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Contact:/Cysylltwch â: Damien McCann

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Dr D Lloyd AM
National Assembly for Wales
Cardiff Bay,
Cardiff
CF99 1NA

Dear Dr Lloyd

RE: Health, Social Care and Sport Committee's inquiry on the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers.

Firstly, thank you for the opportunity to attend the meeting on the 21st November 2018 to give evidence and the opportunity to respond to your additional questions within your letter dated the 20th December 2018.

I apologise for the delay in responding but I have taken the opportunity to share these questions with fellow Directors of Social Services and Heads of Services across Wales to provide a collective response on behalf of ADSS Cymru.

Prior to submitting the response to the questions in the appendix to the letter there are two fundamental issues I feel I need to raise. Firstly, the Social Services and Well-Being Act (Wales) 2014 was developed essentially because we could not afford to continue to deliver services as we had been. Therefore, any new Act which was to be 'cost neutral' would be based maintaining or reducing costs and not increasing costs, this was to be done by focussing on prevention and early intervention. It was also a change of culture for those staff delivering services from an approach based on 'what's your problem' and 'here the solution or service' we can provide. To a conversation now based on 'what matters to you?' and a more strengths based, collaborative, co-productive and individualised approach. More importantly and sadly this cultural change was poorly promoted to the public and their expectations of what Social Services could deliver under this Act was not diminished and in fact was being promoted as delivering more.

Secondly, at the same time as implementing the Social Services and Well-Being Act 2014 in 2016, Welsh Government wanted Local Authorities and Health Boards across Wales to move to the Welsh Community Care Information System (WCCIS), a positive move to an integrated information technology system. The priority for those moving on to this new system has been to transfer existing data from the old system on to the new system, so we could continue to use

the historical records to deliver the appropriate services for those in need. The ability to deliver similar data reports as provided previously was compromised and many authorities have had to grapple with being able to pull the necessary information from the new system including carers' information to give an accurate reflection of what has been happening with those authorities who have already made the transition from the old to the new system.

Yours sincerely



Damien McCann
Corporate Director of Social Services /
Cyfarwyddwr Corfforaethol y Gwasanaethau Cymdeithasol

The Council welcomes correspondence in Welsh and English and we will communicate with you in the language of your choice, as long as you let us know which you prefer. Corresponding in Welsh will not lead to any delay.

Mae'r Cyngor yn croesawu gohebiaeth yn Gymraeg a Saesneg a byddwn yn cyfathrebu gyda chi yn eich dewis iaith, dim ond i chi rhoi gwybod i ni pa un sydd well gennych. Ni fydd gohebu yn Gymraeg yn creu unrhyw oedi.

Appendix

- i. There have been calls for better data collection on carers, including data on the number of carers requesting information or the reasons for refusal of assessment. What are the challenges to LA's and their partners in collecting data on carers and how can it be improved?***

Many authorities would agree that the identification and assessments of carers needs to improve, however there are some significant challenges:

1. The "Act" currently doesn't require the Information, Advice & Assistance Service to record when carers have requested information.
2. The "Act" enables carers to either have an assessment in their own right or have a continued assessment with the cared for, making the collation of data more difficult especially with introduction of WCCIS.
3. It is overwhelmingly clear that not all carers see themselves as carers or wish to be formally recorded as a carer and do not wish to be formally assessed. "Track the Act" identified 65% of people with caring responsibilities did not identify themselves as a carer within the first year of caring and 32% took 5 years to class themselves as carers.
4. It is difficult to identify service provision as being solely for the benefit of the carer, especially where the care to benefit the carer includes personal care to the cared for.
5. It is difficult to provide accurate information when half the Local Authorities have migrated to a new IT system WCCIS and the other half still have to migrate. Also when Health Boards start to move across to the new system, then they will make demands on already agreed processes which may hamper developing agreed reporting frameworks moving forward.
6. There is an issue around the collection of more data during this era of austerity and the capacity within Local Authorities is going to be a challenge moving forward.
7. There is no specific definition of a "carer" within the Act which does not allow consistency of responses from each Local Authority to Welsh Government.
8. The Act is about meeting outcomes in a holistic way focussing on "what matters" to the person and working in a collaborative and co-productive way with the person. Local Authorities experience of this way of working has been incredibly positive. However there is a tension between working with people through the "what matters" conversation, on a strengths based approach, working collaboratively and co-productively to that with a focus on assessments and eligibility.

Possible Improvements

1. There needs to be a balance on what information local authorities need to record and what carers are comfortable with providing. In addition the focus should not be purely on quantitative information but more qualitative data to match the outcomes approach within the Act. So case study examples of cases may be more appropriate to evidence how we have worked on an outcomes basis, collaboratively and co-productively than the number of assessments completed.
2. The Act has placed additional duties on local authorities, particularly around meeting the well-being needs of the population. There needs to be a greater acknowledgement by Welsh Government of the clear and present risks of current funding pressures experienced by Councils, particularly to maintain the range of services that can meet well-being needs, as well as compliance to an extensive range of statutory requirements.
3. Accepting the balance of information collected, recording carers requesting information and assistance can help build up a more detailed pattern which may help shape service direction to ensure those needs are met.
4. The key for carers is they know where to go for information and advice, they need to feel comfortable and supported to do so and provision of support should take priority over quantitative data collection.

ii The Committee has heard evidence of diminishing availability of support services, with some carers, who have significant caring commitments, finding themselves ineligible for services. In addition, stricter eligibility criteria for services for the cared for person are believed to be increasing the demands on family carers. What is your response to this? Do the eligibility criteria under the Social Services and Wellbeing (Wales) Act 2014 work against the interest of carers?

The SSWB Act 2014 has broadened the eligibility for carers and therefore the vast majority of authorities feel this does not work against the interest of carers.

The language we use when looking at support under the Act has changed and rather than always looking to statutory support services, we are looking at solutions to enable individuals and carers in their own right to achieve “what matters to them”. This asset based approach to the requirements of the SSWB Act 2014 ensures that community based assets are considered as part of the outcomes for carers. If the carer is assessed as having eligible needs then teams will plan with carers how to meet these eligible needs. This may not always result in a funded service but may help identify existing help from friends, family and local community services.

Therefore, the move towards more innovative approaches to support has blurred the line between what was formerly considered ‘social; services support’ and support in

the wider community. Although a Social Worker may put in place support to meet the needs of the carer, to the carer it appears as though 'social; services' have not offered any support and that they are receiving support from a charity or third sector organisation instead, unaware that the Council in part funds these organisations.

In addition the current situation is extremely challenging for many service providers, including the third sector, who are often having to manage greater demand with reducing income sources and increased costs and short term funding. This combination means that some community projects are revisiting their eligibility criteria and ability to offer an appropriate service.

There has also been an unequal provision of services to individuals who have been in receipt of services historically, where we have created dependence and have not supported people to progress and develop their independence. Thus many of those will perceive their re-assessment under the Act is stricter in terms of eligibility. This raises the issue of the Act being a change in culture for the public and which is now based on outcomes.

Caring is unpaid and carers are particularly vulnerable to poverty. The welfare benefits system is complicated. Some disability and carers benefits that people are eligible for because of their care needs and caring situation may not be available because they are either means tested or tied to the cared for person being in receipt of other benefits from the Department of Works and Pension. It is sometimes the misunderstanding of what a carer's needs assessment is from other professionals across a range of organisations. They believe a carers needs assessment is a gateway to any support a carer needs e.g. carers allowance, attendance allowance, healthcare, rehousing, so when they signpost or refer some of the carers for a carers needs assessment, it is therefore not always meeting these carers perceived needs.

iii *There was some concern during the scrutiny of the Social Services Bill that its 'all age' approach risked marginalising the need for children and young people. Do you believe the Act provides an effective framework for meeting the distinctive needs of young carers?*

There does not appear to be a view across Wales that the 'all age' approach has marginalised young carers, however there is recognition that it has been a challenge within local authorities to identify young carers. The needs of young carers are unique and quite often complex when intertwined with those of the cared for and other adults carers in the household. Children and young people quite often do not identify as carers, particularly when there is another adult carer in the house. For a young carer their needs would primarily be recognised and be supported by education as this is where the majority of contact will be made by the young person. Conversely if the young carer's family is not known to social services but the person they are supporting is known to other professionals then the Act is not an effective framework for meeting the distinctive needs of young carers.

There needs to be an improvement in how young carers are identified and supported, particularly young children who are 8 years and under that need protecting from inappropriate caring roles. The strategic focus and funding commitment to young carers when compared to adult carers is significantly less. The strength-based and co-productive approach under the Act provides the framework to make sure families are met in a holistic sense, but sometimes practices and/or systems may not have moved to allow this.

iv Respite care is highly valued by carers but the evidence suggests that it is becoming increasingly difficult to access. Is this the experience across Wales and is it solely an issue of resources or are there other factors contributing to this?

Traditional respite in residential or nursing care is becoming less utilised because this model of care is no longer seen as positive by the cared for person. There is also a need to recognise in some cases, carers will want to spend their break time with the person they care for, but traditional approaches assume that they should spend time apart. Traditional respite care is also expensive and only meets the needs of a limited number of carers.

The general feeling across Wales is there has not been a reduction in respite provision, in a number of local authority areas they have indicated there has been an increase. What local authorities would indicate is there has been a move towards more individualised and flexible respite approaches which has seen an increase in the range and type of 'respite' provision away from the traditional respite models. Although there has been no reduction in services, demand is increasing and people's expectations are difficult to manage at times.

Resources are a factor, but also the recruitment of staff to work in these types of services are also a problem particularly within rural areas. There were numerous examples of respite being delivered in different way that meets the need for respite in a more personalised way. A positive outcomes based example of this was a couple who were offered traditional residential type respite prior to having that 'what mattered' conversation. That discussion indicated that what would be most beneficial to them was to have their garden remodelled to become more accessible to them and be of lower maintenance, which resulted in the carer and cared for having a greater sense of daily well-being, rather than for a prescribed period of time.

v. What examples are there of early intervention and preventative work with carers across Wales and what scope is there for further developments?

All local authorities across Wales since the implementation of the SS&WB Act have put in place an Information, Advice and Assistance Service often with a single point of access to provide advice and assistance to carers. In addition DEWIS directory provides local organisations which carers can contact for support through the on-line

directory. All local authorities have carers support groups and the vast majority have dementia cafés within their areas all of which help support carers locally.

Many local authorities have used Integrated Care Funding to recruit Community Connectors, carers support workers or implemented local area co-ordination. For example in Gwent and RCT many of the community connectors have been based at GP surgeries. Finally many local authorities offer training for carers and also produce a carers newsletter to get information out to as many carers as possible.

There are a number of authorities who have schools projects to identify and support young carers within education. There have been some authorities who have introduced a carers emergency card, some have specific carers centres and many have a small carers grant scheme run by the third sector but funded by local authorities.

All local authorities are trying to build carers wellbeing and building resilience through early intervention and prevention whilst working in partnership with the third sector to deliver this agenda.

The barrier to further development is the short term funding arrangements, which makes it difficult to develop or test new initiatives. Longer term funding would engage more partnership working with the third sector to deliver more consistent and quality services.

vi. How should long term resourcing of carers services, in both the statutory and third/independent sectors be addressed?

There are a number of valued initiatives that often cease when short term funding comes to an end and where there is no alternative route for sustainable funding, even where the rationale to do so has been compelling, given the savings to be found in organisations. So if we talk about long term services then these require long term planning and funding, annual rolling grants make it difficult to commission carers services which provides certainty for third sector organisations and the ability for them to develop, expand services and also attract external funding, therefore authorities would like to see funding of at least 3 years to give providers and services that certainty required to make a difference.

There needs to be a co-productive approach with carers and to recognise the need to support and invest in the third sector to sustain relevant community support at locations and in the manner that meets carers needs, funding over a long term period would allow this to happen.

If Welsh Government persists with giving grants specifically for carers we would require flexible criteria for its use to allow creativity and the ability to pilot new initiatives. Overall one of the difficulties around funding for carers is what is classed as resources for carers or the cared for, as they are intertwined and difficult to differentiate. Whilst authorities have reduction in funding because of austerity it is

difficult to maintain current provision and develop new services especially with increased demographics and the growing complexity of care and support needs in the community.

vii Is there a case for introducing a single grant for Carers' services and having less reliance on short term funding solutions?

There is universal agreement that short term funding is not viable for providing consistent and quality services for carers. It makes it difficult for all sectors to plan and provide services, and leads to staff turnover and the loss of experienced staff, especially in the third sector. The feedback most authorities have received from carers and other stakeholders is the frustration experienced by the limits placed upon services that are funded via short term funding streams.

There is a need to deliver a cohesive vision that is adequately funded that will ensure the stability of support that carers provide to those they care for, as well as ensuring their wellbeing and prevent untimely carers and cared for breakdowns, which in the longer term require even greater resources than an earlier prevention investment would require.

There appears to be universal agreement that a single grant for carers services either through a pooled budget and/or delivered through the Regional Partnership Board would be widely supported.