

# **Reviewing Social Services in Wales 1998-2008 Learning from the Journey**

Published information in respect of the joint review programme in Wales is available on the website: **[www.joint-reviews.gov.uk](http://www.joint-reviews.gov.uk)** or from:

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# Foreword

We are pleased to present this report which brings together the valuable learning from Joint Reviews of Social Services in Wales over the last decade.

The Joint Review programme in Wales began in 1998 and reviews have been managed and carried out jointly by the Care and Social Services Inspectorate Wales (CSSIW) and the Wales Audit Office (WAO). The programme has been brought to an end following an announcement by the Deputy Minister in November 2007 and the subsequent development of a new process for inspection and review of social services in Wales.

We commissioned Sue Mead to write this report, because of her significant role in both rounds of joint reviews, acting as the Director for Joint Reviews during the first round and then as the external moderator for the second round of reviews in Wales. In the latter role Sue has provided robust challenge to each of the review teams and to the process as a whole.

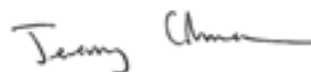
Sue's considerable experience and involvement in joint reviews in Wales has given her a unique insight into social services. She has used this to very good effect in this report, to provide a thorough and comprehensive analysis of the data and information available, drawing together the evidence from the last 10 years of joint reviews, but with a particular focus on the second programme of reviews which commenced in 2004.

One of our key aims in commissioning this work was to identify the factors that drive improvements in social services. This report does that, as well as highlighting the areas where improvements have been made and identifying the significant continuing challenges to be overcome if we are to sustain progress in delivering real change to services on the ground and at a pace to meet changing expectations.

We have a real opportunity, through this report, to learn the lessons from this ten year journey and to use the lessons to promote and steer further improvements. We must all rise to this challenge and ensure that the messages in the report are disseminated widely and built upon in our own organisations as well as across Wales as a whole.



**Rob Pickford**  
Chief Inspector



**Jeremy Colman**  
Auditor General for Wales

## **Sue Mead**

Sue Mead is a qualified social worker and has worked extensively in social services from practitioner to senior management level, including the role of chief inspector in one of the largest councils in the UK. Following work for the Social Services Inspectorate in England, she joined the Audit Commission in 1997 and part of her portfolio was responsibility for the delivery of the first round of joint reviews in Wales. She became Review Director in 2002.

Sue was the external moderator for the second round of joint reviews in Wales providing robust challenge to each of the review teams throughout every phase of the process.

Sue now works as an independent consultant and non-executive director in the NHS.

# 1. Introduction

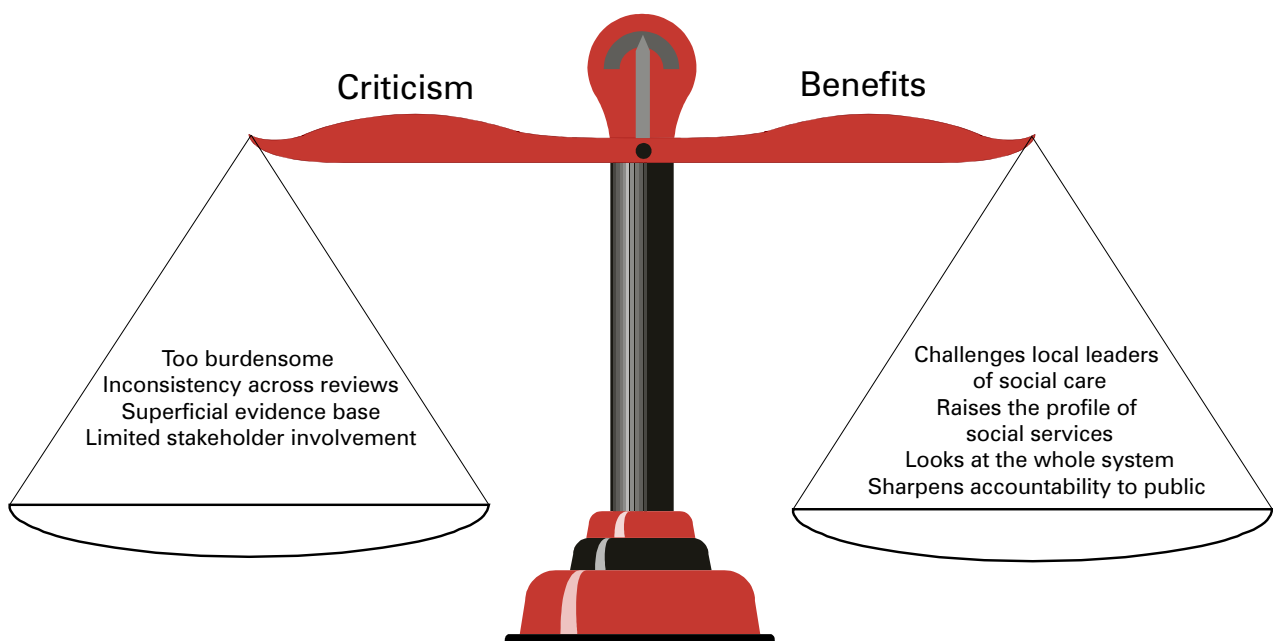
## Background and context

A five year cycle of joint reviews began in Wales in 1998. Reviews have been managed jointly by the Care and Social Services Inspectorate for Wales (previously the Social Service Inspectorate for Wales) and the Wales Audit Office (previously the Audit Commission in Wales). Their purpose was to independently review how well local communities were being served by councils' social services. Reviews covered both the quality of services as experienced by those using them, and how well councils deployed resources and organised themselves to ensure consistently good services, now and in the future. Reviews made a two part judgment based on their findings: firstly, an assessment of how well a council was serving its community at the time of the review and secondly, a judgment about the council's capacity to sustain and improve its performance in the future.

Between 1998 and 2004, all 22 councils in Wales were reviewed, as were all councils in England.

In England in 2004, a decision was taken not to conduct a further round of reviews. Government in Wales took a different view, and while acknowledging some of the criticisms made of reviews, recognised the benefits of the challenges posed, in terms of driving improvement in services. Graphic 1 summarises the differing perspectives that needed to be weighed by Government.

## The Differing Perspectives



Prior to the commencement of this second round of reviews, extensive consultations took place with councils, people who use social services and other stakeholders in order to revise methodologies and establish robust arrangements for the management of reviews with the aim of addressing some of the criticisms highlighted. Efforts were also made to better align joint reviews to the emerging policy agenda for social services in Wales as well as the performance framework for social services; the criteria for making judgments was changed and the evidence trail made more transparent.

An independent early evaluation of this second round of reviews<sup>1</sup> concluded that many of the perceived weaknesses of round 1 had been addressed successfully. The research concluded that the findings of reviews were backed by clear evidence, that stakeholders were more fully involved in the process of reviews and that there was a coherent framework to ensure consistency across reviews. It was in the area of the perceived burden reviews placed on councils that the findings of the research were most mixed. While there was no doubting the time and cost pressures of reviews as experienced by councils, there were mixed views as to the extent to which these were, to some degree, self-imposed. Arguably, rather than a distraction from the “real job”, reviews asked for no more than good management needed to know.

Between 2004 and 2008, 10 councils had a second joint review.

In April 2007, a new Care and Social Services Inspectorate Wales [CSSIW] was established. The new arrangements were designed to better integrate regulation and inspection across the full spectrum of social care, including care management, commissioning of services and care provision across public and independent sectors. This provided an opportunity to reappraise the contemporary context of social services in Wales and the framework needed to support the work of the new inspectorate.

In summary the reappraisal concluded that:

- there was evidence of improvement in social services performance but some inconsistency remained;
- there was now a more mature approach to self –assessment, performance evaluation and risk-based regulatory activity;
- new, more flexible approaches to inspection and review were needed to ensure proportionality and the targeted use of resources;
- new, more varied joint approaches to inspections needed to be designed.

While it was recognised that joint reviews had served a purpose in driving improvement, their flexibility, timeliness and responsiveness was not considered to be fit for purpose in this new context.

At the time of writing this report, consultations have been undertaken about new arrangements for the inspection of local authority social services.

<sup>1</sup> Evaluating the Second Round of Reviews: a study undertaken by Eskrigge Social Research in 2006

## The purpose of this report

**This report aims to bring together the learning from joint reviews in Wales in order to gain insight into the key factors that drive improvement in social care organisations.** While much of the focus will be on drawing together evidence from the second round of reviews, where possible, evidence held over the last 10 years of reviews will be used.

**Joint reviews in Wales probably hold one of the largest data bases concerning social care over the last decade.** Since 1998 an estimated 12,000 people who use social care services have been surveyed, and over 1,000 people have met with reviewers during the course of fieldwork. During the second round of reviews, reviewers also surveyed, as well as met with, many members of the social care workforce and other partners working in related organisations [around 3,000]. In addition, reviews have resulted in one of the most detailed and comprehensive analyses of the performance of social services in recent years.

Specifically, the report aims to:

- draw together the main themes from joint reviews reports, highlighting areas of consistent improvement and common deficit;
- distil learning from councils' experience of leading and managing change and improvement;
- connect changes to the impact on people using services;
- identify the organisational developments needed to sustain progress at a pace to meet changing expectations:

**Following this introduction, the report is organised into 5 sections:**

- **the changing expectations of government:** this opening section of the report summarises the changing governmental environment in which social services have operated over the last decade of joint reviews;
- **the changing views of people using social care services:** this section draws heavily on the outcome of joint reviews surveys in order to reflect the views of the range of people supported by social care, and how those views have changed over recent years;
- **the changing face of services:** this chapter describes the changes in the volume, range and type of social care in place from 1998-2008;
- **the changing face of social service organisations:** the arrangements in place to deliver social care have become more complex and challenging. This section of the report chronicles some of the changes of structures, leadership and management observed during the era of joint reviews;
- **have things improved?** This final part of the report draws together the evidence to judge whether there are grounds to conclude that social services have improved and the key factors contributing to that improvement.

## 2. The Changing Expectations of Government

1998	2008
<ul style="list-style-type: none"> <li>• A new National Assembly to be in place with devolved powers in respect of social services</li> <li>• Unmapped relationship between the Assembly and local government</li> <li>• Aftermath of local government reorganisation still evident</li> <li>• Public focus on failures to protect children in public care in North Wales</li> <li>• Low profile and limited understanding of social care across government and councils</li> <li>• Fragile relationships with other public and independent sector organisations</li> <li>• Low public expectations of social care: sense of being “grateful” for any help received</li> </ul>	<ul style="list-style-type: none"> <li>• Clear and distinct national strategies and standards in place for social services</li> <li>• Focused investment in social care</li> <li>• Defined roles and maturing relationship between councils and Welsh Assembly Government</li> <li>• A much higher profile for social care in wider local community strategies</li> <li>• Developing strategic and provider partnerships</li> <li>• A more citizen centred approach to public services in general</li> <li>• Greater expectations of quality, choice and individualised social care</li> <li>• More active engagement of those people receiving care</li> </ul>

**Joint Reviews began in Wales at a difficult time.** Many councils had been ill-prepared, strategically and practically for the shift from 8 to 22 smaller authorities. In addition, as a consequence of the reorganisation, much experience and expertise in the delivery of social services was dissipated or lost. At the same time, confidence in children’s services was rocked by emerging evidence of serious failures to protect children in care from abuse. The subsequent inquiry, culminating in “The Waterhouse Report, Lost in Care” published in February 2000, exposed the failures of policy makers, regulators, managers and practitioners to ensure robust safeguarding arrangements were in place to protect vulnerable children. The invitation to extend reviews to Wales was, in part, in response to this context of risk and fragility in the delivery of social services. The emerging National Assembly was determined to establish an independent, evidenced baseline of the strengths and weaknesses of the services in place across councils. Joint reviews were expected to serve 5 main purposes:

- to inform the development of national policy;
- to raise the profile of social services at all levels;
- to serve as a challenge to local councils;
- to sharpen public accountability and transparency;
- to be an impetus for change and improvement:

**10 years on, the national landscape overseeing social services looks very different.**

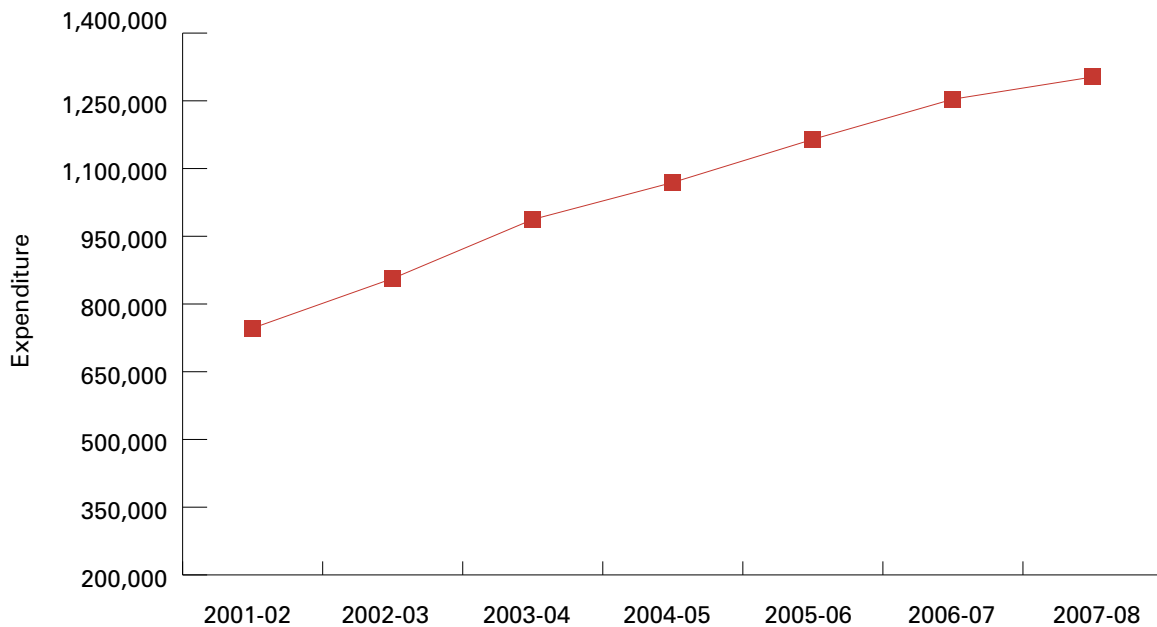
While few would argue that the job is done, there is now a much more explicit vision for the service, a sharper framework of standards and expectations, more robust and transparent arrangements for regulating both services and the people delivering care, greater than ever investment in social care and dedicated expertise to drive improvement at local level.

Some examples of the infrastructure now in place to direct and support social services

- defined standards and national service frameworks for specific groups
- an explicit performance evaluation framework for social services
- an integrated Care and Social Services Inspectorate regulating and inspecting councils and social care services across the public and independent sectors
- the Care Council for Wales to assure standards of conduct, practice and training across the social care workforce
- the Social Services Improvement Agency
- WLGA explicit 9 commitments to delivering social care
- Children's Commissioning Support Resource

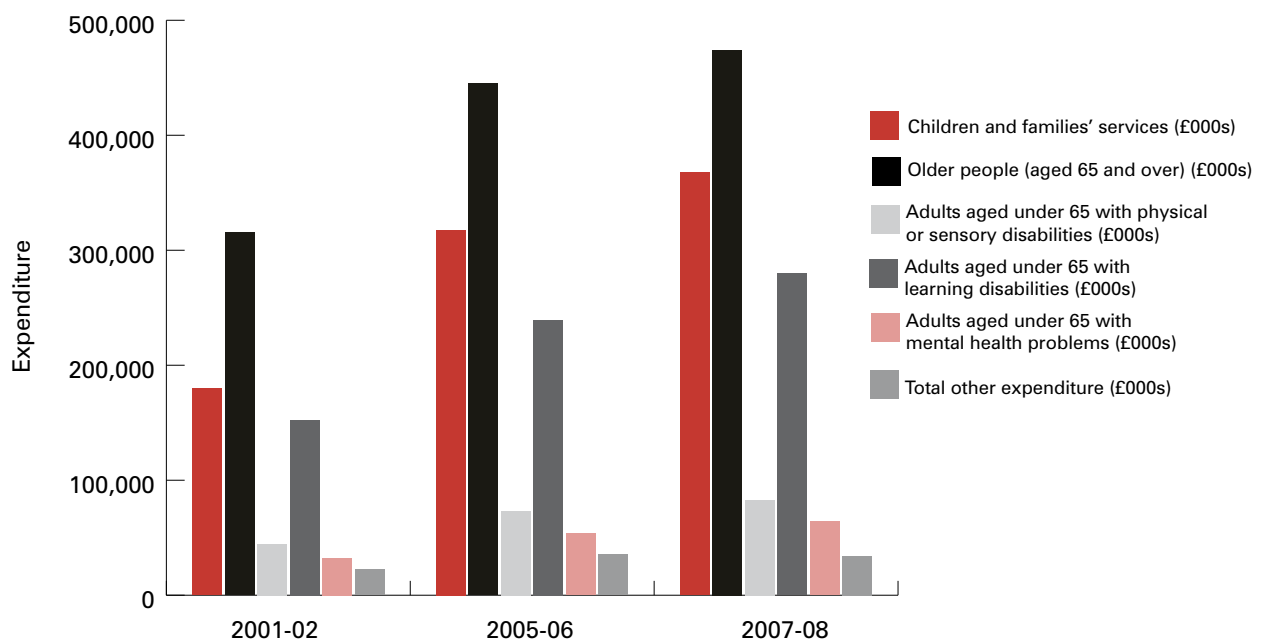
In order to deliver this agenda, investment in social services has increased markedly, from £747m in 01/02 to £ 1,303m in 07/08, an increase of 74 percent.

## Net PSS expenditure in Wales from 2001-2008 (£000)



The rate of increase of expenditure across the range of groups who use social services differs; while older people remain the area of biggest spend at £474m in 07/08, it has seen the smallest percentage increase since 01/02 [50 percent], and children's and mental health services have seen the biggest rate of increase at 104 percent and 99 percent respectively.

## Net expenditure on personal social services by client group (£000)



The Welsh Assembly Government strategy document “Fulfilled Lives, Supportive Communities” published in February 2007, defines the expectations of social services for the next decade and beyond. Its vision is described as delivering

***“social services which are strong, accessible, and accountable, in tune with citizens’ and communities’ needs and promote social inclusion, citizens’ rights and good outcomes.”***

The strategy is clear. Welsh Assembly Government expects the infrastructure now in place to oversee significant and speedier shifts in the nature and style of social care towards:

- a more explicit rights based approach;
- more individualised services designed to deliver measurably improved outcomes for individuals;
- earlier interventions designed to both safeguard individuals and promote their health and well-being;
- a greater diversity and range of services delivered by a plethora of providers to explicit standards:

It is also clear that in order to deliver this challenging agenda it is recognised that councils will need to:

- further strengthen their local leadership of social care;
- ensure social care has a central influence on wider community strategies;
- rapidly improve commissioning strategies and skills;
- mobilise and energise local partnerships to deliver real improvement;
- ensure effective scrutiny and performance management to track progress.

This overview of the outcome of joint reviews should provide useful feedback on the state of social services, its strengths and weaknesses and capacity to deliver the changes proposed.

# 3. The Views of People using Services

## Overall

**The wider public’s expectations of council services have changed markedly over the last decade.** Consumer type surveys are consistent in highlighting the raised expectations people have of public services and have identified 5 critical factors impacting on individuals’ level of satisfaction, namely the expectation that public services:

- do what is promised;
- respond promptly to requests;
- provide good information and keep people up to date;
- are delivered by competent people...
- ...and people who are respectful, polite and sympathetic.

In response, councils have needed to become much more “customer-focused” and adept at getting feedback from the population served.

These raised expectations are reflected, but perhaps to a rather lesser degree, among the people who use social services. The outcome of the joint review surveys in Wales, encompassing the views of almost 12,000 people [over 8000 in round 1 and 3000 in round 2] who use social care services, offers valuable insights into whether services are keeping pace with the population’s changing expectations.

Overall, while joint reviews have noted some positive shifts from paternalism and “being grateful” to a more assertive and discriminating service user, it remains the case that many people receiving social care feel disempowered and disinclined to challenge. There are therefore likely to be perceptible differences in expectations between the demands of the wider community of its council’s services and the expectations of those people needing social care support.

**Nevertheless, reviews have found that overall satisfaction with social services by those people using them is creditably high.** While, survey questions from round 1 and round 2 of reviews differed to some degree, and some caution is required in making comparisons, it does appear that overall levels of satisfaction with social services have been maintained or even marginally improved.

2000	2008
<ul style="list-style-type: none"><li>• An average of 71 percent of people surveyed rated services as excellent or good</li></ul>	<ul style="list-style-type: none"><li>• An average of 73 percent of people surveyed agreed or strongly agreed that services were of good quality</li></ul>

It is also remains the case that in 2008 older people [87 percent] tend to be much more satisfied with their service than carers are with the support they receive [73 per cent]. Families are also less satisfied, with 64 percent of parent/ carers and only 42 percent of children/ young people rating their service highly. This may relate in part, to the nature of interventions between families and social services, but also is likely to be a consequence of age differences. Perhaps surprisingly, only 61 percent of people with learning disabilities rated the service they received highly. This may reflect the effort that has gone into raising expectations and assertiveness in this group of individuals but it is also a service that has been well developed in Wales.

The generational differences in the overall levels of satisfaction are compatible with the findings from round 1, although it is worth noting that the gap between carers and older people is significantly [8 percent] wider than it was in 2000. This too, may reflect in part, the increasing assertiveness of carers but also suggests carer support is not keeping pace with expectations. It is worth noting that future cohorts of older people will probably retain the higher expectations of their youth!

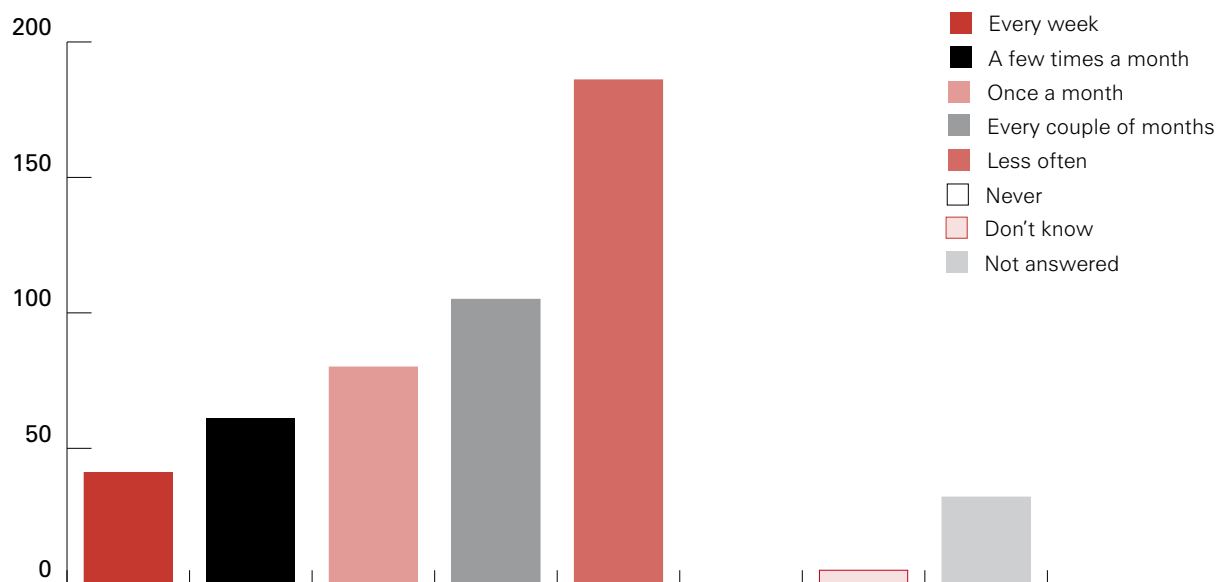
## People’s feedback on the elements of a good service

**In respect of the component attributes that together contribute to a good service, survey results also suggest an encouraging trend** [although again some caution is required as the data is a composite of similar but not identical questions]. There is a particularly significant improvement in access to good information, which is likely to reflect not only efforts to produce and target paper literature but also increasing use of the internet. Modest improvement is also seen in respect of timeliness and having a say in decisions.

An improved, but still relatively low rating is given in answer to questions about social services staff keeping in touch with people to check progress. People with learning disabilities were the most likely to answer positively to this question [74 percent]. Of concern, 39 percent of children and young people surveyed could not recall going to a meeting to talk about how things were going and 36 percent reported seeing their social worker less than every few months. Continuity of social worker also continues to be a significant issue with 61 percent of children and young people reporting not having known their social worker for more than a year.

Attribute	2000 percentage respondents answering positively	2008 percentage respondents answering positively
Timeliness of response	75	78
Having a say	69	75
Access to good information	38	68
Keeping in regular touch	51	65

## How often do you see your social worker?



### Improved access to information

**People are better informed than ever before about what social services can offer. The best councils have the following arrangements in place:**

- an information strategy to plan, monitor and refresh information
- ensure the right information is in the right place to get to the right people
- a range of written information targeted at particular groups of people giving clear and straightforward guidance on entitlement, range of services and processes for getting help
- address issues of diversity and choice of language
- use other mediums for sharing information such as websites, videos, cartoons, local media
- involve the public and service users in the design and content of information

The manner in which social services are delivered and the attitudes of people providing those services, are of particular importance, given the personal, and at times intimate nature of the care involved. **It is pleasing therefore to report a high level of satisfaction about how individuals were treated, although this satisfaction also declines in respect of carers and parent carers.**

<b>Treated with Dignity and Respect</b>	<b>Percentage of People Responding Positively</b>
Adults receiving support	92
Carers of adults	81
Parent carers	70

Much has been said in recent years about the importance of extending the range and choice of social services. One size fits all/ take it or leave it approach was rightly, not seen as appropriate for a modern social care service. Unfortunately, we are not in a position to record an improvement in people's views about these issues as there were no comparable questions in the round 1 of reviews survey. However, it is interesting to note that adults [predominately older people] were again much more likely to be satisfied with the range and choice available to them, than carers and families.

<b>Good Range of Services</b>	<b>Percentage of People Responding Positively</b>
Adults receiving support	79
Carers of adults	57
Parent carers	65

<b>Given Choice about Services</b>	<b>Percentage of People Responding Positively</b>
Adults receiving support	72
Carers of adults	63
Parent carers	57

It is also pleasing to note that, with regard to another feature of being treated with respect, namely being able to communicate in your language of choice, between 90-99 percent of people across all the age range reported satisfaction.

Of course, the critical issue, in terms of "customer" feedback relates to whether the service received delivered the outcome required. Central to the purpose of social services interventions are the two outcomes of keeping people safe and helping people lead a more independent life. To date, professionals have not been very good at measuring progress towards these goals. It is interesting therefore to see the service users' views about whether the support they receive contributes to improved safety and independence. Yet again we see a similar pattern of comparison across different user groups.

<b>Helped to feel safer</b>	<b>Percentage of People Responding Positively</b>
Adults receiving support	82
Carers of adults	85
Parent carers	60

<b>Helped to be independent</b>	<b>Percentage of People Responding Positively</b>
Adults receiving support	88
Carers of adults	71
Parent carers	53

### **Is improvement, as viewed by people using services, uniform across all surveyed councils?**

**According to people using services, there are big differences between the best and the poorest councils.** The variation in the overall level of satisfaction ranges from 82 percent at best to 63 percent at worse. The range of variation is noted across all groups of people using services with a range from 64 percent to 40 percent for all children and family services, and from 87 percent to 58 percent for all adult services. Most consistency of user views is seen in respect of services for older people [with a range from 93 percent-78 percent]. Greater differences across councils are seen in respect of services for people with learning disabilities [with a range from 80 percent to 28 percent], children's views of services [with a range from 50 percent to 17 percent] and carers [with a range from 92 percent to 60 percent]. These variations are seen within as well as across councils, i.e. because a council does well for one group of people using services does not mean it does well for other groups.

Variations can also be seen in respect of the various attributes of a good service.

### **Variation in the percentage people rating adult services positively across councils in respect of various attributes of good services**

<b>Attribute of service</b>	<b>Highest rating - percentage</b>	<b>Lowest rating - percentage</b>
Range	85	70
Choice	82	60
Keeping safe	93	62
Promoting independence	90	75

## Variation in the percentage people rating children's services positively across councils in respect of various attributes of good services

Attribute of service	Highest rating - percentage	Lowest rating - percentage
Range	69	29
Choice	70	34
Keeping safe	81	48
Promoting independence	72	29

## What messages are the people who use social services giving?

### In summary, according to people using social services:

- there have been some modest overall improvements in the services being delivered, and according to people getting support, most services are delivering the outcomes required;
- but, there remain marked differences across councils and within councils across different services;
- overall, people are satisfied with the attitudes and approach of the social services workforce. Parent carers were markedly less happy, which may reflect, in part, the nature of some interventions between social services and families;
- older people, in particular, rate services more highly than younger people. This might in part reflect a younger generation that is less deferential, better informed of their rights and more likely to demand a better service. It might also reflect a greater focus and investment in developing services for older people in some parts of Wales;
- the greatest variation across councils is in respect of services for children and families, which suggests where there is a focus on these services, this is reflected in more positive views;
- there is more to do to raise carers' level of satisfaction with the support they receive. Much effort has gone into raising the profile of carers' needs and encouraging them to seek out support but the development of services does not appear to have kept pace with rising demands;
- greatest improvement is seen in the area of access to help; people are much better informed about services, options and entitlements and councils are better organised at the first point of contact;
- Continuity of workers is the area of least improvement. This is an issue across all groups of people using services, but is most noticeable in respect of children;
- There have been only modest improvements in the timeliness of responses from social services:

# 4. The Changing Face of Services

Since 1998, social services in Wales have shifted in five main directions:

- towards more organised, informed and fairer access to services and the better matching of needs and priorities to services;
- modest moves from buildings based institutional care to a wider range of community based services;
- recognisable cultural shifts from administering welfare and care to more purposeful, preventive interventions to keep people safe and enable independence;
- towards extending the range of providers of services;
- towards a greater emphasis on partnership with the person needing support and other professionals/organisations involved.

As has been suggested in the previous chapter, there is considerable variation in both the scope and pace of change and modernisation across councils.

## Services for adults

### How have services changed?

1998	2008
<ul style="list-style-type: none"> <li>• Inconsistent access to services</li> <li>• Unquantified delays and waits</li> <li>• Ill-defined arrangements for protection</li> <li>• Residential/home/day care only likely options</li> <li>• Limited flexible of services</li> <li>• Day care for people with disabilities</li> <li>• Fragmented Support with health and housing</li> <li>• Passive relationship with service user</li> </ul>	<ul style="list-style-type: none"> <li>• Greater transparency of entitlement and priority</li> <li>• Response time standards and better management of delays</li> <li>• Systematic inter agency approaches to safeguarding vulnerable people</li> <li>• Wider spectrum of choice including intermediate and extra care support</li> <li>• More round the clock responses</li> <li>• More independent living opportunities</li> <li>• Better integration of support</li> <li>• Active engagement/more self management</li> </ul>

## Managing demand

**All councils have become more systematic in the arrangements they have in place to respond to requests for help. This is an area where there has been the most consistent improvement with 70 percent of reviewed councils judged to be mainly good, especially in respect of adult services.** Initial contact services provide the gateway to social services and play a critical role in creating a good first impression i.e. establishing trust and ensuring fairness. In 1998, lack of explicit eligibility criteria left front-line teams applying their own rules, and often responding to those people who were the most demanding of support as opposed to those individuals with the greatest need.

In 2008, most places have “front of house” customer services designed to be the first point of call for information and help. Such contact centres undertake initial triage screening in order to judge priorities against entitlements. Reviews have found that such arrangements can be invaluable in a number of ways:

- offering expertise and advice about what social services can offer and the process for getting help;
- signposting people elsewhere where necessary;
- ensuring simple needs are met quickly;
- directing referrals to the right place in the organisation;
- targeting highly qualified staff to cases that really need their attention.

The overall percentage of inquiries to adult social services over the decade has remained relatively static, as has the percentage of those inquiries that result in a formal assessment of need, with only a very small increase from 44 percent in 01/02 to 46 percent in 07/08. Some councils have put in place specific services designed to offer support to people who don't meet the criteria for a care managed services, often in partnership with other council services, and/or delivered via the voluntary sector.

Out of hours contact services have also improved to some degree over the last decade with evidence of better co-ordination across the emergency services and with day time staff and more robust partnerships across councils. Nevertheless, a much lower [57 percent] of adults were satisfied with their out of hours response from social services as opposed to the response during normal office hours [85 percent].

## excerpt from one review report

*The arrangements for members of the public to make contact with social services were good. There was a fully bi-lingual service and service level agreements in place with most social work teams... contact assessments are assigned a level of priority and passed promptly to teams... no evidence of delays in processing referrals... observations by reviewers showed contact staff to be knowledgeable - recording good accurate information... and only rare use of an answer-phone... all cases followed up by reviewers had been managed well with positive outcomes for the people concerned.*

### **In 1998, delays in getting help were unquantified and largely hidden from view.**

In 2008, while delays continue in some places, there is much greater transparency and active management to deal with the consequences of waits for people. This change has been mainly a consequence of more explicit standards about response times being put in place, measured and reported.

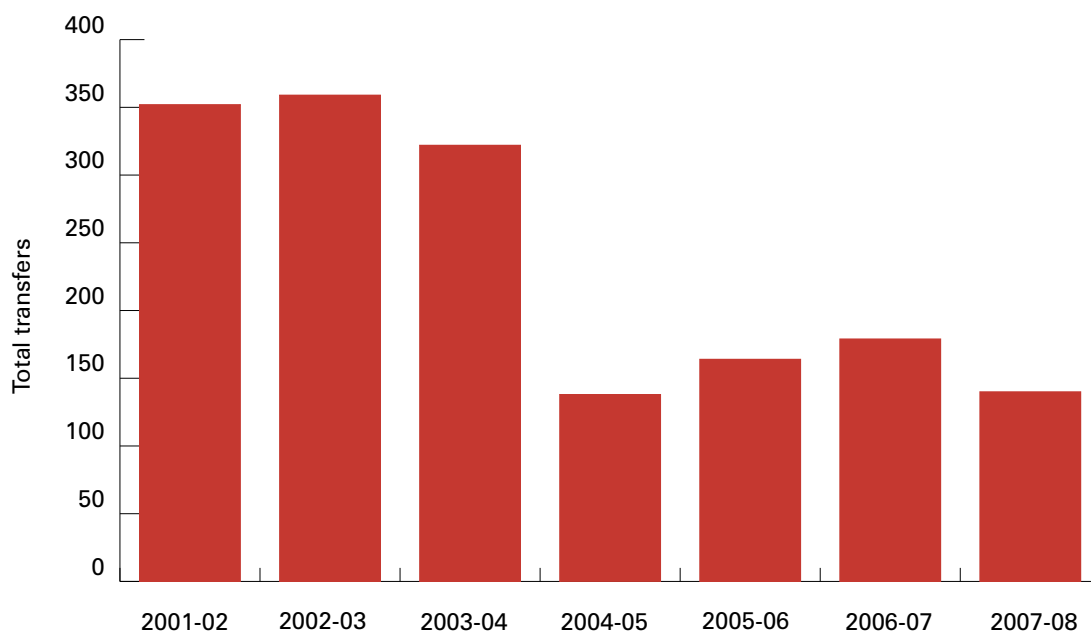
The common areas for delay relate to access to occupational therapy assessment, where 7 out of 10 of reviewed councils had chronic difficulties, followed by access to sensory impairment services, where 4 of the 10 reviewed councils had significant waits.

Hospital discharge delays for social care reasons have decreased over the decade and at the time of the review, this was a significant problem in only 1 of the 10 councils. Despite this positive snapshot, it was evident that sustained and reliable progress in this area could only be realised by integrated efforts by health and social care to:

- develop joint flexible community services to respond to crises thus preventing hospital admission;
- have in place effective and prompt assessment and planning processes to arrange and coordinate individuals' discharge from hospital;
- develop community service options to support recuperation and rehabilitation;
- ensure sufficient residential and nursing home provision to meet demand;
- have robust joint strategic planning and troubleshooting processes in place.

As will be seen later in this report, there is a mixed picture about progress in these areas.

### Total delayed transfers of care due to social care reasons



## Understanding needs and planning a response

**When judged in the round, while all councils had in place some recognised process for understanding people's needs, joint reviews concluded that assessment processes were very inconsistent in quality, with many falling below the standard expected. Only 20 percent of councils were judged to be mainly good in this area.**

In summary, the common problems cited in joint reviews in respect of the assessment of adults were the following:

- many councils were struggling to implement unified assessment, negotiate the involvement of health services, and put in place robust systems to support the process;
- assessments were too mechanical in nature, lacked attention to emotional needs and had little written evidence of thoughtful analysis by the professional conducting them;
- the process was too directed to service provision with inadequate attention to the purpose of intervention in outcome terms;
- the quality of risk assessments were particularly poor;
- the recording was often scant and superficial. It was often the case that the actual experience for the person being assessed was better than the impression given by the paperwork.

**A similarly inconsistent picture was painted in respect of care planning and review, with only 3 of the 10 councils scoring mainly good, 6 scoring inconsistent and 1 poor.** Again, a recognised process for transferring cases, care planning and review was invariably evident, and management expectations were usually spelt out, but the quality and timeliness of the experience for people was not evident. While, without doubt, efforts are being made to engage people in the process of planning and review [as evidenced from the joint review survey], in reality this is often experienced as a bureaucratic process en route to services. In summary:

- care planning and review appeared designed to organise and maintain services, trouble-shooting where necessary, as opposed to setting ambitious, enabling outcomes and measuring progress to achieving them;
- 7 out of the 10 councils had significant backlogs of reviews in at least one service. Specialist review teams had been set up in some places and in some cases had helped. Elsewhere, telephone reviewing and provider led reviews were used to minimise delays. It often seemed that the motivation was to improve the performance indicator as opposed to checking out that the service was still delivering the right outcome for the individual concerned and the best value for money;
- 4 out of the 10 councils had boundary disputes about the transfer of cases, often focused on issues of staffing caseloads and vacancy issues.

#### some excerpts from reports

*Although some good process work has been done on introducing unified assessment, it has not been fully implemented in any service area, including those where there are joint teams....*

*In most services, the quality of file recording and maintenance made it difficult for reviewers to follow the care management process and understand the story of the person's life and their involvement with social services...*

*Until recently there was no systematic process for risk assessment...*

## Safeguarding adults

In 2000, In *Safe Hands*<sup>2</sup> introduced specific policy and procedural guidance to improve the protection of vulnerable adults. Social services were seen as the lead, but the guidance also aimed to improve the engagement of, and co-ordination with, other agencies, the police, education and health services, in particular. The second round of joint reviews has been conducted at a time when councils were establishing this

<sup>2</sup> In *Safe Hands* - Implementing Adult Protection Procedures in Wales - published July 2000

new infrastructure. In summary, reviews made the following points about the progress being made:

- all reviewed councils had recognised systems and procedures in place;
- all had established some kind of inter-agency forum, but only around half showed signs of taking a strong strategic lead on safeguarding adults;
- all councils had experienced a marked rise in referrals [an average of over 200 percent rise since 2003]. This is most likely to reflect a greater awareness of the issue and clearer recording as opposed to an actual rise in adult abuse;
- about a half of reviewed councils showed signs of capacity shortfalls in processing the work of adult protection;
- the quality of care management practice was variable, with only about half of councils judged to show consistently good assessment and management of risk;
- there appeared to be too much focus on the processing of referrals and too little on prevention and support;
- a strong strategic lead and a dedicated managerial resource were seen as critical to connecting a clear aspiration to delivery in practice;
- inter-agency engagement appeared better at the front-line than at the top;
- detailed management information to monitor the nature of referrals and their outcome was not yet consistently in place. Annual reports, therefore, varied in their depth and quality.

One council impressed reviewers with the progress they were making in addressing adult protection. The following is an excerpt from the report...

*The procedures for the protection of vulnerable adults have been introduced in a very systematic way... the council has provided a considerable amount of training to raise awareness across health and social care providers... there is some investment in prevention - the council is piloting a keeping safe course for people with learning disabilities...*

*There has been training with the police on investigations and reviewers found procedures were being implemented in practice... outcomes were being systematically monitored... with appropriate steps taken to deal with those who have perpetrated abuse... the council has commissioned research about the way in which vulnerable adults experience the use of procedures... in recognition of its achievement this council won a social care accolade award*

## Supporting choice and independence

Joint reviews have reported recognisable shifts towards an increasing range of services geared to support people living independent lives in their own homes and communities. However, the transition from more traditional and institutional-based forms of support is too incremental and is taking too long.

Reviewers judged that 6 out of the 10 councils reviewed had made reasonably good progress towards a more enabling service for adults, although even in these councils there were gaps and issues of coverage. Progress was best in respect of establishing reablement/rehabilitation schemes, often designed to keep people out of hospital or to allow their early discharge. Common gaps experienced in most councils include deficits in the range of services for older people with a mental health problem, including dementia, from specialist nursing care through to dedicated day care and respite. There is also a deficit in respect of services to support younger people with a physical disability.

There has been a reduction in the use of residentially based care for older people over recent years, and a small increase in the number of older people helped to live at home.

Year	>65 years supported in care per 1000 pop.	>65 years helped to live at home per 1000 pop
05/06	27.38	85.54
06/07	26.63	89.76
07/08	24.32	88.62

### Home care has to be the cornerstone of a comprehensive community based service.

Joint reviews have noted some shifts in focus, intensity and flexibility of the services being delivered, although again in some places the changes towards a truly enabling service have been too slow. The number of people supported by home care dropped dramatically during the '90s as councils started to focus resources on those people with the greatest needs and changes were introduced in some councils. Over recent years, numbers have continued to fall slightly, as have the number of hours being delivered. There has been a relatively modest increase in intensity of care since 01/02.

Around a half of the home care service is now delivered by a range of independent sector providers. This has been a noticeable shift since 2000, designed to deliver better value, choice and flexibility.

	01/02	05/06	07/08
People getting home care	27,882	26,927	25,425
Hours of home care being delivered	12,644,817	12,800,417	12,197,132
Average hours per person	8.7	9.1	9.2

**Positive progress is being made in establishing services geared to getting people back on their feet after a health problem or accident at home.** However, keeping the momentum going in order to extend coverage beyond a pilot scheme was often a problem. It is also the case that councils seemed better at introducing new services for reablement and rehabilitation than they were at changing the ethos and approach of existing services. Some of the best examples seen in reviews were places where a range of services dovetailed together, covering residential intermediate care accessed from hospital and the community and day reablement schemes connected to a mainstream enabling home care service.

One council was well on the way to an integrated service...  
an excerpt from their joint review report...

*Jointly funded intermediate care beds were available to bridge the gap between hospital and the community. These resources were well linked into a specialist reablement team.*

*This team provided specialised assessments, independently or jointly with other agencies. The team consisted of 3 occupational therapists, a physiotherapist and four reablement assistants. The team helped people to gain mobility after a fall or stroke. The team also worked alongside home care to assist them in developing the best model of care. 400 people have been helped over a 3 year period.*

*Mainstream home care was also quite flexible offering round the clock services adapted to the requirements of the reablement assessment.*

*The council recognised there was more to do, for example, to include nursing support into teams and to ensure even coverage across the county. A reablement coordinator with a specific remit was to be appointed to ensure a fully integrated service was put in place.*

**Joint reviews noted some impressive developments in using assistive technology to enable people to live safely at home.** One council had a SMART house, funded by a partnership across the health board and the council, which was used as a demonstration facility to show what was available. A range of sensors were linked to a control centre to monitor and respond to alerts.

## Case example

*An elderly man with Alzheimer's disease was deemed at risk in his home as he was leaving his gas cooker on unlit and forgetting to put his heating on. He was also prone to wander. Detectors were introduced for smoke, gas and extremes of temperature alongside an alarm to alert people should the gentleman leave the house.*

*His daughter was clear that the tele-care equipment had saved her father's life.*

People with learning disabilities have the best range of services supporting employment, education and independent living, although the traditional day care experience remained the horizon for many. Mental health services have also improved but over half of reviewed councils had significant gaps in crisis response services and assertive outreach.

## Excerpt from a joint review report

*On the whole, people with learning disabilities have access to a good range of services... there is a mix of council and independent providers... day services are becoming more diverse and individualised... there is increased use of community based services and better access to employment, training and education... young people are trained to use transport so they can get about on their own...*

*A similar pattern of development has begun to support people with mental health problems...*

Joint services, funded and delivered with health professionals are more in evidence than they were a decade ago, but are still relatively small-scale. Major partnerships with health and housing designed, for example, to deliver supported accommodation or extra care seemed to be slow to come to fruition. The aspiration, which was jointly articulated, was often not followed by effective implementation plans. Where services were in place they were much appreciated.

"I know if I wasn't here with the support I get I would be in a care home."

*A gentleman in an extra care facility*

There has been a steady increase in the number of people self managing their own care from 133 in 01/02 to 1,540 people in 07/08. The rate of usage of direct payments at 0.7 per 1000 over 18 population is low in comparison to the rate of 1.7 per 1000 in England. Without doubt there is more potential to use direct payments as a means of enhancing people's sense of independence. People with learning disabilities seem to be benefitting most from the service and older people and families of children with disabilities least. Direct payments seem to work best where there is a local champion and good support on hand.

"Direct payments solved many of my problems... there were as many as 20 carers calling in one week... I felt my life was not my own... I employ 2 people now who just get on with it - its much more flexible... staff in social services need to be more knowledgeable about direct payments."

*Quote from one satisfied person managing their own care*

## Services for children

**Joint reviews have seen improvement in services for children in Wales, although this has been from a low base. Progress is not uniform.** Improvement has been supported by:

- children’s services having a higher national profile
- a clearer sense of direction and priorities
- dedicated investment for service development
- prescribed standards against which progress is measured
- improved partnership working at local level

Recruitment difficulties, in particular, limit councils’ capacity to offer timely, appropriate help.

### How have services changed?

1998	2008
<ul style="list-style-type: none"> <li>• unclear thresholds to getting help</li> <li>• focus on child protection and looked after children systems. Confused approach to children in need.</li> <li>• services available for priority needs only</li> <li>• children having a token role in decision-making</li> <li>• limited joint working and planning across professionals</li> <li>• council main provider</li> </ul>	<ul style="list-style-type: none"> <li>• better defined entitlements to services, understood by professionals</li> <li>• improving focus on children in need.</li> <li>• clear standards for assessment and care management but challenging to meet</li> <li>• a wider network of support services on offer</li> <li>• more active participation and advocacy</li> <li>• better integration and joint planning of services</li> <li>• active voluntary sector as providers</li> </ul>

### Getting help

**Information for children and families needing help is improving but has some way to go.** Only 3 out of the 10 reviewed councils were complimented for having a good and comprehensive approach to information for children and families, a significantly poorer performance than in adult services. Information for looked after children was the area of most consistent improvement, with information for families with children in need and children with disabilities showing the biggest shortfall. The best examples seen involved children and young people directly in the design of web and paper based information, as in one council reviewed.

*In one council a group of looked after children had been directly involved in designing information for other looked after children on such issues as rights and complaints. This resulted in a readable and direct approach to getting messages across.*

**Access to help too is confusing for families, unless you know the system.** A number of councils were in the process of changing to a common referral route, which was resulting in a clearer and more straightforward pathway to help. There were very few multi-agency access points for children and families in evidence. Where health, education and social services had a common access point for children with special needs, for example, it was much appreciated. Entitlement to service is better understood by professionals, but not necessarily by families.

**The number of referrals for help has increased over the decade but with a recent dip; people can expect a faster response and are more likely to be assessed formally than in 2000/1.**

	<b>Number of referrals</b>	<b>percentage response in 1 day</b>	<b>percentage resulting in assessment</b>
2000/01	40,142	63	37
2006/07	49,561	82	44
2007/08	43,411	93	57

**All 10 reviewed councils had arrangements to enable the prompt screening of referrals and to fast track priorities.** Most councils had oversight of referrals by an experienced manager to ensure no one slipped through the net. A few councils had waits for assessments for children with disabilities and those children in need who were considered a lower priority, but reviewers did not see the high numbers of unallocated referrals noted in some councils in round 1 of joint reviews.

One council had set up a weekly multi-agency group that included the voluntary sector, with the aim of improving the response to families. The group had improved the understanding of entitlements to service and statutory responsibilities across the range of professionals and helped to ensure families had their needs met by the most appropriate organisation. Information about the outcomes of intervention was also being monitored.

## Understanding needs and planning a response

All but one of the reviewed councils was struggling to meet the standards set for assessment. While the quality and timeliness of assessments has improved in recent years, there remain significant shortfalls. England also has been challenged by the same standards, although appears to be improving at a faster rate.

*In England in 06/07, 68 percent of initial, and 78 percent of core assessments were completed within the required timescale compared with 59 percent and 56 percent respectively in Wales.*

In summary, the position noted in the second round of reviews can be summarised as follows:

- half of reviewed councils were not meeting the standards, especially timeliness, in respect of initial assessments;
- 8 out of 10 councils were not meeting the required standards for core assessments, both in respect of quality and timeliness;
- councils were much more aware of the shortfalls of timeliness than they were in respect of quality, yet many core assessments lacked sufficient depth of analysis;
- there needs to be a better understanding of the assessment of risk, with specific concerns highlighted in 4 of the 10 councils;
- the quality of assessments were much better for court work and child protection than they were for children in need and children with disabilities;
- more effort is being made to involve children and parents meaningfully in the assessment process;
- some professionals in other organisations who should cooperate in undertaking assessments remain confused about what is required from them;
- pressures resulting from front-line staff vacancies and/or inexperienced practitioners were specifically highlighted in 4 reviews.

### **Some staff view assessment more as a bureaucratic process than a means of understanding needs and matching them to services and desired outcomes.**

Unsurprisingly, therefore, some people at the receiving end see assessment as a hoop through which to jump in order to get services.

Excerpt from one report... the consequences of inadequate information and analysis

*A young child had her name removed from the child protection register after a short period. No detailed assessment had been undertaken. An advocate for another child in the family felt strongly that the council had not given enough weight to the child's account of events. An experienced practitioner took up the case and gathered a great deal of evidence of continuing risk resulting in the child's name going back on the register*

Excerpt from one review where the standard of assessment was found to be good...

*Assessments in children's services were found to be of good quality and completed within appropriate timescales... cases seen by reviewers showed effective information gathering, sound use of detailed chronologies and genograms and thorough core assessment... the work of the risk assessment team helped in ensuring a good analysis of risk factors... there was evidence of substantial direct work with children and families...*

Reviewers' judgment about the quality and timeliness of care planning and management following assessment was equally variable. In summary, joint reviews found:

- priority work was [with one exception] allocated and had a designated plan [of variable quality]. More problems were evident allocating lower priority work;
- children judged to be lower priority often did not have a recognisable plan;
- transfer between teams was problematic [in 6 out of 10 councils] usually resulting from high caseloads and/or staff vacancies. Transition from children's to adults' services was noted as a major bottleneck in 5 councils;
- performance in respect of child protection and looked after children reviews was good in 8 out of 10 councils. Reviews outside of these areas was more variable;
- frequent changes of social worker was cited as a problem in 4 reviews.

Excerpt from one review report...

*Bottlenecks occur at the point of transfer from locality to permanence teams... reviewers noted some looked after children had been passed back and forth... some staff told reviewers they did not have the time to do the work required...*

In contrast to another...

*Case management in children's services is good, with effective allocation of work, good quality care plans and timely reviews... there was evidence of the effective involvement of children and parents...*

**In summary, at its best, assessment and care management should demonstrate ambition for the child concerned. It should support a detailed understanding of the child's needs and environment and the risks posed; it should mobilise resources in order to maximise the child's potential with the minimum of disruption.** It is the case that reviewers often noted that people's experience in practice was invariably better than that judged from case recording. Nevertheless, practice on the ground, although improving, is still some way from the ideal.

## Safeguarding children

**The systems and procedures supporting the protection of children, by and large, are in place and are used.** They are understood by the range of professionals that have a role to play in safeguarding. Multi-agency working is best at the early response and investigative stages but tends to tail off somewhat after that. Maintaining the commitment from other professions is more likely where there is a clearly defined purpose for intervention and a clear role for them to play.

The weaknesses in assessment and care management set out earlier in this section do impact on some child protection cases. Again, file recording often painted a poorer picture than in practice. At its worst, in one council 50 percent of child protection cases seen were judged to have been dealt with inadequately. In another council, child protection practice was recovering from a problem period caused by a high level of vacancies. Evidence of extensive contact between social worker and child was the exception rather than the rule. But good practice was also seen...

Excerpt from a review report... robust arrangements in one council

*Timely and appropriate referrals were screened promptly... often interventions by social workers occurred on the same day... initial assessments were done quickly and contained good information based on observation and discussion with families... thorough case conference reports were produced and plans identified the balance of risks and strengths and the options available... case recording was done well and was kept up to date... managers were engaged extensively in supporting and directing staff*

*Another council had set up a small risk assessment team to deliver focused programmes of assessment and risk reduction... the team used a wide variety of techniques often co-working with the allocated social worker... the team has a positive approach and a commitment to doing well.*

The rate of child protection registrations has changed very little over the last decade, and is currently at the same level as it was in 2000 [at 36 per 10,000 under 18 pop.], although there are marked differences in rates across councils from 60 to 9 per 10,000. Wales has the second highest rate in the UK. An increasing number of referrals are for neglect.

*In 2007, Northern Ireland had the highest rate of registration at 42 per 10,000, compared with a rate of 36 in Wales, 28 in Scotland [under 15 pop.] and 25 in England*

Joint reviews were undertaken during the period that councils were setting up new Local Safeguarding Children Boards. It was too early to see signs of their impact. A critical task for the new boards is to understand why registrations are higher in some localities and why the increase in preventive support services is not having a downward impact on the figures. An analysis of joint review reports suggest that

- practitioners view the child protection framework as a means of enhancing safety, minimising risk and providing a more disciplined, shared environment for care management;
- child protection processes are seen as a means of ensuring the focus and resources of the multi-agency team;
- the new preventive services may not be sufficiently focused on families with high level needs.

## Services to support families

**The second round of joint reviews has noted a significant improvement in the range of preventive services for children and families.** Much of this development, in partnership with the voluntary sector, has been funded by dedicated investment from Government. Joint reviews has seen the greatest impact from this investment where councils have taken a clear strategic lead to pull funding streams and providers together to create a comprehensive and integrated network of support that responds to local needs.

Excerpt from a joint review report

*The council has sought to provide support services across the spectrum of needs... from universal services through to acute and specialist... the model for this is outlined in a proposed family support strategy...*

**7 out of the 10 reviewed councils were judged to have an impressive range of services for children and families.** Even in these councils there were gaps and coverage challenges to be met. Services tended to be more geared to meeting generalist as opposed to higher level needs, although there is also evidence of councils working collaboratively on specialist services.

Review reports comment positively on the developing range of flexible family centres in communities offering advice, support, parenting skill development and organised play. There was ample evidence of the contribution such services were making.

*“Social services put me in touch with a parenting group which looked at how to cope with children’s problems. It made me look differently at how my child was reacting to situations... I feel I can now help myself to help my child and understand him better.”*

*Quote from one mother*

One rural council uses a mobile resource for its family centre work as a means of overcoming some of the issues associated with rurality.

Similarly good developments have taken place in services to help care leavers and to support children looked after by access to advocacy and children's rights services.

### Excerpts from 2 review reports

*A nightstop scheme aims to offer 16-25 year olds a safe place to stay. Its run by a charity that uses volunteers to open their homes to young homeless people. All volunteers have been through a recruitment process, with appropriate vetting and training.*

*In the 16+ team, the young person is responsible for making decisions... even when this creates tensions with professionals and family members... this encourages learning and results in young people remaining in contact with the team and seeking advice... at the time of the review the team heard that the Prince's Trust mentoring scheme within the team had been selected as a finalist in the Social Care Accolades awards.*

**Despite these good examples there are still areas of common deficit.** Less progress has been made in offering comprehensive support services to children with disabilities and their families and in organising specialist support for very challenging and /or mentally ill children and young people.

*"I have 2 disabled children and we waited 5 years for respite care... I feel badly let down."*

*One dissatisfied mother*

**It is also the case that this extensive investment has not yet had an impact on the number of children looked after in Wales with a continuous rise from 3574 children looked after at 31 March 2000 to 4633 children looked after at 31 March 2008.**

This compares with a relatively static number of children looked after in England over the same period.

Only 1 of the 10 reviewed councils had decreased its numbers of looked after children between the years 01/02 and 07/08. In respect of the remaining councils the rate of increase varied markedly from 7 to 36 percent.

**While it is necessary to understand and analyse the trends and comparisons of the numbers of children looked after, there is no "right" level for which to aim.** It is more important to understand the wider contextual picture i.e:

- the range of circumstances that result in children being removed from their parents;
- in what circumstances and how this might be prevented safely;
- how to ensure “public care” is a positive experience for children and young people;
- whether individual assessment and planning processes are robust enough to support evidence-based decision-making for children;
- whether there is sufficient management oversight and challenge to decisions about children’s future;
- how to ensure commissioning processes deliver services designed to support children at risk of coming into care and their families:

There was some evidence that the councils that have taken a more strategic, needs-led approach to their investment in preventive services have managed to keep the increase in looked after children under better control.

Even in the context of the increases outlined above, Wales has managed to maintain a higher percentage [75 percent] of looked after children in foster care than England [71 percent]. However, 7 out of 10 of reviewed councils were experiencing real pressures on placements.

*One council had introduced a challenging referral and resource panel enabling more children to be better accommodated nearer to home. The same council also had an invest to save project with the aim of increasing the range and capacity of the in-house fostering service.*

Despite these pressures and the importance of getting children into permanent homes, reviews did not find evidence of a consistent focus on adoption, with 4 out of the 10 councils either not raising or decreasing the percentage of children in care being adopted between 01/02 and 07/08.

## Services for carers

**There have been only modest improvements to services for carers over the last decade.** As will have been noted in the section on the views of people using care services, carers consistently score the response of social services lower than their family member directly getting help.

2000	2008
<ul style="list-style-type: none"> <li>• New national carers' strategy and grant</li> <li>• Few carers identified and assessed</li> <li>• No dedicated lead</li> <li>• Limited services</li> </ul>	<ul style="list-style-type: none"> <li>• Refocused national carers' strategy</li> <li>• More active recognition of carers and their needs</li> <li>• Some specialist posts and centres</li> <li>• Limited services</li> </ul>

**Support for carers was disappointing in all 10 of reviewed councils, although some were better than others.** Most places were quick to acknowledge they had much more to do. 5 of the 10 had a local strategy in various stages of development and 5 had created a specialist post to try to move things forward.

According to the data in the 10 reviewed councils, more carers were being identified and more assessed than a few years ago. Some councils were reporting a fivefold increase since 2,000 but this was from a very low base. The differences across the councils in respect of the percentage of carers identified who were then assessed were vast, ranging from 6 percent- 99 percent suggesting that more work needs to be done to ensure consistent interpretation and reporting in this area. The percentage of identified carers who went on to get some service support averaged 21 percent across the councils, but again with wide ranges from 12-68 percent. These wide variations were replicated in the joint reviews survey of carers with a range from 40 percent to 91 percent answering positively when asked if they had had their needs assessed, and a range of 53-77 percent answering positively when asked if they had received help as a consequence of their assessment.

One council had developed a useful partnership with health, the voluntary sector and local carers. A coordinator post had been created to visit local GP practices to raise the awareness of carers' needs and improve joint working to support carers.

Reviews did also note some valued services: information and advice ports of call, a drop in cafe in one council and carers' forum to offer mutual support; there were also some good young carers schemes, but overall there was too little and it was too fragmented. Carers were particularly critical of the availability of respite care and its flexibility, and rightly so. According to the data, only 3 of the 10 councils had increased respite provision since 01/02.

“I was told there was little point in having an assessment”

“Respite is invaluable... but it takes so long to organise”

“Respite care... 25 years of trying to make the point of how important it is... I expect things will be the same in the next 25 years”

“I have had more help from my new social worker... night sitters... help with day care and aids for my husband... she gets things done...”

*Some quotes from carers*

### The views of staff and partner organisations about services

This brief section compares the response of staff and partner organisations to survey questions about social care services. As this covers services to all age groups it has not been possible to differentiate the findings to adults and children.

**It can be seen from the table below that, by and large, professionals from all related agencies consider social services are doing a good job.** Overall, the workforce in social care view the services it offers to the community in a more favourable light than professionals from other organisations. The differences in view are most marked around the quality and timeliness of care management, with partners much more sceptical about progress in this area. The tables are turned somewhat when answering the question about whether other agencies are fulfilling their responsibilities, with social services staff having a significantly poorer view than their external colleagues.

Issue	Staff in social services percentage responding positively	Partner organisations percentage responding positively
Quality of Information	81	78
Assessments done on time	61	42
Good up to date care plans	77	41
Reviews done on time	59	54
Frequent changes in social worker/care manager	48	59
Other agencies fulfil their responsibilities in this area	74	94
Quality of care has improved	75	73
Social services keep people safe	92	89
Good opportunities to promote independence	86	80
Social services provide good outcomes	89	86

“There are positive relationships with care managers”

“You can imagine how hard it must be for young people to have a telephone call returned if we can’t get social workers to do it for us”

“Excellent day to day relationships, we solve problems together”

“There is little continuity of involvement... they desperately need more social workers”

“We work hard to provide good services but I don’t think we are used well by social services”

*Some quotes from partners about working with front-line social services...*

## Key messages about services

### In summary:

- access to help is much improved. People are better informed and routes and entitlements are much clearer. Rather more progress has been made in managing front of house services for adults than is the case for services for children and families;
- people with priority needs get a prompt response. There are still delays in the system but there is greater transparency and monitoring of these and management action to tackle problem areas;
- despite explicit standards for assessing needs, planning for individuals and reviewing their care, practice remains too variable and in some cases lags some way below what should be expected. This limits the achievement of good outcomes for people;
- safeguarding systems are in place and other agencies understand them. However, there needs to be improvement in risk assessment and especially risk management in order to better protect vulnerable adults and children;
- there are a wider range of social care services across the board. Councils are better at setting up new, small scale schemes to enable independence than they are at transforming mainstream existing services that are used by the majority. Children’s preventive services have grown and developed well, but tend to cater for lower level needs as opposed to offering safe alternatives to care or intensive help for the most needy;
- self managed care is growing as an option, but only slowly;
- services for carers remain badly underdeveloped. More carers are being identified but dedicated support is thin on the ground.

# 5. How Organisations are Changing

**Social care is now the most complex service to manage in local government.**

Modern social services operate in a context of competing human rights, risks and choices and usually come into people’s lives at times of crises and distress. The scope of social service responsibilities covers all age groups and a whole spectrum of need. Authorities have formidable intervention powers designed to protect the vulnerable yet the work is largely about organising support to enable individuals and families to live independently and achieve a better quality of life.

**The last decade has seen a growing emphasis on new managerial approaches in social care:** customer orientation, strategic and business planning, managing demand and resources, extending choices, assuring quality, a commissioning as opposed to provider ethos, and working in strategic partnership with others. Yet, the values of equality, respect, dignity and compassion also need to remain as an enduring foundation to work in personal care, underpinning why social services matters.

This section of the report examines how social services authorities in Wales have measured up to these challenges.

1998	2008
<ul style="list-style-type: none"> <li>• Limited corporate and political interest in social care</li> <li>• Paternalistic approach to people needing help</li> <li>• Professional oversight</li> <li>• Incremental planning</li> <li>• Central control of finances/ annual budget planning</li> <li>• Little information about costs and activity</li> <li>• Limited HR functions</li> <li>• Council main provider</li> <li>• Friendly relationships with other statutory bodies</li> </ul>	<ul style="list-style-type: none"> <li>• Social care key to delivering corporate and political priorities of inclusion and equality</li> <li>• Increased engagement and empowerment of the “customer”</li> <li>• Managerial leadership and standard setting</li> <li>• Strategic planning but not yet a truly commissioning ethos</li> <li>• Increased delegation but underdeveloped financial planning. Best value not achieved consistently</li> <li>• Improving performance data</li> <li>• Much improved workforce planning and development</li> <li>• A wider range of social care providers but limited market management</li> <li>• More business like joint planning but little joint commissioning</li> </ul>

## Strengthening the leadership of social care

**Social care requires coordinated leadership at the political, corporate and departmental level. 6 of the 10 reviewed councils were found to be well placed or better in all domains.** Unsurprisingly, success or failure in these areas were closely dependent on each other, with only 2 of the 10 councils having a mixed outcome across the leadership domains.

**Some leaders see structural change as a means of driving improvement.** Since the first round of joint reviews many councils have experimented with changes of structure for the delivery of social services, with mixed results. Changes have largely been designed to split children's and adults' social care in order to align them more closely to other related portfolios in the council.

Have joint reviews found one structure to be better than another? The evidence would suggest the following:

- structural changes can cause upheaval for staff without delivering the results for people getting services; it can be a big distraction and give a false impression of change;
- structural change is unlikely to be the main solution to help a failing service, it is more likely to make things worse;
- the desired outcome for service users from the restructuring needs to be explicit;
- leadership and managerial roles and accountabilities need to be clear and straightforward;
- the purpose of change needs to be articulated and understood by the workforce and partners.

**Sometimes councils focus on changing structures as opposed to directing attention to modernising infrastructure.** In order to modernise and move forward councils come up against the limitations of their organisation to meet new demands. Reviews have found that a focus on these infra-structure improvements [as opposed to structural change] can help councils to navigate change at a faster rate by:

- increasing delegation and ensuring faster decision-making;
- better communications with the workforce and partners;
- better information and IT systems;
- more flexible workforce skills and attractive rewards packages;
- dedicated capacity to design and arrange services and project manage change;
- managing integrated services in a joined up way;
- improved interfaces with people using services.

**Good councils were able to demonstrate a clear sense of direction for social care. In these councils, social care was central to the delivery of overall corporate priorities for the community.** In other words, social care mattered and was at the

heart of achieving the corporate goals of inclusion, equality and well being. Translating strategy into change on the ground seems, however, to be a more daunting task. While the vision of a service should emerge from the political process, the executive leadership has a critical role in converting this into a manageable, deliverable programme. The focus on a limited set of priorities requires determined ownership in order to provide a buffer against the latest urgent pressure. Resilience and consistency of purpose are essential leadership traits.

Joint reviews recognised different styles of leadership across the 10 reviewed councils. While there is merit in a range of approaches, the successful leadership of social care was found to have a combination of the following:

- a grounding in the values of the profession;
- an ability to articulate a clear sense of direction alongside a capacity to chunk this into an executable strategy and achievable objectives;
- the use of a range of techniques to engage with the workforce and key partners in order to build a “will” for change;
- a capacity to focus on key priorities and identify key risks;
- an adeptness at mobilising resources;
- business skills to ensure a framework that project manages and delivers change to agreed timescales.

In contrast, reviews found some councils struggling as a consequence of weak leadership, evidenced by:

- an inability to focus on a set of priorities and stick to them;
- a slowness to identify and deal with major risks;
- applying the wrong solutions by an incapacity to learn about what works;
- allowing stagnation and drift;
- an inability to build alliances for change;
- using resources to bolster failed services and systems.

### Excerpts from 2 contrasting review reports

*Most change projects have been well managed... closures of residential care homes and the development of supported housing... there was a genuine attempt with all key parties and councillors involved in explaining changes to their communities... the process of relocating residents and checking they had settled well in their new homes was given a priority ...helping staff deliver a good service during closure period... good progress for staff relocation...*

*The lack of clarity about decision - making... the absence of purposeful leadership... the failure to tackle the big issues was a consistent theme throughout the review*

There is little point in having a clear vision for change without building the capability to develop the intended improvement on the ground. One council had introduced new models of programme and project management designed to speed up its change mechanisms by:

- providing sound and explicit processes for managing risk;
- setting out a clear framework for evaluating progress;
- specifying outcome measures and business benefits;
- allocating clear roles and accountabilities.

This was starting to deliver good results.

**The workforce and key partners have mixed views about social services capacity to communicate and manage change well, with variations of up to 30 percent between the best and the worse.** Social services’ leaders need a powerful rationale for change that has its roots in the organisation’s value system. This needs to be persuasively articulated in a manner that meets the needs of the audience.

To effectively execute improvement projects, top leaders need to devote time and resources to identifying and connecting to local leaders across the organisation who are able to recognise, translate and implement change concepts, service designs and practices.

<b>Social service leaders</b>	<b>percentage of workforce answering positively</b>	<b>percentage of partners answering positively</b>
Manage change well	44	65
Communicate well	61	67
Are organised to improve	78	77
Deliver good outcomes	89	86

**Councillors’ knowledge of social care issues has improved significantly since the first round of reviews, but scrutiny committees are still finding their feet.**

In most councils, lead councillors holding children’s and adult’s portfolios were able to demonstrate a good understanding of the issues and were effective champions of social care in cabinet. Cross directorate partnerships were seen to be advanced without the need for structural change.

#### Excerpt from one report

*There was good work between social services and the directorates of housing and education focused on improving outcomes for people...*

**But, reviews did not find a fully functioning scrutiny committee.** Some were further forward than others but all had shortcomings in one or more of the following areas:

- an ability to focus on key priorities and risks;
- having the right mix of information about costs, activity and quality outcomes to enable a judgment about the impact of a service;
- having benchmarking information to allow fair comparison;
- getting feedback from people using services;
- an ability to crystallize learning about what works and what doesn't:

## Re-designing services

**All councils recognise the need to adapt and redesign services to better meet the needs of their communities, but reviews found significant weaknesses in the arrangements councils have put in place to achieve this:**

- **only 4 out of the 10 councils were considered well-placed in regard to their planning and partnerships;**
- **only 1 out of the 10 councils were judged well placed in respect of commissioning and contracting:**

**Nevertheless, this should be seen as an improving position to that found a decade ago.** All councils had a planning infrastructure in place to meet the requirements of Welsh Assembly Government. Key external partners were engaged in the process at a strategic level. High level social care objectives were linked to over arching community strategies through the health, social care and well being partnership and the children and young people framework partnership.

**The impact and relevance of these strategies to delivery of services on the ground was found to be at best, variable.** Much effort had gone into devising infrastructure to operationalise these strategies, with arrangements variously described as a pyramids / staircases/ cascades. Yet, planning groups for specific services too often seemed cast adrift; unsure of their remit and without the authority and resource to deliver change on the ground.

### Excerpt from one report

*The role of the older person's planning group is unclear... there has been little progress in learning disabilities since the last joint review... the group for people with physical disabilities is considered to be ineffective... progress has been slow in developing a strategy for mental health services for older adults*

**Some places were working hard to strengthen the connection between strategy and delivery.** One council has set up a joint executive group [with high level cross agency representation] with the authority to deliver the Health, Social Care and Well Being strategy.

#### Excerpt from one report

*The JEG is driving the “delivering integrated services” project... it has input from clinicians and front-line health staff... it has a plan in place to develop a seamless service across health and social care with a single point of entry”*

**There was more obvious output from children’s planning groups, largely because of the focus on spending Cymorth funding.** There have also been recent positive moves to link the allocation of this funding more systematically to areas of need and priority whereas previously decisions tended to be based on the best presented bid from the voluntary sector.

**In all but one council, relationships with the main strategic partners were positive.** This was evidenced in the survey where 88 percent of partner respondents were positive about their relationship with their local council. Nevertheless, the fruit from these partnerships was limited. It has to be hoped that newly configured health services will provide a better opportunity and renewed effort to extend the benefits of joint working. Reviews did however see some positive results from partnership initiatives in some places, for example:

- some well functioning multi-disciplinary front line teams with integrated management and systems;
- jointly funded extra care services and other services for older people with a mental health problem;
- joint equipment stores;
- collaborative arrangements for continuing care and delayed discharges from hospitals;
- joint reablement schemes;
- a community hospital/well being centre.

**But again progress was largely where there was special money, where there was joint bidding for funding, or where change was small scale.**

**There has been good progress in collaboration across councils.** Joint reviews saw good examples of joint working on adoption and fostering, IT systems and out of hours services.

**The extent to which plans were informed meaningfully by the views of people using services and by provider and front line intelligence varied.** There were some good ideas seen such as fun “have your say” days for children and dedicated teams to enable effective consultation. However the fragility of arrangements were often exposed by the difficulty some councils had in bringing together a reference group of service users to link to the joint review. Provider forum were used more as a means of trouble-shooting problems than as an element of market management. Some places had mechanisms for front-line teams to flag up unmet needs and service deficiencies, but there was almost always the suspicion that the information disappeared into the ether.

**No council truly used a commissioning ethos to deliver change, although all said they aspired to this.** Most had some elements of commissioning in place for some services, largely information on needs and demand, with some mapping of existing services.

### **Why are councils struggling with commissioning?**

Joint reviews evidence would suggest the following reasons:

- an ideological ambivalence about the commissioning approach to change in some places;
- a day to day provider mindset;
- lack of capacity to drive the information and technical aspects of commissioning;
- difficulty aligning service, financial and workforce strategies;
- undue caution over decommissioning;
- lack of information about costs and markets:

**Despite this formidable list, there are grounds for some optimism.** Some councils are building expertise and capacity, there is evidence and learning that commissioning works.

#### How commissioning was supporting a better service for children with learning disabilities in one council

- there was a detailed needs analysis that engaged families directly;
- there was a similar exercise for carers;
- there was mapping of current provision, demand, costs and gaps;
- future projections were made;
- option appraisals were undertaken:

Skills are also developing in contracting and procurement:

- one council uses a quality kite mark and pays a quality premium for its residential care;
- another council has undertaken a market mapping exercise across all sectors and is using a strategic procurement matrix to ensure future contracts reflect demand, costs, needs and the state of the market;
- a few councils have introduced brokerage services as a means of ensuring quality.

### Excerpt from a joint commissioning strategy

*As cost pressures and financial constraints are high... it is unlikely that service improvement will be delivered without new investment...*

But contract monitoring is generally quite weak and exposes the councils and people to risk.

## Developing the workforce

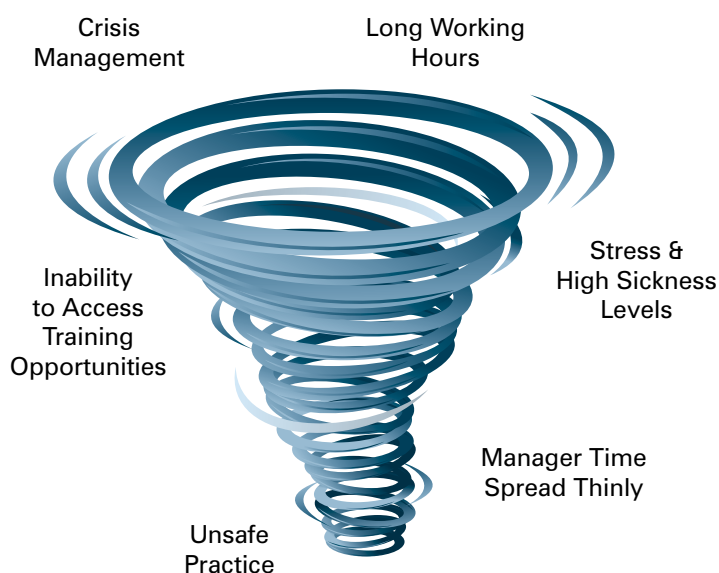
**This is an area where joint reviews have found the most consistent improvement with 90 percent of councils judged to be well placed or better.** It is a good example of where national leadership and investment combined with cross-council collaboration and local initiatives have yielded positive results.

**All councils had recruitment and retention issues to some extent, staffing in children's services, home care and occupational therapy being the most common.** Most were tackling these with some success using a range of approaches including

- "grow your own" schemes offering secondments and traineeships;
- enhanced remuneration packages;
- flexible working schemes;
- overseas recruitment;
- better targeted recruitment;
- publicising improved supportive work environment.

**Reviews did still see the consequences of recruitment pressures** and 76 percent of staff respondents said recruitment issues had an impact on their area of work. Perhaps contradicting this, 83 percent reported social services were able to recruit sufficient staff with suitable skill and experience!

While the situation is improving, reviews did see the consequences of long term recruitment problems in some teams. At its worse, services got caught up in a downward spiral resulting in:



**The delegation of HR functions to social services has led to improvement. Where HR was managed in the corporate centre, responses to social services needs were often slow and cumbersome. At a strategic level too, workforce plans were well developed in social services, and were said by some councils, to be leading the way for corporate colleagues.** Better information on issues such as sickness and turnover levels were giving strategies an improved evidence base, although often hampered by underdeveloped IT systems. Links across to commissioning strategies and service planning have yet to be made effective.

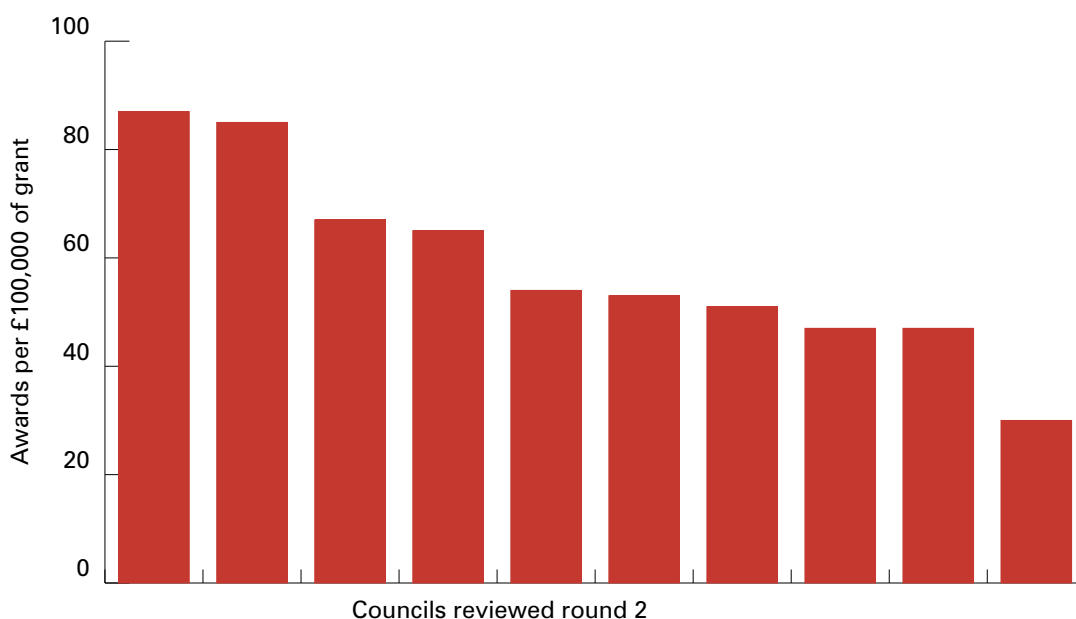
**Sickness levels were highlighted as a particular problem in 3 councils, although again managers were showing skill and imagination in tackling these issues.** In one council, good up to date information on sickness required management action to be triggered at an early stage. A mix of general preventive strategies such as the availability of staff counselling alongside targeted support for the individual was bringing sickness levels down.

**Training opportunities were found to be good and well valued, with 84 percent of staff responding positively. Over the last 3 years there has been a 22 percent rise in the percentage of staff holding a relevant occupational qualification. Qualified staff now constitutes 63 percent of the total workforce compared with 50 percent only 3 years ago.**

The spectrum of “on the job” training available was found to be impressive ranging from induction and NVQ, through to specialist skills training and to leadership and management development. Linkages to corporate priorities and the outcome of staff appraisals were not as well developed as they should be in order to ensure that

investment in training is well targeted. Some councils were able to get more out of the investment than others.

### Three Year Review of All Specified Awards Gained and Number of Awards Gained per £100,000 of Grant: 2005-06 - 2006-07



**One council received a social care accolade award for paying attention to the development needs of night staff by the appointment of a night staff assessor for NVQs.**

**More needs to be done by some councils to collaborate on workforce issues with others in the public and independent sectors.** In a few councils good progress was seen in establishing local workforce development partnerships. The focus tended to be on shared training opportunities but there were also other joint initiatives, for example in respect of joint recruitment fairs.

### Managing performance

**Performance management is the mechanism by which aspiration becomes reality on the ground. It harnesses capacity to deliver the ambition. Performance management arrangements are now much more established in councils than they were a decade ago. Nevertheless, only 40 percent of reviewed councils were judged to be well placed in this domain. While most places had some positive aspects to the processes they had in place to secure a consistently good performance, only a minority of councils had sufficient breadth and depth to their performance framework to be considered well placed for the future.**

All councils were more information conscious than they were a decade ago; they also had better systems in place to collect information. This has been much supported by national initiatives and grant funding. While some places had struggled to introduce the integrated children's system and unified assessment processes for adults, review reports noted progress in councils that were towards the end of the review programme, where they had had more time for implementation.

While most [but not all] councils were able to be a little more responsive to requests for information from joint reviews than was the case at round 1 [when only 28 percent of information sought in advance of a review was available], there were still significant gaps of knowledge in areas that should be routinely available to support managers. Despite the regulatory focus on self assessment, the ability of councils to demonstrate an informed understanding of their strengths and weaknesses, and to show self challenge is not yet well established. Self assessments were considered weak and lacked a robust evidence base in a half of the councils reviewed.

Despite these fragilities, in a majority of places reviews did conclude that management information was becoming more comprehensive and reliable. It was more likely to be used to good effect where:

- there was a clear connect to the councils' strategies and priorities;
- there had been full involvement of front line managers in determining information priorities and requirements. In other words, information was designed to be of use operationally and not just to feed external reporting demands;
- systems brought together data about budgets, costs, quality and activity, and used trends and benchmarking in order to make fair comparisons;
- the focus was more on outcomes and less on processes;
- hard data was used in concert with softer information from such activities as case audits and complaints;
- there was sound analysis and interpretation of the evidence;
- there were opportunities for discussion and challenge;
- there was effective dissemination to relevant managers who were responsive and ensured intervention;
- Information drives decision-making at every level.

Where most of these elements were in place councils could be judged as demonstrating a performance management culture. The 4 well placed councils were approaching this position.

Even in councils with less developed systems, it was sometimes clear how good information had identified risks and supported and driven change. In a minority of councils there was a stark disconnection between information and decision-making. In one council, lack of good information resulted in failure to identify serious risk and prevent a crisis in services for older people.

## Excerpt from 2 review reports

*In adult services, the lack of coherent management information was seen as a key weakness by reviewers... the team struggled to obtain meaningful data... while much was being collected the council struggled to translate data into useful information to monitor service quality, trends and outcomes for service users... it took a long time to get even the most basic information... the consequence of poor information and weak risk management was long waiting lists for older people in need of support...*

*...when reports identify poor performance there was not always a sufficiently prompt and positive response by managers... the most significant example being in respect of the quality of some care management processes...*

There were other more positive examples where sound evidence had been used to anticipate problems and model options for change.

## Excerpt from one review report

*The council was able to demonstrate where performance information had been used to good effect to support the reorganisation of hospital and children's services teams and to ensure more effective customer care and duty arrangements*

Councils were using a range of frameworks to support performance management, some external, some corporate. While corporate and senior managers embraced these frameworks enthusiastically, it was often a challenge to generate similar enthusiasm at the front-line. The response to the joint reviews staff survey suggests there is much more to do here.



Statement	percentage of staff responding positively
Performance targets help us do better job	63
The organisation learns from its frontline	57
The organisation learns from service users	67

Such a disconnect between the top of the organisation and the front-line seriously undermines the capacity of the framework to ensure good and improving services for people. Team and service business plans are used as the means to connect overall strategic intent to activity in service delivery, yet reviews found only limited evidence of these plans actually changing behaviours and services at the front line. Similarly, monthly/quarterly reporting of team performance was seen to have variable impact; yet again those managers who had a say in the content and design of performance reporting were more likely to take the feedback seriously. A few used the old excuses of inaccuracy and/or had their own personal information systems in which they had more confidence.

**Managing the performance of people is not yet integrated into overall performance arrangements in most councils, except for the most senior managers.** In answer to the joint review survey, 80 percent of staff reported positively to the question about whether they received regular supervision. However more detailed inquiries during the course of reviews found the following:

- 3 councils had serious weaknesses in their arrangements for supervision;
- supervision was not usually against any yardstick of objectives for most staff;
- supervision focused more on the training and development of staff than it did on performance, priorities or competencies;
- appraisal processes are not yet commonly in place for junior staff.

**Although the hard data available in councils has improved, there was rather less improvement in the quality assurance dimensions of performance management, both in respect of directly provided and contracted services.** Techniques such as case file audits tended to be used only sporadically and feedback from case reviews and from people using services was also limited. While reviews did not see an effective quality assurance strategy in any council there were elements of good practice, for example:

- the aggregation of information from case reviews to feed into performance reports;
- the development of a case audit quality and monitoring system;
- a practice monitoring and review team;
- a post to coordinate feedback from independent reviewing officers, case audits, chairs of child protection conferences;

- a casework standards improvement programme to establish clear care pathways;
- the development of an outcome-based contracts template in collaboration with the voluntary sector, assisted by the University of Birmingham.

**The performance management of change projects was a major weakness in some councils and greatly undermined the pace of change.** Arguably, once the big decisions have been made it should be relatively straightforward to put strategy into action. In reality though, implementation can be a complex and at times unpredictable process; without a systematic approach, people get diverted and progress stalled. It was particularly disappointing to see that in one council, plans to modernise services for older people developed at the time of the first joint review had still not been implemented. The intervening decade had seen various external consultancy reports, but significant failure to lead and effectively project manage the proposed changes.

Reviews have found that strong project management skills are in short supply. The elements of effective project management include:

- defining the boundaries of the project;
- building an effective project team and partnerships;
- negotiating the resources of people and finances needed to deliver change;
- breaking work into manageable chunks with milestones and deadlines;
- identifying and managing risk;
- effective communication internally and externally.

Given the shortage of skills, some councils had tried new ways of driving projects forward:

- bringing together people with the relevant skills into corrective action teams to move in and tackle weak areas;
- using business process re-engineering to map and improve systems;
- a Key Strategic Priorities template and Improvement Action Plan toolkit to provide a good framework of accountability and timeframe for the delivery of actions;
- a process for learning from past project management leading to the development of a new project management framework.

**Feedback from people using services and from carers is not yet systematic or creative. Without active listening to people and connecting this feedback to management thinking, services can become out of touch.** Front-line staff in touch with people receiving services are a valued source of information. People's experience of services should be an important element of determining standards and performance measurement. In reviewed councils, more imagination was seen in getting feedback from children than adults. Joint reviews did not look in detail at the effectiveness of complaints management but did not see evidence of complaints information being collated systematically and incorporated into performance reporting.

## Managing resources

**Councils are not getting the best out of the increased investment in social services. While financial information and monitoring has improved over the decade, strategic financial planning and the demonstration of best value in social services remains a big challenge. Only 4 of the 10 reviewed councils were considered well placed in this domain. Reviews have found no link between what councils spend and how good they are or how well people who use services rate them.**

Despite the significant new investment in social services in all 10 councils, there was limited evidence of resources being directed to the councils' stated priorities. Strategic intent in terms of developing, improving or changing services was found to be only loosely woven into financial strategic plans. **Without the connectedness of service and financial strategy there will continue to be difficulties in using commissioning principles to "scale up and spread" good projects to enable the flagship services to become fleets.**

Too often, additional monies were being used to bail out overspends without tackling some of the underlying issues. Tough decisions to redirect spending and/or to outsource were often side-stepped. Such prevarication is seriously limiting councils' capacity to drive improvement. Only 67 percent of partners thought councils managed their social services budgets well and only 59 percent of staff thought resources were distributed fairly.

Councils need to be much better at medium term financial planning ensuring:

- financial planning and analysis is an essential component of service strategies;
- investment is not just in response to spending pressures;
- that new investment offers the best possible return by targeting priorities head-on via re-shaped services that deliver cost-effective solutions;
- that new resources are freed up by active disinvestment in unproductive, high cost provision that is not in line with policies and priorities;
- opportunities for pooling resources with others are grasped:

**5 of the 10 councils had significant overspends in children's services and 2 had overspends in both adult and children's services.** Gate-keeping arrangements were in place in most councils as a means of managing demand. Invest to save funding was used to good effect in one council as a means of putting in place better local alternatives to support children and families, but in another the purpose of the investment funding was unclear and it became used in an undisciplined way. One, low spending council had successfully brought its placement budget under control by a strategic investment in its fostering service. In another council, the low spending children's service had managed to use its limited resource to good effect while the high spending adults' service was absorbing vast new resources but was stuck in historical service patterns.

## A contrasting picture in the same council

*Managers in children's services had succeeded in investing wisely in family support in a way that avoided growth in the numbers of looked after children and the associated risk of high spend on placements. Staff were encouraged to be very value for money conscious.*

*In contrast in adults' services, the inability to have a clear picture of demand and spend was resulting in unmanaged pressures and queues for services. There was no movement in service re-design as money got focused on short-term solutions...*

In another council, a cross party attempt to agree a realistic base budget for social services and determine a plan to ensure spending was kept within the revised budget limits, failed to deliver on its task leaving social services trying to manage an unsustainable position.

**However, despite these strategic deficits, councils are getting better at delegating budget management and providing accurate information to monitor spending.**

Most front-line managers are much more cost conscious and have better financial management skills than they had a decade ago. Links with specialist financial support were generally seen as supportive.

**As was the case in round 1 of reviews no relationship can be established between how much councils spend and how good services are or how they are rated by those using them. The critical issue is how well the money is spent.**

**There has been disappointing progress in councils' transparency about what things cost, and accounting for those costs fairly.** The decade has seen some outsourcing of services largely as a means of delivering better value for money. **There has however, been insufficient attention to ensuring quality from outsourced services.**

The 10 reviewed councils had all seen shifts towards independently run homecare; this accounted for only 15 percent of activity in 2000 but this had grown to almost 50 percent by 2008, although there had been some recent dip in this figure.

**Nevertheless, it was often difficult to grasp the overall strategy of the change in the context of any differentiation in the role of providers, or the use of effective contracting, procurement and market management as means of securing stability, quality and reliability of provision as well as a reduction in cost.**

## Excerpt from one report

*It is difficult to track the overall changes in the home care budget due to the need to disaggregate gross costs and income which have been recorded on a different basis across the in-house and independent sectors*

A few councils were still struggling to formulate and deliver a strategy about the future of their directly run residential care homes based on an evidenced projection of needs and a mapping of overall market provision and potential. The inertia around this issue was having serious consequences:

- the issue has become “ the elephant in the room” in a few councils, distorting priorities and obstructing progress towards modernising services for older people;
- because homes were there they tended to be used. This undermined policies designed to support people’s independence and the creativity of care managers to design community support services;
- the cost of maintaining homes was seriously limiting the expansion of community provision;
- under-occupancy due to failures to meet minimum standards in some rooms was pushing up unit costs;
- where refurbishments of homes were undertaken, this was not always part of an overall strategy of development giving homes a new role in meeting specific intensive care needs;
- preference to in-house services and failure to have a clear procurement strategy based on best value was undermining the stability of the market leading to a potential decline in independent sector provision.

### **Key messages about organisations**

- good leadership of social care is the ability to articulate a sense of direction that is based on the traditional values as to why social care matters but that is also able to describe a modern service to meet modern needs;
- leaders need to be able to mobilise financial and human resources to drive change and improvement. This can involve tough decisions about disinvesting in dated services. Some councils are reluctant to do this;
- all reviewed councils had some elements of good leadership. 6 out of 10 showed sufficient range of qualities to be considered well placed;
- some councils are still stuck on seeing structural change as a means of driving improvement. A more productive focus would be on modernising the managerial infrastructure to better equip the organisation for change;
- big improvements have been noted in respect of workforce development with 8 out of 10 councils well placed. The combination of leadership and resource from the centre alongside regional and local initiative have resulted in substantial progress on workforce planning and the training and development of staff;

- reviews have found councils to be weak in some of the managerial techniques used to deliver improvement i.e. strategic planning, commissioning and performance management. This is a major drawback. Improved skills and enhanced capacity is needed to give change new momentum and pace;
- there is still too great a provider mind set that gets in the way of a commissioning ethos to arrange services that meet the communities' needs. Councils need to focus more on the customer and less on the organisation providing the service. Some progress has been made in needs analysis and service mapping but the cycle of commissioning then tends to get stuck, except where new money is available;
- there is much better information for managers but the performance management of people and projects needs to strengthen;
- councils are not getting the best out of the increased investment in social services. Medium term financial planning remains a challenge. Money is still being directed to spending pressures as opposed to change priorities. There has been some outsourcing to deliver better value for money but often in the absence of an overall strategy to deliver improved cost, quality and outcome across the service.

## 6. Are Things Improving?

**This report has highlighted evidence of improvement in social care services in Wales over the last decade. People using services continue to value them highly. However, more progress might have been expected given the increased level of investment and there remains too big a gap between the best and the worst councils and between what a council aspires to do at the top and what it delivers to people at its front door.**

### **The top 10 areas of consistent improvement are:**

#### ***For services:***

- improved information and front of house services;
- more systematic matching of needs, priorities and resources;
- the development of family support services;
- new projects to support re-ablement and rehabilitation;
- service partnerships with the voluntary sector.

#### ***For organisations:***

- a higher profile for social care in councils;
- more articulate political and managerial leadership;
- strong emphasis on workforce development;
- improving management information;
- enhanced strategic outlook.

### **The top 10 weakest areas include:**

#### ***For services:***

- the quality of assessments and plans for individuals, especially the analysis and management of risk;
- maintaining the continuity of care workers;
- ability to personally tailor support for people;
- providing good options for older people with dementia;
- providing timely support for carers.

### **For organisations:**

- maintaining a focus on an agreed set of key high level priorities and avoiding diversions;
- having robust medium term financial plans to support service strategies;
- building capacity to deliver change using a modernised infrastructure;
- understanding and managing organisational risk;
- building alliances to support disinvestment and redesign mainstream services.

## **Joint review judgments**

**Comparisons of joint review judgments evidence improvement across social services, although some caution is needed in comparing judgments from round 1 and 2, given the changing criteria.** Nevertheless, if straightforward comparisons are made and quadrants scored 1-4, from worst to best, then there has been, arguably, a 24 percent average improvement across the 10 councils; a 44 percent improvement in respect of services [but this is where the comparison of criteria is most questionable] and an 8 percent improvement in prospects.

## **Changes in the Joint Review Judgement Criteria from Round 1 to Round 2**

<b>Round 1</b>	<b>Round 2</b>
<b>How well are people served?</b> <ul style="list-style-type: none"><li>• Not serving people well</li><li>• Serving some people well</li><li>• Serving most people well</li><li>• Overall serving people well</li></ul>	<b>How good are the services?</b> <ul style="list-style-type: none"><li>• Poor</li><li>• Inconsistent</li><li>• Mainly good</li><li>• Excellent</li></ul>
<b>What are the prospects for continuous improvement?</b> <ul style="list-style-type: none"><li>• Poor prospects</li><li>• Uncertain prospects</li><li>• Promising prospects</li><li>• Excellent prospects</li></ul>	<b>How well placed is the Council to sustain and improve services?</b> <ul style="list-style-type: none"><li>• Badly placed</li><li>• Uncertainly placed</li><li>• Well placed</li><li>• Strongly placed</li></ul>

## In summary:

- 6 out of the 10 reviewed councils were judged to have mainly good services in place overall. In round 1 of reviews, 8 of these councils were judged to be serving some [but not most] people well, and 2 councils were judged not to be serving people well;
- 5 out of the 10 councils were judged to be well placed to improve, 1 was judged to be strongly placed, 3 were judged to be uncertainly placed and 1 was judged to be badly placed. In round 1, 5 of these councils were judged to have promising prospects, 4 were uncertain and 1 was judged to have poor prospects;
- there remain significant weaknesses in assessment and care management in the majority of councils, with only 2 or 3 scoring well. Timeliness is an issue, but the quality of the experience and the management of risk are even greater concerns. These processes provide the gateway to help and without improvement here, a truly enabling service cannot be delivered;
- around a half of reviewed councils were judged to have made good progress in the range of service provision and the capacity of these services to support independence well. However, even in the good councils, there have been only marginal improvements to mainstream services. Focused approaches to rehabilitation and independence are found in project based services which serve a minority of people;
- there are welcome signs of improvements in the leadership of social care, although this is by no means across the board. The focus on workforce issues is more consistent and should be applauded. Of concern, a majority of councils [6] were judged to be uncertainly placed in **all** of the technical domains of commissioning, planning and performance management. Attention to these infrastructure deficits is urgently required in order to ensure increased focus at the top leads to real change on the ground.

## What drives improvement?

It would be wrong to suggest there is some magic formula, but there is useful learning from reviews about what works, that should be of value to the leaders and managers of social care. In the table below are the top 10 attributes of good and poorly performing social services as distilled from joint reviews.

Improvement is helped by:	Improvement is hindered by:
<ul style="list-style-type: none"> <li>• Leaders demonstrating the importance of social care to the community</li> <li>• Leaders articulating how they want to reshape services to better meet the community's needs and building consensus for their vision</li> <li>• Managers translating the vision into realisable priorities and maintaining a focus on these</li> <li>• Leaders and managers ensuring financial plans are aligned to service strategies</li> <li>• Modernising infrastructure to deliver the change ie commissioning, performance, project and risk management skills and capacity</li> <li>• Tight quality assurance to ensure good standards of care delivering positive outcomes for people</li> <li>• Focusing much more on what is to be done as opposed to who does it</li> <li>• Attracting and supporting good professional staff and dealing with incompetence</li> <li>• Learning from and involving people who use services and front-line staff</li> <li>• Operating in partnership within and outside the council to deliver jointly commissioned services</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of consistent commitment to social care at the political and corporate level</li> <li>• Ever-changing priorities that react to external pressure</li> <li>• Avoidance of difficult decisions leading to drift and uncertainty</li> <li>• Resources follow historical demands and pressure points</li> <li>• Fragile capacity to translate change into results on the ground. Risks not identified and managed</li> <li>• Inadequate quality assurance to ensure front-line services are delivered consistently well. This serves to divert manager time to tackling front-line problems and risks</li> <li>• Maintaining a provider mind set</li> <li>• Inadequate staff support leading to high turnover, sickness and failure to attract good people</li> <li>• Top managers out of touch with front-line and people who use services</li> <li>• Failure to negotiate joint strategies leading to conflicts and tensions with main partners</li> </ul>

## Have reviews helped?

Joint reviews were designed to give politicians, chief executives, managers of social care, staff and communities an independent view as to how social services were performing. They did this by taking a whole systems look at

- matching people's experience at the front-line to the aspiration at the top of councils;
- analysing the information provided by the council and comparing it with others;
- assessing the quality of leadership of social care and the robustness of the infrastructure in place to ensure quality and deliver change;
- examining how money was being spent;
- highlighting good practice.

Reviews worked best where they were seen as part of the council's own efforts to do better and where there was a learning, non-defensive stance on all sides. This overview report has sought to draw together that learning with the aim of supporting further improvement in councils and informing the future shape of regulation and inspection.

Feedback is welcome.

Published information in respect of the joint review programme in Wales is available on the website: **[www.joint-reviews.gov.uk](http://www.joint-reviews.gov.uk)** or from:

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