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# The 'Front Door' to Adult Social Care



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**Mae'r ddogfen hon hefyd ar gael yn Gymraeg.**

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# Summary report

## Councils are preventing social-care demand, but information, advice and assistance are not consistently effective

- 1 Projections show that the Welsh adult population will rise by 7%, and those aged 65 and over by 32%, by 2035, with the potential demand on social care and community-based services projected to increase significantly<sup>1</sup>. By 2035, the number of people aged 65 and over who are unable to manage at least one domestic task on their own will rise by 46%. Likewise, projections show that those aged 65 and over who are unable to manage at least one mobility activity on their own will rise by 51% and the proportion of the population predicted to have a limiting long-term illness will rise by 19.4%.
- 2 Rising demand from these demographic changes, coupled with the ongoing impact of austerity on public funding and growing expectations of service users, resulted in the Welsh Government introducing the Social Services and Well-being (Wales) Act 2014 (the 'Act') to reform, simplify and modernise social care. The Act, which came into force in April 2016, provides the legal framework for improving the wellbeing of people who need care and support, and carers who need support. The Act introduces new duties and aims to ensure people are provided with care and support that both meets their needs but also achieves wellbeing by giving them an equal say in the services they need and receive. Consequently, the Welsh Government sees the Act as a key driver to encourage local authorities to transform social services in Wales.

1 Daffodil is a web-based system developed by the Institute of Public Care for the Welsh Government. The system pulls together in one place the information needed to plan what care services might be required in a local area in the future. Information from research and population projections shows potential need for care over the next 20 years.



**Information, Advice and Assistance Service**



Widely known as the 'IAA' service, this involves providing good-quality information that helps people to make informed decisions about their well-being and working with them to discuss the options available to find the best solution for them. The provision of IAA in itself is a preventative service.



**A 'what matters conversation' to assess needs**

If necessary, a targeted conversation can take place to gather more information about a person's strengths and their needs, in order to advise and assist in finding the best solution for them.

**Preventative well-being services**



From the 'front door', authorities signpost people to a range of preventative services. For example, practical support that provides 'that little bit of help' to promote health, well-being and quality of life; housing-based support that can help maintain independence, or information about services such as public toilets, libraries, community halls, day centres and independent living centres. The provision of information in itself is also a preventative service.

**Care and support plan**



If needed, a care and support plan involving more traditional social services is developed to meet those needs. Monitoring and re-assessing people's strengths and needs to support their well-being is an on-going process.

**Advocacy, safeguarding, urgent needs and specialist assessment**

The 'front door' also considers advocacy and has processes to identify urgent needs; whether people may be at risk, or those who may require a specialist assessment.

- 3 The Act also requires delivery of services to be driven by partnerships and co-operation and promotes preventative services that can stop need from escalating by ensuring that the right help is available at the right time.<sup>2</sup> 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 professional<sup>3</sup>. 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.
- 4 However, promoting prevention and early intervention requires local authorities and their partners to change both how they work and deliver services. It requires ownership outside of 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 also improve wellbeing. To do this, authorities need to have created a comprehensive 'front door' to social care; to have in place effective systems 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 also identify when someone needs an assessment or more specialist help.
- 5 The focus of our work has been to judge the effectiveness of this new 'front door' to social care, looking specifically at services for adults. Our review has considered the comprehensiveness of IAA services, the availability of preventative and community-based support, and the assurance systems put in place to ensure those who need care and support or are at risk are identified and assisted. Finally, we consider the impact of the front door on demand for social care (expenditure, assessments and services) but also in respect of improving wellbeing. Our review methods are set out in [Appendix 1](#).

2 [Social Services and Well-being \(Wales\) Act 2014 – The Essentials](#)

3 There is no agreed definition of what constitutes a preventative service. Consequently, we have taken a broad definition identifying contributions from services such as education, leisure, housing, transport, community facilities, employment and support which can all play an essential part in the wellbeing of people. There are some services that are specifically focused on independence and prevention of ill health, whilst others are services that are not provided with prevention as their specific aim but are of great benefit in maintaining quality of life.

## Our findings

- 6 **Part 1** of the report sets out our findings in relation to local authorities' IAA services. Effective IAA is key to the successful implementation of the Act – providing people with information and advice, in a timely manner, that can help them to help themselves, prevent their needs from deteriorating, and reduce dependency on their local authority. We found that authorities are becoming more person-centered in their approach, for example, by establishing multi-agency and co-located teams. However, there is much work still to be done to promote access to the front door to ensure that all those who may benefit from IAA receive it.
- 7 **Part 2** of the report explores how local authorities ensure they have adequate provision of community-based preventative services, whether these services are widely available and whether those who need them can access services easily. We found that despite authorities increasing their offer of preventative services, there is wide variation on what is available across Wales. Often, authorities do not know where gaps in provision lie, which has resulted in an inconsistent distribution and provision of services. Even where effective preventative services exist, poor co-ordination between organisations can also limit their effectiveness.
- 8 In **Part 3** we consider how local authorities have integrated IAA and prevention services with their mainstream social-care responsibilities to ensure those who need more intensive and specialist help and support do not slip through the net. Overall, we found that authorities have created good systems to identify when individuals may require an assessment or more intensive support and help. However, carers are still not getting the equal treatment envisaged by the Act, and provision of advocacy remains challenging throughout Wales. The role of third-sector partners in helping to embed the new arrangements also needs further development.
- 9 Finally, in **Part 4** we consider how services are performing two years on from the introduction of the Act and conclude that no authority has got the balance on spend, assessments and IAA right at this time. Whilst social-care assessments are falling, spend on adult social care continues to rise and access to IAA services is not increasing at rates equivalent to the fall in assessments. In terms of improving wellbeing we found that local authorities find it challenging to demonstrate the impact of prevention services. We conclude that whilst local authorities are making sound progress, services are in transition and there remains a lot more for authorities to do.
- 10 Based on the findings of this audit, the Auditor General has concluded that **councils are preventing social-care demand, but information, advice and assistance are not consistently effective.**

## Recommendations

- 11 Our work has identified a series of recommendations for improvement and these are set out below.

### Recommendations

#### Improving access to the front door

- R1** **Part 1** of the report sets out how authorities promote access to the ‘front door’ and provide information, advice and assistance to help people to improve their wellbeing and prevent their needs from deteriorating. To improve awareness of the front door we recommend that:
- local authorities:
    - review their current approaches, consider their audience, and ensure that good-quality information is made available in a timely manner to avoid needs deteriorating and people presenting for assistance in ‘crisis’;
    - work in partnership with public and third-sector partners to help ensure people accessing via partner referrals, or other avenues, are given the best information to help them;
    - ensure that advocacy services are commissioned and proactively offered to those who need them at first point of contact; and
    - to take local ownership and lead on the co-ordination and editing of local information published on Dewis Cymru locally.
  - The Welsh Government:
    - improve carers’ awareness and understanding of their rights to be assessed for their own care and support needs, aimed at generating demand for local authorities’ preventative services; and
    - undertake a full evaluation of the role of Dewis Cymru in the wider implementation of the Act and use the data gained to build on its potential as a national information sharing portal.

## Recommendations

### Investing in prevention and understanding impact

**R2** Part 2 of the report highlights weaknesses in authorities' assurance of the availability and quality of third-sector, preventative, community-based services that they signpost people to. We recommend that:

- local authorities:
  - map the availability of preventative services in their area to better understand current levels of provision and identify gaps and duplication;
  - involve third-sector partners in co-producing preventative solutions to meet people's needs and ensure people have equitable access to these services;
  - work with third-sector partners to tailor and commission new services where gaps are identified; and
  - work with partners to improve data to evaluate the impact of preventative services on individuals and the population more generally.
- Welsh Government:
  - improve the cost evaluation in relation to the impact of the Act in a national context, and support local authorities to ensure that the desired impact of prevention on overall social-care expenditure becomes a demonstratable reality.

## Part 1

The Act has encouraged a shift in focus to prevention but the variation in the availability, visibility, accessibility and quality of IAA services is resulting in inconsistent take-up



- 1.1 The key principles of the Act include promoting independence, early intervention and prevention, and giving people more voice and control over their own care and wellbeing. A key facet of the Act has been to emphasise the importance of good-quality information, advice and assistance. Widely known as ‘IAA’, these services have become synonymous with the ‘front door’ to local authorities’ social services and are central to the successful transformation envisaged by the Act. Making these principles a reality requires a significant shift in focus and culture to ensure the effective provision of good-quality information which helps people to help themselves.
- 1.2 An effective ‘front door’ to adult social care should be designed to reduce the demand for social services by filtering out those whose needs can be met via the provision of information, advice or assistance. This means that those who do not need formal care and support do not receive it, which in turn frees up resources - social workers’ time and expertise – to deal with those who will benefit from more in-depth and specialist support. Promoting IAA services is also helping local authorities to shift to a more person-centered approach. As well as being better for the citizen, the principle of reducing dependency can generate significant efficiencies for local authorities. The detail on what is involved in implementing IAA services is set out in the code of practice published by the Welsh Government<sup>4</sup>. **Exhibit 1** summarises the three separate components within the IAA.

**Exhibit 1: the IAA (information, advice and assistance) service**

**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.

Source: Wales Audit Office.

<sup>4</sup> [Social Services and Well-being \(Wales\) Act 2014 – Part 2 Code of Practice \(General Functions\)](#)

- 1.3 Authorities face the challenge of moving from assessing and determining people's needs for social-care services as a starting point to 'letting go' and judging people's strengths and capabilities so that people can help themselves. In becoming more person-centered, the implication for IAA is simple – the effective provision of information or advice on a wider range of issues and solutions requires teams that have a wide, collective and up-to-date knowledge base that covers an extensive collection of local-authority, partner and third-sector services.
- 1.4 We found that authorities are creating broader and diverse multi-disciplinary IAA teams, many of which are co-located. In Cardiff, for example, people requesting either adult social care or housing local-authority services are directed to the Independent Living Service (ILS), an integrated first point of contact service. Similarly, Carmarthenshire County Council's IAA team has a common IT platform covering several authority services which enables a more person-centered approach and helps reduce duplication, whereas Denbighshire County Council is moving to a community-resource teams' model co-located with health.
- 1.5 Despite these positive examples, local authorities recognise that more work is needed to develop and embed an effective person-centered approach. Not least, managing public expectations as well as changing the behaviours and mind-set of staff who may still be wedded to the long-ingrained principles of previous legislation that encouraged take-up of social care. Denbighshire County Council has sought to overcome these barriers using a 'resource wheel', a tool that helps understand people's circumstances, strengths and capabilities. IAA staff use the resource wheel to inform assessments and the provision of IAA and encourages people to recognise their own strengths – how they can help themselves – before escalating to friends and family, exploring community-based options, and finally professional care or support<sup>5</sup>.
- 1.6 IAA services are, however, only as effective as the access points and pathways that lead people to them in the first place. Across Wales, local authorities have developed a variety of routes into their IAA services. For instance, authorities such as Denbighshire County Council, through its single point of access (SPOA) team, and Carmarthenshire County Council's Delta Wellbeing service, provide bespoke, multi-skilled call-centres<sup>6</sup> acting as a single gateway to services. Most authorities also offer online and face-to-face options for people, alongside the range of professional routes from GP surgeries, hospital discharge teams and community connectors, who are increasingly playing an important role in making the new system work.

5 [Denbighshire County Council website, Changes to Care and Support in Wales](#)

6 [Whereas some authorities, such as Pembrokeshire County Council, have integrated their IAA team with their corporate call centre, most maintain separate bespoke call centres which deal specifically with social-care and wellbeing queries.](#)

- 1.7 Our websites review also found examples of positive practice. Most websites have a specific social-care section as one of the main headings on the homepage and detailed information within two or three clicks. The best examples clearly set out the services that are available, how to seek help and include embedded links to automated Dewis Cymru<sup>7</sup> searches for locally-available services. 'Contact us' sections are actively promoted on every webpage and include information about where to find solutions and clearly display an emergency contact number to a 24-hour helpline, and information about the opening hours of contact centres/offices.
- 1.8 Despite these effective approaches, we found that much of the information about how to access the front door is not well co-ordinated. Too often, information on IAA services – leaflets, websites, Dewis Cymru and local third-sector organisations – is not aligned or consistent, nor does it provide sufficient information to direct people's choices and decisions. One volunteer advocate we spoke to commented that: 'There is lots of impressive rhetoric, information available if you know how to get it and are well enough, but it is far from person centred.' The availability and provision of information in Welsh, other languages and in accessible formats such as braille continues to vary widely.

7 [Dewis Cymru – a website containing information about wellbeing in Wales.](#)

## Community Connectors

Community Connectors are trained staff who can assist people to access opportunities in their local community. The connectors can work alongside people to access and use services. They are widely used and play an important role in mapping services' availability and promoting access to IAA to a wider audience. Community Connector and navigator roles play another important role, especially in rural communities. These are made up of teams who have a specific remit to interact with community-based services. They can make third-sector services more resilient by putting them in contact with each other and providing facilities, like buildings for groups to base themselves. The best examples included community connectors using resource kits to map third-sector provision, assess community needs, match provision to need, and then use grants to fill gaps in provision. Several authorities secured funding from the Integrated Care Fund to fund these roles.

### Community Connectors in Pembrokeshire

Four community connectors (employed by the local County Voluntary Council) operate from community hubs across the county helping to connect people to local activities and to each other. Development Officers work closely with the Connectors to set up new services and provide training and support to existing community groups. In two years, they supported 60 new community services and supported the creation of 20 new charities and social enterprises. Using a resource kit to map out provision against need, they established groups that appealed to people's hobbies and interests, like Nordic walking and board game sessions. The availability of these 'softer' services can help maintain independence and prevent people's wellbeing from deteriorating. For those with more complex needs, attending these sessions can be an important first step to accessing more specialist support like bereavement services and dementia groups, with help from staff who have been provided with information on how to access these services.

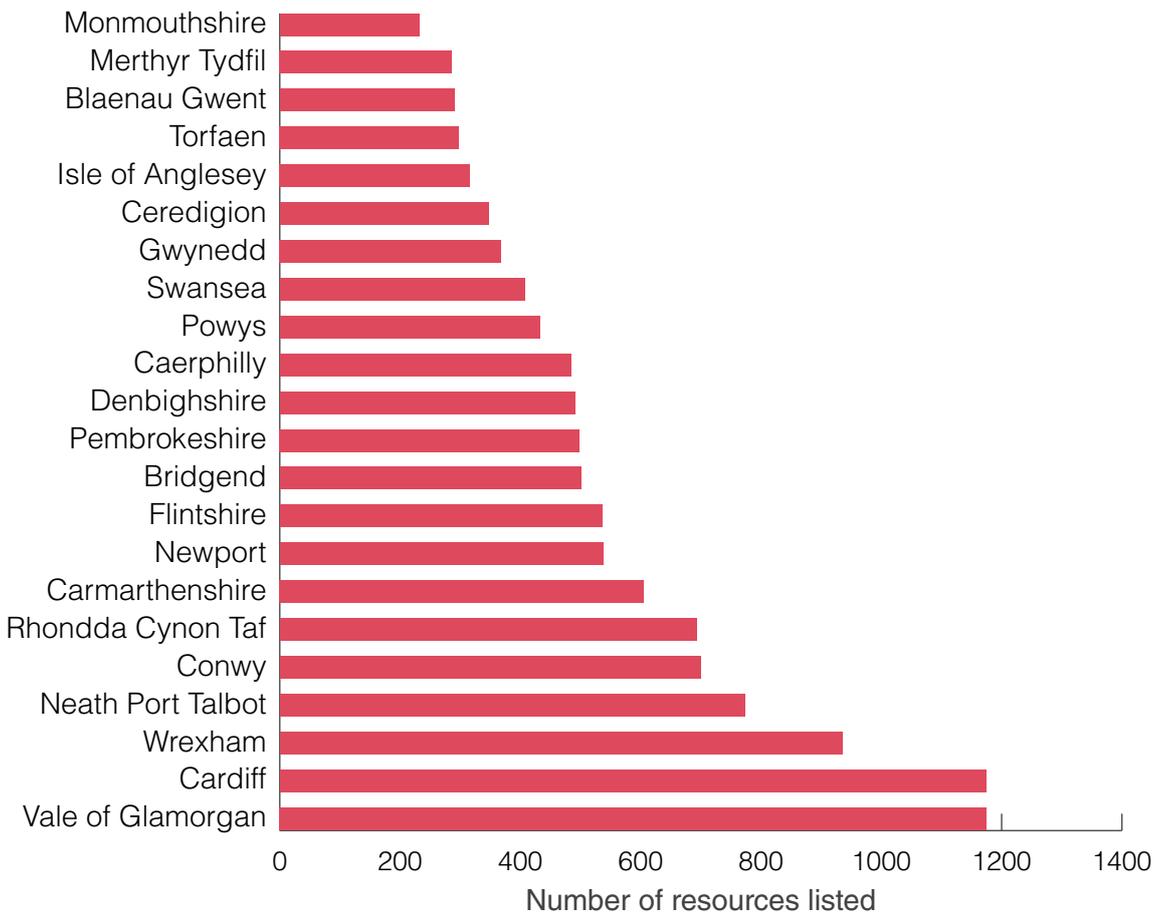
- 1.9 Our analysis of local authorities' websites similarly found that the quality of online information varies widely and is often not sufficient to help people make choices and decisions. Despite most authorities offering a wealth of information, our review of all 22 authorities' websites identified some common weaknesses. Whilst most websites appear fully bilingual, links to documents, resources and forms are often in English only and in some cases do not work. Contact information – telephone and address – is often not easily found. Whilst this is partly to ensure people use online facilities, it can be counterproductive and result in people missing information about preventative services, which risks their needs deteriorating to the point where more formal care is needed.

- 1.10 Some websites include an overwhelming amount of information and instructions, and it is not always clear for the service user what they need to do. The majority of authorities do not include details of when pages were last refreshed, making it difficult to assess whether or not the information is up to date. Likewise, the language used frequently includes jargon and is not always written in plain English with clear, easy-to-follow instructions. Our website analysis is echoed by the finding of our carers survey where roughly a third of respondents stated that their local authority did not provide good-quality information which assisted them to find out what help is available. Similarly, 69% of third-sector organisations surveyed point to weaknesses in the quality and effectiveness of local authorities' IAA services, and felt the front door to social care was not consistently effective.
- 1.11 For many service users and carers, the IAA service remains too reactive and frequently unknown, and we found few examples of how authorities are effectively promoting take-up and usage. Despite some positive initiatives, such as Carmarthenshire County Council's 'birthday calls'<sup>8</sup>, our research shows that IAA information primarily comes from referrals by professionals – a social worker or GP for example. Only 6% of carers stated that they had found information on IAA services themselves and did not require the help of professionals. Local authorities and their partners need to do a lot more to promote and widen the coverage of IAA services.
- 1.12 Dewis Cymru is a website that aims to help people seeking advice and assistance and is promoted as the 'the place for information about well-being in Wales'. Dewis Cymru is maintained by [Data Cymru](#) and is supported by all 22 local authorities which each contribute annually towards its maintenance and development. Dewis Cymru holds a wide range of information that helps support people to identify and access services that can help support them. Dewis Cymru holds details of over 10,000 local and national services, and the Vale of Glamorgan has the most listings with almost 1,200 services – see [Exhibit 2](#).

8 Although primarily aimed at those who are already engaged, Carmarthenshire County Council's IAA team encourages take-up of preventative services by calling older and vulnerable people on their birthday to maintain contact and to inform and remind them about services available to promote their wellbeing.

**Exhibit 2: Dewis Cymru published resources per local authority 2018-19**

Dewis Cymru makes available over 10,000 resources to help people improve their wellbeing and promote their independence. Local services range from just over 200 online resources in Monmouthshire to almost 1,200 in both the Vale of Glamorgan and Cardiff. There are also almost 1,000 national resources listed.



Source: Dewis Cymru, February 2019.

1.13 Across Wales, the number of searches carried out using Dewis Cymru’s resources directory has steadily increased, and in January 2019 was almost 400% greater than the number carried out in January 2018, with over 25 million search results presented in March 2019. Helpfully, service users can also browse over 250 National Information Pages and select what matters to them covering issues such as being well, social activities, help at home, being safe, managing your money and looking after someone. The website also has good integration with the [InfoEngine](#) website, a similar facility solely for third-sector services. Both systems ‘talk to each other’ and share information between themselves on a daily basis. The platform also has good integration with NHS Direct Wales resources with an increasing number of health-based services being added.

- 1.14 Despite formal buy-in and provision of funding from each local authority, the take-up and promotion of the website varies, and we identified some areas for improvement. Despite putting in place management systems and processes to deliver good-quality information, Dewis Cymru is only as good as the quality of the data and information it contains, and much of the onus for quality control checks rests with local editors. The approach taken by the local editors to maintaining and checking entries varies and records are not always up to date and accurate. Indeed, because of poor quality entries a number of third-sector bodies we spoke to do not value Dewis Cymru.
- 1.15 In addition, despite having a good analytics function, Data Cymru staff acknowledge that the system was never set up to fully evaluate the information people search for and potentially use. Because of this it is, therefore, difficult for authorities to judge the take-up of services on Dewis Cymru and the positive impact use of the system is making on individuals' wellbeing. Overall, we conclude that Dewis Cymru is a valuable information resource, and there are opportunities to develop it further.
- 1.16 From our work, we can see that IAA services play an important role in signposting carers and others to services in their community without the need for full, formalised assessments. The IAA, however, is the starting point, and in the next section of this report we set out how well IAA services link with preventative and community-based services and how these are helping to reduce demand on social care.

## Part 2

Local authorities are supporting people to access a wider range of options, but lack a comprehensive understanding of what is available and the preventative services that are needed



- 2.1 As noted in the first section of the report, the Act seeks to promote independence, early intervention and prevention through the provision of good-quality information, advice and assistance. The IAA is, however, only the starting point and can only be as effective as the preventative services people are signposted to. If these services are effective, they can help people to live independently and offer alternative solutions to statutory care and support. And only when needs cannot be met by the provision of IAA and a preventative solution, should a more detailed care assessment be undertaken.
- 2.2 There is no agreed definition of what constitutes a preventative service and we have taken a broad view covering services that are provided to help people avoid developing needs for care and support using the following examples – [Exhibit 3](#).

### Exhibit 3: examples of community-based preventative services

Effective signposting to community-based preventative services requires authorities to have a good understanding of what is available, where and when across all of their area. They also need to have clear and unambiguous information on the service, what it provides, how much it costs, how long it takes to access, its eligibility criteria and up-to-date contact information.



**Practical support** that provides ‘that little bit of help’ that promotes health, wellbeing and quality of life. These include things like gardening, help to clean, befriending, community and public transport, active ageing events like gentle exercise classes, volunteering and education.

**Advice and information** that can help people access benefits, services and assistance such as advocacy, welfare rights, healthy eating, staying warm, dealing with bogus callers, home safety and specialist services like those provided by Age Cymru.



**Housing and housing-based support** that can help maintain independence such as extra care and sheltered housing, assistive technology and Telecare, warden services, floating support, adaptations and handyman services.

**Availability of and access to community-based services** which can help improve quality of life and encourage wellbeing. These include services such as public toilets, libraries, community halls, day centres/services and independent living centres.

Source: Wales Audit Office.

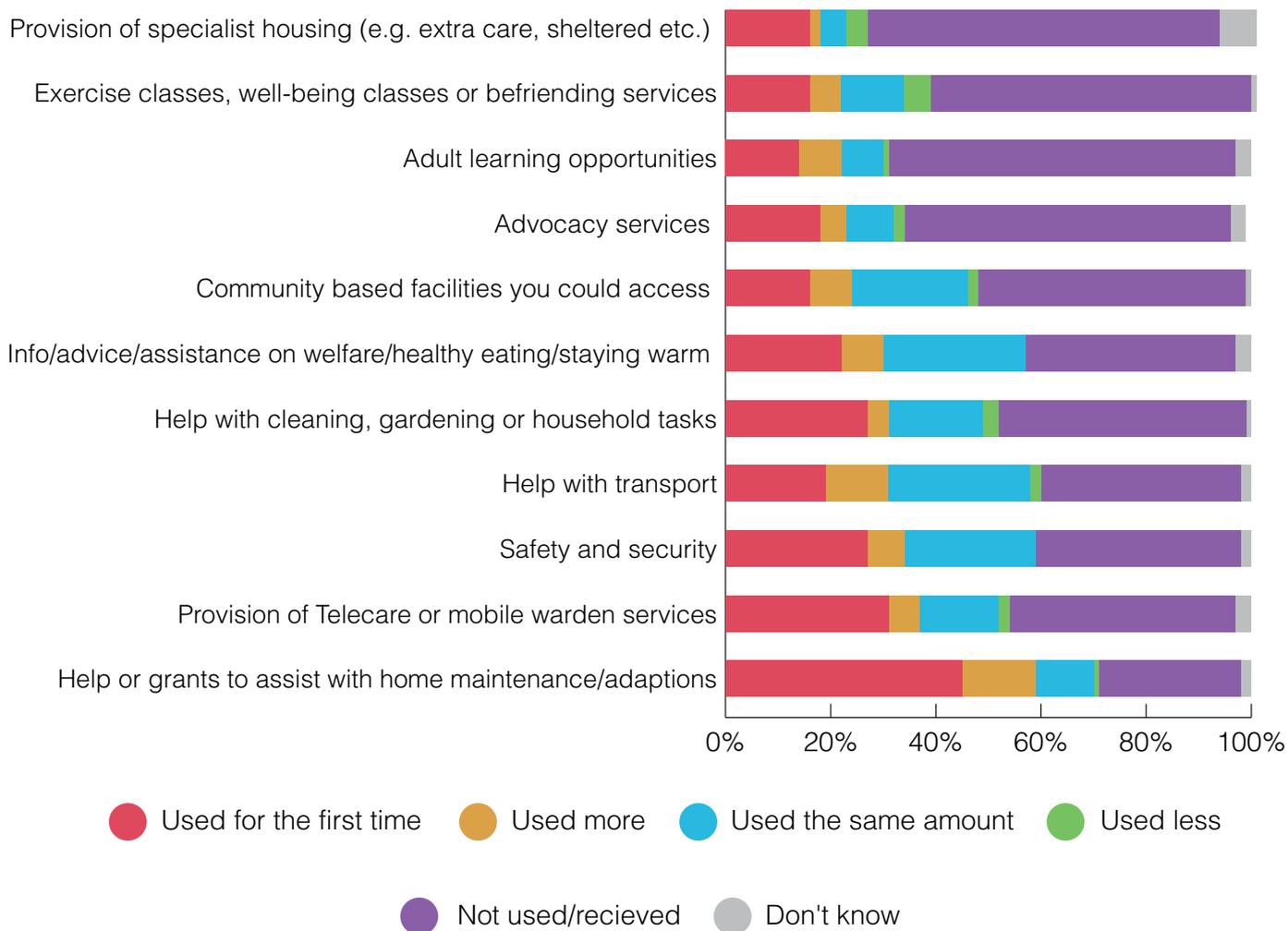
2.3 To ensure the new approach is working, local authorities need to ensure they are making the best use of preventative services, both directly and in conjunction with partners. However, whilst all local authorities we visited are transitioning services from assessment led to IAA and prevention services, we found a wide variation in the availability of preventative services. This has resulted in a post-code lottery in provision across Wales.

- 2.4 We found that too often there are inconsistencies and gaps in local authorities' knowledge and awareness of what already exists and what needs to be developed to ensure that the right type and amount of preventative services are available. Without identifying and addressing these gaps, some authorities are reverting to providing more traditional care packages and social services, encouraging dependency rather than promoting independence and self-reliance. Third-sector bodies we spoke to echo these concerns. Roughly 70% of those responding to our survey stated that the Act had not encouraged an increase in preventative services noting insufficient choice and availability in many areas of Wales. In addition, whilst some preventative services are well catered for (welfare benefits and debt advice for instance) other services (for example, befriending services which can help prevent and tackle isolation and loneliness) are often not catered for.
- 2.5 Knowing what is available and how it works is essential for ensuring IAA staff refer people to services that can help them and make a positive impact on their wellbeing. Consequently, IAA staff need to assure themselves that the services they refer people to are available, appropriate, accessible, relevant and, most importantly, safe. The best authorities identify and map existing provision to ensure services are available and widely accessible to everyone; not just ensuring there is good geographical spread across an area, but also that services have enough capacity to assist all those who may benefit from the service.
- 2.6 For instance, Carmarthenshire County Council IAA staff have access to a central index of preventative community-based services. Staff receive regular information updates and training to ensure the contents remain relevant, and a rolling programme of weekly training is helping to refresh and reinforce the range of community-based services that are available. Through this process, the Authority is also increasing the number of third-sector preventative services in its directory. Likewise, the work of the third-sector liaison officer in Merthyr Tydfil County Borough Council, who is based in the duty and assessment team, is helping to strengthen and improve knowledge and awareness on what preventative services are available.
- 2.7 Local authorities, however, need to co-ordinate their service offerings and to communicate effectively to ensure people are clear on what they are getting and from whom. This can help create certainty, avoid confusion and unnecessary stress, and help stop people being bombarded with home visits or phone calls. Providing a written record of visits and services that have been offered can help improve understanding and address the issue. Carers we interviewed told us that co-ordination of preventative services they receive could be better.

- 2.8 Local authorities are starting to address gaps in preventative services, but most lack a clear strategic understanding of the availability, level and type of community-based preventative services and what else is required. An increasing number of local authorities have identified gaps in preventative services locally and are exploring options to improve provision and widen coverage, including directly providing services. For instance, Denbighshire County Council is establishing multi-disciplinary Community Resource Teams to improve the range of preventative services offered to citizens and further enable an integrated approach to assessing people's needs.
- 2.9 Despite some positive approaches, the strategic understanding of what is available and what is needed is generally poor. A more formal and strategic approach with local authorities identifying new services or models of delivery that need to be commissioned to address gaps is a good way of addressing these weaknesses. We saw some examples of this approach in action. For instance, Newport City Council's commissioning strategy's commitment to support community initiatives and continuing to work with third-sector partners to increase opportunities to access preventative services.
- 2.10 However, we found that because many third-sector preventative services have evolved over time and are often not commissioned or directly funded by authorities, IAA staff lack good-quality information on availability, coverage and cost, and are unable to evaluate the effectiveness of such services or the impact of signposting people to them. Poor intelligence can result in an increase in unsuitable referrals or solutions being offered that make no positive impact on a person's wellbeing. Third-sector bodies indicated they have the expertise to address many of these gaps, but there are several barriers limiting their contribution. Concerns include:
- a routinely being required to provide more services, but never being consulted on the practicalities of this or given any additional funding to do so;
  - b poor co-ordination of preventative services between health and social care, which can result in over and under provision; and
  - c health services being overly reliant on local authorities to provide carer provision.
- 2.11 There are mixed views over who should take the lead on addressing this – local authorities or the third-sector bodies themselves. In the meantime, gaps remain. This is borne out by our survey of carers which shows that despite the promotion of preventative services, take-up remains variable – **Exhibit 4.**

### Exhibit 4: carers survey findings on outcome of IAA and the preventative services referred to and used

Whilst 43% of carers used preventative services for the first time or used them more frequently following a referral, the majority of carers were not provided with information, advice and assistance to access preventative services.



Source: Wales Audit Office, Carers Survey, January 2019.

2.12 One of the underlying principles of the Act is to put the individual and their needs at the centre of their care and support, with voice and control over the outcomes that will help them achieve wellbeing. Key to this is access to advocacy<sup>9</sup>, services that support people to express their views and wishes and help them to ensure they get the help and support they are entitled to. Only a quarter of carers we surveyed stated that they had been offered advocacy services, and 16% stated that they felt encouraged to share their views and concerns. One advocate we interviewed stated that the ‘necessary key information seems to be understood only in relation to care tasks required. Very little helps define the things that really matter to the person, their history, skills, life experiences, anxieties and wishes for the future. And the absolute right to be valued as an individual not simply a recipient of care.’ Even when advocacy is provided, services are often not effective. The offer of advocacy is not actively promoted or can too often be provided too late to make a meaningful impact. Similarly, third-sector bodies we surveyed and interviewed frequently experience poor or inadequate advocacy provision.

2.13 In conclusion, the shift in focus and provision to offer people prevention services to help reduce demand on social care is happening, but further work is needed. At present, there are too many inconsistencies in services – their availability, geographical spread and their effectiveness. As well as ensuring those who can benefit from prevention and community-based services are directed down this route, local authorities also need to ensure they have the right systems in place to safeguard and protect the most vulnerable who need an assessment and social-care services. In the following section of the report, we consider how authorities are delivering these responsibilities.

9 A good advocate will listen to views and concerns; help explore options and rights; provide information to help make informed decisions; contact relevant people and accompany and support service users and carers in meetings or appointments.

## Part 3

Whilst local authorities have effective referral systems for people who may need social services, carers are still not getting equal access



- 3.1 Whilst the Act is designed to ensure that prevention and early intervention are a key driver, local authorities also need to have the right systems in place to ensure those who require more formal care and support are provided with the help and assistance they need. We found that local authorities are making good progress in creating the culture-shift required to make the Act a reality, and there has been a positive change in focus to strengths-based assessments, 'what-matters' conversations and ensuring citizens have voice, choice and control. These are the key steps to ensure the response provided is focused on meeting everyone's needs.
- 3.2 To do this well, local authorities need appropriate management processes, and from our fieldwork we found that authorities generally have good systems to determine when to undertake an assessment. This usually follows a 'what matters' conversation, and only starts once a referral has been through the IAA. The best authorities have highly trained first point of contact staff who filter telephone calls, e-mail and service requests as a single local-authority 'front door'. Access to services is encouraged and promoted proactively and comes both directly from people and their carers, but also partners such as hospital staff and GP surgeries and other authority services including tenancy support teams and housing officers. Some authorities – Newport City Council for example – have also developed customer charters that set out the standards that citizens can expect of the Authority when engaging with services.
- 3.3 The best services are also provided in ways that ensure vulnerable people are supported and helped. Positively, we found that 'what matters' conversations are focused on agreeing everyone's strengths and what they need to improve their wellbeing, and less about the services that may be available. Due to the effectiveness of the new approach, social workers we spoke to felt that they now have more time to deal with complex cases which require their expertise. Overall, they felt that the shift in emphasis from assessments to the new IAA-led 'front door' to social care is resulting in more effective and sustainable solutions, both for authorities but also those seeking help.

- 3.4 We also found that local authorities have generally good pathways to both identify when specialist assessments are needed, and to respond quickly to those who may have a potential safeguarding or POVA (Protection of Vulnerable Adults) risk. Some local-authority staff working within IAA teams have benefited from safeguarding and risk-identification training (such as ‘Signs of Safety’<sup>10</sup>) which helps to raise awareness and improve identification of people experiencing abuse and/or neglect. Carmarthenshire County Council has located specialist safeguarding social-work staff within the IAA team to help assess and quantify risk when people contact the authority and identify the right response. Tailored training for IAA staff coupled with specialist support is a good way of ensuring services have the safety net needed to ensure vulnerable people are not overlooked and their risks are managed.
- 3.5 Despite these positive changes, we identified opportunities to improve how local authorities manage the interface between IAA and social-care services for carers. Most carers (54%) access an assessment following a professional’s referral (social worker, hospital, nurse, GP or health worker, for example) and the majority (69%) said that it was made clear that they were being assessed as a carer. However, just over half of carers (54%) were satisfied with the outcome of their assessment, and only 44% stated that they were provided with a written copy of the agreed outcomes of their assessment. Many carers we interviewed continue to experience difficulties finding out what they are entitled to from local authorities – **Exhibit 5.**

<sup>10</sup> Signs of Safety is a strengths-based safety-organised approach. Whilst it is primarily for child-protection referrals, its principles equally apply to vulnerable adults and carers.

## Exhibit 5: feedback on whether local authorities do enough to ensure carers know about their rights

Carers consistently highlight difficulties accessing the information they need to understand their rights and entitlements and make informed choices.



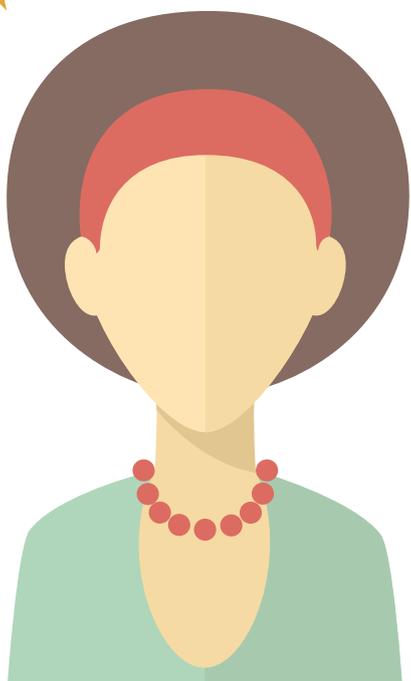
Carers don't trust the people who provide the services, in case they take the people they care for into a home. The word 'assessment' is misleading – they make carers think that they're being assessed at how good they're caring for that person, like the council is giving them a score. A lot don't understand that the assessment is done for their needs.

Mum is in a home now...everything came too late...

My life is getting narrower and narrower. Not enough support and help, not enough breaks. Getting more and more limiting.

Well, I've just had to drop a day at work because I couldn't cope...and it's going to get more and more stressful, isn't it? I just try not to think about it...

I'm getting older, I'm worried about my daughter's long-term future without me in it.

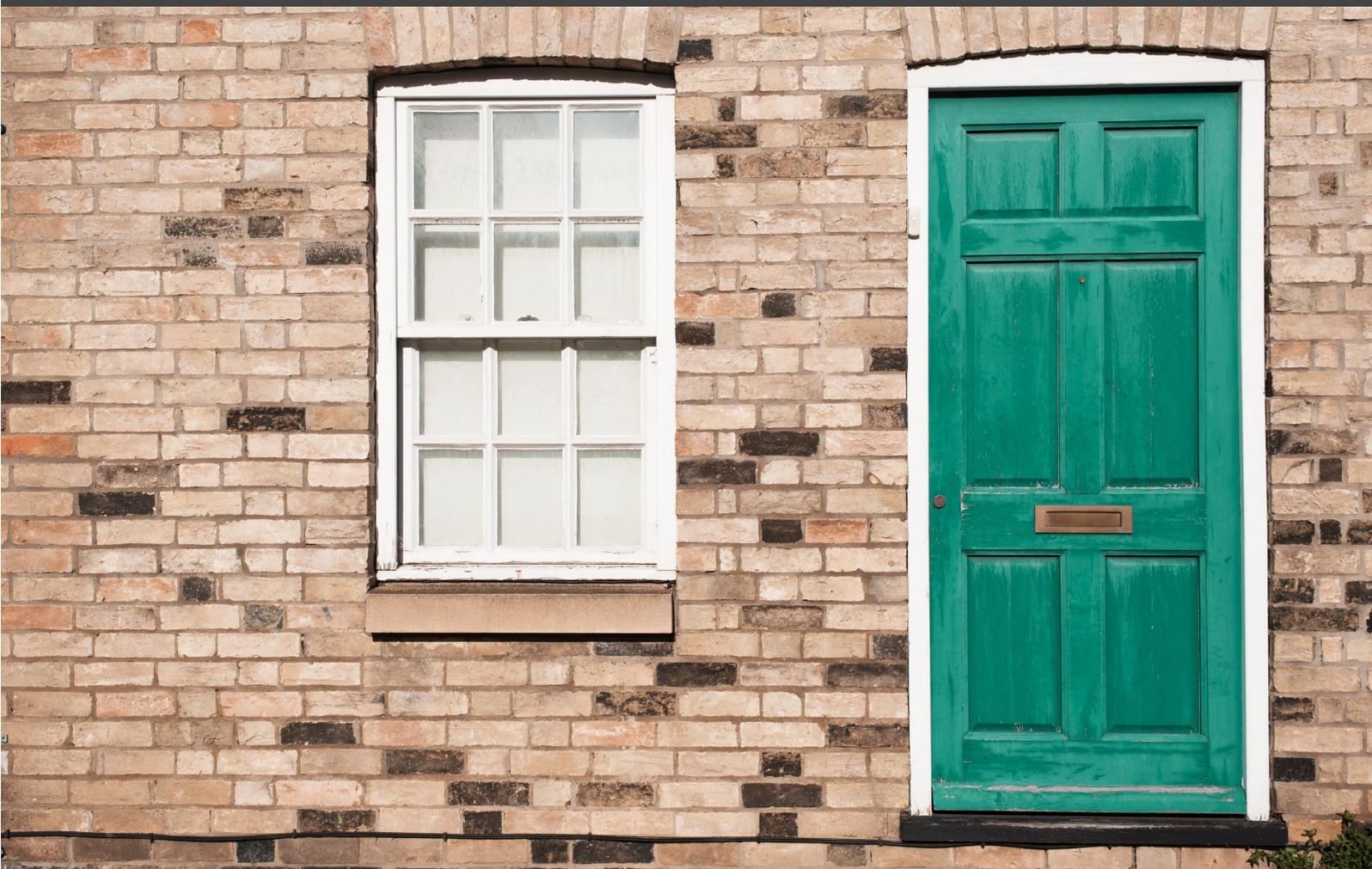


Source: Wales Audit Office, Carers Survey 2018-19.

- 3.6 Third-sector providers mostly have a good understanding of how assessments work, but flagged concerns with how well authorities engage with service users and carers. For instance, one noted that: ‘I don’t think [the assessment process] is explained properly. Carers will often consider that they are being assessed on their ability to care for someone rather than an assessment of their support needs.’ Seventy-two per cent of third-sector bodies do not think assessment processes are easy to navigate and use, and 33% believe that assessments are unnecessarily bureaucratic.
- 3.7 In addition, few third-sector bodies responding to our survey felt ‘encouraged’ by local authorities to support people through the assessment process. Whilst some third-sector bodies have seen their role grow, 32% have seen no change and 32% their role reduce. Only 4% of third-sector bodies believe that people are assessed quickly and efficiently with over half of respondents stating that assessments are not streamlined and create delays. Specifically, authorities do not set out what carers are entitled to, fail to record adequate and appropriate information, lack clear timescales, often do not provide written copies of agreed outcomes nor tailor responses to an individual’s needs and circumstances. Others noted that authorities they worked with did not always clearly set out the costs and charges (where applicable) for prevention and community-based services.
- 3.8 One third-sector body commented that ‘referrals that we receive are very poor with at times dangerously inadequate information – local authority staff at times are reluctant to provide information required and are not helpful’. Others commented on inadequate responses to carer assessments with practices falling well below the expectations of the Act, with carers they work with often not knowing if an assessment has taken place. Overall, only 13% of third-sector bodies we surveyed felt assessment processes were adequate.

## Part 4

The 'front door' approach is reducing demand, but local authorities struggle to demonstrate if it is helping people whilst also supporting the financial sustainability of social services

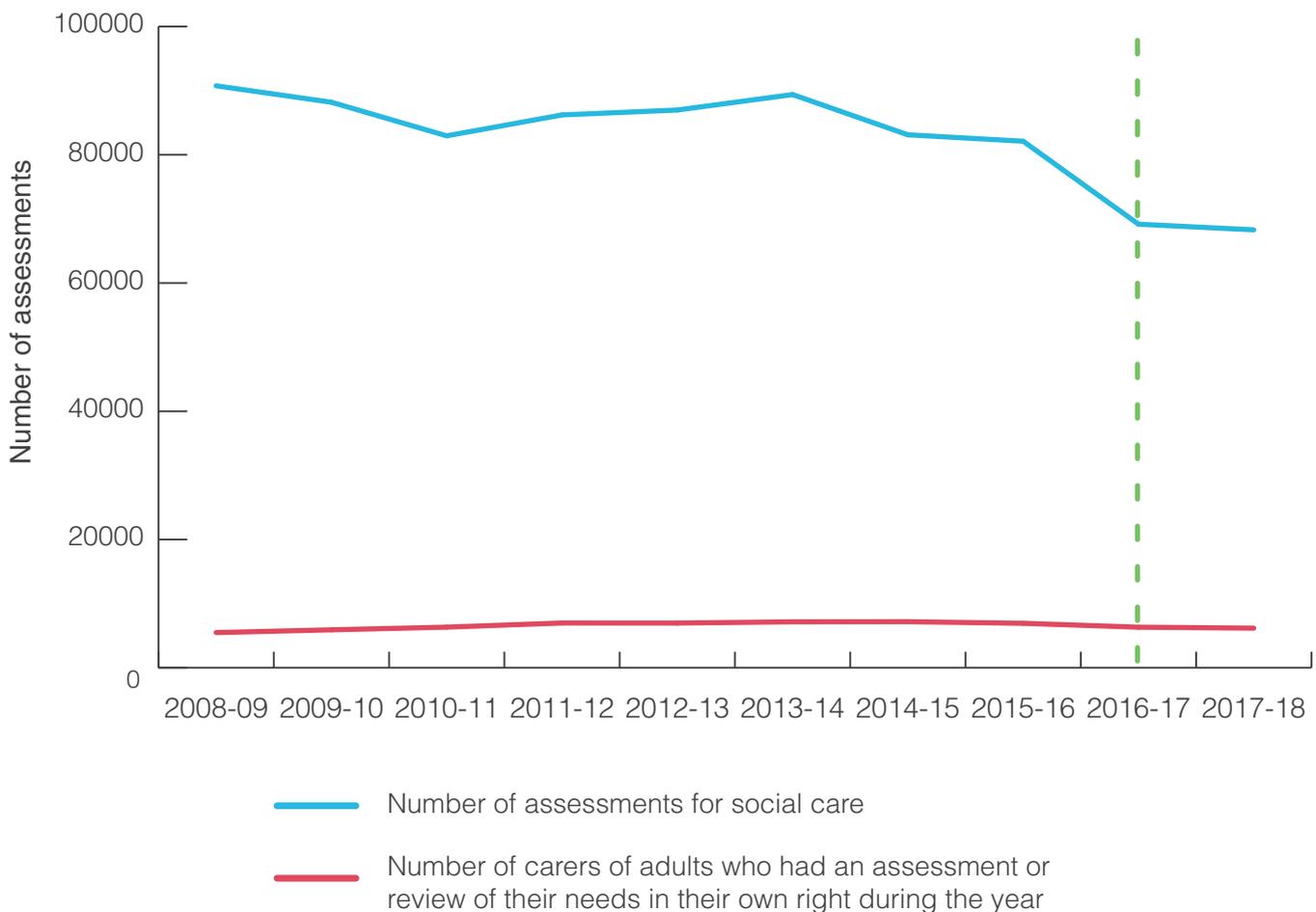


- 4.1 In the white paper that preceded the Act – [Sustainable Social Services for Wales: A Framework for Action](#) – the Welsh Government clearly set out the challenges facing public bodies in delivering social care in the 21st century. These include demographic change with an ageing society, fragmented families and communities facing increasing challenges such as substance misuse, low income and poverty and greater expectations and entitlements of what should be provided and made available. Coupled with a 22% real-terms cut in the Revenue Support Grant since 2009-10<sup>11</sup>, the White Paper made a strong case for the need to ‘renew’ social services.
- 4.2 As we have noted in preceding sections of this report, one of the key aims of the Act is to direct those requesting a social-care service to preventative services within the community to minimise the escalation of critical need. If this is working, we believe we would consequently see, in the short term at least:
- a a reduction in adult care assessments;
  - b a reduction in expenditure on assessments for adults;
  - c a fall in expenditure on adult social-care services provided by local authorities;
  - d an increase in the use of IAA services by adults; and
  - e an increase in carer assessments and the provision of services to carers.
- 4.3 Data is available for two years since the Act has been implemented and our analysis shows that local-authority services are in transition and no authority has got the balance on spend, assessments and IAA right at this time.
- 4.4 **Exhibit 6** shows that between 2008-09 and 2015-16 the number of service-user and adult-carer assessments completed in year fell by 10% but has reduced more sharply following implementation of the Act with the assessments falling by 17%. The number of carers receiving an assessment steadily increased over the period rising by 26.4% between 2008-09 and 2015-16. However, since the Act came into force the number of carer assessments undertaken has reduced by -10.9%. Since 2008-09, real-terms gross expenditure on assessments has fallen by 16.2%. In total, 16 authorities have reduced expenditure on assessments and six have increased how much they spend. The biggest increase in real terms is in Monmouthshire (+45.1%) and the biggest decrease in Wrexham (-94.3%) – see [Appendices 1 and 2](#) for the full detail.

11 Welsh Local Government Association, [Fair and Sustainable Funding for Essential Local Services, August 2018.](#)

### Exhibit 6: number of carers of adults who had an assessment between 2008-09 and 2017-18<sup>12</sup>

The number of adults assessed by local authorities for social-care services is reducing and has fallen more sharply since the Act came into force.



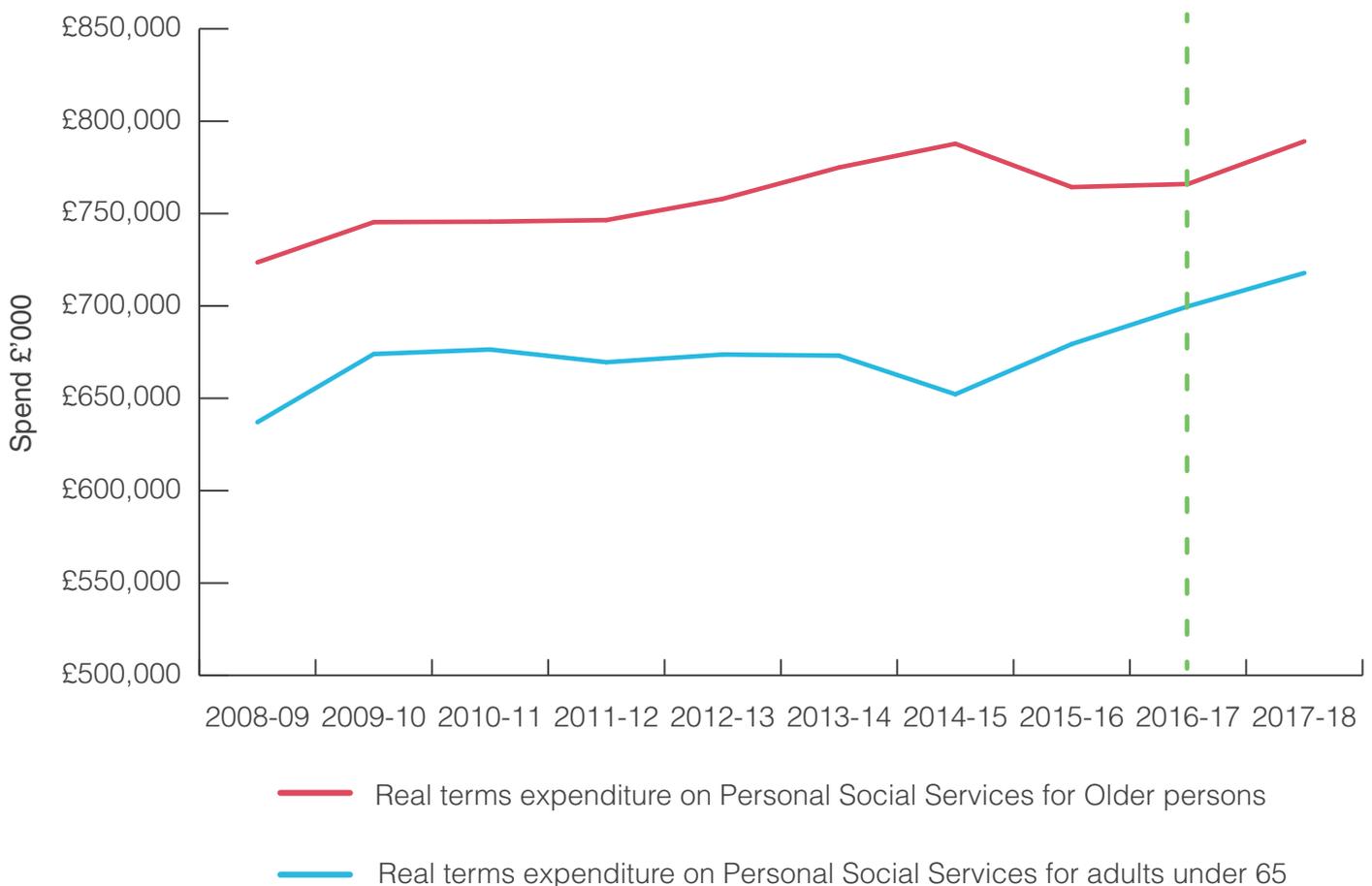
Source: StatsWales.

<sup>12</sup> While extensive efforts were made to gather reliable and accurate information from local authorities, 2016-17 data remains imperfect. Not all local authorities provided fully completed returns to StatsWales, due to issues with implementing or preparing for the new Welsh Community Care Information System (WCCIS). This data, however, remains the best available for comparative analysis.

4.5 Local authorities spend large amounts of public money on personal social services for adults. At a Wales level, real-terms gross expenditure for adult personal social services has risen by 11% from £1,360 million in 2008-09 to £1,506 million in 2017-18 – **Exhibit 7**. Between 2008-09 and 2017-18, 17 authorities have seen a real-terms growth in expenditure and five authorities a fall. The biggest increase is in Pembrokeshire (+41%) and biggest decrease in Torfaen (-16%). Expenditure on those aged under 65 has risen by 13% over the period with 18 local authorities having seen an increase. Spend on services for those aged 65 and over rose by 9% with 14 authorities increasing expenditure (see **Appendix 3** for the detailed analysis).

**Exhibit 7: real-terms Gross Revenue Expenditure on Personal Social Services (£000's) 2008-09 to 2017-18**

The cost of personal social services continues to increase for local authorities.

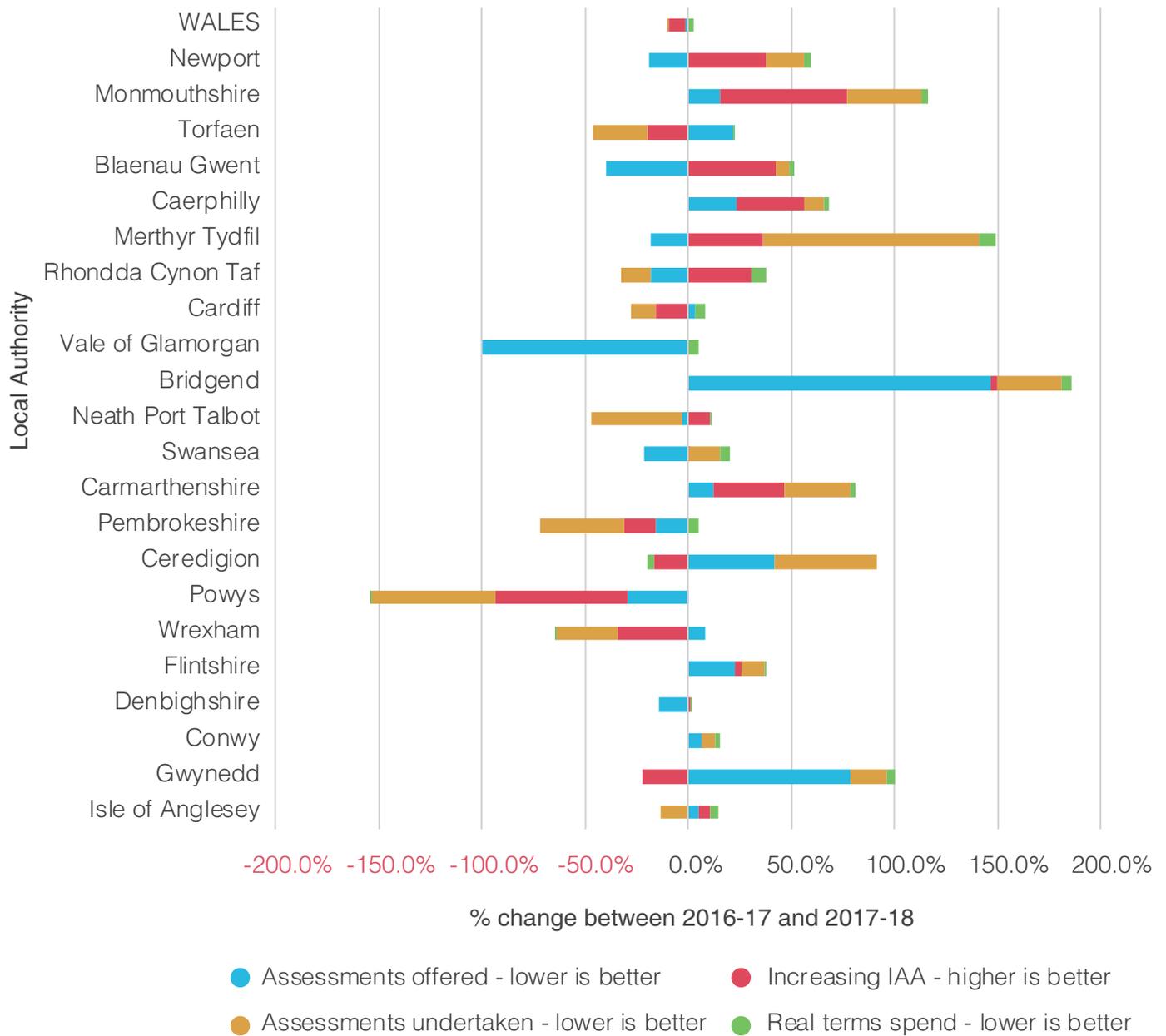


Source: StatsWales. Analysis by Wales Audit Office.

- 4.6 To understand how authorities are managing the implementation of their new responsibilities under the Act and shifting provision towards more preventative and community-based services, we have analysed data collected by the Welsh Government. Whilst this only covers two years of operation, it does provide us with an early indication of how local authorities are performing. Our analysis, set out in [Exhibit 8](#), shows that since the Act came into force there has been a reduction in assessments but spend on social-care services continues to rise, albeit at a slower rate of increase than pre-Act. Consequently, two years on from implementing the Act there is a post-code lottery in the provision of IAA, spend and assessments across Wales and no authority has got the balance right at this time. This is not surprising.
- 4.7 We recognise that transitioning services will take time and authorities need to balance how they move from one delivery system to another. Local authorities are also recalibrating services from being assessment led, towards focussing more on IAA and, by extension, encouraging take-up and access to community-based preventative services. However, IAA services have remained static and have not increased at greater rates to match the comparable decrease in assessments. Finally, rather than seeing an increase in access to services for carers, there has been a decline (-40.4%) compared to adult service users (-16.8%). Given the Act placed carers on an equal footing with adult service users, we would expect to see a greater correlation in performance.

**Exhibit 8: changes in real-terms expenditure, access to IAA, assessments offered and undertaken by local authority between 2016-17 and 2017-18**

Local-authority social services are in transition and there is more work to do to ensure the right balance between prevention and social care.



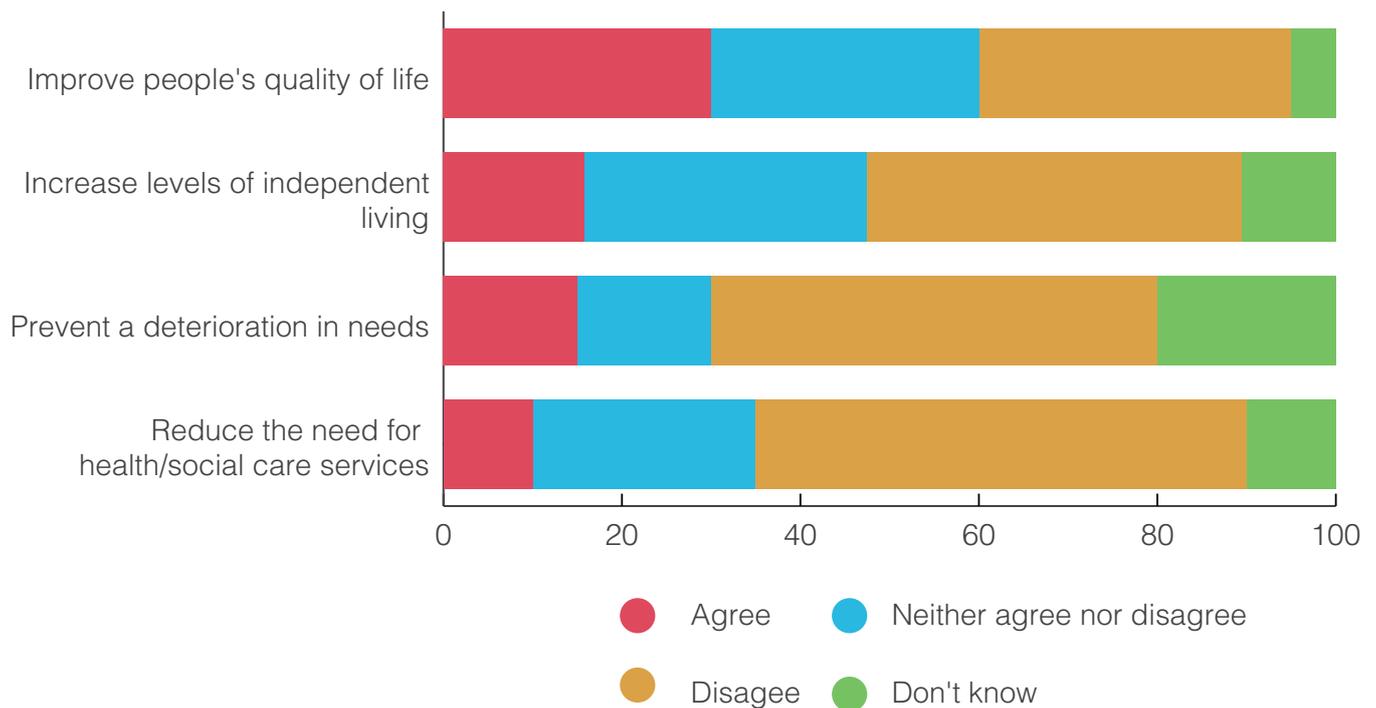
Source: StatsWales. Analysis by Wales Audit Office.

- 4.8 Some authorities are making good progress in shifting provision from social care to preventative and community-based solutions. For instance, data collected by Cardiff Council shows that before the Act came into force, roughly 75% of all contact to social services resulted in an assessment and provision of some form of care and support. Since April 2016, the Council has dealt with 75% of all contacts in the IAA service and only 25% progressed through to an assessment for social services. Similarly, Ceredigion County Council reduced social-care assessments by 35%. Pembrokeshire County Council monitors the length of time taken to deal with assessments for care. Before the introduction of Community Connectors, they had 210 people waiting for an assessment of care needs. Now all assessments are completed within two days.
- 4.9 Our review shows that to make this shift depends on the authorities having enough preventative community services available. However, because these are often discretionary and have not been protected from budget cuts as public bodies manage the impact of austerity, there is often a post-code lottery of provision. The development of community-based services is dependent on a range of factors and each authority is starting from a different place. All authorities face challenges in ensuring there are enough preventative services available, but our evidence noted above shows that it is often unclear where the gaps are because local authorities do not always have a good understanding of what is currently out there, nor what else is needed.
- 4.10 At the heart of the Act is people's right to wellbeing. While people have a responsibility for their own wellbeing, some need help to achieve this, and the Act changes the way social services, as well as other care services, voluntary and community groups, need to work together to help and support people. As well as ensuring there is rebalancing in spend, access to and provision of preventative services, local authorities also need to make sure that the services they provide and direct people to, make a positive impact and improve their wellbeing. Defining wellbeing is not easy or straightforward. It is more than just being healthy and can include important things like being safe, living in a suitable home in the right place, being part of a strong community, participating in diverse activities that stimulate and create enjoyment, having friends and being able to work. Being able to judge and demonstrate how services contribute to wellbeing is therefore important.

- 4.11 We found that several local authorities are beginning to widen out their performance management systems and use a range of qualitative data to monitor their performance and impact specifically on wellbeing. User satisfaction surveys which are focussed on understanding the impact of services are a good way of doing this. For instance, Cardiff Council monitor the benefits of community services to understand how they contribute to wellbeing, with user feedback showing that 97% felt meals on wheels helped them to remain independent in their own home and 87% that the service made them feel less lonely.
- 4.12 Despite this, local authorities recognise that measuring the outcomes of their preventative interventions remains challenging. Much of the focus of monitoring remains on the performance of social-care services, not the wider network of prevention. This is partly because local authorities do not have the necessary data to understand the impact of prevention services, many of which are provided by partners. We found the most often-used measure to judge the impact and effectiveness of IAA services is to record the number of users who have not contacted the authority to request further services. However, because local authorities generally do not follow-up on or monitor the quality and impact of preventative and community-based services they are signposting people to, they do not know whether these are truly contributing to improving wellbeing. Third-sector organisations responding to our survey echo these concerns, noting that the impact of preventative and community-based services on wellbeing is variable – [Exhibit 9](#).

**Exhibit 9: third-sector views on the resulting impact of preventative services on service users and carers following a referral by the local-authority IAA since implementation of the Act in April 2016**

Third-sector bodies believe local authorities need to do more to ensure preventative services make a positive impact on wellbeing.



Source: Wales Audit Office, Third Sector Survey, January 2019.

4.13 Our review has specifically looked at the experience of carers and shows that at this time there are still some limitations in the range of services offered by local authorities to carers. For instance, only 31% of respondents felt that they were provided with a broad range of options to help improve their wellbeing and only 35% felt that the preventative services they receive positively improve their day-to-day wellbeing. Whilst half of carers felt that their needs would have deteriorated without their authority’s intervention, only 45% felt that the local authority’s involvement had a positive impact. Just over half of carers were satisfied with the services they were offered and slightly more on the services provided to the person they cared for.

4.14 These survey findings, coupled with our performance data analysis, reinforce our view that services are evolving. Positively, assessments are falling and services for carers are growing. However, expenditure on social-care services continues to rise and access to preventative services remains hugely variable. We conclude that local authorities are making sound progress but there is still a lot more for authorities to do to ensure the 'front door' to adult social care is working as effectively as it can and is making the positive impact on wellbeing that the Act envisaged.

# Appendices



# Appendix 1

## Study methodology

### Review of literature and web-based information

We reviewed a range of documents including Welsh Government guidance and codes of practice, local authority service plans, strategies, monitoring information and Social Services Directors' annual reports. We reviewed Dewis Cymru and assessed 22 local-authority websites.

### Data and statistical analysis

We analysed authorities' performance using data submitted to the Welsh Government and published on [StatsWales](#) and the [Local Government Data Unit Benchmarking Hub](#). We also used national data provided by the Social Care Institute for Excellence ([Daffodil](#)) and the [Office of National Statistics](#). In addition, we worked with the Public Services Ombudsman for Wales to review his complaints casebook.

### National fieldwork

We interviewed representatives from several third sector organisations including Carers Wales, Carers Trust, Action on Hearing Loss, Age Cymru and Age Connects Wales. With support from Age Alliance Wales, we held a focus group of third-sector organisations and advocate groups. We also met representatives from the Welsh Government, Care Inspectorate Wales, Data Cymru, Social Care Wales, the Older People's Commissioner for Wales and the Welsh Language Commissioner to seek their views and discuss our emerging findings. We augmented our outlook and understanding by interviewing Elected Members and officers in Newcastle City Council's adult social-care first point of contact team.

### Local fieldwork

We undertook detailed fieldwork in Cardiff Council, Carmarthenshire County Council, Denbighshire County Council, Merthyr Tydfil County Borough Council and Pembrokeshire County Council. This involved interviewing officers and Elected Members and undertaking a process 'walk-through' to determine the ease of access from a citizen's perspective.

### Surveys

We commissioned research to undertake a telephone survey of carers to determine whether they feel the Act is making a difference for them. We received 550 responses with representation from all local authority areas. A further 32 carers took part in a more in depth survey, which focussed on the impact of caring; how easy it is to access and use local authority services; and the positive impact local authority support is having on their well-being. Finally, we undertook an online survey of third sector provider organisations and received 22 responses.

## Appendix 2

### Social services revenue out-turn expenditure in real-terms on assessment and care management by local authority (£'000) in 2008-09 and 2017-18

Local authority	2008-09 (£'000)	2017-18 (£'000)	% change over the period
Isle of Anglesey	4,587	2,357	-48.6%
Gwynedd	6,091	5,724	-6.0%
Conwy	7,045	6,188	-12.2%
Denbighshire	6,028	5,370	-10.9%
Flintshire	7,626	7,085	-7.1%
Wrexham	6,784	3,90	-94.3%
Powys	5,510	7,122	29.3%
Ceredigion	3,047	4,301	41.1%
Pembrokeshire	4,348	3,591	-17.4%
Carmarthenshire	7,526	6,403	-14.9%
Swansea	9,652	6,070	-37.1%
Neath Port Talbot	8,251	6,671	-19.2%
Bridgend	4,702	4,650	-1.1%
Vale of Glamorgan	4,294	5,373	25.1%

Local authority	2008-09 (£'000)	2017-18 (£'000)	% change over the period
Rhondda Cynon Taf	9,425	11,140	18.2%
Merthyr Tydfil	2,105	1,293	-38.6%
Caerphilly	9,790	8,368	-14.5%
Blaenau Gwent	5,236	5,797	10.7%
Torfaen	7,019	4,244	-39.5%
Monmouthshire	5,110	7,419	45.2%
Newport	8,486	3,295	-61.2%
Cardiff	11,534	7,945	-31.1%
WALES	144,196	120,793	-16.2%

Source: StatsWales – <http://open.statswales.gov.wales/dataset/lgfs0015>. Analysis by Wales Audit Office.

## Appendix 3

### Real-terms expenditure (2017-18 equivalent) on personal social services by local authority 2008-09 and 2017-18

Local authority	Real-terms expenditure on personal social services for adults under 65			Real-terms expenditure on personal social services for older persons		
	2008-09 (£'000)	2017-18 (£'000)	% change over the period	2008-09 (£'000)	2017-18 (£'000)	% change over the period
Isle of Anglesey	16,192	16,423	1%	20,447	18,666	-9%
Gwynedd	24,751	27,089	9%	35,167	40,228	14%
Conwy	28,568	32,867	15%	27,118	30,944	14%
Denbighshire	28,334	28,182	-1%	24,576	22,147	-10%
Flintshire	31,315	34,963	12%	29,902	31,655	6%
Wrexham	32,528	33,966	4%	24,670	30,113	22%
Powys	27,727	39,861	44%	34,015	43,012	26%
Ceredigion	17,499	20,244	16%	22,595	24,439	8%
Pembrokeshire	20,625	36,456	77%	29,686	34,321	16%
Carmarthenshire	35,976	51,555	43%	51,180	61,949	21%
Swansea	39,334	36,857	-6%	54,142	69,070	28%
Neath Port Talbot	29,802	37,106	25%	39,644	37,832	-5%
Bridgend	25,754	32,345	26%	28,570	32,717	15%
Vale of Glamorgan	21,184	22,952	8%	20,847	30,765	48%
Rhondda Cynon Taf	46,970	54,816	17%	72,142	70,748	-2%

Local authority	Real-terms expenditure on personal social services for adults under 65			Real-terms expenditure on personal social services for older persons		
	2008-09 (£'000)	2017-18 (£'000)	% change over the period	2008-09 (£'000)	2017-18 (£'000)	% change over the period
Merthyr Tydfil	12,776	13,698	7%	15,164	13,939	-8%
Caerphilly	34,718	40,712	17%	42,948	42,680	-1%
Blaenau Gwent	17,741	20,050	13%	18,419	16,684	-9%
Torfaen	22,124	14,772	-33%	22,763	23,056	1%
Monmouthshire	18,413	21,580	17%	23,006	21,223	-8%
Newport	38,008	34,316	-10%	27,540	30,299	10%
Cardiff	66,711	67,025	0%	59,044	62,602	6%
<b>WALES</b>	<b>637,050</b>	<b>717,835</b>	<b>13%</b>	<b>723,583</b>	<b>789,089</b>	<b>9%</b>

Source: StatsWales. Analysis by the Wales Audit Office.



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