



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

A STRATEGY FOR SOCIAL SERVICES IN WALES OVER THE NEXT DECADE

Fulfilled Lives, Supportive Communities

February 2007

Foreword

“Making the Connections: Delivering Beyond Boundaries” sets out the Assembly Government’s overall framework for public services in response to the Review of Local Service Delivery, chaired by Sir Jeremy Beecham, which reported in July 2006. It describes how we will transform the way that public services in Wales are delivered and experienced by citizens and how, working with our partners, we will:



- put citizens first;
- foster effective collaboration across the boundaries of organisations;
- promote new skills and redefined roles for the public services workforce;
- get better value for money for the investment in services; and
- lead and support change through new forms of partnership and local agreements.

It foreshadows a number of specific policy statements which will help to deliver this framework, including this strategy. Reflecting this approach “Fulfilled Lives, Supportive Communities” describes how modernised social services will contribute to a better Wales and to improving the lives of its citizens. It is the product of a wide-ranging public consultation held between August and November 2006, which found that its underlying principles and the direction of travel which it describes enjoy widespread support. This strategy also reflects recent important policy developments in social services including the review led by Gwenda Thomas AM on safeguarding vulnerable children “Keeping Us Safe” and the outcome of the SO31 debate initiated by Huw Lewis AM, which led to the introduction of new arrangements, supported by regulations, for the placement of Looked After Children.

This Strategy is addressed primarily to local authorities, which have the statutory responsibility for planning and commissioning social services in a range of partnerships. But the changes described here cannot be realised unless users of services and their carers, service providers in all sectors and the workforce are actively engaged in making the changes happen.

We will need modern accessible and responsive services, delivered flexibly, consistently and sustainably across organisational boundaries. We will need services that actively prevent the loss of independence. We will need services that are efficiently delivered to the same high standards throughout Wales. We will need social services to be active champions for the needs of the vulnerable and promote their inclusion in local communities.

So the key areas where action is required are;

- leadership and accountability, so that social services have strong accountable leadership politically, professionally and managerially;
- commissioning which is effective in securing high quality, reliable and accessible services that people need, in a balanced and managed market;
- performance management arrangements which provide robust scrutiny and lead to year on year improvements in standards;
- partnership arrangements which put the citizen at the centre and work effectively across sectors and organisations using care pathways to support people; and
- a single workforce which is well trained for modern needs, well motivated, and makes best use of scarce skills.

For the citizen this will mean:

- people who need services will have a far greater say over what they need and how it is provided;
- earlier interventions to promote independence and the attainment of a person's full potential. Helping people to self care will have benefits for everyone;
- fewer children needing to be looked after by local authorities or to spend as much time in local authority care. Those that are looked after will stay as close to home as possible;
- disabled people will receive quickly the help and equipment they need to lead fuller lives;
- older people affected by illness and impairments will be supported at home with the need for admission to hospitals or residential care greatly reduced;
- children and adults will be properly protected from avoidable harm;
- individuals' needs will be met through a single contact point as far as possible;
- services will be provided with personal dignity, privacy and with full regard to equality in all settings; and
- carers' needs will be recognised and supported.

In the following chapters, we describe our vision for the social services of the future and how this will be experienced by those who use the services; the challenges and opportunities ahead; and the actions we will take with our partners to promote and assist the process of change and make a living and enduring reality of this strategy.

A handwritten signature in grey ink, appearing to read "Brian Gibbons".

Dr Brian Gibbons AM

Minister for Health and Social Services

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CHAPTER 1

VISION AND PRINCIPLES

This chapter describes the importance of social services as a key local authority service which helps support the community and promotes inclusion.

1.1 Social services in Wales support 150,000 people. They account for nearly £1.1 billion in public spending and employ over 70,000 people. They are delivered by around 1,800 statutory, private and voluntary organisations. Usually, social services do not act alone and partnership is crucial in much of what they do.

1.2 In Wales, most social services are commissioned by local authorities from a range of providers including the private and voluntary sectors. The 22 councils have duties to plan, commission and provide services as well as to safeguard individuals. The Welsh Assembly Government is responsible for making the policy, setting standards, regulating and inspecting services, providing funding and guiding local authorities on their social services functions.

1.3 We believe that social services must continue to be a core service within local government covering adults and children because:

- in their work of protecting and supporting vulnerable people, social services are an essential part of local government's responsibility for promoting wellbeing, social inclusion and community safety;
- by the nature of their work, social services have to be closely tied in with the work of other parts of local government such as housing, education, youth and leisure services, economic development, transport and community regeneration;
- local government's work in supporting communities should promote the well-being of families and the most vulnerable; and
- social services can offer assistance at any point in an individual's life, from before birth to the end of life. This involves helping prevent difficulties and providing continuing support in the community for people with the most serious and enduring needs, managing the transition from children's to adults' services and supporting all members of a family.

1.4 Social services and social care in Wales play a vital part in the lives of many of the citizens of Wales of all ages. They:

promote social inclusion and independence; advocating on people's behalf, asserting their rights and supporting them to achieve their potential and to be active citizens;

support people at times of difficulty, distress, vulnerability or illness; providing care for them or enabling them, their family and friends to cope with their circumstances and overcome problems;

protect people from harm, abuse or neglect, take action against those who harm them and, help them and others to recognise and cope with their vulnerability;

act as corporate champion in local government for the most vulnerable and at-risk groups in their area.

1.5 The balance between care and control and empowerment is perhaps the defining feature of social work. Social workers confront difficult behaviour and manage danger and uncertainty. They have powers to protect individuals or communities. They help to manage risk and the distressing consequences of things going wrong in people's lives. For example, they work closely with health services on issues such as substance misuse.

What is our vision?

1.6 Our **vision** is of social services which are strong, accessible, and accountable, in tune with citizens' and communities' needs and promote social inclusion, citizens rights and good outcomes. This vision will be delivered in a joined up, flexible and efficient way, in partnership with the service user and to consistently high standards across Wales.

1.7 The complex problems of our society - family breakdown, mental health, domestic abuse, substance misuse, antisocial and offending behaviour, disability, frailty and poverty – demand specialist services delivered in a holistic way to meet the needs of all family members. Children and adults who need social care services are part of families and communities. Without stronger families, in whatever form they take, and stronger communities, we cannot enable children and adults to achieve their potential.

Fulfilled Lives, Supportive Communities

1.8 Our vision is based on our belief that maximum benefits to individuals and to communities will come through services which help people to understand, challenge and overcome their difficulties, tackle social exclusion and support personal and family development. Whatever their difficulty or impairment, people **should be supported to have control over the life they wish to live**. People have a right to expect services, which help them to make full use of their potential, protect them from harm and offer a choice about how they are supported.

1.9 Our vision is firmly rooted in both the social model of disability, and in a rights-based approach. This is derived for children from the *UN Convention on the Rights of the Child*. For older people the *UN Principles for Older People* promote independence, participation, care, self-fulfilment and dignity. Our Learning Disability Strategy sets the framework for people with learning disabilities. The social model promotes rights, equality and choice for all disabled people. The real problems for

disabled people tend to come from people's attitudes to disability, as well as physical and organisational barriers. Social services must help to tackle these issues through their own actions and by influencing others.

1.10 People's needs differ. Social services alone cannot meet all of them, but it can influence other services. Working in partnership with others, social services have key roles as champion at three levels -

influencing - informing national, regional and local policy and planning so as to support security and independence;

developing – promoting community support and services to enable people to achieve their potential;

enabling - assisting individuals and families to obtain the help they need, when they need it and how they want it.

1.11 In these roles, social services, working with a range of partners including the voluntary sector, are well placed to ensure that action in areas as diverse as transport, education, leisure services housing, health and planning promote inclusion. They help to ensure that local services support and meet the needs of children, families and adults who require additional support. They work with individuals and families to help them to understand, work through and tackle the issues and risks they face and to help them to get the services they need.

1.12 Most social care is provided by the private sector. Their contribution is central to driving up standards and they must be key partners in achieving our agenda for change.

CHAPTER 2

THE CONTEXT, THE CHALLENGES AND THE OPPORTUNITIES

This chapter describes the developing policy context in which social services have to work, the key challenges to be faced and the opportunities to be realised.

The Changing Policy Context in Wales

2.1 Following a major review of public services by Sir Jeremy Beecham published in July 2006, the Welsh Assembly Government published *Making the Connections: Delivering Beyond Boundaries* (November 2006) that set out a detailed series of actions and targets to transform public services backed by a £42m budget. The key principles of the Assembly Government's action plan: putting citizen's first, working together to deliver, developing a world class workforce, achieving efficiency and major performance improvement, all need to be at the core of modern effective social services. Key reforms that will impact on social services include:

- **establishing Local Service Boards** on a local area basis to bring main services (both devolved and non-devolved) together to plan and deliver integrated services to citizens;
- **setting up Local Service Agreements** with the Boards, with more pooling of resources and stronger duties to co-operate; and
- **improving the way in which public bodies engage with the people they serve**, including single access points and the development of national standards for key services so that people know what they can expect.

2.2 *Designed for Life* (Welsh Assembly Government 2005) set a vision of transforming health and social care services in Wales over the next ten years. It reinforces the need to shape services around users and to rebalance services towards the community. It emphasises the importance of prevention, involving service users and professionals, exploiting technology and strengthening performance management.

2.3 The evolving plans for reconfiguring health services to form inter-connected networks creates new requirements for wide area collaboration in commissioning services. Similarly, in redesigning the management of chronic conditions there will be a greater need within localities to deliver more integrated care across health and social services.

2.4 Our vision for children was set out in *“Rights to Action”* (Welsh Assembly Government 2004). Providing social services to children, young people and their families means:

- helping them to solve their personal problems;
- maximising their life chances, irrespective of any disadvantage or disability;
- promoting social change;
- enhancing the well being of communities; and
- delivering social justice.

2.5 The Assembly Government believes that children and young people are active citizens, fully entitled to play a significant part in community life and public affairs. *“Rights to Action”* is founded on seven core aims for children, based on the United Nations Convention on the Rights of the Child. The active citizenship of children and young people is key to helping them develop self-confidence and successfully deal with life changes and challenges. Active citizenship gives children and young people a voice in the life of their communities. It enables them to make a positive contribution as well as developing their own capacity to claim their rights and understand their responsibilities. Citizenship for children means including their accounts of their own experience and their own capacity to determine what happens in their lives now and in the future.

2.6 Enhancing children’s citizenship by recognising them as individuals with rights, entitlements as well as responsibilities, and giving them a voice is the surest way of protecting them from harm and the most effective way of ensuring that welfare provision meets their needs.

2.7 In planning for the future, social services and social care for children and young people must recognise:

- the particular vulnerability of children as they develop and their need for emotional security, continuity of care and opportunities to develop;
- the need to be protected from harm, exploitation and abuse;
- the unique vulnerability of those children separated from their families or whose relationships with their families and communities are strained;
- the capacity of children to be involved in resolving the difficulties and challenges that they face;
- the important role that children and young people play in caring for themselves and for others.

2.8 This means providing the right local and accessible services for children who are looked after away from home, or in hospital, for extended periods, those with mental health problems; those with disabilities and Autistic Spectrum Disorders, young offenders those who are excluded from the life of their communities and others. It also means developing the resources to enable those who deliver such services to do so in a way that is effective, respectful and fulfilling.

2.9 Social services cannot deliver services alone. *The Children Act 2004* places a duty on local agencies to safeguard children and promote their welfare in all they do and by strengthening local partnerships and setting up arrangements for Local Safeguarding Children Boards. The *National Service Framework (NSF) for Children, Young People and Maternity Services* (Welsh Assembly Government 2005) sets standards for health and social care with links to other services which impact on children. The overall aim of the Children's NSF is that all children and young people achieve optimum health and wellbeing.

2.10 For older people, who make up the majority of adult social services clients, this social services strategy is grounded in our broader Strategy for Older People in Wales (Welsh Assembly Government 2003) which takes its key values from *The United Nations Principles for Older People*. The *National Service Framework for Older People in Wales* (Welsh Assembly Government 2006) sets national standards to ensure that, as we grow older, we are enabled to maintain our health, wellbeing and independence for as long as possible, and receive prompt, seamless, quality treatment and support when required.

2.11 For people with learning disabilities, many of whom will require life long services, this social services strategy is embedded in our *Learning Disability Strategy*. (Welsh Assembly Government Guidance 2004). The 3 key principles: that people with a learning disability have the right to an ordinary pattern of life within the community; the right to be treated as an individual and the right to additional help and support in realising their potential - will continue to be guiding principles. The application of these principles has been further developed in "*Service Principles and Service Responses*" (Welsh Assembly 2004) which stressed person-centred individual planning, information and advocacy, transition planning and continued options for further education employment and independent living.

2.12 Adults with a physical or sensory disability have a wide range of distinct needs. In responding, service initiatives have tended to focus on a comprehensive integrated strategy. Examples of this are the adaptation grants review, integrated equipment services, continuing care guidance, telecare initiative, support for sheltered employment or guidance on services for deaf-blind people. Continuing development and successful implementation of a common assessment framework and extension of Direct Payments will provide the foundation for the holistic individual approach that is necessary. Specialist voluntary sector agencies are often the local providers of services. An overview inspection by Social Services Inspectorate for Wales in 2001 also identified the importance of mapping care pathways and developing networks for specialist workers.

2.13 *The Adult Mental Health Strategy* (Welsh Assembly Government) published in 2001 established 4 key principles which underpin the standards set out in the National Service Framework, "*Raising the Standard*" (Welsh Assembly Government 2005). These principles were – equity of access according to individual need; empowering service users and their carers to be closely involved in the planning, development and delivery of services; effectiveness of interventions to improve the quality of life and reduce risk; and efficiency in the use of the resources.

2.14 For those affected by substance misuse the policy has been set by the Welsh substance misuse strategy "*Tackling Substance Misuse in Wales: a Partnership Approach*". It has been followed by the development of the Substance Misuse Treatment Framework for Wales reflecting the priority that has been given to expanding treatment. The report of the Advisory Council on the Misuse of Drugs "*Hidden Harm*" has underlined the importance of responding to the needs of the children of problem substance misusers. The national strategies for dealing with domestic abuse and youth justice also include specific aims about supporting and protecting vulnerable children.

What has been achieved?

2.15 Since the mid 1990s we have seen some **progress in moving from institutional care to a wider range of community-based services** for most of the main groups of service users. Collaboration across health and social care boundaries has improved. There are more diverse services, including integrated children's centres, intermediate care, crisis teams, early intervention and new forms of housing with care.

2.16 A good foundation for **driving up standards** has been provided through the setting up of the Care Council for Wales and the Care Standards Inspectorate for Wales (CSIW) along with regulation and national minimum standards for care settings and providers.

2.17 There is now a well-established framework for taking forward **workforce development** at local, regional and national level which has led to real improvements in recruitment and in learning and development. These include

- more people registering for social work training in Wales with the number of individuals gaining a social work qualification increasing by 11% from 2002/03 to 2004/05 and around 300 people currently being supported by the 22 councils to qualify;
- more occupational therapists employed by local authorities with the numbers rising from 156 in 2001 to 187 in 2005 and a further 21 individuals being supported by councils to qualify;
- an increase in the numbers of direct care staff in local authorities with a care qualification from 23.2% in 2001 to 41.5% in 2005. However, there is still an unacceptably low level of skills and qualification in care; and
- the development of new joint National Occupational Standards for health and social care as well as new qualifications. These provide a very sound basis for development of more flexible services as they have a "common core" of standards and are easily built upon to provide more specialist qualifications for certain settings.

2.18 Local authorities already produce service plans underpinned by workforce/HR and training strategies. This extends beyond the role of the local authority as an employer to its role also as a commissioner of services.

The Challenges

2.19 The challenges with us now and those ahead relate mainly to public expectations, demand, capacity, sustainability, consistency and quality.

The Need to Improve

2.20 Annual Reports of the Chief Social Services Inspector and the Care Standards Inspectorate for Wales have found much good practice and high levels of commitment by staff at all levels, but too much variation across services and a need to attend to the basics of care. The following areas require particular attention:

- there is a need for better assessment and care management to make sure people receive services which give a timely response to their needs;
- those who use the services and their carers need to be engaged and listened to as a continuous process;
- services need to concentrate more on helping people to keep their independence, particularly older people who also have a disability;
- services need to be more reliable, responsive, consistent and of high quality;
- the social services workforce needs to be involved in the local authority's decision making;
- local authorities need greatly to improve joint working arrangements both within the authority and with other partners;
- local authorities need to manage their performance in a rigorous and open way; and
- strong leadership for social services is required within councils at all levels.

2.21 Overall, social services are not yet of the standard with which we can all be satisfied. They must improve, and do so at a faster pace in the future.

The views of service users and carers

2.22 Over the coming decade people using services and their carers will expect a step change in the range, type and accessibility of services they need. As citizens they will require a much greater say about when and how those services are provided. The Social Care Institute of Excellence report *Developing Social Care (SCIE): The Past, the Present and the Future* said that the involvement of service users in the design, commissioning and reviewing of services was still too weak and variable. People reported difficulties in getting support, lack of continuity in care, unreliability, inflexibility and bureaucracy.

2.23 A number of services take the view that **children and young people** want a sense of security and opportunities to live in close and loving relationships, to engage with peers, to stretch themselves and develop their potential, to be respected and listened to. Continuity in staff relationships is important to them, but many local authorities report high staff turnover in children's services. Many children are placed out of the local authority's area, making contact with friends, family and with their social worker more difficult.

2.24 **Carers in Wales** welcome the better recognition and support over recent years such as in "Caring About Carers" (Welsh Assembly Government 2000) and subsequent legislation and funding. At least seventy per cent of the care for vulnerable people is provided by family, friends and neighbours, and 100,000 people in Wales regularly provide over 50 hours of care every week. Carers need support in their caring role. They want to be involved in raising standards and to see further improvement. Maintaining the level of their support is critical to the sustainability of services.

Pressures on Services

2.25 More **children** entering the care system on care orders are causing severe pressure on services and budgets. There have been improvements for looked after children since 2000, but gains have been slow and variable. Increasing numbers of children with congenital disorders and disability are surviving. They and their families require support.

2.26 There has been similar pressure on adult services with a steady rise in the number of people receiving assessments. The biggest rise is in the numbers with a **mental health problem**. Some progress is being made in developing services to keep older people living in their own homes but there are particular pressures emerging in **dementia care**.

The Workforce

2.27 The profile of the social care workforce reflects the diverse nature of services and the wide range of service providers. There are about 70,000 people employed within the sector. The majority of these are working in direct care services for private and voluntary agencies. About 26,700 are directly employed by local authorities. There are about 4,500 registered social workers and a range of specialist staff, for example, occupational therapists and staff who have roles dealing with particular disabilities e.g. mobility and rehabilitation workers. In children's services, foster carers provided care for 74% of the 4,529 Looked After Children at 31 March 2006. **Foster carers** and **adult family placement** carers value support and recognition and have much to contribute as part of the team. Some foster carers are now salaried. Recruitment, training and support of foster carers and the management of a fostering service demands particular skills. The development of commissioning with the extensive social care market has required specialist posts in planning and contracting.

2.28 The number of people receiving a social service grew by 50 per cent (from 100,000 to 150,000) between 2001 and 2005 but growth in the workforce has not kept pace with demand. Social services continue to face recruitment problems. For example, a survey in 2005 found that nearly 15% of all social worker posts were unfilled. Almost two-thirds of these vacancies were in children's services. Turnover averaged 15% but was much higher in children's than in adult social services. The growth in demand just for social workers is estimated at around 12 per cent over the next three years.

2.29 For care staff more generally, Future Skills Wales' research indicates that 23% of employers are holding vacancies with 8% being "hard to fill". These are predominantly care worker posts. The main reasons given were:

- Not enough people interested in the job (32%)
- Location of the organisation and poor transport (25%)
- Low wages on offer (20%)

Demographic Change

2.30 Falling fertility rates to below the level for the population to replace itself and increases in life expectancy will have important implications on the demand for social care services in Wales. By 2018 the population of Wales is projected to increase by 5.9% to 3.13 million. The number of children is projected to fall by around 6.0% over the same period, while those aged 85 and over are projected to increase by 47.4%, from 60 thousand in 2004 to 88 thousand in 2018. The numbers of people aged 65 to 84 are projected to increase by 27%.

2.31 If present trends continue, by 2018 we expect to see:

- a reduced need for universal services for children, but, more demand for specialised services arising from the risk to children from parental substance misuse, mental health problems, domestic abuse and relationship breakdown;
- increasing demand for services and support for people with high care needs, over longer periods of time including more people with a learning disability surviving the ability of their parents to care for them, and a 10% increase in the number of people with severe learning disability who remain with their family;
- an increase in middle aged people (50-60) providing informal care, at least partly offset by more women at work and people working later in life;
- an increase in people living alone, particularly older men;
- more jobs for young adults in the caring professions. The growing numbers of European migrants will add to the care workforce but the longer term effects are difficult to predict; and
- much higher demand for services from those over 85.

2.32 The trends suggest that, as life expectancy increases, people will have healthier lives for longer, but also a longer period of requiring some support from social services. *The Wales Care Strategy Group* (Welsh Assembly Government 2002) projected a big increase in demand for formal care for older people over the following 20 years but said that the scale of that increase could be reduced if services could be changed so as to reduce dependency.

Economic circumstances

2.33 Economic circumstances of individuals and families have a direct bearing on the likelihood of their requiring support and their ability to support themselves. The 2005 Joseph Rowntree Foundation report, *Monitoring Poverty and Social Exclusion in Wales*, found that poverty rates and unemployment in Wales were falling towards the UK average, but there are still many “economically inactive but wanting work”, high levels of working age ill health and disability, a shortage of childcare services and low car ownership in some areas. One in four children live in low-income households. Pensioners account for 18% of those living in poverty and the purchasing power of older people with income above benefit levels in Wales is around 28% lower than in Scotland and England.

Health

2.34 One of the most critical issues in demand for social care is life limiting long-term illness. In Wales 23% of all adults report having a limiting life long-term illness, compared to 18% in England and 20% in both Scotland and Northern Ireland. The proportion rises sharply in the older age groups. The trends suggest that by 2018 there will be a 12% increase in the number of adults with at least one chronic condition and a 20% increase in those aged 65 and over. Black and minority ethnic communities have the highest proportion of their population suffering life-limiting long-term illness. Having more people aged over 85 will increase the number suffering mental infirmity. About 20% are likely to suffer some impairment.

2.35 For looked after children, the most critical health issue is the prevalence of mental health disorders. This places big demands on care workers and highlights the need for comprehensive child and adolescent mental health services, substance misuse services and educational support services.

Changing service patterns

2.36 The last ten years have seen big changes in the way services are provided. The traditional model of social services departments as the provider of social care services to the community has been replaced by a diverse range of mainly for-profit services. Almost 90% of adult care homes, a growing volume of domiciliary care, two thirds of places in children’s homes and an increasing proportion of foster care are now provided by the private sector.

2.37 This diverse pattern of providers means ensuring that enough services are provided to the right quality is a major challenge. The future of many of these services depends on investment by private organisations. Commissioners must therefore work very closely with providers in planning future services.

2.38 Most councils struggle to recruit enough people to look after children in their care. Independent fostering agencies and independent care homes have expanded in number. The shortage of suitable placements has placed councils under considerable financial pressure and presents problems in providing a stable, quality care experience. Councils will need to improve their skills in recruiting and supporting foster carers and in commissioning residential and fostering places of good quality

2.39 Foster carers are a vital element of the workforce. Whilst they value support in their role above all else, they should not be out of pocket. Equally, foster carers should be encouraged to acquire skills and knowledge to help them to improve outcomes for children in their care. Local authorities need now to work together to commission a range of specialised services to meet children's needs and improve outcomes.

Opportunities

2.40 Alongside these challenges there are also important opportunities:

- Across local government there is now stronger **leadership**. There is a determination to ensure that social services get the right priority, that major improvements are achieved and that councils work together more to develop services over a wider area. Local government collectively, is taking a central role in leading that improvement, as illustrated by the 9 Social Services commitments adopted by the Welsh Local Government Association and Association of Directors of Social Services in December 2004 [These are set out in Appendix 2] and the establishment in April 2006 of the Social Services Improvement Agency funded by the Welsh Assembly Government. The newly formed independent Welsh Association of Directors of Social Services provides a further opportunity for the leadership of change.
- Better educated, better informed and **empowered service users**, carers and their families, will rightly expect to play a much more active role in managing their own situations. This will help to drive change and innovation.
- **Collaboration** between local authorities and with other statutory agencies provides major opportunities to speed the pace of improvement by sharing development and best practice. Wider area collaboration between authorities in joint commissioning and provision of services will help ensure the critical mass required for some specialist services and more effective contracting.

- **Care technology** allowing remote monitoring of people's wellbeing linked to rapid response services will enable new approaches to managing risk by providing greater security for the service user. It will allow help to be better targeted and less intrusive and ensure that more people can stay at home.
- **New models of care** are being increasingly used such as those which combine housing with care services which can be adjusted over time to help to keep people in their own homes, including support from Care and Repair agencies.
- **Improvements to ICT information sharing** will speed up assessment, referral and case management review. It will also improve the availability and use of information to manage performance and in planning services.
- Social Services is increasingly becoming **a champion and enabler** of people's independence. This will be enhanced by an earlier and greater commitment to re-ablement as well as investing in the supportive role of communities.
- An increasingly **better qualified workforce, national regulations and care standards** independently regulated are helping to raise the quality of services.

CHAPTER 3

SOCIAL SERVICES IN 2018 – CHANGE AND DEVELOPMENT

This chapter sets out the key changes that will be needed over the coming decade if we are to achieve the vision set out in Chapter 1 and to meet the challenges and grasp the opportunities outlined in the previous chapter.

3.1 By 2018 social services will be different:

- **service users** will find that they are increasingly in the driving seat and deliver real improvements in their circumstances;
- those **working in the services** will see it as career of choice; and
- those **managing services** will have clearer roles and systems within a more joined up structure, where the role and accountability of all the partners is clear.

As we move towards 2018 social services will:

- have strong political, managerial and professional leadership;
- be active champions and partners in helping to shape the right balance of services in the community and in promoting social inclusion;
- be centre stage in supporting the local authority's community services;
- be based on robust research and evaluation of outcomes;
- demonstrate to the citizen year on year improvement in performance;
- deliver continually high standards so that citizens of Wales in all their diversity can expect a consistent response to their needs;
- employ staff who are part of a "single workforce" with common skills and standards across all parts of the sector, working together rather than in competition;
- provide services which help people to prevent or delay the need for more intensive services;
- offer the quality of protection that individuals and society require;
- with other partners, provide a seamless approach to assessment, care management, planning, and delivery using local agreements to pool resources; and
- be valued by service-users, carers and communities as providing outcomes which they value.

A Service of Influence

3.2 Social services are well placed to lead working across services and to act as a catalyst for innovation and change. **Over the coming decade this role needs to be exercised with greater confidence.** This will ensure that the needs of vulnerable groups are always recognised. In this way, social services will help to strengthen communities, support people to live their lives to the full whilst safeguarding them and the community from unacceptable risk.

A Service with Strong, Accountable Leadership

3.3 Achieving the necessary change over the next 10 years will require **strong, accountable, outward looking leadership at every level.** This is to ensure that services everywhere will be responsive to the citizen and that poor quality will be recognised and tackled. It will ensure that staff will be valued and engaged in change and that resources from different bodies will be brought together to achieve the best outcomes. The establishment of local service boards and local service agreements will support this approach.

3.4 This will require corporate leadership to:

- value all local citizens;
- ensure all are able to achieve their full potential and contribute to society;
- build on the strengths of adults with impairments to enable them to contribute to society;
- ensure that universal and preventative services are developed in a way which supports a wider range of needs;
- have a single interagency work force development plan for both adults and children's services;
- empower and encourage front line staff to work across agencies and disciplines; and
- be accountable for the quality and delivery of services.

A Service which shows Continuous Improvement

3.5 Continuous improvement is a goal which needs to be owned at all levels as a key driver for change. Every council and every partnership needs to aspire to be a model of what can be achieved. **Social services will need to be able to report to their citizens and to the Assembly Government on how well they are doing, be clear about their strengths and weaknesses and show year on year improvement.** Social services will be subject to challenging local and national scrutiny by elected members and Assembly Members, for social services and on a cross-cutting basis. This scrutiny will involve experts and service users and will be concerned with prospects for future improvement as well as performance to date. These processes will be informed by effective performance management systems

that provide accurate, timely and comparative data, including published outcome standards.

A service provided by an adequately Sized, Skilled and Valued Workforce

3.6 Achieving the change needed and meeting the new demands for social services will require more staff in all social services occupations and across all of the organisations providing the services. We will need different mixes of professional qualifications and new skills to modernise services. Those skills will include the ability to work easily across organisations with new ways of delivering services including the rights-based, person-centred approach and earlier intervention.

3.7 As we move towards 2018 local, regional and national workforce partnerships will be strengthened. They will need to continue to drive up qualifications and skills while delivering new roles. At all levels we will have much better workforce planning tools. There will need to be further development of the multi-professional contribution to achieve service models based on independence and re-ablement. Health care professionals and therapists have a particularly important role to play in this.

3.8 Action will be needed by all those involved in providing social care to ensure that the workforce is valued. Current barriers to recruitment and retention will be systematically addressed so that social care becomes the career of choice for many more people. For social workers *“Social Work in Wales: A Profession to Value”* sets out a way forward but all roles and grades must be included in this agenda.

3.9 Local authorities are already working in partnership to deliver the social work degree and to make sure that it properly prepares students for the reality of the social work role of the future. We need to build upon this to ensure that during the first year in practice, and in post qualifying training, there are clear pathways for career and professional development that keep pace with future needs.

The Right Service provided at the Right Time

3.10 Social Services tend to become involved when the individual or the family can no longer cope. The services then provided can be costly and disempowering with the outcomes for individuals poorer. **Services will be rebalanced to allow services to be provided earlier, tailored to individual needs and prevent or delay people moving to a higher level of need.**

3.11 Figure 1 and accompanying notes provide a tiered analysis of the current distribution of public services. **By 2018 social services will be much more evident and active at Tier 3 and be supporting community strategies which promote community and individual self help and prevention services at Tier 2.** They will be a wider community-based service offering short-term help and advice as well as more intensive services.

A Service which puts the User and the Citizen at the Centre

3.12 **Services will be shaped by service users and their needs.** This will require changes to assessment, a different approach to risk and giving the citizen a greater say in how a service is provided. Councils and their partners will need to:

- simplify access and assessment, develop self referral and self assessment;
- ensure appropriate access out of normal hours;
- develop services that give people real say about when and how they are delivered;
- deliver person centered care services with dignity and respect for the individual and no tolerance of abuse;
- provide better information to service users and carers;
- make joint working more effective with all partners and give a real commitment to address the barriers to better collaboration;
- greatly increase the extent of joint commissioning with health and other services;
- influence and develop services that deliver improved nutrition and food security for users and their carers;
- develop clearer outcome-based approaches to care planning;
- recognise that we all accept risk as part of our daily lives and enable more informed and shared decisions about managing risks; and
- have clear, simple systems of complaint and redress.

3.13 People will expect services to respect the choices they make about managing risks. Services that are risk averse can prevent citizens from achieving their potential. However some people, at some times, will need protection and help in reducing the level of risk to which they are exposed. Self-care can maintain people's independence and help them to lead lives that are as fulfilling as possible. Recent research shows that self-care is popular with people living with long term health needs who are interested in being more active in their own care.

3.14 Seamless, person-centred services will often require working across the boundaries of organisations. While some progress is being made, the formal partnerships with the health service are under used and this requires renewed effort. In particular, the potential benefits of better joint working with GPs and other primary care services must be realised. Over the next decade the provision of services through formal health/social services partnerships will increasingly become the norm rather than the exception.

Services which effectively Support Families, Looked After Children and Children in Need, including the Transition between Children's and Adults' Services

3.15 Person-centred care for adults and children will require a renewed commitment to strengthen families in all their forms. Our communities need to develop so that they support the most vulnerable and troubled families. Adults and

children's services will need to work together to tackle the issues faced by adults who have responsibility for children.

3.16 Most children are in care because of the problems of those adults who are responsible for them. Mental ill health, learning difficulties, substance misuse, poverty and domestic abuse are increasingly identified as contributing to the high numbers of children in care. Child protection and children's social workers will need to work more closely with substance misuse services, adult mental health services and services tackling domestic abuse to find new ways to support children and protect vulnerable family members.

3.17 Services will make proper use of social workers' professional skills in direct work with families and with children. Those who work with families will have knowledge and skills in meeting adults' needs so that parents can be better supported to nurture their children. But social services also need to ensure that there are high quality alternatives where this is not possible. Where children and young people commit antisocial or offending behaviour, they and their parents will need to be supported to effect change.

3.18 There will be clearly agreed outcomes for all children shared across agencies, which provides services for children. Social services' core business will remain the most vulnerable children. They will need to be organised to bring together planning, commissioning and performance management with universal services (*tier 1*), and support services for vulnerable children and families (*tier 2*).

3.19 Services will be provided as close to home as possible. They will be, co-ordinated with other agencies to reduce the number of assessments and the amount of information gathering by lead workers. They should target support to individuals, families, and children in need at a sufficiently early stage.

3.20 In support of this, adult services social workers will recognise their role in supporting, parenting and identify, at an early stage, children in need of additional support.

3.21 For looked after children, disabled children, and other children who will require continuing support into adulthood, children's and adults social workers will work together with other agencies in transition teams to ensure continuity in planning and resources. This is particularly important for disabled children and children with Autistic Spectrum Disorders (ASDs) and learning difficulties who are making the transition from mainstream schools, with support, or residential special schools. To support the above aims the Assembly Government will achieve greater alignment between the children's and adult assessment frameworks.

A service which properly Protects Vulnerable People

3.22 *The Children Act 2004* requires each local authority in Wales to establish a Local Safeguarding Children Board for their area. It will bring together representatives of each of the main agencies and professionals responsible for helping to protect children from abuse and neglect. It will ensure that effective policies and working practices are in place to protect children and that they are

properly co-ordinated. This includes where children may be suffering significant harm because of domestic abuse due to their own or their parents' substance misuse.

3.23 *The Children Act 2004* requires key agencies to ensure that they carry out their functions and commission services from others in ways which reflect the need to safeguard and promote the welfare of children. Building on these new provisions, and taking forward the work from *"Keeping Us Safe"*, social services will need to improve local accountability for children's safeguards and improve inter-agency co-operation.

3.24 Local multi-agency arrangements to ensure the greater protection of vulnerable adults have been developed over the last few years through the *'In Safe Hands' Guidance*. However, the position needs to be kept under review. The Safeguarding Vulnerable Groups Bill, when enacted will strengthen the pre-employment vetting for people who work with vulnerable adults in the health and social care sectors.

3.25 Social Services will continue to have a key role in improving the mental health and well being of their populations. Mental ill health can severely affect the independence and quality of life of individuals and their families. Social services will have to play an important role with others in ensuring that, for example, housing, training and employment are developed in ways which support those using mental health services. Robust implementation of the National Service Framework (NSF) for Adult Mental Health and the Mental Health Standard in the NSF for Older People will need to be a key focus for the future. Depression and dementia are significant in older age and will need to be afforded even more priority with an ageing population

A Service which Responds to Diversity

3.26 Services which respond to the individual must recognise the diversity of the Welsh population. The 2.1% of the population (61,000 people) who are currently of a minority ethnic background are mostly in urban areas. The low numbers in most other parts of Wales raise special challenges in providing the right community support services. Expertise in some aspects of work, for example with unaccompanied asylum seeking children, is concentrated in a few areas. Local authorities will increasingly collaborate so that when culturally appropriate or specialist support is required, it will be available.

3.27 It is important that the principles of quality, responsiveness and equality will become core features of social care in Wales. In tailoring services to the needs of individuals and their carers, social services need to take account of religious, cultural, and ethnic needs as well as age, gender and sexual orientation.

3.28 The Welsh language is an essential part of Welsh culture and life. It must be reflected in developing effective local social care strategies as well as in planning, delivering and improving services for individuals whose language of preference is Welsh.

A Service which makes a full contribution to our wider policy objectives for Wales

3.29 The 1,800 organisations which provide social care are major purchasers of goods and services, generators of waste, users of energy and water. Social services should play their part in the overall Government approach to sustainable development. Over the next decade, social services will need to make a big contribution to conserving natural resources, improving the environment, supporting the local economy, reducing the effects of climate change and assisting sustainable development.

3.30 As part of their role as community leaders, social services also have a valuable role in other policies and strategies. Examples include engagement and participation of local people through the Children's Framework and the Strategy for Older People but also in health promotion, crime reduction, transport, volunteering, benefit uptake, reducing poverty, life long learning and other " tier 1 " services.

CHAPTER 4

THE DRIVERS FOR CHANGE

This chapter describes the key actions which we and our partners will take to drive the changes which we set out in the previous chapter.

Putting People at the Centre

Assessment and Care Management

4.1 Good assessment and care management supports person-centred care and the aim of helping a person to achieve control over their life. The emphasis should be on what a person might be enabled to do given the right type of support. Assessment must enable children, young people, families and individuals to identify their needs and the solutions that will best meet them. Some people will need skilled social work to help them understand and explain their needs. Assessment needs to be proportionate and ensure that individuals can access the right level of service at the right time. Local partners need to ensure that the right professional is used.

4.2 Building on experience of implementation of the unified assessment to date, **we will work with partners to develop a common assessment framework so that it properly reflects the principles of person centred care, is proportionate, works effectively and leads to good outcomes.**

4.3 For looked after children, **we will strengthen legislation on care planning and placement of children to ensure that care plans are in place, covering social services, education and health supports, when placements are made.** For children in need we will require Framework Partnerships to include in their Children and Young People's Plans an approach to prevention and early intervention, which includes children in Tier 3.

4.4 Following the Review of Child Care Proceedings we **will issue statutory guidance on preparation of cases for "section 31 proceedings"** and review the independent reviewing officer arrangements.

Individuals designing their own support needs

4.5 Giving Individuals the opportunity to design their own support through for example, direct payments and control of a budget can be a powerful driver for innovation and independence, though this is not without problems, both for the user and the funding body. Independent advocacy also has an important part to play in this approach. **We will continue to support the expansion in the use of direct payments. We will keep under review the opportunities for other forms of individual budgets in the light of evidence from pilot projects in England.**

Self-Care Support

4.6 People need guidance and support from the NHS and social services to feel confident about taking care of their own health and well being. It is particularly important for people living with long-term conditions be involved in making choices, decisions and actions about their care. Services to support self-care should address the following areas:

- information - giving people accessible and reliable information about their condition/s treatment and social care services;
- skills - access to Expert Patients Programme (EPP) and other self management programmes to feel confident about taking responsibility for their own care;
- support networks - details of national local and community support networks to support individuals and carers; and
- technology - signposting individuals to appropriate tools and devices to support self care.

We will work with partners to develop and promote the principles and use of self-care in social services

Safeguarding individuals at risk of abuse

4.7 We will ensure that people at risk have proper and proportionate protection. **We will work with the UK Government to implement the new arrangements in the Safeguarding Vulnerable Groups Act.**

Recognising the Contribution of Carers and supporting them in their caring role

4.8 The Assembly Government fully recognises the value of the role undertaken by carers and has appointed a Carers 'Champion within the Government. In the light of consultation responses, **he will work with the Carers' Strategy Review Panel to develop a refocused modern carers' strategy** which will build upon "Caring for Carers", reflect the changes that have affected carers in recent years and the new direction set by this document. Social Services should also review their approach to ensure they have strong local policies and structures to support carers.

Creating the Right Environment

Accountability and Leadership

4.9 Strong leadership is essential for social services to work effectively and for the ambitions in this document to be achieved. This leadership must be evident at several levels:

- at professional level where the role of the Director of Social Services requires strengthening and reinforcing and at manager level throughout the workforce;
- at corporate level where social services must be seen as a key priority and their contribution to wider corporate strategies fully recognised; and
- at the political level where leadership and robust member challenge are essential to achieving the quality of services we would all wish to see.

4.10 We will continue to require every council to appoint a Director of Social Services covering adults and children’s social services. He or she will be sufficiently senior and will report direct to the Chief Executive. The role of the statutory Director of Social Services will ensure that authorities have clear management and strong professional leadership for social services. There is a core of responsibilities which fall to the Director of Social Services:

- providing clear professional leadership;
- advising the Chief Executive and councillors on their oversight responsibilities for social services;
- social services workforce planning, training and professional development;
- ensuring that strong performance management arrangements are in place across social services, and reporting to colleagues and members on performance;
- ensuring that the authority has proper safeguards to protect vulnerable people and reporting on their effectiveness;
- ensuring that social services work effectively with others inside and outside of the authority; and
- involving the community and the workforce in the design and development of social services.

4.11 The Children Act 2004 also requires local authorities to have a Lead Director for Children and Young People’s Services and a Lead Member. They are responsible for promoting co-operation to improve the well being of children and young people.

4.12 Social services functions will be the responsibility of the executive, which must ensure that social services have the leadership and direction it needs through the Community Planning process.

Real partnerships that deliver

4.13 Social services are involved in many strategic, planning and delivery partnerships. Good partnerships require an outward-looking approach and real ambition if they are to meet the challenge of transforming services. This requires a culture of trust, commitment, good communications and the sharing of skills. Joint

working is often good at the individual level but more difficult for organisations. Restrictive finance and performance systems, a lack of joint training, leadership and managerial capacity can hinder partnerships.

4.14 Individuals often have needs which are the responsibility of several local authority departments, different agencies or are provided through a mix of statutory, private and voluntary bodies. This requires joined up planning, commissioning and delivery of services.

4.15 In line with “Making the Connections Delivering Beyond Boundaries”, **we will work closely with all of our partners in the statutory, voluntary and private sectors to promote good partnership working** to commission and deliver effective services across the boundaries of organisations. Where appropriate, this will be led by Local Service Boards and underpinned by Local Service Agreements. **We will review the use of “flexibilities” under Section 31 of the Health Act 1999** (pooled budgets, integrated provision and lead commissioning) and take action to promote their use.

4.16 Populations served by Welsh social services are typically much smaller than elsewhere in the United Kingdom. The ability to provide specialist services across the full range is often restricted by lack of capacity and expertise. Shared provision of services over a wide area will be critical to reaching the standards of efficiency and effectiveness that citizens will require.

4.17 **We will actively support authorities coming together to plan and deliver services** through, among other things:

- our support for the work of the Social Services Improvement Agency;
- our support for the Children’s Commissioning Support Resource; and
- changes to performance evaluation and inspection and in our requirements for statutory plans.

4.18 Where arrangements are developed to provide services over a wider area by groups of local authorities and/or in partnership with other statutory bodies, **we will adapt our inspection, review and information gathering and performance arrangements so that they support improvement in the services and raise the quality of joint working.**

Better Outcomes

Standards and Performance

4.19 Citizens have the right to know how well social services are doing. Service users and carers have a right to know that their views are heard and acted on. Our regulation and inspection functions are already increasing the use of self-assessment and placing the experience of the service user at the centre of their work. Proportionate external inspection is important in providing assurance to the citizen and in stimulating and supporting improvement. **We will combine the Social**

Services Inspectorate for Wales with the Care Standards Inspectorate for Wales. We will keep our inspection and regulation functions in social care under review to ensure that they support the objectives of this strategy. The intention is to create a single stronger voice for social services and social services inspection and, through that, for those who use the service.

4.20 In children's services we are working to define outcomes for children against each of the seven key aims based on the *United Nations Convention on the Rights of the Child*. **We will use these and the delivery of the actions in the NSF for Children, Young People and Maternity Services to measure how partnerships and individual services are doing.**

4.21 In adult services we need to improve outcome measures. **We will draw on the work done in children's services to publish a small number of strategic outcomes for both adults and children's services.** Working with the WLGA, ADSS, the voluntary sector and others, **we will develop a core of universal standards for social services.** These will include training and performance of staff and use of research evidence. Joint strategic outcomes for health and social services will also be developed as part of this work.

4.22 The national performance measurement framework, programmes for inspection and regulation, and the Wales Programme for Improvement will provide public assurance and will promote improvement. Where there is good evidence that social services are meeting these outcomes we will not need to inspect with the same intensity. Where services are clearly deficient, as measured by the universal standards, or failing to improve quickly enough, we will intervene through the agreed protocols.

Commissioning

4.23 Good commissioning by social services must be based on sound needs analysis and be sensitive to local needs and market conditions. It must exploit the opportunities for joining up with other local authorities and other public services, involve genuine partnership with service users, private and voluntary providers and get the right balance between mainstream and specialist services. It must create the climate and the confidence for investment, sustainable services, and innovation.

4.24 Commissioning will be a key driver in developing the services of the future. The WLGA's 9 Social Services commitments (see appendix 2) include collaboration to ensure that resources are used effectively and that commissioning supports value for money, responsiveness and quality.

4.25 Adult Social services are now mostly provided by private organisations and children's social services increasingly so. Over the next decade local authorities are likely to remain the main commissioners of care. They need to take a much more active role individually and collectively in helping to shape the mixed market of private, public and voluntary care. This means working within developed partnerships with independent and voluntary service providers recognising that commissioners and providers need each other. This involves:

- need to move from year to year fee setting to longer term partnership based commissioning; and
- ensure that the balance in the market is capable of being responsive to local need.

4.26 In social care and allied areas such as housing, the voluntary sector is a diverse mix of agencies ranging from small volunteer-based advocacy and self-help groups to large not-for-profit providers including registered social landlords. They are already significant providers of social care and related services but the ‘third sector’ could have a much greater role in designing and providing the services of the future. They can:

- help to diversify the care market which is very dependent on for-profit businesses
- be flexible innovators in exploring new ways of delivering services and building services around the needs of the citizen;
- be an effective agency to deliver a single service for two or more commissioners;
- provide very specialist services that are more effective or viable when provided over a wider area;
- help communities to find citizen-centred solutions to local needs;
- often be more acceptable to hard-to-reach groups; and
- be an articulate champion for those whose voices are rarely heard.

4.27 Private sector social care service providers also form a key resource in the improvement and development of social care provision. The provider of a service is legally accountable for its quality; therefore their contribution is an important driver for change that needs to be further enhanced in achieving a balanced and managed care market. In particular:

- models of representation for private sector providers should be developed locally so that care providers can participate fully in planning, commissioning and purchasing arrangements through their professional adviser representation, without conflicts of interest;
- private sector contribution should help to ensure services are delivered consistently across Wales to a good standard, and achieve efficiency and performance improvement; and
- private sector capacity should be enhanced to engage and participate more effectively in local planning and service commissioning at a time when the landscape for service delivery is changing rapidly to meet changing expectations.

4.28 In our work to strengthen partnerships and commissioning **we will work closely with the voluntary sector to ensure that its unique contribution is recognised and developed. We will also continue to work closely with the private care sector to ensure that its experience and resources are recognised and used to contribute to more effective, consistent and higher quality services across Wales.** Both the voluntary and private care sectors should be able to contribute to a stronger impetus for delivery and partnership through more effective engagement with local councils, Local Health Boards and others. Development of Local Independent Sector Provider Forums provides a good basis to help achieve these aims.

4.29 Working with partners including the Social Services Improvement Agency, and the National Leadership and Innovation Agency for Health and private and voluntary organisations **we will develop a comprehensive commissioning framework for social services.** For adults it will have strong links to commissioning for health services and to housing where, increasingly, we expect to see accommodation and care support provided as part of package. For children, the Children's Plan will set out how services will be commissioned for all children in need, including disabled children, looked after children and care leavers, so that all their needs are met and outcomes improved.

4.30 For looked after children, we are already supporting the work of the Children's Commissioning Support Resource (CCSR). As information on the type, sector, availability and use of placements becomes available, **we will support work by the CCSR and local authorities to review placement availability against demand and develop commissioning accordingly.**

The Welsh Assembly Government will develop during 2007-08 a cross-agency strategy for children in need, including looked after children; to build on the Children First programme and the proposals in "*Towards a Stable Life and Brighter Future*" which were consulted on recently. We intend the changes to regulations that were consulted on will come into force from 1 July 2007.

Securing and Deploying Resources

Finance

4.31 Over the last 5 years spending on social services has risen per capita and as a share of council spending. Significant extra money has been identified for social services in the Assembly's published budgets up to 2008 but public services budgets everywhere will continue to be under pressure. The need for greater efficiency and getting better value for the Welsh pound will intensify. Remodelling services and achieving efficiencies through better commissioning will become even more important. **We will provide a more stable financial planning environment through 3-year local government funding settlements. We will properly align the health and social care planning cycles.**

4.32 Resourcing the future pattern of social services will involve some new investment and restructuring of existing services. The aims will be: to strengthen the capacity of services, to intervene earlier and more effectively and to review more systematically effectiveness in the use of resources.

4.33 The financial implications for social care of demographic, societal change and other trends are profound and complex. They will need to be worked through and considered carefully. **We will therefore undertake a fundamental review of the factors determining social services funding** to examine the medium term implications, to identify the financial and other resources required to ensure that individuals who need social care are able to secure high quality care. This should not be seen as reason for delay in addressing the priority issues highlighted in this Strategy and there must be a robust programme to take forward action.

Workforce

4.34 Services are only as good as the people who work in them. More personalised and responsive social services require people with the right personal qualities as well as formal training and skills. A well-motivated and high quality workforce in the right numbers and with the right balance of skills is vital.

4.35 As services are changed towards earlier intervention and new models of care it will be important that the workforce evolves to deliver the flexible and responsive services needed in the future. New roles will be defined so that professional expertise is used more effectively. **We will continue to work closely with the Care Council, local authorities and service providers to ensure that everyone is able to meet the challenges of the future.**

4.36 **As a priority, we will invite the Care Council to prepare a national action plan for the social care workforce which will set out the roles longer term skills and development needs of the care sector across adults' and children's services.** For children's social services, this will be linked with the work the Care Council has been commissioned to do on the children's workforce. It will take account of the consultation on the Sector Skills Review. It will address the issues of recruitment and retention identified earlier and will include new tools for modelling workforce needs.

4.37 We will consider the role of workforce regulation in improving protection, and raising standards. Following advice from Care Council, **we will consult on extending registration across all groups of social care workers incrementally.**

Information and Technology

4.38 All members of staff need access to good client-based information, management information and effective IT systems for assessment, care planning, management and review. All social services authorities are implementing electronic information systems which allow this information to be shared. For many individuals, however, assessment and services go beyond social care. Information systems need to support joint services by sharing information across boundaries. Both the Informing Health Care and the Informing Social Care Information and

Communication Technology (ICT) Programmes are working together to meet this requirement. **Working with partners, we will promote, support and develop the use of information technology to improve information sharing between agencies and to modernise assessment and case management.**

4.39 Technology will never replace the personal involvement that lies at the heart of social care. However telecare - remote monitoring of citizens' wellbeing, with early identification of needs – can offer more effective services that help users to keep control of their lives. **We will work with partners in the local government, health and housing sectors to exploit the opportunities for technology. With them we will develop new care models to support people in their own homes in ways that make appropriate use care technology.**

Research Innovation and learning

4.40 The new structures for research and development in social care must be fully used to inform and support the changes needed from a clear evidence base. Research, together with inspection, must influence policy and services. In particular, we need to ensure that best practice is more readily shared and applied. Improvements must be achieved in the quality, dissemination and capacity in the use of research.

4.41 **We will develop a Social Care Research Strategy** and work to make a success of the new Thematic Research Networks so that policy and practice is informed by good evidence which is shared throughout Wales. **We will maximise the use made of research promoting the use of the Welsh Office for Research and Development (WORD) Research Fund and AWARD as well as external resources such as the Social Care Institute for Excellence (SCIE) and the Research Councils.**

The Wider Policy Agenda

4.42 **Over the life of this strategy we will work with partners to maximise the contribution that the 1,800 care organisations can make to a sustainable future.** This will include efficient procurement, promoting biodiversity, reducing waste, promoting, efficient use of energy, water and other natural resources, environmental management systems and alternatives to car travel.

Legislation

4.43 The powers in the Government for Wales Act 2006 provide us with exciting opportunities to change the current legal framework for social services and public services more generally. They provide new freedoms to support distinctive arrangements which best fit the needs of Wales. Initially, **we will take new measure-making powers in the Local Government and Public Involvement in Health Bill in relation to:**

- **involvement of those affected by services;**
- **local strategies;**

- **securing improvements in the way functions are carried out; and**
- **assessment and inspection of the performance of local authorities**

4.44 We will consider what further contribution our extended legislative role can make to taking forward the changes in this strategy and in helping to achieve exemplary social services in Wales.

CHAPTER 5

IMPLEMENTATION

This chapter outlines the process we will follow in implementing the commitments we make in Chapter 4.

5.1 Translating the vision and principles in this Strategy into action requires a transformation in the way we think about and deliver services. It requires concerted action by the Assembly Government and local government working with service users, the professions, the workforce, providers and the wider community. It involves a major programme of change, which will take several years to complete. A number of the actions described in this chapter will support the process of change including:-

- strengthening of the social responsibility and leadership role of local government, linked to more proactive promotion of health, wellbeing and community development;
- strong support for the closer alignment of budgets and commissioning arrangements across the public sector - including health and housing - linked to joint planning and performance management;
- a comprehensive review of children's services - especially for those who are vulnerable or looked after, to improve integration and secure better outcomes at all stages;
- creating a streamlined common assessment system drawing on the best of the existing unified assessment process;
- developing and promoting cost-effective best practice for early interventions, self care and maintaining independence;
- making the promotion of self care a prime strand across all services, within a framework of careful risk management;
- testing and introducing a wider range of home support systems;
- a careful review of existing commissioning arrangements and of the opportunities for developing a broad set of providers with a view to establishing a balanced, managed market approach;
- engaging with the new Social Services Improvement Agency to develop assessment and improvement systems to support systematic improvements in services; and
- putting in place indicators to measure the pace and effectiveness of remodelling services.

We propose that the changes described in Chapter 4 will be managed under these 5 interdependent programmes.

- Leadership and Accountability
- Commissioning
- Performance Management
- Partnerships
- The Workforce

5.2 The implementation will be taken forward in three-year bites, commencing in 2008. This will align with the next round of Health and Social Care and Well-Being Strategies and Children and Young People's Plans. It will also tie in with the 3-year strategic framework approach being taken forward by the NHS under *Designed for Life*.

5.3 The year 2007/08 will therefore be an important preparatory year during which we will make early progress on key priorities to create momentum for the Strategy and to address pressing needs. These will include:

- developing guidance for a new Commissioning Framework and supporting regime strongly linked to the NHS Commissioning Framework;
- map out the process and timetable to overhaul the Unified Assessment Framework.;Ensuring that the development of the Community Service Framework takes account of the Strategy principles and objectives.
- reviewing use of Health Act 1999 Flexibilities (which allow pooled budgets and the delegation of functions between local government and the NHS) and developing an action plan to promote their wider use;
- considering and the following up the implications of the review of delayed transfers of care;
- developing a modernised Carers Strategy;
- reviewing the regulation and inspection arrangements in relation to social services;
- developing a draft National Workforce Action Plan (for children's social services, linked to the work on the children's workforce and also linked to the NHS Workforce Plan);
- developing a strategy for children in care and at risk of entering care, to build on the Children First programme;
- taking forward work on the Child Care Proceedings Review;
- piloting the Common Assessment Framework to identify children with additional needs;
- improving Performance Management by Social Services in the context of 'Delivering Beyond Boundaries' and linked to NHS Performance Management;

- developing regulations and guidance on the implementation of the Safeguarding Vulnerable Groups Act; and
- reviewing the operation of the Local Safeguarding Children Boards.

5.4 A strong desire was expressed during the consultation for all partners to be fully involved in preparing and designing the implementation programme of this Social Services Strategy. We will do this to the greatest extent we can in moving forward, while recognising that some work must be led by the Government and some elements must be taken forward at local level. With that in mind the following outline implementation plan can be identified.

Milestones	By
<p data-bbox="125 247 588 281">Leadership and accountability</p> <p data-bbox="125 321 529 354">Every local authority should:</p> <ul data-bbox="175 396 1072 642" style="list-style-type: none"> <li data-bbox="175 396 1072 506">• begin assessing the implications of this Strategy in respect of its objectives, organisation and management arrangements and future investment policy; <li data-bbox="175 533 1072 642">• begin assessing the implications of this Strategy for the next round of Health, Social Care and Well-Being Strategies and Children and Young People’s Plans. <p data-bbox="125 682 576 716">The Assembly Government will:</p> <ul data-bbox="175 758 1058 1041" style="list-style-type: none"> <li data-bbox="175 758 1058 867">• draw up a specification for a fundamental review of the factors affecting social services spending over the next 15 years; and <li data-bbox="175 894 1058 1041">• work with stakeholders to build on experience to date and develop a common assessment framework for adults which will support their joint health and social care needs. Implementation targets will be set. <p data-bbox="125 1081 368 1115">Commissioning</p> <p data-bbox="125 1155 675 1188">The Welsh Assembly Government will:</p> <ul data-bbox="175 1230 1068 1549" style="list-style-type: none"> <li data-bbox="175 1230 1068 1377">• issue a draft commissioning framework for health and social services in 2007 for full consultation, and will work with stakeholders on a commissioning improvement programme to be organised to run during 2007/08; and <li data-bbox="175 1404 1068 1549">• start work with stakeholders on developing the Integrated Children’s System for children in need and a Common Assessment Framework for children with additional needs, to provide information to support commissioning. <p data-bbox="125 1589 529 1623">Performance Management</p> <ul data-bbox="175 1665 1025 1845" style="list-style-type: none"> <li data-bbox="175 1665 1025 1845">• The Welsh Assembly Government will work with stakeholders on examining within the context of Beyond Boundaries how the overall performance management framework affecting social services can be better aligned with that for the NHS and other relevant partners. 	<p data-bbox="1115 247 1286 281">End 2007-8</p>

Milestones	By
<p>Partnerships</p> <p>The Welsh Assembly Government will:</p> <ul style="list-style-type: none"> • develop a cross agency strategy for children in need, including looked after children; and • work with stakeholders on reviewing with local authorities how, within the context of Beyond Boundaries, the existing partnerships can be better linked both to develop Health, Social Care and Well-Being Strategies and Children and Young Peoples Plans and to tackle difficult issues affecting local communities. <p>Workforce</p> <ul style="list-style-type: none"> • The Welsh Assembly Government will work with the Care Council on developing a National Workforce Action Plan. 	
<p>Leadership and accountability</p> <ul style="list-style-type: none"> • As part of the implementation of “Beyond Boundaries”, the Welsh Assembly Government will invite local authorities to comment on existing social services policies in relation to their current fit with the social inclusion objective set out in this Strategy. • The Welsh Assembly Government will discuss with the WLGA organising a training and development programme for elected members engaged in social services. • The Welsh Assembly Government will prepare in consultation with partners, Statutory guidance on the respective roles of the statutory director of social services, the executive and committees. • Local Government should initiate Operational management development for middle tier and front line managers. <p>Commissioning</p> <p>The Welsh Assembly Government will work with stakeholders on:</p> <ul style="list-style-type: none"> • making service users and carers pivotal to assessment and commissioning activity; developing the contribution of the voluntary and private sector; 	2008-11

Milestones	By
<ul style="list-style-type: none"> • implementing a new commissioning framework comprising guidance, skills development, promoting wider area commissioning; • supporting new models of service including preventative and re-ablement services, support services for families and individualised budgets; • implementing a modernised Carers' Strategy; and • exploiting the capacity of telecare and assistive technology to help to deliver community based services. <p>Performance Management</p> <p>The Welsh Assembly Government will work with stakeholders on:</p> <ul style="list-style-type: none"> • embedding the use of core data sets in every social services department; • developing core national outcome standards for all services; • rolling out the performance management toolkit which has been commissioned by SSIW, CSIW and local government; • reviewing the regulatory, inspection and review arrangements so that they complement and support the outcomes-based approach and underpin partnership working; and • developing joint performance targets (e.g. for common assessment framework). <p>Partnerships</p> <p>The Welsh Assembly Government will work with stakeholders on:</p> <ul style="list-style-type: none"> • developing effective partnerships - reviewing use of Health Act Flexibilities and providing an action plan to address the barriers to wider use of these Section 31 measures; • implementing a modernised Carers Strategy; • developing a Research Strategy for Social Services; • developing shared outcome measures across all agencies promoted; • securing better performance management across the whole system; 	

Milestones	By
<ul style="list-style-type: none"> • joining up the activity of the key agencies to support partnership working; • exploring new forms of partnership following “Beyond Boundaries”; and • supporting Health and social care partners to implement a common assessment framework for adults. <p>Workforce</p> <p>The Welsh Assembly Government will work with stakeholders on:</p> <ul style="list-style-type: none"> • implementation of a national workforce action plan which will include: <ul style="list-style-type: none"> ➤ taking forward “A Profession to Value” with work on developing and defining the role and responsibilities of social workers and linking to work by the Care Council on children’s workforce development; ➤ ensuring that we have the right skill mix to deliver and support new models of service; and ➤ working with other Whitehall Departments on implementation of the Safeguarding Vulnerable Groups Act. 	
<p>By the end of the 3 year period, substantial progress will have been made to:</p> <ul style="list-style-type: none"> • achieve the Vision for Social Services in Wales; • implement the key changes set out in paragraph 3.1; • re-focus services towards prevention and early intervention; • influencing national and local policy and in supporting partnerships that promote community cohesion and social inclusion. 	2011-2014
<p>By the end of the 3 year period</p> <ul style="list-style-type: none"> • the Vision for Social Services in Wales will have been achieved; • the key changes set out in paragraph 3.1 will be in place; 	2014-2018

Milestones	By
<ul style="list-style-type: none">• prevention and early intervention services will be the norm; and• social services will be playing an influential role in supporting partnerships that promote community cohesion and social inclusion.	

ANNEX 1 Figure 1 Tiers of Need and Intervention

Acute/restorative

**Social Services role -
Delivering, Influencing,
Negotiating**

Intervention Level 4
Aims: restoration & protection
*Acute/tertiary care, children looked after,
carer support on CPR, reablement,
addiction, homelessness*
5% population

Complex

**Social Services role -
Delivering, Influencing,
Negotiating**

Intervention Level 3
Aims: avoid escalation, restoration &
safeguarding
*Long term conditions, case management,
multi-disciplinary, specialist care, family
support to children in need, carer support
independence at risk*
15% population

Vulnerable

**Social Services role
Developing and Enabling**

Intervention Level 2
*Supported self
care, early intervention/preventive
services; e.g. sure start, back care,
remedial learning, housing advice*
20% population

**Universal
Social Services
role - Influencing**

Intervention Level 1
*Housing, Income, Learning, Employment,
Friendship, Public Health. Self-care.
Health promotion*
Universal services = 100% population

The principle of the triangle is that at each tier people have access to all the services in the tiers below and additional services relevant to that tier. The risk of social exclusion increases as people progress up the tiers. The aim of services should be to help people move back down the tiers towards inclusion.

- Tier 1 is the universal services such as –*general information and advice*, housing, welfare rights, learning, employment, public health, self-care, health promotion which all of us use at some time.
- Tier 2 are “supported self interventions” - early intervention or preventative services; e.g. Sure Start, the new Flying Start, remedial learning, advice on equipment and special housing and low level telecare. 20% of the population might need such services. They are characterised by additional needs, and low to moderate risks to inclusion and independence.
- At Tier 3, are services which aim to avoid escalation to the highest level of need or restore people to the level of independence that they can achieve. These might include services to people with long term conditions or needs where safety, independence and inclusion will be at risk. This will involve short-term planned help to recover independence as well as moderate level continued support such as day care and lower level homecare. They include children in need and children needing protection, and youth justice services. Such services might be required by 15% of the population. They involve specialist or multi-disciplinary needs assessment and case management.
- At Tier 4 are services which involve specialist, acute and complex needs including short term intensive crisis intervention and statutory intervention including acute and tertiary care (what does this mean these are hospital phrases ...do we mean support to people in these services e.g. palliative care, burns and plastics, medical emergencies, forensic psychiatry?), long term residential adult care, intensive domiciliary care including complex telecare and integrated care with health, children looked after, support to emergency and in-patient hospital services, protection and receivership, mental health and addiction rehabilitation services, homelessness, secure accommodation and prison services. They are characterised by severe and critical risks to inclusion and independence. They are needed by about 5 % of the population. They are currently where the bulk of spending on social services, in particular goes.

ANNEX 2

The Welsh Local Government Association's 9 Social Services Commitments

1. To have a collective responsibility for the reputation and performance of all social services departments in Wales.
2. To use its collective resource of skills and knowledge to support those councils who are considered in most need to raise their performance.
3. To ensure that services are individual focused and that the needs of individuals and families are at the heart of the planning, prioritisation and delivery of services.
4. To collaborate with each other to ensure that resources are used effectively and that commissioning processes support value for money, responsiveness and quality.
5. To build on local partnership arrangements to deliver high quality care in an integrated manner appropriate to the service being delivered.
6. To work towards a system of standardised employment practice, opportunities and conditions of service that do not favour or hinder individual councils but promote benefit for all councils and employees.
7. To secure adequate resources, capacity, skills and information and knowledge to provide high quality care that reflects best practice and the needs of local populations.
8. To enhance existing specialist support available to promote and co-ordinate a programme of improvement and organisational development and research.
9. To work constructively with external regulators and inspectors to promote best practice and attain high standards of service.

