

A Response to the Health and Social Care Committee Consultation on the Social Services and Well-being (Wales) Bill

Introduction

We are a partnership of 37 third sector and citizen organisations, representing the interests of thousands of people with diverse backgrounds across Wales (see Annex).

We ask the Health and Social Care Committee to consider this paper, which identifies some key concerns with the Social Services and Well-being (Wales) Bill.

Although circulation of the paper has been limited mainly to the Wales Alliance for Citizen Directed Support, the Direct Payment Support Schemes Network and Wales Disability Reference Group, and not (because of time constraints) via wider networks such as WCVA, the position that it represents has received considerable support.

The partner organisations, whilst not necessarily supporting all aspects of this paper, do endorse the general principles and proposed direction that it outlines and recommend it to the Health and Social Care Committee for consideration. Some of the partner organisations will submit additional evidence to the Committee.

The paper has been co-ordinated by Disability Wales, in discussion with the partner organisations, and was drafted mainly from the perspective of disabled people. We recognise that there are specific issues for older people, for children and young people, and for carers, although the proposals that are outlined in the paper should be broadly applicable to all groups.

The consensus of the partner organisations is that introduction of the Social Services and Well-being (Wales) Bill (the SSW Bill) is welcome and will both simplify legislation and enable a number of positive developments, such as a focus on well-being and outcomes, national

eligibility criteria, portable assessments, integration of children, adults and carers services, social enterprise and co-operative approaches to service delivery, and promotion of the role of third sector.

However, there is also a consensus that in its present form the legislative framework which the SSW Bill would establish falls short of achieving the radical transformation of Social Services aspired to in *Sustainable Social Services: A Framework for Action*.

The partner organisations ask the Committee to consider the following key points, which we believe to be fundamental if the SSW Bill is to be strengthened sufficiently to achieve a real transformation of Social Services.

Executive Summary

The partner organisations call upon the Committee to:

1. recommend an amendment to the SSW Bill to replace the current Medical Model definition of disability with a Social Model definition.
2. recommend an amendment to the SSW Bill to incorporate enjoyment of the right to Independent Living into the meaning of well-being.
3. obtain assurance from WG that the Code of Practice will clarify its commitment to transforming Social Services by supporting development of a co-produced model of Citizen Directed Support.
- 4a. consider how the Social Care (Self-directed Support) (Scotland) Act 2013 may be drawn upon to inform further development of the SSW Bill, e.g. by making Direct Payments the default method of administering care and support services.
- 4b. recommend to Welsh Government that new models of support should be actively developed which place control with citizens, including within collective approaches to support provision.
5. recommend an amendment to the SSW Bill to require local authorities to ensure access to Independent Advocacy and peer support, as well as information, advice and assistance.

6. clarify whether an Equality Impact Assessment has been carried out on Section 54 of the SSW Bill, and to seek an amendment to the SSW Bill to prevent local authorities “charging for preventative services and information, advice and assistance.”
7. obtain confirmation that the £50 per week cap on charges for domiciliary care and support will be retained under new regulations.
8. recommend an amendment to the SSW Bill to acknowledge the right of individuals to take risks, to take full account of the positive use of the Mental Capacity Act requirements, and to ensure that risk is managed on an individual basis.
9. bring the Talking Points Personal Outcomes Approach, as developed by the I Matter, We Matter campaign, to the attention of WG, with a view to incorporating its principles and practice into development of the National Outcomes Framework.
10. obtain an assurance from WG that the Code of Practice will establish Co-production as the preferred method of delivering a genuinely transformed Social Services across Wales.

OVERARCHING PRINCIPLES

1. Definition of Disability

The Bill adopts the same definition of disability that was incorporated into the Equality Act 2010, i.e.

- A person (P) has a disability if—
- (a) P has a physical or mental impairment, and
 - (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

This Medical Model definition assumes that impairments and health conditions are the cause of disability.

In contrast, the WG's consultation document on its Framework for Action on Independent Living [1] states that the Framework:

gives practical effect to the Social Model of Disability which the

National Assembly for Wales adopted in 2002. This recognises that people are disabled by the barriers created by society, and that **the guiding principles of policy** should be:

- to remove these barriers and create an enabling society;
- to promote the rights and full inclusion of disabled and older people (emphasis added).

Within the Social Model disability is defined as:

The loss or limitation of opportunities to take part in society on equal basis with others due to institutional, environmental and attitudinal barriers.

The Social Model asserts that it is these social barriers which people experience *on top of* their impairments and health conditions which are the real cause of disability. Whilst the Social Model does not negate other models of disability, which appropriately address the various consequences of individual impairments and health conditions, it seeks instead to achieve social change by eliminating disabling barriers, for which we have a collective responsibility.

If the SSW Bill is to achieve the goal of transforming Social Services, the Social Model must be the “golden thread” which runs through the policy that the Bill sets out.

A SSW Bill based on the Social Model of Disability would catalyse a fundamental shift in thinking about how Social Services are delivered. Instead of focusing on mitigating the impact of impairments and health conditions on individuals’ lives – thus perpetuating the existing 'deficit model' of Social Services – a Social Model approach would focus on supporting disabled citizens to identify and remove the institutional, environmental and attitudinal barriers which cause "the loss or limitation of opportunities to take part in society on equal basis with others".

The partner organisations ask the Committee to consider seeking an amendment to the SSW Bill to replace the current Medical Model definition of disability with a Social Model definition.

2. Independent Living

The partner organisations welcome the WG's proposals for introducing a Framework for Action on Independent Living in the summer of 2013. The Framework has been very effectively co-produced by WG together with citizens and representatives of third sector organisations, local government and service providers.

The Framework adopts the following definition of Independent Living:

Independent Living enables us as disabled people to achieve our own goals and live our own lives in the way that we choose for ourselves.

The Framework identifies disabled people's highest priorities for change, and thus provides a systematic approach to removing the institutional, environmental and attitudinal barriers which cause "the loss or limitation of opportunities to take part in society on equal basis with others".

The Framework is based on several human rights and equalities frameworks, including the Equality Act 2010, the UN Convention on the Rights of Persons with Disabilities (UNCRPD) [2] and the UN Convention on the Rights of the Child (UNCRC) [3].

The Right to Independent Living is set out in Article 19 of the UNCRPD, which recognises the right of all disabled people to live in the community with choices equal to others, and to enjoy full inclusion and participation in the community.

In 2011 a report was published by the UK Parliamentary Joint Committee on Human Rights, chaired by Dr. Hywel Francis MP, following an inquiry into implementation of the right to Independent Living under Article 19 of the UNCRPD [4]. The Committee recommended that:

The right to independent living should be added as an outcome in any forthcoming Bill on adult social care.

Whilst the SSW Bill, as introduced, includes a welcome focus on achieving well-being outcomes, it fails to include Independent Living in

the definition of well-being.

This lack of a rights based focus is particularly surprising given the long established rights based commitment to people with a learning disability by successive Welsh administrations since the pioneering All Wales Learning Disability Strategy in 1984. This established simple principles that have been reconfirmed and re-endorsed ever since, most recently in 2007 when WG issued a *Statement on Policy and Practice for Adults with a Learning Disability* [5]. This confirmed a vision for the future based on a set of principles which stated:

All people with a learning disability are full citizens, equal in status and value to other citizens of the same age. They have the same rights to:

- live healthy, productive and independent lives with appropriate and responsive treatment and support to develop their maximum potential;
- be individuals and decide everyday issues and life-defining matters for themselves joining in all decision-making which affects their lives, with appropriate and responsive advice and support where necessary;
- live their lives within their community, maintaining the social and family ties and connections which are important to them;
- have the support of the communities of which they are a part and access to general and specialist services that are responsive to their individual needs, circumstances and preferences.

We propose that there should be a strong and explicit "read across" between the SSW Bill and the Framework for Action on Independent Living, which covers all disabled people.

The partner organisations ask the Committee to consider seeking an amendment to the SSW Bill to incorporate enjoyment of the right to Independent Living into the meaning of well-being.

ACCESS TO SERVICES

3. Citizen Directed Support

One of the highest priorities identified in the WG's consultation paper on its Framework for Action on Independent Living is:

A comprehensive range of options and genuine choice and control in how personalised care and support is delivered.

The Wales Alliance for Citizen Directed Support (WACDS) is a group of citizens and service recipients, local authorities and service providers which has worked co-productively since 2008 to develop a new model of Social Services that is appropriate to the Welsh context.

Drawing upon, and learning from, the experience of implementing Self Directed Support elsewhere, and incorporating a citizenship model based on rights and responsibilities, the Welsh model of Citizen Directed Support is envisaged as a set of nationally agreed values, principles and practices which support innovation, enhance wellbeing, enable Independent Living and support citizens to achieve their chosen goals and lifestyles:

- by putting citizens in control of all aspects of their support arrangements, to the extent that they are comfortable with, by providing a range of options for administering support packages, including Direct Payments and co-operative models
- by focusing on identifying and removing the barriers that prevent disabled and older citizens from actively participating in their communities, and
- by supporting citizens to establish fulfilling relationships with everyone in their lives, and in particular ensuring that relationships with support workers are empathic and appropriate.

Within this model of CDS, the role of local authorities and social workers will shift from controlling and allocating available resources to community building and facilitating Independent Living, with the aim of enabling

citizens to achieve the outcomes they choose for themselves.

Although WG has stated its intention to put citizens in control of the support services they receive, we are concerned that the SSW Bill, as introduced, does not make this explicit, thus opening it up to mis-interpretation.

The partner organisations call upon the Committee to seek an assurance from WG that the Code of Practice will clarify its commitment to transforming Social Services by supporting development of a co-produced model of Citizen Directed Support.

4. Direct Payments

The partner organisations welcome WG's commitment to extending the availability of Direct Payments, which has proved to be an effective method of providing choice, control and independence to recipients. However, we believe there is scope for amendment of the current draft of the SSW Bill to ensure that local authorities take the actions necessary to increase the take up of Direct Payments.

In particular, we believe there is considerable merit in the proposal put forward in the Community Care (Direct Payments) (Wales) Bill to change the Direct Payments system from the current opt-in to an opt-out, thus making Direct Payments the default method of administering care and support packages.

If this is explained well to people in accessible language and in a timely fashion, and if individuals retain a clear right to opt for directly provided services and support should they prefer, it will ensure that local authorities adopt a uniform and positive approach to promoting Direct Payments.

The Direct Payment Support Schemes Network, which consists of organisations that provide third party support to recipients of Direct Payments across Wales, has produced a draft statement on "The Case for Extending Direct Payments within a Welsh Model of Citizen Directed Support".

This argues that in contrast with the Scottish Executive's Social Care

(Self-Directed Support) Bill [6], which received Royal Assent in January 2013, the SSW Bill falls short in terms of advancing Direct Payments in Wales, where less than 5% of adult recipients of Social Services currently have a Direct Payment.

The Scottish Act introduces the language and terminology of self-directed support into statute and places a duty on local authorities to offer four options to individuals who are assessed as eligible for care and support:

Option 1 The making of a direct payment by the local authority to the supported person for the provision of support.

Option 2 The selection of support by the supported person, the making of arrangements for the provision of it by the local authority on behalf of the supported person and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of that provision.

Option 3 The selection of support for the supported person by the local authority, the making of arrangements for the provision of it by the authority and, where it is provided by someone other than the authority, the payment by the authority of the relevant amount in respect of the cost of that provision.

Option 4 The selection by the supported person of Option 1, 2 or 3 for each type of support and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of the support.

The Act requires local authorities to “give the supported person the opportunity to choose one of the options for self-directed support, unless the authority considers that the supported person is ineligible to receive direct payments”.

The legislation requires that local authorities must also:

- take steps to promote the availability of the options for self-directed support
- give effect to the option for self-directed support chosen by the

person.

The Act also requires local authorities to inform supported individuals of the amount of each of the self-directed support options that are available for them to choose from, and the period to which the amount relates.

Local authorities are also required:

- to explain what each option means in practice.
- to provide information about how they might manage their support after they have chosen their preferred option
- to provide information about organisations and persons who can provide help or further advice to help them choose an option
- to provide information about providers of independent advocacy services when appropriate
- to provide relevant information both in writing and in alternative formats appropriate to individual communication needs.

The Act is underpinned by the principles of involvement, informed choice and collaboration. These principles require local authorities to collaborate with individuals in both the assessment of their needs and the provision of support or services following the assessment. The principles also require that individuals must have as much involvement in the assessment of their social care needs, and the provision of support or services, as they wish. Individuals must also be provided with reasonable assistance in order that they can express their own views about the choices available to them and make an informed decision about their preferred choice.

The Act places a duty on local authorities to take reasonable steps to facilitate further principles when carrying out their functions. The Explanatory Notes [7] state:

These principles – for persons to have their right to dignity and their right to participate in community life respected – reflect core principles of Independent Living. A further element of independent

living – control – is reflected in the provisions of the Act enshrining choice...(and in individuals having as much involvement as they wish in relation to the assessment and provision of support or services).

We believe that similar legislation in Wales would maximise citizens' choice and control over the support they receive and would establish a basis for the transformation of Social Services that WG envisage.

The DPSSN's paper concludes that:

Direct Payments should be actively promoted as the default option for all local authorities because they are cost effective and represent positive alternatives for all stakeholders, including:

- increased choice and control
- increased satisfaction
- opportunities for innovative and creative citizen led solutions
- facilitative of the "outcomes" focus of Citizen Directed Support
- purposeful use of resources to overcome the barriers to social inclusion
- increased community involvement and active participation for all citizens
- cost effective solutions which are more sustainable long term.

Direct Payments support the Social Model of Disability by viewing older and disabled people as active participants in their communities who have control of their lives, rather than passive long-term recipients of social care.

We recognise that whilst the lives of many individuals have been transformed through Direct Payments, due in part to the invaluable support provided by third party Direct Payment support schemes, some people will not wish to have the responsibility of directly employing their own Personal Assistant.

Wales Cooperative Centre and Disability Wales have undertaken research into the role of cooperatives in supporting a wider number of people to take up Direct Payments. Some helpful case studies were identified in the UK, Norway and Sweden which include user-owned and multi-stakeholder cooperatives. These retain the benefit for Direct Payment recipients of recruiting, training and managing their Personal

Assistants and thereby maintaining control, whilst the responsibility for employment is undertaken by the cooperative.

Other examples include the pooling of Direct Payments to maximise their effectiveness and to provide an alternative to traditional day services. For example, a group of people with learning difficulties pool their payments to employ a tutor to run drama classes, or someone to accompany them to football matches. In another case, Direct Payments are utilised by people with learning difficulties to develop a card making business with the support of parents and the local authority.

In conjunction with the Framework for Action on Independent Living, which strongly supports the development of Disabled People's Organisations such as Centres for Independent Living, we believe that there is a real opportunity to develop a new, made-in-Wales model of support which combines Citizen Directed Support with collective approaches to support provision.

The partner organisations call upon the Committee to consider how the Social Care (Self-directed Support) (Scotland) Act 2013 may be drawn upon to inform further development of the SSW Bill, e.g. by making Direct Payments the default method of administering care and support services.

We also call upon the Committee to recommend to Welsh Government that new models of support should be actively developed which place control with citizens, including within collective approaches to support provision.

5. Independent Advocacy

The Manifesto for Independent Living identified disabled people's top priority for change as:

Access to information, advice, independent advocacy and peer support services for all.

These four services have different but equally important roles in strengthening the citizen's voice. Whilst provision of information and advice is addressed in the SSW Bill (together with "assistance in accessing care and support"), and has been subject to a recent WG

review, Independent Advocacy and peer support services have not been included.

Independent Advocacy is:

A service provided by independent organisations set up for the specific purpose of enabling people who are unable to make their voice heard, or who may communicate through alternative methods, to clarify their options, make choices and express their wishes and feelings.

Advocates support their partner and, when necessary, speak on their behalf so that they feel they've been fully heard, understood and included in decision making processes.

Advocacy also helps to ensure that an individuals' human rights are fully respected, that they obtain the services they need and receive their full entitlements.

Independent advocacy may support individuals to self-advocate or assist the development of self advocacy groups.

In supporting individuals to express their wishes and feelings, the advocate's role differs to other professionals, such as social workers, who are solely concerned with making decisions in individuals' best interests.

The partner organisations consider the omission of Independent Advocacy and peer support to be a serious weakness of the SSW Bill.

From Vision to Action, the report of the Independent Commission on Social Services in Wales, stated:

The Welsh Assembly Government, local government and independent partners should work together to ensure that people have access to better information, advocacy and support to make informed choices about their own care and support.

Sustainable Social Services: A Framework for Action stated:

There has been some progress in developing general advocacy services for older people, but coverage of such services is patchy.

We will therefore develop a business case to introduce a comprehensive advocacy service for older people, identifying what infrastructure is needed and setting initial priorities.

Whilst this development will be welcomed, the partner organisations consider the focus on older people to be too narrow and perverse in excluding younger disabled people, given the track record in Wales. The All Wales Learning Disability Strategy has explicitly encouraged the provision of advocacy for people with a learning disability since its introduction and in each subsequent 'refresh'. For some eight years Welsh Government has provided a centralised grant to local advocacy and self advocacy groups.

We therefore propose that the Bill should include Independent Advocacy and Peer Advocacy for disabled people of working age.

Furthermore, WG's own Strategic Equality Objectives include:

Strengthen advice, information and **advocacy** services to help people with protected characteristics understand and exercise their rights and make informed choices (emphasis added).

Clearly the terminology used in the SSW Bill should be consistent with this Equality Objective. Whereas Independent Advocacy has a professional qualification and career pathway, "assistance in accessing care and support" is a central function of the Social Worker's role and therefore cannot be independent.

The partner organisations call upon the Committee to consider seeking an amendment to the SSW Bill to require local authorities to ensure access to Independent Advocacy and peer support, as well as information, advice and assistance.

6. Charging for preventive services

Section 54 of the SSW Bill allows regulations to make provision for "charging for preventative services and information, advice and assistance."

We believe in the principle that charging for services which aim to

support disabled people is a secondary and discriminatory tax and that all such services should be free at the point of delivery. We have actively campaigned through the Coalition on Charging Cymru to bring about an end to community care charges. Whilst this has yet to be achieved, the Welsh policy of an increased buffer on assessed income and a 10% disregard on disability related expenditure has taken thousands of disabled people out of charging. We also welcome the £50 maximum weekly charge which has ended the wide variation in charges for similar services across Wales.

In this context, whilst individual contributions to the cost of some services may be appropriate, e.g. for luncheon clubs, the introduction of charges for *preventative* services such as provision of information, advice and assistance is a retrogressive step and would fundamentally change the nature of the relationship between local authorities and citizens. It would also be counterproductive to the Welsh Government's ambitions for the Bill to transform Social Services and ensure greater equality, voice and control, as it may deter many from seeking assistance - particularly in view of reduced income as a result of benefit cuts.

Disabled and older people who require information to be provided in accessible formats such as Braille, Easy Read or Audio could be required to pay for information and advice which is currently provided free of charge. This would appear to be discriminatory.

The partner organisations call upon the Committee to seek clarification on whether an Equality Impact Assessment has been carried out on Section 54 of the SSW Bill, and to seek an amendment to the SSW Bill to prevent local authorities “charging for preventative services and information, advice and assistance.”

7. Charging and Financial Assessment

We are concerned that Part 5 of the SSW Bill on Charging and Financial Assessment does not state explicitly that the £50 per week cap on charges for domiciliary care and support will be retained.

We assume that this will be incorporated into the regulations but seek

reassurance that the £50 cap will not be abolished when the existing Social Care Charges (Wales) Measure is repealed.

We understand that Coalition on Charging Cymru have submitted a detailed response to this part of the Bill, which we support.

The partner organisations call upon the Committee to seek confirmation that the £50 per week cap on charges for domiciliary care and support will be retained under new regulations.

SAFEGUARDING

8. Risk

We are concerned that Part 7 of the SSW Bill on Safeguarding places a strong emphasis on protecting “adults at risk” but fails to place this within a context of transforming the present risk averse culture in Social Services.

A Joseph Rowntree Foundation report on *The Right to Take Risks: Service Users’ Views of Risk in Adult Social Care* [8] states:

The culture and ethos surrounding risk and rights, both in wider society and within individual services, is risk-averse, with a tendency to blame individuals when something goes wrong...the overpowering culture is for individuals to fear standing up for their (or other people’s) rights.

A significant fear for many people, particularly at this time of welfare reform and service cuts, reviews and reassessments, is the fear of losing their independence...Several people supported the view that the right to independent living for disabled people should be enshrined in law.

The paper acknowledges that “The landscape surrounding risk and rights remains immensely complex”. Because one person’s choices and risks may not be appropriate for others it is vital to ensure that risks are managed on an individual basis and are not subject to blanket regulations designed to protect agencies rather than service recipients. Individuals should be enabled to make fully informed choices about risk

taking, ensuring that they can live the life of their choosing, and giving them the same rights as everyone else.

The partner organisations call upon the Committee to seek an amendment to the SSW Bill to acknowledge the right of individuals to take risks, to take full account of the positive use of the Mental Capacity Act requirement, and to ensure that they are supported to manage risk on an individual basis.

SOCIAL SERVICES FUNCTIONS

9. National Outcomes Framework

The partner organisations strongly support the introduction of a National Outcomes Framework designed to achieve the primary policy objective of improving well-being outcomes for people who need care and support and for carers who need support. Some of the partners have been instrumental in initiating the 'I Matter, We Matter' campaign on behalf of WCVA's Alliance of Alliances, which aims to identify the outcomes that citizens wish to achieve.

Whilst supportive of the outcomes approach in principle, we are concerned that the Bill and Explanatory Memorandum do not provide a strong enough vision for how this will be achieved. We suggest that the approach outlined in the Bill and Explanatory Memorandum is in practice likely to be more managerial than transformational, with an emphasis on organisational performance measures and targets rather than on achieving personal outcomes. This leaves us concerned that the end result will be "business as usual", with an increase in bureaucracy rather than a reduction, and power and control still firmly in the hands of local authorities.

We wish to draw the Committee's attention to the Talking Points Personal Outcomes Approach which has been developed by the Scottish Executive's Joint Improvement Team since 2006. The aim of the Talking Points project was to develop an outcomes approach to planning, delivering, evaluating and improving services [9].

The project has conducted in-depth research, gathered a wealth of evidence and developed clear, practical guidance on implementing a citizen-led approach to achieving personal outcomes across social

services and health. Talking Points supports a bottom up, relationship centred approach which contrasts significantly with the top down, performance focused Results Based Accountability (RBA) approach.

The table below contrasts the key elements of the Talking Points and RBA approaches.

Talking Points Personal Outcomes Approach	Results Based Accountability Approach
Engagement - dialogue between the individual and their supporters exploring the outcomes that the individual wants to achieve in their life.	Creating Outcomes - Outcomes developed nationally or locally are supported by measures which track progress of services.
Recording of information information gathered with the individual that helps them to work with support to achieve what matters in their life.	Managing through performance Commissioning and development of services is evaluated through the effectiveness of achieving these outcomes, assessed through the use of proxy measures.
Use of information at service or commissioning level to change the delivery of support to achieve more of 'what matters to people' within the resources available.	Measuring Progress The recording of services is shaped around the need to gather outcomes and measures in an efficient manner.
National or service area outcomes are curated from the common experience, derived from 'what matters to people' in the course of living their lives.	Professionally-led conversations The conversation with the citizen becomes influenced by what matters to professionals in evidencing progress with achieving centrally agreed outcomes.

As the above table shows, Talking Points and RBA lead to two very different approaches, which may be characterised as outcomes focused and service led. The key objective of Talking Points is to support a shift from service led ways of doing things to a focus on the outcomes that are important to people, as summarised below.

Personal outcomes focused	Service led
Assessment and planning based on activity with the person at the centre, to establish what matters to them, i.e. person centred planning	Tick box approach to assessment and planning
Focus on strengths and capacities and what the person wants to achieve	Focus on problems and what the person is unable to do
Think more widely about the people involved in the person's life and using community based resources	Think about a limited range of service options
Services do things with people	Services do things to or for people
Outcomes are what matters to the person e.g. being more confident about the caring role	Outcomes have been defined by what matter to services e.g. increase numbers of people going through training
Staff role is about engaging with the person and supporting them to identify outcomes	Staff role is about form filling and completing tasks
A focus on relationships between staff and service users and unpaid carers	A focus on processing people

A briefing by Talking Points states:

The benefits at an organisational level are that Talking Points supports organisations to deliver on policy goals, including increased independence, personalisation, enablement, prevention, improved integration and a shift in the balance of care from hospital to the community. Becoming an outcomes focused organisation involves re-orientation of systems and processes to support new ways of working. There are a range of approaches organisations can take to do this work, including logic modelling, theory based evaluation and appreciative inquiry. **Organisational change in turn requires a supportive national context and policy which is joined up and driven by concern for personal outcomes over and above systemic priorities** (emphasis added).

We propose that WG should consider incorporating the Talking Points

Personal Outcomes Approach, rather than the Results Based Accountability Approach, at the heart of the National Outcomes Framework.

As a forum which links together people with a variety of perspectives and experience across different sectors, the Wales Alliance for Citizen Directed Support is well placed to support development of the Talking Points approach in Wales.

The partner organisations call upon the Committee to consider bringing the Talking Points Personal Outcomes Approach, as developed by the I Matter, We Matter campaign, to the attention of WG, with a view to incorporating its principles and practice into development of the National Outcomes Framework.

10. Co-production

The principles and practice of Co-production underpin the Talking Points Personal Outcomes Approach. Co-production is defined variously as:

- “delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours” (new economics foundation) [10]
- “empowering citizens to contribute their own resources (time, will power, expertise and effort) and have greater control over public resources to achieve a valued outcome” (Cabinet Office Strategy Unit) [11]
- "involving citizens in collaborative relationships with more empowered frontline staff who are able and confident to share power and accept user expertise (Social Care Institute for Excellence) [12]
- “public services and citizens making better use of each other's strengths, assets and resources to achieve better outcomes and improved efficiency” (Governance International) [13]

The new economics foundation and NESTA have set out six key principles of effective co-production:

1. **Recognising people as assets:** seeing people as equal partners in the design and delivery of services, not passive recipients of – or worse, burdens on – public services.
2. **Building on people's existing capabilities:** rather than starting with people's needs (the traditional deficit model), co-produced services start with people's capabilities and look for opportunities to help make these flourish.
3. **Mutuality and reciprocity:** co-production is about a mutual and reciprocal partnership, where professionals and people who use services come together in an interdependent relationship recognising that each are invaluable to producing effective services and improving outcomes.
4. **Peer support networks:** engaging peer and personal networks alongside professionals as the best way of transferring knowledge and supporting change.
5. **Blurring distinctions:** blurring the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.
6. **Facilitating rather than delivering:** enabling professionals to become facilitators and catalysts of change rather than providers of services.

The Talking Points Practical Guide states that the Personal Outcomes Approach "resonates well with current policy, which is focussed on co-production, enablement and prevention of crisis". We suggest that encouraging local authorities to pro-actively adopt Co-production will enable WG to achieve its goal of transforming Social Services.

Whilst acknowledging that effective Co-production cannot be legislated for, we are concerned that neither the SSW Bill, as introduced, nor the Explanatory Memorandum contain any reference to Co-production.

The partner organisations call upon the Committee to seek an assurance from WG that the Code of Practice will establish Co-production as the preferred method of delivering a genuinely transformed Social Services across Wales.

References

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[3] *UN Convention on the Rights of the Child*

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[5] *Statement of Policy and Practice for Adults with Learning Disability*, Welsh Government, 2007

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[6] *Social Care (Self-directed Support) (Scotland) Act 2013*

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[7] *Explanatory Notes, Social Care (Self-directed Support) (Scotland) Act 2013*

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Annex

List of supporting organisations	
All Wales People First	Arfon Access Group
Carers Trust	Carmarthenshire People First
Cartrefi Cymru	CLIP (Coping and Living In Pain)
Community Lives Consortium	Dewis Centre for Independent Living
Disability Action Group Wales	Disability Wales
Diverse Cymru	Drive
Every Link Counts	Gwalia Care and Support
Gwynedd Direct Payments Forum	Leonard Cheshire Disability Cymru
Learning Disability Wales	Ling Trust
Merthyr People First	Mind Cymru

Mirus	My Great Life CIC
Powys People First	Shared Lives Plus
Shaw Trust	Shine Cymru
Social Services Citizens Panel – North Wales	Social Services Citizens Panel – SW Wales
Social Services Citizens Panel – SE Wales	The Rowan Organization
Vale People First	Vision in Wales
Wales Alliance for Citizen Directed Support Provider Network	Wales Council for Deaf People
Wales Disability Reference Group	Wales Neurological Alliance
Walsingham Wales	

Contact

Paul Swann

Policy Officer (Independent Living)

Disability Wales

paul.swann@disabilitywales.org

02920 887325