

SOCIAL SERVICES AND WELL-BEING (WALES) ACT

Skills based resource pack:

**‘Better Conversations’ in Information, Advice and Assistance Services**



[**#GetTheAct**](http://www.twitter.com/gettheact)

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Particular thanks must go to Achieving Sustainable Change ASC Ltd

for their help in developing this pack.

Further copies and other formats:

This publication is also available in other versions.

Further copies of this document and all other Social Care Wales resources are available to download from our website [**www.socialcare.wales**](http://www.socialcare.wales)

Index of training resources

**SECTION 01 – CONTEXT AND INTRODUCTION**

An overview of the resources: who they are for, aims and objectives, and suggestions for getting the most out of them.

**SECTION 02 – SUGGESTED WORKSHOP PROGRAMME AND PLAN**

A suggested workshop programme and trainer’s plan for a three and a half hour workshop.

**SECTION 03 – PRESENTATION**

A presentation aiming to achieve better conversations with people using the Information Advice and Assistance service, including facilitator notes for guidance and preparation. This can also be printed as a handout with space for participants to make notes.

**SECTION 04 – HANDOUTS**

A selection of handouts to be used. The trainer may also select additional handouts.

**SECTION 05 – CASE STUDIES AND DISCUSSION EXERCISE**

Case studies and discussion exercise for use during workshop. Three additional case studies have been added at the end of the section.

**SECTION 06 – EVALUATION AND PERSONAL ACTION PLAN**

To be used at the end of the workshop.

**SECTION 07 – ADDITIONAL MATERIALS**

A range of handouts and additional resources, which may be included in the participants’ pack or introduced as a part of the workshop.

**These resources can be downloaded from the Information and Learning Hub:** [**www.socialcare.wales/hub/home**](http://www.socialcare.wales/hub/home)**. It is expressly prohibited to use any, or all, of this training resource for commercial gain.**

**SECTION 01**

CONTEXT AND INTRODUCTION

Context and introduction

Context

The Social Services and Well-being (Wales) Act 2014 provided the basis for a new statutory framework for social care in Wales. The principles of the Act include:

* an emphasis on promoting well-being;
* a preventative approach;
* greater voice and control for the individual; and
* working co-productively with individuals and their families and friends.

The Information, Advice and Assistance service is an important contribution to meeting these principles. In particular, the ‘what matters conversation’ sets the scene and a set of principles for a positive and co-productive relationship with individuals requesting support.

This resource pack is designed to support trainers to deliver an initial half day workshop for workers in Information, Advice and Assistance services focusing on ‘better conversations’. Experience shows that this initial workshop needs a planned number of follow up sessions which allow for practice discussion and development between teams and managers to effectively embed the approach and critically to help organisations understand the issues for systemic change which support and give permission to operate in this way.

Please note that the pack is not intended to respond to all the learning needs of this workforce, for example additional materials are provided to allow the trainer to extend or tailor their workshop or to vary delivery methods.

To maximise use of these resources, the trainer will need an understanding of the Social Services and Well-being (Wales) Act and in particular the role of Information, Advice and Assistance services and be able to deliver experiential learning on communication skills. It will be helpful if the trainer is briefed on local strategies and structures relating to the Information, Advice and Assistance service. Ideally, this workshop will be delivered following a parallel workshop for managers. Where this is the case, the trainer will need information on the outcomes, in particular the vision agreed for the Information, Advice and Assistance service.

Similarly, use and adaption of the resources will also allow Information Advice and Assistance team managers to introduce or maintain the principles of the approach with their teams.

Aim of training

• To support better conversations.

Objectives of training

• Know why effective conversation skills are essential to this service.

• Explore the essential conversation skills.

• Discuss and try out the strengths based results you can get from using effective conversations.

Target group

This resource pack is designed for the frontline workforce working in the Information, Advice and Assistance service. According to local arrangements, the initial training may be carried out by external support or by managers from within the service itself. We also believe that the richness of information presented lends itself well to act as a basis for supporting other workers in the sector.

The training resources

These training resources include:

• Suggested workshop programme

• Trainer’s workshop plan

• Power-point presentation with trainer’s notes

• A selection of handouts

• Activities and exercises

The trainer may also select additional handouts and learning materials, for example, local information about the Information, Advice and Assistance service and information from the Social Care Wales Information and Learning Hub.

<https://socialcare.wales/hub/home>

Evaluation

The trainer should allow sufficient time to evaluate the workshop focusing on:

• Whether the aims and objectives have been met.

• The actions the participant intends to take to build on their learning.

It may be appropriate to encourage / require the participant to share an action plan with their manager. An action plan can initially commit to how the skills may be put into practice and how the organisation will start to allow for peer support sessions to review experiences from colleagues.

Acknowledgements

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Achieving Sustainable Change ASC Ltd

Blaenau Gwent County Borough Council

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Neath Port Talbot County Borough Council

Social Care Wales

Social Services Improvement Agency

Wrexham County Borough Council

**SECTION 02**

**SECTION 02**

SUGGESTED WORKSHOP PROGRAMME AND PLAN

Suggested workshop programme

**Introduction to the workshop (30 mins)**

**Our own experience (40 mins)**

**Starting well (20 mins)**

**Break (15 mins)**

**Good conversations (90 mins)**

**Next steps and evaluation (20 mins)**

Trainers’ workshop plan

*Note: This is an outline plan and the materials are designed to be used flexibly as are the suggested timescales.*

**Preparation .**

Preparation for the workshop might include contacting participants beforehand and asking them to bring examples of real conversations to discuss (suitably anonymised and maintaining confidentiality).

**Introduction to the workshop (30 mins)**

This section of the workshop includes welcome, introductions, housekeeping arrangements, aims and objectives. The trainer may also wish to suggest ground rules, including confidentiality on individual cases. The context is also described – the aspirations of the Social Services and Well-being (Wales) Act, the context of the Information, Advice and Assistance (IAA) service. The introduction should also cover the vision for the local IAA service. See slides 1 – 6.

**Our own experience (40 mins)**

This section encourages participants to reflect on their own experiences of good communication and helpful conversations. The key elements of communication are introduced. See slides 7 – 10.

**Starting well (20 mins)**

This section addresses the importance of the first contact with individuals contacting the IAA service, how negative perceptions can get in the way of good conversations and introduces the skills required to manage conversations well. See slides 11 – 18.

**Break (15 mins)**

**Good conversations (90 mins)**

This section is the bulk of the workshop and will take a **minimum** of 1 ½ hours to ensure sufficient practice, reflection and discussion on the 5 stages of good conversations. See slides 19 – 35 and experiential exercises highlighted. NB talking through the slides is not sufficient – participants must have the opportunity to practise the stages and to reflect. The handouts 1 – 5 provide additional material for this key section of the training, for example, allowing exploration of issues raised such as working with carers.

**Next steps and evaluation (20 mins)**

This is an opportunity to reflect on key learning points and agree actions. The workshop should also be evaluated. See slide 37.

***The trainer to select appropriate handouts from those provided and other relevant material to form the Participants Pack.***

**SECTION 03**

PRESENTATION

**SLIDE 2:** Aims and objectives

Aim

• To support better conversations

Objectives

• Know why effective conversation skills are essential to this service

• Explore the essential conversation skills

• Discuss and try out the results you can get using effective conversations

**Facilitator Notes**

Introduce the aim and objectives for this session. Where appropriate, mention you will be drawing on a session already held with their managers.

These are the aims and objectives – the desired result (outcome) is better conversations with people using the IAA service.

Work in pairs to identify what your hope is from this session?

Participant - introduce self and tell group what your hope is from the session.

Or, use another warm up exercise suitable for participants attending the session.

**SLIDE 3:** Context for Information, Advice and Assistance

• Responding to a wide range of requests

• Increasing demand and limited time

• Having to identify what matters most to the individual within the context of the social care intervention

• Giving the right response

• Feeling safe

• Feeling good about how well you do your job

• Providing IAA face to face or via the phone

**Facilitator Notes**

Staff in IAA are responding to a wide range of requests from the public. They respond to people who are often in times of stress and challenge. They play a crucial role in delivering Part 2 of the Social Services and Well-being (Wales) Act.

Staff are responding to a wide range of requests, there is increasing demand and limited time. How do we help staff to maximise the potential for each conversation which results in the member of the public or professional enquirer, feeling clearer about the most important issue for them and clearer about their course of action?

Whether we have 5 minutes or 5 hours, skilled listening is vital, skilled staff enables people to clarify their thinking and express what matters most to them.

**SLIDE 4:** Social Services and Well-being (Wales) Act 2014

• Voice and Control

• Avoid creating unnecessary dependence

• Sustainability – with fewer services

• ‘What matters’ most support

• Prevention by earlier intervention

• Access to information about a range of options by signposting

• Ending of the tick box culture

• Outcome - maintain or regain as much independence as possible

• **It gives permission to do things differently**

**Facilitator Notes**

* The Social Services and Well-being (Wales) Act 2014 sees the individual placed at the heart of its ambition for social care in Wales. We need to build peoples’ resilience to more successfully manage changing and often challenging circumstances and issues.
* Research and evidence shows us that too much support (scaffolding around a person) reduces their ability to manage instances of risk and creates an often unnecessary dependence…especially if we want the agreed fix to be sustainable.
* We need to work with people to help them understand their priorities and what matters most to them before we respond with an offer or simply say ‘I’m sorry, we can’t help you’.
* We do this from a strengths based conversation rather than a deficit based one. Building on and acknowledging what people do or could do for themselves or with support from family, friends or community.
* Similarly if we have fewer services to offer people, we need them to have had a ‘good conversation’ with us; a conversation which allows for reflection and analysis on their part with someone who empathised with their circumstances/issues. This in itself is a valuable service.
* Changing demographics particularly an aging population and cuts to welfare benefits for families and young adults, mean more pressure and reduced capacity.
* We need to give people no more and no less than they need to maintain or regain as much independence as possible.

**SLIDE 5:** What are the hopes for the Act?

“Essentially we want a system that will be simpler, where people will be asked about what matters to them and which captures what they can contribute to their own well-being”

Mark Drakeford

A short film to help us understand

<https://www.youtube.com/watch?v=a2KiTnsv5ZM&feature=youtu.be>

**Facilitator Notes**

Mark Drakeford was the Minister for Health and Social Care.

The Social Services Improvement Agency worked with local authorities to create a short film to show this shift in approach and culture as defined by the Act.

Let’s take 5 minutes to watch it. **right click on link, open hyperlink.**

Take any comments participants might want to make in relation to their work.

**SLIDE 6:** What is the vision for our Information, Advice and Assistance service?

**Facilitator Notes**

The content of this slide is to be populated with the local vision for the service - ideally the managers’ session would precede the delivery of this session enabling the content of this slide to be populated.

Everyone in the organisation needs to know where they are heading on this service and why.

**SLIDE 7:**

**Section 2: Our own experience SLIDE 8:** Think of a good example

In your busy conversations, think of an example of a good conversation you have had with a caller.

What pleased you most about it?

What did you achieve?

**Facilitator Notes**

Whole group exercise – take feedback, acknowledging participants’ expressed or unexpressed desires to do well for themselves and the individuals using the service. Open up the conversation by inviting others to comment or build on what has been said.

Use activity handout number 1 – Examples of success and what we have done well.

And / or use activity handout 2 – Vicky and Adil.

**SLIDE 9:** Key elements

What are the most important elements of effective communication from your experience?

**Facilitator Notes**

Explore this question in the light of experience. Take general comments and move on to next slide to precis.

**SLIDE 10:** Key elements of communication

• Showing that you are listening

• Expressing empathy and warmth

• Asking the right questions so there is clarity about concerns

• Showing support by recognition of individuals’ strengths

• Showing patience

• Appearing knowledgeable and effective

**Facilitator Notes**

Checking out that generally people think these are the key elements and valuing other contributions to the list.

**SLIDE 11:**

**Section 3: Starting well**

**SLIDE 12:** The importance of first contact

• People are calling at a time of stress and challenge

• They may feel they are very clear about what they need and why

**but**

• They may be confused, anxious, frightened, frustrated, angry

• They need time to reflect, hear themselves talk and hear themselves become clearer

**Facilitator Notes**

Is this something people can understand / sign up to?

For example, people may initially think they know what they want because nobody has given them the time to properly think things through and reflect on their own needs and / or behaviour. Often people don’t know that they might have options.

**SLIDE 13:** Examples of negative thinking

What sort of comments do you hear each other making about some of the things you feel you have to put up with?

**Facilitator Notes**

What sort of comments do you hear each other making about some of the things you feel you have to put up with? For example, that person only phones to complain.

Bring out those scenarios that breed (understandable) negative thoughts.

Prompts to use:

* They are always ringing
* They start by shouting
* They won’t listen or take up solutions
* They expect me to fix the problem
* They want the same service as the neighbour
* They use me to off load
* I keep having to say the same thing over again
* Other organisations expect too much
* Professionals think I can just jump and deliver
* They are still calling at five to five

**SLIDE 14:** Focusing your skills

• Listening and expressing empathy

• Exploring concerns and aspirations

• Expecting natural defensiveness

• Helping people understand and value their strengths

• Avoiding arguments and confrontation

Enables you to:

• Notice people for the problems they face, not just the problems they cause

• Notice peoples abilities to alter their own course and to offset their own risk and concerns

• Focus on their hopes and aspirations

• Notice the strengths of families / groups / units and support what's important to

 them, building on their resilience

• Make better decisions (with the individual) based on the right information

• Signpost if needs be to most appropriate services

**Facilitator Notes**

So, how do you use conversation skills to manage the challenges?

1. Try not to jump to conclusions about individuals, for example, because they are anxious or colleagues might have already dealt with them and found them difficult.
2. Often people are repeat callers. In these cases we often see the presenting behaviour rather than the person we’re talking to. Admittedly often difficult but we can’t get into a competition or a power battle.
3. Reflect back to people how well they have managed situations previously if possible and what it is that seems to matter most to them

We try to get a complete (holistic) picture of the individual and what their support networks look like before focusing in on a solution.

We tend to think that the worker is the one learning by asking questions and receiving information.

But a skilful worker can help the individual learn about themselves at the same time i.e. 2 people are learning.

**SLIDE 15:** Imagine

Something you feel you need to tackle …

• Work / life balance

• Eating

• Exercise

• Parenting

• Supporting elderly parents

• Drink less wine

Make a commitment to act now!

**Facilitator Notes**

Ask people to take a brief moment to think of something they really want to change and that they often think about doing. Reinforce that there’s no point making it up! So allow a minute and then check everybody’s got something.

Ask them to make a commitment now to seriously do something about their issue this weekend.

Imagine we have come back together in a week’s time. How many of us do you think will not have been able to keep their promise?

Why might that be? A bad day, other priorities, put off for another week?

What is needed is an understanding that as humans when placed under pressure to respond to another person’s direction or suggestions we are highly unlikely to follow through.

NB So in our heads the issue becomes less important, because we are less confident we can do something about it and we are not ready to change. We do this even though its still really important to make or address the change of behaviour needed

**SLIDE 16:** Experiencing behaviour change

• Individuals **NOT** information make decisions and keep people safe.

• If we do decide to act, unless we have made the decision and commitment ourselves we may be unlikely to keep it going**.**

**Facilitator Notes**

Research show us that when we empathise with someone - not sympathise or make judgements - but empathise - people are more likely to tell us the truth about what is really happening. We may not agree with them, but being careful not to express a judgemental response is very important and will give us the information we need to help them (starts to address the issue of avoiding hidden harm).

**SLIDE 17:** Managing the conversation

 **You**

• Make a commitment to listen

• Stay calm and purposeful

• Stay focussed on the most important issues

• Acknowledge the challenge

• Build on the strengths

• Explore individual’s hopes and aspirations

• Respect individual’s skills, knowledge and expertise

 **And you try to avoid**

• Rescuing, advising, telling or ‘doing to’ rather than ‘with’

**Facilitator Notes**

Making a commitment is about being there for the person. It means giving them your full attention and letting them know that you are listening properly to their concerns. (*How to address this issue of supporting the frontline who have spent time responding to particularly challenging callers or visitors is for managers of the service to agree with officers)*

Helping people believe more in their abilities – respecting their situation and that they know themselves best.

Ask participants to think about the ‘Try to avoid’ bullet point – do people feel this is how this service is currently structured? Is this what we do in our own lives?

**SLIDE 18:** 5 stages to a good conversation

1. Open engaging questions

2. Active listening

3. Open exploratory questions

4. Information exchange

5. Summary and actions

**Facilitator Notes**

So to summarise and lead us into the next part of our session:-

It would be fair to say we can think of these as the 5 stages to a good conversation.

In Section 4, we’ll look at each of these stages in some detail.

*NB: This would be a good time to build in a comfort break.*

**SLIDE 19:**

**Section 4: Good conversations**

**SLIDE 20:** 5 stages to a good conversation

1. Open engaging questions

2. Active listening

3. Open exploratory questions

4. Information exchange

5. Summary and actions

**Facilitator Notes**

So to recap after the break, these are the 5 stages to a good conversation. Appropriate reflection (which we will be talking about in more detail) runs through all the stages when necessary.

**SLIDE 21:** Stage 1 Open, engaging (not leading) questions

For example:-

 “Tell me a bit about what’s happening?”

Rather than **leading** them:-

“What’s the problem and how can I help?”

**Facilitator Notes**

We need to understand and appreciate the value and strength of ‘open’ questions. (Check understanding of ‘open question’).

What are the benefits of open questions?

Can you give examples of the types of open questions you ask as part of your job?

How might you start the conversation for example?

How might you respond to someone giving you some troubling information?

***Facilitator will need:***

Sheets of plain A4 paper and a couple of felt pens to draw with for half the participants.

***Exercise:***

In pairs – one person asks questions of their partner which allows them to draw their house and garden.

Person describing should not go beyond the question they’ve been asked.

You can have 6 questions.

***Learning point.*** ‘How many floors does your house have?’ (closed question) v ‘How would you describe your house and garden?’ (open question)

The more open the question, the more information you are likely to get. You can concentrate on listening.

**SLIDE 22:** Stage 2 Active listening

• Respond by letting people know that you are listening and understanding.

• Respond with short reflective statements that get to the heart of the matter.

**Facilitator Notes**

**Short** is the key word. Try to avoid replaying everything that’s been said. As you grow in confidence, your intuition will become fine-tuned.

**SLIDE 23:** The power of reflection

• If you are reflecting, you are focusing on an individual’s world, their thoughts, their dilemmas

 as opposed to…

• Solely asking questions needed by the system which may or may not be relevant or meaningful

 or

• Making suggestions or offering advice too soon

***Remember - reflective statements are your vehicle for your intuitive understanding***

**Facilitator Notes**

Good reflective statements help both people in a conversation clarify what’s been said.

Reflecting something back to someone helps you check you’ve understood their concern **and helps them clarify for themselves what matters most to them.**

In pairs take 5 mins each in turn.

Describe something that’s going on for you in your life that’s a niggling issue for you and that you think you might like to find a way of moving forward.

Your partner to respond by reflecting back what they hear is being said.

* What you think s / he means?
* What you think s / he feels?
* What are their values and drivers?
* What’s it like to be her / him?

Take brief feedback from the exercise. How did it feel?

Remember reflecting and paraphrasing are not about asking more questions – keep it short and focussed in a way that will be understood by the person who’s spoken to you.

*This is your professional intuition at work. Your understanding should deepen as the conversation progresses.*

**SLIDE 24:** Skilled staff work with the feelings that can lie behind behaviour

|  |  |
| --- | --- |
| **Because a person feels** | **They may (behaviour)** |
| Shame | Refuse to cooperate |
| Guilt  | Avoid appointments |
| Fear of judgement  | Minimise the problems |
| Fear of consequences | Make things up |
| Fear of vulnerability  | Argue |
| Panic | Passive agreement |

**Facilitator Notes**

We all have natural and understandable ways of dealing with difficult feelings and situations.

Reflection can help us uncover the meaning of what is being said – often not expressed clearly as sometimes we are not sure what we mean.

We are not saying that you therefore have to be a passive recipient of anything anybody wants to say to you…

* Why might somebody be angry?
* Is their anger legitimate?
* How might you try to bring them down a little?

If we understand why people might be behaving in the way they do, we might start to have more empathy and patience.

**SLIDE 25:** Practice reflective statements

**In 3’s**

• **One** person be the speaker talking about an issue that concerns you

• **Second** person keep time and facilitate a shared discussion after 5 minutes

• **Third** person listen and reflect on the speakers situation, wondering:-

• **What's important to her / him** *(e.g. you are trying to help your mum stay at home)*

**Facilitator Notes**

Exercise – instructions as given on the slide.

Everybody needs to get a turn to reflect.

Before starting, use next slide to help explain the exercise and to give some prompts.

**SLIDE 26:** Practise reflective statements

• **What feelings may be behind the words?** ***(****E.g. you are really worried, this has never happened before****)***

• **What have I noticed about the challenge s / he faces*? (****It’s hard for you with so many conflicting responsibilities****)***

• **What have I noticed about her / his strengths / values? (**You *want the best for your mum and are going the extra mile****)***

**Facilitator Notes**

Exercise – instructions as given on the slide. Remind participants they are not giving advice or making judgemental statements.

***Take feedback:-***

* Start with the **speaker** – how did it feel having somebody reflect back what they thought you’d said;

If annoying – why? If helpful – why?

* **Listener** - how did you find that exercise? What felt useful and what was more of a challenge?
* **Observer** – what did you notice about the relationship between the 2 people. What seemed to work well? What if anything caused tension / frustration?

**SLIDE 27:** Stage 3 Asking exploratory questions

• Open, not closed

• Simple, not multiple

• Not leading

• Avoid ‘Why’

• Key questions

**Facilitator Notes**

Recap on elements covered so far.

Why questions are open questions – but can come across as aggressive and are best avoided.

**SLIDE 28:** Open exploratory questions (finding out what matters)

• What concerns you most?

• What would worry you if nothing changed?

• What have you noticed when things are a bit better?

• What do you hope for if things can improve?

• What would be happening to make you a little less concerned?

**Facilitator Notes**

Recap on whether people felt they had good open questions they used earlier on in the session? Repeat them if so.

**SLIDE 29:** Engaging with other professionals when they want to refer to you

• Can I check a few things out with you so I’m clear about what you might need from us?

• What is it specifically about their situation that concerns you?

• What have you noticed about the family when things are going well?

• What would be happening in 3 months’ time if things were improved?

• What might you specifically want from us to help them achieve this?

• What would your role continue to be and how shall we keep in touch?

**Facilitator Notes**

Welsh Government particularly expects well-being to be responded to by all professionals. But particularly by police, service providers, education, housing health and social services.

We need to be much clearer about what we would like others to consider and what our on-going role might be, even if it’s a matter of providing better information before making a referral.

Where relevant, these questions would significantly help when taking referrals from other professionals.

Remember to reflect and summarise **after each response** – keeping your own response short and focused and trying not to sound as though you’re reading from a script.

**SLIDE 30:** Stage 4 The information exchange

 For example:-

• Would you like me to give you a bit more information?

• Could I ask you for a little more information?

**Facilitator Notes**

People generally understand that you need to ask them questions. The information exchange is the heart of the conversation, but where you started the discussion will influence the information you get and need. It should have focused on what was at the heart of the matter for the person.

However – asking for the information that the service and / or system need without having tried to get (when needed) a good holistic picture, can sound as though we’re reading from a script. And as we all know – it can be extremely annoying and raises levels of irritation.

The way we ask the question is really important. Give people time to answer properly before moving on.

**SLIDE 31:** Stage 5Summary and actions

• A focus on key issues

• What are the strengths / skills and motivators you have noticed?

• What actions have they decided to take?

• Empowering summaries

**Facilitator Notes**

You’ll need to summarise the information you’ve heard. Think about how you focus down what you’ve heard to the key issues.

Remember to reflect and capture what the individual said is important to them. Wherever possible give positive feedback; acknowledge how difficult a situation they might have been dealing with and what they’ve managed well.

Often people need to go away and think or do something as a result of your conversation with them.

**SLIDE 32:** Summary example from a conversation with a concerned daughter

***“****You are very concerned that your mum may be missing meals in the day as it is painful for her to prepare food.*

*Her friends or a neighbour calls in 3 times a week and you call on the weekend but there are some times when she is alone.*

*You would like to consider options with your mum about how she might cope on these days.*

*This is a new and strange situation for you and your mum who is a strong and independent woman.”*

***Question for worker and daughter:***

*“What are your thoughts about next steps?”*

**Facilitator Notes**

This is what you might feedback to the daughter.

Does that sound reasonable?

**SLIDE 33:** Thinking about what action(s) you both might want from your discussion…

What the person is going to do next and what the worker is going to do next - examples

• Individual will discuss more with family members

• Individual will gather more information and ring again

• Individual will think about things a bit more before deciding on any action

• Individual will contact a suggested service following signposting from frontline staff

• Worker will offer further contact

• Worker will offer / access more specialist advice

• Worker will refer into the organisation or another service for specialist help

**Facilitator Notes**

Here is an example list of things you will have agreed between you.

What mechanism do you currently use to check you’ve got what you need?

What might you record on your system?

Does your current system allow you to record the type of content we’d covered today?

What changes would you like to see by those able to influence systems and forms?

**SLIDE 34:** Strategies for lowering
challenging conversations

• What do you do when the individual is not having a good day?

• What tactics do you use to try and stop yourself getting sucked into emotions such as anxiety or anger?

**Facilitator Notes**

Ask participants how they manage and share their responses to strong emotions or difficult behaviour.

What works well? Are there particular phrases that they find themselves using?

When do you know you’ve lost control of the conversation? What might the individual have done and / or what might you have done?

How do you know when you’ve ‘blown’ the conversation? Is it about needing to win or a defence mechanism (both very much human nature)?

***Tips***

* Resist hitting it head on or taking it personally
* Acknowledge the feelings behind the words e.g. anxiety, frustration, fear etc.
* Empathise, Accept, Reflect and Explore
* Shift to strengths based conversation
* Emphasise personal choice and control
* Avoid arguments

**SLIDE 35:** Case scenarios

In 3’s

• One person be the individual

• Second person follow the phases, always remembering to reflect and affirm throughout

• Third person keeps the time, observes and facilitates the debriefing

• Call time after 10 minutes and debrief

**Facilitator Notes**

To bring all the stages together, use case scenarios handout 3.

Remember that you need to be reflecting and making positive noises throughout when you can.

Sometimes you might find it pertinent to change the order of the stages or the caller may naturally focus in immediately on an area or issue.

Remember as well that you have an individual style which you probably don’t need to change and which helps you be as comfortable as a style in your conversations with people.

**SLIDE 36:** Feedback from exercise

**Facilitator Notes**

Start with ***individual*** – how did it feel? Anything that jarred?

***Worker*** – how did it feel? Are there any aspects that you feel are trickier than others? Do you feel yourself falling into old approaches at particular times?

***Observer*** – general points – but most of the feedback should be about what they observed happening AND whether the worker missed any significant feelings or information.

**SLIDE 37:** Next steps

• Follow up in team meetings

• Case discussions

• Review your progress…

What I will notice myself doing?

What I will notice others doing?

**Facilitator Notes**

Brief reflection on whether participants achieved the objectives and their hopes for the session.

Agree the next steps using the slide as a prompt.

Evaluate the session.

**SECTION 04**

HANDOUTS

Handout 1

****

Handout 2

**Discussion prompts – tips**

• Behaviour breeds behaviour. This is an important phrase to remember. If an individual is rude and abusive, it is ‘petrol on the ﬁre’ for the rudeness and abuse to be returned. On the other hand, responding calmly and pleasantly gives an individual a chance to calm down and respond in a similar way.

• Sometimes we might be over complicate where there is a simple solution in front of us.

• Our hopes, aspirations and fears are the same as the people we talk to, there is nothing special or different about them or you.

• Telling “stories” is a powerful form of communication used throughout the ages.

Handout 3

**Caring Conversations**

• Be **C**ourageous

• **C**onnect Emotionally.

• Be **C**urious

• **C**onsider other perspectives

• **C**ollaborate

• **C**ompromise

• **C**elebrate

Handout 4

**Some of the challenges of carers**

• Impossible for a holiday.

• Juggling work and family commitments.

• Feeling there is no light at the end of the tunnel.

• Lack of support from others for example other family members.

• Every day/week the same.

• Keeping an even temper.

• Whatever you do is not enough.

• Lack of gratitude from the cared for person.

• Guilt.

Handout 5

**Summary – The Bakers Dozen**

• Listen to where individuals are and get alongside.

• Reflect feelings and meanings.

• Lower defensive behaviour - through reflection and empathy.

• Use open questions to help people explore their situation.

• Reflect feelings and meanings.

• Notice people’s strengths, values, beliefs and reflect these.

• Resist taking a side in differing opinions or perspectives.

• Listen for the moment to initiate information exchange.

• Reflect feelings, meanings, values and strengths.

• Acknowledge their challenges and explore choices.

• Assist in refining the caller’s options and choices.

• Notice their strengths, achievements, autonomy.

• Summarise actions and know how and when to close.

**SECTION 05**

CASE STUDIES AND DISCUSSION EXERCISE

**Activity 1**

**Examples of success and what was done well**

A good exercise would be for participants to come with some interventions / conversations that have worked well for them in their work. For example it could be a frequent caller who following intervention no longer rings. It could be an angry and frustrated person who changed their view on the service and in the end expressed thanks.

Prior to the workshop staff would need to come with such cases and ideally submit them beforehand, they could come up with the examples in a team meeting. People might find it difficult to think of these on the day.

The following pointers could be used in asking them to deconstruct one of these cases and how they might learn from it.

• What was going wrong in this situation?

• What needed to be addressed in order to improve the situation?

• What strengths were there that could be built on?

• What positive elements were there in the situation?

• What options were available?

• What would have been the likely results of each option?

• How will you know if the plan is working?

• How would you use the experiences of this case to help future work?

When taking feedback on this it might also be possible to talk about when things don’t go well and draw any things / case examples where they could have done better.

**Activity 2**

**Convincing others of the Act.**

This is useful for people to practice selling the benefits of the Act to sceptical others. The exercise could be done as a standard group coming up with issues or in a three with caller, responder and observer. I would probably do it just as a group as there are other role play exercises.

1. **Vicky who is the new manager of a sheltered housing complex rings up. She has recently moved from another authority. She is polite but forthright in saying that she had been told that there were lots of cuts in your authority but didn’t quite believe them until now. She is appalled that many of the residents have little formal help and she is now going to refer each and every one of them with a copy of the referral to the local councillor. She has received some training around the Social Services and Well Being Act and whilst it “all sounds good on paper” thinks it is nonsense to talk about strengths for many of her residents and it is all about cuts.**

**How would you respond to Vicky?**

In the feedback it would useful to note if people mention using good practice examples to Vicky.

Note how **“Storytelling**” can be a great way to get someone’s attention, but only if you tell the **right *kind* of story**. Research shows that human beings tend to pay attention to things that have **key characteristics:**

One of these is that we pay attention to things which are ***relevant* t**o us. **Stories** that get attention tend to be about things that **we already care about**. Do we have an example of a similar situation that we could tell Vicky and **paint a story** around it? Could Vicky contact someone in a similar role who might have a different view?

There is something in how we communicate and paint pictures for people in their mind which resonates.

1. **You have a phone call from Adil. He works as a graphic designer but also recently started to volunteer in a young carer’s activities group which is run by his Uncle who is sponsoring the activities as part of a local Rotary Club. The young carers range in age from around 11 to 18 and are given opportunities to participate and learn new things by undertaking activities for example sailing, drama.**

**Adil has got to know some of the young carers recently and he is concerned and angry over what they have to do and the pressure that he feels is on them. He is concerned that Social Services appears to do little for them and is upset over this.**

**Adil acknowledges the difficulties that social services face including the financial pressures and acknowledges that much of his frustration is that he does not know how he can help more. Adil has been on line and read a bit about the Act but it all appears about people being left to do things for themselves which he thinks is wrong for children.**

**How would you advise Adil?**

In the feedback there might be something about helping to achieve setting realistic and good enough outcomes and about recognising different lives and roles.

A response could be around **good information giving**. It can exemplify another **characteristic** of getting more attention from people when giving information the caller does not know. Your response will need to contain something **new to them** that can generate a response, such as “**I didn’t know that!”** and generate positivity to a situation.

Through a good conversation there is an opportunity for Adil to be better informed and more positive about how he can contribute further.

**Activity 3**

**Case Scenarios**

**Diana rings you. She lives in Herefordshire; her Mum Dorothy lives in Neath. Dorothy is increasingly frail and having difficulties with her mobility and remembering things. She is adamant that she does not want people coming into her house to help her but now acknowledges she is not coping.**

**Dorothy lives with her stepson Colin who whilst he hasn’t been formally diagnosed, Diana thinks has some form of autism, possibly Asperger’s Syndrome. Diana talks every day to her mother on the phone and comes down for a half day every week otherwise there would be chaos. Her Mum has recently come out of hospital and in Diana’s opinion she should have been in longer and was just thrown out to make way for a bed.**

**After much discussion, Diana and her Mum have decided that Mum should move into a local care home but she is concerned over whether Colin remains living in the property and that the local authority will force the sale of the property leaving him homeless. She then expands at length that she has spoken to a solicitor friend of hers and says the local authority can apply discretion in these cases. She would like in writing what the Council’s Policy is in the area of consideration of properties. Diana is not necessarily rude on the phone but quite assertive particularly when she starts to talk about the property issues. She reports she is very busy and just wants this information in a timely manner. She and her Mum have come to a decision.**

**How do you respond to Diana?**

In the feedback it would be interesting to see how many focus a lot on the **consideration of property issue which is a bit of a red herring.**

In facilitating the feedback it would be opportune to note that knowing where people are coming from can help in empathy. Typically carers report some of the following issues as being the most difficult things about caring:

• Impossible for a holiday.

• Juggling work and family commitments.

• Feeling there is no light at the end of the tunnel.

• Lack of support from others for example other family members.

• Every day/week the same.

• Keeping an even temper.

• Whatever you do is not enough.

• Lack of gratitude from the cared for person.

• Guilt.

Remember the 7 Cs of the Caring Conversations. This is a good example of a conversation that may need some bargaining and negotiation.

**How do you negotiate with someone who has a set agenda / outcome in mind?**

Often with busy people a good tip is to ring people back with information at a very specific time and then doing it. During our first conversation with Diana we could compromise in asking her to consider other things and talking to them with her family and with us finding out some of the information she has asked for. If you say you will ring her say at 10.30 on a Wednesday it sounds that Diana is the sort of person who will be at the phone at that time and impressed when you ring at precisely this time. It gets the next conversation off to a better start.

**More Case Scenarios**

Could use the following 3 scenarios to practice the 5 stages of conversations set out in the slides. Could swap over the various roles between the three in a group from Observer, Caller and Responder so that everybody gets a chance at each role.

**Case Scenario 1**

**Claire** a school health nurse phones up and says she is at her wits end about how to help a family, particularly **Sonia** with whom she shares a mutual friend and who she thinks is holding a perilous situation together.

**Julie,** is the single mother of four boys and two girls: Tom, Ricky, Leo, Charlotte. Kia and Donna, and Sonia is the children’s aunt.

**Claire** thinks the family must be known to social services. **Julie** has recently been absent from the family home and **Claire** has heard that she has been was involved in criminal behaviour and suspected prostitution to fund her heroin habit.

**Sonia** is the primary carer of the four boys and two girls.

Since last October none of the children are attending school on a regular basis.

The youngest child is attending nursery only 10 per cent of the time, and was behind with immunisations, which has come to **Claire’s** attention.

**Clare** has spoken to **Sonia** who reports there are problems with the neighbours. The local community has had enough of problem behaviour in particular by the older boys and some local people have taken matters into their own hands, trying to push the family out of the area by smashing windows in their property.

**Claire** has concerns about general neglect of the children but is phoning up to request whether social services can write a letter of support to help in rehousing the family.

**How would you advise Claire?**

In the response a key issue will be to understand what changes there have been, what has worked well in the past, what involvement have other agencies had? There is also something about jumping to conclusions and the role of other agencies in supporting the family.

**Case Scenario 2**

**Gary (aged 62), Helen (aged 56)** live together. **Helen** phones up. She tells you **Gary** is an active man who is a keen gardener and is a season ticket holder for Swansea City FC. In recent years he has developed some mobility problems and has become increasingly frustrated at his inability to do things he normally does. He takes medication to relieve pain in his joints. He has a mobility scooter but their driveway and pavement nearby has so many holes and bumps in it he can’t negotiate that any more.

**Helen** tells you he has not been drinking for 10 years since she threatened to leave him if he didn’t get help but that recently, he has started to drink spirits heavily in the evening for ‘medicinal’ purposes and gets angry with her when she raises the issue. In the last month she has found him asleep on the floor in front of the fire on many occasions in the night and when she wakes him he is verbally abusive to her. When she has managed to talk to **Gary** on the subject he becomes tearful and says he doesn’t want her to leave him but he’s not coping. He’s worried he’s going mad and is frightened of his increasing disabilities. **Helen** is desperate for some support and she does not know what to do. During the phone conversation you hear a male voice in the background making the following comments. “Why do you have to fuss all the time” What are you ringing them for” and “bloody typical”

**How do you manage the conversation?**

In terms of a response there are issues over what worked well in past, what has changed. Through the **driveway** there is also the example that many things could be simply solved elsewhere rather than being a social services problem. It will be interesting to see if people attempt to draw **Gary** into the conversation.

**Case Scenario 3**

**Donna** rings up. **She has three children Anna who is 16 years of age, Josh who is 13 and Emily who is nine.** Josh has autism and some behavioural difficulties. He attends the local comprehensive school and staff have noticed how over the last few months he has become more withdrawn and his confidence and interests seem to have diminished.

**Josh’s Mum is the main carer for her son**. **Her husband** works away a lot and in **Donna’s** words has never really known what to do with **Josh.** The only help of sorts is that **Anna stays in with Josh** which allows **Donna** some time to go out and do things and she is often accompanied by **Emily.** She herself has noticed that over the last year **Josh** has become even more withdrawn than normal but has put this down as part of being a teenager. **Josh** used to love going out with his **Mum** and particularly interested in motorsport and cars in general. He now prefers to stay in. **Donna** feels that as she is constantly spending her energies trying to make Josh happier that her **daughters** are suffering. **Donna** confides she herself has had problems with “bi polar issues” and anxiety in the past .She says to you that in all honesty her main reason for ringing up was that she thinks it wouldn’t look good if she hadn’t ,particularly if the school had contacted you.

Feedback should re inforce **areas of learning noted earlier**. There is also something about avoiding the rush to fix the situation.

**SECTION 06**

EVALUATION
AND PERSONAL ACTION PLAN

Evaluation and personal action plan

What are the three most important things you have learned today?

1.

2.

3.

How are you going to put this learning into action?

What further help will you need?

Name:. . . . . . . . . . . . . . . . . . . . . Workplace: . . . . . . . . . . . . . . . . . . . . . .

Job title:. . . . . . . . . . . . . . . . . . . . Email: . . . . . . . . . . . . . . . . . . . . . . . .

Plan to start tomorrow by sharing and agreeing this plan with your manager or supervisor.

**SECTION 07**

ADDITIONAL MATERIALS

Useful links

**Information and Learning Hub**

<https://socialcare.wales/hub/home>

**The Act**

<https://socialcare.wales/hub/sswbact>

**Codes of practice and statutory guidance**

<https://socialcare.wales/hub/sswbact-codes>

**Regulations**

<https://socialcare.wales/hub/sswbact-regulations>

**FAQs**

<https://socialcare.wales/hub/sswbact-faqs>

**Learning resources**

<https://socialcare.wales/hub/resources>

Information for staff

**Background**

The Social Services and Well-Being (Wales) Act 2014 took effect from April 2016. It is a new framework bringing together and modernising social services law.

**Previously,** social services have been provided under various scattered pieces of legislation, e.g.:

• Section 47 National Health Service and Community Care Act 1990

• Section 17 Children Act 1989

• Section 2 Chronically Sick and Disabled Persons Act 1970

• Section 21 National Assistance Act 1948

**Now,** the Social Services and Well-being (Wales) Act 2014 brings all these together in one place.

**Basic principles**

• **People:** Putting individuals and their needs at the centre of their care by giving them a stronger voice

• **Well-being:** Supporting people to achieve their own well-being outcomes and measuring how successful this is

• **Earlier intervention:** Preventative services within the community to minimise escalation of need

• **Collaboration:** Stronger partnership working between agencies and organisations, especially social services and health

**How it works**

**The new legal framework has three parts:**

1 **The Social Services and Well-being (Wales) Act 2014:** One law setting out powers and duties for local authorities and other bodies

2 **Regulations:** This is secondary legislation, where the Act needs more detail

3 **Codes of practice:** This is guidance with the force of law, clarifying how people and organisations must work within the new framework

**What the Act consists of**

The Social Services and Well-being (Wales) Act 2014 is made up of 11 parts:

1 Introduction

2 General Functions

3 Assessing the Needs of Individuals

4 Meeting Needs

5 Charging and Financial Assessment

6 Looked After and Accommodated Children

7 Safeguarding

8 Social Services Functions

9 Co-operation and Partnership

10 Complaints, Representations and Advocacy Services

11 Miscellaneous and General

The following is a brief outline of what is in each of the 11 parts.PART 1: INTRODUCTION

This part provides key definitions.

• Some definitions are similar to what we had previously e.g.:

• Adult: anyone aged 18 or over

• Child: a person under 18

• Carer: someone who provides, or intends to provide, care for an adult or disabled child

• Disabled: as defined under the Equality Act 2010 (regulations to provide detail)

• Some definitions are largely new, e.g. “well-being”:

• Physical and mental health, and emotional well-being

• Protection from abuse and neglect

• Education, training and recreation

• Domestic, family and personal relationships

• Contribution made to society

• Securing rights and entitlements

• Social and economic well-being

• Suitability of living accommodation

PART 2: GENERAL FUNCTIONS

This part sets out broadly what the Act is trying to do. It groups these under three labels:

**Overarching duties**

This covers three areas:

• Well-being duty. Anyone working under the Act must promote the well-being of people who need care and support, and carers who need support

• Other overarching duties (general). Anyone working under the Act must seek out the person’s wishes and feelings; respect their dignity; take into account their culture, beliefs and other characteristics; help them make their own decisions; promote their independence; and, when working with children, promote their upbringing by their own family, where safe to do so

• Other overarching duties (UN Principles and Convention). Anyone working under the Act must follow the UN Principles for Older Persons and the UN Convention on the Rights of the Child

**Well-being outcomes**

This says the Welsh Government has three years to define exactly what it means by “achieving well-being outcomes” and how it is going to check it is happening.

**Local arrangements**

This says that local authorities and local health boards must work together to map needs within their areas and to assess what services are required to meet them. It says local authorities have a duty to ensure there are effective preventative services; promote voluntary and independent sectors; and provide information and advice. They must also maintain registers of people who are disabled or have a sensory impairment.

PART 3: ASSESSING THE NEEDS OF INDIVIDUALS

This part sets out when the local authority must offer an assessment of need, and what happens if the person refuses to have an assessment. It groups these under four labels:

**Assessing adults**

The focus is the need for care, support, preventative services or information.

**Assessing children**

It distinguishes assessments for children under and over 16 years old.

**Assessing carers**

It includes what needs the carer may have in the future.

**Supplementary**

This is largely about how different kinds of assessments can be combined.

PART 4: MEETING NEEDS

This part is grouped under eight labels:

**Deciding what to do following a needs assessment**

This very broadly discusses eligibility criteria and what must be provided.

**Meeting the care and support needs of adults**

This sets three conditions: based on where they live; if they are eligible; and whether they may be charged for services.

**Meeting the care and support needs of a child**

This sets two conditions: where they live; and if they meet eligibility criteria (or are in need of protection).

**Meeting the support needs of a carer**

As well as setting conditions, this goes in more depth into financial circumstances (for an adult carer); and into when a child carer must be supported.

**Meeting needs: exceptions and restrictions**

This outlines some special circumstances such as immigration control, health responsibilities, housing needs and when local authorities cannot make payments.

**Direct payments**This sets out very broadly how payments can be made to a person for them to purchase their own services, and when this can be used to pay for services for a child or for a carer.

**Plans**

This says that whenever a person receives services, they must have a support plan.

**Supplementary**

This describes how a person’s care plans follow them if they move to another authority; what to do if they want a particular kind of accommodation; and how to protect their property if they are cared for away from home.

PART 5: CHARGING AND FINANCIAL ASSESSMENT

This part is grouped under four labels:

**Charging for meeting needs**This sets out circumstances and regulations regarding the local authority’s power to charge for services.

**Charging for preventative services and assistance**Some preventative services can be charged for. Others (e.g. charges to children) may not.

**Enforcement of debts**This describes how the local authority can recover debts and charges.

**Reviews**There must be a review process for regulations regarding charges and individual cases.

PART 6: LOOKED AFTER AND ACCOMMODATED CHILDREN

This part describes the broad duties of a local authority towards children in its care and paves the way for a new set of regulations covering its responsibilities.

PART 7: SAFEGUARDING

This part is grouped under five labels:

**Adults at risk**This is a new term which replaces vulnerable adult. This brings in the power to use new adult protection and support orders.

**Children at risk**This imposes a requirement to report children at risk and refers to the existing section of the Children Act 1989, which has not been repealed.

**Guidance**New guidance on safeguarding has been published and must be followed.

**National Independent Safeguarding Board**Regulations have been published specifying how the new national board will be set up.

**Safeguarding Children Boards and Safeguarding Adults Boards**New regulations clarify how these are to operate from now on.

PART 8: SOCIAL SERVICES FUNCTIONS

This part is grouped under three labels:

**Local authorities**This refers to a separate schedule (Schedule 2), which shows how existing laws still tell local authorities what they must do.

**Codes**This announces that Welsh Government issues various codes of practice for social services.

**Intervention by Welsh Government**This warns that Welsh Government may step in if a local authority is seen as failing.

PART 9: CO-OPERATION AND PARTNERSHIP

This part is grouped under three labels:

**Co-operation**This requires local authorities to “promote” co-operative arrangements with specified bodies (e.g. police, other local authorities, probation services, health) for supporting eligible adults and children.

**Partnership arrangements**This states that regulations clarify what partnership arrangements will be needed.

**Adoption**This inserts a new “joint arrangements” section into the Adoption and Children Act 2002.

PART 10: COMPLAINTS, REPRESENTATIONS AND ADVOCACY SERVICES

This uses a slightly different style and is arranged in three “chapters”:

**Chapter 1**

States that regulations will be made regarding complaints about social services.

**Chapter 2**

Amends existing legislation regarding complaints about private social care and palliative care.

**Chapter 3**

States there will be regulations about when the authority must provide advocacy services, when they must not, and how they must publicise them.

PART 11: MISCELLANEOUS AND GENERAL

This part adds to and clarifies various sections elsewhere in the Act.

SCHEDULES

There are three “schedules”, which are appendices referred to earlier in the Act with more details about specific issues.

Information, Advice
and Assistance

**What are the new Information, Advice and Assistance services (IAA)?**

Under the Act each local authority – with the assistance of their local health board (LHB) partners – must secure the provision of a service for providing people with information and advice relating to care and support in their area (including support for carers), and (where appropriate) assistance in accessing these.

Getting the right information and advice is the first step for people seeking some level of care and support to help them maximise their well-being. The quality of this service and the ease of use is fundamental.

The IAA service must enable citizens (adults, children and carers) to make plans for meeting their care and support needs now, and in the future.

**What will the service offer?**

Whilst each local authority (with support from its LHB and local third sector organisations) will develop its own IAA provision to serve its area, there will be several common elements:

**•** It will serve as the **first point of entry** and be sufficiently flexible and responsive to deal with enquiries directly from the citizen and queries / referrals from professionals.

**•** It will provide **information** to help people understand how the care and support system operates within their area; the types of support / services available; how they can access these; and how to raise concerns about the well-being of people who appear to have needs for care and support.

**•** This service will be **available to all citizens** whether they are likely to self-fund or to be reliant on some level of local authority funding for their care and support.

**•** It will allow citizens to begin the **discussion of their care and support needs** and to identify what they want to achieve (in terms of their well-being). It will offer first line assessment and a response that is proportionate to citizens’ needs.

**•** It will **present options and signpost citizens** towards appropriate care and support, including advice on the range of preventative services available in the community.

**•** Where appropriate, the IAA will also **actively assist** people in accessing services e.g. booking appointments or commissioning services on their behalf. This may also extend to providing some level of care package management.

**•** It will be provided in a manner which is accessible / understandable to individuals i.e. large print, audio, easy read etc.

**How will this service be delivered?**

IAA provision will need to be sufficiently flexible and comprehensible to provide integrated information and advice to a wide range of client groups, of all ages and abilities.

In practice this will mean that IAA is accessible through a number of mediums, which may include:

**•** a face to face consultation

**•** a telephone conversation

**•** a dedicated online service

and by a range of people including:

**•** Children / their families

**•** Adults

**•** Carers; or

**•** an appropriate professional, acting on their client’s behalf

Assessing and
Meeting Needs



**What does the Act do?**

It creates a right to an assessment for people – adults, children (and their families) and carers – where it appears to the local authority that the individual may have needs for care and support (or support needs in the case of a carer). This right exists regardless of the level of need and of the person’s financial resources.

Under the Act, an assessment must seek to identify the outcomes that the person wishes to achieve and assess whether – and if so, to what extent – the provision of care and support (or support in the case of carers); preventative services; information, assistance or advice; or other matters may contribute to the achievement of those outcomes.

**Where the person is a child,** the assessment must also include a consideration of their developmental needs; the outcomes their parents wish to be achieved; and any other circumstances affecting their well-being.

*(Note: This does not apply to a child who is looked after by the local authority – separate duties apply to these children: as contained within Part 6 of the Act.)*

**Where the person is a carer,** the local authority is under a duty to assess their needs for support if they are providing or intend to provide care for an adult or disabled child in their area.

In the case of a carer’s assessment, the local authority must also:

**•** assess the extent to which the carer is willing and able, and will continue to be willing and able, to care for the person.

Furthermore, the local authority must also have regard to whether the carer works (or wishes to do so) and to any training, education or leisure activities in which they participate or wish to participate. In the case of a young carer, the local authority must also consider the outcomes their parents’ wish to achieve for them, their development needs and whether it is appropriate for them to provide care in light of these.

**All assessments** must be undertaken in a manner that the local authority considers proportionate in the circumstances. Assessments must involve the person themselves (and any person with parental responsibility for them) and where feasible, their carer; or in the case of an assessment of a carer, the person for whom they provide or intend to provide care.

The Act also makes provision for combining assessments; for people and their carers (where appropriate); and for people who require multiple assessments (e.g. mental health, substance misuse, special education needs).

**Can a person refuse an assessment?**

Adults, children (and their parents) and carers (regardless of their age) can refuse a needs assessment if this is their wish. However, the Act also makes clear the circumstances in which the local authority must assess someone’s needs regardless of whether the person wishes to refuse that assessment.

However if the person who refused the assessment changes their mind or their needs or circumstances change, the local authority‘s duty to assess their needs is triggered once again.

**What happens after assessment?**

After conducting an assessment, if a person has needs for care and support, the local authority will be required to consider what could be done to meet them.

The Act provides for regulations that will set national criteria for the circumstances in which a person will be regarded as having needs which are eligible for support from the local authority. Here, the local authorities will have a duty to provide people with support to access the services that are right for them.

Also a person’s needs could be met by the provision of a service to their carer.

The local authority is not under a duty to meet those care and support needs which are being met by a carer, or in the case of a child, by the child’s family. If the carer stops meeting those needs, the local authority must review the person’s needs which may mean that a requirement to meet those needs falls on the local authority.

**What about those who do not have ‘eligible needs’?**

Irrespective of whether a person’s needs meet the eligibility criteria, there will be a duty for local authorities to provide care and support where:

**•** it is necessary in order to protect an adult from abuse or neglect; and / or the risk of abuse and neglect or

**•** it is necessary in order to protect the child from abuse, neglect or harm; and / or the risk of abuse, neglect or harm.

The local authority also has powers to meet care and support needs where they are not under a duty to do so, whether or not it has undertaken a needs assessment.

Assessment and
Support for Carers

The Act brings together local authorities’ duties and functions in relation to improving the well-being of people who need care and support, and carers who need support. It simplifies and consolidates the law relating to carers and for the first time, gives them equivalent rights to those that they care for.

The Act also makes a distinction between adult and child carers to take account of particular issues faced by children who are carers.

**Information, Advice and Assistance (IAA)**

The Act is designed to ensure that carers can access a wider range of appropriate services in a more flexible way; including access to comprehensive information relating to all types of support and respite services.

IAA services will play an important role in signposting carers and others to preventative care and support services in their community without the need for formalised assessments.

**Proportionate Assessment**

The Act creates a duty for local authorities to undertake a carer’s assessment where it appears that the carer has needs for support. The carer no longer needs to be providing ‘a substantial amount of care on a regular basis’, as previous legislation required. Furthermore the Act requires assessments to be proportionate to ensure that more energy is focused on delivering support.

This means that straightforward situations such as providing short term help after someone has been discharged from hospital, meals on wheels, home help, supported shopping, gardening, transport, access to leisure services etc. can be arranged as a result of a proportionate assessment. For people with more complex needs, where assistance is required from a wide range of services, a more comprehensive assessment will be required.

**Community Based Preventative services**

The new arrangements for support will mean that the majority of carers will receive support through the provision of IAA services and / or be supported through community based preventative services without the need for a comprehensive assessment. The Act also seeks to encourage the growth and range of these services both by the statutory and third sector.

**After assessment**

A national ‘eligibility framework’ will be developed and the detail of how this will operate will be set out in Regulations. Just as those with care and support needs will be assessed to determine if they have ‘eligible needs’, so carers will be assessed as having ‘eligible needs’ for support against the eligibility criteria for carers within the national framework.

**Support Plans**

If a carer is assessed and confirmed as having ‘an eligible need’ for support the local authority will put in place a support plan for the carer. This will be centred around the individual and help carers achieve the outcomes they themselves have identified. It will identify the support that will help them achieve these outcomes and provide support or arrange for access to this support.

Support plans will be subject to regular review, and the local authority will also have a duty to carry out further assessments and revise the plan if there has been a change in the carer’s circumstances.

**What happens if the carer and the person cared for move from one authority area in Wales to a different one?**

The duty on a local authority to undertake an assessment of a carer’s needs is triggered when the person they care for moves into that local authority’s area and becomes ordinarily resident there. Other duties will also require local authorities to share information relating to a person’s carer when that person moves across local authority areas.

Local authorities are also required to ensure that where a carer (and those that they care for), make a temporary move to that area, the carer’s needs for support are assessed along with the care and support needs of the cared for person.

**Direct Payments**

Carers who are assessed by their local authority as having an eligible need for support will be entitled, as now, to receive direct payments (subject to a financial assessment) so that they can arrange their own support. New regulations and a code of practice will promote direct payments and make them easier for carers to access and use.

Care and Support Plans

**When does someone need a care and support plan?**

If someone is assessed as having ‘eligible needs’ the local authority must prepare a care and support plan setting out:-

**•** the ways in which that person can be supported to achieve the outcomes they want to achieve,

**•** the types of care and support that might be best suited and available to them,

**•** and how these can be accessed

**What is a care and support plan?**

Care and support planning is the process by which a local authority helps a person (and any carer they may have) to decide which services or wider support will best meet their assessed needs.

It records a person’s assessed and ‘eligible needs’ and describes how a local authority plans to meet, or make arrangements to meet, those needs. Plans are reviewed on a regular basis to ensure that they remain effective and current.

**What does the Act provide for?**

*Everyone with eligible needs will have a care and support plan.*

When preparing, reviewing or revising a care and support plan the local authority must involve the person the plan is for, and where feasible, any carer that person has. Where the person is a child the local authority must involve the child and any person with parental responsibility for the child. If the local authority believes that the circumstances of a person with an ‘eligible need’ have changed, it must conduct a new proportionate assessment and revise the plan accordingly.

Regulations may provide further detail on:

**•** Preparation and content of plans

**•** Any prescribed format of the plans

**•** Review or revision arrangements and circumstances

**•** People to be involved / consulted in developing / reviewing plans and those who may prepare the plans

**•** People with whom the plans may be shared

**•** Combining the preparation and review of plans with other statutory plans e.g. those under the Mental Health (Wales) Measure 2010

Looked after and other accommodated children are also required to have a care and support plan and a pathway plan must be prepared for young adults leaving care.

**Portability of care and support**

The Act introduces the portability of care and support plans for adults and children with ‘eligible needs’ across Welsh local authority boundaries.

**•** When an individual with care and support needs has informed a local authority that they will be moving to a new area that authority will be required to notify the authority to which the person is moving and to share with them a copy of the person’s care and support plan.

**•** Where a local authority is satisfied that someone with care and support needs is moving to their area from elsewhere in Wales that authority must put in place arrangements for care and support to continue until it carries out a review / re-assessment of the person’s needs.

This means that if adults or children with ‘eligible needs’ relocate within Wales, possibly to move closer to their families, the ‘new’ authority has a duty to maintain the care and support set out in their plan at least until it has had the opportunity to review their needs. If this review is conducted before the person becomes resident in the area, as soon as they have moved, they will be supported under the new plan. It is important to recognise that meeting the person’s needs may not mean replicating exactly the same services as the person received prior to the move.

These portability arrangements do not apply in relation to support plans for carers. Therefore in such cases there will be no duty on the new authority to put transitional arrangements in place.

However, as the Bill creates a duty on local authorities to undertake an assessment of carers’ needs in their own right, this will now be triggered, so carers living within the new local authority’s area can exercise this right.