A strategy for social services in Wales over the next decade

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SCIE welcomes the opportunity to respond to the Welsh Assembly Government's proposals on their strategy for social services in Wales over the next decade. Many aspects of the proposals reflect SCIE's own priorities and the principles that we are determined should drive social services provision.

In our response we have focused on the foreword and chapters 1 to 4. We have highlighted areas of SCIE's ongoing or completed work that lend support for the direction that the Assembly proposes to take over the next decade. There are many lessons from our work that are relevant to share and that we believe can inform the strategy and help the Assembly to take it forward.

We would be delighted to work with the Welsh Assembly in the development of their social services strategy or to expand on any of the points we have highlighted below.

Foreword:

SCIE welcomes the focus at the outset of the WAG proposals on rebalancing services toward earlier support to improve outcomes and grasp opportunities for prevention. SCIE is in broad agreement with the preventative principle. However, we would want to flag up that early intervention and other preventative approaches will affect two main groups: those whose difficulties are dealt with before they become more serious or complex and those who are identified at the early stages of progressive circumstances. Preventative approaches will not provide universal solutions. Rather SCIE would advocate the development of prevention and early intervention models that are *user-controlled*. The driving question for us would be what service users, their families and carers see as helpful to preventing breakdown, stress and deterioration.

Furthermore, the evidence base for preventive social care work needs to be strengthened. There is some suggestion that low-level support can work well for older people. The SCIE consultation with black and minority ethnic elders on the adult social care green paper showed the strong degree to which people value and need community groups like luncheon clubs.

Assessment thresholds have been used to categorise service users so as to decide the level of allocated services. In the current climate of restricted funding, such eligibility criterion serves as a barrier against the provision of preventative services with only those with the highest needs qualifying. We suggest that these thresholds might be better used as indicators of the skills, worker and type of assessment required. Good levels of training and supervision are needed for good assessment practice and we are therefore pleased to see the importance that the WAG have attached to staffing social services with highly trained and skilled social workers.

Indeed, a highly skilled social work workforce will be crucial to achieving the proposals set out by the WAG. SCIE is already working to ensure that social care leaders have the skills and competencies demanded by policy and practice developments in the social care sector which to a large extent are mirrored in the WAG proposals. SCIE's

Social Care Leadership Development Programme is described below in relation to chapter 3.

As mentioned above, SCIE also strongly endorses the focus in the WAG's proposals upon outcomes. Ensuring outcomes led planning and provision has been the cornerstone of recent policy developments in social care both for children and adults. SCIE is contributing to achieving this vision through its work on a number of relevant projects which have crucial lessons for implementation of the WAG's proposals. 'Outcomes focused services for older people' is described in some detail in response to chapter 1, below. SCIE is also involved working with the social care inspectorate to develop outcomes based inspection.

Chapter 1

Flexible and person centred

SCIE welcomes the emphasis throughout the vision on providing support which is flexible and which is planned in partnership with the individual service user so that services are accessed where and when they are needed. Ensuring this flexible user focus demands that service users and their carers have choice over the way their needs are met. SCIE refers to this principle as 'person centred planning'. SCIE highlights the principle of person centred planning as the means of delivering flexible services which truly reflect a partnership with the individual service user.

SCIE's work, including its practice survey on person-centred planning in adult placements, explored the success with which the principle has thus far been introduced. In the related practice guide 4[i], SCIE also provided examples of approaches to ensuring person-centred planning is embedded into the commissioning and provision of support. This work is highlighted to offer support to the WAG as it seeks to implement a flexible person centred approach to the provision of support.

The concept of person-centred planning was introduced in the white paper *Valuing people* (2001)[ii], in which it is defined as 'the process for continual listening and learning, focusing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends'. SCIE believes this principle should be rooted in care planning and provision for all users of social care and support services. However, SCIE's practice survey on adult placement schemes found that although adult placement carers were working in a person-centred way, good practice was not being achieved through schemes' use of formal person-centred planning systems.

SCIE's Practice guide 4 provided the following examples of models for achieving truly person-centred planning in the provision of support and SCIE suggests that lessons could be transferred for implementation of the WAG's vision for social services.

• **Essential lifestyle planning (ELP)** is a tool that lets you know how someone wants to live and shows you how they would like it to happen through an extremely detailed

action plan. ELP lets you discover what is important to service users and what support they need (from their perspective) to remain healthy and safe. A good plan reflects the perceptions of the service user and those who love and care for that person. Essential lifestyle plans look at:
> what people like and admire about service users
> what is important to service users
> communication
> how to provide support
> identification of successful methods
> how to solve problems.

ELP is a good way of starting to get to know someone, and work out what is needed on a day-to-day basis. It does not focus on 'dreams' unlike some of the other methods.

• **Personal futures planning** is similar to essential lifestyle planning and includes access to community resources. It is a way of describing life now and looking at what the person wants in the future. It provides more of an overview than the detail of some of the other approaches.

• **MAPS** is similar to PATH, below, in that it focuses on desirable futures or dreams, and how service users might try to achieve these. It covers people's history and identifies their gifts.

• **PATH** stands for Planning Alternate Tomorrows with Hope. This is a fast-moving tool that can be quite graphic and powerful. It pays most attention to the process of change, and helps a group of people who are committed to the service user to understand the plan and how it will progress. This is not so much about gathering information, but planning action. It focuses on the 'dream' and works its way back from there, mapping actions required along the way.

• **Individual service design** aims to gain a greater understanding of service users by seeing the past through their eyes. From this it is possible to identify how services need to be designed.

• **Circles of support** is a support network of people who meet to help someone along the path to their hopes and dreams. The focus person asks the support group to help them to leap over barriers that they might come across. The support group also helps the person by opening new doors to opportunities and experiences.

Focus on outcomes

As well as flexible person centred provision, the WAG's vision also places an emphasis upon outcomes. This was also mentioned in the foreword to the proposals and we have already declared our support for this. In particular, two aspects of SCIE's work concentrate on the fundamental importance of focusing on outcomes.

In early 2005, SCIE commissioned a knowledge review on achieving outcomes focused services for older people. The knowledge review built on a number of programmes and bodies of work on achieving outcomes in social care. For example, the Social Policy Research Unit's (SPRU) 'Outcomes Programme' involved a thorough review of the relevant literature and a further developmental phase on putting outcomes into practice. The Economic and Social Research Council (ERSC) 'Growing Older' programme followed, adding to the knowledge about older people's lives, aspirations and their expectations of services. These programmes complement the influential work of service user organisations themselves on the processes and outcomes that people want and value.

SCIE attached importance to the SPRU work in particular because it moved the agenda forward from understanding and defining outcomes, to introducing an outcomes framework into agency practice, and then to the complex task of changing agency culture and practices so that an outcomes focus is routinely and regularly used. SCIE sought to build on and extend this work in the context of legislative changes and guidance relevant to services for older people (e.g. the National Service Framework for Older People, Direct Payments, Fair Access to Care Services)

SCIE's commission sought to:
- build on what is known about the outcomes that older people value with specific reference to appropriate outcomes for older people with dementia and those from black and ethnic minority communities
- identify the systems, policies, processes and organisational arrangements that can deliver desired outcomes
- provide practice examples that enable agency practice to move towards outcomes-focused, person-centred approaches
- provide reports that will underpin the production of a resource guide to be undertaken by SCIE

The knowledge review has been completed and we would draw the Assembly's attention to the findings once they have been published. However, there are a number of important points that emerged during the review that the Assembly should consider. In particular, the barriers that were found to exist at various levels which prevent a truly outcomes based approach for older people. At the assessment, care planning and review stages, the review found:

- Service-led assessments that do not offer choice.
- Assessments that emphasise dependency or overlook psychological and emotional needs.
- Assessments that do not challenge low expectations of services or the help older people think it legitimate to request.
- Fragmented or irregular reviews of service users.
- The health and social care divide, where this prevents holistic assessment and care planning.

At the provider level, staff recruitment and retention have an adverse effect on achieving an outcomes based approach. Recruitment and retention problems were found to reduce the flexibility of providers to provide individualised services, even where older people are willing to purchase (extra) services privately. Levels of funding from social services purchasers can restrict providers' opportunities to offer fair working conditions and training and thus attract and retain good quality staff

Although the final review reports will provide a more comprehensive account of how to mitigate these problems and develop outcomes based approaches to supporting older people, we highlight some suggested practices below. These have been tested by SPRU (who undertook our commission) with social services partners as ways of introducing outcomes-focused approaches into routine social care practice. Using appropriately designed documentation to shape front-line practice, the following approaches were successfully implemented:

- Identifying and summarising older people's desired outcomes during assessment.
- Briefing home care staff on older people's desired outcomes.
- Identifying outcomes for carers during assessments and reviews.
- Using postal questionnaires to collect information on outcomes.

Chapter 2

Service user and carer views

We are satisfied that chapter 2 highlights some important challenges facing social services in Wales. We are pleased that the proposals show particular concern for understanding and incorporating the views of service users and carers. The critical issue is not only ensuring that service users and carers have their say but also that their views make an impact on the planning, delivery and review of social care services.

Achieving effective service user participation in the way services are developed represents a major work theme at SCIE. SCIE's studies of whether user participation makes a difference show that user responsiveness requires them to be involved not just in service design, but also in quality assurance arrangements and identifying the need and scope for change and improvement. It should be a continuing dialogue, not a one-off consultation. Efforts to promote a user focus in the planning and development of social care are taking place across the UK and there are lessons that the WAG can incorporate in the implementation of their proposals. SCIE's work on user participation in social care services highlighted some potential obstacles associated with efforts to promote a user focus in planning and developing services. SCIE's Position paper 3, 'Has service user participation made a difference to social care services?' offers suggestions for overcoming these obstacles and maximising service user influence. Some of the potential problems and advice for dealing with them are outlined below:

• Service users say they need to receive feedback as an integral part of the participation process, but this does not appear to be happening. Agencies should see monitoring of

impact and meaningful feedback as a vital constituent of process, as it is related to engagement and commitment. When little or nothing is communicated back to participants, this can have a negative effect on their motivation, trust and confidence.

• In some cases there is a risk of user participation initiatives being conducted as externalised consultation exercises to approve of professional service planning and policy proposals, rather than enabling service users to be integral partners for their formulation. Embedded, continuous but varied participation approaches which engage service users as partners in decision making seem to have most potential for influencing change. Service users want to choose how they are represented. Agencies are recommended to re-examine their notion of service users who are thought to be 'hard to reach'. Some service users may lack structures of representation or the knowledge and support to empower them to participate.

• Limited funds and service remits can restrain the degree to which service users may be able to influence changes in services. Organisations should be clear from the outset about what can and cannot be done as a result of participation and the true extent of user influence in the given circumstances.

SCIE is also concerned that user groups should be better supported and funded to maintain their independence and critical function. More thought and resources need to be directed at local service user groups to build their capacity to respond effectively to requests for engagement or involvement. When budgeting for programmes, there is a need to create a clear budget line for user involvement and also for the evaluation and monitoring of the outcomes of this involvement.

Listening to children and young people

Children and young people's views

Chapter 2 also specifically highlights the importance of the views of children and young people. We strongly endorse this focus and believe that on an individual level, children's views should be central in their care planning. On a broader level we promote the participation of children and young people in developing their services. Our practice guide 06[iii], 'Involving children and young people in developing social care' proposes that organisations adopt a whole systems approach to participation. In applying this approach, the four parts of service development that need to be considered are culture, structure, practice and review. The guide seeks to support organisations in involving children and young people and would therefore provide an invaluable resource for meeting this particular challenge set out in chapter 2.

SCIE has also carried out work exploring children's views about the care and support they receive and we believe it will be important for the WAG to consider this in relation to implementing their proposed strategy. Our work in this area relates specifically to foster care and the main lessons, broken down for clarity, are outlined here.

We start from the position that it is crucial to find out what children think about foster care. However children and young people may not feel free to say what they really

think: for example, they may be worried about upsetting their foster carers and birth families[iv] [v]. Some studies have had a low response rate and in general it is often easier to find out the views of teenagers and children in permanent foster care than those of younger children and children in temporary care[vi] [vii].

In spite of these reservations, when children are consulted very similar themes emerge and we can be fairly confident that the views we describe are true for the great majority of children[viii]. Because of their individual circumstances children and young people do not want exactly the same things, but in the research studies we draw on, they all report similar general needs and wishes.

For many children foster care can be a good experience most of the time. Research studies show[ix] that a sizeable majority of children valued being in care, did not want to return to their birth families, and did not think that being in care was the reason for their difficulties.

Help children not to feel different

Children living in foster care want to feel that they have an ordinary family life. They do not like anything that marks them out as different[x]. For example, they do not like statutory reviews interfering in normal life or being conducted in a place that may affect their privacy, such as at school or in the foster family home[xi] [xii] [xiii].

Maintain relations with birth families

Nearly all fostered children want to retain a relationship with their birth family and nearly all worry about not seeing their mothers, fathers, brothers and sisters. Many feel that the relationship they have with brothers and sisters can represent what is best about their family. Additionally, many children worry about their birth families while they are away: some children think that their relationship with their own family is threatened by their relationship with their foster family[xiv] [xv] [xvi] [xvii].

Help them understand and explain why they are in care

Many children are worried about the reasons why they came into care and for how long they are likely to be there. One study[xviii] shows that about two thirds of children do not know and understand why they entered care in the first place. Trying to produce an account of what has happened which can then be explained to others, particularly at school, preoccupies many children. There is also evidence that children have to accept the reason themselves; otherwise placements are more likely to break down[xix].

Listen to where they want to be

As highlighted above, not all children and young people want the same things. However, they all want to be listened to and to feel that they have choice and control[xx] [xxi]. Children do not like being moved suddenly and they want to be involved in their own care planning[xxii] [xxiii] [xxiv] [xxv] [xxvi] [xxvii] [xxviii] [xxix] [xxx]. Research[xxxi] has also found that if children

are not happy in a placement and are unmotivated to make it work, it will probably break down. If they cannot be where they want to be, they appreciate an explanation of the options.

Value, respect, encourage and appreciate children

Children need to feel that:

• their individual qualities are appreciated and that they are loved for themselves[xxxii]
• they are an equal member of the foster family
• they are encouraged and given the opportunity to do well at school and in other pursuits
• their individuality, choices and privacy are respected, particularly for older children.

The relationship between foster carers' own children and fostered children

Research[xxxiii] has found a generally favourable relationship between foster carers' own children and fostered children. If there is serious conflict of interest between the two groups of children, or if the carer feels that their own children may be at risk in any way, most foster carers will put the needs of their own children first. This can make foster children feel that they are treated less favourably and trigger a downward spiral, which may result in placement breakdown. It is important to recognise this and intervene early.

Most children feel positive about their foster family

With some exceptions foster children generally feel positive about their care and nearly three quarters of looked after children thought that being looked after had been a 'good idea' [xxxiv] [xxxv] [xxxvi] [xxxvii].

Parental Mental Health

SCIE also welcomes the recognition in the WAG's proposals that one of their key challenges is the increasing demand for specialised services arising from the risk to children of parental substance misuse and mental health problems. This is an issue that SCIE has worked to highlight through our work which specifically focuses on parental mental health. We are concerned that parents with mental health problems are one of the four groups of adults with mental health problems least likely to access core services for themselves and their children. In their report on mental health and social exclusion, the Social Exclusion Unit (SEU) highlighted that this group face barriers to getting their health and social care needs met[xxxviii]. There is clear evidence that the cross generational impacts of not intervening successfully in and out of crisis leads to serious public health issues. Indeed, the following extract from 'Crossing Bridges'[xxxix] highlights the potential impact of mental health on parenting, on the child, over time and across generations:

Between one in four and one in five adults with experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents.

Their children have an increased rate of mental health problems, indicating a strong link between adult and child mental health. Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting impinge on adult mental health. Furthermore, the mental health of children is a strong predictor of their mental health in adulthood.
(Falkov, A 1998:1)

SCIE is commissioning research reviews on prevalence, detection and interventions in parental mental health and child welfare, the results of which will be relevant to this issue. The first review, which has two parts, seeks to uncover what we know about the prevalence and types of Parental Mental Health Problems (PMHPs) in the United Kingdom (UK) for the whole populations of parents and children; and for population sub-groups. The second part will describe what range of systems, tools and opportunities are in place for detecting PMHPs during child care screening and mental health screening, including cross agency referral and multi agency systems.

The second review focuses on the accessibility, acceptability and effectiveness of interventions used in the UK and overseas that support children, whole families, parenting and/or couple relationships in families with children, where a parent already has a mental health problem. The findings from these reviews will be finalised in July 2007 with an interim review report due in November 2006. SCIE would be delighted to share the emerging results of both reviews.

Information sharing

SCIE enthusiastically supports the WAG's identification of 'Improvements in ICT and information sharing' as one of their key opportunities. As a reflection of our shared commitment to improvements in information sharing, SCIE is working in partnership with the Welsh Assembly Government, to develop and pilot an electronic Common Assessment Framework (CAF) for Wales. The CAF will be based on the conceptual framework of the Framework for the Assessment of Children in Need and their Families, (National Assembly for Wales, 2001). It will be developed in a format that will offer practitioners from all agencies working with children and families the potential to complete, send and receive a common assessment electronically. Completed common assessments will be submitted to a secure database. Practitioners with appropriate permissions will be able to search the CAF database to identify whether a common assessment has been completed for a child and if so, basic information about the child. This aspect of the project will identify key principles of information sharing and data retention that will inform the Welsh Assembly's wider work in developing a Child Information Database for Wales.

Care technology

We are also pleased to see that the WAG has highlighted the importance of recent innovations in care technology. However, we would point out that care technology should be used to support people only where this is the choice of the individual service user. During SCIE's consultations on the adult social care green paper some concern

was raised about proposals around technological models of care. Particularly for frail older people who are often socially isolated this was viewed as being a rather remote approach to care delivery. Service users strongly felt that any such technological intervention must be complemented by human contact.

Nevertheless, where care or 'assistive' technology is deployed in a person centred way and with particular service user groups, SCIE strongly supports its use. People with learning disabilities, in particular, are known to benefit from the use of assistive technology. We define assistive technology as "any electronic product or service which supports independence to enhance employability, either for the individual or their carer". SCIE is currently managing a TATE (Through Assistive Technology to Employment) project which is based on the assertion that assistive technology has a crucial role to play in empowering individuals and crucially, in enhancing the employability for people with learning disabilities (PWLD) and their carers[xl]. Through the project, SCIE and its 'TATE partners' seek to demonstrate how assistive technology can support independent living for PWLD and their carers, increasing their employability and allowing them to take a full and active part in the communities in which they live.

Chapter 3

Developing leadership

SCIE strongly agrees with the Welsh Assembly that there is a critical role to be played by local government leaders during the next 10 years of change. This reflects the situation in social services across the UK. Our commitment to the development of social care leadership is demonstrated in our Social Care Leadership Development Programme which is aimed at social care leaders in senior positions (for example: directors; chief executives; heads of services; regional, development and assistant directors; etc.) in, user-led and community organisations, voluntary and independent organisations and statutory adults' and children's services.

Our leadership training seeks to prepare and equip social care leaders for the radical challenges presented by the developing social care sector. Our training course is recognition that effective leadership is essential to delivering the vision for social care which is founded on new definitions of user- and community-centred outcomes. It is therefore relevant to leaders in Wales charged with implementing the 10 year strategy. They will require 'hard' and 'soft' skills such as performance management and motivation, commissioning and networking, and strategic planning and workforce development. Our leadership programme supports people in developing these skills. Furthermore, the programme explores creative ways of using leader's skills in complex situations where line management is being replaced by partnership systems and where empowering users and communities challenges traditional methods of providing services for individuals.

Experts by experience

SCIE welcomes the Assembly's commitment to continuous improvement through scrutiny by experts and service users. However, there is one point we would like to raise. While we welcome and respect the input of professional experts we would not make a distinction between an 'expert' and a service user. SCIE considers service users to be experts in their own right. They command the most knowledge about their own needs, are best placed to comment on the services they require and best placed to reflect on the quality of the support they receive. Therefore, we refer to service users as 'experts by experience' and we involve them in our work on this basis.

Chapter 4

Individuals designing their own support needs

SCIE welcomes the importance that the Assembly attached to individuals having the ability to design their own support needs through control of a budget. We firmly believe that a key driver to ensure service users command control over how their needs are met is through the use of direct payments.

Direct payments offer greater flexibility in support arrangements and allow users control over planning the services they require to support their independence. However, take up of direct payments has been patchy and worse among some groups than others. Our work on direct payments highlighted a number of ways of increasing user control through encouraging the uptake of direct payments and we highlight these to support the Assembly in developing this aspect of their strategy.

• **Reduce bureaucracy**. Where they are being used direct payments are still taking months to reach people and this is discouraging people from applying.

• **Ensure direct payments are adequate** to enable people to pay workers a decent hourly rate. Failure to do this will ensure failure.

• **Provide better accessibility to information**. Many people in social care are still unaware of direct payments, as are many service users. The WAG should play a leading role in ensuring publicity and accessible information is available.

• **Train and inform your workforce**. The impact direct payments have on social care staff should not be under estimated. Using them requires a massive culture change and an element of re-training.

• **Increase funding to independent advocacy services and independent living centres.** This is essential if the bureaucracy and finances are to be managed well.

• **Re-structure existing services**. Services are not prepared for such a major change in how social care is delivered.

• **Include healthcare provision**. Much of social care is entwined with the health service, and mental health and some learning disability services are supposedly joined-up teams.

• **Joint governance of budgets**, that is, health, social care and housing.
These are methods which apply generally. However, we have found that take up of direct payments is worse among some groups than others. Take up has been poor for instance among BME groups. Given that direct payments offer greater independence and flexibility in support arrangements, for people from BME communities this has an added significance because it can mean improved access to culturally sensitive support. However SCIE's work on stakeholder participation found that people from BME communities face considerable barriers in accessing direct payments:

• confusion over the meaning of 'independent living'
• assessment processes not taking account of the background and requirements of black and minority ethnic BME service users and carers
• lack of awareness of direct payments
• difficulties in recruiting personal assistants able to meet the cultural, linguistic and religious requirements of service users
• a failure to consider using direct payments in more innovative and creative ways, than the usual direct employment of carers
• a shortage of appropriate advocacy and support services
• a lack of resources for local schemes
• varied levels of commitment to direct payments among local authorities
• the possibility for confusion over the 'relatives' rules'
• lack of support for people to use the available information.

Together, these barriers present a considerable challenge and we strongly believe the Assembly must take them into account. SCIE recommends the use of imaginative and original methods to promote the take up of direct payments among seldom-heard groups, as a means of ensuring proper provision of support. Furthermore, the training of care managers needs to reflect the inclusive goal of direct payments and should encourage them to look carefully at the kinds of advocacy and support and services that they have. Work is also needed to recruit people from minority ethnic backgrounds who are able to provide culturally sensitive services to their local communities.

Our work on direct payments highlighted the following specific examples which the Assembly should consider as means of promoting direct payments. Although they relate specifically to BME groups, some of the principles can usefully be applied to the promotion of direct payments among other marginalised groups:

• target people to attend specific events where information is being provided, such as community events
• recruit service users to schemes/local authorities and using their knowledge and expertise in informing others
• conduct outreach work in the community

• encourage service users to share their experiences
• use educational material in accessible formats, such as Braille, video, easy read (see www.valuingpeople.gov.uk and www.nimhe.org.uk)
• employ specialist workers from specific community groups.

Recognising the contribution of carers

SCIE is in strong support of the work the Assembly is doing to recognise the contribution of carers. SCIE has carried out a lot of work in this area and would be delighted to support the WAG and especially, the Assembly's 'Carers' Champion'. We are particularly keen to highlight our recent guide[xli] to implementing the Carers (Equal Opportunities) Act 2004 which applies in England and Wales. The Act is an acknowledgement that carers are entitled to the same life chances as others and should not be socially excluded as a result of their caring role. Responsibilities for supporting carers need to be agreed across organisational boundaries to ensure that carers are recognised and supported by the whole of society and not just by social services. Our guide was designed primarily for the social care managers and practitioners responsible for the implementation of the Carers (Equal Opportunities) Act 2004. The essential steps and many of the practice points throughout the guide are useful to those responsible for strategic planning and commissioning. We therefore recommend the guide in the context of the implementation of the social service strategy in Wales.

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