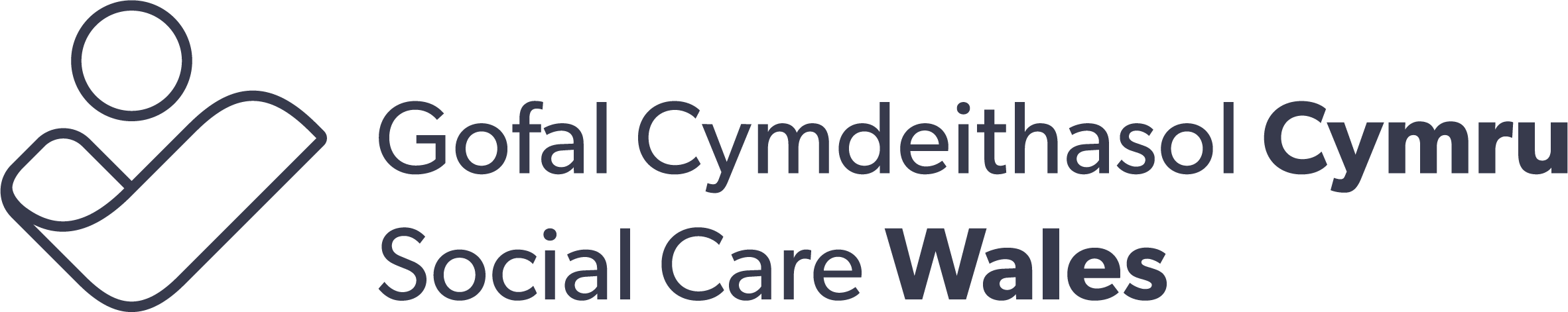
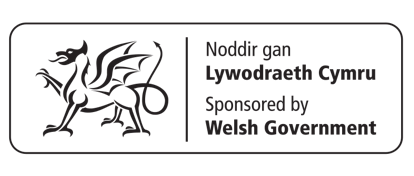


Social Services and Well-being (Wales) Act 2014

Skills-based resource pack:

**Outcome-focused ‘what matters conversations’ in information, advice and assistance services**





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Particular thanks must go to Achieving Sustainable Change   
ASC Ltd for its help in developing this pack.

Further copies and other formats:

This publication is also available in Welsh and in other versions.

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

# Index of training resources

# Section 1 – 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 2 – Suggested workshop programme and plan

A suggested workshop programme and trainer’s plan for the workshop.

# Section 3 – Presentation

A presentation to help information, advice and assistance (IAA) workers achieve better conversations with people using the IAA service, including facilitator notes for guidance and preparation. This can also be printed as a handout with space for participants to make notes.

# Section 4 – Handouts

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

# Section 5 – Case studies and discussion exercise

Case studies and discussion exercise that can be used during the workshop.

# Section 6 – Evaluation and personal action plan

To be used at the end of the workshop.

# Section 7 – 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.

# Section 1

## 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
* working co-productively with individuals and their families and friends.

The information, advice and assistance service plays an important part in realising these principles. In particular, the ‘what matters conversation’ sets the scene for a positive and co-productive relationship with people who ask for support.

This resource pack is designed to help trainers run a workshop based on outcome-focused ‘what matters conversations’ for workers in information, advice and assistance services. Experience shows that this initial workshop needs a number of follow up sessions. These sessions will allow teams and managers to discuss and develop their practice so they can effectively embed the approach.

The pack is not intended to respond to all the learning needs of this workforce. For example, we have provided additional materials so that the trainer can extend or tailor their workshop or vary the way in which they provide the training.

To get the most out of these resources, the trainer will need an understanding of the Social Services and Well-being (Wales) Act, especially the role of information, advice and assistance services, and the skills to facilitate discussions incorporating the experiences of those attending the training. The trainer will also need a good working understanding of what the local arrangements are for information advice and assistance services, and how they are organised.

Ideally, this workshop will be take place after a parallel workshop for managers. Where this is the case, the trainer will need to know what took place and what was agreed in the workshop, especially the vision agreed for the information, advice and assistance service.

Similarly, by using and adapting the resources, information, advice and assistance team managers can introduce or maintain the principles of the approach with their teams.

In 2020, as a result of feedback we received from those providing information, advice and assistance training, we improved the flow of the resource and strengthened it by adding more detail about the legislative context. We also strengthened the links to personal outcomes and outcome-focused conversations.

### Aim of the training

* To support outcome-focused ‘what matters conversations’.

### Objectives of the training

* Understand the legislative context of the IAA service
* Identify the main elements of a good what matters/outcome-focused conversation
* Explore the essential skills you need to have these conversations
* Identify the positive impact you can have 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 trainers or by managers from the service. The information in this pack can also be used to support other workers in the sector.

### The training resources

These training resources include:

* suggested workshop programme
* PowerPoint presentation with trainer’s notes
* a selection of handouts
* activities and exercises.

The trainer may also choose 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 enough time to evaluate the workshop, focusing on:

* whether the aims and objectives have been met
* the actions the participant plans to take to build on their learning.

It may be appropriate to encourage or ask the participant to share an action plan with their manager. An action plan can help the worker set out how the skills may be put into practice and how the organisation can start introducing peer support sessions so that workers can share and discuss experiences with colleagues.

### Acknowledgements

We would like to thank the following organisations for their materials, examples, time and expertise in developing this pack:

* Achieving Sustainable Change ASC Ltd
* Blaenau Gwent County Borough Council
* City of Cardiff Council
* Caerphilly County Borough Council
* Neath Port Talbot County Borough Council
* Social Care Wales
* Social Services Improvement Agency
* Wrexham County Borough Council.

# Section 2

## Suggested workshop programme and plan

**Note:** This is just a suggested plan. The materials are designed to be used flexibly and you should adjust the timescales as necessary.

### Preparation

Your 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).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section** | **Slides** | **Activity/ Exercise** | **Other materials** | **Time** |
| Arrival and coffee | | | | 9:15-9:30 |
| Introduction and aims of the session | 1-4 | Introductions | Fire arrangements  Participant training pack | 9:30-9:45 |
| The legislative context | 5-15 | This section provides an overview of the Social Services and Well-being (Wales) Act and how it relates to the provision of information, advice and assistance (IAA)  **Slide 15:**Vision and purpose (15 minutes) | IAA definitions handout | 9:45-10:45 |
| Break |  | | | 10:45-11:00 |
| Outcome-focused conversations | 16-25 | This section provides an overview of what is meant by outcome-focused ‘what matters’ conversations and how these should be facilitated within an IAA service.  **Slide 20:**Is this a personal outcome? (15 minutes)  **Slide 25:**Think of a good example (20 minutes) | Strength-based questions handout  Examples of outcome statements handout  Personal outcomes booklet | 11:00-12:45 |
| Lunch |  | | | 12:45-13:30 |
| Effective communication | 26-31 |  |  |  |
| Good conversations | 32-41 | This section sets out the five stages to a good conversation  **Slide 35:**Why use open questions (10 minutes)  **Slide 37:**How much can we find out? (15 minutes)  **Slide 40:**Practicing reflective statements (15 minutes) |  | 13:30-14:45 |
| Break | | | | 14:45-15:00 |
| Good conversations | 42-54 | This section sets out the five stages to a good conversation  **Slide 43:**Case scenarios (20 minutes)  **Slide 48:**Experiencing a difficult conversation (20 minutes)  **Slide 54:**What IAA competencies do I have (20 minutes) |  | 15:00-16:15 |
| Summary | 55-57 | Summarising key points and invite closing questions and observations |  | 16:15-16:20 |
| Evaluation |  | Evaluation sheet | Evaluation sheet | 16:20-16:30 |
| Close | | | | 16:30 |

**The trainer to choose appropriate handouts from those provided and other relevant material to form the participants’ pack.**

# Section 3

## Presentation – Facilitator’s notes

### Slide 3

This presentation gives an overview of the requirements of the Social Services and Well-being (Wales) Act 2014 as it relates to the provision of information, advice and assistance (IAA). It has a particular focus on supporting practitioners working within IAA to facilitate good ‘what matters’ and outcome-focused conversations.

It is intended for:

* adults’ and children’s social services, and wider elements of local authorities
* where appropriate, staff working in NHS organisations, the police and other local authority partner organisations
* social care providers and support organisations in all sectors who are involved in providing IAA.

The presentation gives an overview of the Act and, in particular, explores Part 2: Sections 5-7 (Well-being and other overarching duties), 15 (Prevention) and 17 (Information, Advice and Assistance) in more detail.

By the end of the learning programme you will:

* understand the legislative context of the IAA service
* identify the key elements of a good ‘what matters’/ outcome-focused conversation
* explore the essential skills you need to have these conversations
* identify the positive impact you can have from having effective conversations.

**Optional activity – discussion**

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

**Slide 4**

Invite the group to identify any additional ground rules for the day.

### Slide 5

This section provides an overview of the Social Services and Well-being (Wales) Act 2014 and how it relates to the provision of information, advice and assistance (IAA).

### Slide 6

The Act is made up of 11 parts and they all, except the first part, have regulations or codes of practice or statutory guidance that underpin them and give more detail.

The first part gives an overview of the Act and defines key terms such as **‘adult’**, whichmeans a person who is **aged 18 or over**,and a **‘child’**, which means a person who is **aged under 18**.

Part 2 is covered in this training module. It outlines the overarching duties that relate to anything people do under the Act, including the well-being duty. Under Part 2 there are also requirements to carry out a population assessment, provide preventative services and an information, advice and assistance service, as well as the duty to promote social enterprises / diverse forms of delivery.

Part 3 defines the circumstances in which a local authority must assess a person’s needs for care and support – whether an adult, child or carer – and how assessments are carried out. This section is relevant to the provision of IAA because the assessment approach described in Part 3 should be used when providing the advice and assistance elements within IAA.

Part 10 provides for complaints about social services and new rights to complain about private social care and palliative care. It also provides for advocacy services to be made available from the point of first contact to enable individuals to engage and participate in their care and support, including the requirement to arrange an independent professional advocate for looked after children. The consideration of an individual’s need for advocacy must be considered within IAA. The IAA service must also make information about local/regional/national advocacy provision available for individuals.

The Act aims to change the way **people’s** care and support needs are met – putting an individual at the centre of their care and support and giving them a voice in, and choice and control over, reaching the personal outcome goals that matter to them.

The **well-being duty** is central to the Act. People have a responsibility for their own well-being, supported by their families, friends and communities. However, people may also need support to ensure that they achieve well-being. Professionals and agencies are there to provide some of this support.

Part 2 of the Act requires “any persons exercising functions under the Act to seek to promote the well-being of people who need care and support, and carers who need support”. This overarching duty applies to local authorities (and organisations they have delegated functions to) and their practitioners when, for instance, carrying out an assessment or providing information and advice.

This is an overarching duty that has to be met by everyone exercising functions under the Act (this includes Welsh Ministers, local authorities, local health boards and other statutory bodies). It is not just the local authority that must promote well-being.

In promoting well-being, you have to not only think about people who need care and support now, but those whose needs aren’t eligible or who might have needs in the future. Promoting well-being, therefore, includes focusing on preventing the need for care and support and stopping people’s needs from escalating, as well as providing people with the information, advice and assistance they need to take control over their day-to-day life.

Practitioners must look at what people can contribute in achieving their well-being and empower them to contribute to achieving their own well-being, with the appropriate level of support. This will involve building on people’s resources, including people’s strengths, abilities, and families and communities.

The Act attempts to rebalance the focus of care and support to **prevention and earlier intervention** – increasing preventative services within the community to minimise the escalation of needs to a critical level.

Strong partnership working between organisations and co-production with people needing care and support is a key focus of the Act.

The Act requires a culture change from the way in which services have often been provided, to an approach based on **collaboration (co-production)**, and an equal relationship between practitioners and people who need care and support and carers who need support.

These principles will enable people to be at the centre of their care and support and ensure their well-being will be central to any decisions made about their lives.

### Slide 7

This is a diagrammatic representation of the principles and assumptions underpinning the Act.

The key assumption is that through an increased level of effective earlier intervention/preventative services, including better access to information and advice for everyone, and well-being support for those who need some help (the left-hand side of the care and support spectrum), more people will be able to be supported without the need for managed intensive support. Hence the dotted line moves to the right: fewer citizens will need care and support planning for managed, complex care.

The Act attempts to rebalance the focus of care and support to prevention and earlier intervention – increasing preventative services within the community to minimise the escalation of needs to a critical level. The Act also recognises carers’ vital input and aims to help them maintain their caring role, which of course will often help the people they care for postpone the need for more managed, complex care.

At an individual level, the local authority has a duty to assess whether, and if so, to what extent, the provision of preventative services could contribute to the achievement of personal outcomes or otherwise meet the needs of an individual. The assessment of individuals and getting this right is crucial to not only the success of promoting prevention, but also providing evidence about what type of preventative services are needed and where.

### Slide 8

As well as the well-being duty there are other overarching duties that underpin the Act, and the local authority must take steps to ensure that all activities are delivered in a way which complies with these duties. These duties apply to local authorities (or other organisations they have delegated functions to) and their practitioners when working with a person who may have needs for care and support or a carer with support needs, even if it has not been established that the individual has such needs or if those needs would be eligible.

Four of these overarching duties apply in all cases, whether an adult or a child. The duty to:

* ascertain and have regard to the individual’s views, wishes and feelings, in so far as is reasonably practicable
* have regard to the importance of promoting and respecting the dignity of the individual
* have regard to the importance of providing appropriate support to enable the individual to participate in decisions that affect them to the extent that it is appropriate in the circumstances, particularly where the individual’s communication is limited for any reason
* have regard to the characteristics, culture and beliefs of an individual, including language.

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

Two overarching duties apply specifically to adults:

* to begin with the presumption that the adult is best placed to judge their own well-being
* to have regard to the importance of promoting their independence where possible.

In relation to children, there is also the duty to:

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

### Slide 9

The overarching duty to have regard to the characteristics, culture and beliefs of an individual reinforces existing legislation and guidance for anyone in Wales to be able to live their lives through the medium of Welsh if they choose to do so. This means that people’s cultural identity and language needs must be at the heart of care and support because it is an essential element to good quality care and high professional standards.

“More than Just Words....” [a strategic framework for Welsh language services](https://gov.wales/welsh-language-strategy-and-plans) in health and social services provides a systematic approach to improve services for those who need or choose to receive their care and support in Welsh. The aim of the framework is to ensure that organisations and practitioners recognise that language is an intrinsic part of care and support, and that people who need services in Welsh get offered them. This is called the ‘Active Offer’ and means moving the responsibility from the person to ask for services through the medium of Welsh to the service, which must ensure it provides them.

**You could also ask learners to imagine how they would feel if they had to describe an emotive experience in their second language. Would you be able to accurately convey your feelings? Would you feel comfortable doing so?**

The overarching duties also include human rights. A key part of practitioners’ roles under the Act is to empower people through helping them assert these rights. This is a key change. While some local authorities and organisations have been voluntarily respecting and incorporating human rights policies in their work, since April 2016, a person exercising functions under the Act is required to demonstrate ‘due regard’ to the UN conventions.

A person exercising functions under this Act in relation to an adult **must have due regard to the United Nations Principles for Older Persons.** These state that:

* older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy, and for the right to make decisions about their care and the quality of their lives
* and older persons should be able to live in dignity and security, and be free of exploitation and physical or mental abuse.

A person exercising functions under this Act in relation to a child **must have due regard to the United Nations Convention on the Rights of the Child** (UNCRC). This includes five articles that are general principles:

* non-discrimination (article 2)
* best interest of the child (article 3)
* right to life, survival and development (article 6)
* right to be heard (article 12)
* right to be protected (article 19).

A person exercising functions under this Act in relation to disabled adults or children **must have due regard to the United Nations Convention on the Rights of Disabled People** (UNCRDP). This includes:

* children with disabilities to have all human rights and fundamental freedoms on an equal basis with other children, including the right to express their views freely, and the best interests of the child shall be a primary consideration (article 7)
* equal access to the built environment, transport, information and communication and for all the barriers to the above to be identified and removed (article 9)
* living independently and being included in the community (article 19)
* freedom of expression and opinion, and access to information (article 21)
* respect for home and the family (article 23)
* education (article 24)
* habilitation and rehabilitation (article 26)
* work and employment (article 27).

The Code of Practice for Part 2 of the Act also makes it clear that public authorities must not act in a way that is incompatible with rights under the **European Convention of Human Rights**. This includes:

* Article 2 – right to have life protected
* Article 3 – right not to be subjected to inhuman or degrading treatment
* Article 5 – right to liberty and security
* Article 6 – right to a fair hearing
* Article 8 – right to respect for private and family life, home, and correspondence.

The Act requires that local authorities support people to fully take part in decisions made about their care and support. People should be active partners in the key care and support processes of assessment, care and support planning and review, and any safeguarding enquiries.

Despite the barriers individuals may be experiencing, local authorities mustinvolve them, help them express their wishes and feelings, and support them to weigh up options and make decisions about their personal outcomes.

There are two ways in which an individual could be supported if you thought that they might experience barriers to their participation:

* Firstly, it is important to establish if and how the person could be better supported by making changes to the arrangements. For example, by providing information in an accessible format and involving an appropriately trained and registered interpreter if the person needs one. For example, if they are a sign language user or don’t have enough English or Welsh to be involved without an interpreter.

**Note that local authorities have a duty under the Equality Act 2010 to make reasonable adjustments to meet the needs of people with particular accessibility requirements. Such adjustments should be made before the barriers to the person fully participating in the process are reviewed again.**

* However, some people won’t be able to fully take part, even if the process has been adapted to meet their communications needs, because of the barriers they experience. Local authorities must, in partnership with the adult or child/their family, make a judgement about whether that individual can only overcome the barrier(s) and participate fully if there is someone available to support and represent their views, wishes and feelings. If there is no **‘appropriate individual’** to advocate for the person, then the local authority must arrange for an **independent professional advocate** to support and represent them.

An ‘appropriate individual’ could be a parent, carer, friend, neighbour or relative. The key thing is that they must be able to adequately support the person’s participation. They must not be someone the person does not want to support them, nor someone implicated in a safeguarding enquiry.

### Slide 10

Section 17 (1) of the Act says that local authorities **must** “secure the provision of a service for providing people with information and advice relating to care and support, and assistance in accessing care and support.”

Local authorities must make sure there is an information, advice and assistance (IAA) service and, importantly, that this is provided to the whole population of the local authority area, not just those with care and support needs or who are in some other way known to the system.

The local authority duty is to ensure the provision of a service – local authorities do not have to provide all elements of this service. They may not be best placed to provide all elements of such a service and their partner organisations will have an interest in this. In particular local health boards and NHS trusts providing services in the area must provide the local authority with information about the care and support it provides in the local authority’s area.

Local authorities are expected to work with partner organisations to understand, co-ordinate and make effective use of other statutory, voluntary and/or private sector information and advice resources available to people within their areas. This could include an integrated, regional service or reuse of information from other local or national sources. The availability, accessibility and ease of use of information and advice for the local population will be important.

Local authorities **must** provide an information, advice and assistance service, which includes the provision of:

1. a proportionate response to the enquiry and empowers the individual to access early intervention and preventative services
2. information about care and support, or support in the case of a carer, that is accurate and up to date, without the need for core data to be recorded in the National Assessment and Eligibility Tool and without an assessment having been carried out
3. advice about care and support, or support in the case of a carer, that is appropriate to the individual, following a proportionate assessment
4. advice that is comprehensive, impartial, and in the best interests of the individual that has been given by staff who are trained and skilled in the assessment process
5. assistance that enables the individual to access the appropriate care and support services, including early intervention and preventative services
6. accessible information, advice and assistance about care and support through a variety of media (including online, social media, telephone, face-to-face, outreach, posters and publications)
7. accessible information, advice and assistance about care and support matters tailored to meet the needs of different groups (including Welsh, easy read, child-friendly versions and so on)
8. accessible information, advice and assistance to specific groups, including one-to-one support workers if this is required, for example, for deafblind children and adults
9. a written or oral response to web-based enquires within three working days
10. advocacy support so that individuals can engage and participate fully in decisions that affect them
11. local safeguarding protocols that ensure immediate action is taken if an individual’s safety is in doubt
12. a clear process for staff to follow in the case of an emergency or urgent care and support request
13. mechanisms that make sure that consent to share information is obtained when core data is recorded and an assessment is carried out.

### Slide 11

Staff in IAA are responding to a 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 maximise the potential for each conversation, which results in the member of the public or professional enquirer, feeling clear about the most important issue for them and clear about their course of action?

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

Information and advice is fundamental to enabling people to take control of, and make well-informed choices about, their care and support.

Not only does information and advice help promote people’s well-being by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people’s need for care and support and carers’ need for support. Providing high quality and timely information and advice should be considered to be a preventative service in its own right.

Without access to timely advice and information, people don’t understand what they are entitled to from the state, can’t make the best decisions about funding care, and are unable to choose the best quality care and/or support for the situation in which they find themselves. In other words, without it they can’t fully take part in their own care and support.

In 2019, a report by the Wales Audit Office looking at the provision of IAA across Wales (*The ‘Front Door’ to Adult Social Care*) stated that: “the Act requires that the provision of services be driven by partnerships and co-operation and promotes preventative services that can stop need from escalating by making sure that the right help is available at the right time.

“The focus on prevention (the provision of community-based and support services) is intended to reduce demand for high-intensity, high-cost social-care services. Preventative services range from relatively formal intermediate care services provided by health and social care professionals, to interventions that could include befriending schemes, the fitting of a handrail or help with shopping – services not necessarily provided by a health or social care professionals. When the element of social inclusion is added, prevention can be extended to cover wider community services, such as public transport, leisure centres and housing. These services enable people to stay safe and healthy, and lead lives that have value, meaning and purpose by supporting them to remain in their community. Importantly, in the current financial climate, preventative services can also cost less and often provide the best possible quality of life because people remain in their homes, close to their friends and families, and can continue to contribute to society.

“However, promoting prevention and early intervention requires local authorities and their partners to change both how they work and provide services. It requires ownership outside social services and an understanding that it is about other parts of the system working to prevent demand on social care, helping to maintain independence and improve well-being. To do this, authorities need to have a comprehensive ‘front door’ to social care; to have effective systems in place to provide those who contact them for help with appropriate and tailored information, advice and assistance – commonly called the ‘IAA’ service. An effective IAA service will direct people to preventative and community-based services and identify when someone needs an assessment or more specialist help.”

### Slide 12

The Part 2 Code of Practice of the Social Services and Well-being (Wales) Act defines information, advice and assistance as:

* Information is quality data that provides support to an individual or family to help them make an informed choice about their well-being
* Advice is a way of working co-productively with an individual or family to explore the options available. This will require practitioners to undertake a proportionate assessment through a discussion and analysis of the five elements of assessment
* Assistance involves another person taking action with the enquirer to access care and support, or a carer to access support. Responsibility for the activity undertaken is shared between the assistant and the recipient of assistance. Assistance should follow the provision of information and advice if you judge that an individual, or perhaps the family in the case of a child, will nevertheless need extra help to enable them to access e.g. community resources or preventative services.

In 2019, a report by the Wales Audit Office looking at the provision of IAA across Wales (*The ‘Front Door’ to Adult Social Care*) described the elements of IAA as being:

* **Information –** this involves supporting people by providing good-quality information that helps them to make informed decisions about their wellbeing. This can include information about how the social-care system works, the availability of services that may aid their wellbeing and how to access them, direct payments, or information about carers’ assessments.
* **Advice –** this is a step up from the simple provision of information in that it involves working with people to discuss the options available to find the best solutions for them. In order to provide advice, local-authority staff require an understanding of people’s situations. This is done by undertaking a proportionate assessment.
* **Assistance –** if unable to address an enquirer’s needs via the provision of information or advice, assistance will involve another person taking action with the enquirer to access care and support, or a carer to access support. This may lead the enquirer onward to receiving or being offered a full statutory assessment to determine their eligibility for more formal care and support.

### Slide 13

The Code of Practice for Part 2 states that the IAA service must be easy to access for everyone, in a variety of ways, so that people have a choice about how they use the service and what format is right for them.

Putting this into practice means:

* having a range of formats that are accurate, up-to-date and consistent with other sources. For example, having information and advice available on the internet, by telephone, face-to-face, outreach and in publications
* the service is available through the medium of Welsh and English for this range of formats
* printed materials are clear and in plain language. Websites meet specific access standards such as the Web Content Accessibility Guidelines and the guidance set out in the Government Digital Services (GDS) service manual.

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

**Note to facilitator:** At this point it would be helpful to establish with the group what proportion of their time with individuals is spent face-to-face versus over the phone.

### Slide 14

The Code of Practice for Part 2 says that: “The information, advice and assistance service will be easy to use, welcoming and informative”.

The service will offer a first point of contact with the care and support system, and for many people this will be their first encounter with social services.

You must strive therefore to make it a positive experience with responses that are informative, knowledgeable and reassure the person that the advice given is impartial and in their best interests.

For those using the service, they must feel like they have reached someone who first and foremost listens to them.

People must have an opportunity to explain what matters to them, to explore what options are available, and to find the help they feel is right for them to achieve their personal outcomes.

Signposting and referring will provide individuals with choices about the support and services available in their local area, particularly preventative services.

Where appropriate the IAA service must support people to access preventative services, referring them or helping them make contact, rather than solely offering them basic contact details.

**Note:** There are some circumstances where it could be important for information and advice to be provided independently.

Where appropriate, you can signpost or refer people to national sources of information and advice, such as [NHS Direct](https://111.wales.nhs.uk/), the [Care Inspectorate W](https://careinspectorate.wales/)ales website, [Dewis Cymru,](https://www.dewis.wales/) the [Meic](https://www.meiccymru.org/) helpline for children and young people, the [Infoengine](https://en.infoengine.cymru/) online directory of services covering Powys, Ceredigion, Pembrokeshire and Carmarthenshire, or the Carers Direct telephone helpline, or national charities or advice services supporting people with disabilities or specific conditions.

The Code of Practice specifically states that there should be a written or oral response to web-based enquiries within three working days.

**The points raised on this slide are duties placed on local authorities when providing IAA.**

### Slide 15

The provision of IAA across Wales does differ with some local authorities providing a dedicated IAA service and others adopting an IAA approach across the whole business of social care, and in conjunction with communities and partner organisations.

It is important therefore that there is a clear vision and purpose for the provision of IAA within each local authority that acknowledges and responds to the needs of the local population, the availability of a range of community- and preventative-based support, and the infrastructure of the local authority and its relationship with partner agencies.

This is a small group exercise to support individuals to firstly identify what they believe is the vision and purpose of their local authority’s IAA arrangements.

Secondly, the group is asked to identify what their individual role is within the IAA offer.

Each of the small groups is invited to share the key points from their group-based discussions with the wider group.

### Slide 16

This section provides an overview of what is meant by outcome-focused ‘what matters’ conversations and how these should be facilitated within an IAA service.

### Slide 17

* People are experts in their own lives. They are best placed to tell you what’s important to them and what gives them a sense of well-being. But they often need help to do this
* People who need care and support want to do the things that matter most to them, in their own way. This is what we call personal outcomes
* Personal outcomes mean acknowledging people’s strengths and working with the person to agree a plan to help them do the things that matter most to them
* Others can contribute to this plan, too, including the person’s family, their carers, community members and workers
* Personal outcomes involve having meaningful conversations with people, so it’s important you communicate effectively.

### Slide 18

It is important to recognise that personal outcomes can vary from person to person, it is very individual to each and every person. For example:

* **“**I want to cook fresh meals for myself and not rely on processed food**”**
* **“**I want to bond with my baby son and feel like a real mum**”**
* **“**I want my child to be safe, even though it is not in my care**”**
* **“**I want friends and a more suitable place to live, but this has to include Cassie, my cat, my world**”**

Taking an outcome-based approach has benefits for all those involved. For example:

* Social care workers will say that when they work with personal outcomes in mind: “It’s about listening to families. I would say most families we work with know the best way we can support them. Sometimes they find it difficult to tell us, as they feel perhaps that they’re failing. It’s about having positive communication. Making sure families are engaged and feel confident and comfortable.”
* People receiving care and support would say this about how they feel about this way of working: “I didn’t feel as though I was in control of my home anymore, or in control of me. I don’t like the word ‘dictating’ but in a sense that’s what I’m doing, I’m saying ‘This is what I want, this is what will make a difference to my life’.”

### Slide 19

Research in Practice for Adults identifies that an outcomes-focused approach must place the person at the centre of discussions from the outset, finding ways to engage and empower them so that they are able to explain their needs, concerns, problems and circumstances.

Only then can the whole person, their current situation and history be understood so they can discuss and negotiate with those supporting them, what their desired outcomes are and how they might be achieved.

Personalisation places the focus firmly on outcomes with much less emphasis on inputs and outputs such as:

* the assessment process
* how resources are allocated
* whether timescales are met
* how many weeks or hours of care and support are put in place.

However, good assessment is still essential to the process of identifying need and desired outcomes. Practitioners will spend increasingly more time on support, brokerage, advocacy, prevention, early intervention, safeguarding and promoting social inclusion.

The SCIE Guide (2010) highlights five areas of social work practice central to personalisation:

* building relationships
* working through conflict
* knowing and applying legislation
* accessing practical support and services
* working with other professionals to achieve best outcomes.

By responding to what matters most to people, we can significantly improve their health and well-being.

* Let people know you are listening and that you understand
* Ask exploratory questions: What concerns you most? What do you notice when things are a bit better? Tell me a bit about what’s happening? What could be happening to make you less anxious?
* What are the strengths, skills or motivating factors you notice?
* Explore concerns and aspirations
* Expect natural defensiveness
* Avoid arguments and confrontation
* Think about: What needs to happen? Where are we now? Where do we want to be?
* Avoid using dismissive terms, such as: “I know best”, “I am the decision maker” or “You are wrong”.

### Slide 20

Individuals will need to be provided with a copy of the supporting ‘Personal outcomes statement’ document (delegate copy).

In small groups, work through the statements identifying which of them are personal outcomes statements. Invite feedback and answers from each group, and where there are differences in answers, work with the group to identify why they think differences have arisen.

**Note:** The facilitators version has the correct answers at the bottom of the document.

### Slide 21

Focusing on people’s strengths is a key part of an outcomes-focused approach, but this means asking the right kind of questions and letting the conversation flow.

Each question can be like a springboard to further questions. All with the aim of a person, group, or organisation, identifying:

* their strengths
* what they have to build upon
* what they do well.

They should be gentle questions, not challenging or confronting.

It is important to consider strengths and resources as broadly as possible. This might include:

* the range of people and support around a person
* their health, both physical and emotional
* resources, such as financial, aids and equipment
* beliefs and outlook.

### Slide 22

This slide provides examples of strength-based questions you could use during a ‘what matters’ conversation with an individual.

Refer to the handout with a wider range of strength-based questions.

Invite the group to consider the questions on the slide and in the handout, and identify which questions they think they do/could use during conversations with individuals.

### Slide 23

An individual may need quick access to an assessment of their care and support needs. Staff working at the service need to fully understand how to identify when an assessment is needed, be trained and skilled to carry out that assessment and make sure it can be carried out quickly.

The assessment will vary from person to person in terms of what is required.

Staff working at the service **must** recognise the nature and scale of the enquiry and seek to provide a proportionate response:

* there’s no need to carry out an assessment of a person’s needs if you are only providing them with information
* but you will need to carry out an assessment of a person’s needs if you are providing them with advice or assistance.

The balance between a person having all their concerns addressed when they first approach the information, advice and assistance service, and subsequently being referred to others who may have more appropriate knowledge or expertise, **must** be a pragmatic one.

Staff working at the service will carry out assessments – these are known as the ‘what matters’ conversations. Staff carry out an assessment when they explore the five elements of the National Assessment and Eligibility Tool with an individual, however proportionate that approach may be (as set out in the Code of Practice on Part 3 of the Social Services Well-being (Wales) Act).

In carrying out an assessment/having a ‘what matters’ conversation, staff must work with the person to identify what matters to them. People will wish to achieve different aspects of well-being, depending on their **personal circumstances**, and these make up personal outcomes.

It is important to consider the **personal outcomes** that the individual wishes to achieve, the resources available, and how the local authority may support the person to achieve them.

Understanding the **barriers** that a person may face in achieving their personal outcomes will be central to this.

An assessment starts with the presumption that an adult is best placed to judge their own well-being and the personal outcomes they wish to achieve based on their own values and what matters to them.

To effectively engage an adult in a ‘what matters to me’ conversation, practitioners need to:

* listen rather than tell
* resist rescuing or fixing
* empathise and work with the adult, not the presenting behaviour.

The approach to promoting an adult’s well-being, by identifying the personal outcomes they wish to achieve in their everyday lives and the barriers they may face in achieving those outcomes, is one that recognises that care and support can play a part in removing those barriers, in line with the social model of disability. It recognises that disabled people can achieve their potential and fully participate as members of society, in line with the Welsh Government’s *Framework for Action on Independent Living*.

Children should be supported to identify what matters to them by a range of practitioners and others who are involved in their lives, including their family and friends.

To engage a child effectively in a ‘what matters to me’ conversation, practitioners need to:

* listen rather than tell
* see the child as a resourceful young person
* empower the child and work with them, not the presenting behaviour.

Individuals usually know what will help them. In keeping with the voice, choice and control principle that runs throughout the Act, people who use care and support must be fully engaged in identifying the preventative measures that could help them achieve their well-being and planning for their provision. These could be from within their own, their families’ and their communities’ resources.

Where a person is unable to express their views, wishes or feelings, local authorities must make sure the person has the support they need to be able to do so. If it is not possible for family or friends to provide this assistance and there is no wider support available, local authorities must make sure the person is supported by an independent professional advocate at no cost to the individual.

People – children, adults and carers, their families and their communities – are rich assets and have skills, expertise and capabilities. Working with people to identify their **strengths and capabilities to achieve their outcomes** will be key to achieving well-being and unlocking the potential for creativity, which will make better and more effective use of all the available resources.

It is also important to identify any risks that you and the person (including their representative) believe the individual will encounter if they do not achieve their personal outcomes.

The ‘what matters’ conversation that takes place within the IAA service must therefore comprise of an analysis structured around the **five elements of assessment** (shown in the slide).

‘What matters’ conversations should be valuable experiences in themselves. They should build a better understanding of someone’s situation, identify the most appropriate approach to addressing their particular circumstances, and establish a plan for how they will achieve their personal outcomes.

### Slide 24

One of the key concepts to emphasise is the need for good, clear, transparent communication all the way through the process. It is the quality of these interactions and the transparency of the communication that will help individuals who need support to feel involved.

Open conversations with families are crucial and should include reflective statements where possible.

**Ask them what’s been happening:**

Listen to them. They can let you know how they feel and you can start to understand each other better. Tell them you know they:

* have a lot on their plate
* are under a lot of stress
* have real worries and concerns
* you care and want to help.

**Ask what concerns them most:**

Understanding their concerns will help you see things from their perspective. Acknowledge that:

* they or their family feel they can manage some things, but others can be difficult.

**Ask them what they notice on days when things are not so bad:**

Help them describe and become aware of the things that go well, so they can build on these strengths. Make them aware of the positives, such as:

* things aren’t so bad when I talk to family members on the phone
* when I get things done myself, I feel good about it.

**Ask them what things would look like if they were better:**

Listen and reflect so you’re clear about what they want and what needs to change. Don’t push too hard or make suggestions. Tell them if you think:

* they have a clear picture of how to improve things
* they know how they’d like things to be and are working towards it*.*

### Slide 25

In pairs, think of an example of a good conversation you have had with a caller where you have identified something that really matters to that person.

* What was it that mattered to them?
* What strengths were identified for/by the person?
* What pleased you most about the conversation?
* What did you achieve with the person?

### Slide 27

Check that people think that these generally are the key elements – value other contributions to the list.

### Slide 28

This slide provides a diagrammatic overview of the assessment and eligibility process.

**Note to facilitator:**At this point remind the group that the assessment/‘what matters conversation’ process will often start when a person accesses the IAA service. However, access to assessment should not be restricted to being through this service alone. Under this service, it is only the provision of information that does not require some sort of assessment. If advice and/or assistance are given, a proportionate assessment must take place.

From the first point of contact, practitioners should consider whether **advocacy** support may be necessary for the individual to be able to fully participate in the process.

A key part of assessment must be to establish whether there is reasonable cause to suspect that a child or adult is experiencing or at riskof abuse, neglect or other kinds of harm and unable to protect himself or herself (with regards to adults) and whether any emergency action is required to **safeguard** the person.

The practitioner should carry out an assessment that is proportionate to the circumstances, but should take into account the five elements of the assessment model.

An assessment should identify whether, and if so to what extent, the provision of advice and information or signposting to preventative or other services could contribute to the achievement of the individual’s personal outcomes or otherwise meet their care and support need(s).

If the identified need(s) can only be met through a care and support plan or a support plan, the need will be eligible.

Individuals **not** information make decisions and keep people safe.

Research shows 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 judgmental 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 29

Having good communication with patients/clients helps them in three main ways:

**Good communication helps individuals feel at ease**

It’s common for people who contact the local authority to feel anxious. This can sometimes lead them to speak out of character, perhaps being a bit rude or aggressive. Having good communication with staff they come into contact with will reduce their anxiety and build their confidence.

**Good communication helps individuals feel in control**

It’s easy for people to feel that they give up all control of their lives once they have to contact social services. For some, even simple everyday things they normally control, such as when they get out of bed, when they wash and when they eat, might be dictated by someone else. Losing control can make people feel helpless and hopeless, which isn’t good for boosting their well-being. But good communication can avoid these feelings – it can help people see that they still have a say and are still in charge of their own lives

**Good communication makes individuals feel valued**

The most precious thing we can give to another person is our time. When we show we’re prepared to lay aside all the other things we need to do to spend time with someone, to listen to them, get to know them and understand how they are feeling, we’re showing that we really value that person. Being able to communicate well helps us achieve this with individuals.

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 they might have options.

### Slide 30

Making a commitment is about being there for the person. It means giving them your full attention and letting them know you are listening properly to their concerns.

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

**Note to facilitator:** 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 31

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

* 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
* 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
* 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 honing in on a solution.

We tend to think that the worker is the one learning by asking questions and receiving information. But a skillful worker can help the individual learn about themselves at the same time – that is, two people are learning.

### Slide 33

These are the five stages to a good conversation. In this section, we will work our way through them all.

Appropriate reflection (which we will be talking about in more detail) runs through all the stages when necessary.

### Slide 34

We need to understand and appreciate the value and strength of ‘open’ questions.

**Note to facilitator:**At this point check participants’ understanding of ‘open questions’.

**Definition**

An open question can be defined as:

* a question that is likely to receive a long answer.

Although any question can receive a long answer, open questions deliberately seek longer answers and are the opposite of closed questions.

**Using open questions**

Open questions have the following characteristics:

* they ask the respondent to think and reflect
* they will give you opinions and feelings
* they hand control of the conversation to the respondent.

Open questions begin with the likes of: what, why, how, describe.

### Slide 35

Facilitate a whole group discussion, working through the questions on the slide.

Capture the key points raised in the discussion on a flipchart, as the participants may wish to refer back to them later.

### Slide 36

Listening is one of the most important skills you can have. How well you listen has a major impact on your job effectiveness and on the quality of your relationships with others. For instance:

* we listen to get information
* we listen to understand
* we listen for enjoyment
* we listen to learn.

Listening is key within IAA, but is especially important as the majority of conversations are over the phone and we can be easily distracted by things going on around us if we are not in front of the person.

**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.

To understand the importance of this, ask yourself if you've ever been engaged in a conversation when you wondered if the other person was listening to what **you** were saying. You wonder if your message is getting across or if it's even worthwhile continuing to speak. It feels like talking to a brick wall and it's something you want to avoid.

### Slide 37

**The facilitator will need:**

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

**Exercise:**

In pairs – one person asks their partner questions so they can draw their partner’s house and garden.

The person describing their house and garden should not reveal more information than they’ve been asked for.

They can ask six questions.

**Learning point:**

‘How many floors does your house have?’ (closed question) versus ‘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 38

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 reflecting back to someone, you will both be considering:

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

Remember reflecting and paraphrasing are not about asking more questions – keep it short and focused in a way that will be understood by the person you are speaking to.

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

### Slide 39

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 40

Split the group into small groups of three and ask them to allocate roles as described on the slide.

When the conversation has finished, each person should take a turn to reflect

**Before starting, use the next slide to help explain the exercise and to give some prompts. The following slide will be used to facilitate feedback from the group.**

### Slide 41

**Note for facilitator:**This flows from the exercise to facilitate feedback.

Remind participants they are not giving advice or making judgemental statements.

Get 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 two people? What seemed to work well? What, if anything, caused tension/frustration?

### Slide 42

**Note to facilitator:**At this point, recap the elements covered so far and, in particular, focus on whether people felt they had good open questions they used earlier on in the session. Repeat them if so.

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

### Slide 43

Use the audio clips/videos of IAA conversations.

Play the first clip (of a not so good example) and at the end of the video, ask the group to respond to the following questions:

* what do you notice about the approach taken by the call handler?
* have they adopted the principles of the Social Services and Well-being (Wales) Act?
* how could the conversation be improved?

After this discussion play the second clip (of a good example) and at the end of the video, ask the group to respond to the following questions:

* how does it differ from the first conversation?
* how have they adopted the principles of the Social Services and Well-being (Wales) Act?
* what learning points can you take from this conversation that you can apply to your own practice?

### Slide 44

Emotions are feelings and are personal to the individual.

The questions on the slide can be used to help practitioners reflect on the behaviours they are encountering and consider how to respond to them.

When identifying and managing emotions it is important to consider:

* **How do others feel, and how do I know?**

There are several ways that we can tell how others are feeling, particularly by observing what they say and how they say it, and how they behave, including their **body language**. Research suggests that more than 80 per cent of communication is non-verbal, meaning that it comes from body language and facial expression. Many of us don’t like to talk about our emotions, especially if they really matter to us, so they tend to be expressed even more in our body language.

Non-verbal communication helps people to:

* **Reinforce or modify what is said in words**

For example, people may nod their heads vigorously when saying “Yes” to emphasise they agree with the other person. A shrug of the shoulders and a sad expression when saying “I’m fine, thanks” may actually imply that things are not really fine at all!

* **Convey information about their emotional state**

Your facial expression, your tone of voice and your body language can often tell people exactly how you feel, even if you have hardly said a word. Consider how often you have said to someone, “Are you okay? You look a bit down.”We know how people feel from their non-verbal communication.

* **Provide feedback to the other person**

Smiles and nods tell someone that you are listening and that you agree with what they are saying. Movement and hand gestures may indicate that you wish to speak. These subtle signals give information gently but clearly.

* **Regulate the flow of communication**

There are a number of signals that we use to tell people that we have finished speaking, or that we wish to speak. An emphatic nod, and firm closing of the lips indicates that we have nothing more to say, for example. Making eye contact with the chair of a meeting and nodding slightly will indicate that you wish to speak.

Read more at: [www.skillsyouneed.com/ips/nonverbal-communication.html](http://www.skillsyouneed.com/ips/nonverbal-communication.html)

Emotions are strongly linked to memory and experience. If something bad has previously happened to you, your emotional response to the same stimulus is likely to be strong.

The best decisions are made using both logic and emotion. If you only use one or the other, your decisions may either not be very balanced, or not support your emotional needs. Instead, you need to combine your emotional response with more rational considerations.

**You can do this by:**

* stopping before you decide, to give yourself a chance to think
* think about how you will feel as a result of each possible action
* consider what might happen as a result, and how your decision might affect others. Would you be happy with those effects?
* take some time out before making a decision
* consider the decision against your values. Does it fit with them? If not, why not?
* think about what someone whom you respect would think about your decision. Are you happy with that?
* finally, consider what would happen if everyone were to take the same action. If this would be a disaster, then probably best not to do it.

Read more at: [www.skillsyouneed.com/ps/managing-emotions.html](http://www.skillsyouneed.com/ps/managing-emotions.html)

### Slide 45

This slide provides you with key tips for you to consider when you are in a situation of having to manage an individual’s strong emotions and difficult behaviours.

### Slide 46

The following approaches will support you when you are in a position of needing to diffuse a situation and reduce challenging conversations. You may only need to use one of the strategies or it may be that you need to use three or four depending on the situation.

**Be clear about the issue.**

* "What exactly is the behaviour that is causing the problem?"
* "What is the impact that the behaviour is having on you, the team or the organisation?"

You need to be clear yourself so you can articulate the issue in two or three succinct statements.

If not, you risk going off on a tangent during the conversation. The lack of focus on the central issue will derail the conversation and sabotage your intentions.

**Know your objective**.

* What do you want to accomplish with the conversation?
* What is the desired outcome?
* What are the non-negotiables?

Once you have determined this, plan how you will close the conversation. Don't end without clearly expressed action items.

* What is the person agreeing to do?
* What support are you committed to provide?
* What obstacles might prevent these remedial actions from taking place?
* What do you both agree to do to overcome potential obstacles?

Schedule a follow up to evaluate progress and definitively reach closure on the issue at hand.

**Adopt a mindset of inquiry.**

Spend a little time to reflect on your attitude toward the situation and the person involved. What are your preconceived notions about it? Your mindset will predetermine your reaction and interpretations of the other person's responses, so it pays to approach such a conversation with the right mindset – which in this context, is one of inquiry.

Be open to hear first what the other person has to say before reaching closure in your mind. Even if the evidence is so clear that there is no reason to beat around the bush, we still owe it to the person to let them tell their story.

**Preserve the relationship.**

Think about how the conversation can fix the situation, without erecting an irreparable wall between you and the person.

**Be consistent.**

Make sure that your objective is fair and that you are using a consistent approach.

**Develop your conflict resolution skills.**

Conflict is a natural part of human interaction. Managing conflict effectively is one of the vital skills of leadership. Have a few, proven phrases that can come in handy in crucial spots.  
  
**Choose the right place to have the conversation.**

Calling people into your office may not be the best strategy. Sitting in your own turf, behind your desk, shifts the balance of power too much on your side. Even simple body language, such as leaning forward toward the person rather than leaning back in your chair, can carry a subtle message of your positive intentions. For example, "We're in this together. Let's problem solve so that we have a better workplace.” Consider holding the meeting in a neutral place, such as a meeting room where you can sit adjacent to each other without the desk as a barrier. Don't exclude the coffee shop.

**Know how to begin.**

Some people put off having the conversation because they don't know how to start. The best way to start is with a direct approach. "John, I would like to talk with you about…” Being upfront is the authentic and respectful approach. You don't want to ambush people by surprising them about the nature of the "chat". Make sure your tone of voice signals discussion and not inquisition, exploration and not punishment.

### Slide 47

The Welsh Government expects professionals to respond to well-being, especially the 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** – keep your response short and focused, and try not to sound as though you’re reading from a script.

### Slide 48

Ask the group to pair up with someone else (preferably someone they do not work with to gain new insights and perspectives)

Each person takes a turn to reflect on an experience where they have encountered a difficult conversation with a member of the public or another professional.

Using the Driscoll model of reflection, ask the participants to move through the three questions to reflect on their experience in relation to how it felt, what they learnt and what they now do/will do differently as a result of their learning.

### Slide 49

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. Remember the approaches we have covered so far today and the approaches to open conversations.

### Slide 50

People **must** finish their contact with the service with a feeling that they have been dealt with fairly and appropriately. Most importantly they **must** know what the outcome of their contact is, and what, if any, action will subsequently be taken and by whom.

You’ll need to summarise the information you’ve heard. Think about how you focus on what you’ve heard to pinpoint 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 has been 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 51

This is what you might feedback to the daughter. Does it sound reasonable?

### Slide 52

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 53

The Part 2 Code of Practice identifies the recording requirements in relation to IAA.

For **operational purposes**, the following information needs to be recorded to support the individual:

**Personal information**

* When information is offered, a record of the enquiry **must** be made but personal data does not need to be collected/recorded
* When advice is offered the assessor **must** record as much personal data in the core data set as possible and record the nature and outcome of the enquiry
* Recording **must** be done using the National Assessment and Eligibility Tool, albeit in a manner proportionate to the enquiry. The obligation to complete the core data set in its entirety only needs to be met when an individual’s needs are deemed to be eligible and a care and support plan, or support plan in respect of a carer, is required
* Using the National Assessment and Eligibility Tool – this is usually the ‘what matters form’ or the ‘assessment tool’ to record personal data will enable staff to identify quickly if the enquirer has a care and support plan in place or has received information, advice or assistance previously. In addition, it will enable any future enquiries about the same person to be progressed quickly and avoid repeating personal information at each point of contact.

For **strategic/planning purposes**,the following information needs to be recorded to support the development of the service and how individuals’ well-being is promoted more broadly:

**Recording information**

Local authorities **must** record data from their service for the following purposes:

* **Monitoring performance –** The recording of information is important to support service performance and improvement. Recording the information exchange (calls and web logs) can be analysed to provide a better understanding of the nature of the enquiry and the customer profiles. Management data will also help with the audit and inspection of the service and, for this reason, local authorities should consider getting feedback from service users
* **Planning services –** It is important that local authorities record information about the nature of enquiries and responses, as well as the type of information and advice offered by their service to support the population needs assessment and planning of preventative well-being services
* **Service improvements –** Recording personal data when advice and assistance are provided so that an individual does not have to repeat the same information if they access a service again or proceed through the care and support system. This will also make the system more efficient.

### Slide 54

This is one element of the self-assessment taken from the IAA Competence Framework developed by the Welsh Government.

The framework sets out the competencies local authorities need so that they can provide an effective IAA service. Services must place the competencies within the context of their own service. They should reflect the way in which the service is provided and how they relate to different areas of practice and levels of expertise.

Staff providing IAA services are not expected to be competent in each area, but they are expected to complete the sections that are relevant to them (they are also expected to be competent in professional practice).

The competence framework is a set of behavioural and knowledge/understanding outcomes that demonstrate competence in five areas. It can be used to develop the IAA workforce’s competence in each area, for example, through training.

**Note to facilitator:**Individually, participants are asked to complete the self-assessment. This will help them identify if they have the required generic competencies, skills and knowledge. Completing this will help inform any ongoing learning and development needs they have.

### Slide 56

Remember to reflect and make positive noises throughout the call, when you can.

Sometimes it may be appropriate to change the order of the stages or the caller may naturally focus immediately on one area or issue.

Remember that you also have your own style, which you probably don’t need to change and which will help you be as comfortable as possible in your conversations with people.

### Slide 57

Briefly reflect on whether the participants have achieved the objectives and their hopes for the session.

Agree the next steps using the slide as a prompt.

Evaluate the session – ask participants to complete any necessary evaluation sheets.

# Section 4

## Handouts

Handout 1 – Information, advice and assistance definition



Handout 2 – Strength-based questions



Handout 3 – Outcome statements (participant and tutor copies)

Handout 4 – Personal outcomes booklet



# Section 5

## Case studies and discussion exercise

### Activity 1

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

Ask the participants to come to the session with examples of 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 about the service and in the end expressed thanks.

Staff would need to identify the cases before the workshop and ideally submit them beforehand as they may find it difficult to think of examples on the day. They could come up with the examples in a team meeting before the session.

They could use the following pointers to help them break down one of the cases and identify how they could learn from it:

* What was going wrong in this situation?
* What needed to be addressed 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 getting feedback about this, it might be possible to talk about when things don’t go well and identify any things/case examples they could have done better.

### Activity 2

**Convincing others of the Act’s benefits**

This is useful for people to practise selling the benefits of the Social Services and Well-being (Wales) Act to others who are sceptical of it. The exercise could be done as a standard group coming up with issues or in a three with a caller, responder and observer.

1. **Vicky, who is the new manager of a sheltered housing complex, calls. 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, and provide a copy of the referrals to the local councillor. She has received some training around the Social Services and Well-being (Wales) Act and while it “all sounds good on paper”, she thinks it’s nonsense to talk about strengths for many of her residents and it’s all about cuts.**

**How would you respond to Vicky?**

In the feedback, it would useful to note if people mention using good practice examples with 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 that are **relevant**to us. **Stories** that get attention tend to be about things **we already care about**. Do we have an example of a similar situation 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 that resonates.

1. **You have a phone call from Adil. He works as a graphic designer and recently started volunteering in a young carers’ 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 get involved and learn new things by taking part in activities such as sailing and 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 he feels is on them. He is concerned that social services appear to do little for them and is upset about 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 online and read a bit about the Act but it all appears to be 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 set realistic and good enough outcomes, and recognising different lives and roles.

A response could be around **good information giving**. Another way to get a caller’s attention is to give them information they do not know. Your response will need to contain something **new to them** that provokes a response such as **“I didn’t know that!”** and create a positive outlook on the 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 Diana thinks has some form of autism, possibly Asperger’s Syndrome, although he hasn’t been formally diagnosed. 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 Dorothy should move into a local care home, but she is concerned that if Colin remains living in the house, 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 around 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 with empathy. Typically, carers report 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 7Cs of 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 arrange to call people back with information at a very specific time and making sure you do it. During our first conversation with Diana, we could compromise by asking her to consider other things and talk about them with her family, while we could find out some of the information she has asked for. If you say you will ring at 10.30am on a Wednesday, Diana sounds like the sort of person who will be at the phone at that time and be impressed when you ring at precisely that time. It gets the next conversation off to a better start.

## More case scenarios

You could use the following three scenarios to practise the five stages of conversation set out in the slides. You could swap the various roles (observer, caller and responder) between the three in the group, so that everybody gets a chance to practise 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. 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 have been 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 the 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 the general neglect of the children, but is calling to ask if social services can write a letter of support to help with 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 and what involvement other agencies have 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)** and **Helen (aged 56)** live together. **Helen** phones up. She tells you **Gary** is an active man, who is a keen gardener and 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 the 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 anymore.

**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** about the subject, he has become tearful and said 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 about what worked well in past and what has changed. The **driveway** is an example of the many things that could be solved simply elsewhere rather than through social services. 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 old, 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 from **Anna, who stays in with Josh** to allow **Donna** time to go out and do things, where she is often accompanied by **Emily.** She herself has noticed that over the last year that **Josh** has become more withdrawn than normal, but has put this down to his being a teenager. **Josh** used to love going out with his **mum** and was particularly interested in motorsport and cars. He now prefers to stay in. **Donna** feels that, by constantly focusing her energy on trying to make Josh happier, her **daughters** are suffering. **Donna** confides that she has also had problems with “bi-polar issues” and anxiety in the past .She says that in all honesty her main reason for ringing was that she thinks it wouldn’t look good if she hadn’t, particularly if the school had been in touch.

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

# Section 6

## 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 7

## Additional materials

### Useful links

Personal outcomes resources

[socialcare.wales/service-improvement/personal-outcomes](https://socialcare.wales/service-improvement/personal-outcomes)

Information and Learning Hub

[socialcare.wales/hub/home](https://socialcare.wales/hub/home)

Social Services and Well-being (Wales) Act 2014

[socialcare.wales/hub/sswbact](https://socialcare.wales/hub/sswbact)

Codes of practice and statutory guidance

[socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance](https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance)

Regulations

[socialcare.wales/hub/sswbact-regulations](https://socialcare.wales/hub/sswbact-regulations)

Learning resources

[socialcare.wales/hub/resources](https://socialcare.wales/hub/resources) Information for staff

### Background

The Social Services and Well-Being (Wales) Act 2014 took effect from April 2016.

**Previously,** social services have been provided under various scattered pieces of legislation, such as:

* 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. **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.

### The Act:

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.

Here’s a brief outline of what is in each part:Part 1: Introduction

This part provides key definitions:

* Some definitions are similar to what we had previously, such as:
  + 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, such as “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 function

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
  + 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 so they can 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 (such as 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 function

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 the Welsh Government issues various codes of practice for social services.

**Intervention by the Welsh Government**This warns that the 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 (such as the 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.