**SOCIAL SERVICES AND WELL-BEING (WALES) ACT**

**TRAINING MODULE**

Introduction and General Functions

**March 2017**

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# Introduction

The Social Services and Well-being (Wales) Act 2014 introduced wide-ranging reforms that have major implications for practice. A range of learning materials have been developed to support the Act’s implementation. All the learning materials are available to download from the [Information and Learning Hub as outlined in the hub prospectus](https://socialcare.wales/hub/resources).

This training module forms part of a suite of learning materials that has been developed by the [Institute of Public Care](https://ipc.brookes.ac.uk/) at Oxford Brookes University. This suite summarises and explains the regulations and codes of practice or statutory guidance that underpin the Act. It is designed to help those whose roles are most affected to understand and implement it. The suite of learning materials contains training modules, PowerPoint presentations and other learning material for each of the following areas:

1. **Introduction and General Functions** – Parts 1 and 2 of the Act
2. Assessing and Meeting the Needs of Individuals - Parts 3 and 4 of the Act
3. Looked After and Accommodated Children – Part 6 of the Act
4. Safeguarding - Part 7 of the Act
5. Assessing and Meeting the Needs of Adults in the Secure Estate – Part 11, Chapter 1, of the Act

This training module has been written for learning facilitators and includes exercises, suggested group discussions, points of reflection and case studies that facilitators can use either in their entirety or to pick and choose from as they see fit when designing a learning programme based on the [PowerPoint presentation](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions). As well as this training module and linked PowerPoint presentation, there is also a summary and a shorter overview presentation available on the [Introduction and General Functions page](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions).

## Who is this Module for?

This training module gives an overview of the Act and what it’s intended to deliver. It is intended to be used to develop learning programmes for:

* People employed in the provision of information, advice and assistance to citizens relating to care and support
* People employed in assessment roles or care and support planning roles
* Non-social services elements of local authorities such as housing
* Health and other public sector organisations such as the police and prisons
* Social care provider and support organisations in the voluntary and community as well as private sectors
* Those involved in the governance and management of these organisations and professionals and practitioners who work in them

## Aims and Learning Outcomes

The aim of this training module is to give an overview of the Act and in particular to explore Part 2: Sections 5-7, 15 and 17 in more detail.

By the end of the learning programme participants will:

* Be aware of the parts and features of the Act, and its links with other legislation
* Understand the aims and ethos of the Act and what it is intended to deliver
* Understand the implications for practice of the duty to promote well-being
* Have explored a range of practical approaches to prevent and reduce the need for care and support of people in their local area
* Understand the critical role of information, advice and assistance
* Reflect on the implications of the Act for them and their organisation

This module can be used in a range of ways:

* For new staff who need a foundational understanding of the Act, you can use the overview and summary
* For new staff who need a full understanding of the Act, you can use the whole training module and presentation
* For existing staff who have transitioned into using the Act, you can use elements of the training module and activities to explore how practice has evolved since the Act came into force in April 2016, or to refresh practice knowledge and skills

## Key Words

The suite of learning materials contains a [**glossary**](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions) of key words referred to in the Act, regulations and codes of practice or statutory guidance. The following key words, definitions of which can be found in the glossary, are relevant to this module: abuse, adult, advocacy, advice, assets, assistance, capacity, care and support, carer, child, co-production, eligible needs, harm, information, neglect, person-centred approach, personal outcomes, prevention, relevant partner agency, safeguarding, strengths-based approach, welfare, well-being, WASPI.

# Training Module

This training module can be used to assemble a pack of relevant learning materials for each participant to take away. There is a linked PowerPoint presentation, which can be printed as a handout with space for learners to make notes. The training module matches the PowerPoint presentation and each slide in the presentation is reproduced below. The training module also includes **key learning points**, a range of **activities** that can be used to support learning and **facilitators’ hints and tips** which signpost to existing good practice / resources or suggest ways of delivering the materials. For more information, please look at the [Facilitator’s Guide](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions).

## Slide 1 – Aims and learning outcomes

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| Aims and learning outcomes |
| * This training provides an overview of the Act and explores Part 2: Sections 5-7, 15 and 17 in more detail * By the end of the training participants will: * Be aware of the parts and features of the Act, and its links to other legislation * Understand its aims and ethos, and what it is intended to deliver * Understand the implications for practice of the duty to promote well-being * Have explored a range of practical approaches to prevent and reduce the need for care and support * Understand the critical role of information, advice and assistance * Reflect on the implications of the Act |

### Facilitator Notes

1. This presentation gives an overview of the Act. It is intended for:

Adults and children’s social services and wider elements of local authorities, NHS organisations, the police, and other local authority partner organisations as well as social care provider and support organisations in all sectors

Those involved in the governance and management of these organisations and professionals and practitioners who work in them

1. The aim of the presentation is to give an overview of the Act and in particular to explore Part 2: Sections 5-7 (Well-being and other overarching duties), 15 (Prevention) and 17 (Information, Advice and Assistance) in more detail. By the end of the learning programme you will:

Be aware of the parts and features of the Act, and its links with other legislation

Understand the aims and ethos of the Act, and what it is intended to deliver

Understand the implications for practice of the duty to promote well-being

Have explored a range of practical approaches to prevent and reduce the need for care and support of people in your local area

Understand the critical role of information, advice and assistance

Reflect on the implications of the Act for you and your organisation

### Activity – Discussion

1. What is the purpose of this training session for you?
2. What do you hope will be different as a result of this training?

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| Facilitators’ hints and tips  It is helpful at the start of a session to identify who is in the room – their professional background, role and organisation. The questions above can help you to start to understand learners’ motivation. Answers are likely to be mixed; some people will have been told to come to training and others will have chosen to. It is important to encourage people to think about: their individual motivation (what they want to change and why), their responsibilities (what they will be checked up on), and supports in their workplace that will help them use this learning.  Research shows that it is not enough to deliver information to people. The aim is for learning to be transferred into practice so that people’s way of working changes. This is helped by:   * Individual motivation – ensuring that people identify what they want to change and why, helping them to set goals to use the learning, reviewing those goals (this training module includes an action planning exercise at the end). * Design and delivery of the training – using methods and activities that work for people (this training module includes a range of activities). * Support – from managers and colleagues to use learning (the action planning exercise includes space to identify how people will be supported to use their learning). |

## Slide 2 - Contents

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| Contents |
| * Introduction and overview of the Act * Well-being and other overarching duties * Prevention and earlier intervention * Information, advice and assistance * Working preventatively * Summary |

### Facilitator Notes

1. This presentation starts with an overview of the Act, and its links with other relevant legislation, although it is assumed that participants have already undertaken general awareness training about the Act.
2. The Act is underpinned by several overarching duties. We will look at these duties, including the concept of well-being, before moving on to prevention and information, advice and assistance in more detail.
3. We will finish with a summary and action planning.

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| Facilitators’ hints and tips  This is an opportunity for the facilitator to outline for participants the timings and key activities of the learning programme. The training module notes and slides are split into the different sections above so that you can pick the elements you want to use. |

## Slide 3 - Introduction

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| Introduction |
| * The Social Services and  Well-being (Wales) Act came into effect on 6 April 2016 and builds on the policy set out in *Sustainable Social Services for Wales: A Framework for Action* * It repeals and replaces many previous laws * People * Well-being * Prevention * Collaboration * It covers adults, children and carers |

### Facilitator Notes

1. The Act came into effect on 6 April 2016 and builds on the White Paper ‘Sustainable Social Services for Wales: A Framework for Action’ to modernise the law for care and support in Wales.
2. It repeals many previous laws and guidance relating to care and support (such as the Carers and Disabled Children Act 2000) and replaces them with this Act. [Guidance on repeals and transitions in relation to the Act](https://socialcare.wales/hub/sswbact) can be found on the learning hub and you can download a table that sets out the repeals and amendments to pre-existing legislation as a result of the Act.
3. It brought in new duties for local authorities, local health boards and other public bodies, and covers adults, children and carers. **Note that in these learning materials the term individual is used to mean an adult, child or carer.**
4. Some of the changes in the Act were not completely new as they were previously best practice, but were not a statutory requirement. This means that the impact of the Act was slightly different at a local level depending on how best practice had previously been implemented.
5. Shown in the box are the key principles that underpin the design of the Act. The Act aims to change the way **people’s** care and support needs are met – putting an individual at the centre of their care and support and giving them a voice in, and choice and control over, reaching the personal outcome goals that matter to them.
6. Central to the Act is the concept of **well-being** – helping people to maximise their own well-being. We will talk more about well-being in the next section.
7. The Act rebalances the focus of care and support to **prevention and earlier intervention** – increasing preventative services within the community to minimise the escalation of needs to a critical level.
8. Strong partnership working between organisations and co-production with people needing care and support is a key focus of the Act. The Act requires a culture change from the way in which services had often been provided, to an approach based on **collaboration**, and an equal relationship between practitioners and people who need care and support and carers who need support.
9. These principles enable people to be at the centre of their care and support and ensure their well-being is central to any decisions made about their lives.

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| Key learning point  The Act covers care and support for adults, children and carers. |

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| Facilitators’ hints and tips  This introductory section gives a brief overview of the Act as it is assumed that participants have already undertaken general awareness training about the Act. It will be worth using slides 3 and 4 to check with learners their general awareness of the Act so that you can expand on this introduction if necessary. There is a short video (3 minutes 12 seconds) from Mark Drakeford, Minister for Health and Social Services, available to download or show from the Information and Learning Hub [resources](https://socialcare.wales/hub/hub-resource-sub-categories/overview-and-awareness) section in which he speaks about the aims and implications of the Act. There is also a set of resources about the principles of the Act – [What does the Act mean for me?](https://socialcare.wales/hub/hub-resource-sub-categories/principles-of-the-act) – that are aimed at frontline workers and introduces key information about the Act and the principles that underpin it, as well as how these principles can be applied in practice.  Some staff may not have may not have worked under previous legislation if they have come into practice more recently. It may be worth exploring with participants who have been in practice since before April 2016 what has changed. |

## Slide 4 – The Parts of the Act

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| The Parts of the Act |
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### Facilitator Notes

1. The Act is made up of 11 parts and they all, except the first part, have regulations or codes of practice or statutory guidance that underpin them and give more detail. The first part gives an overview of the whole Act and defines some key terms such as **‘adult’**, whichmeans a person who is **aged 18 or over**,and a **‘child’**, which means a person who is **aged under 18**.
2. Part 2 is covered in this training module. It outlines the overarching duties that relate to anything people do under the Act, including the well-being duty. Under Part 2 there are also requirements to undertake a population assessment, and provide preventative services and an information, advice and assistance service, as well as the duty to promote social enterprises / diverse forms of delivery.
3. Part 3 defines the circumstances in which a local authority must assess a person’s needs for care and support, whether an adult, child or carer, and how assessments are carried out.
4. Part 4 describes the national eligibility criteria and how individuals’ needs are to be met, which will mean changes to local systems and processes.
5. Part 5 identifies the circumstances in which a local authority may charge for providing or arranging care and support for individuals, or preventative services.
6. Part 6 sets out local authority responsibilities under the Act for looked after and accommodated children, and arrangements for leaving care.
7. Part 7 of the Act brings in new, statutory safeguarding arrangements, including a duty to report an adult or child at risk and for authorised officers to apply to the court for an “adult protection and support order”.
8. Part 8 specifies the social services functions of local authorities and provides grounds for intervention by Welsh Ministers where a local authority is failing in those functions.
9. Part 9 requires local authorities to promote co-operation with their relevant partners, and imposes a duty on their relevant partners to co-operate with – and provide information to – the local authorities. It also establishes Regional Partnership Boards.
10. Part 10 provides for complaints about social services and new rights to complain about private social care and palliative care. It also provides for advocacy services to be made available from the point of first contact to enable individuals to engage and participate in their care and support, including the requirement to arrange an independent professional advocate for looked after children.
11. Part 11 unsurprisingly covers a variety of things including the new duty of local authorities to meet the care and support needs of adults in prison, youth detention or bail accommodation in Wales, and the care and support needs of children and young people in prison, youth detention or bail accommodation in England and Wales.

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| Facilitators’ hints and tips  Note that there is now completely separate social services legislation for Wales and England. The main difference between them is that the Social Services and Well-being (Wales) Act 2014 applies to people of any age and carers, whereas the Care Act 2014 for England is mainly confined to adults and there is a separate Children and Families Act 2014.  The Act replaces, in parts, some of the Children Act 1989. The children in need provisions of Part 3 (Section 17) of the Children Act 1989 are disapplied in relation to Wales. The legal authority for the provision of services for children and their families, including disabled children, is instead Parts 2 to 5 of the Act. However, the general care and support system for Wales under Parts 2 to 5 does not apply in the case of looked-after children. Instead, Part 6 of the Act contains local authority obligations in relation to looked-after children.  While the concept of a child in need disappears from the Act, the looked-after children and leaving care provisions of the Act are in many (but not all) respects similar to those provisions which they replace in the Children Act 1989.  The child protection and court proceedings provisions of the Children Act 1989 are not materially affected by this act and so continue to apply in both England and Wales. This includes Part IV (care and supervision proceedings) public law and Part II (orders with respect to children in family proceedings) private law. The changes made as a result of the Children and Families Act 2014 continue to apply in relation to Wales. Part V of the Children Act 1989 (protection of children, including the Section 47 duty to investigate significant harm) also still applies. The Act introduces a new duty in Wales to report children at risk under Part 7  You can download [details of the relationship between the Act and the Children Act 1989](https://socialcare.wales/hub/sswbact) from the information and learning hub. There is a training module on [looked after and accommodated children](https://socialcare.wales/hub/hub-resource-sub-categories/looked-after-children). |

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| Facilitators’ hints and tips  The Act aims to improve wellbeing outcomes for people who need care and support, and carers, through better co-ordination and enhanced collaboration between public bodies, including local authorities and the NHS, working together in regional partnerships. In many respects, the Act shares similarities with the principles of Prudent Healthcare. Joint working between local authorities and the NHS will ensure successful implementation of the new approach. Government issued a [Welsh Health Circular](http://gov.wales/docs/dhss/publications/160506whc028en.pdf) in May 2016 that looked at the implications of the Act for the NHS and a diagram on [How will the Act affect those who work in health and social care?](http://gov.wales/docs/dhss/publications/150708healthinfoen.pdf) |

## Slide 5 – What is the Act trying to achieve: prevention

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| What is the Act trying to achieve: prevention |
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### Facilitator Notes

1. This is a diagrammatic representation of the principles and assumptions underpinning the Act.
2. The key assumption is that through an increased level of effective earlier intervention / preventative services, including better access to information and advice for everyone, and well-being support for those who need some help (the left hand side of the care and support spectrum), more people will be able to be supported without need for managed intensive support. Hence the dotted line moves to the right: fewer citizens will need care and support planning for managed, complex care.
3. The Act attempts to rebalance the focus of care and support to prevention and earlier intervention – increasing preventative services within the community to minimise the escalation of needs to a critical level. The Act also recognises carers’ vital input and aims to help them maintain their caring role, which of course will often help the people they care for to postpone the need for more managed, complex care.
4. Promoting prevention needs to happen at a strategic, operational **and** individual level by local authorities and their partners. The Part 2 Code of Practice identifies ways that local authorities can ‘do’ prevention on a strategic level by setting out tools, methodologies, services and behaviours. This will require a robust population assessment and good partnership working to collect, analyse and act on information about the needs and outcomes that are important to the population. We will look at this in more detail in the next section.
5. At an individual level, the local authority has a duty to assess whether, and if so, to what extent, the provision of preventative services could contribute to the achievement of personal outcomes or otherwise meet the needs of an individual. The assessment of individuals and getting this right is crucial to not only the success of promoting prevention but also providing evidence about what type of preventative services are needed and where. There is a training module on [assessing and meeting the needs of individuals](https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs).

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| Key learning point  The Act attempts to rebalance the focus of care and support on prevention and earlier intervention rather than only intervening at crisis point. |

## Slide 6 – What is the Act trying to achieve: collaboration

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| What is the Act trying to achieve: collaboration |
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### Facilitator Notes

1. The Act requires a culture change from the way in which services have often been provided, to an approach based on collaboration, and an equal relationship between practitioners and people who need care and support and carers who need support.
2. This is a still from a short animated film developed by the SSIA called ‘what matters to you, matters to us’. It shows that to give people a strong voice in, and choice and control over, their care and support you need to tap into the resources that people themselves, their families and the community, have. People – children, young people, adults and carers, their families and their communities – are rich assets and have skills, expertise and capabilities. Working with people will be key to delivering well-being and unlocking the potential for creativity which will make better and more effective use of all the available resources.
3. The Act promotes the involvement of people for whom services are provided in the design and operation of that provision: at an individual, organisational and strategic level. For example, at a strategic level local authorities and local health boards must engage with people in the production of a population assessment report and establish a procedure for this engagement. Local authorities must strengthen the involvement of people in the commissioning and procurement of services that they use. At an organisational level local authorities must ensure that providers from whom they buy services encourage and enable the involvement of their service recipients.
4. At an individual level practitioners must take a **co-productive approach**.   
   Co-production refers to a way of working whereby practitioners and people work together as equal partners to plan and deliver care and support. This parallels the [prudent approach to healthcare](http://gov.wales/topics/health/nhswales/prudent-healthcare/?lang=en). This approach is about working with people to find appropriate solutions. Where an intervention is needed, it should always be proportionate and timely and support people who need care and support and carers who need support to achieve their personal outcomes.
5. The Act is also trying to achieve greater collaboration between organisations working with people with care and support needs. There are new duties in the Act for local authorities, local health boards and other public bodies to cooperate and work across service boundaries in partnership.
6. Individuals, their families and carers may require care or support from more than one professional or organisation. Where this is the case, the care and support should be effectively co-ordinated and delivered to meet their specific needs. Part 9 of the Act covers cooperation between local authorities and their relevant partners to ensure such seamless support. Local authorities and local health boards are also required to establish Regional Partnership Boards to plan and oversee an integrated approach to the development of services, which focus on opportunities for prevention and early intervention. Regional Partnership Boards have a key role to play in relation to bringing together partners to determine where the integrated provision of care and support will be most beneficial to people within their region.

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| Key learning point  The Act requires a culture change from the way in which services have often been provided, to an approach based on collaboration, and an equal relationship between practitioners and people who have needs for care and support. |

## Slide 7 - What does this mean for people with care and support needs?

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| What does this mean for people with care and support needs? |
| **My voice matters**   * I will have a strong voice and control over what care and support I need * The focus will be on doing what matters to me and what I can do myself or with support from family, friends and supporters * It will be easy to access relevant, clear information and advice to help me make these decisions   **Advice will be available**   * I will get help early, so I don’t find myself in crisis   **It’s my right to be safe**   * Stronger powers will ensure the protection of children and adults at risk |

### Facilitator Notes

1. The overarching duties in the Act – see the next section for a detailed discussion – aim to put individuals at the centre of decisions about their care and support and for them to have choice and control over their lives.
2. For this to happen it will require different types of interaction between practitioners and individuals needing care and support. For example, professionals / practitioners will need to assist people to think about ‘what sort of life I would like and what needs to change to make this happen?’ This will require a shift from thinking ‘*we do to*’ the individual requiring care and support to ‘*we do with*’ the individual who may need care and support. What matters are the outcomes that are important to the individual.
3. Evidence suggests people want to be more actively engaged as partners, that services frequently underestimate their willingness, and that the potential impact of harnessing this contribution could have huge economic value and lead to better outcomes.
4. The focus on preventative services within the community and giving people better information and advice should help people to make good decisions about their care and support and not find themselves in crisis.
5. Strengthening safeguarding practice should improve people’s well-being by making them feel safe from abuse and neglect.

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| Key learning point  One of the key aims of the Act is for individuals to be at the centre of decisions and to be supported to have choice and control of their lives. This will mean working ‘*with individuals’* not ‘*doing to them*’. |

### Activity – Discussion

1. What do you think might be the key challenges in embedding and extending people’s choice and control in your organisation? Hint: they could be cultural, attitudinal, strategic and structural.

## Slide 8 - What does this mean for carers?

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| What does this mean for carers? |
| **My voice matters**   * I will have a strong voice and control over what support I need * The focus will be on doing what matters to me * It will be easy to access relevant, clear information and advice to help me make these decisions   **Advice will be available**   * I will get help early, so I don’t find myself in crisis   **We all need to work together**   * I will be an equal in the partnership * Communities must come together to support  each other |

### Facilitator Notes

1. The Act strengthens the rights and recognition of carers. The principles and duties enshrined in the Act apply equally to carers and those with needs for care and support e.g. the duty to provide information, advice and assistance applies to carers, and will make it easier for carers to access support and plan for their future needs.
2. The emphasis on prevention should mean that carers receive support early on and before reaching crisis point.
3. The Act repeals and consolidates existing carers legislation:

The Carers (Recognition and Services) Act 1995

The Carers and Disabled Children Act 2000

The Carers (Equal Opportunities) Act 2004

The Carers Strategies (Wales) Measure 2010

The new definition of a carer in the Act – a person who provides or intends to provide care for an adult or disabled child (but excludes paid carers and those undertaking voluntary work) – removes the previous requirement that carers must be providing *“a substantial amount of care on a regular basis”* to be defined as a carer, and it removes the requirement to ask for an assessment. Individuals receiving care and carers have the same rights to an assessment on the appearance of needs regardless of what the local authority thinks is the level of their need and regardless of their financial resources. Assessments will need to consider what else (apart from the provision of support to carers) would help to meet the outcomes that a carer wants.

1. Sections 40 (adults) and 42 (child) of the Act provide a legal entitlement to support for carers. If a carer’s needs meet the eligibility criteria, the local authority has a duty to meet the carer’s need for support. If a carer is deemed to have eligible needs, the local authority should prepare a ‘support plan’. The support plan must help the carer decide how their needs should be met and which (if any) would be met by direct payment i.e. direct payments can be provided to carers. Note that the Act maintains the ability of local authorities to charge carers for support but local authorities must have regard to the impact of doing so.

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| Key learning point  The principles and duties enshrined in the Act apply equally to carers with support needs and the individuals they care for. |

### Activity – Discussion

1. Thinking about how the Act affects carers; what values do you think are being promoted?
2. What impact might this have on your interaction and relationship with carers?

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| Facilitators’ hints and tips  To reinforce the ‘doing different things and working *with* people’ message as opposed to ‘doing to’ the facilitator could use these last two slides (slides 7 and 8) to lead a discussion about the implications of the intentions of the Act for practitioners. What is the cultural shift required?  For example, what do you think might be the key challenges in embedding and extending people’s choice and control in your practice? You will need to do different things to ensure that you are working *with* people and their families and not ‘to’ them.  If you are thinking about well-being and the outcomes that matter to the individual –rather than do they meet the eligibility criteria for services – you will need to change the way that you assess and support people who need care and support.  If you are doing *with* and not *to,* then you have to start by thinking that the individual is best placed to judge their own well-being, and not make any judgements based on your preconceptions of their circumstances.  In general, if we are to promote people’s independence there needs to be less emphasis on prescribed ways of doing things so that support can be put in place that meets the individual’s needs. One of the aims of the Act is to change the perception citizens have of social services and abolish the stigma attached to it. Social services needs to be a friendly and accessible service that encourages people to knock on its door at an earlier stage, rather than people waiting until the situation is at crisis point.  There is a short animated film (8 minutes, 59 seconds) entitled ‘What Matters to You, Matters to Us’, developed by the Social Services Improvement Agency, about the Act and how it will affect service recipients. It is available to download or show from the Information and Learning Hub [resources](https://socialcare.wales/hub/hub-resource-sub-categories/overview-and-awareness) section. |

## Slide 9 – Links to other legislation

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| Links to other legislation |
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### Facilitator Notes

1. The 2014 Act changed the foundation of the social care sector. It aims to improve wellbeing outcomes for people who need care and support, and carers. It came into force around the same time as two other acts that focus on well-being.
2. The Well-being of Future Generations (Wales) Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. It will make public bodies think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.
3. The 2015 Act puts in place a ‘sustainable development principle’ and a duty for public bodies to set and publish well-being objectives that are designed to maximise its contribution to achieving the seven well-being goals set out in the 2015 Act. It also establishes Public Services Boards (PSBs) for each local authority area in Wales, which must improve the economic, social, environmental and cultural well-being of its area by working to achieve the seven well-being goals.
4. Clearly, the two Acts are related. The individual’s wellbeing is a key part of the wider concept of well-being used in the 2015 Act that encompasses environmental, social, economic and cultural well-being. Welsh Government has developed a [technical brief](http://gov.wales/docs/phhs/publications/160415pt9wfgacten.pdf) on how the two pieces of legislation fit together. You may wish to revisit the links between the two Acts after the next two sections on the well-being duty and prevention.
5. The Regulation and Inspection of Social Care (Wales) Act 2016 is the next step in making social services in Wales sustainable. It embeds the aims of the two previous Acts so they produce a whole system with the aim of improving the well-being of the people of Wales.
6. The 2016 Act provides a revised, streamlined framework for the regulation and inspection of social care services in Wales. It aims to improve the quality of care and support in Wales. It will do this by strengthening protection, increasing accountability of those who provide services and giving a stronger voice to people who use care and support services.

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| Key learning point  These Acts aim to increase people’s well-being. |

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| Facilitators’ hints and tips  There is a guide to the Well-being of Future Generations (Wales) Act 2015 – [The Essentials](http://www.cynnalcymru.com/wp-content/uploads/2016/08/Guide-to-the-WFGAct.pdf) – as well as a short animation available to download from the [Welsh Government](http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en) website.  There are introductory and awareness raising materials, including a [short animated film](https://socialcare.wales/hub/hub-resource-sub-categories/information-and-awareness), about the Regulation and Inspection of Social Care (Wales) Act 2016 available to download or show from the Information and Learning Hub. |

## Slide 10

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| Well-being and other overarching duties |
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### Facilitator Notes

1. End of introductory section. We will now explore well-being and the other overarching duties of the Act. We will consider what the duties are, definitions and conceptual understandings of well-being as well as implications for practice.
2. There is a Welsh Government [technical briefing](http://gov.wales/docs/phhs/publications/151125pt2wellbeingen.pdf) about the duty to promote the wellbeing of people who need care and support and carers who need support and other overarching duties under Part 2: Sections 5,6,7,8 of the Act.

## Slide 11 – The well-being duty

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| The well-being duty |
| Responsibility for well-being must be shared with people who have needs for care and /or support  A person exercising functions under this Act mustseek to promote the well-being of people who have needs for care and support **and** carers who need support |

### Facilitator Notes

1. Central to the Act is the **well-being duty**. People have a responsibility for their own well-being, supported by their families, friends and communities. However, people may also need support to ensure that they achieve well-being. Professionals and agencies are there to provide some of this support.
2. Part 2 of the Act requires “*any persons exercising functions under the Act to seek to promote the well-being of people who need care and support, and carers who need support.”* This overarching duty applies to organisations and their practitioners when, for instance, carrying out an assessment or providing an information and advice service. This is an overarching duty that has to be met by everyone exercising functions under the Act, this includes Welsh Ministers, local authorities, local health boards and other statutory bodies as well as provider organisations. It is not just the local authority that must promote well-being.
3. In promoting well-being you have to not only think about people who need care and support now, but those whose needs aren’t eligible or who might have needs in the future. Promoting well-being, therefore, includes focusing on preventing the need for care and support and stopping people’s needs from escalating as well as providing people with the information, advice and assistance they need to take control over their day-to-day life.
4. Practitioners must look at what people can contribute in achieving their well-being and empower them to contribute to achieving their own well-being, with the appropriate level of support. This will involve building on people’s resources, including people’s strengths, abilities and families and communities.

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| Key learning point  The Act establishes an overarching duty to ensure that people’s well-being, and the outcomes which matter to them, are at the heart of every decision that is made. |

## Slide 12 - Definition of well-being for adults

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| Definition of well-being for adults |
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### Facilitator Notes

1. **[Handout: Well-being](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions)**
2. In the Act well-being is defined with eight common aspects:

physical and mental health, and emotional well-being;

protection from abuse and neglect;

education, training and recreation;

domestic, family and personal relationships;

contribution made to society;

securing rights and entitlements;

social and economic well-being; and

suitability of living accommodation.

1. In relation to an adult, well-being also includes:

control over day-to-day life; and

participation in work.

1. While all aspects of well-being in the definition have equal importance, it is likely that some aspects of well-being will be more relevant to one person than another. Practitioners should therefore adopt a flexible approach that allows for a focus on which aspects of well-being matter most to the adult concerned and co-produce solutions with people.

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| Key learning point  Practitioners must start with the assumption that the adult is best placed to judge their own well-being. |

### Activity – Exercise

1. What do you understand by the term well-being?
2. What would you consider to be the key factors that influence your personal   
   well-being?
3. How does your understanding of well-being compare to the definition in the Act?

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| Facilitators’ hints and tips  Before you show this slide you could ask participants – in pairs or small groups – to jot down how they think of well-being for themselves, and what priority would they rank the factors that influence their own well-being. Then, direct people to the ‘Well-being Handout’ which gives the definition of well-being used in the Act. Ask them how their definition compares to the one in the handout. Are those factors the same or different to what might be experienced by people who need care and support and if so what makes the difference? |

## Slide 13 - Definition of well-being for children

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| Definition of well-being for children |
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### Facilitator Notes

1. In the Act, well-being is defined with eight common aspects:

physical and mental health, and emotional well-being;

protection from abuse and neglect;

education, training and recreation;

domestic, family and personal relationships;

contribution made to society;

securing rights and entitlements;

social and economic well-being; and

suitability of living accommodation.

1. In relation to a child, well-being also includes:

physical, intellectual, emotional, social and behavioural development; and

“welfare” as that word is interpreted for the purposes of the Children Act.

1. [**Handout: Well-being and welfare**](https://socialcare.wales/hub/hub-resource-sub-categories/safeguarding)**.**
2. The Children Act 1989 talks about welfare rather than well-being: welfare has a particular meaning under the Children Act 1989 and will continue to do so. The concept of well-being rather than welfare for children was first introduced in law in the Children Act 2004. The concepts of welfare and well-being overlap a great deal. Language in the Act reflects the newer concept of well-being, which includes the existing considerations of welfare that are set out in the Children Act 1989.
3. It should be noted that there may be times when an investigation is necessary to protect a child’s well-being, either under Section 47 of the Children’s Act 1989 or Section 130 of the Social Services and Well-being (Wales) Act 2014. See the [safeguarding training module](https://socialcare.wales/hub/hub-resource-sub-categories/safeguarding) for more detail.

### Activity – Exercise

1. Consider what well-being might mean for an adult or child with care and support needs, and how people working in the care and support sector could promote their well-being. Complete the table below giving examples for each element of well-being (adding to the examples given):

| **Element of well-being** | **How could practitioners promote well-being?** |
| --- | --- |
| 1. Physical and mental health, and emotional well-being | * Do people assessing carers’ needs give due weight to the psychological strain that some carers can suffer from? |
| 1. Protection from abuse and neglect | * Do you know about the different forms of abuse and what to do if you come across or suspect it? |
| 1. Education, training and recreation |  |
| 1. Domestic, family and personal relationships |  |
| 1. Contribution made to society |  |
| 1. Securing rights and entitlements |  |
| 1. Social and economic  well-being |  |
| 1. Suitability of living accommodation |  |
| 1. Physical, intellectual, emotional social and behavioural development  of **children** |  |
| 1. Welfare as that word is interpreted for the purposes of the Children Act 1989 |  |
| 1. Control over day-to-day life for **adults** |  |
| 1. Participation in work for **adults** |  |

## Slide 14 - My well-being

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| My well-being |
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### Facilitator Notes

1. This slide sets out some key words which may be relevant to people when they are thinking of their own well-being.

### Activity – Exercise

1. How might the statements on the slide relate to someone at an individual level?
2. Which words do you think are more relevant than others when thinking of an individual and their well-being?
3. Anything you would like to add?
4. How might individual well-being statements translate to national well-being outcomes?
5. What perceptions and behaviours may be required to promote well-being at an individual and / or strategic level?

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| Facilitators’ hints and tips  The Welsh Government has published a [well-being statement](http://gov.wales/docs/dhss/publications/150722wellbeingen.pdf) that describes aspects of well-being that relate to all areas of an individual’s life. It describes the national well-being outcomes and sets out what aspects of well-being will be measured.  You may wish to give participants this national well-being statement and ask them to read through it before completing the exercise. In the exercise participants can use this document to help their thinking on how individual well-being can be translated at an individual level and how these can link to the national well-being outcomes and what will be measured. This will help focus participants on the interrelatedness of outcomes from an individual to national level.  Words on the slide that are expressed in the first person are more reflective of individual well-being outcomes. Other words may translate better if rephrased to be in the first person. For example ‘satisfaction with family / home life’ could translate on an individual level to ‘I want to live in a comfortable and safe home’ this will then link to the national outcome ‘I live in a home that best supports me to achieve my well-being’. Another example such as ‘contribution to society’ could be on an individual level ‘I want to join a group as I am feeling increasingly isolated from the community since my accident’ – at a national level this would translate as ‘I engage and make a contribution to my community / I feel valued by society. Facilitators should help guide participants to tease out individual outcomes from national statements and if there is time you can ask participants how they think these might be measured.  There are also more generic value based conceptions of well-being such as securing rights and entitlements and, for adults, control over day-to-day life. For example ‘a strong voice’ could translate as statements starting with ‘I want / would like / prefer not to go to day centre but instead visit a good friend’. Nationally this could be translated as ‘my voice is heard and listened to’ and measured accordingly. |

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| **Case Study**  Paul is 31 and has learning disabilities. When he was a teenager he was moved to a residential school two hours’ drive away from his family (his parents and his younger brother Andrew). Andrew is 25 years old and lives with his girlfriend near his parents. Despite the age difference and the fact that they live far apart both Andrew and Paul are very close. They speak every other day on the phone and Andrew visits twice a month and will go out with Paul to the local pub and sometimes ‘Sticky Carpets’, the local nightclub. They both have a good time when they go out. Andrew has been a care and support assistant for many years working with people who have learning disabilities and the two brothers share a close bond. Paul is also close to Andrews’s girlfriend Carys.  Over the last year Paul has become despondent and reports to not enjoying living where he lives. His good friend, Alun, who was also a resident died about a year ago, and there have been lots of changes in staffing. This has affected him very profoundly and he does not want to continue living where he does without his good friend. Paul also says he feels too far away from family and wants to live nearer to them especially now Alun has died. Overall he is becoming increasingly depressed, socially withdrawn, he is not sleeping all that well and his appetite has decreased.  Andrew knows how Paul has felt over the last year and is concerned that the situation is deteriorating and is worried about his brother’s well-being. Paul really enjoyed going on a food preparation course through the local council, but this placement has now finished and he wants to work in a kitchen and earn some money of his own. Paul’s parents do not think that Paul moving back home is a good idea because they do not have a home large enough having downsized when Andrew left home. Andrew also shares a one-bedroom flat with Carys. However, they would like Paul to move much closer to them as they could visit and support him better. Andrew has told Paul that he will support him when he moves back – the details though would need to be worked through. Andrew is acting as an ‘appropriate person’ for his brother and wishes to know what options are available for his brother to improve his well-being.  **Question**   1. Identify what areas of well-being are currently being adversely affected for Paul?   **Suggested Answer**  Paul’s physical and mental and emotional health is being affected. The concern is that Paul’s mental well-being is being affected because he is showing significant symptoms of depression such as loss of appetite, becoming withdrawn and not sleeping at night. It is important that this is recognised and addressed before his mental health deteriorates further.  Paul evidently enjoyed learning to cook and work in a kitchen and this has given him confidence to possibly do this work as a job. Therefore, we know that his well-being is improved when he has the opportunity to do education, training and recreation. Moreover, it will enable him to contribute to society, earn a wage and be more independent.  There is also a question over the suitability of his living accommodation given his bereavement; he feels that he has little control over day-to-day decisions with the high turnover of staff and fundamentally that he is living too far from his family.  **Question**  What are the outcomes Paul might wish to achieve to improve his well-being and quality of life?  **Suggested Answer**   * I wish to be listened to and my voice heard about how I feel about my current situation. * I wish to speak for myself and contribute to decisions made about my life and have my brother Andrew assist me with this * I wish that I have all the information at hand so I can make an informed choice about where I live, who I live with, where I might work and how I might be supported to do this * I wish to feel comfortable in my own home and not feel upset by other residents or staff * I wish to learn and work in a kitchen environment, fulfil my potential, earn a wage and contribute to society and feel valued * I want to feel like I belong again to a community and be nearer to my family and make new friends * I wish to feel less depressed and be supported to get better and feel happier * I wish to do more of things that make me happy such as socialising with Andrew, going out to the pub / night club and learning more cookery   **Question**  How might these personal outcomes relate to national well-being statements[[1]](#footnote-1) and which outcomes in particular?  **Suggested Answer**  Securing rights and entitlements and for adults: control over day-to-day life   * I know and understand what care, support and opportunities are available and use these to help me achieve my well-being * I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being * My voice is heard and listened to * My individual circumstances are considered * I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me   Physical and mental health, and emotional well‑being   * I am happy and do the things that make me happy * I get the right care and support as early as possible   Protection from abuse and neglect   * I am informed about how to make my concerns known   Education, training and recreation   * I can learn and develop to my full potential * I do the things that matter to me   Domestic, family and personal relationships   * I belong * I contribute to and enjoy safe and healthy relationships   Contribution made to society: also for adults’ participation in work   * I contribute towards my social life and can be with the people that I choose * I do not live in poverty * I am supported to work * I get the help I need to grow up and be independent * I get care and support through the Welsh language if I want it   Suitability of living accommodation   * I live in a home that best supports me to achieve my well-being |

## Slide 15 - Mechanisms to promote well-being

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| Mechanisms to promote well-being |
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### Facilitator Notes

1. In the Act there are five key mechanisms that promote well-being, some of which are at a strategic level and some at an individual level. The concept of well-being is at the very centre of each mechanism and each actively promotes well-being in the local area:

population assessment

the range and level of preventative services that local authorities provide or arrange to delay and prevent the need for intensive, managed care

an information, advice and assistance service

user-led or other not-for-private-profit business models

assessment, planning and reviewing of individuals’ needs

1. **Population assessment**: Local authorities and local health boards must jointly carry out an assessment of the needs of the local population for care and support and the support needs of carers to provide evidence for their planning of care and support arrangements in the community. This will involve an analysis of local   
   well-being needs and barriers to people achieving well-being. This will help local authorities and their partners identify the range and level of services which best suit the local population’s needs and outcomes.
2. **Range and level of preventative services**: The range and level of services in the community should reflect the findings and analysis from the population assessment. Promoting people’s well-being must include a focus on delaying and preventing the need for care and support to stop people’s needs from escalating. Preventative services should actively promote people’s well-being.
3. Promoting **user-led** or other **not-for-private-profit business models**: The   
   Act sets out a new duty for local authorities to promote social enterprises,   
   co-operatives, user-led organisations and the third sector as well as to ensure the involvement of people in the design and running of services. We will explore population assessment, prevention and diverse delivery of services in the next section.
4. **Information, advice and assistance** service: People need to be able to make informed choices about what outcomes they wish to achieve and how best to live their lives and manage their well-being. To support them in doing this the local authority must put in place an information, advice and assistance service. We will explore information, advice and assistance later in this module.
5. **Assessment, planning and review**: Practitioners’ interaction with individuals   
   as part of these processes is seen as a key mechanism in which well-being can be promoted. For instance, when undertaking an assessment you should establish with the individual, or family, what personal outcomes they wish to achieve. This should lead to a co-produced care and support plan, or support plan for carers, with arrangements put in place to support the individual’s well-being. This is then reviewed to check if personal outcomes have been met. This ensures that well-being is promoted at an individual level. There is a training module on [assessing and meeting individual needs](https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs) and working preventatively with individuals in general is explored later in this module.

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| **Key learning point**  Well-being is to be promoted throughout the care and support system from the strategic population needs assessment, development of preventative and user-led services, and providing information and advice through to individual assessment, planning and review. |

## Slide 16 - Other overarching duties

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| Other overarching duties |
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### Facilitator Notes

1. As well as the well-being duty there are other overarching duties that underpin the Act, and organisations must take steps to ensure that all activities are delivered in a way which complies with these duties. These duties apply to organisations and their practitioners when working with a person who may have needs for care and support or a carer with support needs, even if it has not been established that the individual has such needs or if those needs would be eligible.
2. Four of these overarching duties apply in all cases, whether an adult or a child. The duty to:

Ascertain and have regard to the individual’s views, wishes and feelings, in so far as is reasonable practicable.

Have regard to the importance of promoting and respecting the dignity of the individual.

Have regard to the importance of providing appropriate support to enable the individual to participate in decisions that affect them to the extent that it is appropriate in the circumstances, particularly where the individual’s communication is limited for any reason.

Have regard to the characteristics, culture and beliefs of an individual, including language

In the context of these overarching duties a requirement to ‘have regard’ to a particular matter is similar to a requirement to ‘consider’ or ‘take into account’ that matter.

1. Two overarching duties apply specifically to adults:

to begin with the presumption that the adult is best placed to judge their own well-being

to have regard to the importance of promoting their independence where possible.

Promoting independence should be viewed in the context of the Welsh Government’s [Framework for Action on Independent Living](http://gov.wales/topics/people-and-communities/equality-diversity/rightsequality/disability/framework-for-action/?lang=en) which is based on the [Social Model of Disability](http://gov.wales/topics/people-and-communities/equality-diversity/rightsequality/disability/socialmodel/?lang=en). The Social Model of Disability makes the important difference between ‘impairment’ and ‘disability’. It recognises that people with impairments are disabled by the barriers that commonly exist in a society. If fully realised, the social model would mean that disabled people were able to participate fully in society, and the impact of their impairment would be substantially reduced.

1. In relation to children there is also the duty to:

promote the upbringing of the child by the child’s family, in so far as doing so is consistent with the well-being of the child

for under 16s, to ascertain and have regard to the views, wishes and feelings of those with parental responsibility, in so far as is practical and consistent with the child’s well-being

### Activity – Questions

1. What do these overarching duties mean in relation to your practice?
2. Do these overarching duties have any implications for your organisation, its systems arrangements or processes?

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| Facilitators’ hints and tips  The overarching duty to have regard to the characteristics, culture and beliefs of an individual reinforces existing legislation and guidance for anyone in Wales to be able to live their lives through the medium of Welsh if they choose to do so. This means that peoples’ cultural identity and language needs must be at the heart of care and support because it is an essential element to good quality care and high professional standards. See the [**handout Active Offer**](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions).  “More than Just Words....” a [strategic framework for Welsh language services](http://gov.wales/topics/health/publications/health/guidance/words/?lang=en) in health and social services provides a systematic approach to improve services for those who need or choose to receive their care and support in Welsh. The aim of the framework is to ensure that organisations and practitioners recognise that language is an intrinsic part of care and support, and that people who need services in Welsh get offered them. This is called the ‘Active Offer’ and means moving the responsibility from the person to ask for services through the medium of Welsh, to the service which must ensure it provides them. There is an [information pack](https://socialcare.wales/hub/hub-resource-sub-categories/well-being) to help staff in the health, social services and social care sectors provide an ‘Active Offer’ to service users in line with the objectives of the [More than just words…](http://www.wales.nhs.uk/sites3/Documents/415/WEB%20-%2016184_Narrative_e_WEB.pdf) strategic framework.  This could be an opportunity to review learners’ approach to and implementation of the Active Offer. For example, do practitioners ask ‘what language would you like the service / assessment in’ or ‘what language(s) are spoken in the home’? You could discuss the way in which professionals record and act on the language choice or requirements of people with care and support needs.  You could also ask learners to imagine how they would feel if they had to describe  an emotive experience in their second language. Would you be able to accurately convey your feelings? Would you feel comfortable doing so?  It may be more difficult for people to accurately describe an emotive experience (or any experience) in their second language. A report ‘[Different words different worlds: the concept of language choice in social work and social care](https://socialcare.wales/resources/different-words-different-worlds)’ (E Davies, undated) highlights the role that different languages have for bilingual people in expressing themselves. “*Clients have a choice as to what language to use and thereby have the ability to select the word that most clearly captures the essence of what they are trying to communicate. Bilinguals can also use their second language to serve a distancing function when discussing troubling events*” (page 15). There are likely to be examples of existing good practice in providing services in the medium of Welsh. There will be particular skills and knowledge that people need. It is important that the cultural context of language is considered as well – for example, how conversations take place, manners and rituals. |

## Slide 17 – Human rights

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| Human rights |
| Image result for United Nations Convention on the Rights of Disabled People waleshttp://adam1cor.files.wordpress.com/2010/01/article-0-02bb5728000005dc-224_468x286.jpg |

### Facilitator Notes

1. The overarching duties also include human rights. A key part of practitioners’ roles under the Act is to empower people through helping them to assert these rights. This is a key change. While some local authorities and organisations were voluntarily respecting and delivering human rights in their work, a person exercising functions under the Act is required to demonstrate ‘due regard’ to the UN conventions and principles.
2. Having ‘due regard’ means that you must think about these principles throughout the decision making process. It is not enough to simply use them to justify a decision after it has been taken. You must have ‘due regard’ in such a way that it influences the final decision in a meaningful way as it is not a question of ‘ticking boxes’. It is good practice to keep an accurate record to show how you have considered your duty.
3. Public bodies are required to comply with the Equality Duty, Human Rights Act and within the principles of the European Convention of Human Rights. So people must not be treated less favourably because of race, gender, disability, sexual orientation, religion of belief. In October 2000, the Human Rights Act came into effect in the UK. Public authorities have duties to promote equality and to comply with the Human Rights Act. There are 16 rights in the Human Rights Act – all taken from the European Convention on Human Rights.
4. Human rights can be absolute rights, limited rights or qualified rights. Absolute rights mean rights that the state can never infringe, and include the right to protection from torture and inhuman and degrading treatment. Limited rights are rights that may be limited under explicit circumstances, such as the right to liberty. A person has the right not to be deprived of their liberty – ‘arrested or detained’ – except where they are suspected or convicted of committing a crime and provided there is a proper legal basis in UK law.
5. Qualified rights are rights which require a balance between the rights of the individual, and the rights of the broader community or the state. Qualified rights may be limited where that is necessary to achieve an important objective such as protecting public health or safety, preventing crime and protecting the rights of others. They include the right to respect for private and family life; the right to manifest one’s religion or belief; freedom of expression; freedom of assembly and association; and the right to peaceful enjoyment of property. More information on the Human Rights Act can be found in the Ministry of Justice’s publication [Making sense of human rights: a short introduction](https://www.justice.gov.uk/downloads/human-rights/human-rights-making-sense-human-rights.pdf).
6. A person exercising functions under this Act in relation to an adult **must have due regard to the United Nations Principles for Older Persons.** More information can be found at the [Older People’s Commissioner for Wales](http://www.olderpeoplewales.com/en/about/un-principles.aspx).
7. A person exercising functions under this Act in relation to a child **must have due regard to the United Nations Convention on the Rights of the Child** (UNCRC). More information can be found at the [Unicef](https://www.unicef.org.uk/what-we-do/un-convention-child-rights/) website.
8. A person exercising functions under this Act in relation to disabled adults or children **must have due regard to the United Nations Convention on the Rights of Disabled People** (UNCRDP). More information can be found in the Equality and Human Rights Commission’s [Guide to the UN disability convention](http://www.equalityhumanrights.com/your-rights/human-rights/human-rights-guidance/guide-un-disability-convention).

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| **Key learning point**  You need to know the rights that adults and children have and work to uphold them. |

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| Facilitators’ hints and tips  Research has shown that people who have experienced social care state that decisions are dominated by practitioners’ views of risk. They are more fearful of losing their independence. People in mental health services and residential care feel they have limited rights. People who are seen as at risk have fewer rights. Involvement is essential to promoting rights in social services (*The right to take risks: Service users’ views of risk in adult social care, Joseph Rowntree Foundation, 2012*). |

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| **Case Study**  Margaret is 94 years old and has been diagnosed with Alzheimer’s disease; she also has Polymyalgia, severe Osteoarthritis and Glaucoma. She lives in extra care housing (ECH) and has her own tenancy. She moved from her council bungalow into ECH about four years ago and was relatively independent and needed help with some activities of daily living such as washing and dressing, prompting with medication and help getting in to bed.  However, over the last year Margaret has become increasingly physically frail and her Alzheimer’s has become much more pronounced – she is also susceptible to regular urinary tract infections (UTIs). Moreover, Margaret’s needs fluctuate significantly. For example, Margaret will sleep in her chair for hours, up-to-nine hours on a bad day and at these times she will not drink fluids or wake up regardless of attempts to wake her. On other days she is awake and can communicate her basic needs by responding to simple questions for example “would you like a drink Margaret?” “did you see what Vivian just did?” (her great-granddaughter). Margaret is unable to talk but can nod or shake her head and sometimes smile. Also Margaret’s swallow reflex has rapidly deteriorated and she cannot manage solid food and has to eat soft food. She can no longer feed herself.  Given this deterioration in Margaret’s needs Bethan has decided to be with her mother seven days a week and spend a large amount of time with her mum in the day. Bethan cooks, softens and purees the food and sits with her mum and feeds her for breakfast, lunch and supper. This can take up to an hour and sometimes longer. Bethan is currently coming to the scheme at 8am in the morning and helping her mum throughout the day and assisting the carers when they visit. Margaret now has six visits during the day. On these visits the carers assist with medication, toileting, getting up and getting ready for bed. Bethan will leave the scheme about 8pm when Margaret is settled in to bed. Sometimes Bethan will walk around the block or the scheme for a break. Anne, Bethan’s daughter also comes in the week to give her mother a break and looks after her grandmother for most of the day on Saturday.  The scheme manager recently took Bethan aside and suggested that her mum needs nursing care and that they, as a scheme, are unable to provide this level of care. She also said if they couldn’t find a nursing home she may need to move elsewhere as an interim measure. This has led to a great deal of distress for Bethan because she feels a move would be too much for her mother – in fact she thinks a move, when her mother is so physically and mentally frail, will lead to an untimely and undignified death. In particular she is shocked that an interim measure could be considered which would cause even more disruption and uncertainty for Margaret.  The scheme manager has also said Margaret may benefit from a PEG feed. This has caused a great deal of distress for Bethan because she knows that her mother, despite swallow problems, still derives a great deal of pleasure from eating, in particular she loves melted ice cream (White Magnums) and lemon yoghurt – she attempts to smile when eating these foods and becomes more animated.  Bethan with her daughter, Mari, is Margaret’s attorney for welfare and finances. They both feel that Margaret has significant needs and that there are risks of choking but also knowing and being close to Margaret they feel that Margaret would prefer to take these risks rather than be fed via a tube. They also feel that Margaret would prefer to ‘stay-put’ with an increase in care to enable a dignified end of life. They feel that any move to a nursing home and also a PEG feed would be detrimental to Margaret’s well-being. Anne, Margaret’s granddaughter feels that a social worker referral is needed urgently so they can express Margaret’s increased needs, wishes and well-being requirements and put forward their own feelings and needs as Margaret’s carers. They are hoping a referral to a social worker may lead to other assessments that might help Margaret to remain in her own home.  Bethan insists that she wants to continue the level of care and support she is providing although Mari is concerned that this arrangement means that Bethan is living an ‘older old age’ before her time and that it might be too much of a commitment as Mari has said “I don't know how you do it – I couldn’t do that much”. Despite this, Bethan is insistent that she wants to look after her mother to enable her to have a comfortable end of life in her own home. Given this, Mari has agreed that her mother must do what she feels is right and will look after her grandmother on Saturday to give her mother a break and will also continue to pop-in during the week.  **Question**   1. Given the overarching duties in the Act, how might an assessor approach this scenario? Hint: what must you have regard to?   **Suggested Answer**  Bethan and Mari – who have been trusted by Margaret, when she had capacity, to be her direct advocate for welfare and finances. They have the authority to speak on behalf of Margaret.  I would have regard to the importance of respecting the dignity of the individual. The case study reveals that her attorneys feel that where she is currently, with an increase in care, is the best place for her. They feel that a move would not be wanted and would be far too disruptive for Margaret and could ultimately end in an untimely and undignified death. They feel that a PEG feed would be too invasive given the evident pleasure she still gets from eating food despite the coughing and risk of choking.  I would be mindful of the efforts Bethan makes to ensure her mother is comfortable, well-fed and attended to and her attempts to still enable her mother to be independent where she can be. I would also be aware of Margaret’s human rights and her opinions as translated through her attorneys. I would also accept that as attorneys they have a right to an opinion on risk and to accept these risks on Margaret’s behalf. However, I would ask that all the key multi-disciplinary team (MDT) get together with the attorneys, establish what the risks are, and try and get consensus on what are acceptable risks with the views of Margaret’s attorneys central to the discussion. |

## Slide 18 – Where are you now?

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| Where are you now? |
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### Facilitator Notes

1. **[Handout: Service focused or person-focused?](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions)**
2. Promoting prevention and well-being requires significant changes to the health and social care system and professional practice. Moves towards well-being require a journey from a service focused culture to a person focused one.

### Activity – Exercise

1. What are the characteristics of an organisation, or practice, that is service focused as opposed to person focused?
2. Where do you think your organisation / practice fits on this spectrum?
3. What are the key cultural shifts needed to become more person-focused?

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| Facilitators’ hints and tips  Before giving people the person-focused handout you could ask participants – in pairs or small groups – to describe the characteristics of a service-focused as opposed to person-focused organisation. Discuss learners’ thoughts as a whole group and then, direct people to the ‘Service Focused or Person Focused Handout’, which identifies service-focused versus person-focused practice in terms of: focus; format; approach; measuring; person; practitioner; and endpoint. Ask them where they are now on this spectrum? What are the key challenges and cultural shifts needed in becoming more person-focused in one’s practice? Suggest 10 minutes’ discussion and 10 minutes’ feedback. |

## Slide 19

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| Prevention and earlier intervention |
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### Facilitator Notes

1. End of section on well-being and other overarching duties. We will now explore prevention as being at the ‘heart’ of the Act.
2. There is a Welsh Government [technical briefing](http://gov.wales/docs/phhs/publications/151125pt2populationen.pdf) about the duties to assess care and support needs and arrange for the provision of preventative services within a local authority area under Part 2: Sections 14 and 15 of the Act. There is also a [briefing](http://gov.wales/docs/phhs/publications/151125pt2socialen.pdf) on the duty to promote social enterprises, co-operatives, user led services and the third sector under Part 2: Section 16 of the Act.

## Slide 20 – Context of prevention

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| Context of prevention |
| * How to make social services sustainable with huge pressures on demand * Our task is to ensure that social services are there when people need them; to support people before they find themselves at crisis point or problems become entrenched. Ideally we want to stop difficulties from arising in the first place * Preventative approaches have a key role to play in promoting well-being * However, there is no one definition for what constitutes preventative activity |

### Facilitator Notes

1. Understanding the context for taking a preventative approach is important – this needs to be understood as prevention is a major part of the Act.
2. Social services are crucially important for the 150,000 people who use them every year in Wales. But there are huge pressures of demand linked to demographic changes, and at a time when resources are severely stretched. These pressures include a growth, for instance, in the number of children looked after, and higher numbers of older people who are frail.
3. Making social services sustainable in this context is a huge challenge. Our task is to ensure that they are there when people need them; to support people before they find themselves at crisis point or problems become entrenched. Ideally we want to stop difficulties from arising in the first place.
4. Local health boards must also have regard to the importance of achieving the purposes described when carrying out their health functions. Local health boards should be mindful of the principles of [prudent health care](http://gov.wales/topics/health/nhswales/prudent-healthcare/?lang=en). Effective integration across public services and adopting a multi-agency approach to meeting people’s needs in a preventative manner will benefit and support all citizens.
5. Preventative approaches have a key role to play in promoting well-being, quality of life and independence; and ensuring that care and support services are sustainable.
6. However almost anything can be described as preventative – the term can be applied to a very wide range of services, resources and interventions. For example, it is hoped that parenting programmes will reduce the numbers of families with difficulties that social services deal with ‘down-stream’ at the more critical end. Another example of prevention is salt reduction programmes targeted ‘up-stream’. It is hoped these programmes will reduce the incidence of blood pressure problems and this will help prevent strokes, which are a key problem that care services for older people have to address. Intensive interventions in the community may serve to prevent the need for residential care for children or adults. For example [It’s All About Me](http://www.iaamadoption.org) (IAAM) uses a social impact bond to fund the recruitment of and support for parents adopting ‘harder to place’ children.
7. Each local authority will have different types, levels and prevalence of need and have different population outcomes to be achieved. The Code of Practice for Part 2 states that *“There is no one definition for what constitutes preventative activity. It can be anything that helps meet an identified need and could range from   
   wide-scale measures aimed at the whole population to more targeted individual interventions, including mechanisms to enable people to actively engage in making decisions about their lives… local authorities should consider the range   
   of options available*.”

### Activity – Questions

1. Why is prevention important?
2. What local services can you think of that might provide a preventative function that you have not considered before e.g. the library?
3. What are the opportunities locally to do prevention work?
4. What will, potentially, get in the way of doing this?

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| Key learning point  Preventative approaches are likely to vary between local areas depending on local need and population outcomes to be achieved. |

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| Facilitators’ hints and tips  Research about effectiveness of approaches in this area has real limitations. There is much better knowledge about what needs to be tackled than there is evidence about how best to tackle it. Also, we have always prioritised responding to people with acute or chronic needs over prevention and changing this well-established culture presents a range of challenges. |

## Slide 21 – Types of preventative services

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| Types of preventative services |
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### Facilitator Notes

1. It is helpful to break prevention down and is often presented as three levels – primary, secondary, and tertiary. This can provide a useful set of lenses through which people can consider the concept.
2. **Primary** **Prevention** refers to preventing harm before it occurs by reducing the probability that circumstances where care needs are likely to arise occur in the first place. Services will usually be universal and concerned with promoting   
   well-being, good health and active lifestyles across society. Examples include**:**

Mandatory use of safety belts in cars introduced to reduce road traffic accidents

Universal access to information, advice and assistance

Work streams to create safer communities

Low needs level practical schemes such as befriending to reduce social isolation; free bus passes and gardening to support independent living and teaching life skills to young people

1. **Secondary prevention** describes efforts and arrangements that try to identify and intervene to eliminate or reduce need, and forestalls problems that could have serious consequences. This may involve identifying people through case finding or screening for example identifying people at risk of potential health conditions such as strokes or events like a family breakdown or becoming a carer and proving targeted early intervention. Examples include**:**

Risk stratification schemes like Proactive Care that identify older people at greatest risk on for example the GP register and try to provide early intervention to prevent problems unnecessarily increasing.

Early identification of carers and targeting of information and knowledge to support them in the caring role so they can continue to care safely and in a supported way.

Flying Start and Families First which are networks of targeted support for children and young people within the framework of universal provision

1. **Tertiary prevention** refers to efforts to minimise the effect of disability, or deterioration for people with established conditions, needs or caring responsibilities. Support is provided to maximise independence and restore function as fully as possible. For the organisation this serves to reduce the need for intensive, emergency, high-cost services, and helps to manage the volatility of unscheduled or unplanned care. Examples include:

Reablement and habilitation services, which help people to regain specific skills or acquire these for the first time

Post discharge support to reduce the risk of someone being readmitted to hospital

Hospital at home services to prevent unnecessary hospital admissions

Enabling the terminally ill to die at home

Support to improve the quality of life of carers

Purposeful programmes in residential, day and extra care that prevent and delay rather than just ‘contain’ need

Family support services that prevent the need for substitute care for children

### Activity – Questions

1. Where, in terms of the triangle, is your organisation’s prevention focus?
2. Is this the right balance given the needs of your local population and context for prevention?
3. What forms of prevention do you use in your current role?

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| Facilitators’ hints and tips  The Code of Practice specifically mentions reablement and habilitation as being key elements of preventative services. Reablement is about helping people, including children, to restore their skills and abilities they previously had in order to return to maximum independence. Reablement services speed recovery after an illness or injury and reduce the likelihood that, for instance, an older person will need to be hospitalised again.  Habilitation aims to slow the progression of a disability or to enable an individual to gain new functional or communication skills. For people with complex needs who have always required a high level of input, prevention, and habilitation, is about enabling and progression. Examples include therapy for a child who is not walking or talking at the expected age or teaching adults with developmental disabilities the fine motor coordination required to dress themselves. The benefits of habilitation can include, for example, improved socialisation skills, which reduces developmental delays for children with developmental disabilities. Adults and older people could also benefit, for example, from therapies that prevent muscle loss and thus mobility, or that increase fine motor coordination so that independent living tasks such as dressing and bathing are made easier.  There can be myriad ways in which these respective approaches can be applied and there can be various service models. Moreover, habilitation support may differ from standard reablement services and require a different approach, one that focuses on the specific needs of the individual and their family. As a result, a more structured programme of support may be required, and for a longer period of time. It may be useful to discus with participants what they think they should look for in a successful reablement or habilitation programme – using the examples below as prompts.   * It is important to be clear about the outcomes being sought from reablement (or it will be very hard to gauge effectiveness). It is important to check that reablement is having an impact on quality of life, and not just reduced inputs of service – such as home care hours – required. A controlled trial in the UK[[2]](#footnote-2) found significantly better health-related quality of life among the reablement group compared with those using conventional home care for the same period. * There is potential to incentivise the effectiveness of reablement by e.g. paying a premium where no further action by way of additional services results. The best results[[3]](#footnote-3) show that up to 66% people who have used a reablement service no longer need the service after 6-12 weeks, and that 26% had a reduced requirement for home care hours. In Wales, 71% people who receive a reablement service require either less or no support at all. * Across the UK the average duration of a reablement service is less than six weeks, but there is a growing view[[4]](#footnote-4) that the amount of time a person will need  a service relates to the condition being assisted. Achieving the full potential of a reablement service hinges in part on links with and access to other professionals and supporting services[[5]](#footnote-5). Other services might include re-engaging with community networks; exercise groups, telecare; continence services, etc. * Most local authorities in Wales employ mobility specialists in education or Rehabilitation Officers Visual Impairment (ROVIs) in social services to support children and young people with visual impairment. However, not all mobility services address mobility needs at school, in the child’s home and in their local community. As with many services for children and young people, transition to adult habilitation services is not always smooth and opportunities for peer support can be limited[[6]](#footnote-6). |

## Slide 22 – Population assessment

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| Population assessment |
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### Facilitator Notes

1. Local authorities and local health boards must jointly assess the extent to which there are people who need care and support, or carers who need support, in the local area. The purpose of the population assessment is to ensure that they jointly produce a clear evidence base in relation to care and support and carers needs to underpin the delivery of their statutory functions and inform planning and operational decisions.
2. They should assess the extent to which needs are not being met, and the range and level of services required to meet needs. Specifically they should assess the current range and level of preventative services and whether these are sufficient.
3. They should also outline the actions required to deliver the range and level of services identified as necessary through the medium of Welsh i.e. how well do those services match the Welsh language community profile?
4. The population assessment should be a catalyst for change by enabling organisations to place an emphasis on prevention. They should establish what is currently available (capacity and quality), as well as the ‘range and level’ of services required to meet the needs of adults, children and carers in the future.

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| Facilitators’ hints and tips  Note that the population assessment links to and supports other requirements under the Act. For example, it will help local authorities to meet their duty to promote social enterprises, co-operatives, user-led services and the third sector. Similarly it will identify preventative services and inform the nature of the information, advice and assistance service required. |

## Slide 23 – Population assessment process

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| Population assessment process |
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### Facilitator Notes

1. As shown in the diagram, local authorities and local health boards must jointly assess needs and identify the range and level of services required to meet local needs (including preventative services required and services that meet people’s Welsh language needs). They must use these to produce a population assessment report.
2. The population assessment must be informed by a range of information, such as individuals’ assessments (adults and children who need care and support and carers), local data and the performance measures that are part of the national outcomes framework. Local authorities and their partners will need to ensure that there are engagement mechanisms for this to happen and that they listen and act accordingly and feed the information to the population assessment in clear and robust ways. It should also be informed by engagement with a wide range of citizens, stakeholders and partners such as service providers.
3. The local authority and local health board must produce, and publish, one population assessment report per local government electoral cycle. Note that there is a requirement in the Code of Practice supporting Part 2 of the Act that   
   the local authorities within a local health board area form a single partnership arrangement with that local health board to undertake the population assessment and produce a combined population assessment report.
4. Finally, the population assessment report must be taken into account as part   
   of broader integrated planning frameworks, and hence it should inform the Integrated Medium Term Plan (IMTP), health and well-being strategies and homelessness strategy, etc.

## Slide 24 - A range and level of preventative services

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| A range and level of preventative services |
| * Local authorities must ensure a range and level of preventative services which: * Help prevent, delay or reduce needs for care and support * Promote the upbringing of children by their family * Minimise the effect of people’s disabilities * Help prevent abuse or neglect * Enable people to live as independently as possible * Reduce the need for: care or supervision orders; criminal proceeding against children; taking children into local authority care or secure accommodation * Local health boards must also take a preventative approach that helps to achieve these aims |

### Facilitator Notes

1. Section 15 of the Act requires local authorities to provide or arrange for the provision of a range of preventative services, which they think will:

Contribute towards preventing or delaying the development of people’s needs for care and support, and reduce the needs for care and support of people who have needs

Promote the upbringing of children by their families, where that is consistent with the well-being of children

Minimise the effect on disabled people of their disabilities

Contribute towards preventing people from suffering abuse or neglect

Enable people to live their lives as independently as possible, and

Reduce the need for proceedings for care or supervision orders under the Children Act 1989, or criminal proceedings against children, or other proceedings which might lead to children being placed in local authority care, or avoids the need for children to be placed in secure accommodation

1. Clearly this links to the duty to undertake a population assessment, which should help local authorities to identify the current range of preventative service available.
2. This alone is not enough. Crucially, local authorities will need to promote a culture of prevention, identify those who may benefit from preventative services, and promote reablement. Staff should feel empowered to work with service recipients to deal with issues preventatively.
3. However, prevention is wider than social services. All areas of local authorities (e.g. housing, leisure and education) and local health boards must take a preventative approach that helps to achieve the bullet points above, collaborating where appropriate.

### Activity – Exercise

1. Can you identify (and complete the table below) eight community based services, facilities or resources in your area that could help improve an older person’s well-being that are not already doing so.

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| **What is the service, facility or resource?** | **How could this improve the well-being of older people?** | **What priority would you accord this?**  **1= highest 10 = least** |
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| Facilitators’ hints and tips  Adapt the exercise to focus on different types of service recipients as appropriate depending on the learning audience. Allow people 10-15 minutes to complete the table in pairs. In the subsequent discussion find out from people why these services are not being used now, what would need to change to allow that to happen and how could that change be brought about? |

## Slide 25 - Promoting greater diversity of delivery

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| Promoting greater diversity of delivery |
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### Facilitator Notes

1. The Act also requires local authorities to promote the development in their area   
   of not-for-private-profit business models to provide care and support and preventative services. These models include social enterprises, co-operative organisations and arrangements, user-led services and the third sector.
2. Welsh Government public services policy is for greater diversity in the delivery of services through e.g. mutual and community ownership. This new requirement is about encouraging the growth and development of the range of not-for-private-profit business models.
3. It is hoped that the development and promotion of not-for-private-profit business models can promote other environmental and social goals, and support innovation and creativity thereby increasing community resilience.
4. The duty to promote means that local authorities must take a proactive approach to planning and delivering models that will meet the well-being needs of all local people, responding to the population assessment.

### Activity – Questions

1. How does this vision of greater diversity of providers differ from the current local authority and provider provision in your locality?

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| Facilitators’ hints and tips  It may be useful for participants to have some practical examples of greater diversity of delivery in terms of service models. Of course these models can be myriad in configuration and be very differently specified from each other. Nonetheless the message that is really important in this slide is that local authorities will be doing different things to meet well-being outcomes and contribute to prevention. This will inevitably mean doing different things in terms of service provision, configuration and funding. The following three examples from Disability Wales are good practice examples of how this is being achieved in different parts of the country.  **Cymydog**  Cymydog, which is Welsh for ‘neighbour’, is looking to set up a direct payment  co-operative initially based in Plas yn Rhos Older People’s Unit in Rhosllanerchrugog. Cymydog plans to pool the residents’ direct payments in order  to ensure support is available on a full-time basis; this will include night time cover which has previously been at risk of being removed. The co-operative aims to support members to increase their support networks and offer opportunities for improved well-being through arranging outings and organising various activities. Cymydog aims to engage with the wider community in Rhosllanerchrugog through initiatives such as community meals and volunteering opportunities. Cymydog intends to provide its members with Welsh speaking support assistants and offer  its services to others in the local area. In the long term the co-operative hopes to expand the services it provides to other communities in the Wrexham area and neighbouring counties, and eventually form a network of likeminded co-operatives.  *“Having 24-hour care at Plas yn Rhos is very important to the residents and the whole community. Developing a co-operative will be a way for us to ensure that this provision is available and that the residents will feel happy and safe in their homes,”* said Dilys Richards an active member of Cymydog*.*  **GOYA**  GOYA Co-operative is a group of likeminded individuals and organisations in Monmouthshire who have come together to develop a county-wide direct payment co-operative. Organisations involved include: MAGIC Parents and Carers, People First in Abergavenny and Monmouth, Small Enterprises Make a Big Difference and the Building Bridges project. Mike Logan, who works with disabled young people as part of the Building Bridges project in Monmouthshire, is one of the founder members of the GOYA Co-operative:  *“I’m pleased to be part of this initiative in Monmouthshire. I work with lots of young people and families who could be using direct payments. I have seen some great examples of people using direct payments to improve their own lives and the lives  of their loved ones. I think that GOYA Co-operative will be of interest to many individuals, families and groups of people in Monmouthshire and beyond. I look forward to working with Disability Wales and the Wales Co-operative Centre to help us develop our co-operative.”*  The co-operative aims to support disabled people in the area to take up direct payments and use them to find ‘ways of getting a good life’, including supporting members to use direct payments creatively. In an area where rurality can often be a barrier to well-being, the group hopes that GOYA Co-operative will enable members to increase their support networks. Once established, GOYA Co-operative will look for opportunities to work in neighbouring areas of South Wales and England.  **The Independent Life Co-operative**  Pembrokeshire Access Group (PAG) is looking to expand the support it currently offers across West Wales by developing the Independent Life Co-operative as a new way for citizens to take up and manage direct payments and to empower disabled people to achieve independent living.  The organisation aims to establish a ‘West Wales hub’ based in Pembrokeshire  and work with other disabled people’s organisations to set up branches of the  co-operative in neighbouring counties. The Independent Life Co-operative hopes to promote the benefits of direct payments across the region in order to support more disabled people to take advantage of the benefits of direct payments. Mark Phillips, an active member of the Independent Life Co-operative, said:  *"Pembrokeshire Access Group is looking to build on existing good work in the county and develop the exciting Independent Life Co-op project. As a group we are very excited to be selected to progress onto Stage 2, the project not only gives us a fantastic opportunity to manage our own personal independence but also improve independence of disabled people across three counties in Wales. The Independent Life Co-op is vital as it will empower and inform many disabled people and their families and help them live more independently."* |

## Slide 26 - Who does prevention apply to?

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| Who does prevention apply to? |
| * People with needs for care and support – eligible or not   Access   * Population at large * **Carers**   *“Carers themselves provide a form of preventative service”* |

### Facilitator Notes

1. Under the Act prevention applies to people with needs for care and support (eligible or ineligible), carers and the population at large.
2. This means that the scope of prevention is large as it spans a whole spectrum from well-being preventative services in the community right through to the intensive end of the spectrum where there needs to be tertiary prevention services.
3. It also means that consideration must be given to ensuring that preventative services are accessible. Information, advice and assistance has a vital role to ensure preventative services are accessible, that they are known about and people supported to gain access to them. Some people, including children, will require appropriate support to enable them to meaningfully engage with services that are preventative. There may be times when an individual should be supported by an independent advocate. We will look at this further in the next section.

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| Key learning point  You must help people to access preventative services. |

1. The Code of Practice for Part 2 states that “*carers themselves provide a form of preventative service”*. It is difficult to overestimate the importance of supporting and maintaining carers in their caring role. Local authorities need to be aware of carers, what their needs are, the outcomes they wish to achieve and what will help them in their lives and caring role.
2. Despite caring potentially being a very rewarding role, national research indicates that there is a high level of isolation, low self-esteem, financial hardship and chronic poor health of the carer and these have been identified as the key factors affecting caring breakdown.
3. Short breaks are greatly valued and perhaps the most common form of assistance offered to carers. However, the evidence for overall effectiveness and cost effectiveness of short breaks tends to be anecdotal. It is important that population assessment addresses this area and that practitioners check out what arrangements work best for whom.
4. Other research suggests that there are groups of carers that particularly benefit from a targeted service. These include male carers; the recently bereaved; and carers engaged in caring for 50 hours+ per week. In addition it is worth noting that carers report they get little help in areas, such as dealing with behaviours in late stage dementia; information and advice about moving and handling safely; avoiding falls; looking after their own health and well-being; and have difficulties exercising choices in their own lives for example work, education and leisure, etc.

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| Key learning point  Carers themselves provide a form of preventative service. |

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| Facilitators’ hints and tips  A report[[7]](#footnote-7) from Carers UK and the University of Sheffield reveals that the 384,056 people who provide unpaid care for a disabled, seriously-ill or older loved one in Wales save the state £8.1 billion a year – almost doubling in 15 years. The value  of carers’ support in Wales in 2001 was £4.5 billion.  There is persuasive evidence about ‘return on investment’ in carers’ services:   * The Royal College of General Practitioners (RCGP) estimate savings of £4 for every £1 invested (study as yet unpublished)[[8]](#footnote-8) * Work on carers centres suggests £73 million benefit for £5 million investment[[9]](#footnote-9) * Crossroads Care estimates £3.80 social value for every £1 invested and claim that they can demonstrate not only satisfaction with services but a “‘demonstrable difference’ for the hundreds of carers we work with”[[10]](#footnote-10) |

## Slide 27 - Children and families, and prevention

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| Children and families, and prevention |
| * The Act reinforces the principle of supporting families in caring for children with an emphasis on helping parents develop their own ability to identify and manage problems, keeping families together in a  safe, supportive and stable environment * Requirements for a multi agency approach to safeguard and promote the well-being of children * Early intervention for children and families critical to prevention agenda |

### Facilitator Notes

1. The Act reinforces the principle of supporting families in caring for children. Emphasis should be on helping parents to develop their own abilities and coping mechanisms and strengths to identify and manage problems. The focus is to keep families together in a safe, supportive and stable environment.
2. The Act identifies specific areas for focus when considering preventative services for children and families. These are:

The importance of cross agency work to prevent children suffering from abuse or neglect

The importance of preventing or delaying circumstances that might lead to   
a child or young person being looked after by a local authority

The importance in youth justice to prevent offending or re-offending by children and young people by building upon the Welsh Government and Youth Justice Board strategy [Children and Young People First](https://www.gov.uk/government/publications/youth-justice-strategy-for-wales-children-and-young-people-first)

1. Children and families present a wide range of areas for preventative activity. There is also considerable experience to be drawn from significant national programmes such as Flying Start and Families First which have developed local approaches and initiatives.

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| Facilitators’ hints and tips  Early help or early intervention is an approach to tackling problems or preventing problems from escalating. It is often targeted, and can be intensive. Early help / early intervention is linked with prevention, which can be seen as the broader continuum  of support aiming to increase protective factors and decrease risk factors in families. Prevention can take place at all levels of the spectrum of need, even where children have been removed from their natural families and are living with replacement families.  The evidence base for early help / intervention is embryonic and continually developing and ‘what works’ in one local context may well fail in another very different environment. Transferability is key, however, there are some things we do know more universally about how best to design, organise and delivery early help / intervention with families. Perhaps most significantly research emphasises that early help services must secure both effective services or interventions and effective multi agency systems, such as Team around the Family to optimise impact on families with additional needs with needs greater than one service or agency can address.  Examples of evidence based programmes for early stage help include:   * Group parenting programmes such as Triple P (0-16 years) and Incredible Years Parenting / Webster Stratton (0-12 years) or, for older children, Strengthening Families (10-14 years) * Family Nurse Partnership (for children 0-2 and vulnerable first time mothers) * Programmes that seek to improve parental verbal stimulation and early learning practices with their infants / toddlers * Cognitive behaviour therapy (CBT) for young people with behaviour problems, depression, school refusal and other issues   Examples of evidence based programmes addressing complex needs include:   * Integrated Family Support Services (IFSS) * Family Drug and Alcohol Court for families at high risk of losing their child(ren) into care and who have drug and alcohol dependency issues * Functional Family Therapy (young people aged 10-18 years and their families) * Multi-Systemic Therapy – for young people aged 11-17 years and their families |

## Slide 28 - Opportunities for prevention

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| Opportunities for prevention |
| * Hospital admission / discharge * Contact with / use of private care and support * Children looked after or  in transition * Recently bereaved * Application for benefits such as Attendance Allowance or Carer’s Allowance * Recently disabled / diagnosed |

### Facilitator Notes

1. There is a wide range of opportunities for prevention activity. Looking for opportunities to deploy preventative approaches is an ongoing process and must be responsive to need and the outcomes people wish to achieve. But it is important to recognise that there are particular stages / circumstances where people may benefit from care and support.
2. For example, hospital admission is best avoided unless it is the only place where a person can get the medical treatment they require. There should be services that can maintain people at home to prevent admission where medical interventions can be carried out in the person’s own home. This can prevent unnecessary admission which can lead to avoidable infections, falls and deterioration. This is particularly true of older people. Likewise people should be discharged in a timely way so people can get on with living their lives when they are medically fit to be discharged. It is a very unfortunate scenario when a person has to stay longer in the hospital setting when they no longer need it and can be looked after better, safely and more comfortably in their own homes. This is particularly important for older people with dementia or people who are vulnerable to hospital based infections.
3. People who have only ever used private care and support may have missed official interventions, such as a contact / social work assessment and may have missed out on some of the information, advice and support from a multi-disciplinary team. It may be that these people would benefit from such involvement so they can plan their future with more information at hand.
4. Children in transition are another group that may need attention in terms of prevention. For example, children can be vulnerable moving from services and planning for their future. If people are not supported and helped to plan in a sensitive and co-produced way this transition can be mismanaged or neglected leading to poor outcomes and impacts on people’s lives.
5. Identifying who is recently disabled or have care related benefits such as Attendance Allowance or Carers Allowance may uncover people that may need assistance with coming to terms with changed circumstances. They may need support and advice about their health conditions, support or care arrangements and future planning.
6. However, it is important to remember that these groups are not the only groups who the local authority and key partners may wish to target. The decision as to who to target should come out of a population assessment. Furthermore groups are comprised of individuals who will have different world views and opinions from each other and have very different ideas on well-being – groups should not be seen as having homogenous needs or issues and the individual should always be at the centre of any preventative intervention.

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| Key learning point  Some groups of people may need to be specifically targeted for a preventative approach. |

### Activity – Questions

1. What other circumstances should trigger consideration of a preventative approach? (Hint: think about groups of people in your local area that may come up when discussing prevention)
2. Why do you think there should be preventative services in place for this group   
   of people? Do you have evidence to back this up?
3. How can you ensure that within the group you target you still take note of individual needs / outcomes?

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| Facilitators’ hints and tips  Case finding can be important in terms of prevention in areas like dementia where there is a significant gap still between known prevalence and the numbers being diagnosed. Early identification and support can make a huge difference to well-being and quality of life. Opportunities for prevention is also about putting in place simple case finding approaches, for example, routinely reviewing all new care home admissions for dementia or asking screening questions about continence.  **Brief Family Check-up** is a screening programme used in schools that not only  can pick out those children that are at high risk of really poor outcomes, but also encourages families to follow simple routines at home that will prevent the need for extra interventions in future. Simple advice – like spending more time reading with a child, or trying to reward good behaviour and ignoring the challenging behaviour – is shared. The Check-up can pick out those children that are at high risk of really poor outcomes and encourage parents to seek a range of extra help.  If relevant to your audience you may want to ask learners if they can think of other case finding activities that their organisation or team does or could employ, and what is the evidence? |

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| **Case Study**  Dylan is a Year 11 pupil. His parents died when he was in his first year of primary school and he has since been looked after by his Nanna and Grandad. Overall he has done well at school and is popular with his year group, but he is considered by teachers to be quite volatile, and his attendance has never been good.  Nanna died quite suddenly three months ago. Dylan very quickly stopped coming to school and the school has been unable to contact him for the last three weeks. Following the funeral Grandad has said to the school that they are both coping and Dylan will be back to school soon, but Grandad himself is very shocked and distressed. With six months to go before his GCSE exams the school is worried about both his schooling and his emotional health. The school contacted a local voluntary emotional wellbeing service, and you have been asked to meet with Dylan and Grandad.  **Questions**   1. What do you think needs to be explored with Dylan and his Grandad?   What local care and support options might you want to be aware of when you meet?  How would you justify support to Dylan and Grandad in terms of preventative practice?  **Suggested Answer**   1. The following areas might be explored:   Their circumstances, how they are coping and what they each want for the next period in Dylan’s life  The difficulties they have at the current time, including schooling and dealing with the impact of Nanna’s death  What they can draw on to help them, including the wider family, local community and school and their own ability to cope  What risks there might be of longer term problems if they do not get preventative help just now  What additional support might be needed just now to help Dylan and Grandad cope, and to help prevent Dylan dropping out from school or the family breaking down  You might want to make sure you are aware of: bereavement support for young people; bereavement support for older men; options that might be available from the school or local authority to help pupils return to study.  The issues that Dylan is facing have been brought on by the death of his Nanna. If he and Grandad can get through their current trauma they may be able to stay together and Dylan to move successfully into adulthood. Support at this stage can help to prevent Dylan failing in his education and to prevent the risk of Grandad being unable to care for him. |

## Slide 29 - Who is responsible for prevention?

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| Who is responsible for prevention? |
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### Facilitator Notes

1. Prevention can only occur through the local authority working closely with key relevant partners. Local authorities should work with a range of partners to develop and deliver preventative services. The whole local authority should also have a stake, not just social services. What might, for instance, adult learning, libraries, Trading Standards, housing and leisure contribute? All the elements of what makes up a person’s well-being are numerous and in terms of assistance to improve well-being, people may well require input from a variety of different key sectors, community and local businesses.
2. For example, the NHS has a pivotal role to play in terms of preventing and managing health issues for adults and children. But the contribution of, for example, the police, fire service, or schools can also be very important.
3. The Act brings in new duties to promote not for profit organisations to provide care and support and support for carers, and preventative services. These models include social enterprises, co-operative organisations, co-operative arrangements, user-led services and the third sector.
4. People in the community have their own strengths and capabilities that they draw on. These need to be recognised and harnessed as they can support service provision and / or service provision can support them to continue drawing upon these assets. People live in communities and a part and parcel of a much wider nexus – they are not static people who require a fixed menu of statutory services. Having this in mind when thinking of prevention is important.

### Activity – Exercise

1. Identify partners and the different ways that they might work with you to contribute to the prevention effort. Complete the table below giving further examples of partners and their potential contribution (adding to the examples given):

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| **Your organisation / role** | **Partner** | **Contribution** |
| An example: local authority social care commissioning | An example: fire service | An example: come into contact with potentially vulnerable people in the course of fire safety checks so might refer or be able to directly suggest preventative strategies. |
| An example: local authority care manager | An example: occupational therapist (OT) | An example: working with the OT to do a home visit to support independent living and falls prevention plan so a person can remain in their own home with support to avert an untimely admission to a care home or hospital admission through falling. |
| An example: health visitor | An example: local family centre | An example: arranging targeted feeding or health care classes for groups of parents using the family centre. |
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## Slide 30 - Charging for preventative services

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| Charging for preventative services |
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### Facilitator Notes

1. Regulations and the Code of Practice in relation to Part 5 of the Act set out arrangements for charging. The Act makes clear that local authorities may impose flat rate charges for adult services to help the service be viable. However it should avoid a situation where the charge discourages take up of preventative services.
2. The local authority **must not** charge for reablement services provided to people returning from hospital for the first six weeks following discharge.
3. The local authority **must not** charge for preventative services for children.

## Slide 31 - Evaluating preventative services

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| Evaluating preventative services |
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### Facilitator Notes

1. The Act is clear that local authorities should put in place arrangements to monitor and evaluate the effectiveness of preventative services – services that are directly provided and those arranged by the local authority.
2. At a strategic level the population assessment will provide the opportunity to review not just population needs but the effectiveness of those currently being provided. The population assessment is a key tool to assist with monitoring and evaluating services to establish whether they are meeting individual and population well-being outcomes.
3. Also, the Care and Social Service Inspectorate Wales will, through its inspection process, consider the effectiveness of the provision of preventative services.
4. At an operational level the code of practice in relation to measuring social services performance issued under Section 145 of the Act sets out the performance measurement framework for local authorities in relation to their social services functions. This framework can inform and underpin the planning and development of preventative services and enable local authorities to target resources to continuously improve.
5. This means that operational staff will need to have systems throughout their interventions that systematically check what impact those interventions are achieving, judge whether any adjustment is needed and utilise any evidence about effectiveness when considering the well-being of others. Moreover this information will need to be fed to those commissioning and planning services.

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| Facilitators’ hints and tips  As part of the Families First Programme many local areas have developed ‘distance travelled’ tools to measure the impact of services on families entering the Team Around the Family process. Such tools record and collect data on soft outcomes  and progress from the perspective of families, and the workers who are supporting them. It is important to capture the difference made to families' lives by service interventions to ensure the satisfaction of families and to review the cost effectiveness of interventions.  The term distance travelled usually refers to the progress an individual (or family) makes towards their desired outcomes as a result of an intervention or service provided. Progress on both soft and some hard outcomes is measured against an initial baseline set before the individual receives an intervention / service.  [Soft outcomes](http://outcomestoolkit.com/reporting/part-8-soft-outcomes-and-distance-travelled/) are harder to measure as they are subjective in nature and may include concepts such as a parent feeling more confident in managing his / her child's behaviour. Examples of methodologies include the [outcomes star](http://www.outcomesstar.org.uk) and other rating scales such as that used by [Gyda'n Gilydd](http://www.gwynedd-ni.org.uk/gwyneddni/proffesiynol/gn_proffesiynol_dogfen.asp?cat=8319&doc=30878&p=1&c=1) in Gwynedd. |

## Slide 32

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| Information, Advice and Assistance |
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### Facilitator Notes

1. This section examines in more detail the requirements in Part 2 of the Act to provide an information, advice and assistance service. The aim is to explore the critical role of information and advice services, and to identify key skills and approaches for a welcoming, accessible first point of contact.
2. There is a Welsh Government [technical briefing](http://gov.wales/docs/phhs/publications/151125pt2iaaen.pdf) about the duty to secure an information, advice and assistance service under Part 2: Section 17 of the Act.

## Slide 33 – A central role

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| A central role |
| C:\Users\Fiona\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\16VY4QOB\Information[1].png |

### Facilitator Notes

1. Information and advice is fundamental to enabling people to take control of, and make well-informed choices about, their care and support.
2. Not only does information and advice help to promote people’s well-being by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people’s need for care and support and carers need for support. Providing high quality and timely information and advice should be considered to be a preventative service in its own right.
3. Without access to timely advice and information, people don’t understand what they are entitled to from the state, can’t make the best decisions about funding care, and are unable to choose the best quality care and / or support for the situation in which they find themselves. In other words, without it they can’t fully participate in their own care and support.
4. There have been numerous pieces of research and previous policy relating to the importance of the information and advice agenda, and these have been followed through into the Act. Information and advice is central to achieving the aim of the Act to put an individual at the centre of their care and support and give them a voice in, and control over, reaching their personal outcomes.
5. Welsh Government has recognised the importance of good quality information and advice, wider than care and support, as central to giving everyone a fair and equal chance in life. The [Information and Advice Quality Framework](http://gov.wales/topics/people-and-communities/communities/advice-services/information-advice-quality-framework/?lang=en) has been developed to provide a consistent approach to its provision.

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| Key learning point  Providing high quality and timely information and advice is central to the success of the vision for the care and support system set out in the Act. |

### Activity – Questions

1. What key words or phrases (in the slide) stand out to you? Why?
2. How does this central role fit with your own experience of receiving (or giving) information and advice?

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| Facilitators’ hints and tips  Although most people recognise that information and advice is fundamental to enabling people to make well-informed choices, anecdotal evidence indicates that such services have often not been delivered very well in the past.  Depending on the audience, it may be useful to explore with learners their experience of receiving information and advice about care and support and why many people have not been satisfied with services in the past. You could use the following information from the interim report for the Think Local, Act Personal partnership – [information and advice needs in adult social care](http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9553) (2013) – which identified eight major problems with information and advice available to adults  with social care needs. Although based on research conducted in English local authorities, some of the key messages may be relevant to Wales and to information and advice services to children and families:   1. A survey conducted in 2008 found that more than 51% of people found the system of social care confusing while another survey in 2010 found that just 5% of people considered that it was easy to navigate. 2. The social care system is often first accessed during a crisis i.e. in circumstances in which decision-making is fraught with difficulty. This in turn is made worse because most people do not anticipate needing care and do not learn in advance how the care and support system works. 3. When navigating a complex system under pressure, people need especially high quality information and advice. Unfortunately, the evidence suggests that it is often not available. 4. Local authorities should be a natural and logical starting point for individuals who have care needs. But initial contact can be poor and access to assessment patchy. Most advice services have been fragmented across a range of voluntary and statutory agencies and have relied on short-term funding, leading to patchy provision. 5. The more complex the system, the greater the need for independent support to help people navigate it with advice or advocacy. In some areas, this support may be limited or non-existent. 6. Social care has very significant overlap with the benefits system, housing and health. Yet information and advice is often not joined-up. 7. For self-funders and those in receipt of a direct payment, there is limited information about what care services exist and – crucially – how good they are. 8. Lack of financial advice, particularly for those entering care homes, is a  significant problem for all involved in care – the individuals, the homes and the local authorities. |

## Slide 34 - An information, advice and assistance service

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| An information, advice and assistance service |
| * A duty on local authorities – with support from their local health boards – to ensure the provision of an information and advice service for **all** people in their area * Assistance in accessing that care and support   Support Help Advice Guidance Assistance |

### Facilitator Notes

1. Section 17 (1) of the Act says that local authorities **must** *“secure the provision of a service for providing people with information and advice relating to care and support, and assistance in accessing care and support.”*
2. Local authorities must ensure that there is an information, advice and assistance (IAA) service and, importantly, that this is provided to the whole population of the local authority area, not just those with care and support needs or in some other way known to the system.
3. The local authority duty is to ensure the provision of a service; they do not have to provide all elements of this service. They may not be best placed to provide all elements of such a service and their partner organisations will have an interest in this. In particular local health boards and NHS Trusts providing services in the area must provide the local authority with information about the care and support it provides in the local authority’s area.
4. Local authorities are expected to work with partner organisations to understand, co-ordinate and make effective use of other statutory, voluntary and / or private sector information and advice resources available to people within their areas. This could include an integrated, regional service or reuse of information from other local or national sources. What is important will be the availability, accessibility and ease of use of information and advice for the local population.
5. An IAA service should be linked to the findings of the population assessment that the local authority will undertake i.e. a population assessment will inform planning for the IAA service based on the local population’s information and advice needs.
6. In order to support national consistency, the Association of Directors of Social Services Cymru have agreed principles for the provision of information, advice and assistance services by all authorities across Wales.

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| Key learning point  Local authorities must ensure that there is a local service for information, advice and assistance, but do not have to provide all elements of the service. |

### Activity – Discussion

1. How is the information, advice and assistance service(s) set up (or provided) in your local area?
2. What are the strengths and weaknesses of the current arrangements?

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| Facilitators’ hints and tips  The Social Services Improvement Agency led a national programme of work in 2014 to understand the provision of IAA services across Wales: [Provision of Information, Advice and Assistance on Social Services and Well-being across Wales.](http://www.ssiacymru.org.uk/home.php?page_id=8471) It is clear from the SSIA report that a range of approaches to IAA have been adopted and  that a number of local authorities are planning and delivering new arrangements for IAA. There is a move to develop models which will provide a single point of access (SPoA) either corporately or within social services to support early intervention and prevention through advice, information and assistance.  Four key models for IAA services were identified in the SSIA report:   1. **Multiple access points for IAA within social services**. All IAA requests for social services and well-being are dealt with directly by individual teams which can be accessed through dedicated numbers / advice lines or via walk in.  Teams can be located across a number of sites. The citizen can also contact the authority via corporate telephone or customer contact centres but in this instance they would be signposted through to the appropriate team within social services. 2. **Social services single point of access for the local authority**. There is a corporate telephone and customer service but all IAA requests are signposted  to a separate single point of access (often telephone and walk in) for all social services, whether adults or children. The single point of access includes multi-disciplinary team members, third sector community connectors / brokers and a range of professionals which can include social workers, occupational therapists, health / district nurses, etc. 3. **Corporate services single point of access**. Within this there is a multi-disciplinary social services team based on the front line. There is a corporate telephone and customer service centre which provides a council-wide single point of access which includes (telephone / walk in) for all social services. The staffing includes a social care multi-disciplinary team working within the corporate access point which is made up of a range of professionals that can include third sector communities connectors / brokers, social workers, occupational therapists and health / district nurses, etc. 4. **Corporate services single point of access supported by customer services advisors**. There is a corporate telephone and customer service centre which provides a council-wide single point of access which includes (telephone / walk in) for all social services. The centre is staffed by generic contact centre advisors. In some authorities a percentage of customer service staff have been provided with more in-depth training to deal with key aspects of social services and well-being. Advisors can access the social services ICT system to view records, input details or referrals which are then routed to the appropriate team who can determine the next stage.   The report also noted that in general:   * The majority of IAA services are available in both Welsh and English with language line and hearing loop being used. Interpreter services are available  by appointment. * Eligibility is not applied to IAA. In cases where capacity to understand the information required maybe an issue, staff can make arrangements for advocacy or support. * Simple IAA requests are generally not recorded and a copy of the enquiry does not need to be shared with the individual. Where more complex information and / or substantial assistance is given, a record of the outcome is made. * Signposting to external services are not generally recorded and the outcome  for the individual in these instances is not easily evaluated.   It should also be noted that many areas are in the process of implementing multi agency safeguarding hubs (MASH) and / or using Early Help Advisors to 'steer' professionals working with families or family members themselves into early help services and arrangements – even where their needs are relatively high level. |

## Slide 35 - What will the service be like for those receiving it?

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| What will the service be like for those  receiving it? |
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### Facilitator Notes

1. The Code of Practice for Part 2 says that “*The information, advice and assistance service will be easy to use, welcoming and informative*”. The service will offer a first point of contact with the care and support system, and for many people this will be their first encounter with social services. You must strive therefore to make it a positive experience with responses that are informative, knowledgeable and re-assure the person that the advice given is impartial and in their best interests.
2. For those using the service they must feel like they have reached someone who first and foremost listens to them. People must have an opportunity to explain what matters to them, to explore what options are available, and to find the help that they feel is right for them to achieve their personal outcomes. This may be done by signposting the person to other services without an (proportionate) assessment being undertaken or it may the start of a longer term relationship with the individual.
3. Signposting and referring will provide individuals with choices about the support and services available in their locality, particularly preventative services. Where appropriate the IAA service must support people to access preventative services, referring them or assisting them to make contact rather than solely offering them basic contact details.
4. Note that there are some circumstances where it could be important for information and advice to be independently provided.
5. Where appropriate, you can signpost or refer people to national sources of information and advice e.g. [NHS Direct](http://www.nhsdirect.wales.nhs.uk/), the [CSSIW](http://cssiw.org.uk/find-a-care-service/?lang=en) website, [Dewiscymru](http://www.dewis.wales/), [Meic](https://meiccymru.org/) helpline for children and young people, [Infoengine](http://powys.info-engine.org.uk/) online directory of services covering Powys, Ceredigion, Pembrokeshire and Carmarthenshire, or Carers Direct telephone helpline or national charities or advice services supporting people with disabilities or specific conditions.
6. The Code of Practice specifically states that there should be a written or oral response to web-based enquiries within three working days.

### Activity – Questions

1. When might it be in a person’s best interests that they are signposted, directed or referred to independent sources of information and advice?

**Suggested answer:**

Signposting people to appropriate independent information and advice might be considered when they are entering into a legal agreement with a local authority or other third party, such as a deferred payment agreement or committing to a top-up payment, or they wish to question, challenge or appeal a decision of the local authority or other statutory body.

1. What national or regional sources of information and advice are you aware of / do you use already?

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| Facilitators’ hints and tips  Facilitators should help learners explore views on what a welcoming service would be like. Questions to ask learners could include:   * For many people coming into contact with an IAA service it will be their first contact with the local authority. What emotions might they be feeling? What  might be their pre-conceptions? * How might a person be included from the very start of contact when thinking of support or care either for themselves or for someone else? * How can a service encompass and welcome everyone who comes into contact with it?   These questions may help participants to recognise the diversity of this contact route and think about how they can respond so that they are working ‘with people’ rather than ‘to people’. It is worth spending at least 15 minutes on this so people can understand the issues that may arise in a first contact IAA service. After appropriate thought has been given to this it is worth participants comparing what a service should look like as against what services are currently available. This will help participants to consider what a good IAA service should look like and how current services that offer information, advice and assistance might need to be improved or built on. |

## Slide 36 - What is information and advice and assistance?

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| What is information and advice and assistance? |
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### Facilitator Notes

1. It can be difficult to unpick information and advice as, often, the same people or organisations provide both. This slide shows examples of information and advice provision (e.g. websites such as NHS Direct, telephone helplines or charities / support groups such as Age UK or a family information service), as well as examples of what assistance may involve (such as helping someone to complete a form).
2. The Code of Practice defines the following for IAA:

Information is quality data that provides support to an individual or family to help them make an informed choice about their well-being.

Advice is a way of working co-productively with an individual or family to explore the options available. This will require practitioners to undertake a proportionate assessment through a discussion and analysis of the five elements of assessment. See the training module on [assessing and meeting individual needs](https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs) for information on assessment.

Assistance involves another person taking action with the enquirer to access care and support, or a carer to access support. Responsibility for the activity undertaken is shared between the assistant and the recipient of assistance.

1. Assistance should follow the provision of information and advice if you judge   
   that an individual, or perhaps the family in the case of a child, will nevertheless need extra help to enable them to access e.g. community resources or preventative services.
2. Note that some individuals may also require advocacy to ensure they understand what is available to them so that they can engage and participate fully in decisions that affect them. A key role of the IAA service will be to provide individuals with information about the range of advocacy services in their area and to assist them to access it when required.
3. We will explore assistance and advocacy further in slides 42-44.

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| Key learning point  Information is providing data to someone. Advice is exploring options with someone that are right for their particular circumstances. Assistance is helping someone to take the first steps to doing something with that advice. |

### Activity – Discussion

1. Are there any examples of local information, advice or assistance delivery mechanisms that are not represented on this spectrum?
2. Thinking about the three types of activity on the spectrum, what is the balance of what is provided locally?

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| Facilitators’ hints and tips  The [Dewiscymru](http://www.dewis.wales/) website aims to help citizens by providing quality information, advice and assistance from a network of social care, health, local government and third sector organisations across Wales.  The website’s ambition is to support individuals and / or their families, friends and communities, explore and work out what solutions there might be to a range of social care and well-being circumstances. Underpinned by *‘*what matters conversations*’* across six areas namely: being well, being at home, being social, being safe, managing your money, children and families. This model will replace the traditional approach of simply listing services that may be available through either the public, private or third sectors.  It is interactive and guides users to information, advice and assistance, some of which will be based on local people’s experiences about how to manage particular situations or what some of the alternatives might be. The social media option  allows individuals to share thoughts on self-help, as well as possible services in communities, prompting individuals or families to consider other solutions e.g.  when viewing information on ‘trips and falls’, the site will prompt people to look at assistive technology solutions (telecare / telehealth).  Content is written in Welsh and English, and includes video and audio text options, and helpful transport links to venues. It sees key stakeholders coming together to provide effective advice and assistance to the public, supporting the co-production agenda and maximises individual choice through a focus on preventative outcomes. While it is not expected to replace the need for face-to-face or telephone advice services it does anticipate the growing use of mobile technology in people’s lives. |

## Slide 37 - Recording information, advice and assistance

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| Recording information, advice and assistance |
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### Facilitator Notes

1. Providing **information** is about giving data that helps people make an informed choice about their well-being. If a person has an enquiry and is given information then you don’t need to record any personal data about that person i.e. the person could remain anonymous for recording purposes.
2. However, it is good practice to capture information about the nature of the enquiry or which type of service the enquirer was signposted or referred to. This will both feed into the population needs assessment and provide performance information to help improve the management of the service.
3. Giving **advice** means working co-productively with a person to explore the options available to them.It will mean that you will have had to find out information about their personal circumstances. If you give advice and / or provide **assistance** you should undertake a proportionate assessment using the five elements of the national assessment and eligibility tool.
4. When carrying out an assessment you should record as much of the basic personal data for the national minimum core data (NMDS) set as is appropriate for the assessment and the advice – and any assistance – given and outcome of the enquiry. Note that you only need to complete the NMDS in its entirety if the person’s needs are eligible and a care and / or support plan is required.
5. Recording personal data when advice and assistance are provided should mean that future enquiries about the same person can be progressed quickly and they don’t have to repeat their personal information at each point of contact.
6. Any personally identifiable information should be shared within the principles of the ‘Wales Accord for the Sharing of Personal Information’ ([WASPI](http://www.waspi.org/)). WASPI is   
   a tool that enables service providing organisations to share personal data on a regular basis in a way that complies with the Data Protection Act. All local health boards and local authorities in Wales are signatories to the WASPI Accord.
7. IAA [frequently asked questions](https://socialcare.wales/hub/sswbact-faqs) are available to download from the information and learnings hub.

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| Facilitators’ hints and tips  If IAA staff give advice or provide assistance they will need to undertake a proportionate assessment using the five elements of the national assessment and eligibility tool. These are understanding someone’s personal circumstances, working with the individual to establish what outcomes they wish to achieve based on their personal circumstances, mapping and identifying with them what the barriers might be to securing outcomes and well-being wishes, helping them draw upon strengths and capabilities to contribute to solutions and mapping and identifying risks in meeting outcomes and well-being wishes. Assessment and meeting needs is covered in the [Assessing and Meeting Needs](https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs) training module.  Local authorities must establish a team which reflects a mix of skills and experience from a range of professionals and sectors to operate the information, advice and assistance service. To undertake an assessment (ie doing more than simply giving information), staff must be suitably skilled, trained and qualified in undertaking assessments. The [Part 3 Code of Practice](http://gov.wales/docs/dhss/publications/151218part3en.pdf) (Assessing the Needs of Individuals) and the [Part 3 frequently asked questions](https://socialcare.wales/hub/sswbact-faqs) provide more detail. |

## Slide 38 - What information and advice needs to be provided?

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| What information and advice needs  to be provided? |
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### Facilitator Notes

1. The information and advice should enable a person to make plans for meeting needs for care and support that might arise. The Act states 17 (4) that information and advice **must** be published on these four areas in particular:

How the system works in the local area. An outline of what the ‘process’ may entail and the judgements that may need to be made, including information on what the assessment, eligibility and review process is, how to complain or appeal against a decision.

The types of care and support available to local people e.g. specialised dementia care, befriending services, parenting support, residential   
care, etc. Which local providers offer what types of services, including prevention services, advocacy services and wider services that support   
well-being. Where possible this should include the likely costs to the person of the services.

How people can access care and support i.e. where / who and how to make contact. This should also include financial information, information on direct payments, charges or other matters that help people plan for care and support for themselves or their family.

How people can raise concerns about the safety or well-being of someone who has care and support needs, or a carer, and what will happen when such concerns are raised.

1. The service must provide advice on what preventative well-being services would be most appropriate for people and their individual circumstances.

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| Key learning point  Local authorities must ensure that information and advice is provided about these four areas. |

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| Facilitators’ hints and tips  It is important to be clear that the duty to provide these four types of information is  for the local authority, which does not necessarily mean that any one individual or organisation will need to provide all this information to people needing care and support. It may be the case that information and advice is provided by the local authority’s partners or other agencies. It will be helpful to explore with learners what their role is in providing information and advice, when they need to provide it (e.g. at the point of first contact or when someone is considering a deferred payment agreement), and how they will ensure that they keep up-to-date. Below are a number of questions and exercises designed to get people thinking about:   * Their own practice and what they might need to change. * The type of information and advice people might want and need and the degree that this is currently available for people in the local area.   It may not be necessary to use all of these questions / exercises. You will need to decide which are most relevant and useful in prompting the appropriate discussions to match the learning needs of your learning audience. |

### Activity – Questions

1. Could you explain how the care and support system works and how someone could access it?
2. Do you know how to access up-to-date information and advice about the types of care and support services available to local people?
3. Do you know how people can raise concerns about safety or well-being?
4. If a person needs more information and advice than you can give, do you know what to do or where to signpost them to?
5. Are there any care and support services that people who live in your local area regularly use that are e.g. over the border in another region or country? If so, can you direct people to where they can find out more about these services?
6. How will you keep up-to-date with the information and advice to be provided?
7. If you don’t know the answer to any of these questions, where could you get further help?

## Slide 39 – Who needs it?

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| Who needs it? |
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### Facilitator Notes

1. The local authority is responsible for ensuring that all people in their area with a need for information and advice about care and support are able to access it. This is a very broad group, extending much further than people who have an immediate need for care and support, and includes all the people on this slide.
2. In addition, the IAA service is also a resource to other practitioners. People working in the IAA service will need to recognise the needs of colleagues and make the information and advice accessible in a format that suits their colleagues’ needs as they in turn seek to assist those they are supporting.
3. There have been growing numbers of (primarily older) people who make their own arrangements for care and support services without the direct involvement   
   of their local council. The Act stresses the importance of supporting all people   
   in making the right choices regarding ways of meeting their care and support needs. However, **‘self-funders’** have often not been well served for information and advice by many councils in the past. Studies have shown that many people do not think about approaching councils for advice on accessing care because   
   of a lack of knowledge and because of the perceived stigma of doing so. While those who have approached their council often find little information only ‘signposting’ to other services but little follow up as to whether the advice was followed or whether the signpost pointed people in the right direction, or partial information being given rather than one person taking responsibility for ensuring that the person had all the information they needed[[11]](#footnote-11).
4. The Code of Practice specifically states that information and advice must be provided to those in the **secure estate**. Although the way in which this is delivered may be subject to the specific requirements of the criminal justice system. Note that there are some exclusions to the Act’s provisions for people   
   in the secure estate. A person in the secure estate cannot:

**Be a carer** if they are detained in prison, approved premises or youth detention accommodation. This means that an individual cannot be   
given the formal status of a carer under the Act even if they are assisting another individual.

**Receive direct payments** towards meeting the cost of their care and support needs. Any individual in custody who is eligible for care and support to meet their needs would receive that care and support by way of direct provision from the local authority.

**Express a preference for their accommodation** while they are in custody although they would be able to do so if they were expressing a preference for accommodation they would occupy on their release.

Note that the local authority’s duty to protect a person’s property (child or adult) does not applywhen theyare in prison, youth detention or residing in approved premises.

1. For adults in the secure estate the responsibility falls to the local authority in which the provision is located. For children and young people in youth detention accommodation or Youth Offending Institutions, these responsibilities fall to their home local authorities where they were living prior to sentence or on remand.
2. Local authorities must consider how to provide information, advice and assistance to those in the secure estate and that this duty is linked into the provision of information and advice and the provisions for resettlement of prisoners under the Housing (Wales) Act 2014. The service and the provision and accessibility of preventative and well-being services needs to be seen as a means of supporting those individuals while they are in the secure estate and in preparation for their release and resettlement as part of a comprehensive and integrated service.

### Activity – Discussion

1. How wide does your IAA service currently reach?
2. How wide could it reach? How wide does it need to reach?
3. How well do you think self-funders’ needs for information and advice are served in your local area?
4. Do you have responsibilities for giving information, advice and assistance to those in the secure estate?
5. What are the implications for you and / or your service?

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| **Case Study**  Luc is three years old. He has a learning disability and is currently attending a special educational needs (SEN) nursery. About a year ago Luc started to bang his head against walls and doors. Luc’s parents asked the staff at the SEN nursery whether Luc displayed the same behaviour at nursery. The staff said that he did sometimes bang his head when he was not allowed his own way. The staff told Luc’s parents that it was simply the ‘terrible twos’ and that Luc would grow out of it. A year on, Luc’s parents feel that Luc is increasingly banging his head. They have ended up in A&E on a couple of occasions. No one seems to be able to tell them why Luc is banging his head or what they can do to prevent it.  **Questions**   1. Imagine you are Luc’s parents. How do you think you would feel in this situation? 2. In this situation, what might you need to know? 3. What are the potential barriers to you getting the information and advice you need? 4. What might be good opportunities to give information and advice?   **Suggested Answers**   1. Research involving parent carers tells us that parents often feel helpless, desperate, powerless, sad, angry, guilt, shame, distraught, stressed and exhausted to name a few. 2. Parents want to know why this is happening. What they can do to stop it? Who else has experienced this? What research has been done in this area? Are there any specialist services that can help? Are there any voluntary services that can help? What are we going to do when he gets bigger? How are we going to cope? How can I support my other children? What financial help can we get as I’ve had to give up work to look after my child? Etc. 3. The care and support system is complicated, and however good a website is,  it is unlikely to be able to give people all the answers they need in complex situations. In this case, it there doesn’t seem to have been much communication or join up between services. In addition, we don’t know if either parent has any particular barriers in accessing information (see slide 40). 4. The timing of giving information and advice should aim to increase people’s ability to exercise choice and control. Information and advice is also a vital component of preventing or delaying people’s need for care and support and this must be made available in relation to all care and support needs – whether or not they meet the eligibility criteria. For Luc’s parents that could have been via their nursery (or in other cases school) staff, GP(s), health visitor and / or social worker. |

## Slide 40 – When do they need it?

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| When do they need it? |
| * On contact with the care and support system * At key ‘trigger points’ in people’s lives   C:\Users\Fiona\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\EC530ZGV\MP900430959[1].jpg |

### Facilitator Notes

1. As well as who needs information and advice the other key factor is when people might need it. There are a number of direct opportunities to provide – or signpost – information and advice when people come into contact with the care and support system. For instance:

as part of an assessment

during a period of reablement

around and following financial assessment

during or following a safeguarding enquiry

during the care and support planning process or review

when an individual or family may be considering a move to another local authority area

at points in transition, e.g. when young people needing care transition   
to adulthood

1. The Part 2 Code of Practice requires the promotion of early intervention and prevention so that people of all ages can explore options for meeting their care and support needs. So, there is an element of actively targeting the audience   
   for information and advice to ensure you get the information to people before (or when) they need it, even if they didn’t know they needed it.

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| Key learning point  Information and advice should be targetted at key points of contact with the care and support system and / or ‘trigger points’ in people’s lives. |

### Activity – Discussion

1. What might be key trigger points in a person’s life when information and advice   
   is needed?

**Suggested answer:**

contact with other local authority or specialist services

bereavement

hospital entry and / or discharge

diagnosis of health conditions

take-up of power of attorney

applications to Court of Protection

application for or review of disability benefits, such as Attendance or   
Carers Allowance

access to work interviews

contact with local support groups or charities, etc.

contact with or use of private care and support services, including   
residential care

change or loss of housing

contact with the criminal justice system

release from the secure estate

retirement

1. What can you do to actively target the right people at the right time?

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| **Case Study**  Luc is now nine years old. He did not grow out of his behaviours and instead has developed a whole repertoire of behaviours described as challenging – including disruptive and destructive behaviours, aggressive, and other self-injurious and stereotyped behaviours. Luc is a very poor sleeper and so most nights from the age of five to the age of eight Luc’s parents took it in turns to stay up with him. When Luc was eight he moved into a local residential school. Unfortunately, the residential school is also struggling to cope with Luc’s behaviour. It has been suggested that Luc needs to move schools and the only one the local authority thinks will meet Luc’s needs is 275 miles away. This is not what Luc’s parents want.  **Questions**   1. Why do you think many children like Luc end up moving out of the family home?   What are the challenges that parents face?  Can you think of any types of information, advice or assistance that might help to keep a disabled child who displays challenging behaviour in the family home?  **Suggested Answers**   1. Research involving parent carers tells us that most parents do not want their child to leave the family home. The nature of their child’s behaviour means that they are often struggling to keep the child, themselves or other family members safe.   Sometimes the degree of sleep deprivation that parents and other family members experience is enormous. In the end most parents in this situation report being ‘on their knees’, ‘at the end of their tether’ with nowhere else to turn and no support to help them keep their child at home.  Parents have reported that the following information and support has been useful:  Information about how the social care system works.  Signposting to useful support organisations, including carer support organisations, research institutions, links to local families with similar experiences.  Knowledge about their own and their child’s legal rights, and the statutory duties and responsibilities of the local authority.  Assistance to challenge ill-informed attitudes and decisions in positive ways.  Information that provides hope to families that things can be better by using real examples of people living lives in the community.  Access to early diagnosis and support.  Information about positive behaviour support techniques.  Whole family approaches and support to work in partnership with schools and other organisations to understand the functions of the child’s behaviour and to agree upon strategies to try. |

## Slide 41 – How do they need it?

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| How do they need it? |
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### Facilitator Notes

1. The Code of Practice for Part 2 states that the IAA service must be easy to access for all people in a variety of ways so that people have a choice about how they use the service and what format is right for them. Putting this into practice would mean:

Having a range of formats that are accurate, up-to-date and consistent with other sources. For example, having information and advice available on the internet, by telephone, face-to-face, outreach and in publications.

The service is available through the medium of Welsh and English for this range of formats.

Printed materials are clear and in plain language. Websites meet specific access standards such as the Web Content Accessibility Guidelines and the guidance in the Government Digital Services (GDS) service manual.

As required under the Equality Act 2010 reasonable adjustments are made   
to meet the needs of people with particular accessibility requirements. For example, easy read or child friendly versions of relevant printed material. IAA staff are aware of accessibility issues and have been appropriately trained.

1. Quite how IAA services will be delivered will depend on the needs of the local population. Local authorities should base the development of their IAA services on the basis of the population assessment they undertake. They should specifically involve adults, children and young people, and carers in the design   
   of the local services.

## Slide 42 - Assistance

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| Assistance |
| * Short term help or checking to overcome initial barriers * Taking action **with** the person: * Contacting other services * Transport or physical access * Accompanying someone * https://tsagp.com/images/careers-assistance/careers-assistance.jpgChecking afterwards * A flat rate charge for assistance can be set |

### Facilitator Notes

1. Assistance is envisaged to be short term help or checking that supports people   
   to overcome initial barriers so that they can access e.g. community resources, preventative or other non-intensive services. Assistance should follow provision of information and advice if you judge that someone will need extra help to enable them to take action.
2. Assistance is likely to be needed by people who do not have eligible needs, but will nevertheless need extra help to enable them to access care and support, or for a carer to access support. If a person has eligible needs and needs on-going help to enable them to access care and support then that help will be outlined in their care and support plan and be part of any package of care.
3. Assistance is more than exploring options with a person and giving them advice. It is described as taking action **with** the person and, crucially, responsibility for the activity undertaken is shared between the assistant and the recipient of assistance. Examples of activities that might assist a person to access care and support include:

Helping the person complete a form or checking that the signposted service / support received their application.

Helping the person phone someone or access a website.

Helping the person get to a signposted service by, for instance, finding out about their transport options or helping them arrange transport.

Accompanying someone the first time they access a new service / support.

Checking with the person that a signposted service / support was helpful, and suggesting alternatives or reassessing their needs if not.

1. Note that local authorities can apply a flat rate charge for assistance but they should avoid a situation where the rate set discourages take up of assistance.

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| Key learning point  Assistance is helping people to take their first steps to accessing care and support. |

### Activity – Question

1. Do you routinely give assistance, as well as information and advice, currently?
2. Can you think of an individual or family to whom you have given information and advice that might have needed extra help to enable them to access care and support?
3. Who within your IAA service provides assistance, or is best placed to do so?
4. Does the provision of assistance pose any recording or other practical issues for you or your service?

## Slide 43 - Advocacy

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| Advocacy |
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### Facilitator Notes

1. **[Handout: Advocacy](https://socialcare.wales/hub/hub-resource-sub-categories/adult-protection-and-support-orders)**
2. The Act requires that you support people to fully participate in decisions made about their care and support. People should be active partners in the key care and support processes of assessment, care and support planning and review, and any safeguarding enquiries.
3. Despite the barriers individuals may be experiencing, you mustinvolve them, help them express their wishes and feelings, and support them to weigh up options and make decisions about their personal outcomes. The decision pathway in this slide shows two ways in which an individual could be supported if you thought that they might experience barriers to their participation.
4. Firstly, it is important to establish if and how the person could be better supported by making changes to the arrangements. For example, by providing information   
   in an accessible format and involving an appropriately trained and registered interpreter if the person needs one e.g. if they are a sign language user or don’t have enough English or Welsh to be involved without an interpreter. Note that public bodies have a duty under the Equality Act 2010 to make reasonable adjustments to meet the needs of people with particular accessibility requirements. Such adjustments should be made before the barriers to the person fully participating in the process are reviewed again.
5. However, some people won’t be able to fully participate, even if the process has been adapted to meet their communications needs, because of the barriers they experience. We will look at barriers to participating in the process in more detail in the next slide.
6. You must, in partnership with the adult or child / their family, make a judgement about whether that individual can only overcome the barrier(s) and participate fully if there is someone available to support and represent their views, wishes and feelings. If there is no **‘appropriate individual’** to advocate for the person then the local authority must arrange for an **independent professional advocate** to support and represent them.
7. An ‘appropriate individual’ could be a parent, carer, friend, neighbour or relative. The key thing is that they must be able to adequately support the person’s participation. They must not be someone the person does not want to support them nor someone implicated in a safeguarding enquiry.
8. **[Handout: Mental Capacity Act](https://socialcare.wales/hub/hub-resource-sub-categories/introduction-and-general-functions)**
9. If an adult or child aged 16 or 17 lacks capacity to make a decision then an assessment of their capacity under the Mental Capacity Act 2005 should be made. This may affect the type of independent advocacy which is appropriate   
   to be provided for them.
10. Note that Section 178 of the Act re-states the existing entitlements of looked after children and eligible children who were previously looked after (entitled children) to advocacy if they are making representations (including complaints) about local authority functions. Local authorities **must** provide the entitled children with information and advice about advocacy.
11. Advocacy is covered in detail in the [Advocacy training module](https://socialcare.wales/hub/hub-resource-sub-categories/advocacy). It explores Part 10 of the Act on advocacy and how advocacy fits with other parts of the Act. It also aims to build awareness and understanding of advocacy among those who could have the potential to work with, or make referrals to, advocacy services.

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| Key learning point  You must support individuals to fully participate in the key care and support processes. You should consider capacity and, for adults and children  aged 16 or over, follow the principles of the Mental Capacity Act 2005. |

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| Facilitators’ hints and tips  All relevant people involved in providing information, advice and assistance are expected to understand and apply the Mental Capacity Act 2005, as well as the Social Services and Well-being (Wales) Act 2014. The Act gives some individuals (adults and children) the right to receive support from an independent professional advocate. The Mental Capacity Act gives some individuals (adults and children  aged 16 or 17) who lack capacity to make a specific decision a right to receive support from an Independent Mental Capacity Advocate (IMCA).  It may be appropriate to explore with participants the differences and links between the Act and the Mental Capacity Act (MCA).  There are similarities with the MCA, but the duty to provide independent advocacy under the Act is broader and applies to a wider set of circumstances e.g. it provides support both to people who have capacity but who experience barriers in participating fully and to those who lack capacity. The local authority must meet  its duties in relation to working with an Independent Mental Capacity Advocate  and those in relation to an independent professional advocate under the Act. Theoretically, a local authority could appoint one advocate as an IMCA and a different person acting as an independent professional advocate under the Act as  the local authority must meet its duties in relation to both sets of legislation: one  duty does not ‘trump’ the other. However, this is not likely to be beneficial to either the individual needing advocacy or the local authority. The same advocate can provide support as an independent professional advocate under the Act and under the Mental Capacity Act, if trained and qualified to do both. |

## Slide 44 – Barriers to participation

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| Barriers to participation |
| Does the person have capacity?  Is there a need for an advocate? |

### Facilitator Notes

1. The Act defines four ways in which people could experience barriers that impair them from fully engaging and participating in the key care and support processes:

understanding relevant information

retaining information

using or weighing up the information

communicating their views, wishes and feelings

1. Many people can be supported to understand relevant information, if it is presented appropriately and if time is taken to explain it. Some people will not be able to **understand relevant information**, for example if they have mid-stage or advanced dementia.
2. If a person is unable to **retain information** long enough to be able to weigh up options and make decisions, then they are likely to be experiencing barriers in fully participating in the key care and support processes.
3. A person must be able to **weigh up information** in order to participate fully and express preferences for or choose between options. For example, they need to be able to weigh up the advantages and disadvantages of moving into a care home. If they are unable to do this they are likely to be experiencing barriers in fully participating in the key care and support processes.
4. A person must be able to **communicate their views, wishes and feelings** – whether by talking, writing signing or any other means – to aid the decision process and to make their priorities clear. If they are unable to do this they are likely to be experiencing barriers in fully participating. For example, some people with mid-stage or advanced dementia, significant learning disabilities, a brain injury or mental ill health may experience barriers to their full participation in decisions made about their care and support. But equally a person with Asperger’s may do too, as may a frail older person who does not have a diagnosis but is confused as a result of an infection, or a person who is near the end of their life and appears disengaged from involvement and decision-making. Within this context, it is the person’s ability to communicate their views, wishes and feelings which is fundamental to their participation rather than any medical diagnosis or specific condition.

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| Key learning point  You should consider, from the first point of contact, whether independent professional advocacy should be made available. If a person experiences barriers  in these four areas they should be supported to fully participate by an ‘appropriate individual’ or independent professional advocate. |

### Activity – Exercise

1. Describe the factors that you might want to consider when judging if someone is experiencing barriers in fully participating in the key care and support processes?

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| **Suggested answer:**  Every individual is unique and you need to take account of the particular situation and the whole person. Remember that your judgement is about whether they experience barriers in fully participating in the particular process which is to take place (assessment, planning, review or safeguarding) – so you need to establish this to your satisfaction on the information available to you. The factors that this judgement needs to focus on could be any combination of intellectual, physical, emotional, psychological or sensory, and some of the questions which you need to consider are whether the person is able to:   * answer the questions you need to ask * make clear that they understand who you are and what your role is * make clear to you that they understand their situation * tell you how they feel about their situation * show you that they understand what you have told them * recall information or decisions that were shared in any previous meeting * be fully able to describe the options available to them * describe the possible outcomes of any choices they make * describe their preferences to you   If a person is experiencing barriers with any one of the areas of understanding, retaining, or weighing information or communicating their views wishes and feelings then that would indicate that they need more support to be able to fully participate. However, you need to establish whether the person’s immediate situation is particularly unusual or stressful, or whether the barrier is substantial enough to have an impact on their participation.  You need to ensure that the barrier is not caused by external factors that can  be addressed. You should do so by resolving these wherever possible. So, for example, you need to make sure that your communication methods offer the person good opportunities to participate and that any information you share with them is presented in an appropriate format.  You need to make sure that you are making the judgement on the basis of the person’s true responses. So, for example, you need to be clear that they are  not inappropriately influenced or interpreted by other people, and that their responses are not affected by fears or threats. An important way of getting the information you need to make your judgement is by engaging directly with the person themselves, but there are other sources of information which can help you to get a rounded picture such as speaking with family and other people who know the person well or checking any records or reports or legal judgements relevant to the person. |

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| **Case Study**  Huw is 42, lives in Cardiff and fell off his bicycle. Huw was unconscious for a number of hours before being taken to hospital as he had fallen on a remote country road. Huw has no recollection of what happened. He only remembers waking up in hospital a week after the accident. He had been put into an induced coma to relieve swelling of his brain. Huw suffered from a fractured skull. During his time in hospital he had to learn to walk again and improve his balance as that was affected.  Huw is divorced. He has no family that live locally and many of his friends are married with young children. Huw and his wife did not have children. Since his divorce Huw has become quite isolated and withdrawn and does not have reliable social supports. Huw was discharged from hospital after three weeks without help or support and he feels he was just expected to ‘get on with it’.  Huw, as a result of the accident, has short-term memory problems, has difficulties processing and retaining information and suffers from severe fatigue. He is also feeling depressed and is losing weight rapidly because he forgets to eat due to his short term memory problem – he also forgets to take medication. He has found writing lists helpful to prompt his memory and has post-its around his house.  Huw was self-employed as a management consultant and has had to give up his business as he can no longer continue to work as before. He was in receipt of Employment and Support Allowance but this has now been stopped and is not being renewed. He is worried about his finances and wonders if he can draw his pension earlier, even if this is possible he is worried that this will eventually run out and that he will be stuck financially. He wishes to work again and wants to be supported to return to work but feels he needs support to manage his cognitive impairments first. He thinks that he may have to do a different job than before and is really keen to ‘feel like a human again’. He feels that he does not know who to turn to for support. His GP has referred him to a neuropsychologist but he says “I haven’t heard anything from them and I was referred months ago”.  Huw heard about the council’s new information, advice and assistance service from his local library and hopes they can help him. However, he is nervous about his memory, abilities to process and retain information. Nonetheless he contacts the centre and explains his situation in particular the issues with his memory.  **Questions**   1. What are the key barriers to Huw fully participating in co-producing his desired outcomes? 2. How might you suggest Huw become engaged and actively participate in making steps to meet his desired outcomes?   **Suggested Answers**  The Act looks at four main barriers to participation these are:   * Understanding relevant information * Retaining information * Using or weighing up the information * Communicating their views, wishes and feelings   Huw tells us he has some issues with his memory and has difficulties processing and retaining information. Huw might well be able to understand relevant information if it is presented to him clearly and carefully both verbally and in written form. However, the issue for Huw is that he will find it very difficult to process and retain the information which will affect his abilities to weigh up the information to plan for his future. For example, Huw can have information in the written form, he can have ‘helping’ conversations with different professionals but what he needs is assistance to make sense of this information so he can make an informed choice that will be steered, first and foremost by his wishes. Huw is able to communicate his needs, wishes and feelings but needs assistance to help weigh up what his options are and make an informed choice.  Huw does not have disabilities that can be supported and overcome by solely reasonable adjustments under the Equality Act 2010. Given this Huw is asked if he knows of anyone who could act as ‘an appropriate individual for him’. Huw has said he does not have a trusted friend to do this. Therefore the local authority has a duty to ensure he has an independent professional advocate to enable him to engage and participate as appropriate. This is discussed with Huw who says he feels “a weight has been lifted from my shoulders”. |

## Slide 45

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| Working preventively |
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### Facilitator Notes

1. That is the end of the section on Information, Advice and Assistance. We will now explore the skills and behaviours required to work preventatively.

## Slide 46 - Linking information, advice and prevention

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| Linking information, advice and prevention |
| * Identify and target individuals through the information, advice and assistance service * Capture this information and feedback to commissioners  and community * Person focused / well-being approaches of assessment, planning and review |

### Facilitator Notes

1. We looked earlier at prevention at the strategic level, and mentioned how important it is to identify and target individuals through an information, advice and assistance service. We also noted that individual level information should feed into a strategic pool of knowledge which should in turn inform the commissioning and provision of services.
2. Person focused approaches that focus on people’s well-being is fundamental to working preventatively – see slide 18 for more information on a person focused approach. All advice, assistance and care and support planning is born from an accurate, sensitive and person focused assessment whether this be an initial or full assessment. For those employed in the social care profession, working in this way will mean adhering to the [Code of Professional Practice for Social Care](https://socialcare.wales/landing-page/code-of-professional-practice-and-guidance) published by the Care Council for Wales i.e. enabling individuals to be at the centre of decisions about their own care and support.
3. There are many techniques and tools to support good person centred assessment, but fundamentally assessment is a skilled conversation to find out a person’s circumstances, the personal outcomes they wish to achieve, barriers towards reaching these outcomes, looking at the strengths and capabilities of the person and empowering them to improve their lives and meet their outcomes. This may take the form of a plan setting out a number of preventative services along with their own inputs. The review checks how the plan is working and will make adjustments as necessary.
4. This is a dynamic process and should inform commissioning so they know what services to commission to meet outcomes. In this respect, as with information, advice and assistance services, the person centred approach to care planning should actively *shape* prevention services.

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| Facilitators’ hints and tips  The **Developing Evidence-Enriched Practice (DEEP)** approach is an example where evidence and research is being used to proactively improve outcomes for individuals, improve their quality of life and well-being and contribute to prevention. The DEEP approach to improving health and social services was developed and tried-out in five places in Wales and one place in Scotland, in partnership with the Joseph Rowntree Foundation during 2014-15. They chose to explore evidence in relation to the following topics:   * Supporting people living with dementia to stay in their own homes, by taking a more positive approach to risk-taking, taking into account ‘what matters most’ to people with dementia, rather than what everyone else thinks is best for them. * Developing meaningful activities for older people in care homes and day centres, which give them a sense of belonging, purpose and achievement. * Improving relationships between older people, carers and frontline staff in social care services to make services more friendly and ‘normal’. * Supporting inter-dependent caring relationships, through the provision of short breaks in ways that do not make carers feel guilt or upset the person being  cared for. * Making better use of paperwork, so it is helpful and not burdensome. * Making community based services ‘a part of the local the community’, rather than ‘apart from the local community’, by having social events and sharing ideas on how to work together.   The project found that in order to make these things happen, they had to pay careful attention to five things:   1. Valuing and empowering all of the people involved in the project – senior managers had to support participants to be creative and able to experiment with ideas. Trusting relationships needed to be developed between everyone involved, so people could be honest and feel safe. People needed to feel appreciated and their success (even in little things) celebrated. 2. Valuing and using a range of evidence – it was important to consider ‘what mattered’ to everyone involved, which meant that four main types of evidence needed to be considered – research, the views and experiences of older  people and carers, the expertise of frontline staff and organisational concerns including policy. 3. Preparing the evidence, so that it was interesting and relevant – participants were able to understand and use the evidence when it was presented in the form of short summaries, stories, pictures, poetry or even song. Some of the evidence could also be summed up in provocative statements, which got people thinking. 4. Facilitating the exploration and use of evidence – this was perhaps the most important and complicated thing. Well-structured approaches to helping people think and talk together, enabled them to be better listeners and more open to learning. As a result, they came up with collective ideas and decisions and everyone felt that their contributions were welcomed. Different bits of evidence were weaved into as they became relevant over time. 5. Recognising and addressing national and local organisational circumstances  and obstacles – it was important to consider and tackle things that could get in  the way of success. These included well-meaning national and local rules and regulations which did not always fit well with contextual decision making and  what participants felt were the most important things in promoting well-being.   The **NSPCC’s Face to Face service** is offered to children and young people in care and those on the edge of care who wish to receive support and can identify something that they wish to change in their life. Trained NSPCC practitioners work with the children and young people using a solution-focused approach, to identify how the child can make positive changes in their life to achieve their wishes. The practitioner invites the child to describe their likes and strengths. This approach communicates to the child that the practitioner sees them as a resourceful young person who has abilities and skills rather than simply a child who is a problem.  This helps to re-frame the child’s thinking around their strengths, so that they can start to see themselves in a different, more positive way. Building these positive references supports the child to begin considering other possibilities and to become hopeful that change is possible. |

## Slide 47 - Values and behaviours to support preventative working

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| Values and behaviours to support  preventative working |
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### Facilitator Notes

1. The scale of change of moving from a reactive service led system based on time and task to one which is defined by personal outcomes and prevention is huge and many commentators describe it as a journey. However, there are some generic behaviours, attitudes and ways of working that need to underpin all working relationships from the senior board level to the front line practitioner.   
   A genuine commitment, by all stakeholders, has to be made towards positive   
   and mature behaviours, such as:
2. Shared ownership of outcomes and a deep seated wish to continually improve quality of preventative services and support people to enjoy a good quality of life and meet their desired outcomes

Recognise that there are many strengths and qualities that individuals and communities have – that there are huge resources to draw on if people are supported and empowered

Have a balanced approach to risk and accept that people have a right to make unwise decisions if they have capacity

Openness – dealing with differences and difficulties in a non-defensive or non-adversarial way

On-going self-reflection and assessment

Confidence in one’s individual skills and organisation / team to contribute   
to solutions

Commitment to think innovatively and deliver sustainable solutions

Flexible and collaborative approach to navigate solutions

Willingness to invest time and effort

Willingness to invest emotional and creative energy

Patience and tenacity

Positive thinking – humour?

1. We noted earlier (slide 6) that practitioners must take a co-productive approach when working preventatively. A co-productive approach is one which:

Recognises people – children, young people, adults and carers, their families and their communities – as assets and as having a positive contribution to make to the design and operation of services.

Supports and empowers people in designing outcomes for services.

Empowers people to take responsibility for, and contribute to, their   
own well-being.

Ensures that practitioners work in partnership with people to achieve their personal outcomes.

### Activity – Question

1. Are there any more behaviours we can adopt to make positive change and work in a preventative way?

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| **Case Study**  Luc is now 17 years old. Luc’s parents were successful in keeping him at home and  a school close to home and Luc now lives in his own flat in the same town as his parents. Luc is supported in his flat by an organisation that supports a variety of young people with similar challenges. Luc has a small team of people who work with him and the other young people who live in the same block of flats. All Luc’s workers are trained in positive behaviour support techniques. Luc is supported by his team to attend the local mainstream college where he is doing a course in photography.  **Questions**   1. What approaches and attitudes does it take from those involved, to help young people like Luc to live as independently as possible?   **Suggested Answers**   * An ability to see the child first and the behaviour last. * A commitment by the local authority to really listen and engage in the ‘what matters to you’ conversations with children and their families (see the training module on [assessing and meeting individual needs](https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs) for more information on ‘what matters conversations’). * An understanding and a commitment by commissioners to uphold the fact that  all children have a human right to respect for their family life. * An ability to work in partnership with families, education, social care, health, housing and care and support providers to find solutions. No two families are  the same and so there is no standard package of care and support that will resolve the issues. * An understanding of positive behaviour support and how to use it effectively to reduce behaviour that challenges. |

## Slide 48 - Skills for prevention: engagement

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| Skills for prevention: engagement |
| * Be able to have structured conversation with people about their well-being and personal outcomes * Have a mind-set that it is ‘their life’ and they have a right to live it the way they see fit * Active listening in every interaction * Reflecting back and checking information * Open questions * Understanding the breadth and depth of a person’s situation / circumstance * Build on capacities and strengths * Checking impacts of interventions / achievement  of outcomes |

### Facilitator Notes

1. Effective engagement with individuals is key to understanding what preventative services should look like as they should be a response to the personal outcomes they want to achieve in their life.
2. An assessment is the main mechanism of engagement between the local authority and the individual (whether this is simply through an enquiry, initial   
   or full assessment). Whatever form this takes the assessment should be a   
   semi-structured conversation to establish:

the person’s situation;

whether their needs can be reduced or delayed;

what is important to them in terms of well-being and what personal outcomes they wish to achieve; and

how they may access preventative support if required.

1. An assessment is not an assumption that they will have a service either procured or provided by the local authority. For some people they may be able to draw on their own strengths and resources, and access wider community facilities or they may need to be supported to do this, but not actually need managed services. For another person it may be a mix of the two depending on their circumstances.
2. To engage effectively with the individual the assessor will need to have a positive mind-set – one that recognises that they are employed to empower and assist people so they can live their lives as they wish.
3. To enable a structured conversation that is empathetic and sensitive the assessor must actively listen at every stage of any interaction and throughout the process. 'Active listening’ is fully concentrating on what is being said rather than just passively ‘hearing’ the message of the speaker and not actively trying to understand their world view. It requires the assessor giving the person their full attention and showing interest about what they are saying. It requires picking up on the speaker’s verbal and non-verbal communication and also expressing verbal and non-verbal messages back to the speaker to let them know they are being listened to and understood. It is also about remaining non-judgemental and patient. Open questions, reflecting back understanding and checking information are all part of the skills required for active listening. Active listening involves giving people time to explore their thoughts and feelings. This is quite a departure from the pre-determined question and answer formats that have been used in the past. Being able to assist people to use their own strengths or access the right preventative services is a real skill.
4. Engaging with people who need support is also trying to understand the ‘breadth and depth’[[12]](#footnote-12) of a person’s situation. For example, some people will have a   
   very clear understanding of what their needs are and how this impacts on their well-being, while others may not be so self-aware or articulate. Individuals may struggle to see beyond service solutions and deal with complexity. It could be the first time someone has contacted the local authority in regard to possible care and support and they may therefore need more time, information and guidance. Understanding the true merit of prevention is responding individually to each unique person you encounter as a professional.
5. It is salutary for the assessor to remember they are not the ‘fixer’ of problems, reduced to using a set menu of services; but they are a partner working with the person to establish the total extent of their needs, impacts on well-being and help co-produce outcomes and ensure that these are met through which ever set of arrangements is most appropriate.
6. Working with people to assist them to find creative solutions will require working co-productively and checking over time to establish whether outcomes have been met and what impact the planning has had on their lives. Again this should be carried out in a co-produced way using all the above skills.

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| Key learning point  Having good quality conversations will encompass simple enquiries, initial contact, assessment, planning and review – the quality of the conversations is what makes  an interaction and the impact meaningful to the person involved. |

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| Facilitators’ hints and tips  This slide and the next two slides focus on knowledge and skills required for preventative working. Depending on the detail the facilitator wishes to go into there are specific exercises that help learners work through engagement, recording and use of information. These exercises are at the end of each respective slide and help the learner to reflect on the detail of their interaction in these three individual areas. Alternatively the facilitator can cover the key areas set out on the slides and carry out a more general exercise at the end of the three slides (on slide 50 notes). |

### Activity – Exercise

1. Thinking further on the engagement skills required, consider how your role might need to change.

* Identify the opportunities to build on these skills.
* Identify the challenges.
* How might these challenges be overcome?
* What are the top five engagement changes you might make?

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| Facilitators’ hints and tips  This exercise is to help learners think how they might engage differently. Hint –  it is useful to suggest to participants how engagement might change from current practice for example *“I will be thinking of how we can empower the person I am assisting to utilise certain skills / strengths. I will be able to build on this throughout each intervention over time by active listening and reflecting back and checking information.”* However, this will take time to achieve as it will require a trusting relationship based over some time to help them realise their well-being goals and personal outcomes. If this is rushed or delivered only via the phone it may well hamper this relationship and ability to empower people to use their strengths  and resources. |

## Slide 49 - Skills for prevention: recording

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| Skills for prevention: recording |
| * Recording peoples stories / view of the world and  their aspirations * Be able to pull together information based on what all parties are telling you – while keeping the person at the very centre of their narrative and what they want  to achieve * Analysis about what this information means and how you will co-produce nest steps / plans * Checking the impact of interventions / achievement of outcomes and recording these via reviews * Knowing where to feed this information for commissioning purposes |

### Facilitator Notes

1. Information gathered throughout the assessment, planning and review process needs to be recorded in different ways from previous care management recording. For example, it is not just adding inputs (i.e. transport), processes (i.e. mental health assessment carried out) and outputs (i.e. goes to day centre three times a week) but about bringing together a range of information from a range of sources, and making sense of it and analysing it in the context of understanding the person’s life. This involves recording stories / narratives (qualitative data) and making sense of them alongside quantitative and categorical data. This requires educated judgements.
2. For example, learning from practice has shown that categorising information in this way involves judgement and is best done through a process of negotiation between the practitioner and individual. Furthermore, it is important to allow the practitioner to indicate where information gathered is less reliable, so that this information can be excluded from any service level analysis[[13]](#footnote-13).
3. Effective recording is an important skill in helping people as this is the medium by which a person’s story and desired outcomes to improve their life will be told and shared between agencies. It is critical to get this right. The person who is seeking help should be encouraged and supported to understand what is in the recorded document and the content should not be of any surprise to them.
4. Getting an accurate picture of a person’s circumstances, especially if their care and support needs are complex, can be tricky – and especially if there are opposing or sensitive views to be aired by professionals. The skill for the assessor is to be open throughout and sensitively communicate with the person who is at the very centre of the process. This will require clear communication with other members of the multi-disciplinary team.
5. If information is to truly reflect and record what the person wants to see happen in their lives it is good practice to write these statements or stories in the first person. For example, ‘I would like to do’, ‘I am keen on this…’, ‘I want to see this happen’, etc.
6. Finally, all assessors need to see that they are part of a bigger system and   
   that the information they collate and record can be put to good use for commissioning. From this individual data a picture can be built as to what is effective in meeting outcomes and what is not – what the determinants are and related issues. This data should enable intelligent commissioning of the right   
   type and level of preventative services.

### Activity – Exercise

1. How do these recording skills and activities differ from what you do now?
2. How might you move towards achieving some of these new skills required for preventative working?
3. What activities will need to change?
4. How might this happen?

## Slide 50 - Skills for prevention: use of information

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| Skills for prevention: use of information |
| * Analyse * Knowing where to feed information to improve commissioning and service delivery * Know what's available in the community and from other statutory services * To inform, advise and assist individuals where appropriate * To be able to spot where service gaps may be |

### Facilitator Notes

1. Analysis of information is also a key skill. Fundamentally, analysis is establishing ‘what is this information telling us?’ What is the information telling us about the person’s circumstances (including their history), personal outcomes, what the barriers are, what they can contribute to improve their lives and the risks?
2. Another key skill in prevention is individual and organisational knowledge about what is available in the community to assist people to build on strengths and meet their personal outcomes. This will require the assessor to know and adequately give information about for instance:

How the local care and support system works.

How people can access care and support services.

What types of care and support are available across the wider system such as health, housing, benefits, transport, etc.

1. Moreover, to be skilled at this the assessor will need to keep their knowledge   
   up-to-date, share information with relevant partners and if they see gaps in service provision (or in quality) should flag this up through the right channels.
2. Information on people’s outcomes, aspirations and needs – whether this is collated from either or both an information, advice and assistance service or information that comes through assessment and planning processes – should be fed into commissioning. Assessors / advisers need to see themselves within this larger picture and that they are not just operating on an individual and operational level. In this respect they are active change agents.
3. The information on outcomes gathered at an individual level can inform whole system change. However, this is rarely achieved in organisations as most information gathered, analysed and reported is mostly inputs, processes or outputs and not outcomes. Finding out the impact a service or intervention has had on an individual life is often over-looked.

### Activity – Exercise

1. How would you rate out of 5 (5 being very good and 0 being not good at all)   
   your knowledge of what is available in the local area to assist people meet   
   their outcomes?

* How might you improve on this?
* What might you need to do?
* How do you think you may feed individual support planning information to staff, service recipients and carers who commission services?

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| Facilitators’ hints and tips  This exercise is to help participants reflect on what they know about what is available in the local area to support people achieve their personal outcomes. It is helpful to tease out responses, especially responses that refer to ‘official’ local authority or statutory services. Test learners’ knowledge about what communities may be doing or groups in the wider community or even initiatives they may well use themselves  as citizens. For example, are there church groups for mothers and toddlers as well as a children’s centre? Are there village transport schemes other than just hospital transport? This is helpful in breaking down the ‘us’ and ‘them’ divide, and makes it easier to see the community as a wider nexus and not just statutory or traditional services they may first see in their role as professionals.  Moreover, if people struggle to think of a range of services test whether this is lack of knowledge or actual lack of services. Posing this question is powerful in re-thinking possible assumptions. Finally, it is useful to ask participants how they think that individual information from support planning might be fed into strategic thinking. Again, this is a powerful question as it illustrates the golden thread from service recipients and carers’ outcomes to informing service and strategic outcomes. Getting people to think about how this is done is a significant step in the right direction when thinking of prevention. Furthermore it can lead to further discussions in and across teams and action planning. |

### Activity – Exercise

1. List skills and knowledge that you are likely to require to work preventatively.
2. Group the factors identified on your list.
3. Consider how these skills and areas of knowledge might best be developed.

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| Facilitators’ hints and tips  Working Together for Change (WTfC)[[14]](#footnote-14) is an example of how outcomes gathered at an individual level can inform the wider organisation. It is a simple and systematic process for using person centred information from reviews to improve individual outcomes and also enable change in the commissioning process so that it becomes driven by personal outcomes. It was developed by the Department of Health Putting People First Programme and Helen Sanderson Associates with four councils in England in 2009.  The individual support plan is reviewed at an outcome centred review which looks  at whether outcomes have been achieved. This results in action for change at the individual level. This includes actions based on what is not working for the person and what they would like to see happen in the future. At the review the person is asked to prioritise information into the following categories:   * Top two ‘working’ * Top two ‘not working’ * Top two ‘what he / she wanted in the future ideas’   This information is then taken, along with other people’s reviews to a workshop where information is aggregated and reviewed. The information is thematically clustered and analysed so that the group builds a picture of:   * What is working and can be replicated elsewhere or built upon * What is not working and needs to change * Things that will guide future changes (future wants / desires)   The aggregated data informs local action plans and consequent commissioning strategies [In Wales it would inform the population assessment]. In this case  study, the workshop was Working Together for Change workshop and included commissioners, members of the Older People’s Association, care managers  and providers. |

## Slide 51

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| Summary |
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## Slide 52 - Summary

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| Summary |
| * A significant piece of legislation that modernises the framework of care and support law: * New duties for local authorities and their partner organisations * New rights for citizens * The Act aims to: * Put people and their well-being at the centre of care and support * Rebalance the focus to prevention and earlier intervention * Promote partnership working, collaboration and co-production |

### Facilitator Notes

1. The Act aims to change the way that people’s care and support needs are met – to ensure that people are able to live their lives to the full. Everyone has a role in this change.
2. Are there any changes that are needed, both strategically in your organisation and operationally in your practice, to be fully compliant with the Act?
3. For learning to be transferred into practice and for change to spread, it is important that you:

Reflect on your current knowledge and skills

Identify your learning and development aims

Reflect on how new knowledge relates to your practice

Consider the barriers and enablers to transferring learning into practice

Try out new ways of working in a safe, supportive environment

Identify an action plan showing how you will put learning into practice with support from managers and colleagues.

### Activity – Exercise

1. Complete the personal action plan identifying your top three priorities, how you will review your progress, and any further support you will need.

# Links to Key Resources

## Links to regulations and codes of practice or statutory guidance

[Social Services and Well-being (Wales) Act 2014](http://www.legislation.gov.uk/anaw/2014/4/enacted). This is an Act of the National Assembly for Wales which reforms social services law. It was enacted in May 2014. Its overall aim is to make provision to improve well-being outcomes for people who need care and support, as well as carers. Further details are in the [Part 2 Code of Practice (General Functions)](http://gov.wales/docs/dhss/publications/151218part2en.pdf) and the [Part 10 Code of Practice (Advocacy)](http://gov.wales/docs/dhss/publications/151218part10en.pdf).

[The Care and Support (Population Assessments) (Wales) Regulations 2015](http://www.legislation.gov.uk/wsi/2015/1367/pdfs/wsi_20151367_mi.pdf) and [The Care and Support (Partnership Arrangements for Population Assessments) (Wales) Regulations 2015](http://www.legislation.gov.uk/wsi/2015/1495/pdfs/wsi_20151495_mi.pdf). These regulations outline the requirements on local authorities and local health boards to enter into partnership arrangement to undertake a population assessment.

[The Social Services and Well-being (Wales) Act 2014 (Social Enterprise,   
Co-operative and Third Sector) (Wales) Regulations 2015](http://www.legislation.gov.uk/wsi/2015/1500/pdfs/wsi_20151500_mi.pdf). These regulations outline the duty on local authorities to promote not-for-private-profit business models to provide care and support and preventative services.

The Welsh Government sets out how the Social Services and Well-being (Wales) Act will relate to [health or the provision of healthcare](http://gov.wales/topics/health/socialcare/act/act-nhs/?lang=en). This page links a concise overview of the [Implications of the Social Services and Well-being Act for the NHS in Wales](http://gov.wales/docs/dhss/publications/141111actnhsen.pdf). Welsh Government has also produced a diagram on [How will the Act affect those who work in health and social care?](http://gov.wales/docs/dhss/publications/150708healthinfoen.pdf)

The Welsh Government has a number of resources in relation to a number of themes relating to health and social care the most relevant to this module are [Measuring well-being](http://gov.wales/topics/health/socialcare/well-being/?lang=en) and [carers](http://gov.wales/topics/health/socialcare/carers/?lang=en) and the [code of practice in relation to measuring social services performance](http://gov.wales/docs/dhss/publications/160401codeen.pdf). The Welsh Government has also published information on [well-being statements](http://gov.wales/topics/health/publications/socialcare/strategies/statement/?lang=en) to help practitioners to understand that everyone is entitled to well-being and to understand what well-being means to the individual, and whether it is being achieved.

[Well-being of Future Generations (Wales) Act 2015](http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en). This Act is about improving the social, economic, environmental and cultural well-being of Wales.

[Regulation and Inspection of Social Care (Wales) Act 2016](http://gov.wales/topics/health/socialcare/regulation/?lang=en). This Act establishes a regulatory regime which is consistent with the changes being delivered by the Social Services and Well-being (Wales) Act 2014.

## Useful Links to Other Materials

AgeCymru *Welsh Reablement Alliance* – available at <http://www.ageuk.org.uk/cymru/professional-resources/archive/welsh-reablement-alliance/> (accessed 28 September 2015). The Alliance is an umbrella organisation for professionals, voluntary sector and other care providers that provide reablement in Wales. It has a number of resources about reablement, in particular case studies of reablement in Wales.

Care Council for Wales (2015) [Code of Professional Practice for Social Care](https://socialcare.wales/landing-page/code-of-professional-practice-and-guidance).   
The practical guidance within the new Code empowers the social care workforce   
to put the well-being of individuals at the centre of decisions about their own care   
and support.

Carers Trust *Professionals* – available at <https://professionals.carers.org/> (accessed 28 September 2015). A wide range of resources and information for anyone who works with carers.

Children in Wales *Home* – available at <http://www.childreninwales.org.uk/> (accessed 28 October 2015). A national umbrella body for organisations and individuals   
who work with children, young people and their families in Wales that organises conferences and seminars, provides training and supports and develops networks.   
A range of resources can be downloaded from the website.

Co-Production Wales’s [Putting Co-production at the Heart of Public Services in Wales](https://allinthistogetherwales.wordpress.com/). A values-led social enterprise, operating as a voluntary alliance of individuals and organisations with a shared mission to build on the best of Welsh traditions of co-operation and community networking. They offer training and consultancy for organisations that are transitioning to a co-productive way of working.

Dementia Advocacy Network and Advocacy Plus (2012) [Taking Their Side: Fighting Their Corner 16 Stories Demonstrating the Difference Independent Advocacy Makes to the Lives of People with Dementia](http://ellerman.org.uk/documents/policies/3_Dementia_Advocacy_Network_TAKING_THEIR_SIDE_MARCH_2012.pdf). Dementia Advice Network, London. This book is a collection of inspirational stories about the contribution made by advocates working in different organisations and different settings including care homes, hospitals and in the community, from across the UK. The stories are written from   
the perspective of the advocate, with some comments from people with dementia themselves. Although the network has now closed this resource is still available.

Department for Constitutional Affairs (2007) [Mental Capacity Act 2005 Code of Practice](https://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act). London: The Stationery Office. The Code of Practice supports the mental Capacity Act (MCA) and provides guidance to all those who care for and / or make decisions on behalf of adults who lack capacity. The Code includes case studies and clearly explains in more detail the key features of the MCA.

Dewis Cymru [What Matters to You?](http://www.dewis.wales/). The Dewis Cymru website aims to help local people by providing quality information, advice and assistance service from a network of social care, health and third sector organisations across Wales.

Good Practice Wales *Home* – available at <http://www.goodpractice.wales/> (accessed 28 September 2015). A Portal aiming to be the single point of access to a wide range of examples of good practice available across Welsh public services.

Healthy Working Wales *Promoting Health Work and Wellbeing* – available at <http://www.healthyworkingwales.wales.nhs.uk/home> (accessed 28 September 2015). A website with many resources to support employers, individuals and a range of health professionals to help working age people in Wales stay fit and healthy so they can remain in employment, or return to work following a period of ill health.

Information and Learning Hub *Advocacy* – available at <https://socialcare.wales/hub/hub-resource-sub-categories/advocacy> (accessed at 16 February 2017). Resources designed to give you an overview of the key aspects of the Act in relation to advocacy and specifically Independent Professional Advocacy. They also aim to build awareness and understanding of advocacy among those who could have the potential to work with, or make referrals to, advocacy services.

Information and Learning Hub *Information and Awareness* – available at <https://socialcare.wales/hub/hub-resource-sub-categories/information-and-awareness> (accessed at 16 February 2017). Resources designed to give you an overview of the Regulation and Inspection of Social Care (Wales) Act 2016 and what it means for the social care sector.

Information and Learning Hub *Leadership and Management* – available at <https://socialcare.wales/hub/hub-resource-sub-categories/leadership-and-management> (accessed at 16 February 2017). A set of resources to help strategic leaders, managers and Regional Partnership Boards think about how they will implement their duties and responsibilities under the Act.

Information and Learning Hub *Social Enterprises, Co-operatives and the Third Sector* – available at <https://socialcare.wales/hub/hub-resource-sub-categories/user-led-co-operatives> (accessed at 16 February 2017). A resource guide to support local authorities to exercise their duty to promote social enterprises, co-operatives, user-led services and the third sector to deliver care and support and preventative services.

Information and Learning Hub *Working with Carers* – available at <https://socialcare.wales/hub/hub-resource-sub-categories/carers-and-the-act> (accessed at 16 February 2017). A range of resources to support those working with carers to implement the Act.

Institute of Public Care (2015) [Market Shaping Toolkit](http://ipc.brookes.ac.uk/services/mast.html). The toolkit supports both smaller care providers and local authorities to engage in market shaping and develop innovative practice to meet local needs together. This toolkit has been designed to highlight good practice around the country in the way that local authorities and smaller care and support providers collaborate and provide innovative services.

IRISS (2012) [Strengths-based Approaches for Working with Individuals](http://www.iriss.org.uk/resources/strengths-based-approaches-working-individuals) provides an overview of the research evidence on effective strengths based approaches for working with individuals and presents selected illustrative examples.

NatCen *Wellbeing in Wales* – available at <http://www.natcen.ac.uk/our-research/research/wellbeing-in-wales/> (accessed 28 September 2015). A report analysing data from the National Survey for Wales. This website has a considerable amount of information on research and evidence on well-being in Wales. This is useful for practitioners as it provides evidence to support professional judgements when working in a well-being and preventative way.

Robin Miller and Christine Whitehead (2015) [Inside out and Upside down: Community based approaches to Social Care prevention in a time of austerity](http://www.westmidlandsiep.gov.uk/storage/resources/documents/Inside_out_and_upside_down_final.pdf). This document pulls together a number of different community preventative approaches in the West Midlands, England. Although this document contextualises the Care Act 2014 it is still a useful resource for Welsh practitioners working towards the prevention duty in the Social Services and Well-being Act (Wales) 2014.

SCIE *Prevention Library: emerging practice and research in adult social care* – available at [http://www.scie.org.uk/prevention-library/getsearchresults?f\_record\_  
type=Prevention+Library](http://www.scie.org.uk/prevention-library/getsearchresults?f_record_type=Prevention+Library) (accessed 28 September 2015). The library gives examples of preventative services in England. A useful library when thinking of commissioning, service planning and review in relation to prevention.

Social Services Improvement Agency (2016) [Population Assessment Toolkit.](file:///C:\Users\Fiona\Downloads\Population%20Assessment%20Toolkit%20(1).pdf) This toolkit is designed to support local authorities and local health boards to undertake a good population assessment and produce a population assessment report.

Social Services Improvement Agency (2014) [Provision of Information, Advice and Assistance on Social Services and Well-being across Wales.](http://www.ssiacymru.org.uk/home.php?page_id=8471) This report provides   
an overview of each Welsh local authority provision of information, advice and assistance to map existing provision to plan for the future to ensure adequate supply.

Social Services Improvement Agency (2015) [Creating Change: An E-Resource Guide to the Changes Required by the Act](http://www.ssiacymru.org.uk/home.php?page_id=8596). A resource that will develop over time that articulates the vision underlying the Act and describes the behaviours across   
the whole system needed to deliver the vision.

Think Local Act Personal *Information, advice and brokerage* – available at <http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/> (no date) (accessed: 21 September 2015). This page provides links to information and a range of resources to support the development of services. Although these are English examples some of these documents are useful for Wales. In particular, Part 2 [Gearing up for change](http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10288) summarises key themes and learning from detailed work   
with six councils in England to understand how they are approaching the information and advice challenge. Also, Part 3 [Seeing the benefits](http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10289) offers some pragmatic suggestions for how outcomes of services can be better understood and measured and a practical checklist for commissioners.

Think Local Act Personal *Personalised Care and Support Planning* – available at <http://www.thinklocalactpersonal.org.uk/personalised-care-and-support-planning-tool/> (accessed 28 October 2015). An online tool to help practitioners develop better personalised care and support planning (PCSP) skills. PCSP is a systematic process based around 'better conversations' between the person and their health and social care practitioners.

The United Nations [Principles for Older Persons](http://www.olderpeoplewales.com/en/about/un-principles.aspx) were adopted by the UN General Assembly (Resolution 46/91) on 16 December 1991. Governments were encouraged to incorporate them into their national programmes whenever possible. There are   
18 principles, which can be grouped under five themes: independence, participation, care, self-fulfilment and dignity.

The United Nations [Convention on the Rights of the Child](https://www.unicef.org.uk/what-we-do/un-convention-child-rights/) (UNCRC) has 54 articles that cover all aspects of a child’s life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to.

The United Nations [Convention on the Rights of Persons with Disabilities (UNCRDP)](http://www.equalityhumanrights.com/about-us/our-work/human-rights/international-framework/un-convention-rights-persons-disabilities) is the first human rights treaty of the 21st century. It reaffirms disabled people's human rights and signals a further major step in disabled people's journey to becoming full and equal citizens.

Wales Council for Voluntary Action *Home* – available at [www.wcva.org.uk/home](http://www.wcva.org.uk/home) (accessed 28 September 2015). WCVA is an organisation that supports and represents Wales’s third sector organisations. Their websites hosts a number of resources and information about the third sector in Wales. This gives a good overview of the sector that the Welsh Government wants to see more prominent   
in the delivery of prevention and social care.

Welsh Government (2016) [Information and Advice Quality Framework for Wales](http://gov.wales/topics/people-and-communities/communities/advice-services/information-advice-quality-framework/?lang=en). The Information and Advice Quality Framework (IAQF) has been developed to provide a consistent approach to the provision of quality information and advice.

Welsh Government (2016) [Information and Advice Action Plan](http://gov.wales/topics/people-and-communities/communities/advice-services/information-and-advice-action-plan/?lang=en). The national plan sets out how we aspire to work together to improve access to the quality assured services which people need.

WRVS (2012) [Getting back on your feet: reablement in Wales](http://www.royalvoluntaryservice.org.uk/Uploads/Documents/Reports%20and%20Reviews/getting_back_on_your_feet_reablement_in_wales_report.pdf). This report looks at the provision of reablement services across Wales, and examines the degree to which different local authorities and local health boards across Wales have developed reablement provision.

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This publication is also available in other versions, including as a pdf. Further copies of this document and other Care Council resources about the Social Services and Well-being (Wales) Act are available to download from the [Information and Learning Hub](https://socialcare.wales/hub/resources)

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