London, is Chair the Commission. Professor Pearson is a qualified psychiatric social worker with a forty year career teaching social work and sociology in universities and polytechnics including a post in Cardiff. His research and teaching interests include criminology, drug misuse, and working with children and young people. He has also served on a number of UK Government working groups and bodies.

Julie Jones CBE was educated in Wales and has some thirty five years experience in social services latterly as a Director of Social Services and Deputy Chief Executive of Westminster City Council, including a year as President of the Association of Directors of Social Services, before taking up her current role as Chief Executive of the Social Care Institute for Excellence (SCIE) in 2007. She was awarded an OBE in 2003 and a CBE in 2009.

Rhian Huws Williams has worked in the social work sector since 1981, firstly as a social worker and then within social services training before taking up a national policy development and advisor appointment with the Central Council for Education and Training in Social Workers (CCETSW) becoming the head of the National Office for CCETSW Cymru in 1994. She has worked at UK level contributing to the development of a range of policies and guidance for social work and social care training and practice. She has been Chief Executive of the Care Council for Wales since its establishment in 2001.

Phil Robson has worked in social services since 1984, starting out as a social worker then holding a number of practitioner and managerial roles in Gwent and Powys before being appointed to the Director of Social Services role for Powys in 2001. He was then appointed Executive Director for People and Wellbeing in 2005, a post that encompassed the role of Director of Social Services and Chief Education Officer. He retired from Powys County Council in December 2009.

Annex 2
Written and Oral Evidence Contributions

List of Respondents to the Call for Written Evidence

- Action for Children
- Age Concern Cymru
- All Wales Heads of Adult Services (AWASH)
- All Wales Heads of Children's Services (AWHOCS)
- Anglesey County Council (CC)
- Association for Spina Bifida Hydrocephalus (ASBAH) Cymru
- Association of the Directors of Social Services (ADSS) Cymru
- Betsi Cadwaladr Local Health Board (LHB)
- Bridgend County Borough Council (CBC)
- British Association of Social Workers (BASW)
- British Lung Foundation Wales
- Caerphilly CBC
- Cardiff Community Health Council
- Cardiff School of Health Sciences, UWIC
- Cardiff University Social Work Teaching and Research Team
- Care Council for Wales
- Care Forum Wales
- Carers Wales
- Carmarthenshire CC and the Community Physiotherapy Team at Hywel Dda Local Health Board
- Ceredigion CC
- Chartered Society of Physiotherapy in Wales
- Children's Commissioner for Wales
- City and County of Swansea
- College of Occupational Therapists
- Commissioner for Older People
- Community Pharmacy Wales

- Compass Community Care Ltd
- Conwy CBC
- County Voluntary Councils of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen
- Crossroads Care in the Vale
- Cruse Bereavement Care
- Cymorth Cymru
- Disability Can Do
- Disability Wales
- First Choice Housing Association
- Glamorgan Partnership Social Work Degree Programme
- Gofal Cymru
- Gwynedd CC
- Hay and District Community Support
- Health Social Care and Wellbeing Network
- Hilary Searing
- Hilda Smith
- Home Start Wales
- Learning Disability Wales
- Macmillan Cancer Support
- Mencap Cymru
- Mind Cymru
- Monmouthshire CC
- Multiple Sclerosis Society Cymru
- National Deaf Children's Society Cymru
- National Society for the Prevention of Cruelty to Children (NSPCC) Cymru
- National Youth Advocacy Service
- Neil Thompson
- New Pathways
- Parkinson's Disease Society

- Paul Hinge

- Pembrokeshire Association of Voluntary Services (PAVS)

- Powys County Council Adult Services

- Powys County Council Children's Services

- Professor Andy Pithouse, Deputy Director School of Social Sciences Cardiff University; Professor Judith Phillips, Head of Human Sciences, Swansea University and Professor Odette Parry, Director, Social Inclusion Research Unit, Glyndwr University.

- RG Walton

- Rhondda Cynon Taff CBC

- Rhondda Cynon Taff People First

- Royal College of Nursing

- Royal National Institute for Deaf People (RNID)

- Royal Pharmaceutical Society of Great Britain

- Sense Cymru

- Social Care in Partnership South East Wales

- South Wales Fire and Rescue Service

- The Princess Royal Trust for Carers and Crossroads Care

- The Survivors Trust

- The Wales Neurological Alliance

- The Welsh Food Alliance

- Torfaen CBC

- Tros Gynnal

- United Kingdom Homecare Association (UKHCA)

- Voices from Care

- Wales Alliance for Citizen Directed Support

- Wales Council for Deaf People

- Welsh Council for Voluntary Action (WCVA)

- Welsh Language Board

- Welsh Local Government Association (WLGA)

- Welsh Women's Aid

- Wrexham CBC

- Women's Royal Voluntary Service (WRVS)

- Youth Justice Board for England and Wales

Oral Evidence Sessions and Meetings

- Constance Adams, Senior Policy Officer, WCVA

- Kelly Ahern, Team Leader, Barnardo's Swansea Children Matter Project

- Yvonne Apsitis, Vice President, United Kingdom Home Care Association

- Paul Ashton, Chair, ARC Cymru

- Sir Mansel Aylward, Chair, NHS Safeguarding Children Review

- Victoria Bancroft, South Wales Development Manager, Funky Dragon

- Lynne Berry, Chief Executive, Women's Royal Voluntary Service

- Neelam Bhardwaja, Director of Social Services, Cardiff CC and Immediate Past President of ADSS Cymru

- Tricia Bochenski

- Lisa Bowen-Jones

- Ceri Breeze, Director of Housing, WAG

- Trish Buchan, Health and Social Care Facilitator, Powys Association of Voluntary Organisations

- Mary Burrows, Chief Executive, Betsi Cadwaladr LHB

- Tony Clements, Director of Social Services, Neath Port Talbot CBC

- Ruth Coombs, Manager for Influence and Change, Mind Cymru

- Andrew Cottom, Chief Executive, Powys LHB

- Peter Crews, Unison

- Jim Crowe, Director, Learning Disability Wales

- Dr Dolores Davey, Head of Social Work Training, Cardiff University

- Parry Davies, Director of Social Services, Ceredigion CC
- Rhian Davies, Chief Executive, Disability Wales
- Simon Dean, NHS Director of Strategy and Planning, WAG
- Councillor John Dixon, Deputy Spokesperson for the WLGA Social Services Portfolio
- Monica Dyke
- Dorothy Edwards, Interim Locality Director, Abertawe Bro Morgannwg LHB
- Leila Evans, Project Manager of Home Cleaning Services, Age Concern Ceredigion
- Phil Evans, Director of Social Services, Vale of Glamorgan CBC
- Karen Fawcett
- Carol Floris, Advice and Support Manager, Voices From Care Cymru
- Beverlea Frowen, Director for Social Services and Health Improvement, WLGA
- Barry Gallagher, Chair, Cymorth Cymru
- Laura Gallagher, Mental Health Development Officer, Powys Agency for Mental Health
- Jenny Gilmore
- Ashley Gould, NHS Safeguarding Children Review
- Councillor Meryl Gravell OBE, Lead Spokesperson for the WLGA Social Services Portfolio
- Stewart Greenwell, Director of Social Services, Newport CC
- Joanna Griffiths, Director of Social Services, Conwy CBC
- Hefin Gwilym, Acting Director of Social Work, Bangor University
- Jean Harrington, Taff Ely Drug Support Service
- Councillor Rosemarie Harris, Cabinet Member for Adult Social Services, Powys CC

- Lindsay Haveland, Senior Health and Social Care Facilitator, Denbighshire Voluntary Services Council
- Gareth Haven, Deputy Head of Finance: Community Care, WAG
- David Hawker, (then) Director General, Department for Children, Education, Lifelong Learning and Skills, WAG
- Robert Hay, Local Government Finance Division, WAG
- Albert Heaney, Director of Social Services, Caerphilly CBC
- Pam Hill
- Phil Hodgson, Director of Social Services, Blaenau Gwent CBC
- Keith Ingham, (then) Head of Children's Health and Social Services, WAG
- Dr Chris Jones, Chair of Cwm Taf LHB
- Iwan Trefor Jones, Lead Director for Children and Young People Services, Gwynedd CC
- Richard Parry Jones, Lead Director for Children and Young People Services, Anglesey CC
- DCI Pam Kelly, Child Protection Representative, Association of Chief Police Officers
- Evan Kinsey, Practice Learning and Development Officer, People and Wellbeing, Powys CC, representing the Mid Wales Regional Social Care Partnership
- Mario Kreft, Chief Executive, Care Forum Wales
- Andrew Lewis, Director of Innovation and Improvement, Cardiff and Vale University LHB
- Bruce McClernon, Director of Social Services, Carmarthenshire CC and President of ADSS Cymru
- John Mills
- Dame Gill Morgan, Permanent Secretary, WAG
- Janet Morgan, Chair of Social Care in Partnership (SCiP) North Wales

- Julie Mountford, Partnership Manager, Conwy and Denbighshire Adult Mental Health and Social Care Partnership
- Maureen Mullaney, Head of Social Services for Adults, Flintshire CC
- David Murray, Chief Executive, Age Concern Gwent
- Liz Neil, Director, Mencap Cymru
- Mary O'Grady, Youth Offending Team Manager, Powys CC
- Emyr Owen, (then) Manager in Wales, BASW
- Nisha Patel
- Vanessa Phillips, Director of Resources WLGA
- Martyn Pengilley, Policy and Welsh Assembly Officer, Crossroads Care, Wales
- David Penny
- Sylvia Penny
- Melanie Perry, Director, PRISM (Alcohol Advice Centre)
- Rob Pickford, Director of Social Services Wales, WAG
- Professor Andy Pithouse, Cardiff University
- Bernardine Rees, Director of Primary, Community and Mental Health Services, Hywel Dda LHB
- Margaret Reid, Health and Social Care Facilitator, Vale of Glamorgan
- Jonathan Richards, Vice Chair, All Wales People's First. Supported by Yvonne Boxall, Advisor.
- Imelda Richardson, Chief Inspector, CSSIW
- Dr. Chris Riley, Health Strategy Policy Adviser, WAG
- Bridgette Robb, British Association of Social Workers (BASW)
- Emyr Roberts, (then) Director General, Public Services and Local Government Delivery, WAG
- Karen Roscoe, Senior Lecturer in Social Care, Glyndwr University

- Sue Ross, Professional Head of the SSIA
- Carol Shillabeer, Director of Nursing, Powys LHB
- Professor Mike Sullivan, (then) Special Adviser to the Deputy Minister for Social Services
- Jane Taylor, Area Manager, Cartrefi Cymru
- Richard Tebboth (then), Head of Performance and Governance Division, WAG
- Gwenda Thomas AM, Deputy Minister for Social Services
- Dr Gwyn Thomas, Informing Health Care, WAG
- Steve Thomas CBE, Chief Executive, WLGA
- Keith Towler, Children's Commissioner for Wales
- Bill Walden-Jones, Chief Executive, Hafal
- Darren Whitby
- David Wildman, Lead Cabinet Member for Adult Services and Care, Pembrokeshire CC
- Moyna Wilkinson, Director of Social Services, Monmouthshire CC
- Catriona Williams, Chief Executive, Children in Wales
- Ellis Williams, Director of Social Services, Rhondda Cynon Taff CBC
- Graham Williams, (then) Programme Manager for Service Frameworks, Office of the Director of Social Services, WAG
- Paul Williams, Director General Health and Social Services, WAG
- Donna Wilson, Director of Social Services, Powys CC
- Rick Wilson, Chief Executive, Community Lives Consortium
- Helen Wright

Annex 3 - Meetings and Visits undertaken by the Chair and Members of the Commission

Meetings

- Neil Abraham,
  College of Occupational Therapists

- Neelam Bhardwaja, (then) President ADSS Cymru

- Peter Black AM, Liberal Democrat Spokesperson on Health and Social Services

- Ruth Crowder,
  College of Occupational Therapists

- Andrew RT Davies AM, Conservative Spokesperson on Health and Social Services

- Sue Denman, Wales Office for Research and Development

- Mark Drakeford, Cardiff University

- Maizie Elfin, Scope Cymru Face 2 Face Project

- Rhoda Emlyn-Jones,
  Team Manager, Option 2 Programme

- Carys Evans, Head of Division for Local Service Boards and Wales Spatial Plan, WAG

- Beverlea Frowen, Director for Social Services and Health Improvement, WLGA

- Councillor Meryl Gravell, WLGA Lead Spokesperson for Social Services

- Stewart Greenwell, Director of Social Services, Newport CBC

- Dame Deirdre Hine, Review of Dignity in Hospitals, Office of the Commissioner for Older People

- Peter Hosking, Children's Rights Officer, Office of the Children's Commissioner for Wales

- Helen-Mary Jones AM, Plaid Cymru Spokesperson on Health and Social Services

- Robin Jones, Health Statistics and Analysis Unit, WAG

- Huw Lewis AM,
  Deputy Minister for Children

- Chris Maggs, Director of Social Services, Swansea CC

- Ruth Marks, Commissioner for Older People in Wales

- David Melding AM, Shadow Minister for Economic Development and the Welsh Conservatives' Director of Policy

- Steve Milsom, Acting Head of Older People and Long Term Care Policy, WAG

- Professor Rod Morgan, University of Bristol

- Mike Nicholson, Head of Children and Family Services, Newport CC

- Rob Pickford, Director of Social Services Wales, WAG

- Professor Andy Pithouse, Cardiff University

- Margaret Provis, (then) Assistant Chief Inspector, CSSIW

- Jill Riley, College of Occupational Therapists

- Emyr Roberts, (then) Director General, Public Services and Local Government Delivery, WAG

- Mike Shanahan, Programme Manager for Long Term Care, WAG

- Nicola Southall, Value Wales

- Alison Standfast, Deputy Chief Executive, Value Wales

- Professor Mike Sullivan, (then) Special Adviser to the Deputy Minister for Social Services

- Gwenda Thomas AM,
  Deputy Minister for Social Services

- Chris Tweedale, Director Children, Young People and School Effectiveness Group, WAG

- Steve Vaughan, Head of Partnerships, Older People and Long Term Care Policy Division, WAG

- Graham Williams, (then) Programme Manager, Service Frameworks, WAG

- Paul Williams, Director General, Health and Social Services, WAG

- Sue Williams, Youth Justice Board for England and Wales

- John Wrangham, Youth Justice Board for England and Wales

Visits

Caerphilly CBC

- Stephen Berry, Children's Rights Officer

- Andrew Jarrett, Head of Children's Services

- Janine Edwards, Team leader, Care Leavers Team

Cardiff CC

- Hannah Murray, Community Engagement Officer, Neighbourhood Management Team

Ceredigion CC

- Eryl Bray, Disabled Children's Team Manager

- Parry Davies, Director of Social Services

- Melanie Evans, Joint Commissioning Manager

Cylch Caron – Tregaron Project:

- Ian Bellingham, County Director for Ceredigion, Hywel Dda LHB

Ceredigion Independent Living Centre, Felinfach, Aberaeron:

- Myfanwy DeFriend, Project Manager for Integrated Community Equipment, Ceredigion CC and Hywel Dda LHB

Family drop-in centre, Penparcau Estate, Aberystwyth, Ceredigion Social Services:

- Sian Williams, Family Centre Project Manager, Ceredigion CC

Merthyr Tydfil CBC

- Jill Bow, Service Improvement Manager, Extracare Housing for Older People

- Sarah Davies, Early Years and Child Care Coordinator

- Paula Houston, Family Support Coordinator

- Sue Hughes, Social Regeneration Development Manager

- Mandy Perry, Manager of the Integrated Children's Centre

- Leighton Rees, Lead Manager for Children

IFST Implementation Team (Merthyr Tydfil CBC and Rhondda Cynon Taff CBC):

- Ann Batley, Head of Assessment Care Planning Children's Services,

- Niall Casserly, Substance Misuse Development Manager

- Sara Nichols, Head of Adult Mental Health Services

- Michael Waite, IFST Team Manager

Denbighshire CC

- Julie Fisher, Social Worker Intake and Safeguarding team

- Jane Hughes, Senior Practitioner Older People's Team

- Alan James, Hafod Community Mental Health Team

- Karen Waring, Senior Practitioner Intake and Safeguarding Team

Swansea CC

- Peter Collins, Employment Services Manager and his team, Create Solutions and Cwmbwrla mental health day centre

- Jane Thomas, Officer in Charge and her team, Ty Waunarlwydd residential home for older people with dementia

- Jackie Whiteman, Day Service Manager and her team, Swansea Vale Resource Centre

- Julie Thomas, Principal Officer Case Management and her team, Child and Family Services

- James Thomas, Staff Development and Service Provision Officer for Mental Health

Care Forum Wales Regional Meetings – Cardiff and Carmarthen

Neath Port Talbot CBC – Children's Social Services Systems Review

All Wales Heads of Children's Services Biannual Meeting

Annex 4
References

A Rough Guide to Personalisation: Social Care Institute for Excellence, April 2010.

A Strategy for Social Services Over The Next Decade – Fulfilled Lives, Supportive Communities: Welsh Assembly Government, February 2007

Beyond Boundaries – Citizen-Centred Local Services for Wales: Welsh Assembly Government, July 2006

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Care and Social Services Inspectorate for Wales Annual Report 2007-2008: CSSIW, 2009 and the Care and Social Services Inspectorate for Wales Annual Report 2008-2009: CSSIW, 2010

Child Poverty Strategy for Wales and Delivery Plan (consultation document): Welsh Assembly Government, May 2010

Code of Practice for Social Care Workers: Care Council for Wales, 2009 and the Code of Practice for Employers: Care Council for Wales, 2009

Daffodil Care Needs Projection System: Welsh Assembly Government and the Institute for Public Care, 2010

Delivering Digital Inclusion – A Strategic Framework for Wales (consultation document): Welsh Assembly Government, 2010

Grasping the Nettle - Early Intervention for Children, Families and Communities: C4EO, National Children's Bureau and Social Care Institute for Excellence, October 2010

Household, Poverty and Social Care Statistics: Statistical Directorate, Welsh Assembly Government, October 2010

Improving Health and the Management of Chronic Conditions in Wales - An Integrated Model and Framework for Action: Welsh Assembly Government, March 2007

Fulfilled Lives, Supportive Communities Commissioning Framework Guidance and Good Practice: Welsh Assembly Government, August 2010

Learning Together to Safeguard Children - Developing a Multi-Agency Systems Approach for Care Reviews: Social Care Institute for Excellence, October 2008

Local Public Services in Wales – Developing a Whole Area Approach: SOLACE Wales, August 2010

Making the Connections – Delivering Beyond Boundaries, Welsh Assembly Government, November 2006

Memorandum of Understanding: ADSS Cymru, Care Forum Wales, Registered Nursing Home Association and the UK Home Care Association, February 2009

The Munro Review of Child Protection. Part One: A Systems Analysis – Professor Eileen Munro: September 2010

Nine Social Services Commitments: Welsh Local Government Association, December 2004

Projections for Population Trends and the Impact of the Chronic Disease Burden in Wales up to 2031: Welsh Assembly Government and the National Public Health Service, August 2009

Regional Collaboration Compendium:
WLGA August 2010

Reviewing Social Services in Wales 1998-
2008 - Learning from the Journey: CSSIW
and the Wales Audit Office, November 2008

Rural Health Plan – Improving Integrated
Service Delivery Across Wales: Welsh
Assembly Government, December 2009

Services for Children and Young People with
Emotional and Mental Health Needs: CSSIW,
Estyn, HIW and WAO, November 2009

Setting the Direction - The Primary and
Community Strategic Delivery Programme:
Welsh Assembly Government, February 2010

Social Care Statistics Wales 2007-2008:
Welsh Assembly Government, 2008

Statutory Guidance on the Role and
Accountabilities of the Director of Social
Services: Welsh Assembly Government,
November 2008

Strategy for Older People: Welsh Assembly
Government, November 2003

Team Manager Development Programme:
Social Services Improvement Agency, 2009

Think Child, Think Parent, Think Family:
Social Care Institute for Excellence, July 2009

Welsh Index of Multiple Deprivation: Welsh
Assembly Government, 2008

Welsh Language Toolkit: CSSIW, 2010

Annex 5
Glossary of Terms

Advocacy

Where a person acts on behalf of and in the interests of a service user who feels unable to represent themselves when dealing with professionals.

Carer

Carers are individuals who provide or intend to provide a substantial amount of care on a regular basis for: a child with a physical or mental impairment, or an individual aged 18 or over. They are not individuals who provide or intend to provide care: by virtue of a contract of employment or other contract with any person, or as a volunteer for a body (whether or not incorporated).

Children in Need

The Children Act 1989 describes a child in need as follows:

- he/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this part

- his/her health or development is likely to be significantly impaired or further impaired without the provision for him of such services;

- he/she is disabled.'

Commissioning

is the process of meeting needs at the strategic level for whole groups of service users and/or whole populations and of developing policy directions, service models and the market to meet those needs in the most appropriate and cost effective way.

Collaboration

is a process where two or more people or organisations work together to achieve a common goal by sharing knowledge, learning and building consensus. Most collaboration requires leadership. Teams that work collaboratively can obtain greater resources.

Co-production

is an approach to public service reform which encourages citizens to actively contribute to building community based mutual support networks. Co-production recognises that people are not passive recipients of services but have assets, skills, experience and expertise which can contribute to improving services if they are given opportunities for meaningful involvement in collaborative partnerships. In Wales co-production has been defined as the co-design and co-delivery of public services.

Direct Payments

are payments made by local authorities directly to some individuals including carers who have assessed community care needs to enable them to purchase their own care services.

Independent Sector

is the umbrella term for all non-statutory organisations delivering public care including a wide range of private companies.

Local Service Boards

are cross agency partnerships of key leaders from the statutory, private and third sectors with the aim of improving joint working and facilitating whole system delivery of citizen centred services in a particular locality.

Looked After Children

is the term used in the Children Act 1989 to describe all children who are the subject of a care order, or who are provided with accommodation on a voluntary basis for more than 24 hours. A care order may only be made by a court.

Micro-provider

Services that are:

- Providing support or care to people in their community

- Delivered by 5 or fewer workers – paid or unpaid

- Independent of any larger organisation.

Outcomes

are the impact, result or effect of services on the community or of a service intervention on an individual.

Self – directed support

is an approach to assessing need and managing social care provision which places individuals at the heart of the planning process, recognising that they are best placed to understand their own needs. Self Directed Support enables people to make decisions, manage risks, and arrange their own support (or have it arranged for them) in order to achieve their desired outcomes. In Wales Self Directed Support is now commonly termed Citizen Directed Support.

Service User

is someone who uses or has used health and/ or social care services.

Social Enterprise

are businesses with primarily social or environmental objectives. Their surpluses are reinvested in the business or in the community. Social enterprises include cooperatives, development trusts, community enterprises, housing associations and social firms.

Third sector

includes the full range of non-public and non-private organisations which are non-governmental and value driven, that is motivated by the desire to further social, environmental or cultural objectives rather than to make a profit.

Total Place

looks at how a 'whole area' approach to public services can lead to better services at less cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level.