

Consultation Response Form: Regulations and code of practice in relation to Part 3 of the Act, on Assessment, and Part 4 of the Act, on Meeting Needs, including care and support planning and direct payments

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Responses should be returned by **2 February 2015** to:

Sustainable Social Services Implementation Branch
Social Services Directorate
Welsh Government
Crown Buildings
Cathays Park
Cardiff
CF10 3NQ

Alternatively the consultation response form is available on our website (<http://wales.gov.uk/consultations/?lang=en>) and can be returned to us by e-mail to: sswimplementation@wales.gsi.gov.uk

Assessing and meeting needs

1. To what extent do you agree that the approach to eligibility, assessment and care planning is clear and simple to apply?

Agree Tend to agree Tend to disagree Disagree

While the guidance is clear on the purpose and content of the new approach to eligibility, assessment and care planning, we are unsure whether it will be simple to apply. This is because the guidance provides a framework which needs to be interpreted and tailored by local authorities. Until this is done, it is difficult to comment on implementation. It will be important to monitor implementation in the early stages, and **we would suggest that the guidance is amended and updated as needed.**

We have concerns about the starting point of the assessment process: the trigger for an assessment is that people “appear” to have a need for care and support. The question is: **to whom do they appear to have a need?** Many people who have emerging needs do not present to local authorities, or social services. A variety of practitioners in the community, and not just those working in health or social care will need to be trained and informed to ensure

that needs are properly identified, and that the assessment process can be started. The IAA's role as first point of contact in the assessment process will have to be extensively publicised.

2. To what extent do you agree that the terms and definitions of the 5 Elements of Assessment set out in the Annex to the code on Part 3 (assessment) are clear?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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We would like to make a comment on the definition of wellbeing. If wellbeing is to be embedded in social care provision through the Social Services and Wellbeing Act, and more generally in strategic service planning through the Wellbeing of Future Generations Bill, then the two definitions of wellbeing need to be identical. Otherwise the planning and delivery of services locally will be disjointed.

We welcome the inclusion of the wording of section 17 of the Children Act 1989 within a person's circumstances. This ensures that the people approach takes into account the specific needs of children and continuity from the previous CIN approach. We had previously been concerned that the Act would remove support for CIN.

We find the wording of the section about risks confusing. The title seems to suggest that it's about risks for the LA in meeting the wellbeing outcomes. It should be rephrased to "*Risks to people meeting their wellbeing outcomes.*" **We would like to see a paragraph in this section reflecting the need to pay particular attention to children and young people's situation.** Risk assessment should be placed **in the context of the child's family**: it is that family who needs to be risk assessed (parenting capacity, ability and willingness to change, risk indicators for abuse and neglect etc...). It would be good to refer to the principles on assessing children outlined on page 17 of the COP.

NSPCC Cymru/Wales feels that the 5 elements of assessment present challenges when working with families. Most families social services are involved with in relation to children do not perceive the way they care for their children as inadequate. The relationship between neglectful parents and social services is a good example of this. In her book *Child Neglect: Planning and Intervention*, Jan Howarth mentions the results of a study carried out in the USA with 16 mothers (Sykes, 2011). Sykes identifies four different responses to intervention in the study, ranging from the good mother who describes herself as misunderstood to the resistant mother who does not accept that her behaviour is in itself neglectful. All these attitudes show the unwillingness of families to accept that change is needed in order to meet an adequate level of parenting. It is going to be a difficult and lengthy process to build relationships with families which will allow social workers to tease out the five elements of the assessment. Equally, it is going to be difficult to go through the five elements with children themselves, as some of the concepts and analysis involved can be hard to understand.

In our view, there is also some work to be done to develop tools which will support the development of the new assessment framework in Wales.

For example, some of this work is currently happening as part of the Welsh Neglect Project.

The Welsh Neglect Project is commissioned and funded by Welsh Government and undertaken jointly by NSPCC Cymru/Wales and Action for Children/Gweithredu dros blant. The project aims to improve the multi-agency responses and services for neglected children and their families, and it works across the spectrum of need. Key findings from the first year's evidence gathering were:

- There is a firm commitment amongst staff in all agencies in Wales to improve our collective response to neglected children and families and many Safeguarding Children Boards are working to improve the identification and response to child neglect through neglect protocols, training and use of neglect assessment tools.
- Front-line workers frequently described their lack of confidence to decide when to take action in cases of neglect and a lack of clarity about what constitutes good enough parenting.
- Front-line workers find it difficult to evidence neglect and this can impact on children and families receiving early support.
- Locally services are often planned, managed and delivered separately which can result in fragmentation and neglected children not receiving the help they need.

The findings demonstrated that professionals needed help with identifying, assessing and intervening when there are concerns about neglect and that the provision of early help through universal services, is crucial. Not enough is known about the scale and nature of neglect in Wales which impacts upon commissioning an effective response. The second year of the project is focusing on the development of resources and some further evidence.

One of the current strands of the Welsh Neglect Project is looking at assessment tools for neglect. This piece of work reviews evidence and outlines the advantages and challenges that may follow from selection of any specific neglect assessment tool or tools for use by all professionals across Wales. The report by Dr Ruth Gardner gives a number of options, including **selecting a primary or recommended tool or model for a specific key purpose in the assessment of neglect.** A study carried out by Cardiff University during the first year of the Welsh Neglect Project suggests that the Graded Care Profile has a reasonable level of acceptance in Wales as a tool to identify and grade how far a child's needs are being met, and consequently to alert concerns about neglect and possible further (complementary) assessment requirements. If one consistent version of the GCP were used, this would be a platform for a robust test of whether GCP can help achieve more accurate assessments and hence more effective interventions in to address child neglect in Wales. This could be a powerful contribution to the Welsh Government's strategy on neglect as well as to national and international learning.

We feel that this ties in well with the 5 elements of the assessment, particularly with the work which will be done by practitioners in determining wellbeing outcomes for children and look forward to working with the Welsh Government and Local Authorities to ensure that this work on assessment tools for neglect feeds into the future assessment framework in Wales.

3. To what extent do you agree that the assessment model enables an integrated approach with other service providers providing support i.e. health, children and families, housing, mental health services?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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NSPCC Cymru/Wales understands how different specialist assessments will feed into the five elements of an integrated complex assessment. The assessment coordinator's job will be particularly crucial in ensuring that the right information is captured and recorded within the integrated assessment, so that it can give a full picture of the outcomes a person wishes/needs to achieve, barriers, strengths, circumstances and risks.

There is also a need for guidance to clarify how the third sector will contribute to this process as a major provider of services. **It will be important for third sector providers to be part of local conversations around determining assessment templates, in order to ensure that they can meaningfully input into the assessment process.**

The difficulty will be to ensure an integrated approach to the recognition and assessment of emerging need (see our comments on triggering the assessment process in the response to question1).

4. To what extent do you agree that the eligibility test set out in regulations and the code of practice on Part 4 (meeting needs) supports consistent delivery across Wales to ensure a national threshold?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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What will further support this?

People will be eligible for a care and support plan if they can and can only achieve their wellbeing outcomes through the delivery of a plan, i.e. if they cannot access community or preventative services either because they are not there, or because something prevents them from doing so.

The availability of community and preventative services will depend on the population needs assessment. This means that models for community and preventative services will be different depending on where people are. This will therefore lead to care and support plans having to be put in place in different circumstances: if 2 people with the same need live in different areas with different types of preventative and community services in place and different means of accessing them (rural/urban communities) then in our view **this means that the eligibility threshold will be different because “can and can only” will mean different things.**

Finally, we would like to make the following comment: it is important that the “can and can only” test is **applied in a realistic way**, which truly takes into account people's capacities and barriers to achieving their wellbeing outcomes. While we don't disagree with the assessment process looking at what people and their extended support networks can contribute, **this should not be over optimistic.** Otherwise there is a risk that assessment will continue to be a process which shuts doors for people. The tendency of social work to be “overly optimistic” has for example been highlighted by the Munro Review:

- Munro, E. 2011. The Munro Review of Child Protection Part One: A systems analysis. London: Department for Education.
- Munro, E. 1996. Avoidable and unavoidable mistakes in child protection work.

The eligibility criteria would also seem to imply that some people will only be able to access care and support plans once they have used community and preventative services, and failed to achieve their wellbeing outcomes (they will have demonstrated that they “can and can only” achieve outcomes through the delivery of a plan). This means that local authority involvement could happen at quite a high level on the spectrum of need, which is likely to be resource intensive. This is why the role of the assessment process is crucial in determining resources and barriers for people who need care and support: care and support plans should not be options of last resort.

5. To what extent do you agree that the roles of assessment coordinators and care coordinators should be reserved for specified practitioners?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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This will need to be linked in to the qualification process under the new CPEL framework.

The view of our practitioners, when consulted, is that this should be similar to a consultant social worker role, suitable for people who are 4 years + qualified. Practitioners wanted to see specific qualities and skills listed for the role, rather than just a top title. This is because there appears to be such a huge variation in experience between senior practitioners in different local authorities for example.

6. To what extent do you agree that the regulations and codes of practice on Parts 3 and 4 provide a framework for meeting the needs of children?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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The principles of assessment and care planning are likely to be hard to deliver in reality: change is always more difficult to achieve in times of financial austerity.

In addition, we would like to make the following comments, many of these mirror our response to the consultation on Part 2 of the Act.

Wellbeing outcomes:

We would like to see the concept of “**best interests**” included in assessment process as described on page 6 of the Code of Practice on Part 3. It is worth noting that what children and families want to achieve and what they ought to achieve are two different things and this tension needs to be reflected and resolved throughout the assessment process.

We also feel that more work needs to be done on the “securing rights and entitlements” aspect of wellbeing. The National Outcomes Framework is a start in getting some measures connected to participation by service users. However, there needs to be recognition that many service users will need help to secure material entitlements such as benefits, housing, prompt

treatment etc...That help includes support to challenge decisions and to secure their rights. Advising them on this should be part of what the service providers do. **In other words, it's not just about children and young people "feeling" listened to and respected, it's whether objectively they are getting what they are legally entitled to.** This is what really needs to be measured.

We welcome the section on safeguarding and protecting, and the way it is described as a key component of the assessment of children. However, we would like the section to refer to the All Wales Child Protection Procedures for further information on how and to refer to.

Personal contribution to achieving wellbeing outcomes:

This is to be viewed in a slightly different way for children and young people. **Very often they will be reliant on family or carers to achieve their wellbeing outcomes and the extent to which these persons will be vehicles or barriers to achieving wellbeing outcomes has to be a central consideration by local authorities.**

Risk assessment:

We wish to reiterate the comments we made in our response to question 2 about the section about risks. **Families should be robustly risk assessed to ensure that children and young people can achieve their wellbeing outcomes.** This should be done **through a number of validated, evidence-based tools.** We mentioned the Graded Care Profile in relation to neglect in our earlier response.

There is also some **useful research on factors associated with future harm** (Jones, Hindley and Ramchandani, 2006; White, Hindley and Jones, 2014). Once abuse has occurred, there is a strong possibility of recurrence. The ***factors associated with future harm***, shown below, are drawn from a systematic review of research studies of factors associated with recurrence of maltreatment. Social workers should examine these factors for each parent being assessed, both separately and together. The factors with the strongest association with recurrence of maltreatment are in italics.

Factors	Future significant harm more likely	Future significant harm less likely
Abuse	Severe physical abuse including burns/scalds <i>Neglect</i> Severe growth failure Multiple types of maltreatment More than one affected child in the household <i>Previous maltreatment</i> Sexual abuse with penetration or repeated over a long duration Fabricated/induced illness Sadistic abuse	Less severe forms of abuse (defined in terms of harm, duration and frequency)
Child	<i>Developmental delay with special needs</i> Child's mental health problems <i>Very young child – requiring rapid parental change</i>	Healthy child Child does not blame him/herself for sexual abuse and recognises that it caused harm Later age of onset One good corrective relationship
Parent	<i>Personality disorder (anti-social, sadistic, aggressive)</i> <i>Paranoid psychosis</i> <i>Significant parental mental health problems</i> <i>Learning disabilities plus mental illness</i> Lack of compliance Denial of problems Substance abuse Abuse in childhood – not recognised as a problem History of violence or sexual assault	Mental disorder responsive to treatment Non-abusive partner Willingness to engage with services Recognition of problem Responsibility taken Adaptation to childhood abuse
Parenting and parent/child interaction	Disorganised; severe insecure patterns of attachment Lack of empathy for child Own needs before child's <i>Parent-child relationship difficulties</i>	Secure attachment; less insecure attachment patterns Empathy for child Competence in some areas
Family	<i>Inter-parental conflict and violence</i> <i>High stress</i> (associated with family stress, parental stress, large family size, poor home conditions and housing instability) Power problems: poor negotiation and expression of emotions; poor sense of autonomy Children not visible to the outside world and continuing perpetrator access	Absence of domestic abuse Non-abusive partner Capacity for change Supportive extended family
Professional	Lack of resources Poorly skilled professionals	Therapeutic relationship with child Outreach to family Partnership with parents
Social setting	Social isolation <i>Lack of social and family support networks</i> and lone parenthood Violent, unsupportive neighbourhood	Social support More local child care facilities Volunteer network Involvement of legal or medical services

Engaging with families:

We would like to reiterate our comments from our response to question 2 about the difficulty of engaging with families, and the need to build relationships with families which will allow social workers to tease out the five elements of the assessment. Comments from our practitioners have highlighted how difficult this may be in times of significant financial pressure, and with a high staff turnover in local authority social services. There will be a need to ensure training and support for staff and continuity for families if the assessment and care planning process is to work properly.

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7. To what extent do you agree that the code and regulations on Part 4 will enable more people to have greater control over their care and support through direct payments?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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What will further support this?

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8. To what extent do you agree that the code and regulations on Part 4 support people to support people to employ close relatives to manage or provide their care and support?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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9. To what extent do you agree that the Codes issued for Part 3 and 4 support local authorities to ensure people are full partners in the design and delivery of care and support?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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The involvement of social services with families is perceived very differently to intervention for adults, as the potential for statutory intervention is always there and many families will tend to see involvement as a threat. The Sykes research, which we refer to earlier in our response, **highlights the complexity of engaging with families and the difficulty of using the concept of “equal partner” in the context of family social work.**

More generic research about social work also points out that social workers’ relationships with service users inevitably entail power imbalances. (Turner, M. and Balloch, S. 2001.)

We feel that separate guidance about how to engage with families is needed in the Code of Practice on Parts 2 and 3 of the Act. This should highlight the need to balance partnership working with the use of very clear mandated powers when appropriate to safeguard children and young people and ensure that they can achieve their wellbeing outcomes.

Other

The Welsh Government is interested in understanding whether the proposals in this consultation document regarding part 3: assessing needs and part 4: meeting needs will have an impact on groups with protected characteristics. Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

10. Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?

11. Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?

In our view, it will be important to ensure that identifying need is done in a proactive way. We know that families who need help are often reluctant to ask for it. If early support is to be delivered effectively, then community based practitioners and social services will have to work together to proactively identify those who “appear to have a need for care and support.”

12. Re-balancing the care and support system to deliver the new legal framework will require reprioritisation of resources. What are the key actions that need to be taken to achieve this?

We feel that the guidance outlines good principles, but the implementation remains uncertain in a time of cut backs. All hangs in the population needs assessments: if these truly reflect need and there is a variety of community and preventative services available, then the support offer will be truly personal and tailor made. Otherwise, families will have to “fit” into services somehow, as they do now.

Building relationships: it will be crucial to work to ensure staff retainment and nurturing to ensure that change is sustainable.

13. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to tell us about them.

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Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please enter YES in the box.	
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